

# The Oklahoma State Plan for the Prevention of Child Abuse and Neglect

State Fiscal Years 2014 - 2018

The Oklahoma Interagency Child Abuse Prevention  
Task Force

The Office of Child Abuse Prevention, OSDH

The only piece missing is  
YOU.

Healthy, smart, happy kids come from communities that value children.  
Keep kids safe! Everyone is part of the solution!

# **The Oklahoma State Plan for the Prevention of Child Abuse and Neglect State Fiscal Years 2014 – 2018**

VISION: By 2018, the state envisions increased family stability and enhanced child development for all families thereby contributing to a decrease in the incidence of child abuse and neglect.



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## MESSAGE FROM THE INTERAGENCY CHILD ABUSE PREVENTION TASK FORCE CHAIR

Dear Reader:

Oklahoma is a land rich in resources...fresh water, clean air, fertile soil, abundant minerals, and our most valuable resource...our children. It seems instinctive to me that all the efforts necessary to protect and develop our natural resources are even more essential when it comes to creating an environment that allows our children to reach their full potential. Failure to devote time and energy to meeting the needs of Oklahoma's precious children is as unthinkable as allowing our beautiful fields to lie fallow or our streams to be polluted.

Early childhood experiences are the foundation upon which kids develop and ultimately shape the future of our great state, not unlike the importance of structural planning and the integrity of our roadways and bridges. Would you agree that it is our obligation as Oklahomans to do whatever it takes to provide effective programs and services that support the growth and development of our future leaders and prevent the life-long devastation of child abuse?

I have fond memories as a kid in rural Oklahoma of throwing rocks into the flat, shiny surface of a pond and watching how far the ripples would travel. This document, in many ways, is that pebble, ready to set into motion great things for Oklahoma's kids. Created by the dedicated staff and volunteers of the Office of Child Abuse Prevention and the Interagency Child Abuse Prevention Task Force, this information is your opportunity to be the driving force in the reduction of child maltreatment in our state. When we, as Oklahomans, educate ourselves on what is best for children, as well as increase our awareness of the costly long-term consequences of child neglect and abuse, we have no choice but to accept our responsibilities to protect and develop our most important resource...our children!

Respectfully,

Maggi Midgley Hutchason, M.Ed.





## EXECUTIVE SUMMARY

### **PLANNING THE PLAN**

This current State Plan has evolved over the last few years and builds on earlier work done by various entities within the Oklahoma State Department of Health (OSDH).

**First**, the Office of Child Abuse Prevention (OCAP) and the Interagency Child Abuse Prevention Task Force (ITF) laid the groundwork with the creation of the (2010 – 2013) comprehensive Oklahoma State Plan for the Prevention of Child Abuse and Neglect. While the roadmap was set a few years ago, some goals and objectives have been successfully achieved and celebrated while others remain unfulfilled due to unforeseen obstacles. One of the challenges completing and impacting *this* Plan, was the recent changing of the guard mid-Plan with House Bill 1467 eliminating the ITF who shares responsibility for creating this Plan (explained in further detail in later paragraphs). The OCAP and ITF along with state and local partners have worked diligently on this Plan over the course of a year which culminated at an annual retreat last October (2012) to help springboard their findings into a final draft, developing a framework for this four year plan. The ITF represents a diverse group of professionals (child welfare services, child guidance, child advocacy, education, pediatricians, law enforcement, mental health, early intervention and parents).

It was during this period that the group agreed on the targeted vision statement: *“By 2018, the state envisions increased family stability and enhanced child development for all families, thereby, contributing to a decrease in the incidence of child abuse and neglect”*. Ideas generated from the retreat stressed the importance of the community in caring for its children and families. A Positive Community Norms (PCN) framework is consistent with this view in its approach that cultural transformation necessitates addressing many audiences in the community to improve health and safety.<sup>1</sup> This builds on prevention science’s discovery about the importance of the spirit of the community in producing systemic change. The power of community coupled with scientific knowledge about best practices positions states to effectively reduce child maltreatment.<sup>2</sup>

**Second**, in 2010, the leadership of OSDH along with its partner agencies (striving to improve health outcomes in the state) worked to develop the Oklahoma Health Improvement Plan (OHIP). OHIP addresses improving health outcomes in three targeted “flagship initiatives”: 1) child health, 2) tobacco use prevention, and 3) obesity reduction. A subsequent report in 2011, *The Oklahoma Children’s Health Plan*, focused on children with a specific section dedicated to goals and objectives for reducing child abuse and/or neglect.

## **ANATOMY OF THE PLAN**

This plan begins by identifying the extent of the known problem with a review of current rates of child abuse and neglect. A socio-ecological framework is then used to identify risk factors for child maltreatment as well as preventive protective factors to mitigate those risks. This model recognizes the shared role of individuals, families, communities, and society in preventing maltreatment. Best practices are identified using the socio-ecological framework.

Following this review, the plan identifies Oklahoma’s accomplishments in this arena using three general prevention levels: 1) primary prevention which uses universal strategies to create awareness and influence attitudes; 2) secondary prevention which are targeted strategies to high risk groups to prevent maltreatment and 3) tertiary prevention which are interventions to prevent maltreatment from re-occurring. A comprehensive system of care for improving outcomes for children and families needs to include strategies that coordinate resources across the entire continuum, from infrastructure to primary to secondary to tertiary prevention.<sup>3</sup> A more detailed report documents the state’s accomplishments as well as challenges in accordance with strategies identified in the SFY 2010-2013 State Plan – included as **Appendix I**.

**Appendix II** includes a comprehensive inventory of the Oklahoma child abuse prevention and neglect services as well as details, such as, program description, funding source, numbers served, outcomes, map, and contact information.

Recommendations in this plan are informed and driven by input from the ITF, state and local partners, as well as outreach efforts including online input and consumers of services. All of this analysis culminates in the following plan which has recommended strategies, goals and objectives. Strategies cover the entire continuum of prevention interventions in order to increase awareness, serve families in need and support local communities in their efforts to improve the health and safety of children.



## **WINDS OF CHANGE - HOUSE BILL 1467 AND THE IMPACT ON THIS PLAN**

Legislative actions during the Plan’s development have resulted in future changes to the structure of Oklahoma’s child abuse planning and engagement activities. House Bill 1467, passed during the 2013 legislative session, replacing the ITF with the Infant and Children’s Health Advisory Council which will have jurisdiction over child abuse prevention issues in the future as well as other child health issues. The four year plan being presented at this time has a two-fold purpose: The first is to comply with statutory requirements. Additionally, it is our hope this strategic plan will prove a useful guide to the newly created Advisory Council as members engage in their statutory responsibilities.

The core section of the plan outlines goals, objectives and strategies to guide prevention efforts. Typically, OSDH and the ITF are mutually identified as key collaborating partners in these activities along with other stakeholders (with of course the ITF actually being many partners with members representing a wide range of programs and services – see Acknowledgement page for members represented). With this being a transitional period with the close out of the ITF and the introduction of the new Infant and Children’s Health Advisory Council, one of the 2014 goals will be seeking new partners to fill any gaps as this new structure is developed and put in place.

*Why House Bill 1467?* In an effort to streamline government and reduce costs, House Bill 1467 was signed into law on May 6, 2013. The new statute, effective November 1, 2013, collapses, eliminates or relocates over 40 different public health, statutorily-created advisory boards, councils and task forces. Three of these advisory groups were associated with the Family Support and Prevention Service: 1) **the Interagency Child Abuse Prevention Task Force (ITF)**; 2) the Child Abuse Training and Coordination Council (CATCC); and 3) the Shaken Baby Prevention Education Initiative Task Force (SBTF). The ITF was eliminated. Instead, a seven member “Infant and Children’s Health Advisory Council” will be appointed by the Governor, Senate Pro Tempore, the Speaker of the House of Representatives and the State Board of Health. The members shall consist of:

- One who works for the state or for a political subdivision on child abuse issues;
- One member is knowledgeable about childhood immunizations;
- One who is knowledgeable about newborn screening issues;
- One who is licensed by the state as an optometrist who has knowledge of vision screening for children;
- One who is licensed by the state as a physician and works as a pediatrician;
- One who is licensed by the state as a genetic counselor; and
- One who is a physician licensed by the state who specializes in the diagnosis and treatment of childhood injuries in a trauma setting.

While the ITF had shared responsibilities with staff from the OSDH Office of Child Abuse Prevention relating to the development of the State Plan for the Prevention of Child Abuse and the granting of awards for child abuse prevention services, it is unknown how much involvement the new yet-to-be created Infant and Children’s Advisory Council will have although it is assumed there will be limited involvement in the OCAP activities to the extent the ITF was involved. This body will be addressing numerous issues for the OSDH – not only child abuse prevention issues.

## CHILD ABUSE PREVENTION AND NEGLECT PLAN 2014-2018 GOALS AND STRATEGIES

The Oklahoma State Plan for the Prevention of Child Abuse and Neglect is an opportunity to build upon Oklahoma’s strengths and focus on *prevention*. The 2014 – 2018 State Plan includes broad goals and needed strategies (with measurable objectives listed in the Strategic Plan section). Innovative actions will be necessary to sustain as well as enhance the service system. Partnerships will be critical given state and federal fiscal challenges and changes. The Oklahoma State Department of Health (OSDH) and all prevention partners stand ready to employ the most current best practices to serve and support parents.

INFRASTRUCTURE		
Category	Goals	Strategies
<b>Leadership by Oklahoma Stakeholders</b>	<p><b><u>Goal 1</u></b> Identify new key partners throughout the Prevention Plan for all activities within the prevention spectrum and who will serve as a prevention liaison as needed regarding the State Prevention Plan, reviewing the Start Right contracts, and represent their target group as it relates to prevention, etc.</p>	<p><b><u>Strategy 1</u></b> The OSDH will seek and engage new and existing stakeholder partners to work collaboratively within the various areas outlined in the State Prevention Plan.</p> <p><b><u>Strategy 2</u></b> The OSDH will work with current ITF members to maintain relationships, striving to continue the work of the task force in an organized fashion on a voluntary basis while also recruiting new members/ partners.</p>
<b>Leadership by Oklahoma Service Providers</b>	<p><b><u>Goal 2</u></b> Increase the capacity, ownership and leadership within the child abuse prevention professional community.</p>	<p><b><u>Strategy 1</u></b> The OSDH, Home Visitation Leadership Advisory Coalition (HVLAC) and stakeholder partners will work collaboratively, continuing to stay informed and grow in their knowledge of current best practice, policies and models that positively impact the field of child abuse prevention and enhance the landscape of Oklahoma’s children.</p> <p><b><u>Strategy 2</u></b> The OSDH, HVLAC and partners will collaborate and provide technical assistance and training to professionals in related fields that have the ability to impact child abuse prevention.</p>
<b>Parent Leadership</b>	<p><b><u>Goal 3</u></b> Establish a Parent Advisory/Leadership Group.</p>	<p><b><u>Strategy 1</u></b> The OSDH with the support of the Family Resource Information, Education and Network Development Services (FRIENDS) will research, seek and secure speakers, training opportunities, technical assistance and information on the importance of a parent advisory leadership group (representative of different children’s ages, children with special needs and demographic variation), the process involved with creating such a group, and how best to collaborate with said group once it is achieved.</p>

		<p><b><u>Strategy 2</u></b> The OSDH will work with programs in the child abuse prevention network (Appendix II), such as, Children First, Start Right, Child Guidance, Head Start, Parents as Teachers, Healthy Start, Family Expectations, etc, to take the necessary steps to institutionalize and put into operation a parent advisory/leadership group.</p>
Category	Goals	Strategies
Evaluation	<p><b><u>Goal 4</u></b> Support the evaluation of social services including child abuse and neglect services and other social services provided to children and families.</p>	<p><b><u>Strategy 1</u></b> OSDH will conduct evaluations in an objective fashion providing widespread dissemination of evaluation results.</p>
PRIMARY PREVENTION		
Category	Goals	Strategies
Create a Culture of Change	<p><b><u>Goal 5</u></b> Create a culture of change that values the health, safety, and well-being of children.</p>	<p><b><u>Strategy 1</u></b> The OSDH will work on a community development approach that builds on the <i>Positive Community Norms Framework</i> with experts using the “Science of the Positive” approach to educate and mobilize communities to shift community norms towards positive child development and family functioning so that child abuse and neglect is viewed as preventable and unacceptable.</p> <p><b><u>Strategy 2</u></b> The OSDH, Smart Start Oklahoma and stakeholder partners will continue to seek and explore effective, creative Community Engagement Initiatives/Models, sharing them statewide as they are available with traditional and non-traditional target groups (i.e. faith-based population, libraries, businesses, etc.)</p> <p><b><u>Strategy 3</u></b> The OSDH will continue to seek training opportunities and technical support through the Community-Based Child Abuse Prevention Grant (CBCAP) as funds are available and the FRIENDS network related to community-building and community engagement, sharing professional talents of experts in the field with statewide stakeholders.</p> <p><b><u>Strategy 4</u></b> The OSDH will work with Smart Start Oklahoma and other stakeholder partners to support the implementation of quality early childhood programs.</p> <p><b><u>Strategy 5</u></b> The OSDH and Smart Start Oklahoma will collaborate to assure Strengthening Families Protective Factors are introduced, made</p>



		<p>available, and integrated into all prevention programs serving children and families.</p> <p><b><u>Strategy 6</u></b> The OSDH will generate a campaign focusing on the Adverse Childhood Experiences Study (ACES), including inviting participation of stakeholder partners, conducting preliminary research and gathering data to put measurable objectives in place, and creating a presentation package that will be made available statewide.</p> <p><b><u>Strategy 7</u></b> The OSDH, the Child Abuse Prevention (CAP) Action Committee, and other stakeholder partners will engage non-traditional partners to get involved in and support general and/or all child abuse prevention efforts (i.e. business community, libraries, civic groups, faith-based groups, etc).</p>
<b>Supporting Parents</b>	<p><b><u>Goal 6</u></b> Assure that general parent education and family support are universally available across the state.</p>	<p><b><u>Strategy 1</u></b> The OSDH, Smart Start Oklahoma and other stakeholder partners will engage others to work collaboratively in seeking and implementing various vehicles for providing education information to parents and caregivers to assist them in providing safe, stable and nurturing environments for children.</p> <p><b><u>Strategy 2</u></b> The OSDH, Smart Start Oklahoma and other health and human service partners will assist parents and caregivers in meeting the basic needs (sometimes called “concrete supports”) of their family/children.</p>
<b>Category</b>	<b>Goals</b>	<b>Strategies</b>
<b>Prevention and Treatment of Sexual Abuse</b>	<p><b><u>Goal 7</u></b> Implement strategies to prevent child sexual abuse.</p>	<p><b><u>Strategy 1</u></b> The OSDH and Bethesda, Inc. in Norman will work with partners across the state to implement community-based programs that emphasize adult education and responsibility in keeping children safe from sexual predators.</p>
<b>SECONDARY PREVENTION</b>		
<b>Identify Best Practices</b>	<p><b><u>Goal 8</u></b> Identify best practices, programs and models that show evidence of improving child health, safety and well-being.</p>	<p><b><u>Strategy 1</u></b> The OSDH and state partners will seek and provide to interested partners best practice and evidence-based/evidence informed models on a continual basis to assure quality services are provided and prevention dollars are well spent, when available.</p>
<b>Comprehensive System</b>	<p><b><u>Goal 9</u></b> Work towards the establishment of a comprehensive system of prevention programs available across the state to families with risk factors for child abuse and neglect.</p>	<p><b><u>Strategy 1</u></b> The OSDH and Smart Start Oklahoma will work with other community partners to increase the number and quality of center-based parent support groups and parent education programs.</p>

		<p><b><u>Strategy 2</u></b> The OSDH, Home Visitation Leadership Advisory Coalition (HVLAC) and other networking partners from across the state will work to increase the number and quality of home visitation services.</p>
<b>TERTIARY PREVENTION</b>		
<b>Category</b>	<b>Goals</b>	<b>Strategies</b>
<p><b>Inclusion of Families known by Child Serving Agencies</b></p>	<p><b><u>Goal 10</u></b> Include in the comprehensive system, prevention programs focused on serving families identified by the child welfare, mental health, substance abuse, and/or domestic violence systems.</p>	<p><b><u>Strategy 1</u></b> The OSDH will support OKDHS, Child Welfare as they continue to implement the Pinnacle Plan emphasizing child safety.</p> <p><b><u>Strategy 2</u></b> The OSDH will provide support when appropriate to collaborative partners in increasing the number and quality of mental health services available to both children and adults.</p> <p><b><u>Strategy 3</u></b> The OSDH will work to identify new partners and provide support when appropriate to collaborative partners already in place in increasing the number and quality of substance abuse treatment services for both adults and children.</p> <p><b><u>Strategy 4</u></b> The OSDH will work to identify new partners and provide support when appropriate for existing partners already in place in increasing the number and quality of domestic violence services.</p> <p><b><u>Strategy 5</u></b> The OSDH will work to identify new partners and provide support when appropriate for existing agencies working in the field to continue to explore the overlap between child abuse and domestic violence incidents, investigations, as well as best practices for prevention and intervention.</p>
<p><b>Cultural Competence in System</b></p>	<p><b><u>Goal 11</u></b> Promote and/or provide culturally appropriate services that maximize the participation of various cultural and ethnic populations.</p>	<p><b><u>Strategy 1</u></b> The OSDH and state and local partners will seek and provide to interested partners best practice and evidence-based/evidence informed models on a continual basis to assure appropriate services are available to culturally diverse populations.</p> <p><b><u>Strategy 2</u></b> The OSDH, state and local partners will continue to redefine the components needed for the comprehensive system as child abuse prevention programs' populations evolve.</p>

## **FUTURE ACTIONS**

These recommendations recognize prevention efforts and policies must address children, their caregivers and the environments in which they live in order to prevent potential abuse from occurring. Coordinated efforts across sectors are necessary to have success.<sup>4</sup>

State and local partnerships are critical to this endeavor. Sustaining alliances with other state agencies is critical to leverage the necessary resources to address strategies in the report. However, this plan will only move forward by supporting communities' capacities to help families in need through the involvement of local leaders, coordination between service providers and advocacy at the local and state levels. This report is a call for ongoing action. Engaged stakeholders must come together in a spirit of shared responsibility to invest in Oklahoma's families to improve the future for our state's children.<sup>5</sup>

## **THE NEED FOR PREVENTION: INTRODUCTION**

For State Fiscal Year 2012, over 65,000 families were reported to the Oklahoma State Department of Human Services (OKDHS) for allegations of child abuse and neglect. Abuse and/or neglect were substantiated in almost 10,000 cases. This, however, does not measure the full extent of the problem. All children who are maltreated do not always come into the child protective system. Maltreatment can have a profound effect on children's health and development and can lead to physical and mental impairments. Beyond the immediate consequences for children's health and well-being, studies have linked child maltreatment with poor cognitive and educational development, physical aggression, adolescent pregnancy, substance abuse, juvenile or adult criminal behavior, and later impairments in adult physical health.<sup>6,7</sup>

Services through the child protective service system are expensive. They include the costs of child protective system staff, the courts that make placement decisions and private and not for profit organizations which provide services to families.<sup>8</sup> The direct cost to society of child maltreatment is estimated to be well over \$9 billion annually when one includes the impact of these problems on public assistance, child protection, criminal justice, behavioral health and educational systems at the local, state, and federal levels.<sup>9, 10</sup>

Given the costs and consequences associated with child maltreatment, there is a growing national consensus about the importance of investing in the prevention of child abuse and neglect with a focus that includes children, families and communities.<sup>11,12</sup> The Oklahoma State Plan on the Prevention of Child Abuse and Neglect builds on this consensus by describing the magnitude of the problem in the state, risk factors contributing to those problems coupled with findings that can mitigate those risks. The Plan's findings culminate with recommendations proposed by local and state partners as well as national experts that identify key goals and strategic directions the state can take to mitigate entry into the child protective system as well as strengthen families in their communities.

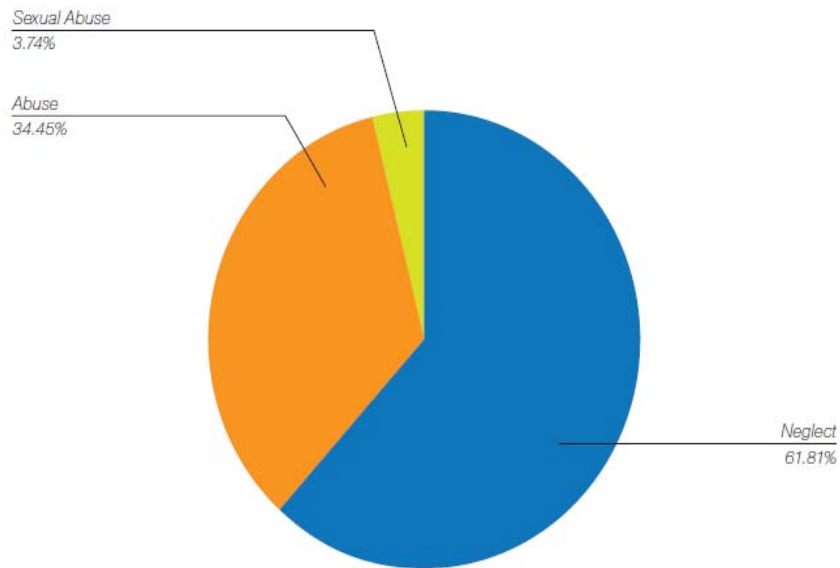
## **CHILD ABUSE AND NEGLECT: THE PROBLEM, PREVALENCE AND TRENDS**

Federal legislation provides guidance to states by identifying a minimum set of acts or behaviors that define child abuse and neglect as follows: 1) “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation” or 2) “any act or failure to act which presents an imminent risk of serious harm”.<sup>13</sup>

The Oklahoma State Department of Human Services (OKDHS) Child Abuse and Neglect Statistics Report for SFY 2012 provides information on the prevalence of reported and substantiated child abuse. For SFY 2012, the OKDHS received 68,111 reports on families concerning abuse and/or neglect. Of those, OKDHS found 32,241 reports that had allegations that met the definition of abuse and neglect and required an investigation and assessment. There were 44,232 children who had an investigation or assessment completed in SFY 2012. Of those, 9,842 children (22.25%) had substantiated findings of abuse and/or neglect.<sup>14</sup>

Since the last publication of the State Child Abuse Prevention Plan, there has been a 17.2% decline in the number of investigations/assessment from 2009 to 2012. However, the trend in substantiated findings has increased from 16.12% to 22.25%.



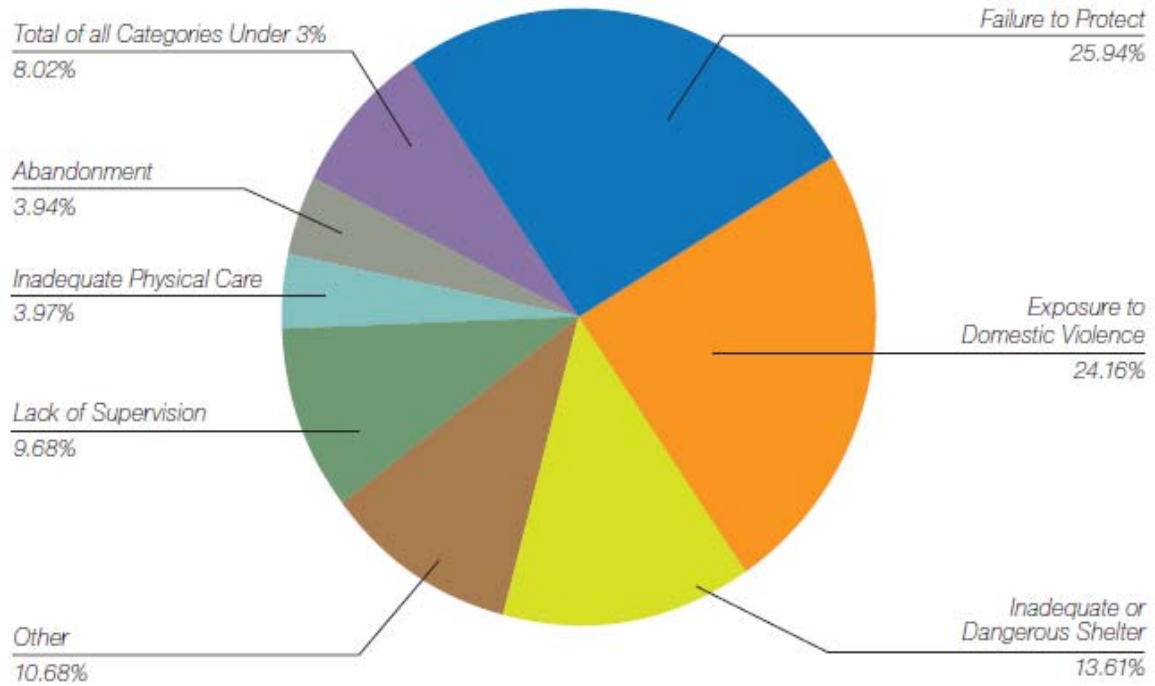
**Chart 1****Substantiated Child Abuse and Neglect by Category***State Fiscal Year 2012*

**Chart 1** shows neglect continued to be the highest single category of substantiated reports, followed by physical abuse and sexual abuse. This is consistent with national figures where neglect is the most prevalent form of child maltreatment.<sup>15, 16</sup>



**Chart 2**  
**Substantiated Child Neglect by Type**

State Fiscal Year 2012

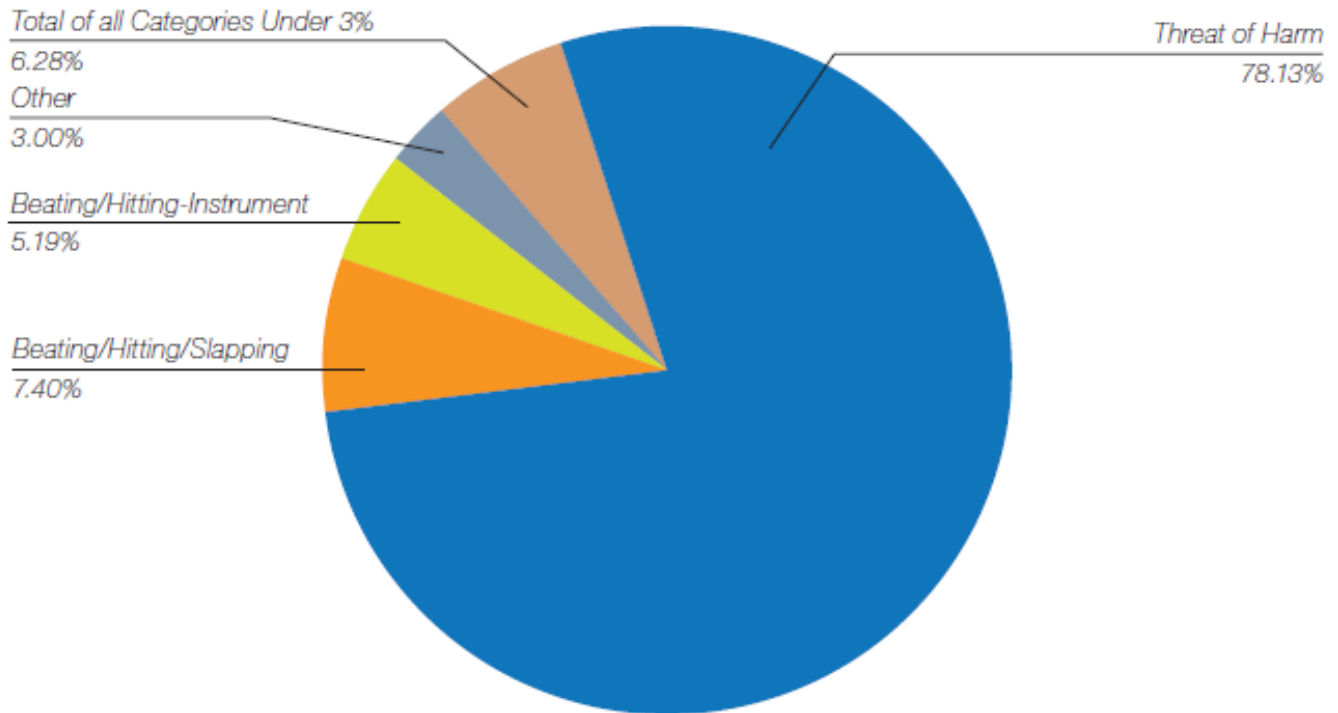


**Chart 2** identifies the most prevalent causes of neglect were failure to protect followed by exposure to domestic violence.



**Chart 3****Substantiated Child Abuse and Neglect, Physical Abuse by Type**

State Fiscal Year 2012



The most frequent cause for children who were physically abused was *threat of harm*\*. It predominated over other categories. For sexual abuse, the most frequent types were fondling (26.32%) and exposure to adult sexuality (16.20%).

Human trafficking of children is another source of sexual abuse. While state-specific numbers are not available, child trafficking is a growing problem in Oklahoma because of its location at the intersection of I-35 and I-40. The state has become well known as a high-trafficking state because of its number of truck stops that contribute to generating this illicit activity.<sup>17</sup>



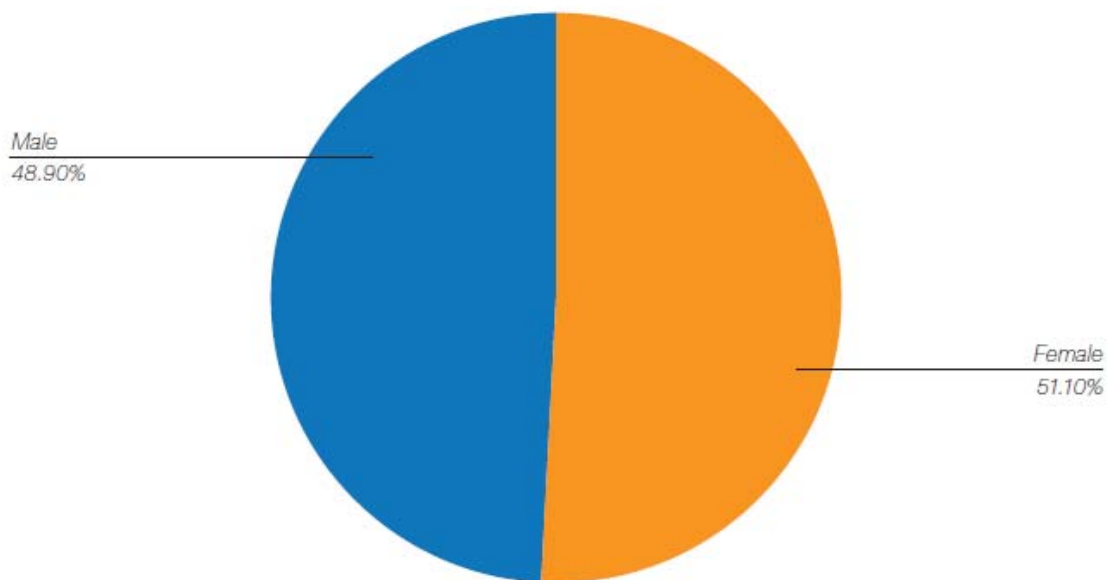
\*Threat of harm: *When a person responsible for children either intended to act, omitted to act, or knew about conditions that placed the child in imminent or impending danger and those intentions, actions, omissions, or conditions could have resulted in serious physical injury, sexual abuse, or serious neglect.*

*Child Abuse and Neglect Victims: Gender, Age, and Race*

**Chart 4**

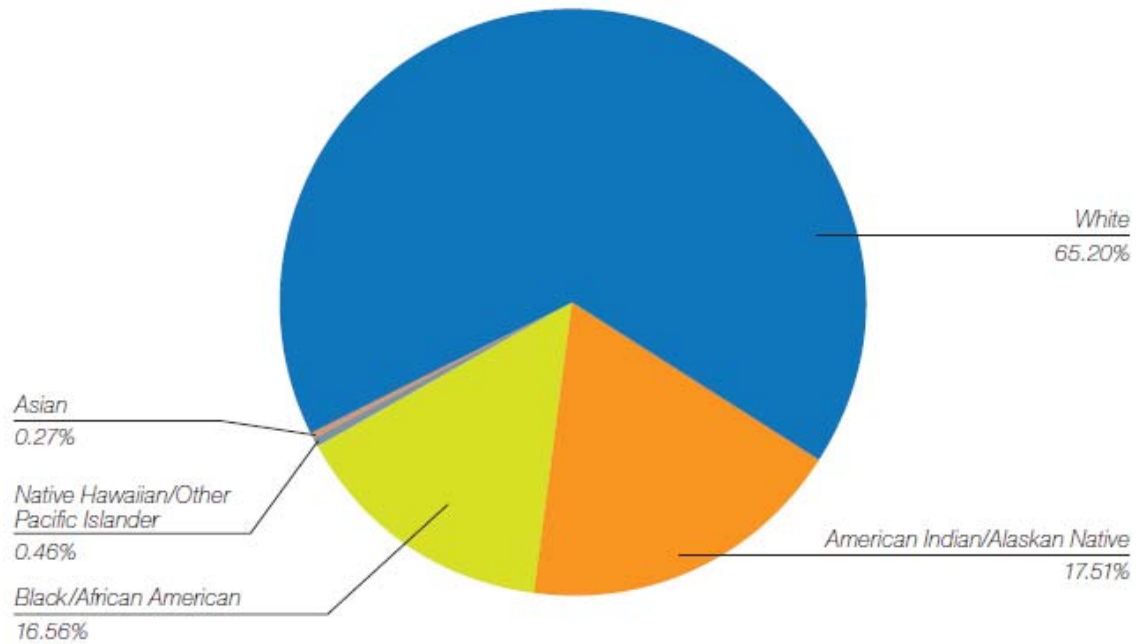
**Substantiated Child Abuse and Neglect by Gender of Child**

*State Fiscal Year 2012*



During SFY 2012, abuse and neglect of Oklahoma boys and girls occurred with almost the same frequency. Consistent with national findings, children under the age of one year of age had the highest single age rates of substantiated abuse and neglect at 15.22%. Children under three years of age represented 31.78% of all substantiated cases.



**Chart 5****Substantiated Child Abuse and Neglect by Race***State Fiscal Year 2012*

**Chart 5** shows the majority of child victims were white. Proportions by race have remained fairly constant over recent years.



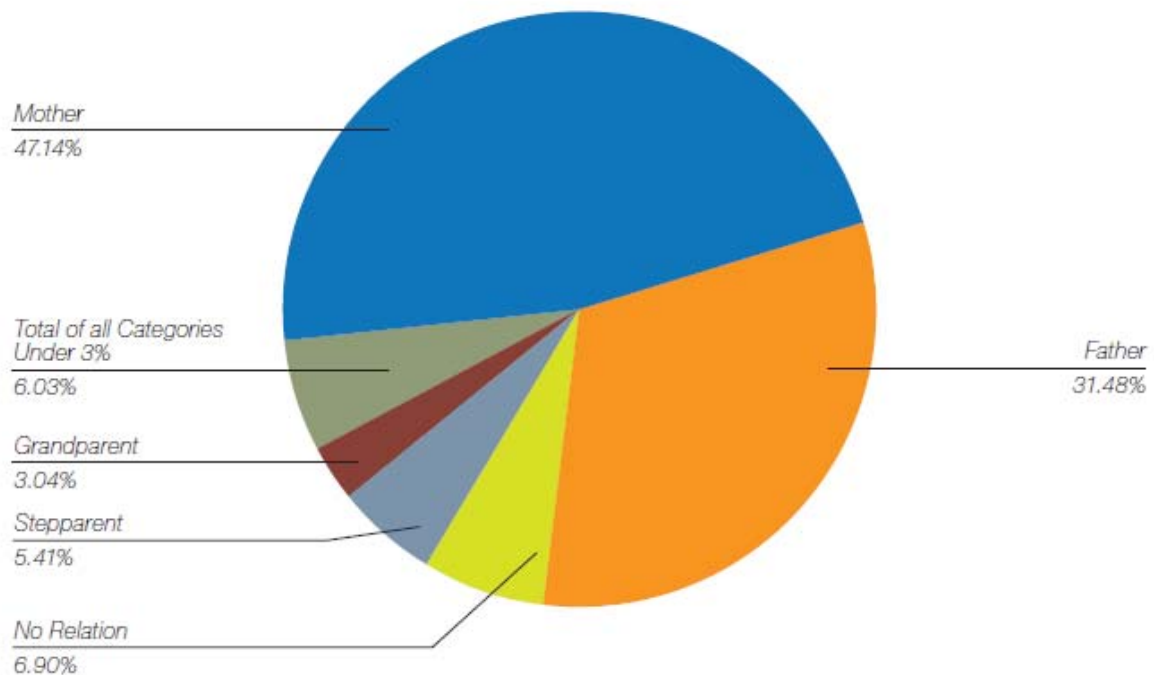


*Child Abuse and Neglect Perpetrators*

**Chart 6**

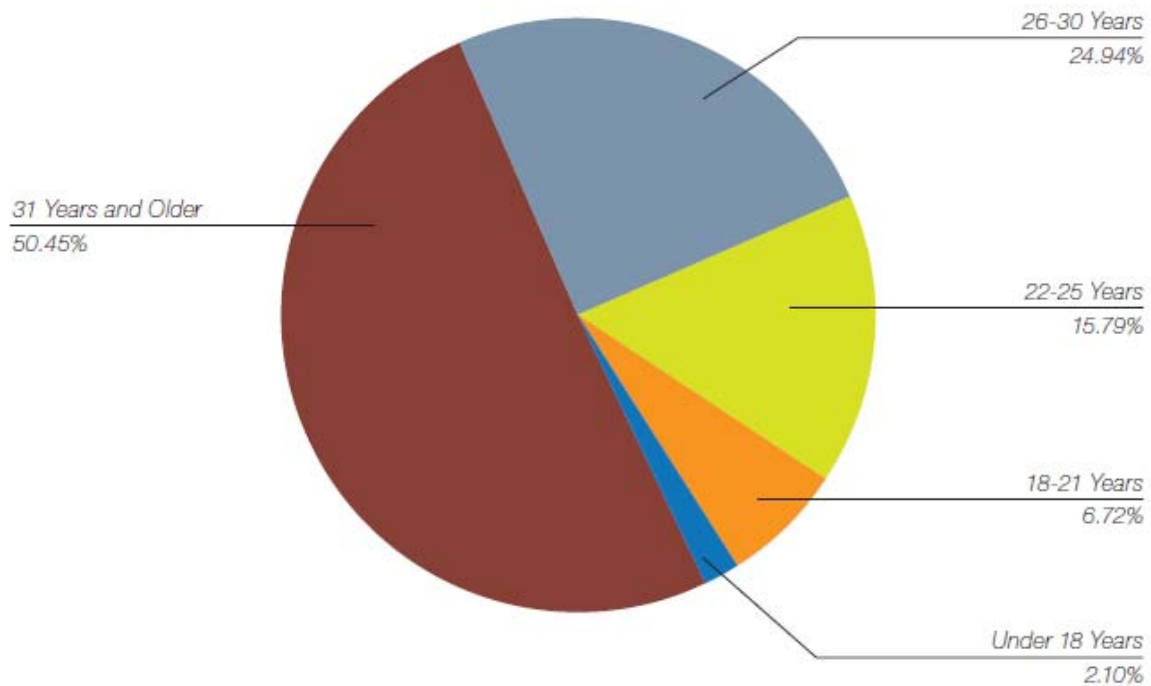
**Substantiated Child Abuse and Neglect,  
Alleged Perpetrator by Relationship to Child**

*State Fiscal Year 2012*



**Chart 6** identifies during SFY 2012, women were more often named as perpetrators of abuse and neglect of children than men. The most frequent relationship of the perpetrators to the victim was being the mother. Perpetrator statistics have remained fairly static over the past five years.



**Chart 7****Substantiated Child Abuse and Neglect by Age of Perpetrator***State Fiscal Year 2012*

Finally, **Chart 7** shows the largest proportion of perpetrators is over 31 years of age. The majority of perpetrators are white (71.56%), followed by African Americans (15.13%), American Indians/Alaskan Native (12.26%), “unable to determine (0.37%) and Asians (0.24%).

**CHILD DEATHS OR NEAR DEATHS IN OKLAHOMA**

The SFY 2010 Child Abuse and Neglect Statistics Addendum: Child Deaths and Near Deaths documented 38 child deaths substantiated to be the result of child abuse and neglect. Twenty-four (63.16%) cases were ruled neglect, 9 (23.68%) cases were ruled abuse, and 5 (13.16%) were ruled both. The 2010 report shows the majority of deaths from child abuse and neglect were for children less than one year old (42.11%) followed by children 1-2 years of age (28.95%). The leading causes of deaths were trauma (28.95%) followed by drowning-lack of supervision (18.42%). The genders of those who

died were males (53.63 %) and females (47.37%). The racial composition was white (57.90%), equal percentages of Black and American Indian/Alaskan Native (18.42%), and equal percentages for Asian and Native Hawaiian/Pacific Islander (2.63%). The majority of child death perpetrators as a result of child abuse were live-in boyfriends (33.33%) and biological mothers (33.33%). The majority of perpetrators of deaths as a result of child neglect were biological mothers (59.52%).

For 2010, there were 31 near death cases substantiated to be the result of child abuse or neglect. The majority of injuries in near death cases were 12 with head trauma (38.69%) followed by seven with poisoning-lack of supervision (22.57%). The gender in near death cases were 18 males (58.06%) and 13 female (41.94%). The racial composition was white (45.16%), American Indian/Alaskan native (25.81%), black (19.35%), and Hispanic (9.68%).<sup>18</sup>

## CONSEQUENCES OF CHILD ABUSE AND NEGLECT

Abuse and neglect have profoundly negative consequences for children and society at large. Maltreatment harms the physical, psychological, cognitive and behavioral development of children. Its consequences include minor to severe physical injuries, brain damage, chronic low self-esteem, problems with bonding and forming relationships, developmental delays, learning disorders, and aggressive behaviors. Clinical conditions associated with abuse and neglect includes depression, post-traumatic stress disorder, and conduct disorders. Maltreated children are at increased risk of low academic achievement, drug use, teen pregnancy, juvenile delinquency,<sup>19</sup> adult criminality and later impairments in adult physical health.<sup>20</sup>

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction.<sup>21</sup> The ACE Study suggests that childhood maltreatment and household dysfunction contributes to the development-decades later-the chronic diseases that are the most common causes of death and disability in the United States.<sup>22,23</sup> Childhood experiences of physical, emotional or sexual abuse, as well as neglect also predisposes individuals to develop high risk health behaviors such as tobacco and alcohol use, drug use, and neglect of one's own physical and mental health.<sup>24</sup>

Over the last decade researchers have enhanced the field's understanding of the adverse effects of maltreatment on early brain development. Brain research has established a foundation for the neurobiological explanation for many of the physical, cognitive, social and emotional difficulties exhibited by children who experienced maltreatment in their early years.<sup>25</sup> Science tells us that repeated and persistent periods of prolonged unresponsiveness from primary caregivers will lead to excessive activation of a young child's psychological and physiological stress response system. This in turn can lead to toxic stress and its consequences—a lifetime of impairments in learning, behavior and both physical and mental health.<sup>26</sup> The 2000, Institute of Medicine report *"Neurons to Neighborhoods"* cites that young children who experience toxic stress—including those who have been abused or neglected have brains that become structurally different than those without those experiences. In fact children who experience stimulating environments in the context of safe, stable, nurturing relationships develop denser interconnections between brain regions. These results provide a biological mechanism for the ACE Study observations.<sup>27</sup>

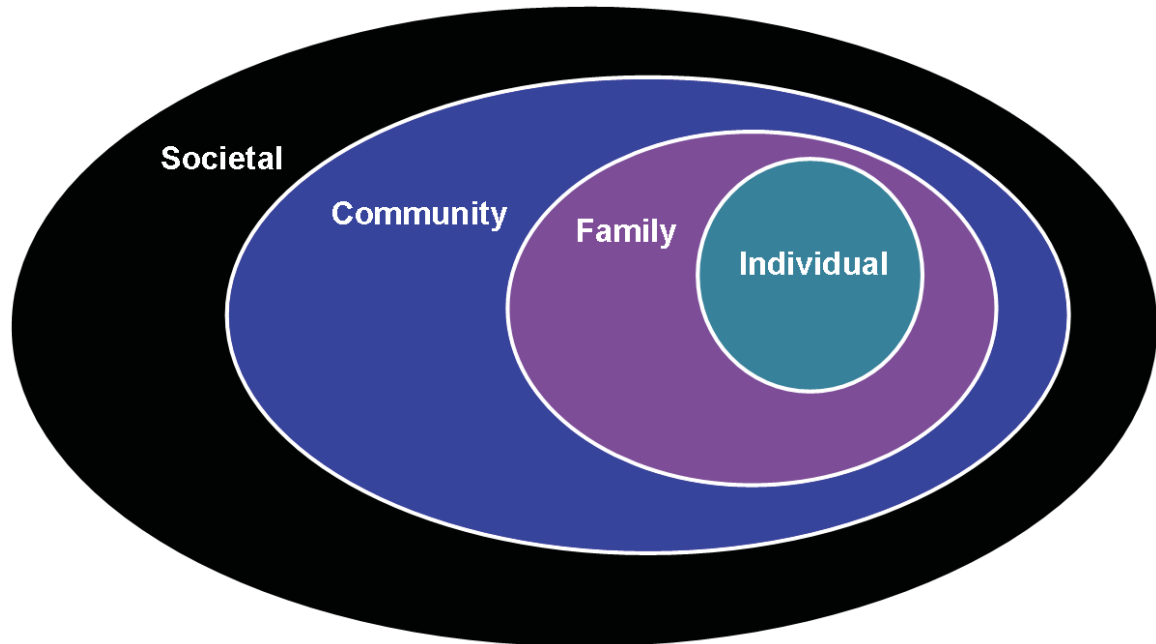
Society pays for many of the consequences of child abuse and neglect. There are large monetary costs for maintaining child welfare systems, judicial systems, law enforcement, special education programs and physical and mental health systems that are needed to respond to treat victims of child neglect and their families.<sup>28</sup>

## **FACTORS RELATED TO CHILD ABUSE AND NEGLECT: SOCIO-ECOLOGICAL FRAMEWORK**

A balance of risks and protective factors influence the likelihood that a parent will harm his or her child.<sup>29</sup> A variety of theories and models have been developed to explain the occurrence of abuse within families. The most widely adopted explanatory model is the socio-ecological model in which multiple factors contribute to child abuse and neglect. This perspective considers not only characteristics of the individual child and the family, but also the societal and environmental variables contributing to the parent's inability to provide for the basic needs of the child. The socio-ecological model is valuable because it recognizes the shared responsibility among individuals, families, communities, and society, thereby enabling a more constructive approach and targeting interventions on multiple levels.<sup>30, 31</sup>



## Social-Ecological Model of Child Abuse and Neglect



Adapted from the Centers for Disease Control Social-Ecological Model – Framework for Prevention.  
Available at [www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html](http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html)



Societal	Community	Family	Individual
<b>RISK FACTORS</b> <ul style="list-style-type: none"> <li>Accepted violence and exploitation</li> <li>Corporal punishment</li> <li>Lack of children’s rights</li> <li>Lack of supportive policies and funding</li> </ul>	<b>RISK FACTORS</b> <ul style="list-style-type: none"> <li>Unemployment</li> <li>Poverty</li> <li>Lack of adequate housing and other support services</li> </ul>	<b>RISK FACTORS</b> <ul style="list-style-type: none"> <li>Parental stress</li> <li>Parental discord</li> <li>Isolation from family</li> <li>Domestic violence</li> <li>Child/parent interaction</li> </ul>	<b>RISK FACTORS</b> <ul style="list-style-type: none"> <li>Lack of parenting skills/capacities</li> <li>Lack of child development knowledge</li> <li>Past history of abuse</li> <li>Parental substance abuse/mental illness</li> <li>Special needs child</li> </ul>
<b>PROTECTIVE FACTORS</b> <ul style="list-style-type: none"> <li>Culture of non-violence and exploitation</li> <li>Supportive policies and funding</li> <li>Proactive vs. reactive</li> <li>Societal support of families and children</li> </ul>	<b>PROTECTIVE FACTORS</b> <ul style="list-style-type: none"> <li>Stable and cohesive neighborhoods</li> <li>Access to adequate health care, quality education, and employment services</li> <li>Support of child abuse prevention</li> </ul>	<b>PROTECTIVE FACTORS</b> <ul style="list-style-type: none"> <li>Positive adult role models</li> <li>Marital harmony</li> <li>Available caring, supportive network</li> </ul>	<b>PROTECTIVE FACTORS</b> <ul style="list-style-type: none"> <li>Social networks of relatives or friends</li> <li>Emotionally satisfying relationships</li> <li>Birth/childcare support</li> <li>Parenting education</li> </ul>

What follows is a review of these factors. Again it is important to emphasize that child maltreatment arises from the intersection of multiple factors across several of these dimensions.

## RESEARCH ON RISK AND PROTECTIVE FACTORS

### RISK FACTORS

#### Individual Child-Related Risk Factors

- **Age:** Many studies indicate that the younger a child is, the higher the risk for severe or fatal maltreatment. Infants and young children due to their small physical size, early developmental status and need for constant care can be particularly vulnerable to child maltreatment. Retrospective studies also show an increased risk of maltreatment in premature and ill newborns.<sup>32</sup> Teenagers are at greater risk for sexual abuse.<sup>33</sup>
- **Race:** There is no simple explanation for racial differences in maltreatment rates. Studies have shown however those higher rates for black children are mediated by family social-economic status with no statistical significant between ethnic groups when living in similar social circumstances.<sup>34</sup>
- **Disabilities/Special Characteristics:** Children with physical, cognitive and/or emotional disabilities appear to experience higher rates of maltreatment than do children without a disability. A special analysis of data about child maltreatment in 2004 revealed that children with a disability were 1.68 times more likely to experience abuse or neglect than children without a disability.<sup>35</sup> The demands for caring for these children, especially if they exhibit challenging behaviors or have intensive medical needs may overwhelm their parents. Disruptions may occur in the bonding or attachment process particularly if children are unresponsive to affection or if they are separated by frequent hospitalizations.<sup>36</sup>

It is important to note children with disabilities encompass a broad number of conditions. According to the United States Code ((20 U.S.C. Section 1401(3) (A)) “the term ‘children with a disability’ means a child with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, ...orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities, and who, by reason thereof, needs special education and related services”.

Studies found children with emotional or behavioral disorders were at the greatest risk for maltreatment. Another literature review concluded children with communication or sensory impairments and learning disabilities were at increased risk for abuse. Other studies found children with mild impairments at greater risk for maltreatment than those with more severe impairments. All of the studies underscore the importance of rejecting a global idea of “disability”. There are nuances in the type of abuse children experience in relation to their disability and the severity of the disability.<sup>37</sup>

Additional factors leading to abuse among children with disabilities are the same as those found in general population, i.e., single parents, teen parents, levels of stress. Stress can include: 1) feeling unprepared to handle the care of a child with disabilities, including understanding the impact of having a child with special needs; 2) financial or time demands due to additional medical and educational activities; 3) job instability caused by additional family demands; and 4) lack of necessary social supports.<sup>38, 39</sup>

### Individual/Parent/Caregiver and Family Characteristics

- **Age of Parent/Caregiver:** Findings are mixed in this area. Some studies of physical abuse have found that mothers who were younger at the birth of their child exhibited higher rates of child abuse than older mothers. Other contributing factors such as lower economic status, lack of social support and high stress levels may influence the link between younger child birth, particularly teenage parenthood and child abuse.<sup>40</sup>
- **Educational Level of Parent/Caregiver:** Educational level of Parent/Caregiver: A low educational level has also been identified as a risk factor for potential child maltreatment.<sup>41</sup>
- **Substance Abuse:** Parental substance abuse is reported to be a contributing factor for between one and two thirds of maltreated children in the child protective system. Substance abuse can interfere with a parent's mental functioning, judgment, inhibition and protective capacity leading to neglect as well as jeopardizing a child's health and safety. Studies suggest that substance abuse can influence parental discipline choices and child-rearing styles. Substance abuse and child maltreatment often co-occur with other problems including mental illness, domestic violence, poverty and prior child maltreatment producing complex situations that can be difficult to resolve. Identifying and obtaining appropriate resources to address these needs are a challenge in many communities.<sup>42</sup>
- **Mental Illness:** Relatively little has been written about the effect of serious and persistent parental mental illness on child abuse, although many studies show that substantial proportions of mentally ill mothers are living away from their children. Much of the discussion about the effect of maternal mental illness on child abuse focuses on the poverty and homelessness of mothers who are mentally ill, as well as on the behavior problems of their children—all issues that are correlated with involvement with child protective services. Research shows maternal depression interferes with parenting and is linked with the development of emotional regulation and behavior problems in children, making subsequent parenting more difficult. Research also concludes that as symptoms of mental illness lessened, a mother's parental stress decreased and her nurturance increased. Contextual factors—on the positive side, more education and social support; on the negative side, a history of substance abuse and increased daily stress—predict both

symptoms and parenting styles. Taking these contextual factors into account helps to weaken the relationship between psychiatric symptoms and poor parenting.<sup>43</sup>

- **Marital Conflict and Domestic Violence:** According to published studies, in thirty to fifty percent of families where spouse abuse takes place, child maltreatment also occurs. Children in violent homes may witness parental violence, may be victims of physical abuse themselves and may be neglected by parents who are focused on their partners or unresponsive to their children due to their own fears. Children may be victimized and threatened as a way of punishing and controlling the adult victim of domestic violence. They may be injured unintentionally when acts of violence occur in their presence. Often episodes of domestic violence expand to include attacks on children.<sup>44</sup>
- **Homelessness:** There are links between children who enter the child protective system and homelessness. Violence at home is one of the major predictors of whether children and youth will experience homelessness. Women with children in homeless shelters and domestic violence shelters are found to have very similar characteristics, including their exposure to traumatic experiences. More youth in runaway and homeless programs report fights and physical or emotional abuse from their family members, compared with those without such experiences. The majority of youth in runaway and homeless youth programs report their biological mothers as a main perpetrator of maltreatment.<sup>45</sup> Homelessness can play a part in child trafficking. Contributing factors are the state's number of incarcerated women and a high divorce rate. Broken or dysfunctional families often lead to children being abused or neglected, and they often run away. Their situation at home may be bad, but running away from home makes them even more vulnerable to sex trafficking.<sup>46</sup>
- **Family Structure:** Children living with single parents may be at higher risk of experiencing physical and sexual abuse and neglect than children living with two biological parents. Single parent households are more likely to have incomes below the poverty level with the increased stress thought to contribute to the risk of single mothers maltreating their children. A strong positive relationship between the child and father whether residing in the home or not contributes to the child's development and may lessen the risk of abuse. Additional studies have found neglectful families tend to have more children or greater numbers of people living in the household. Children who have a permanent sense of connection to their families fare much better on average, even if they experience poverty, when compared to children who are removed from their families because of abuse, neglect or criminal behavior or who grow up disconnected from one or both parents.<sup>47</sup>
- **Parental Histories and the Cycle of Abuse:** A parent's childhood history plays a large part in how he or she may behave as a parent. Individuals with poor parental role models or those who did not have their own needs met may find it difficult to meet the needs of their children. The child maltreatment literature does support

the finding that some maltreating parents or caregivers were victims themselves as children. However an incorrect conclusion from this finding is that a maltreated child will always grow up to become a maltreating parent. There are those who were not abused as children who become abusive. The research shows that two-thirds of all individuals who were maltreated as children did not subject their children to abuse or neglect.<sup>48</sup>

- **Parent Child Interaction:** Families involved in child maltreatment seldom recognize or reward their child's positive behavior, while having strong responses to their child's negative behaviors. Maltreating parents have been found to be less supportive, affectionate, playful and responsive with their children than parents who do not abuse their children. Research on maltreating parents, particularly physically abusive mothers found these parent were more likely to use harsh discipline strategies and less likely to use positive parenting strategies.<sup>49</sup> Literature on corporal punishment indicates an association between corporal punishment and mental health problems as well as aggressive behaviors including violence toward others.<sup>50</sup>

### Environmental Factors

- **Poverty and Unemployment:** Research suggests a direct link between social stressors, especially perceived economic stress and higher rates of child abuse.<sup>51</sup> Poverty and unemployment show a strong association with child maltreatment, particularly neglect. It is important to note that most people living in poverty do not maltreat their children. However, poverty particularly when interacting with other risk factors such as unemployment, inadequate housing, depression, substance abuse and social isolation increase the likelihood of maltreatment.<sup>52,53, 54</sup>
- **Social Isolation and Social Support:** Greater isolation and loneliness by parents can contribute to their maltreatment of children. Social isolation may contribute to maltreatment because parents have less material and emotional supports, do not have positive parent role models and feel less pressure to conform to conventional standards of parenting behaviors.<sup>55</sup>
- **Violent Communities:** Children living in dangerous neighborhoods have been found to be at higher risk than children from safer neighborhoods for severe neglect and physical abuse as well as child sexual victimization. Some risk may be associated with the poverty found in dangerous neighborhoods. However, concerns remain that violence may seem an acceptable response or behavior or to individuals who witness it more frequently.<sup>56</sup>

### Societal Factors

- **Cultural Norms:** This includes social acceptance of violence and norms of familial privacy and noninterference.<sup>57</sup> Suffering reproduces itself as new generations learn

from the past especially if the social conditions that nurture violence are allowed to continue.<sup>58</sup>

- **Child and Family Policies:** Strength and Availability of Health and Social Safety Net System – This includes policies that relate to parental leave, maternal employment and child care arrangements.<sup>59</sup>

## Protective Factors Framework

### The Efficacy of Prevention

Just as there are factors that place families at risk for maltreating their children, there are other factors that may protect them from vulnerabilities.<sup>60</sup> Early attachment is a basic building block for many aspects of early development. Neglect or trauma in early childhood can have an impact on ongoing development, but research shows that protective factors identified in the Center for the Study of Social Policy's Strengthening Families Framework™ are buffers that can mitigate the impact of trauma. The protective factors are also “promotive” factors that build family strengths and promote optimal child development.<sup>61</sup> Research studies support when protective factors are well established in a family, the likelihood of child abuse and neglect diminishes.<sup>62</sup> The following five protective factors are the foundation of the Strengthening Families approach.

### Parental Resilience

Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. Sometimes the pressures parents face are so overwhelming that their ability to manage stress is severely compromised. This is the case with parents who as children experienced strong, frequent and prolonged adversity without the buffering protection of nurturing adult support. As a result, these parents may display symptoms of depression, anxiety, or other clinical disorders that inhibit their ability to respond consistently, warmly and sensitively to their child's needs. However, numerous research studies show parents can be helped to manage clinical symptoms and reactions to their own histories of poor attachments and trauma, to protect children from adversity and trauma as best they can and to provide more nurturing care that promotes secure emotional attachment and healthy development in their children.

### Social Connections

Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Constructive and supportive social connections help buffer parents from stressors and support nurturing parenting behaviors that promote secure attachments in young children.

### Concrete Support in Times of Need

Meeting basic economic needs like food, shelter, clothing and health care. Likewise,

when families encounter a crisis, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis. Assisting parents to identify, find and receive concrete support in times of need helps to ensure they and their families receive the basic necessities to grow as well as specialized medical, mental health, social, educational or legal services. Access to concrete support in times of need must be accompanied by a quality of service coordination and delivery that is designed to preserve parents' dignity and to promote their and their family's healthy development, resilience and ability to advocate for and receive needed services and resources.

### **Knowledge of Parenting and Child Development**

Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. New knowledge about parenting and child development enables parents to evaluate the impact of their experiences on their own development and their current parenting and to consider more effective ways of guiding and responding to their children. The mounting evidence of early brain development enables parents and those who work with children to know what young children need most to thrive: Nurturing, responsive, reliable and trusting relationships; regular, predictable and consistent routines, interactive language experiences; a physically and emotionally safe environment and opportunities to explore and learn by doing.

### **Social and Emotional Competence of Children**

A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers.<sup>63</sup> A growing body of research has demonstrated the strong link between young children's social-emotional competence and their cognitive development, language skills, mental health and school success. The course of social-emotional development depends on the quality of nurturing attachment and stimulation that a child experiences. Research shows children who do not have adults in their lives who actively promote social-emotional competence may not be able to feel remorse or show empathy and may lack secure attachments, have limited language and cognitive skills and have a difficult time interacting effectively with their peers. Early and appropriate interventions that focus on social-emotional development can help mitigate the effects of negative experiences in ways that lead to improved cognitive and social-emotional outcomes.

## THE EFFICACY OF PREVENTION

Research suggests prevention efforts are having an impact. The fourth federal National Incidence Study on Child Maltreatment reported a nineteen percent reduction in the rate of child maltreatment from that reported in a similar survey in 1993. Substantial and significant drops in the rates of sexual abuse, physical abuse and emotional abuse observed by survey respondents occurred between 1993 and 2006. While there was no significant declines in cases of child neglect, data reported from local child protection agencies also show a similar drop in physical and sexual abuse cases.<sup>64</sup>

Prevention programs aim to mitigate risks mentioned earlier (e.g., domestic violence, substance abuse, mental illness or poverty) while boosting protective factors (e.g., social connections, knowledge of effective parenting and access to supports in times of need).

A wide range of prevention strategies have demonstrated an ability to reduce child abuse and neglect as well as other child safety outcomes. Prevention efforts have strengthened key protective factors associated with a reduced incidence of child maltreatment.<sup>65</sup> Given the interdependence of multiple causes of child maltreatment effective interventions must incorporate cross sector approaches.<sup>66</sup>

What follows are specific prevention strategies categorized within the socio-ecological framework.



## PREVENTION STRATEGIES ALONG THE SOCIO-ECOLOGICAL FRAMEWORK

### **Individual/Family Strategies**

- **Integration of Home-Visiting Programs into Prevention Efforts:** Home visiting programs are family-based interventions in which trained professionals visit parents in their homes and administer a standard program that can range in intensity from one visit to multiple visits over months or even years. In addition to working with participants around a set of parenting and child development issues, home visitors often serve as gatekeepers to the broader array of services families may need to address various economic and personal needs. Reviews of these programs have reached differing conclusions. Some home visiting programs have been shown to have positive effects in areas of family life related to child abuse risk. Reviewers have concluded that home visitation programs, when well implemented, do produce significant and meaningful reduction in child-abuse risk and improves child and family functioning. Others are more modest in their conclusions.<sup>67,68</sup>

Research suggests home visitation programs are effective at preventing maltreatment among low income teenage mothers. Researchers also indicate programs are more likely to reduce child maltreatment if service providers follow protocols of the programs, employ well-trained staff and evaluate their program's outcomes continuously.

- **Strengthening Families Framework** (also is a community/environmental strategy): The Strengthening Families framework is designed to reduce child abuse by enhancing the capacity of child care centers and early intervention programs to offer families the support they need to develop protective factors. Since its inception, Strengthening Families has broadened its focus beyond early care and education to include building links between these programs and child protective services.<sup>69</sup> The program uses focused assessments, technical assistance and collaborative relationships to enhance the capacity of programs to promote the five protective factors cited earlier in this report. Four of these five—increasing parental resilience, building social connections, increasing knowledge of parenting and child development, and providing concrete support in times of need—are primarily directed towards parents. Parent education occurs through general education programs and parent education and support groups to increase knowledge of child development and effective child rearing practices including the use of positive discipline in lieu of corporal punishment. The remaining protective factor, supporting the social and emotional competence of the child, complements these parent-directed supports by focusing on the developmental needs of children and the quality of their primary relationships.
- **The Incredible Years Program:** This program includes parent, teacher and child social skills training. It is an effective intervention for reducing child conduct

problems. Research shows it reduces children's physical aggression and harsh parenting practices. The program also increases parents' responsiveness and their stimulation of their children's learning.<sup>70, 71</sup>

- **Respite Care:** This service provides help for caregivers who could benefit from a break from the demands of caring for a child with special needs or a parent who is in an at-risk parenting situation to reduce stress and the risk of child abuse or neglect.<sup>72</sup>
- **Alternative Approaches for Families with Substance Abuse:** A comprehensive approach is needed to address the social and economic risks to child well-being beyond the harms associated with parental substance abuse. Rather than solely focusing on substance abuse, consideration should be given to other co-occurring factors, such as mental illness, domestic violence and homelessness that may be more directly implicated in causing harm to the child.<sup>73</sup>
- **Differential Response System in Child Protective Service System:** This system is for lower risk families whose cases are not opened or who are kept open for services. Suggested services are family counseling, respite care, parenting education, home visiting, housing assistance, substance abuse, treatment and child care.
- **Parent-Child Interaction Therapy:** PCIT uses observation and direct audio feedback to parents to build parental competence in interaction with children whose behaviors are difficult and disruptive. It teaches parents to give their children positive attention and manage their problem behavior. Research showed it improved parenting competence and lower rates of repeated reports and reinvestigations for child abuse and neglect in Oklahoma. Success was best when parents were allowed to focus on learning how to use positive parenting and discipline methods rather than address multiple problems.

### **Environmental Strategies**

Even intensive interventions cannot fully address the needs of the most challenged populations - those struggling with serious mental illness, domestic violence and substance abuse, as well as those rearing children in violent and chaotic neighborhoods. Increased emphasis is being placed on approaches that seek changes at a community or systems level to tackle environmental factors.<sup>74</sup> Community interventions at this level foster community wide norms of positive parenting and coordinate individualized family services in communities. Linking parents to local support networks (both formal and informal) addresses risk factors associated with social isolation and community context.<sup>75</sup> Some strategies seek to expand public services and resources available in a community by instituting new services, streamlining the service delivery process or fostering greater collaboration among local service providers. Other strategies focus on altering the social norms that govern personal interaction among neighbors, parent-child relationships and personal and collective responsibility for child protection. In each case, the goal is to build communities with a rich array of formal and informal

resources and a normative cultural context that is capable of fostering positive child and youth development.<sup>76</sup>

A term used in research is “*building social capital*” which is developing a network that identifies norms and social trust that facilitate coordination and cooperation for the mutual benefit of those involved. Researchers believe that a community’s level of social capital is a critical determinant of the quality of life for its children and families.<sup>77</sup> The most promising community interventions are social capital development and community coordination of individualized services.<sup>78</sup> What follows are examples of comprehensive community initiatives as well as targeted strategies. This list is by no means exhaustive of community-based interventions but identify some necessary components in development of this intervention approach.

- **Multifaceted Campaigns that include Family Training:** These types of campaigns show modest but important effects at the population level.<sup>79</sup> Research on effective child maltreatment prevention programs stresses campaigns need to focus on educating the public about child development, utilizing messages that focus on increasing parental support in local communities. Parent information campaigns need to be targeted to all types of parents, not just abusive parents. These campaigns need to start promoting short-term benefits, such as less family stress and better-behaved children. Messages need to connect families to communities in positive ways to build community responsibility for kids. These messages should help the community remember the ways in which they interact with families and the importance of families in raising children. Messages need to use strength-based language and focus on the positive factors of family life. When communicating directly about child maltreatment, campaigns should focus on situations which many parents find themselves (e.g., divorces, unemployed, stressed, etc.) and connect parent education and family support to these situations.

The media need to be carefully and strategically educated on child maltreatment prevention and new messages about positive parenting, child protection and family support by blending into existing media outreach efforts patterns.<sup>80</sup> Micro-targeting may be in order.

- **Triple-P-Positive Parenting Program** (also incorporates individual/family level strategies): Triple P is a community-wide multi-level system of parenting interventions. The initiative has several levels of interventions, combining universal and targeted elements. The universal feature is a media based social marketing campaign targeting the entire community that teaches the basics of positive parenting. There are intensive treatments for progressively smaller groups of families that are at greater risk for maltreatment as well as individual family treatment. Targeted strategies include formal group parenting seminars and individualized behavioral interventions. To better integrate services and have providers operate from a shared understanding of Triple P values and practice principles, the program offers training to local service providers. U.S. Triple P trial

results in South Carolina found a reduction in substantiated abuse cases, child out-of-home placements, and hospitalizations and emergency room visits for child injuries. There were fewer children with behavioral and emotional problems and reduced parental stress associated with having school age children.<sup>81, 82</sup>

- **Strengthening Families:** Protective factors are designed to work with parents, children and communities in a cross reinforcing comprehensive way. Community strategies include building community capacity to support families.<sup>83</sup> Other strategies include building social networks among families participating in the program to reduce social isolation and build social capital. The social capital focus is to facilitate the community maintaining a common set of positive childrearing norms that includes shared standards as well as sanctions for violating these norms. These social relationships also determine the quality of the neighborhood environment for children. Other community interventions include parents' interactions with providers who act as resource guides about available services in their community. This enables the provision of concrete supports in times of need to families coping with the stresses of poverty.<sup>84</sup>
- **School-Prevention Programs:** Teachers and other school staff are in an optimal position to prevent, identify and assist victims of child abuse and neglect because of their frequent contacts with students.<sup>85</sup> A school's involvement in prevention can be divided into school-based programs, school community programs and individual educator actions. Common school based programs for children and adolescents include life skills training, socialization skills, problem solving and coping skills, preparation for parenthood and self protection training. Researchers found children grasped the basic concepts and also communicated more openly about abuse both in classrooms and with their parents. There are also school-based programs for families using a strength-based philosophy. Some examples of school-community partnerships are the Families and Schools Together (FAST) Program which joins parents and schools to reduce delinquency and Community Schools which provide a forum for collaboration between educators, social service agencies, parents and the wider community. School involvement is encouraged for public awareness strategies through parent teacher groups and other community organizations. Finally school facilities can be used for numerous purposes: self-help groups such as Parents Anonymous or Circle of Parents, public forums and workshops on child abuse and neglect prevention, adult education offered on alternative disciplinary methods and early childhood growth and development or school use for child care, crisis care and after-school programs.<sup>86</sup> All of these programs as well as mentoring initiatives, youth leadership development and athletic/recreational programs can support violence prevention initiatives.
- **Violence Prevention:** Violence prevention efforts contribute to empowerment, educational and economic progress, while fostering healthy communities in which people can grow in dignity and safety. These efforts realign institutions to be more

inclusive and receptive in responding to community needs. A mobilized and engaged community is imperative for community violence prevention. It requires involving people most involved in crime, identifying root causes to target strategies, and developing a plan for increasing participation in community action. The planning team should reflect the community's racial, ethnic and socioeconomic diversity. What constitutes evidence of success should be identified and documented.<sup>87</sup>

- **Programs to Prevent Sexual Abuse:** Schools, religious groups, and youth organizations are now operating programs that teach children what to do in situations of potential abuse, how to stop potential offenders, and how to find help. Such programs also teach children not to blame themselves if they are victimized, a prevention strategy designed to head off emotional problems often triggered by abuse. Although there is little evidence that these programs prevent sexual abuse, there is evidence the programs produce other benefits such as increased disclosure and less self-blame following abuse.<sup>88</sup> Strategies that incorporate positive youth development should also be considered.<sup>89</sup>
- **Systems of Care:** Systems of Care is a community approach in the mental health sector. It has four parts that includes a continuum of services ranging from outpatient therapies to in-home family preservation, coordination of services so that a family can move from one to another without disruption, service individualization where services are “*wrapped around*” the child and family and cultural competence in services so professionals understand the community and culture of families.<sup>90</sup>

These examples underscore the importance of strategies that strengthen families by mitigating a family's underlying economic distress and addressing the well-being of both parents and children. Families exist in and are affected by neighborhoods and communities. When communities have strong social and cultural institutions; good role models for children; and the resources to provide safety, good schools and quality support services, families and their children are more likely to thrive.<sup>91</sup>

### Societal Strategies

- **Using Risk Factors to Create More Accurate Risk Assessments:** This approach will better identify and serve families and communities at elevated risk for child maltreatment. As it relates to sexual abuse, recommendations also include assessment to distinguish high risk from low offenders in order to improve offender management programs and enhanced efforts to detect and arrest previous undetected offenders.<sup>92, 93, 94, 95</sup>
- **Positive Cultural Norms:** One model is the Positive Community Norms (PCN). The core tenant of PCN is to improve health and safety one must focus on growing positive community norms, attitudes and behaviors through cultural transformation. This approach uses the “*Science of the Positive*” to refocus the message onto

positive healthy normative attitudes and behaviors. A core tenant of the “*Science of the Positive*” is that solutions are in the community with three core elements: spirit (commonality of purpose), science (measurable outcomes and learning from efforts) and action (efficient and effective) that make up the core of the transformation process. Mechanisms for these changes are leadership development, communication and integration of prevention resources.<sup>96, 97, 98</sup>

- **Trauma-Informed Child Welfare Systems:** The Chadwick Trauma-Informed Systems Project defines a trauma-informed child welfare system as one “in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness and skills into their organizational cultures, policies and practices. They act in collaboration, using the best available science to facilitate and support resiliency and recovery.”<sup>99</sup>
- Improving Educational Levels and Employment Opportunities.<sup>100</sup>
- Encouraging Establishment of Family-Friendly Policies in Workplaces including Maternity and Paternity Leave Practices.<sup>101, 102</sup>
- Increasing Availability and Quality of Child Care including Provision of Subsidies when Needed.<sup>103, 104</sup>
- Ensuring Availability of Preventive Health Care and Social Safety Net Systems.<sup>105</sup>
- Development of prevention programs tied to characteristics of racial or cultural groups that are supported by informal support systems.<sup>106, 107, 108</sup>
- Appropriate Use of Technology to Expand Provider-Participant Contact and Service Access (e.g., cell phone usage, videotaping and internet linkage capabilities).
- Achieving a Balance between Enhancing Formal Services and Strengthening Informal Supports.<sup>109</sup>

## **CHARACTERISTICS OF A SUCCESSFUL PREVENTION RESPONSE**

**Prevention of child abuse and neglect occurs at three distinct levels:**

**Primary Prevention** (Universal): Raises public awareness about child maltreatment in an effort to influence the attitude and behavior of the general population. The goal is to stop the occurrence of maltreatment before it starts.<sup>110, 111</sup> Primary prevention as outlined in Oklahoma statutes means programs and services designed to promote the general welfare of children and families.<sup>112, 113</sup>

Examples include public education campaigns, public service announcements, parenting education accessible to all, parent warm lines and parenting resources on websites.<sup>114, 115</sup>

**Secondary Prevention (Selective):** Targets families with risk factors for abuse and neglect through early identification.<sup>116,117,118</sup> It focuses efforts and resources on children known to be at higher risk of maltreatment and provides an intervention to stop the problem from occurring. Oklahoma statutes define secondary prevention as the identification of children who are in circumstances where there is a high risk that abuse will occur and assistance, as necessary and appropriate, to prevent abuse or neglect from occurring.<sup>119, 120</sup>

Examples include home visitation programs for new or expectant families meeting specific eligibility criteria, family support programs, parent education and support groups, and respite care to allow the ‘at risk’ caregiver a break from the stresses of parenting.<sup>121, 122, 123, 124</sup>

**Tertiary Prevention (Indicated):** Focuses efforts on families in which maltreatment has already occurred. The goal is to prevent maltreatment from re-occurring and to reduce the negative consequences associated with maltreatment.<sup>125</sup> Oklahoma statutes define such services as those provided after abuse or neglect has occurred which are designed to prevent the re-occurrence of abuse or neglect.<sup>126, 127</sup>

Examples include services to parents reported to OKDHS but are not court involved (known as differential response services).<sup>128</sup> Tertiary prevention can incorporate intensive family preservation services with trained mental health counselors, parent mentor programs to serve as role models and provide support to families in crisis and mental health services for children and families to improve family communication and functioning.<sup>129</sup>

All prevention services need to embrace a commitment to a set of practice principles that have been found effective across diverse disciplines and service delivery systems. They include:

- A strong theory of change that identifies specific outcome and pathways for addressing core outcomes including specific strategies and curriculum content.
- A recommended duration and dosage or clear guidelines for determining when to discontinue or extend services that is systematically applied to all enrolled in services.
- A clear well-defined target population with identified eligibility criteria and strategy for reaching and engaging this target population.
- A strategy for guiding staff in balancing delivery of program content while being responsive to a family’s cultural beliefs and immediate circumstances.
- A method to train staff on delivering the model with a supervisory system to support direct service staff and guide their ongoing development.
- Reasonable caseloads that are maintained and allow direct service staff to accomplish core program objectives.



- The systematic collection of information on participant characteristics, staff characteristics and participant service experiences to ensure services are being implemented with fidelity to the mode, program intent, and structure.<sup>130</sup>

## Oklahoma's Prevention Response

Oklahoma has a long history of successful prevention strategies. What follows are major accomplishments currently underway in the state which align with effective strategies identified earlier in this report. Many of these activities will intersect across prevention domains. A more detailed report of the state's accomplishments over the past three years is found under Appendix I. This report provides extensive qualitative and quantitative information describing accomplishments according to strategies in the current child abuse prevention plan.

### Primary Prevention

#### Public Awareness

- **Media Campaigns:** The Community-Based Child Abuse Prevention (CBCAP) program has implemented numerous media campaigns as part of its annual Child Abuse Prevention (CAP) Days at the Capitol and corresponding mini summits. The program also sponsors speakers promoting child abuse prevention strategies. Through the campaigns there has been dissemination of prevention promotion materials statewide (e.g., posters, wristbands, resource guides, etc.) that include information on family protective factors. Campaigns include the “*Build a Blue Ribbon Tree for Kids*” and McDonald’s positive family relationship campaign.
- CBCAP also initiated the *Period of Purple Crying* Project aimed at reducing abusive head trauma. Staff provided delivery hospitals across Oklahoma with the *Period of PURPLE Crying*® DVD to help parents and caregivers understand the frustrating features of crying in normal infants that can lead to shaking or abuse. Collaborating closely with the Oklahoma Hospital Association, the University of Oklahoma Health Sciences Center, the Office of Perinatal Quality Improvement and Medical Center Trauma Unit, the group chose the ***Period of Purple Crying*** materials to distribute to Oklahoma birthing hospitals along with other resources. Materials were purchased to assure that hospitals had enough materials to distribute for one full year (60,000 *Period of Purple Crying* DVD’s).
- Other public awareness occurs through the monthly CAP E-Blast Newsletter.
- **Training:** CBCAP has made available extensive training and technical assistance by experts in the field. Priorities for training topics are established by local and state partnerships with the CAP ACTION Committee and Home Visitation Leadership Advisory Coalition (HVLAC). Areas of training and technical assistance include: Lead poisoning, mental and behavioral health, child development, infant safe sleep environment, impact of tobacco, trauma-informed care, and distribution of home visiting safety guidelines to child abuse prevention programs.



- **Leadership Development**

- CBCAP and the Interagency Child Abuse Prevention Task Force (ITF) worked together to bring important topics and speakers to address trends in child abuse prevention as well as resources available in Oklahoma. Each ITF meeting includes cross-discipline training and presentations on current best practices.
- The Oklahoma State Department of Health Family Support and Prevention Service (FSPS) facilitates and coordinates the CAP ACTION committee where service providers and program staff meet to plan and prepare not only CAP Month/Day at the Capitol activities, but also ongoing prevention efforts.
- FSPS supports the HVLAC created to drive best practices in home visitation programs. Membership recruitment targets community-based family support programs with a home visitation component. During federal fiscal year 2011, over 100 participants attended these meetings.
- Examples of topics presented as part of the annual CAP day and corresponding mini summits have included: Preventing child sexual abuse, consequences of ACE experiences, role of media, messaging and marketing in prevention of child abuse, impact of poverty and domestic violence, community building and engagement, Circle of Parents (COP®) and Strengthening Families to name a few.
- CBCAP strategies have incorporated the importance of community development and transformation through the work of Jeff Linkenbach, Director of the Center for Health and Safety Culture at Montana State University on *Positive Community Norms* at the 2012 ITF retreat.

## Community Capacity Building

### Smart Start Oklahoma

- **Strengthening Families:** Smart Start Oklahoma, in partnership with the Oklahoma Department of Health, piloted the Strengthening Families approach to child abuse prevention in seven Smart Start Communities (South Central Oklahoma, North Central Oklahoma, North West Oklahoma, Kay County, Stephens County, Logan/Kingfisher Counties and Tulsa). The approach used early childhood programs to provide families with the support and resources they need. Child care providers received training to be able to identify risk factors in families such as parental isolation, lack of knowledge about child development and mental, physical or financial crises in the family. The sites were able to infuse the protective factors in many ways by expanding to other programs and events in their communities. Core elements were:
  - Engagement with an existing Smart Start governance structure;
  - Participation by early care and education programs - Opportunities were created in child care centers for parents to come together to develop their skills and build support networks with other parents and child care providers.

- Families learned about attachment and bonding, nutrition, and social and emotional needs of their children;
- Collaboration and engagement of community partners; and
- Media involvement to provide awareness to the general public.

**Examples of some activities include:**

- Protective factors being included in requests for proposals of Smart Start Oklahoma, MIECHV and Child Care Resource and Referral;
- Video and PSAs about Strengthening Families protective Factors used by communities;
- Community cafés held in communities geared around protective factors;
- Numerous trainings held throughout the state;
- Parenting classes provided in all the Strengthening Family sites; and
- An evaluation of Oklahoma’s Strengthening Families initiative identified the following ingredients for a successful program: 1) Strong leadership and governance at local sites, 2) linkages that support collaboration and community; 3) policy and practices to institutionalize changes supportive of protective factors; and 4) professional development being received by child care staff at each site and Strengthening Families coordinators.<sup>131</sup>
- **Smart Start Community Activities** There are currently 18 Smart Start communities throughout the state. These communities work to enable family needs being met and that children enter school ready to succeed by strategies supporting: 1) early care and education; 2) health and mental health; 3) business engagement; 4) family support; and 5) public awareness.<sup>132</sup>

## *Story* Kay County Parent Cafés

Staff knew making Strengthening Families work in Kay County required an “at ease” environment for parents, children and staff to come together to support each other in raising young children. The greatest success at all three sites was seeing parents talk with each other about what they were going through and experiencing the building of relationships with the staff at each center. Smart Start Kay County started Parent Cafés which were well received at the Head Start facility. Parents received new ideas and education materials all related to the family. The parents stated numerous times that they gained advice, learned better ways and heard new ideas on how to handle difficult situations within their family. Friendships formed. Adults were able to have conversations with their children being present; children were able to interact with each other. Staff surveyed parents to determine if they would commit to participation in Parent Cafés once every two months. Parents answered NO on the surveys. Instead, they requested a monthly Café meeting. The parent group in Kay County has continued to build these relationships outside of the Head Start facility, working on bettering themselves as individuals.

- **Community Connectors:** Connectors market home visiting programs, distribute referrals, and facilitate coordination and collaboration between home visiting programs and other community resources to meet family’s needs. Connectors are established in six counties (Oklahoma, Tulsa, Comanche, Muskogee, Kay and Garfield counties).
- **Oklahoma Center for Community-Based Initiatives:** The Oklahoma State Department of Health (OSDH) has made significant progress in improving access to parent training programs across the state. However, many individual communities continue to face challenges, including gaps in services, shortages of financial resources and short term and long term sustainable issues. Addressing these needs requires an increase in community leadership and engagement in planning, implementing, supporting, coordinating and monitoring local programs.

To assist with these needs, OSDH is partnering with the Oklahoma Commission on Children and Youth (OCCY) in forming the *Oklahoma Center for Community Based Initiatives*. This center is initiating pilot community projects to provide technical assistance to local leaders and groups in 1) identifying gaps and shortfalls in parenting services at the local level; 2) assisting to secure local and state resources; and 3) forming public/private partnerships to address these needs. Currently projects are being developed in Payne and Pottawatomie counties, with additional sites being considered in Oklahoma, Washington and Rogers counties.

The center also has a “Promising Practices Team”, which is identifying a full range of evidence-based programs for communities to implement for parent training. The team is composed of representatives from the University of Oklahoma Health Sciences Center, Smart Start Oklahoma, the OKDHS, and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). The purpose of the entire initiative is to improve outcomes for children by strengthening the infrastructure for planning and service delivery to children and youth at the local level.

## Secondary Prevention

### *Home Visitation*

- Maternal, Infant and Early Child Home Visitation Program grants implement multiple service models. They include the 1) Nurse-Family Partnership (known as Children First in Oklahoma); 2) Healthy Families America (HFA) (known as Start Right (SR) in Oklahoma), 3) Oklahoma Parents as Teachers (OPAT) and 4) the Safe-Care Augmented. All of these programs have been recognized by the U.S. Department of Health and Human Services Home Visiting Evidence of Effectiveness as being effective in specific outcomes relevant to mitigating risks for child abuse and neglect. There has been extensive evaluation of these programs which are described in more detail in Appendix I.

***Some of this data reveals the following:***

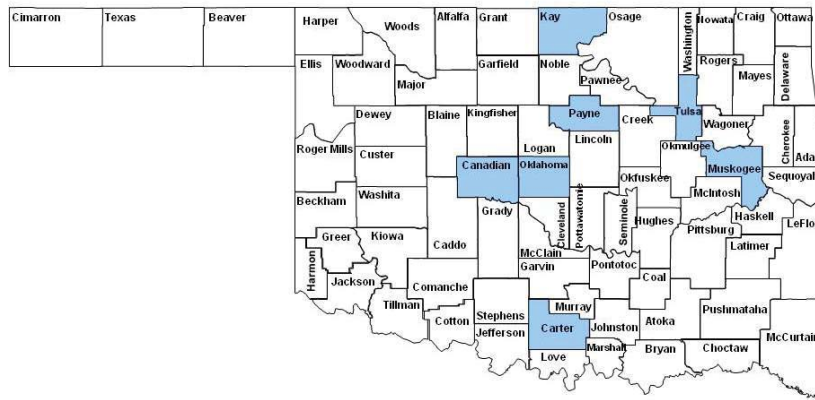
- Children First participants had: 1) high rates of vaccinations; 2) decreased levels of smoking from baseline measures; 3) almost all participants used car seats; and 4) lower rates of infant mortality than the general population. One hundred eighty six (186) participants were referred to other services. According to the SFY 2011 Children First annual report, 3,616 families were served with a total of 34,217 visits.
- Results with SR participants found the following changes from baseline measures: 1) an increased percentage of participants attempting to stop smoking as well as consumed vegetables on a daily basis; 2) a reduction in the percentage of participants with low wages; 3) an increase in the percentage of participants applying safe sleeping practices with their infants; and 4) an increase in the percentage of participants with safety seats. Participants had high immunization and breastfeeding rates. Participants referred to other services included: 786 for depression, 158 for car safety and car seats and 16 to domestic violence intervention services.
- OPAT participants had positive outcomes in child development and school. Children enrolled in OPAT showed gains in cognitive language, social and motor development. During SFY 2011, there were 33,182 visits in the program serving 4,303 families and 4,966 children.
- Safe Care Augmented participant results showed a reduction in subsequent child maltreatment.
- In the Child Guidance program a high percentage of families receiving a service reported a decrease in inappropriate social and emotional behaviors. In 2012, there were 23,501 child guidance encounters compared to 17,555 in 2011. This represented a thirty-two percent increase from the prior year.

**Parent Education/Support (in addition to Home Visitation)**

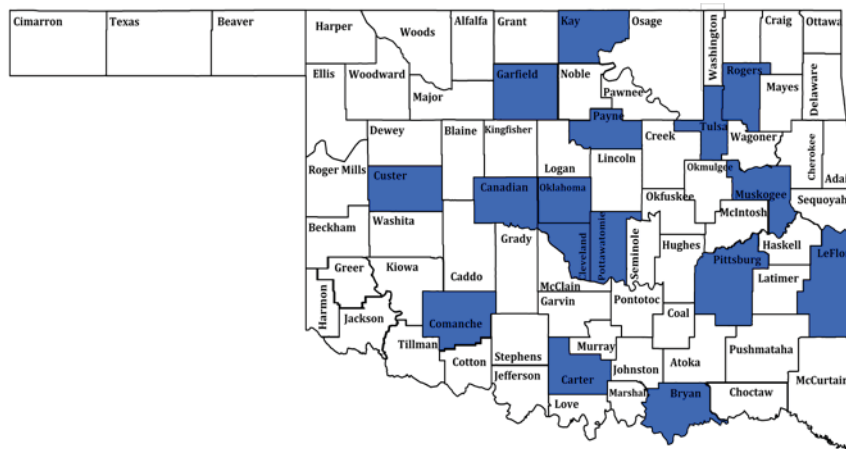
- Circle of Parents® under the auspices of the OSDH Child Guidance Division is a national network of statewide non-profit organizations and parent leaders dedicated to using mutual self-help support group model to support parents as a means of preventing child abuse and neglect and strengthening families. COP 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 participate. 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 COP model. This program is typically conducted in a community agency, community daily living setting, outpatient clinic, prison, religious organization, or school setting.

**Locations of current groups:**



- The Incredible Years is a research-based, proven effective parent training, teacher training and child social skills training program administered by child guidance staff. The Incredible Years Parent Program is a 12 to 16 week, evidence-based program for parents of children birth to eight years of age. The focus of the program is strengthening positive and nurturing parenting skills, as well as reducing challenging behaviors in children and increasing their social and self-control skills. The map indicates where groups are available.



- Oklahoma data indicates children whose parents participated in the Incredible Years groups saw an improvement in communication skills.

**Oklahoma Respite Voucher Program:** The Respite Voucher Program is a state-funded program in Oklahoma that provides financial assistance to family caregivers in the form of vouchers that can be used to pay for respite care so the caregiver can take a break. A family caregiver is the person that is providing ongoing care for a loved-one. It can be a parent, grandparent, spouse, or adult child/grandchild. The voucher program is NOT designed to pay for ongoing care such as day care, therapy, in home assistance, housekeeping or home health services. More specifically, the Start Right and Children First (NFP) programs with (OSDH) are both a part of the Respite network and will continue to utilize the DHS voucher system to provide respite care. In SFY 2012, 133 families served by child abuse prevention programs received respite using the OKDHS respite voucher system.

*Income Guidelines:*

- For caregivers who are taking care of someone who is age 60 and over, there are no income qualifications.
- For those caring for someone who is under the age of 60 and has a developmental disability:
  - If the household income is under \$45,000 per year they may be eligible for a \$400.00 voucher for three months.

*Story* **Brooke and Mel**

The Incredible Years Program has really transformed me and my husband's relationship with our children. I have four children: ages one, two, six and twelve. Since beginning the program I have started playing with my children more, using the child directed play method and it has proven to help me and my children have a more pleasurable bonding experience. The emotion coaching has helped my two year old to be more verbal about her feelings and recognize the feelings of others as well.

Another thing that has been a game changer of this program is that my husband has become more patient and more active with all of the children. I think watching some of the vignette's helped him to be more aware of his actions and behaviors with the children. In my opinion one of the best things about the program has been being around other parents with children the same age as mine. In this environment we were able to share our experiences, it always helps to know that you are not alone; being a good parent is not an easy task.

The teachers were absolutely awesome! The dynamic duo came every week full of information, and helpful advice to guide us on our quest. It is very obvious that they care and believe in this program, as well as the families that they work with.

I hope that this program will be around for many other parents, and I hope that it can be done in a way that more new parents could attend. Every new parent needs this class.

Thank you for helping us to be better and more effective parents!!!

- If the household income is over \$45,000 but less than \$60,000 per year they may be eligible for a \$300.00 voucher for three months.

#### *Who May Qualify For the Program?*

- Grandparents raising grandchildren or other relative as a parent. Grandparent must be 55 or over, or the grandchild must have a developmental disability.
- Caregivers including spouses, adult children, or other relative caring for a person age 60 or older who needs assistance with daily living due to chronic health problems including Alzheimer's, dementia or other condition.
- Families who have adopted a child with special health care needs who was once in the custody of the Department of Human Services (OKDHS).
- Families with a member of any age with a developmental disability and NOT receiving either the Home & Community Based Waiver, the In-Home Support Waiver; or the Family Support Subsidy (\$250 monthly payment).
- Families who have a child receiving SSI and services through the SSI-Disabled Children's Program (DCP) at DHS.

The approval process may take several weeks, depending on availability of funds.

### **Tertiary Prevention**

**Chadwick Trauma Informed Systems Project:** Oklahoma was selected as one of three sites in the nation to become a trauma informed system. This project seeks to move Oklahoma's child welfare system forward in recognizing, treating and preventing additional trauma to children, families and child welfare staff. The assessment of the current system was initiated in December 2010 and the final assessment was received in May 2011. After the assessment, OKDHS created a state plan for improving services and enhancing the OKDHS child welfare practice model. Components of the practice model are reviewed against current practice to determine whether there is a need for modifications to be more in line with research and practice related to treating trauma. The project runs through September 2013.

Another project is the ODMHSAS's "**Child Victims of Trauma**" wherein eleven providers in multiple counties provide trauma-specific children's services including Trauma-Focused Cognitive Behavioral Therapy and PCIT when appropriate. As resources become available, the goal is to train more behavioral health providers in these practices, and continue to expand the program. Other activities are cited in the accomplishments section in Appendix I.

**Oklahoma Children's Services (OCS)** offered by OKDHS is comprised of two programs: Comprehensive Home-Based Services (CHBS) and Parent Aide Services (PAS). Child protection specialists authorize services delivered by local contractors. Case management and brokering services promote family access to such supports as parent



education and assistance, substance abuse education and referral for treatment, financial and household management, crisis intervention, and education with an average six-month support interval. The Parent Aide program provides paraprofessional, in-home services to help families gain parenting and homemaking skills.

**Parent Assistance Center/sexual abuse treatment services** are offered by OKDHS. Parent Assistance Center services provide education, support, and child care while parents attend education and counseling sessions. Sexual abuse treatment services provide individual, family, and group counseling for children and families affected by sexual abuse.

**PCIT** is an empirically-supported treatment that places an emphasis on improving the quality of the 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 pro-social behavior and decreasing negative behavior. Research findings confirm its effectiveness in reducing subsequent child maltreatment.

**Domestic Violence Services:** The Office of Attorney General (OAG) contracts with community-based programs, to provide services for victims of domestic violence, sexual assault and stalking. At a minimum, they provide crisis intervention, safety planning and temporary shelter in a safe environment. 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. The intervention strategies for the Domestic Violence Sexual Assault (DVSA) agencies working with adult domestic violence, sexual assault and stalking 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. DVSA agencies recognize and promote partnerships with community resources such as law enforcement and the courts in order to reduce violence within society, promote victim safety, reinforce abuser accountability, and advance the ethic of zero tolerance for domestic violence, sexual assault, and stalking in our communities.

**Systems of Care** through ODMHSAS is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals, and that address each person's cultural and linguistic needs. A system of care helps children, youth and families function better at home, in school, in the community and throughout life. ODMHSAS has recently received a planning grant to expand Trauma-Informed Services to Systems of Care communities statewide.

**Child Advocacy Centers/Free Standing Multi-Disciplinary Teams (CACs and MDTs):** CACs and MDTs are child-focused teams that work to prevent further victimization of children who have been sexually or physically abused or neglected. These teams work



towards more immediate follow-up to reports of child abuse, collaborative investigations, efficient referrals to medical and mental health professionals, reduction of child interviews, increased successful prosecution and support for the child and family. The state of Oklahoma has 26 Free Standing Teams and 20 Child Advocacy Centers.



**Stakeholder**  
**AND COMMUNITY**  
**OUTREACH/FEEDBACK**

## STAKEHOLDER AND COMMUNITY OUTREACH/FEEDBACK

The content of this multiyear is based on an analysis of 1) the most current national evidence on effective strategies; 2) accomplishments achieved during the last 3 years; and 3) feedback from local and state partners as well as citizens in the community. This plan's development was informed by outreach efforts to local and state stakeholders through 1) provision of input during an environmental scanning process (see Appendix I for results) and 2) written and online survey responses (a copy of the survey is included at the end of this document). The plan's recommended goal, strategies and objectives are also included in this document.

Several activities took place to solicit ideas and input on priorities to include in this multi-year Plan. The process itself has been an epigenetic transformation beginning with the last Plan (2010 – 2013) and continuing/concluding with the activities that took place as recently as the last few months. This year's plan builds on earlier work done through the leadership of the OSDH in improving health outcomes in the state. In 2010, the department and its partner agencies developed the Oklahoma Health Improvement Plan (OHIP). OHIP addresses improving health outcomes in three targeted "flagship initiatives": 1) child health, 2) tobacco use prevention, and 3) obesity reduction. Also in 2010, the OSDH and the ITF developed the comprehensive State Plan for the Prevention of Child Abuse and Neglect. A subsequent report in 2011 (Oklahoma Children's Health Plan) focuses on children with a specific section dedicated to goals and objectives for reducing child abuse and/or neglect.

The ITF was actively engaged in the planning process throughout the year by structuring meeting time on each agenda, bringing in speakers that were consistent with the directions of the comprehensive Plan, and through an annual retreat with the focus on content and components comprising the State Plan. During the retreat (held October 2012), the vision and framework was put in place with the help of keynote speaker Dr. Jeff Linkenbach, Director of the Center for Health and Safety Culture with the Montana State University. The ITF is a diverse group of professionals representing numerous sectors including child protective services, child guidance, child advocacy, education, medical community, law enforcement, mental health, early intervention and parents.

Additional feedback was received from subject matter experts. OCAP staff solicited information from ITF members, partner agencies in the areas of child welfare and social policy, child guidance, home visitation, mental health, domestic violence, local public health as well as advocates. This culminated in Appendix I, a document identifying child abuse prevention accomplishments for the SFY 2010-2013 time period. Additionally, Appendix II continues the comprehensive inventory of child abuse prevention services in the state.



**Beginning of Public Survey Information**

### **Public Survey Seeking Input – Goes Viral**

The OSDH and ITF wanted to hear what Oklahomans thought about child abuse and prevention along with needed resources for children and families in creating this State Plan. In an effort to invoke a large, more diverse possibly hard-to-reach population, a public online survey was created and promoted through the OSDH Office of Communications via a press release. [A copy of the two-page survey utilized can be found at the back of this document.] During the kick off of April (National Child Abuse Prevention (CAP) Month) the release was picked up by several television broadcasts and other media outlets, which shared the news and link to the survey as well as information about Oklahoma’s State Prevention Plan. Television stations found the topic (engaging citizen input on the State Plan to Prevent Abuse) to be a popular one with the press release resulting in approximately 20 television news stories around the state. Also in April, the CAP Day at the Capitol (April 9, 2013), proved to be an opportune time to query a large number of participants with a requirement that every participant complete a survey.

Further dissemination of the survey occurred through a wide variety of electronic distribution lists.



### **Public Input – Survey Results**

A total of 448 citizens/child abuse and neglect advocates of Oklahoma were surveyed for public input regarding child abuse and neglect. Those most likely to complete the survey were family service providers in Oklahoma. The survey was a form made available both as a hard paper copy and via an online survey.

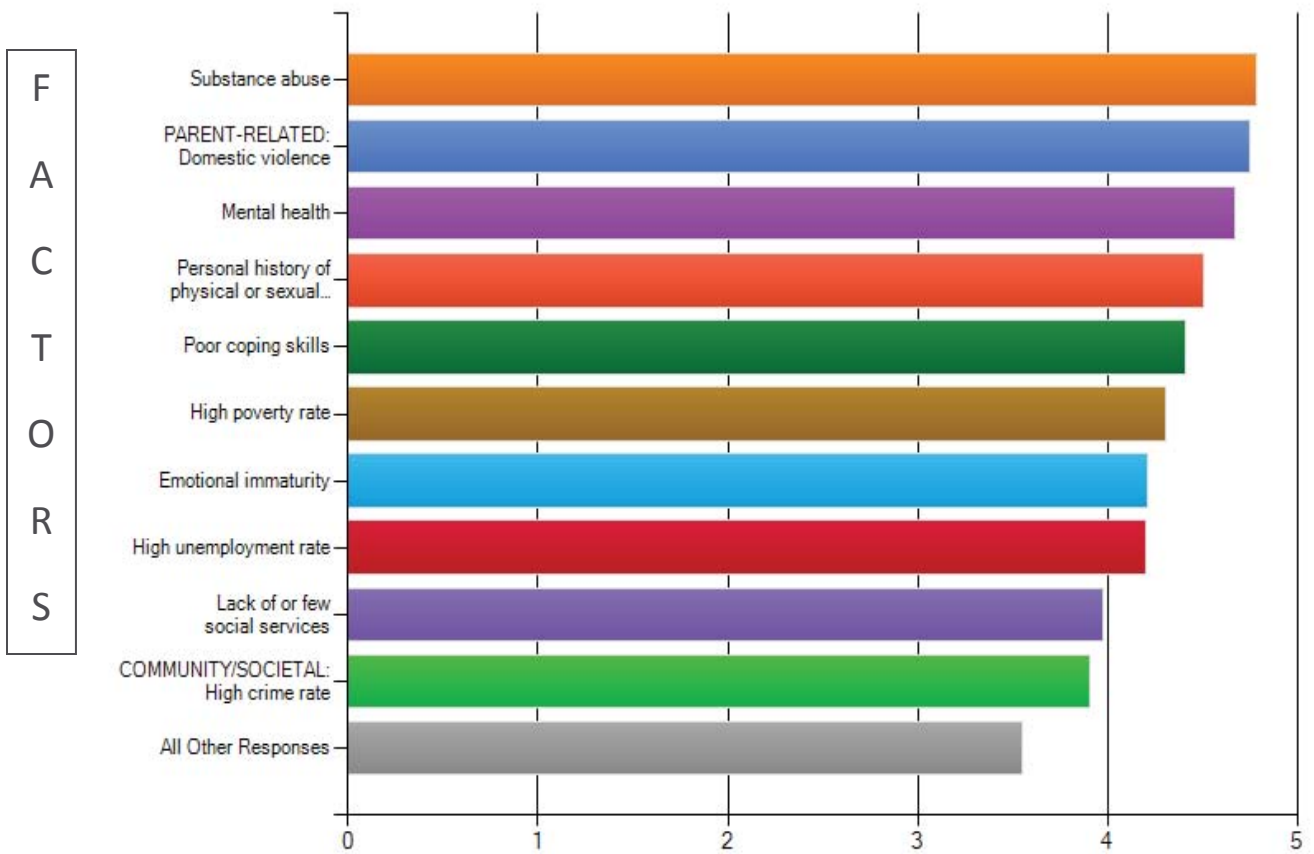
The survey asked questions regarding the perception of child abuse and neglect in America. There was also one open-ended question, prompting ways to address abuse and neglect if the responder had a magic wand.

The following is a review of the survey results.

Child abuse and neglect is a complex issue with many parts. Its complexity often leads to confusion regarding what factors are important to include when thinking about prevention efforts. Question #1 of the survey addresses the perceived knowledge of influencing factors. All the factors listed have direct influence on child abuse and neglect, their perceived influence is noted below. Out of 448 responses, 447 people answered this question:

Question 1: Child abuse and neglect is a complex issue. The following list includes factors that can increase family stress. Please rate how much impact you think each issue has in relation to child abuse from (1) being NOT CONNECTED AT ALL to (5) being VERY CONNECTED.

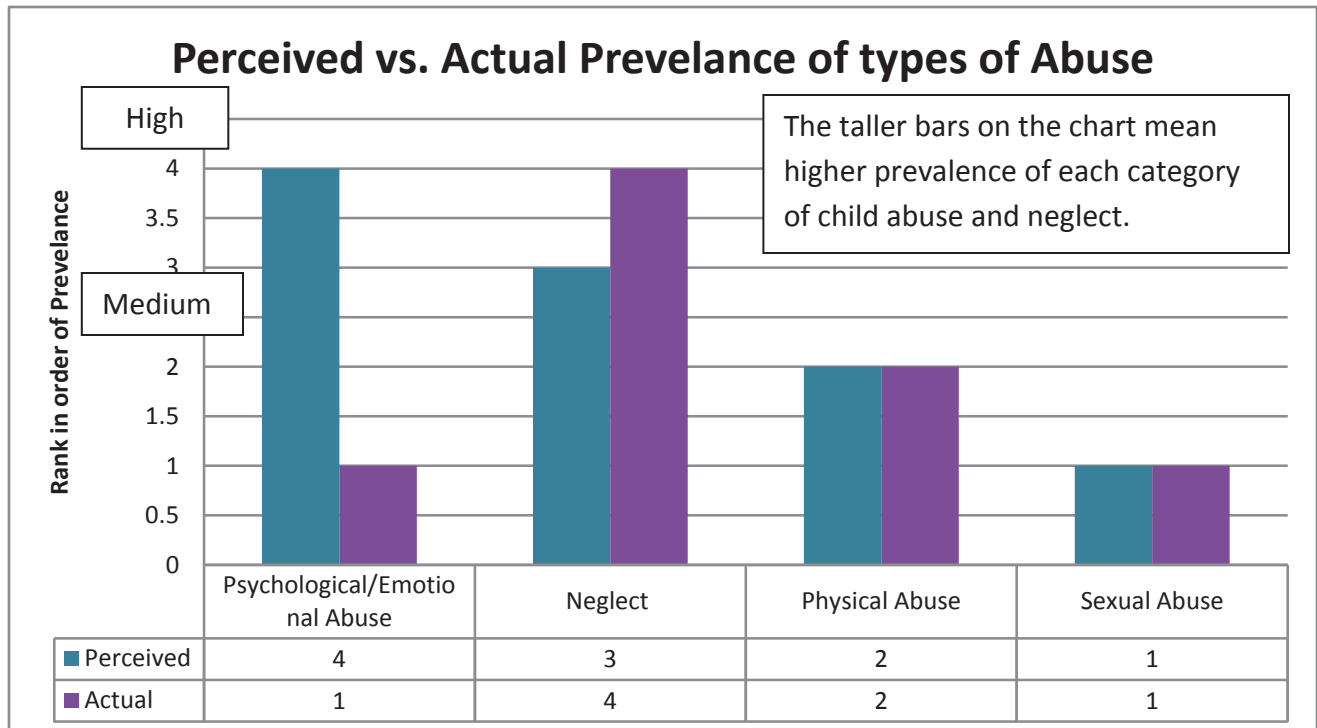
Child abuse and neglect is a complex issue. The following list includes factors that can increase family stress. Please rate how much impact you think each issue has in relation to child abuse from (1) being NOT CONNECTED AT ALL to (5) being VERY CONNECTED.



Amount of influence:  
0 = Not Connected, 5 = Very Connected

The second question of the survey compares the perceived prevalence of abuse by type to what actually happened across the United States in 2011. In 2011, neglect occurred in 75% of all child abuse reports, physical abuse occurred in 25%, while emotional abuse and sexual abuse occurred in 10% of reports that were actually made.<sup>133</sup>

Question 2: There are four types of child abuse, put the types of child abuse in the order that you believe is the most common beginning with #4 for the most common to #1 for the least common.\*



(Four is the most prevalent, while 1 is the least)

Those surveyed thought that psych/emotional abuse is the most common type of abuse followed by neglect, physical abuse and then sexual abuse being the least common. The most current actual national statistics show:

- More than 75 percent of victims/survivors suffered neglect. (Rank 4)
- More than 15 percent of the victims/survivors suffered physical abuse. (Rank 3)
- Fewer than 10 percent of the victims/survivors suffered sexual abuse. (Rank 1)
- Fewer than 10 percent of the victims/survivors suffered psychological maltreatment. (Rank 1)

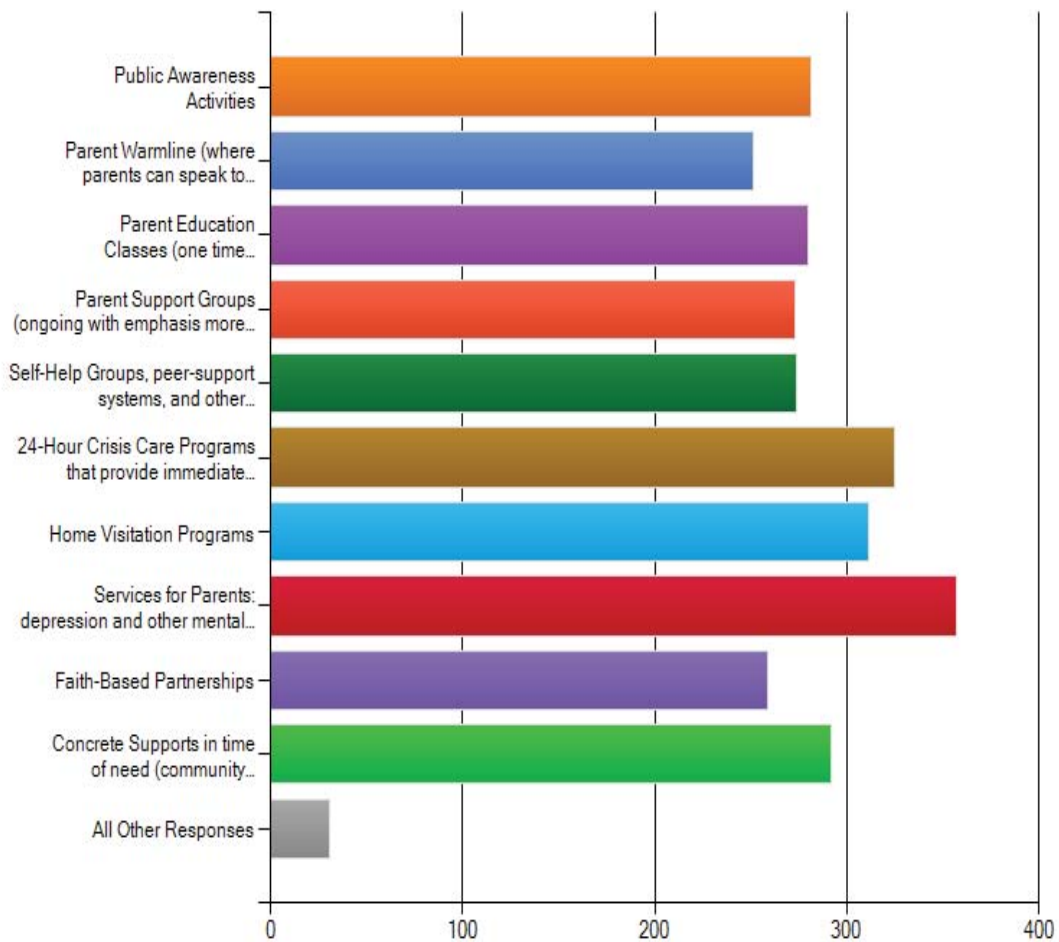
\*Some victims/survivors experience more than one type of abuse.

Family service providers who answered this survey question had a good idea of the types and the frequency of neglect and abuse types. Psychological abuse was ranked significantly higher than what is actually occurring. The rest of the categories were understood well or within one ranking order of the actual occurrence.

Child abuse and neglect is preventable in nearly every case. Question three on the public input survey asked “what works when trying to prevent child abuse”. Each physical abuse, sexual abuse, emotional abuse, and neglect is listed below in a chart detailing the perceived best way to prevent each type of abuse.

Question 3: What works when trying to PREVENT child abuse? For each type of abuse, select which prevention strategy, if any, maybe help prevent abuse.

### Physical abuse



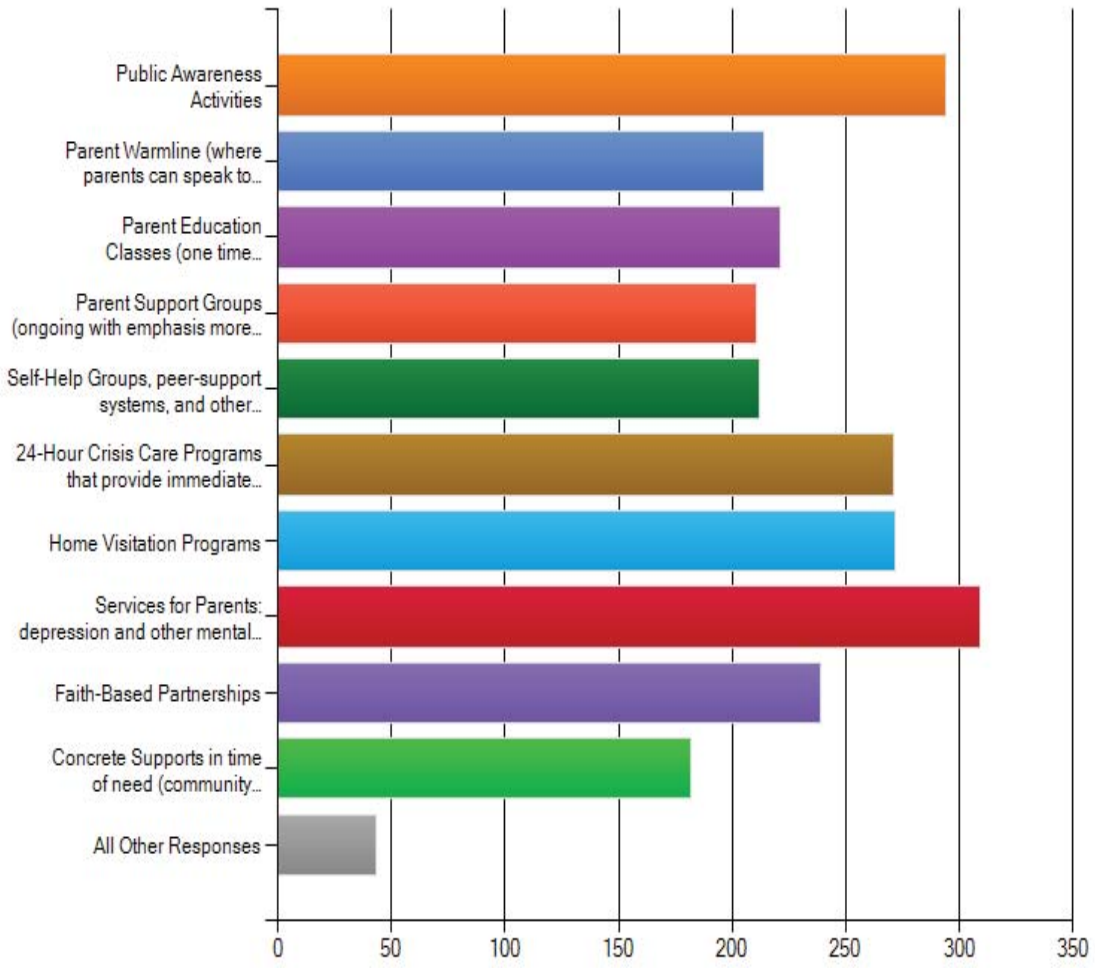
List  
Of  
Common  
Strategies

Number of respondents that noted the strategies as useful in the prevention of physical abuse.

Service for parents regarding depression and other mental health issues and a crisis care program rank the highest by those surveyed. While faith-based partnerships and other ranked the lowest on “what works best to prevent child abuse and neglect”.

### Sexual Abuse

List  
Of  
Common  
Strategies



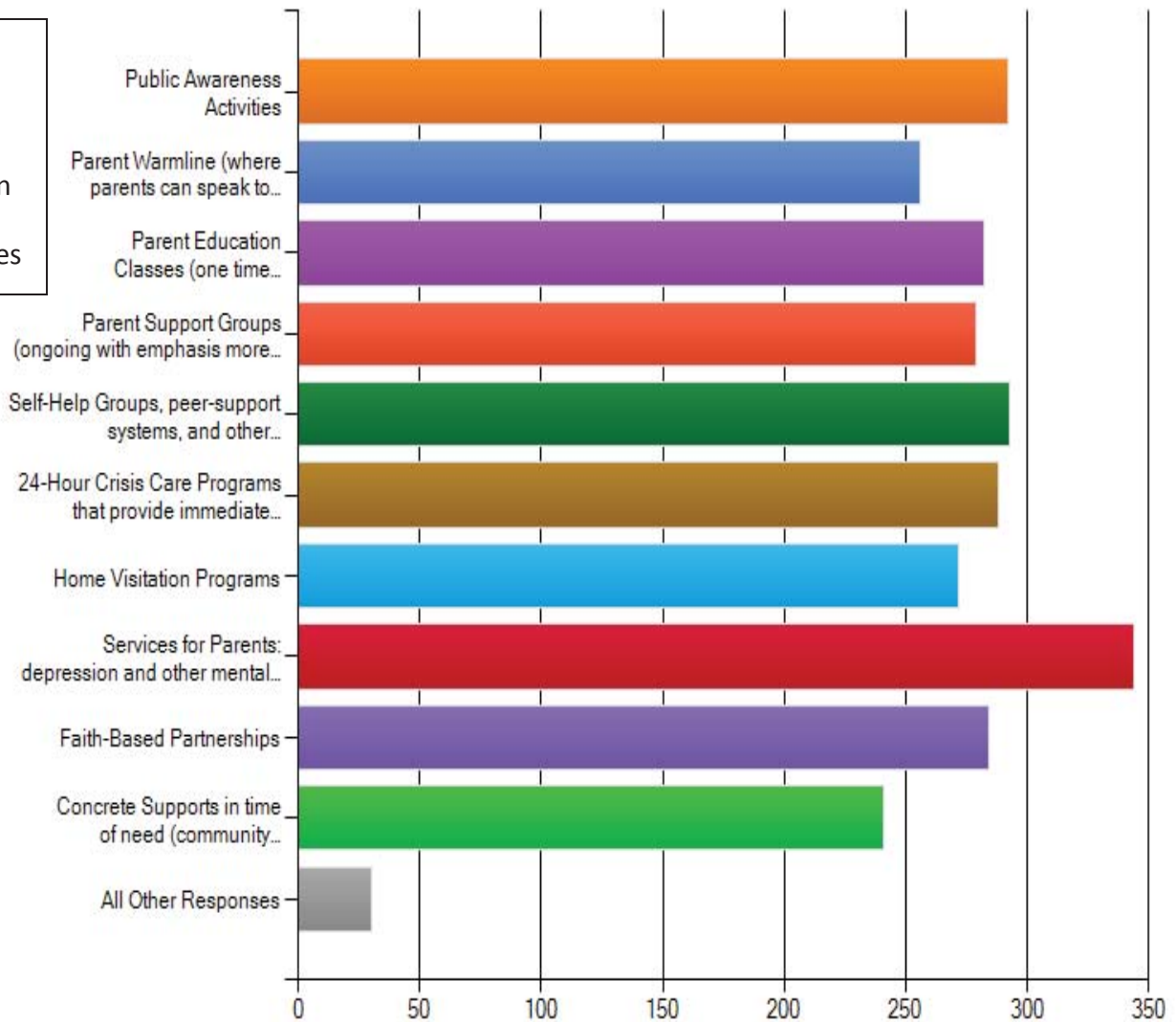
Number of respondents that noted the strategies as useful in the prevention of sexual abuse.

Public awareness and services for parents related to mental health were perceived to be what works best in preventing sexual abuse. Concrete support in time of need and parent support groups ranked lowest in “what works best to prevent child abuse and neglect”.



## Emotional Abuse

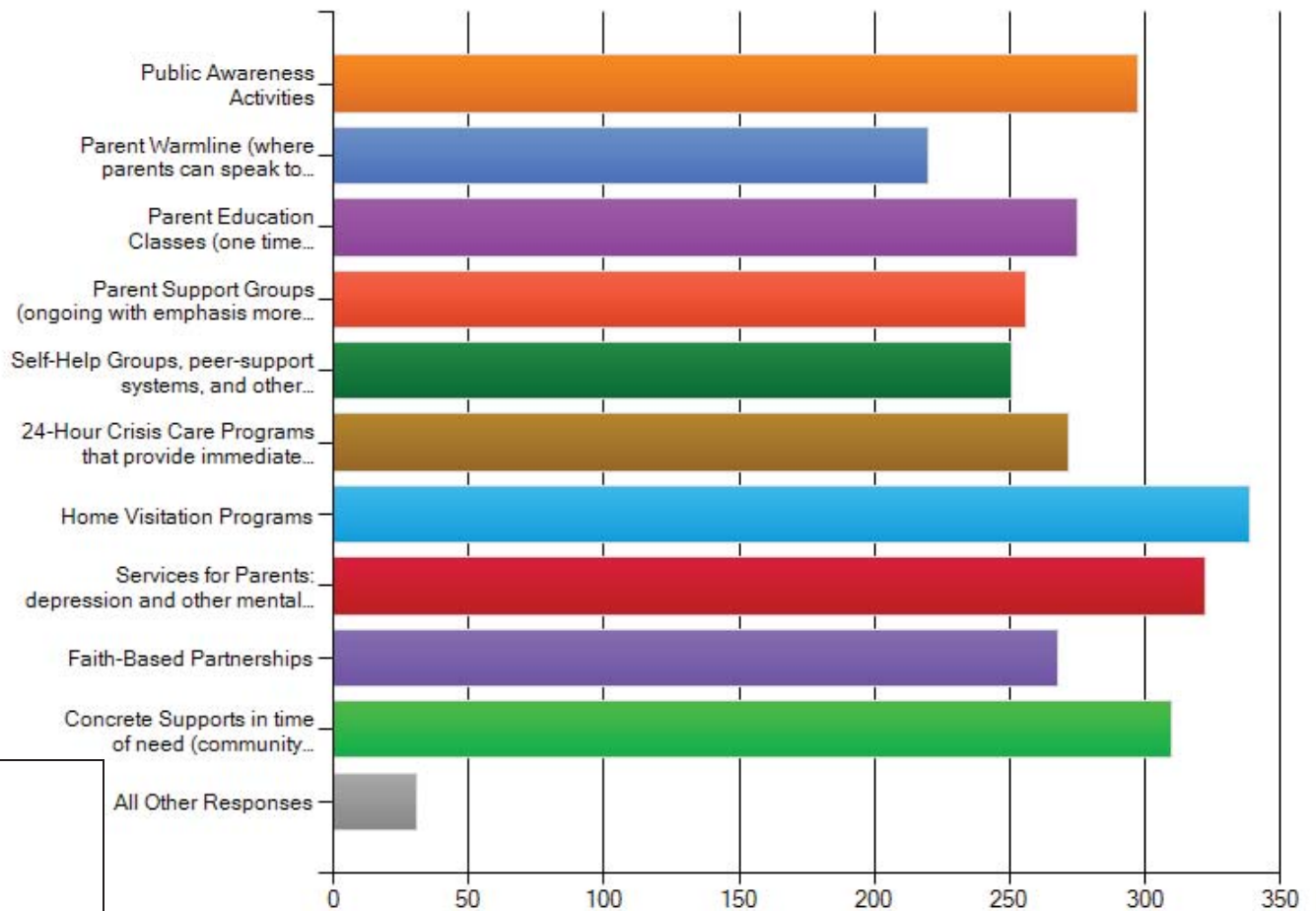
List  
Of  
Common  
Strategies



Number of respondents that noted the strategies as useful in the prevention of emotional abuse.

Public awareness and services for parents related to mental health were perceived to be what works best in preventing emotional abuse. Concrete support in time of need and parent warmline ranked lowest in “what works best to prevent child abuse and neglect”.

## Neglect



List  
Of  
Common  
Strategies

Number of respondents that noted the strategies as useful in the prevention of neglect.

Public awareness and home visitation programs were perceived to be what works best in preventing emotional abuse. Self-help groups and parent warm line ranked lowest in “what works best to prevent child abuse and neglect”.

The final question was open-ended. We wanted to know if their options were limitless, what the respondent would do to help Oklahoma families.

Question 4. If you had a magic wand that you could wave over Oklahoma families, what would you wish?

***Distribution of topics:***

Topic	Percentage of Responses
Resources	40%
Serviceg	19%
Economic	18%
Hopeful	15%
No more child abuse	9%
Safety	6%
Community	5%
Early Intervention	3%

***Sampling of Responses to Question 4: Magic Wand Wishes***

Our respondents had a variety of answers when asked what they would wish for if they had a magic wand. The most common topic was the availability and access to resources for families and for services to support families.

Regarding *their* “wish”, participants talked about basic resources:

- “Families all had enough food to feed all members”,
- “Every parent and foster parent would take parenting classes”,
- “mental health care and ongoing support available to anyone at anytime which could interrupt the downward spiral of stress, neglect, violence and abuse”
- “That everyone's individual needs could be met without regard to whether they were physical, psychological or emotional. That every individual could wake up every morning and know that they were safe and that their needs were going to be met!”
- “That every family in Oklahoma had access to a program that would provide the family with resources when needed”.

Services were mentioned regularly in different context, it was the second most discussed topic:

- “To be able ***to receive the services that they need***”.
- “All parents be required to have a guidance ***class***”.
- “That each baby born had someone to help that family transition to parenthood with physical (diapers, formula) and emotional (home-based education) ***support***,

- and that each family could ease that infant into an NAEYC-accredited child care center as the parents work to create safe and stable housing.***
- “Moral support for families, more jobs. ***Education programs for the parents, school facilities could be used for this, after hours***
  - “that every first time mother and family would go through a parenting home visitation program”

Along with resources and services, economic factors were a common topic:

- “That parents would have the ***money and the education*** to raise their children in a safe and caring environment.”
- “More ***jobs and housing***”
- “***Appropriate funding*** for effective prevention and intervention programs”.
- “That every family had enough money for food, clothing, and shelter”.
- “Livable Wages!”
- “ Housing, transportation, food and enough money to live on and medical care.”

Feelings of hope were another common topic:

- “for children to have parents who love and care about them”
- “Every parent to see ***how truly awesome their child is*** therefore preventing abuse and neglect in Oklahoma.”
- “That the parents could see how the child feels when any of the forms of abuse affects them. To see they can stop this pain.”
- “ I wish for the well-being for all children.”
- “***Every person is worthy of love, respect and is valued.*** If parents have these things, they can share them with their children and others they come in contact with.”
- “That all children be awarded with unalienable childhood rights, love, nurturing, equal chances at a happy childhood.”

The rest of the categories dealt with:

No more child abuse:

- No more abuse ever!
- That there would be no more child abuse.
- I wish that all kinds of abuse were not happening.

Safety:

- Protection, **safety**
- That all families could feel ***safe*** in and out of their own home.
- for all children to live in a ***safe*** nurturing environment

Community:

- To have families that are supportive, work well in the ***community*** and raise children who are loved and supported.

- I wish families had more support from our **community** and services that were offered to help them. I wish that families could see and know the impact they are having on their children's lives and how it affects the generations to come.
- A **community** in which all the different agencies (CW, MH, OHCA, schools, law enforcement, etc) came together and thought of ways to complete prevention work together....a true multidiscipline approach. To be allocated the funding and resources needed to provide the work force, support and resources to the families and children we serve.

Early intervention:

- *Early intervention* with families that provide evidenced-based services preventing separation of kids.
- That parents would understand the damage they do to their children when abuse of any kind is a part of their environment, and make them care about it
- For the state to seriously take a look at the *ACE Study* as it relates to the state's statistics around health and wellness-integrate physical and mental health strategies in meaningful ways.



the strategic  
**PLAN**

# PLAN TO PREVENT child abuse and neglect in OKLAHOMA



The Centers for Disease Control and Prevention (CDC) has, as a key strategic direction in preventing child maltreatment, the promotion of safe, stable, and nurturing relationships between children and their parents or caregivers. Their key strategies include emphasizing primary prevention, developing a rigorous science base, incorporating cross-cutting perspectives and applying a population-based approach. CDC priorities include: 1) measuring impacts; 2) creating and evaluating new approaches to prevention; 3) applying and adapting effective practices; and 4) building community readiness.<sup>154</sup>

This State Prevention Plan is consistent with the CDC strategy and is an opportunity to build upon Oklahoma's strengths and focus on PREVENTION. The 2014 – 2018 State Plan includes broad goals, needed strategies and measurable objectives to achieve those goals. Innovative actions

will be necessary to sustain as well as enhance the service system. Partnerships will be critical given state and federal fiscal challenges. The OSDH and all prevention partners stand ready to employ the most current best practices to serve and support parents.

## INFRASTRUCTURE

The prevention of child abuse and neglect is broader than just programs. It is the responsibility of our communities and neighborhoods to keep all children safe, and caregivers to raise children in healthy, safe environments. Leadership requires a commitment at all levels to keep children safe and assure that they reach their optimal potential.

## **LEADERSHIP BY STAKEHOLDERS**

During this transition period with the elimination of the ITF, it will be imperative for state agencies and programs with a prevention component to collaborate regarding prevention efforts statewide.





**Goal 1: Identify new key partners throughout the Prevention Plan for all activities within the prevention spectrum and who will serve as a prevention liaison as needed regarding the State Prevention Plan, reviewing the Start Right contracts, and represent their target group as it relates to prevention, etc.**

**Strategy 1**

The OSDH will seek and engage new and existing stakeholder partners to work collaboratively within the various areas outlined in the State Prevention Plan.

**Strategy 2**

The OSDH will work with current ITF members to maintain relationships, striving to continue the work of the task force in an organized fashion on a voluntary basis while also recruiting new members/collaborating partners.

**LEADERSHIP BY SERVICE PROVIDERS**

Leadership is needed to engage a broad array of partners. These include traditional state and local partners such as social services, substance abuse/mental health, health and education. Leaders need to reflect the variation in children's needs including representation for youth as well as caregivers of children with special needs. Additionally, it will take the support of non-traditional partners using home-grown local leaders to engage communities as well as contributions from financial and other private sector representatives.

**Goal 2: Increase the capacity, ownership and leadership within the child abuse prevention professional community.**

**Strategy 1**

The OSDH, Home Visitation Leadership Advisory Coalition (HVLAC) and stakeholder partners will work collaboratively, continuing to stay informed and grow in their knowledge of current best practice, policies and models that positively impact the field of child abuse prevention and enhance the landscape of Oklahoma's children.

**Strategy 2**

The OSDH, HVLAC and stakeholders will collaborate and provide technical assistance and training to professionals in related fields that have the ability to impact child abuse prevention.

**Measurable Objectives**

1. Continue funding for home visitation programs for FY 2014 and beyond.
2. Continue presentations given on topics related to prevention of child abuse to interested stakeholders at the annual CAP day and mini-summits tied to strategies identified in the 2014-2018 Plan.
3. Continue training that increases the skills of providers delivering home visitation services in recognizing and responding to high risk high stress families.

**Parent Leadership**

Meaningful parent leadership occurs when parents address the challenges of parenting, gain the knowledge and skills to function in meaningful leadership roles and





represent a “parent voice” to help shape the direction of their families, programs and communities. Shared leadership is successfully achieved when parents and professionals build effective partnerships and share responsibility, expertise and leadership in decisions being made that affect families and communities.<sup>155</sup>

A strategic project by Circle of Parents (COP)/FRIENDS is developing a collection of effective strategies for building and sustaining parent partnerships and evaluating the impact of parent leadership on organizations, communities and states. The strategic project seeks to offer the “what” in terms of available tools that promote effective strategies for parent leadership and engagement as well as the “why” these tools and strategies have impact through identifying and measuring evidence of family, community and systems change.<sup>156</sup>

### Goal 3: Establish a Parent Advisory/Leadership Group

#### Strategy 1

The OSDH with the Family Resource Information, Education & Network Development Services (FRIENDS) will research, seek and secure speakers, training opportunities, technical assistance and information on the importance of a parent advisory leadership group (representative of different children’s ages, children with special needs and demographic variation), the process to creating such a group, and how best to collaborate with said group once it is achieved.

#### Strategy 2

The OSDH will work with programs in the child abuse network (Appendix II), such as, Children First, Start Right, Child Guidance, Head Start, Parents as Teachers, Healthy Start, Family Expectations, etc, to take the necessary steps to institutionalize and operationalize a parent advisory/leadership group.

#### Measureable Objectives

1. Establish a functioning Parent Advisory Group that provides input and leadership in the area of the prevention of child abuse and neglect by July 1, 2015.

#### EVALUATION

Evaluation is a critical element of child abuse prevention program sustainability, as funders and policymakers increasingly ask for evidence of the effectiveness of the programs they fund. It is also necessary for child abuse and neglect prevention and family support programs to conduct evaluation activities as part of their ongoing quality assurance efforts. Currently, there is widespread acceptance among many social science fields that the use of evidence-based or evidence-informed practices promotes the efficiency and effectiveness of funding, as there is an increased chance that the program will produce its desired result. In turn, research suggests that effective programs often have long-term economic returns that far exceed the initial investment. There are various types of evaluation. Program evaluation is a systematic study



that assesses how well a program is working; process evaluation assesses the extent to which the program is operating as intended; and outcomes evaluation, which assesses the intended results of the program. Evaluation of programs leads to replication that maintains model fidelity and uniformity of implementation thus achieving the intended outcomes that make a difference for children and families.

**Goal 4: Support the evaluation of social services including child abuse and neglect services and other social services provided to children and families.**

#### **Strategy 1**

OSDH will conduct evaluations in an objective fashion providing widespread dissemination of evaluation results.

#### Measurable Objectives

1. Sustain process used to review and assess a program's effectiveness, including continuous monitoring of evaluation activities with an annual program report.

### PRIMARY PREVENTION

Primary prevention activities are directed at the general population and attempt to stop maltreatment before it occurs. All members of the community have access to, and may benefit from, these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers and decision-makers about the scope and problems associated with child maltreatment.<sup>157</sup>

### **CREATE A CULTURE OF CHANGE**

We must mobilize a critical mass of policy makers, employers, community leaders, educators and providers to act on a commitment to families and to the health and safety of all children.

A public engagement campaign can fuel this change and is a structured, organized initiative to garner public support for a problem as a way of achieving needed change and sustaining this change as a community norm. Public engagement campaigns that include social marketing features have been shown to mobilize communities, organizations and individuals to call for policy or program changes in order to deal with problems. Educating the public about an issue and giving them the information and course of action to address the problem has driven many of the social changes that have occurred in our country. A public engagement campaign can focus on strategies ranging from media campaigns to policy changes and providers sharing the merits of their approaches to strengthening families or sponsoring community events focused on positive parenting. Prevent Child Abuse America and other national partner organizations have been compiling promising practices and strategies for public awareness and education campaigns.<sup>158</sup>

We must also recognize the informal supports offered in our neighborhoods and broader communities. Communities know best the needs of its families and the informal and formal resources



available to meet their needs. Building the capacity of communities to support its families at all levels leads to safer, healthier communities with more productive citizens.

**Goal 5: Create a culture of change that values the health, safety, and well-being of children.**

**Strategy 1**

The OSDH will work on a community development approach that builds on the *Positive Community Norms Framework* with experts using the “Science of the Positive” approach to educate and mobilize communities to shift community norms towards positive child development and family functioning so that child abuse and neglect is viewed as preventable and unacceptable.

**Strategy 2**

The OSDH, Smart Start Oklahoma and stakeholder partners will continue to seek and explore effective, creative Community Engagement Initiatives/Models, sharing them statewide as they are available with traditional and non-traditional target groups, such as, the faith-based population, libraries, businesses, etc.

**Strategy 3**

The OSDH will continue to seek training opportunities and technical support through the Community-Based Child Abuse Prevention Grant (CBCAP) as funds are available and the FRIENDS network related to community-building and community engagement, sharing

professional talents of experts in the field with statewide stakeholders.

**Strategy 4**

The OSDH will work with Smart Start Oklahoma and other stakeholder partners to support the implementation of quality early childhood programs.

**Strategy 5**

The OSDH and Smart Start Oklahoma will collaborate to assure Strengthening Families Protective Factors are introduced, made available, and integrated into all prevention programs serving children and families.

**Strategy 6**

The OSDH will generate a campaign focusing on the Adverse Childhood Experiences Study (ACES), including inviting participation of stakeholder partners, conducting preliminary research and gathering data to put measurable objectives in place, and creating a presentation package that will be made available statewide.

**Strategy 7**

The OSDH, the Child Abuse Action (CAP) Action Committee and other stakeholder partners will engage non-traditional partners to get involved in and support child abuse prevention efforts (i.e. business community, libraries, civic groups, faith-based groups, etc).

Measurable Objectives

1. Maintain attendance at the Annual Child Abuse prevention (CAP) Day at the Capitol.



2. Implement a statewide multi-media campaign with the following focus:
  - a. Stress the importance of children being given opportunities for healthy growth and development.
  - b. Recruit non-traditional partners at the local and state levels (business, civic groups and faith-based organizations).
  - c. Create awareness about the breadth of effective child abuse prevention strategies reflecting different age groups, children with special needs, and cultural and ethnic diversity in the state.
  - d. Provide information on effective community engagement strategies to promote positive community norms, including school-based approaches as well as violence prevention programs.
3. Increase the number of communities developing community engagement strategies to prevent child abuse and neglect by 10%.
4. Explore with Turning Point communities the feasibility of community-based child abuse prevention strategies tied to local community needs assessment results.

### **SUPPORTING PARENTS**

All parents and caregivers need support in the job of raising healthy, productive citizens. Support can be informal, such as parents sharing information with each other, or formal, such as parenting classes or home visitation. The continuum from prenatal to high school would include programs that strengthen parenting skills and improve outcomes in the following areas: parent-child

interactions (cognizant of the variation required for children with behavioral/emotional problems as well as children with special needs), effective communication, positive discipline, stress and anger management, self-awareness and empathy building, early learning, and family literacy. Additional supports for low income parents can incorporate referrals to job supports in the community.

**Goal 6: Assure that general parent education and family support is universally available across the state.**

#### **Strategy 1**

The OSDH, Smart Start Oklahoma and other stakeholder partners will engage others to work collaboratively in seeking and implementing various vehicles for providing education information to parents and caregivers to assist them in providing safe, stable and nurturing environments for children.

#### **Strategy 2**

The OSDH, Smart Start Oklahoma and other health and human service agencies will assist parents and caregivers in meeting the basic needs (sometimes called “concrete needs”) of their family/children.

#### **Measurable Objectives**

1. Increase the number of venues for providing information regarding parenting and child development to parents and caregivers.
2. Increase the number of families aware of and able to access formal and informal community resources and concrete supports.



3. Increase the number of families receiving referrals to specific individuals at service agencies as well as transportation to those services, as needed.
4. Increase the number of hospitals providing information on parenting and child development to all parents of newborns with information about abusive head trauma and safe sleep.

### **PREVENTION AND TREATMENT OF SEXUAL ABUSE**

Prevention and treatment of sexual abuse is a special challenge, different in many of its dimensions from other types of child maltreatment. Enormous strides have been made to understand the problem, educate the public and mobilize resources to address it. Recent research has indicated that current strategies may not be the most effective. Additional research and program development is needed to prevent initial harm to children and reduce occurrences.<sup>159</sup>

#### **Goal 7: Implement strategies to prevent child sexual abuse.**

##### **Strategy 1**

The OSDH and Bethesda, Incorporated of Norman will work with partners across the state to implement community-based programs that emphasize adult education and responsibility in keeping children safe from sexual predators.

##### Measurable Objectives

1. Increase the number of partners working on sexual abuse prevention.

2. Increase the number of child sexual abuse prevention programs in place and available statewide by 10%.
2. Expand the number of stakeholder groups including school systems and non-traditional partners receiving information on how to prevent child sexual abuse.

### **SECONDARY PREVENTION**

Secondary prevention activities with a high-risk focus are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services for communities or neighborhoods that have a high incidence of any or all of these risk factors.

### **IDENTIFY BEST PRACTICES**

Currently, there is an emphasis across human services that evidence-based or evidence-informed practices promote the efficiency and effectiveness of funding, as there is an increased chance the program will produce its desired result. In turn, research suggests that effective programs often have long-term economic returns that far exceed the initial investment.<sup>160</sup>

Understanding what evidence-based or evidence informed practice is, and is not, is a





necessary step for programs, as they continue to strive towards providing the best, most effective services. This focus on effective use of resources leading to positive outcomes for families will create a culture of accountability among all of those involved in the prevention of child abuse and neglect. The process of continually educating, evaluating and informing, not only professionals, but communities, will contribute to a focus on quality programs and services.

**Goal 8: Identify best practices, programs and models that show evidence of improving child health, safety and well-being.**

**Strategy 1**

The OSDH and other stakeholders will seek and provide to interested partners, best practice and evidence-based/evidence informed models on a continual basis to assure quality services are provided and prevention dollars are well spent, when available.

**Measurable Objectives**

1. Complete Comprehensive Plan for the Prevention of Child Abuse and Neglect and conduct a review on an annual basis.
2. Implement programs with measurable outcomes that meet the needs of children and families with an assessment conducted on an annual basis.

**COMPREHENSIVE SYSTEM**

Prevention is a long-term investment in the well-being of children and families.

Various public agencies have responsibilities for prevention programs with different funding streams, policies and procedures and populations served. We know that piecemeal, single focused solutions do not address the complex issues that families face. A coordinated, interagency approach is needed to provide the supports that families need. Coordination and collaboration strategies can range from those that are easy to implement to those that are multi-faceted. Interagency coordination can lead to efficient use of resources and a coordinated response to family needs.

Oklahoma has a broad array of public and private services focused on the needs of families. We are recognized for the evidence-based programs implemented and our history of helping our neighbors in need. In order to develop a four year comprehensive plan, it is first necessary to identify all of our current resources, gaps in resources, needed resources, assess the best strategies to support families and develop a clear plan with identified actions and measurable results to prevent abuse and neglect among our families.

One key component of supporting parents and child development is through statewide home visiting implemented through various state agencies, such as the OSDH and/ or the Oklahoma State Department of Education. Voluntary home visiting programs tailor services to meet the needs of individual families,



and offer information, guidance and support directly in the home environment. While home visiting programs, such as Healthy Families America, the Nurse-Family Partnership, the Parent-Child Home Program and Parents as Teachers, share similar overall goals of enhancing child well-being and family health, they vary in their program structure, specific intended outcomes, content of services and target populations.

A growing body of research demonstrates home visiting programs that serve infants and toddlers, can be an effective method of delivering family support and child development services, particularly when services are part of a comprehensive and coordinated system of high quality, affordable early care and education, health and mental health, and family support services for families prenatally through pre-kindergarten.<sup>161</sup>

**Goal 9 Work towards the establishment of a comprehensive system of prevention programs available across the state to families with risk factors for child abuse and neglect.**

#### **Strategy 1**

The OSDH and Smart Start Oklahoma will work with other community partners across the state to increase the number and quality of center-based parent support groups and parent education programs.

#### **Strategy 2**

The OSDH, Home Visitation Leadership Advisory Coalition (HVLAC) and other networking partners from across the

state will work to increase the number and quality of home visitation services.

#### **Measurable Objectives**

1. Implement programs with measurable outcomes that meet the needs of children and families through collaboration local and state entities as well as non-traditional partners.
2. Increase the number of home visitation services available and funded statewide by 10%.
3. Explore with OKDHS the possibility of
  - a) expanding its respite care voucher program to families known to the child welfare system who are at risk of child abuse and neglect as part of family preservation services; and b) increasing household income eligibility standards for the respite care voucher program to expand access to such services for families with children with special needs.

### **TERTIARY PREVENTION**

Tertiary prevention activities focus on families where maltreatment or identified challenges have already occurred, seek to reduce the negative consequences of the maltreatment and to prevent its re-occurrence.

#### **INCLUSION OF FAMILIES KNOWN BY CHILD SERVING AGENCIES**

Linkages across all child serving agencies are essential to addressing the multiple factors affecting child abuse and neglect. Oklahoma has key elements in place with a:

- 1) comprehensive array of home visitation programs;
- 2) statewide child care infrastructure;
- 3) Child Welfare Pinnacle plan calling for



smaller caseloads and collaboration between agencies offering family supports (including mental health and substance abuse treatment services); and 4) trauma informed framework to mitigate entry into the child protective service system. There are community strategies in place through the work of Smart Start Strengthening Family communities and localities participating in the Oklahoma Center for Community-Based Initiatives. Given historical recessionary conditions, strengthening strategies to reduce poverty are needed. Public awareness occurs with multiple public and private sector partners through summits and CAP days at the capitol. All of these initiatives need ongoing support and expansion with linkages necessary to have a systemic response to child abuse and neglect prevention.

**Goal 10 Include in the comprehensive system, prevention programs focused on serving families identified by the child welfare, mental health, substance abuse, and/or domestic violence systems**

**Strategy 1**

The OSDH will support OKDHS, Child Welfare as they continue to implement the Pinnacle Plan emphasizing child safety.

**Strategy 2**

The OSDH will provide support when appropriate to collaborative partners in increasing the number and quality of mental health services available to both adults and children.

**Strategy 3**

The OSDH will work to identify new partners and provide support when appropriate to collaborative partners already in place in increasing the number and quality of substance abuse treatment services for both adults and children.

**Strategy 4**

The OSDH will work to identify new partners and provide support when appropriate for existing partners already in place in increasing the number and quality of domestic violence services.

**Strategy 5**

The OSDH will work to identify new partners and provide support when appropriate for existing agencies working in the field to continue to explore the overlap between child abuse and domestic violence incidents, investigations, as well as best practices for prevention and intervention.

**Measurable Objectives**

1. Explore with OKDHS Child Welfare ways to collaborate on prevention strategies as they continue to implement the Pinnacle Plan emphasizing child safety.
2. Increase the number of mental health and domestic violence services available to meet the needs of all children and families.
3. Integrate child abuse prevention strategies into mental health and domestic violence programs.





## CULTURAL COMPETENCE IN SYSTEM

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes.

There are five essential elements that contribute to a system's ability to become more culturally competent. The system should (1) value diversity, (2) have the capacity for cultural self-assessment, (3) be conscious of the "dynamics" inherent when cultures interact, (4) institutionalize cultural knowledge, and (5) develop adaptations to service delivery reflecting an understanding of diversity between and within cultures. Furthermore, these five elements must be manifested in every level of the service delivery system. They should be reflected in attitudes, structures, policies and services. Valuing diversity means accepting and respecting differences. People come from very different backgrounds and their customs, thoughts, ways of communicating, values, traditions, and institutions vary accordingly. The choices that individuals make are powerfully affected by culture. Cultural experiences influence choices that

range from recreational activities to subjects of study. As we further define a comprehensive approach for the prevention of child abuse and neglect, we must attend to the unique culture of Oklahoma, recognizing our strengths and weaknesses.<sup>162</sup>

**Goal 11: Promote and/or provide culturally appropriate services that maximize the participation of various cultural and ethnic populations.**

### Strategy 1

The OSDH, state and local partners will seek and provide to interested partners best practice and evidence-based/evidence informed models on a continual basis to assure appropriate services are available to culturally diverse populations.

### Strategy 2

The OSDH, state and local partners will continue to redefine the components needed for the comprehensive system as child abuse prevention programs' populations evolve.

### Measurable Objectives

1. Increase by the number of families able to access needed services.
2. Monitor how the workforce reflects the diversity of families served.
3. Increase program training regarding cultural diversity issues.



## FUTURE ACTIONS

The Oklahoma Child Abuse and Neglect Prevention Plan for State Fiscal Years 2014 - 2018 has ambitious strategies to drive improvements across multiple sectors involving children, families and communities. The plan will be monitored on a regular basis both internally and with CBCAP's partners. This report recognizes that prevention efforts and policies must address children, their caregivers and the environments in which they live in order to prevent potential abuse from occurring. Coordinated efforts across sectors are necessary for success.<sup>134</sup>

State and local partnerships are critical to this endeavor. Sustaining alliances with other state agencies will continue our efforts to leverage resources to address strategies in the report. As important, this plan will only move forward by increasing communities' capacities to help families in need through the involvement of local leaders, coordination between local service providers and advocacy at the local and state levels. This report is a call for ongoing action. Engaged stakeholders must come together in a spirit of shared responsibility to invest in Oklahoma's families to improve the future for our state's children.<sup>135</sup>

## Acknowledgements

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This plan has been approved by the Oklahoma Commission on Children and Youth on June 14, 2013, in accordance with Title 63 O.S. 1 -227.3 of the Oklahoma Statutes.

**APPENDIX I: STATE PLAN ACCOMPLISHMENTS**

**APPENDIX II:  
DIRECTORY OF PROGRAMS – OKLAHOMA PREVENTION NETWORK**

## ENDNOTES

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## OCAP PUBLIC INPUT SURVEY

Please take a moment to provide feedback on child abuse/neglect & prevention. Thank you!

1. **Child abuse and neglect is a complex issue. The following list includes factors that can increase family stress. Please rate how much impact you think each issue has in relation to child abuse from (1) being NOT CONNECTED AT ALL to (5) being VERY CONNECTED.**

*Please circle which number best fits.*

COMMUNITY/SOCIETAL					
High crime rate	1	2	3	4	5
Lack of or few social services	1	2	3	4	5
High poverty rate	1	2	3	4	5
High unemployment rate	1	2	3	4	5
Housing	1	2	3	4	5
Childcare	1	2	3	4	5
PARENT-RELATED					
Domestic violence	1	2	3	4	5
Substance abuse	1	2	3	4	5
Mental Health	1	2	3	4	5
Personal history of physical or sexual abuse as a child	1	2	3	4	5
Emotional immaturity	1	2	3	4	5
Poor coping skills	1	2	3	4	5
Low self-esteem	1	2	3	4	5
CHILD-RELATED					
Prematurity	1	2	3	4	5
Handicap	1	2	3	4	5
Other Comments:					

2. **There are four types of child abuse. Rank which type you believe is the most common.**

- Physical abuse - is the use of physical force, such as hitting, kicking, shaking, burning, or other shows of force against a child.
- Sexual abuse - involves engaging a child in sexual acts. It includes behaviors such as fondling, penetration, and exposing a child to other sexual activities.
- Emotional abuse - refers to behaviors that harm a child's self-worth or emotional well-being. Examples include name calling, shaming, rejection, withholding love, and threatening.
- Neglect - is the failure to meet a child's basic physical and emotional needs. These needs include housing, food, clothing, education, and access to medical care.

## OCAP PUBLIC INPUT SURVEY

### 3. What works when trying to PREVENT child abuse?

For each type of abuse, select which prevention strategy, if any, may help prevent abuse (check all that apply).

#### Public Awareness Activities

Physical Abuse       Sexual Abuse       Emotional Abuse       Neglect

#### Parent Warmline (where parents can speak to someone about concerns)

Physical Abuse       Sexual Abuse       Emotional Abuse       Neglect

#### Parent Education Classes (one time or time limited)

Physical Abuse       Sexual Abuse       Emotional Abuse       Neglect

#### Parent Support Groups (ongoing with emphasis more on support than education)

Physical Abuse       Sexual Abuse       Emotional Abuse       Neglect

#### Self-Help Groups, peer-support systems, and other neighborhood support programs to reduce the isolation experienced by many parents

Physical Abuse       Sexual Abuse       Emotional Abuse       Neglect

#### 24-Hour Crisis Care Programs that provide immediate assistance to parents by offering a telephone helpline, caretakers, nurseries, and counseling

Physical Abuse       Sexual Abuse       Emotional Abuse       Neglect

#### Home Visitation Programs

Physical Abuse       Sexual Abuse       Emotional Abuse       Neglect

#### Services for Parents: depression and other mental health issues, domestic violence and substance abuse

Physical Abuse       Sexual Abuse       Emotional Abuse       Neglect

#### Faith-Based Partnerships

Physical Abuse       Sexual Abuse       Emotional Abuse       Neglect

#### Concrete Supports in time of need (community response to a family crisis for food, shelter, clothing, diapers)

Physical Abuse       Sexual Abuse       Emotional Abuse       Neglect

Other \_\_\_\_\_

### 4. If you had a magic wand that you could wave over Oklahoma families, what would you wish?

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Thank you for providing public input to the Oklahoma State Plan for the Prevention of Child Abuse & Neglect! We appreciate your comments.



# **The Oklahoma State Plan for the Prevention of Child Abuse and Neglect**

State Fiscal Years 2014 – 2018

The Oklahoma Interagency Child Abuse Prevention  
Task Force

The Office of Child Abuse Prevention, OSDH



## **APPENDIX I State Plan Accomplishments**

**APPENDIX I**  
**ACCOMPLISHMENTS SECTION**

Goals & Strategies from the Oklahoma Child Abuse and Prevention State Plan (2010 – 2013)

<i>Infrastructure</i>	
Category	<b>LEADERSHIP BY SERVICE PROVIDERS</b>
<b>GOAL 1</b>	<b>Increase the capacity, ownership and leadership within the child abuse prevention professional community.</b>
<b>Strategy 1</b>	The Oklahoma State Department of Health (OSDH) and the Interagency Child Abuse Prevention Task Force (ITF) will work collaboratively, continuing to stay informed and grow in their knowledge of current best practice, policies and models that positively impact the field of child abuse prevention and enhance the landscape of Oklahoma’s children.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• OSDH and ITF work together to bring important topics/speakers to address trends in child abuse prevention as well as resources available in Oklahoma to the ITF and home visitation leadership advisory coalition (HVLAC) meetings (see information later under this goal). The ITF meets 5 to 7 times per year. Each ITF meeting includes cross-discipline training and presentations on current best practices and research. Participants take the information back to their programs, parents, and communities. Examples include:               <ul style="list-style-type: none"> <li>○ ITF 2008 retreat featuring Ralph McQuarter with the Minnesota Department of Human Services who facilitated state plan development, Dr. Richard Anderson, Director for the Humane World Center who discussed, <i>“Society’s Vested Interest in Children Thriving”</i> and Mary Anne Snyder with the Wisconsin Children’s Trust Fund describing the state’s experience creating a comprehensive child abuse prevention system. <i>(Information by FSPS)</i></li> <li>○ ITF 2012 retreat featured Jeff Linkenbach, Director of the Center for Health and Safety Culture at Montana State University who spoke about community effectiveness from a <i>“Science of the Positive Approach”</i> using the positive norms framework. <i>(Information provided by FSPS &amp; ITF Program Chair)</i></li> <li>○ Special presentations from key child abuse prevention experts on current trends. Some of the topics/presenters from SFY2010 included: a) <i>“Domestic Violence (DV) and Children”</i> Tamatha Mosier, Oklahoma Attorney General’s Office/ITF Member and b) <i>“Oklahoma Department of Human Services (OKDHS) Practice Model”</i> – Afton Wagner, OKDHS</li> </ul> </li> <li>• The OSDH/Family Support &amp; Prevention Service (FSPS) received federal Maternal, Infant &amp; Early Childhood Home Visitation (MIECHV) Program grants. Formula grant funding for federal fiscal year (FFY) 2011 was \$1,978,763. For FFY 2012-2014, the state received \$2,340,976 for each year. Funds were designated for Kay and Garfield Counties. For each of the two years, \$673,000 of these funds is designated to continue funding for the Safe Care Augmented model (an evidence-based home visitation federal grant) by the University of Oklahoma Health Sciences Center. The state also was awarded a MIECHV competitive grant of \$9,430,000 (annually for 4 years) for Comanche, Muskogee, Oklahoma and Tulsa Counties. Oklahoma was one of three states awarded the highest level of grant funding.</li> <li>• The Community Connector in the MIECHV grant emerged from the assessment process with a goal of connecting families to home visiting programs as well as community resources that meet their needs.</li> <li>• FSPS facilitates and coordinates the Child Abuse Prevention (CAP) Action committee where service providers and program staff meet to plan and prepare not only CAP Month/Day at the Capitol activities, but also ongoing prevention efforts. This committee provides a great opportunity to network and collaborate together. It encourages community ownership and involvement. Meetings are held approximately 10 times per year and are usually attended by 25-30 people from various programs/agencies. Examples include:               <ul style="list-style-type: none"> <li>○ The 2013 CAP Day Mini Conference collaborative, versatile program featured:                   <ul style="list-style-type: none"> <li>✓ Suzin Bartley, Massachusetts Children’s Trust Fund - <i>“Call to Action: Preventing Child Sexual Abuse in Oklahoma”</i>.</li> <li>✓ Amy Merrell with Bethesda, Inc. - <i>“Stop, Go &amp; Tell”</i> program that focused on ways to prevent the cycle of childhood sexual abuse. This program is used in elementary schools.</li> <li>✓ Kristin Davis, Oklahoma Women’s Coalition – Ways to improve the status of state’s women and girls.</li> <li>✓ Debra Knecht, Oklahoma Department of Human Services - <i>“Basics of Reporting Child Abuse”</i>.</li> <li>✓ Deborah Shropshire, OU Children’s Hospital discusses how to change the consequences of <i>Adverse Childhood Experiences (ACE)</i>.</li> <li>✓ Cherokee Ballard and Britten Follett, former journalists on <i>“Prevention &amp; the Press: How to Leverage the Media to Share Child Welfare (CW) Stories”</i>.</li> <li>✓ Dr. Robert Block - <i>“Pay Attention to Social Determinants of Health”</i>.</li> <li>✓ Sherri McLemore, Arkansas Children’s Trust Fund - <i>“Hosting a Community Cafés”</i>.</li> <li>✓ Barbara Bonner, University of Oklahoma Health Sciences Center - Reviewing Statistics on child sexual abuse and current prevention efforts in Oklahoma.</li> </ul> </li> <li>○ The 2013 CAP Day Mini Conference collaborative, versatile program featured:                   <ul style="list-style-type: none"> <li>✓ Pat Stanislaski from Parenting for Prevention in New Jersey talking about her program <i>“Communities Utilizing Individuals who Care”</i>.</li> </ul> </li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>✓ Ben Tanzer, from Prevent Child Abuse America – Messaging.</li> <li>✓ Jim McKay, State Coordinator, Prevent Child Abuse America West Virginia - Advocacy around “Reframing Child Abuse Prevention”.</li> <li>✓ Presentations around poverty issues.</li> <li>✓ The Front Porch (FP) Program.</li> <li>✓ Strengthening Families (SF) and Community Cafés.</li> <li>✓ Community Engagement.</li> <li>✓ Nonprofit Marketing.</li> <li>✓ Resiliency for</li> <li>✓ Military Families.</li> <li>✓ As well as other various, trending topics relevant to child abuse prevention. <i>(Information from FSPS and Oklahoma City/County Health Department (OCCHD))</i></li> </ul> <ul style="list-style-type: none"> <li>• FSPS supports the Home Visitation Leadership Advisory Coalitions (HVLAC) created to drive best practices in home visitation programs. Membership recruitment targets community-based family support programs with a home visitation component. During federal fiscal year 2011, there were six meetings attended by over 100 different participants. Actions included: <ul style="list-style-type: none"> <li>○ HVLAC provided input related to the federal MIECHV Home Visitation Grant. <i>(Information provided by FSPS)</i></li> <li>○ All Start Right contractors are required to have representation at each HVLAC meeting.</li> <li>○ Child Guidance (CG) staff provide information on an ongoing basis to HVLAC <i>(Information provided by FSPS and ITF Chair)</i></li> </ul> </li> <li>• Presentation at 2012 Smart Start Annual Conference on Circle of Parents (COP) with 65 to 75 individuals representing community leaders, partners, physicians, agency representation and local non-profit organizations across the state.</li> <li>• Although there has been a reduction in the number of Start Right contracts from 22 to 15, the award amounts have increased allowing commencement of the Healthy Families America (HFA) affiliation/accreditation process. <i>(Information provided by FSPS)</i></li> </ul>
<p style="text-align: center;"><b>Strengths</b></p>	<ul style="list-style-type: none"> <li>• Leveraged funding with state dollars that provides more Community-based Child Abuse Prevention (CBCAP) funding to support these activities. <i>(Information from FSPS and OCCHD)</i></li> <li>• A strong network of dedicated, informed professionals holding seats on the ITF as well as participating in the Child Abuse Prevention (CAP) Action Group and Home Visitation Leadership Advisory Coalitions (HVLAC.). <i>(Information from FSPS and OCCHD)</i></li> <li>• Improved participation and attendance. <i>(Information by private agency representative)</i></li> <li>• Evidence-based home visitation models were chosen for implementation and include: 1) Nurse-Family Partnership (known as Children First (C1) in Oklahoma); 2) Healthy Families America (HFA) (known as Start Right (SR) in Oklahoma), &amp; 3) Parents as Teachers (PAT) known as Oklahoma Parents as Teachers (OPAT). These models have all been implemented in Oklahoma for over a decade although not every model has been implemented in all communities.</li> <li>• The Safe Care Augmented Model has also been added to this grant.</li> <li>• The Competitive, Expansion Grant includes \$700,000-\$725,000 per year for an external evaluation conducted by Oklahoma Health Sciences Center (OUHSC), Center for Child Abuse &amp; Neglect (CCAN).</li> <li>• The increased services available through the receipt of MIECHV grants were determined both from data collection as well as a needs assessment process.</li> <li>• Home Visiting Evidence of Effectiveness conducted by the U.S. Department of Health and Human Services show the following favorable outcomes: <ul style="list-style-type: none"> <li>○ HFA model: Child Health, Child Development and School Readiness, Reductions in Child Maltreatment, Positive Parenting Practices, Family Economic Self-Sufficiency &amp; Linkages &amp; Referrals.</li> <li>○ NFP: Maternal Health, Child Health, Child Development and School Readiness, Reductions in Child Maltreatment, Reductions in Juvenile Delinquency, Family Violence, and Crime, Positive Parenting Practices and Family Economic Self-Sufficiency.</li> <li>○ PAT: Child Development and School Readiness and Positive Parenting Practices.</li> <li>○ Safe Care Augmented: Reductions in Child Maltreatment and Positive Parenting Practices (<a href="http://homvee.acf.hhs.gov/programs.aspx">http://homvee.acf.hhs.gov/programs.aspx</a>)</li> </ul> </li> <li>• Community &amp; Parent Cafés - As part of the Center for the Study of Social Policy’s (CSSP) <u>Strengthening Families</u> initiative™, a number of states are using Community and Parent Cafés - a series of structured small group conversations that bring parents together to discuss issues important to them. The goal is to directly engage parents in building the protective factors needed to prevent maltreatment and promote healthy outcomes for their children. <b>CSSP is learning that this approach is especially effective in engaging parents.</b> <i>(Information from <a href="http://www.cssp.org/community/constituents-co-invested-in-change/community-&amp;-parent-cafes">http://www.cssp.org/community/constituents-co-invested-in-change/community-&amp;-parent-cafes</a>)</i></li> <li>• Circle of Parents (COP) is a national network of statewide non-profit organizations and parent leaders dedicated to using a mutual self-help support group model. The affiliation/accreditation process is driven by the Healthy Families America (HFA) research-based 12 Critical Elements. These elements guide programs to model fidelity. Each site will go through a rigorous process to improve services and enhance training. After a two year process, 60% of the sites will have a site visit from the HFA national office to determine whether they meet the HFA Standards, If these standards are met, the site is considered an HFA Accredited site. <i>(Information provided by FSPS)</i></li> </ul>
<p style="text-align: center;"><b>Challenges</b></p>	<ul style="list-style-type: none"> <li>• Limited monies to travel out of state to participate in valuable trainings focused on national level concerns regarding child abuse/prevention. <i>(Information provided by FSPS)</i></li> </ul>

	<ul style="list-style-type: none"> <li>• Limited staff to present at every ITF meeting (Information provided by FSPS)</li> <li>• Learning curve of some ITF members is extensive. <i>(Information provided by private agency representative)</i></li> <li>• MIECHV does not provide for statewide coverage and is time limited.</li> <li>• Completing the sole source process and identifying the funding source for the HFA Affiliation/accreditation process. <i>(Information provided by FSPS)</i></li> </ul>
<b>Strategy 2</b>	The OSDH and ITF will collaborate and provide technical assistance and training to professionals in related fields that have the ability to impact child abuse prevention.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• The Child Abuse Training &amp; Coordination Council (CATCC) has the mandate to make available multidisciplinary and discipline-specific training on child abuse and neglect for professionals with responsibilities affecting children, youth &amp; families. <ul style="list-style-type: none"> <li>○ The CATC Program provides training to child protective services, law enforcement, district attorneys, judges, medical personnel, mental health consultants and other professionals.</li> <li>○ Specific trainings have included: “Investigating Severe Neglect &amp; Physical Injury of Children &amp; Infants”, “Taking Your Investigation to the Courtroom” &amp; “Advanced Forensic Interviewing.”</li> <li>○ Examples of partnerships in the CATC program are assisting with: <ul style="list-style-type: none"> <li>✓ The Oklahoma Lawyers for Children fall &amp; spring trainings</li> <li>✓ The Oklahoma District Attorney’s Office annual summer conference</li> <li>✓ Oklahoma Association for Infant Mental Health Conference</li> <li>✓ The Oklahoma Department of Mental Health &amp; Substance Abuse and the 18th Oklahoma Conference on Child Abuse and Neglect and Healthy Families.</li> </ul> </li> <li>○ The CATCC Program is expanding efforts to include children that witness domestic violence homicides and human trafficking.</li> </ul> </li> <li>• Start Right (SR) program staff complete specific training set forth by Health Families America (HFA) and Parents as Teachers (PAT). Training is identified under the measurable outcomes section.</li> <li>• Children First Core training includes model specific training provided by the Nurse-Family Partnership and agency training identified as meeting Oklahoma Health Care Authority contract requirements. See measurable outcome section for specific training.</li> <li>• The Community-Based Child Abuse Prevention (CBCAP) Grant makes it possible to offer training and technical assistance in best practice and current trends in child abuse preventing so that professionals and service providers are equipped with the most current information with a broader knowledge base to assist their work in the prevention field. Examples include: <ul style="list-style-type: none"> <li>○ Child Abuse Network (CCAN) Conference for several years</li> <li>○ The ITF October 2012 retreat <i>(See Goal 1, Strategy 2)</i></li> <li>○ Preparation for the third annual CAP Day</li> <li>○ Mini Conference bringing in national &amp; local speakers on various subjects: <ul style="list-style-type: none"> <li>✓ In 2011 – CAP Messaging</li> <li>✓ In 2012 – Community Building/Engagement</li> <li>✓ In 2013 – Sexual Abuse Prevention</li> </ul> </li> <li>(see Goal 1 Strategy 1 for other trainings)</li> </ul> </li> <li>• Training and technical assistance by experts on issues important to home visitation provided under the auspices of HVLAC to include: <ul style="list-style-type: none"> <li>○ Childhood Lead Poisoning Prevention by the Healthy Home Initiative</li> <li>○ Child Guidance (CG) and Infant Mental Health Services</li> <li>○ Building Resiliency in Military Families with Young Children</li> <li>○ Preparing for a Lifetime, Its Everyone’s Responsibility - Improving Infant Outcomes (This program provides education on breastfeeding, SIDS/infant safe sleep, preconception/in-interconception health, prematurity, postpartum depression, infant injury prevention &amp; tobacco use prevention)</li> <li>○ Impact of Tobacco in Oklahoma</li> </ul> </li> <li>• Creation of the “Oklahoma Home Visitation Services “Directory accompanied by “Period of Purple Crying” DVD to all birthing hospitals in the state.</li> <li>• Distribution of the Home Visitors Safety Guidelines Manual distributed to various agencies and child abuse prevention programs across the state.</li> <li>• Distribution of Home Visitors Safety Guidelines Training PowerPoint and video guide that includes information from expert speakers on general safety, mental health and substance abuse, methamphetamine use, domestic violence child abuse reporting, gangs, firearms and family assessment. <i>(Information provided by FSPS)</i></li> <li>• FSPS trained groups of Child Guidance (CG) staff statewide on a biweekly basis in implementation of the Circle of Parents curriculum.</li> <li>• FSPS provided funding to train CG Child Development and Behavioral Health staff psychology clinicians in “The Incredible Years” (IY) Parent Program shown to reduce children’s aggression and behavior problems as well as increase social competence at home and at school.</li> <li>• CG provides training in Parent Child Interaction Therapy (PCIT) for at risk families. <i>(Information from CG)</i></li> <li>• CG staff is receiving training on trauma-informed care and trauma-focused cognitive behavioral therapy. Trauma-specific interventions are designed to address the</li> </ul>

consequences of trauma in the individual and to facilitate healing. (Information at <http://www.samhsa.gov/nctic/trauma.asp>)

- Home visitors provided home visitation materials to all families enrolled in CG programs.
- CG staff provided child development orientation to Children First nurses.
- FSPS provided information at annual CG meeting.
- FSPS and CG staff developed a plan to embed reflective supervision into services.
- FSPS and CG staff are developing a plan to embed the “Endorsement for Culturally Sensitive, Relationship-Focused Practices Promoting Infant Mental Health” competencies into core & ongoing training.
- There have been multiple campaigns and dissemination of prevention promotion materials statewide (e.g., posters, wristbands, resource guides, etc.) that include information on the Strengthening Families Protective Factors. Campaigns include the “Build a Blue Ribbon Tree” Campaign. (Information by FSPS staff)
- Every April, planning and hosting the CAP Day at the Capitol and CAP Day Mini Conference with presentations on critical topics to assist in expanding community resources and knowledge (e.g., Bridges Out of Poverty; Child Abuse Reporting & Identification; COP: The FP Project; etc). Toolkits are disseminated with CAP Press Releases and Public Service Radio Announcements. (Information by FSPS staff and CBCAP annual report)
- Creation of the monthly CAP Eblast Newsletter. (Information provided by FSPS)

Technical assistance includes reviewing files for model fidelity, answering questions about policy and procedures, training staff members on the use of forms and data entry, and assistance when dealing with critical incidence such as reports to Child Welfare Services (CWS). (Information by FSPS)

**Strengths**

- The CATCC members (22 in all) establish multidisciplinary and discipline-specific training guidelines and objectives and make curricula recommendations to other agencies with professionals who have responsibilities for children, youth and families.
- Project aimed at reducing abusive head trauma by providing delivery hospitals across Oklahoma with the *Period of PURPLE Crying*® DVD. It approaches shaken baby syndrome prevention by helping parents and all caregivers understand the frustrating features of crying in normal infants that can lead to shaking or abuse as well as strategies for calming baby. (CBCAP annual report)
- COP is a national network of statewide non-profit organizations and parent leaders dedicated to using a mutual self-help support group model as a means of preventing child abuse and neglect and strengthening families.
- *The Incredible Years (IY)* is research-based, proven effective parent, teacher and child social skills training programs. It has been selected by the U.S. Office of Juvenile Justice & Delinquency Prevention as an "exemplary" best practice program and a “model” program by the Center for Substance Abuse Prevention (CSAP). As such, the series has been subject to numerous randomized control evaluations, evidenced excellent effectiveness, and attained high overall ratings. (Information from <http://www.incredibleyears.com/>)
- The distinctiveness of the PCIT approach lies in the use of live coaching and the treatment of both parent and child together. In randomized testing, including families identified by the CWS system, it has consistently demonstrated success in improving parent-child interactions and reducing child abuse and neglect (Information from [https://www.childwelfare.gov/pubs/f\\_interactbulletin/f\\_intera.cf](https://www.childwelfare.gov/pubs/f_interactbulletin/f_intera.cf) and Future of our Children, Preventing Maltreatment, Fall, 2009)

Blue ribbons are the symbol of child abuse prevention. Every year, especially during the month of April, Oklahoman celebrates child abuse prevention by building blue ribbon trees. Some are real trees that have been decorated, others are special creations made from materials such as paper, wire or wood. Each tree can be registered with the Oklahoma Department of Health for use in a slide show to be presented at the State Capitol annually during CAP Day at the Capitol in April. (Information at <http://www.caplains.org/Pages/BuildABlueRibbonTree.aspx>)

**Measurable Outcomes Listed in Plan**

1. Start Right (SR) programs funded for SFY 10 and beyond...

Outcomes				
	• Center for Children and Families	\$193,575	• McCurtain County Health Department	\$200,000
	• Chickasha Nation	\$150,000	• Northern Oklahoma Youth Services	\$150,000
	• Community Health Centers	\$150,000	• Northwest Family Services	\$150,000
	• Early Childhood Resource Center	\$150,000	• Okmulgee-Okfuskee Youth Services	\$150,000
	• Great Plains	\$175,000	• Parent Child Center of Tulsa	\$424,067
	• Help-in-Crisis	\$200,000	• Parent Promise	\$258,329
	• Latino Community Development Agency	\$199,193	• Youth and Family Services of Hughes and Seminole Counties	\$150,000
	• McClain-Garvin Youth and Family	\$150,000		

## 2. Presentations given on topics related to child abuse prevention at each meeting.

### Outcomes

- Jeff Linkenbach, Director of the Center for Health and Safety Culture at Montana State University spoke at the 2012 ITF retreat on “Positive Approach with Communities”.
- Ben Tanzer with Prevent child Abuse America and Jim McKay from West Virginia Prevent Child Abuse Chapter spoke on child abuse prevention messaging.
- Pat Stanislaski from Parenting for Prevention in New Jersey spoke on her program “Communities - Utilizing Individuals who Care”
- “Domestic Violence (DV) and Children” Tamatha Mosier, Oklahoma Attorney General’s Office and ITF Member
- OKDHS Practice Model – Afton Wagner, OKDHS. (See goal 1 strategy 1)

## 3. Training provided that increases the skills of providers delivering home visitation services in recognizing and responding to high risk, high stress families.

### Outcomes

- SR Training includes:
  - HFA Overview Day
  - HFA Assessment Worker Training
  - HFA Support Worker Training
  - HFA Supervisor Training
  - ASQ Training (Ages & Stages)
  - OPAT Foundational, 3-5 years old and teen training
  - Contractors Conference (annually)
  - All staff must complete the HFA online trainings including Infant Care
  - Child Health & Safety
  - Maternal and Family Health
  - Infant and Child Development
  - Role of Culture in Parenting
  - Parent-Child Interaction
  - Family Violence
  - Substance Abuse
  - Staff Related Issues
  - Family Issues
  - Mental Health (*Information provided by FSPS*)
  - Supplemental training in 2010 to SR program staff (*Information from CBCAP annual report*)
    - ✓ Parent-Child Attachment
    - ✓ Child Lead Screening
    - ✓ Postpartum Depression
    - ✓ Adoption
- Child Guidance (CG) Training
  - Trained an additional six Psychological Clinicians (PC) to provide PCIT services statewide;
  - Trained 25 Psychological Clinicians and Child Development (CD) Specialists to provide IY Parent Groups statewide;
  - Trained 17 CDs to provide COP groups statewide with emphasis on the MIECHV counties;
  - Trained 34 CDs and PCs to provide Mental Health Consultation to Child Care Facilities statewide;
  - May 2013, 50 CG staff will receive training on Trauma Informed Care; and
  - May 2013, nine PCs will be trained in Trauma Focused Cognitive Behavioral Therapy.
- Children First Training: During the first year of employment, nurses complete training in the following content areas:
  - NFP Model training to assure model fidelity;
  - Infant and Toddler Assessment training to increase skills in providing brief health assessments;
  - Child Abuse Medical Examiner training to address recognizing, reporting and documenting child abuse;
  - Breastfeeding Educator training to assist clients in initiating and continuing breast feeding ;
  - Postpartum Depression;
  - Keys to Caregiving and Nursing Child Assessment Satellite Training (NCAST) to provide skills needed to assess parent-child interactions and improve parenting skills;
  - Partners in Parenting Education (PIPE) training to teach parents how to have positive parent-child interactions;
  - Additional training in adoption, attachment, car seat safety, cultural awareness, domestic violence, grief, newborn screening and assessment, paternity and legal issues,

	<p>substance abuse, SIDS, TANF, Medicaid and targeted case management (which includes information about utilizing community services); and</p> <ul style="list-style-type: none"> <li>o Motivational interviewing in 2010 to develop expertise in using these skills to assist clients in making behavior changes. <i>(CBCAP annual report)</i></li> <li>• COP Training: <ul style="list-style-type: none"> <li>o COP training to 18 child development (CD) specialists; and</li> <li>o Training on implementation of COP to 16 CD specialists at quarterly face-to-face discipline meeting.</li> </ul> </li> <li>• PLAT ambassador training: <ul style="list-style-type: none"> <li>o Training to 17 CD specialists at quarterly face-to-face discipline meeting; and</li> <li>o Provided overview of training to 12 FSPS staff.</li> </ul> </li> </ul>
<b>GOAL 2</b>	<b>Establish a Parent Advisory/Leadership.</b>
<b>Strategy 1</b>	The OSDH and the ITF will research, seek and secure speakers, training opportunities, technical assistance and information on the importance of a parent advisory leadership group, the process to creating such a group, and how best to collaborate with said group once it is achieved.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• See outcomes below</li> </ul>
<b>Strategy 2</b>	The OSDH and the ITF will take the necessary steps to institutionalize and operationalize a parent advisory/leadership group.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• See outcomes below</li> </ul>
<b>Measurable Outcomes Listed in Plan</b>	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• While the advisory group is not established, CG has been implementing the COP in several identified high-risk areas in Oklahoma. In 2011, FSPS was awarded additional funding to expand home visiting through the MIECHV in Oklahoma, Tulsa, Muskogee, Comanche, Kay, and Garfield counties. As part of this expansion effort, CD Specialists have been trained to deliver the COP model in 16 counties to provide support to the high-risk, rural and urban communities, identified by the expanded project. See Goals 1 and 8 for additional information.</li> <li>• Guidance staff sent for further training on the Parent Leadership Ambassador Training (PLAT). Oklahoma was selected based on its work and ongoing commitment to parent leadership. Training provided a parent leadership curriculum and identified networking and planning strategies to build parent leadership in CBCAP's network.</li> <li>• COP Community Based FSPS staff researched and pursued ways to build parent capacities in the state through the federal FRIENDS technical support group.</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Good internal partnerships and collaborations to successfully coordinate the COP. <i>(Information by FSPS staff)</i></li> <li>• The federal child abuse prevention grant calls for the involvement of parents and consumers to provide leadership in the planning, implementation, and evaluation of programs and policy decisions. Parent Leadership Ambassador Training (PLAT) was created to assist in providing parents and providers with knowledge/skills/tools that strengthen parents in leadership roles and make partnerships between parents and practitioners more successful. (Information at <a href="http://friendsnrc.org/joomdocs/platguide.pdf">http://friendsnrc.org/joomdocs/platguide.pdf</a>)</li> <li>• Family Resource Information, Education and Network Development Services (FRIENDS is the National Resource Center for CBCAP. The center provides training and technical assistance to federally funded CBCAP Programs. This site serves as a resource to those programs and to the rest of the Child Abuse Prevention community.</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Other priorities coupled with budget reductions limited planned work with national experts with expertise in formation and implementation of Parent Advisory Groups <i>(Information provided by FSPS staff)</i></li> </ul>
Category	<b>EVALUATION</b>
<b>GOAL 3</b>	<b>Support the evaluation of social services including child abuse and neglect services as well as other social services provided to children and families.</b>
<b>Strategy 1</b>	Assure evaluations are conducted in an objective fashion and evaluation results are distributed freely.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Extensive work has been undertaken in the evaluation and assessment of home visitation programs within Oklahoma. As a result of the MIECHV federal grant, an evaluation team has convened to study these services that work to protect children and families from the outcomes of child abuse and neglect among other adverse outcomes. Evaluations have long been conducted within individual programs but have not often crossed program lines. The evaluation team, made up of OSDH evaluators and independent researchers, has been at work to change that. Focus groups, interviews, surveys and observational studies are being conducted with consistency among four major evidence-based home visitation programs within Oklahoma. While concrete outcomes of these studies are not available at this time, because the information is in the process of being analyzed, the data is already showing promising information and directions for future changes and improvement. In addition, work is being done to improve data collection systems and processes so evaluators have the best information possible. <i>(Information provided by FSPS)</i></li> <li>• OSDH has initiated the process to purchase a new database that has the capability to link home visitation services in Oklahoma. This will help produce statewide prevention data and show how the programs are designed to work together. <i>(Information provided by FSPS)</i></li> <li>• OCAP has been able to utilize the community health epidemiologists as well as filled the consultant and two evaluator positions. <i>(Information provided by FSPS)</i></li> </ul>

	<ul style="list-style-type: none"> <li>• Evaluation of NFP show positive outcomes in maternal health, child health, child development and school readiness, reductions in child maltreatment, reductions in juvenile delinquency, family violence and crime, positive parenting practices, and family economic self sufficiency (<a href="http://homvee.acf.hhs.gov/programs.aspx">http://homvee.acf.hhs.gov/programs.aspx</a>)</li> <li>• Evaluation of HFA show positive evidence in child health, child development and school readiness, reduction in child maltreatment, positive parenting practices, family economic self sufficiency and linkages and referrals (<a href="http://homvee.acf.hhs.gov/programs.aspx">http://homvee.acf.hhs.gov/programs.aspx</a>)</li> <li>• Evaluation of OPAT shows positive outcomes in child development and school readiness and positive parenting practices (<a href="http://homvee.acf.hhs.gov/programs.aspx">http://homvee.acf.hhs.gov/programs.aspx</a>)</li> <li>• Evaluation of Safe Care Augmented show reductions in Child Maltreatment and Positive Parenting Practices (<a href="http://homvee.acf.hhs.gov/programs.aspx">http://homvee.acf.hhs.gov/programs.aspx</a>)</li> <li>• SF evaluation was conducted under the auspices of Smart Start Oklahoma in 2011 (Start and Stay Strong: Building Strengthening Families Practice at the Community Level)</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• The current database is broken, needs many updates and repairs to produce quality data.</li> <li>• It is difficult to produce data on a regular basis (such as once a quarter). (<i>Information provided by FSPS</i>)</li> </ul>
<b>Measurable Outcomes Listed in Plan</b>	
1. Established process to review a program’s evaluation and assess effectiveness.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• MIECHV cross program evaluation is in process (see narrative above).</li> <li>• Start Right (SR) data for SFY 2011: <ul style="list-style-type: none"> <li>○ During SFY 2011, 29% of SR participants were attempting to reduce their smoking at time of enrollment. At the most recent update, 40% of participants that smoke reported they were attempting to reduce their rate of smoking.</li> <li>○ At enrollment, only 19% of the SR participants consumed the recommended daily servings of vegetables. At the most recent update, 22.5% of SR participants consumed the recommended daily servings of vegetables.</li> <li>○ Ninety-three percent (93%) of SR children were up-to-date on immunizations compared to 70% of all Oklahoma children.</li> <li>○ Among SR mothers who gave birth, 72% initiated breastfeeding.</li> <li>○ Twenty-four percent (24%) of SR participants were employed at time of enrollment. At the most recent update, the number of participants who were employed increased to 36.2%.</li> <li>○ At enrollment, 23% of participants were earning an annual income of \$5,000 or less. At the most recent update, the number of participants who were earning \$5,000 or less decreased to 15.9%.</li> <li>○ At enrollment, 59% of SR participants lived in rented housing and 22% owned their home. At the most recent update, the rate of SR participants that lived in rented housing decreased to 55% while the rate of those that owned their home increased to 26%.</li> <li>○ Sixty-six percent (66%) of SR parents place their baby on his/her back compared to 64.9% of all Oklahoma parents.</li> <li>○ During SFY 2011, 97% of all SR parents had a car safety seat properly installed in their car.</li> </ul> </li> <li>• Children First data for SFY 2011: <ul style="list-style-type: none"> <li>○ Immunizations – Ninety and seven tenths percent (90.7%) of all children participating in Children First (birth to 24 months) were up-to-date on their vaccination schedules at all times. At 24 months of age, 88.0% of Children First children were fully immunized.</li> <li>○ Infant and Early Childhood Mental Health – Children First nurses performed 28,053 ASQ screenings and made 223 referrals to local services.</li> <li>○ Abuse and Neglect – Children First nurses made 68 reports of suspected maltreatment to OKDHS. The majority of the reports were for neglect (69.1%), generally involving DV (47.1%) or parental substance abuse (20.6%).</li> <li>○ Smoking cessation – At program intake, 18.2% of mothers reported smoking compared to 10.1% at 36 weeks gestation.</li> <li>○ Reduction in infant mortality – Oklahoma infant mortality rates are 8.5% deaths/thousand. <ul style="list-style-type: none"> <li>✓ Children First babies’ rates were 4.5%/1000.</li> <li>✓ Eighty-eight and five tenths percent (88.5%) of Children First mothers received adequate prenatal care.</li> <li>✓ Eighty-nine and one tenth percent (89.1%) of Children First babies were carried to term.</li> </ul> </li> <li>○ Injury Prevention – Nearly all Children First mothers had an age appropriate car seat and used it. Additionally Children First mothers report exercising appropriate water safety.</li> <li>○ Totals – 3,616 families served with 34,217 visits. (<i>SFY 2011 C1 Annual Report</i>)</li> </ul> </li> <li>• Child Guidance (CG) Data for SFY 2012: <ul style="list-style-type: none"> <li>○ Children whose parents participated in Incredible Years (IY) parent groups showed statistically significant improvement in communication skills.</li> <li>○ Parents who participated in IY parent groups were more likely to use praise and incentives to modify their child’s behavior, and they reported clearer expectations with regard to appropriate behavior for their children. (statistically significant)</li> <li>○ Of parents who attended COP groups provided by CG staff across Oklahoma, 94% of respondents indicated they would change their parenting as a result of attending the group. (See additional outcomes under goal 8)</li> <li>○ Sixty-four percent (64%) of families who received CG services reported a decrease in inappropriate social emotional behaviors.</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>o Thirty-two percent (32%) of parents who received CG services reported an increase in their ability to help their child learn.</li> <li>o Thirty-two percent (32%) of parents who received CG services reported an increase in protective factors for child abuse &amp; neglect.</li> <li>o Fifty-five percent (55%) of parents who received CG services reported a decrease in risk factors for child abuse &amp; neglect.</li> <li>• OPAT Data for SFY 2011: <ul style="list-style-type: none"> <li>o Results from Ages and Stages Questionnaires (ASQ), show children enrolled in OPAT showed a reliable gain in cognitive, language, social and motor development. Statistical analyses showed significant, positive changes in total scores and children were less likely to be classified at risk on the latest ASQ than their initial one.</li> </ul> </li> <li>• Safe Care Augmented – During FFY 2012, 137 families were served, an increase from 59 served in FFY 2011.</li> <li>• Evaluation of SF model in Oklahoma highlighted the following key levels of change for a successful community level SF initiative. They included: 1) Leadership and governance at local sites; 2) Linkages that strengthen collaboration and communication; 3) Policies and practices to institutionalize changes supportive of protective factors; &amp; 4) Professional development received by childcare staff at each site and by SF coordinators. (Start &amp; Stay Strong: Building Strengthening Families at the Community Level).</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Breastfeeding is known to improve children’s health, decrease post-partum depression and decrease child maltreatment.</li> <li>• Uses Ages &amp; Stages Questionnaires (ASQ) to assess child development in communication, gross and fine motor functions, problem solving and social/emotional development. When delays are identified, parents are referred to services like Sooner Start (early intervention) child development specialists and CG for further evaluation and assistance.</li> </ul>
<b>Primary Prevention</b>	
<b>Category</b>	<b>CREATE A CULTURE OF CHANGE</b>
<b>GOAL 4</b>	<b>Create a culture of change that values the health, safety, and well-being of children.</b>
<b>Strategy 1</b>	The OSDH and the ITF will educate and mobilize communities to change community norms so that child abuse and neglect is viewed as preventable and unacceptable.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Smart Start – There are currently 18 Smart Start communities (most covering multiple counties) throughout the state addressing critical issues facing Oklahoma's children. These communities work to address the needs of families with young children. Each community works together to ensure that needs are met and children enter school ready to succeed by: focusing on the following issues: 1) early care and education; 2) health and mental health; 3) business engagement; 4) family Support; and 5) public awareness; Strengthening Families (SF) is embedded in seven of the Smart Start communities.</li> <li>• Strengthening Families (SF): <ul style="list-style-type: none"> <li>o The Strengthening Families (SF) Protective Factors were integrated into prevention programs and throughout the state by disseminating Information Gateway Resource Guides (which includes the Protective Factors). (<a href="https://www.childwelfare.gov/preventing/preventionmonth">https://www.childwelfare.gov/preventing/preventionmonth</a>) (<i>Information provided by FSPS</i>)</li> <li>o On November 30 2011, two training sessions were held on promoting the SF Protective Factors for over 80 participants. The training was conducted by Jack Miller, Director of Programs at the Massachusetts Children’s Trust Fund.</li> <li>o A general session was conducted in the morning as a basic introduction to the Protective Factors. 40 people attended from across the state representing various programs such as Smart Start, Child Care Resource and Referral, and local community programs receiving funds for child abuse prevention activities.</li> <li>o An evaluation of Strengthening Families identified the following: 1) Over 100 early child programs participated in SF; 2) Involvement of over 135 community partners; 3) Over 4,000 children and 2,200 parents served (Start &amp; Stay Strong: Building Strengthening Families Practice at the Community Level).</li> </ul> </li> <li>• Business communities were targeted with the “Build a Blue Ribbon Tree” campaign for April. Faith-based groups have continually been invited to meetings and included in planning.</li> <li>• The CAP Action committee has linked with the Oklahoma State Department of Libraries in collaboration with April – CAP month efforts, most currently working together to coordinate the April CAP Day at the Capitol and Smart Start Oklahoma Book Drive with press releases and statewide outreach made to every library in Oklahoma.</li> <li>• The Front Porch (FP) project is a national, research supported community-based initiative. It uses a capacity building approach involving training, technical assistance and evaluation for use in communities. In Oklahoma, twenty four participants were trained in the Front Porch community approach as well as receiving “train the trainers” training. Several Front Porch community workshops occurred. (information by FSPS &amp; information at <a href="http://www.americanhumane.org/children/programs/child-abuse-neglect-prevention/the-front-porch-project/">http://www.americanhumane.org/children/programs/child-abuse-neglect-prevention/the-front-porch-project/</a>)</li> <li>• Delta Dental of Oklahoma offers the Prevent Abuse and Neglect through Dental Awareness (PANDA) continuing education program. The program aims to help dentists recognize the signs of child abuse and neglect and inform them of proper reporting procedures. (Retrieved May 4, 2013 at <a href="http://www.deltadentalok.org/for_dentists/pandacde.asp">http://www.deltadentalok.org/for_dentists/pandacde.asp</a>)</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Great partnerships, collaborations and creativity with partners.</li> <li>• Tremendous turnout at events.</li> <li>• There is good leadership in OCAP as well as collaboration between agencies in the community to see that outcomes are met. (<i>private agency representative</i>)</li> <li>• SF is a research-based, cost-effective strategy to increase family strengths, enhance child development and reduce child abuse and neglect. It focuses on building five</li> </ul>

	<p>protective factors that also promote healthy outcomes. Those five protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need &amp; social and emotional competence of children. (information at <a href="http://www.cssp.org/reform/strengthening-families/the-basics/the-strengthening-families-approach">http://www.cssp.org/reform/strengthening-families/the-basics/the-strengthening-families-approach</a>)</p> <ul style="list-style-type: none"> <li>• Front Porch (FP) is a national prevention initiative focused on educating and empowering concerned citizens on the roles they can have in protecting children and supporting families. Evaluation results show 95% of participants in the Front Porch Project Community Training agreed they feel more comfortable intervening with struggling parents or families &amp; are more likely to intervene than before the training.</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Lack of resources including funding to extend programs and staff required to initiate and sustain services in all 77 counties. <i>(Information provided by FSPS)</i></li> <li>• Knowing how agencies &amp; programs need help <i>(private agency representative)</i></li> <li>• Front Porch Issues: <ul style="list-style-type: none"> <li>○ Front Porch moved out of the American Humane Association and is under a new umbrella (The Butler Institute – Denver, Colorado), working on creating a new name to replace the “Front Porch” name which is still owned by American Humane – but forging ahead to strive to keep the content/curriculum fairly the same – with permission from American Humane.</li> <li>○ FP trainers received training during the state’s economic downturn, leading to a shortage of qualified trainers.</li> <li>○ FP required a huge time commitment and multiple encounters by participants making it difficult to recruit and maintain participants.</li> </ul> </li> </ul>
<b>Strategy 2</b>	The OSDH and the ITF will support the implementation of quality early childhood programs through the OKDHS, Smart Start Oklahoma, the OKSDE, and Head Start.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• See Goal 4, Strategy 1 for training offered to child care facilities.</li> </ul>
<b>Strategy 3</b>	The OSDH and the ITF will strive to assure the six Strengthening Families Protective Factors, developed by Center for the Study of Social Policy, are integrated into all prevention programs serving children and families
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• See narrative under Goal 4, strategy 1. <i>(Information provided by FSPS)</i></li> <li>• The <i>Oklahoma Strengthening Families (SF) Initiative</i> has now been in existence for six years. The SF sites have continued their collaboration with their local child-care centers and involvement in other community organizations and events. The SF initiative is providing training on the SF protective factors framework to align services for children and families and to work in partnership with agencies and the community as a whole to build family strengths and to create optimal outcomes for children and families. Examples include: <ul style="list-style-type: none"> <li>○ Several requests for proposals have including the protective factors as a requirement in their requests for applications, Smart Start Oklahoma, MIECHV and Child Care Resource and Referral.</li> <li>○ A video and PSA is in use by the communities about SF Protective Factors.</li> <li>○ A website with resources for parents has been developed and The Incredible Years is being offered to the parents in the community.</li> <li>○ Several communities continue to conduct ongoing community cafés around protective factors. Parent Cafés were held in one community on a monthly basis and included 100 parents and nine child care staff.</li> <li>○ SF training and Prevention of Child Abuse and Neglect (PCAN) training was provided throughout Pontotoc, Garvin, Murray, Johnston, and Carter Counties.</li> <li>○ A four (4) day training for child care professionals was conducted in partnership with Dr. Barbara Sorrels (<a href="http://weeducateteachers.com">weeducateteachers.com</a>) and Oklahoma State University’s Marriage and Family Counseling Department. The training highlighted the fifth Protective Factor of the SF model which is Social-Emotional Competence of Children.</li> <li>○ The Child Care Resource Center’s Quality Enhancement Initiative(QEI) in collaboration with the local and state Oklahoma Association for Infant Mental Health (OKAIMH) worked together to assist early care and learning professionals in obtaining Infant Mental Health Endorsement (IMH-E) at Level I and II. Four centers received the Infant Mental Health endorsement with support of the Tulsa SF Initiative.</li> <li>○ Over 50 early care and education sites received training through local SF initiatives.</li> <li>○ Parenting classes were provided in all of the SF sites.</li> </ul> </li> <li>• Protective factors were addressed by a national speaker at the ITF retreat. <i>(Information provided by ITF chair and consultant)</i> (See Goal 4, strategy 1)</li> <li>• The Tulsa Family Drug Court Children Addicted to Methamphetamine (CAM) grant providers were trained in SF and Celebrating Families (CF) (early intervention evidence-based practices) as well as trauma focused cognitive behavior therapy for children. <i>(Information provided by ODMHSAS)</i></li> <li>• Three charter schools identified as doing the SF or CF programs.</li> </ul>
<b>Strategy 4</b>	The OSDH and the ITF will engage non-traditional partners to get involved in and support child abuse prevention efforts (i.e. business community, libraries, civic groups, etc).
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Thank you postcards have been utilized to engage non-traditional partners. <i>(Information provided by FSPS)</i></li> <li>• The continuum of services is referred to when promoting statewide multi-media campaign to engage non-traditional partners. <i>(Information provided by FSPS)</i></li> <li>• OCAP staff has provided technical assistance, public awareness, and promotional materials to ITF, CBCAP programs, local task forces and the community at large accompanied by media involvement through press releases, fact sheets and countless radio/television interviews related to child abuse prevention.</li> </ul>



	<ul style="list-style-type: none"> <li>• In celebration of National Family Month in June, OCAP worked with Moroch &amp; Associates, Inc. (public relations firm for the statewide McDonalds Restaurants) to promote positive family relationships artwork and an important ‘Strengthening Families’ message. Moroch converted the FSPS CAP Month poster to fit their McDonald tray liner and then printed them, providing over 277,000 tray liners (1,500 tray liners to 185 different McDonald’s locations) to area McDonald’s at no cost to the CBCAP program. (about two weeks of tray liners). Child abuse prevention efforts were highlighted on tray liners again in June 2011 and 2012.</li> <li>• National Family Week, celebrated during Thanksgiving week each year is directed by the Alliance for Children &amp; Families (with the support of the Annie E. Casey Foundation). <ul style="list-style-type: none"> <li>○ The FSPS staff collaborated with the Oklahoma Family Resource Coalition (OFRC) members to promote National Family Week/Oklahoma Family Week in 2009, utilizing their theme, <i>Connections Count in the Family, &amp; in the Community</i>”.</li> <li>○ Posters were created and distributed along with an electand collaborates not only with OFRC, but also with various affiliates and other programs across the state. (<a href="#">CBCAP annual report</a>)</li> </ul> </li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Celebrating Families (CF) is a parenting skills training program designed for families in which one or both parents are in early stages of recovery from substance addiction and in which there is a high risk for domestic violence (DV) and/or child abuse. The CF program uses a cognitive behavioral theory (CBT) model to achieve three primary goals: <ul style="list-style-type: none"> <li>○ Break the cycle of substance abuse and dependency within families;</li> <li>○ Decrease substance use and reduce substance use relapse; and</li> <li>○ Facilitate successful family reunification. Information at <a href="http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=100">http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=100</a></li> </ul> </li> <li>• Start Right has “thank you” postcards designed to “catch someone doing good”; they are postage paid and members of the community may thank someone for supporting their family. (<a href="#">Information provided by FSPS</a>)</li> <li>• FSPS has created a continuum of prevention services that encompasses Children First, OPAT, Start Right as well as OKDHS operated Comprehensive Home-Based Services (CHBS) (<a href="#">Information provided by FSPS</a>)</li> </ul>
<b>Measurable Outcomes Listed in Plan</b>	
1. Policy agenda that defines needed resources for a comprehensive system focused on the prevention of child abuse and neglect.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Part of planning for state plan.</li> </ul>
2. Quality early childhood programs available statewide.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Some examples are Head Start, Reach for the Stars Child Care Program, Sooner Start, and Pre-Kindergarten programs.</li> </ul>
3. Annual Child Abuse Prevention Day at the Capitol	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Held annually (<a href="#">Information provided by FSPS and OCCHD</a>) (See Goal 1, Strategy 1)</li> </ul>
<b>Strengths</b>	Viewed as highly successful ( <a href="#">OCCHD</a> )
4. Statewide multi-media campaign implemented to recruit non-traditional partners.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• See goal 1 Strategy 1 and 2 for campaigns; also a marketing campaign is proposed under MIECHV grant.</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Need for funding (OCCHD)</li> </ul>
Category	<b>SUPPORTING PARENTS</b>
<b>GOAL 5</b>	<b>Assure that general parent education and family support is universally available across the state.</b>
<b>Strategy 1</b>	The OSDH and the ITF will engage others to work collaboratively in seeking and implementing various vehicles for providing education information to parents and caregivers to assist them in providing safe, stable and nurturing environments for children.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Using the Healthy Families America Model in delivery of services, the OCAP Start Right program promotes positive parenting through highly-trained HFA home visitors who offer education, modeling, role playing, and other activities that help parents to: <ul style="list-style-type: none"> <li>○ Develop healthy attitudes towards parenting, including appropriate expectations of their children;</li> <li>○ Understand their child’s capabilities at each developmental stage;</li> <li>○ Enhance the quality and safety of the home environment to foster child development;</li> <li>○ Increase sensitivity, responsiveness and nurturing towards their children; &amp;</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>o Create a secure relationship with their child. <i>(Information provided by FSPS)</i></li> <li>• The OCAP Start Right programs utilize the OPAT curriculum which emphasizes the parent education component in addition to encouraging parent child interaction. <i>(Information provided by FSPS)</i></li> <li>• The OCAP in partnership with Child Guidance has developed a curriculum called the Seven Challenges. The Seven Challenges serves as a springboard for the Family Toolkit. This curriculum may be utilized by educators or home visitors to deliver relevant information regarding the development of children. <i>(Information provided by FSPS)</i></li> <li>• See goal 1, strategy 2 and measurable outcomes under goal 3</li> <li>• OPAT data for 2010-2011: <ul style="list-style-type: none"> <li>o OPAT parent educators completed 33,182 personal visits with 4,303 families and 4,966 children;</li> <li>o Fifty-one and four tenths percent (51.4%) were low income or unemployed;</li> <li>o Twenty-two percent (22%) were teen parents;</li> <li>o Two and eight tenths percent (2.8%) had a documented disability;</li> <li>o Eight and four tenths percent (8.4%) of children were born prematurely or classified as low birth weight babies;</li> <li>o Twenty-two and seven tenths percent (22.7%) of children served had mothers who did not complete high school;</li> <li>o Ninety-two and three tenths percent (92.3%) of children in program received health screening from OPAT staff;</li> <li>o Percentage of OPAT children receiving appropriate immunizations increased from 87.7% in 2005-06 to 93.8% in 2010-2011; and</li> <li>o 1,103 parent group meetings held for parents to learn and support each other, observe their children with others and practice new skills.</li> </ul> </li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Good resources to involve parents. <i>(private agency representative)</i></li> <li>• The HFA model used by OCAP SR is designed to work with overburdened families who are at risk for adverse childhood experiences, including child maltreatment.</li> <li>• A continuum of services has been developed. The hope is a triage system can be developed using the Community Connectors to link families to the services that fit their needs.</li> <li>• Referral sources are available to home visitors to connect families with the appropriate help. <i>(Information provided by FSPS)</i> (See goal 5, strategy 2)</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Many families who reside in rural areas have difficulty accessing parenting information.</li> <li>• Limited access to bilingual services to translate materials</li> <li>• Reduction of home visitation services as a result of budget cuts. <i>(Information provided by FSPS)</i></li> <li>• Lack of money and resources. <i>(OCCHD)</i></li> <li>• Lack of clear vision of what parent involvement will look like once achieved. – What are the ways to involve parents and expectations? What incentives can be offered for participation? <i>(private sector representative)</i></li> </ul>
<b>Strategy 2</b>	The OSDH and the ITF will assist parents and caregivers in meeting the basic needs (sometimes called “concrete needs”) of their family/children.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Addressed by SF communities</li> <li>• SR data for SFY 2011: <ul style="list-style-type: none"> <li>o In SFY 2011, 786 primary caregivers were screened for depression. Of these, 30 primary caregivers (3.8%) were identified with depression-related concerns. The mothers were referred to a primary care physician for further evaluation and treatment.</li> <li>o SR referred 85 families to appropriate services for housing assistance and referred 91 families to appropriate services for rent and utility assistance.</li> <li>o SR referred 158 families to appropriate agencies/services in order to obtain a car safety seat and assure that it was properly installed.</li> <li>o In SFY 2011, 16 SR families were identified and referred to domestic violence crisis intervention services. <i>(Information from SR 2011 Annual Report)</i></li> </ul> </li> <li>• Children First SFY 2011 Data – Children First nurses made 186 referrals to pregnant women not eligible to enroll in Children First to the following programs: <ul style="list-style-type: none"> <li>o 80 to SR</li> <li>o 10 to OPAT</li> <li>o 9 to CG</li> <li>o 7 to Early Head Start</li> </ul> </li> </ul> <p><i>(information from SFY 2011 Children First Annual Report)</i></p>
<b>Measurable Outcomes Listed in Plan</b>	
1. Provide information regarding parenting and child development to parents and caregivers in various formats.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• In SFY 2012, 6,000 more Child Guidance encounters were provided than in SFY 2011 - representing a 34% increase in service provision.</li> <li>• See goal 1, strategy 2 and measurable outcomes under goal 3</li> </ul>
2. Families aware of and able to access formal and informal community resources and concrete supports.	

<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Since January 2012, CG staff has implemented 10 COP parent groups across the state.</li> <li>• See goal 1, strategy 2 under FSPS technical assistance activities</li> <li>• See goal 5, strategy 2</li> <li>• See goal 9 discussion of OKDHS activities (e.g., 211 information and referral system, “Think, Prevent, Live Campaign and Facebook page)</li> </ul>
3. Families receive referrals to specific individuals at service agencies as well as transportation to those services, if necessary and possible.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• See goal 5 strategy 2</li> </ul>
4. Develop parent and warm line available 24 hours a day to provide information on parenting and child development.	
<b>Outcomes</b>	No, see challenges.
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• A parent website was not possible due to state government restrictions about creating and maintaining a standalone website. OSDH Administrative Procedure 4-4: “Oklahoma State Department of Health Websites” notes that liability concerns prohibit the OSDH from hosting websites for other groups. The same policy addresses issues to prevent each program, service and county health department from creating separate independent websites. Currently, the new Office of Management and Enterprise Services (OMES) is emphasizing all state agency websites should be consistent with the OK.gov architecture for the same reason.</li> <li>• The warm line was pursued but remained challenging due to lack of funds, staff availability and necessary resources. <i>(Information provided from FSPS)</i></li> <li>• Funding &amp; marketing are necessary. (OCCHD).</li> </ul>
5. Provide information on parenting and child development to all parents of newborns including information on abusive head trauma and safe sleep.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Creation of the “Oklahoma Home Visitation Services “Directory accompanied by dissemination of “Period of Purple Crying DVDs to all birthing hospitals in the state. Invested in 60,000 DVDs.</li> <li>• Creation of Abusive Head Trauma Task Force.</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Crying DVD’s required minimal training to all Oklahoma birthing hospitals.</li> <li>• Several hospitals signed an agreement and helped share the DVDs.</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• It was difficult to engage the hospitals to participate. Lack of response and willingness to add one more thing to their work with birthing moms.</li> <li>• Regarding the Abusive Head Trauma Initiative – lack of attendance, lack of ability to make a quorum.</li> </ul>
Category	<b>PREVENTION AND TREATMENT OF SEXUAL ABUSE</b>
<b>GOAL 6</b>	<b>Implement strategies to prevent child sexual abuse.</b>
<b>Strategy 1</b>	The OSDH and the ITF will work with partners across the state to implement programs that emphasize adult education and responsibility in keeping children safe from sexual predators
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Partner with agencies to provide information on child sexual abuse: <ul style="list-style-type: none"> <li>○ 2011 Partnership covering Domestic/Sexual Violence and Stalking-Dr. Anna Salter presented “Predators of Child Sexual Abuse” to 500 law enforcement, advocates, mental health professionals and others. It included a breakout session on “Detecting Deception” when interviewing suspect offenders (Information by Office of Attorney General. <i>(OAG)</i>)</li> <li>○ See Goal 1, Strategy 2 – 2013 CAP Days and Mini Conferences. <i>(Information provided by FSPS)</i></li> </ul> </li> <li>• Partner with sexual abuse counseling services to develop information on child sexual abuse – See Goal 9 under OKDHS strategies. <i>(Information by FSPS and OKDHS)</i></li> <li>• Oklahoma Human Trafficking Task Force is a multi-agency team working collaboratively to implement an effective victim-centered response to the crime of human trafficking in Oklahoma. The purpose is three-fold: to support prevention, protection and prosecution. <ul style="list-style-type: none"> <li>○ Prevention: To provide training and awareness to all areas of our communities.</li> <li>○ Protection: To identify and improve a multi-disciplinary response; to ensure access to resources necessary to the victims’ security and recovery.</li> <li>○ Prosecution: To support efforts by law enforcement and prosecution to hold offenders accountable. (<a href="http://www.oathcoalition.com/">http://www.oathcoalition.com/</a>)</li> </ul> </li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Lack of staff expertise in sexual abuse issues. <i>(Information provided by FSPS)</i></li> <li>• Funding/program cuts during economic downturn.</li> </ul>
<b>Strategy 2</b>	The OSDH and the ITF will put training in place to provide age-appropriate education to children about child sexual abuse.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Provide training to Family Support workers to recognize and refer families who have experienced child sexual abuse – See Goal 1 Strategy 2 -2013 CAP Days and Mini Conferences. <i>(Information provided by FSPS)</i></li> </ul>
<b>Measurable Outcomes Listed in Plan</b>	

1. Child sexual abuse prevention programs in place and available statewide.	
2. Information on prevention of child sexual abuse developed and distributed to various stakeholder groups.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• See goal 1, strategy 1</li> </ul>
<b>Secondary Prevention</b>	
Category	<b>IDENTIFY BEST PRACTICES</b>
<b>GOAL 7</b>	Identify best practices, programs and models that show evidence of improving child health, safety and well-being.
<b>Strategy 1</b>	The OSDH and the ITF will seek and provide to interested partners, best practice and evidence-based/evidence informed models on a continual basis to assure quality services are provided and prevention dollars are well spent.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Most of the programs identified in this chart have used some form of randomization as part of their research protocol. They include MIECHV (see goals 1, 3, 5, 8 &amp; 10), community connectors (see goals 1, 3 &amp; 7), HVLAC (see goals 1 &amp; 7), C-1 (see goals 1, 3 &amp; 5); HFA-Start Right (see goals 1, 3, 5 &amp; 8); OPAT (see goals 1, 3 &amp; 5) SF (see goals 3 &amp; 4) COP (see goals 1, 2 3, 5 &amp; 8); Safe Care Augmented (see goals 1 &amp; 3); Trauma Care (see goals 1 &amp; 9) Seven Challenges curriculum (see goal 5); IY (see goals 1, 3 &amp; 7) FP (see goal 4)</li> <li>• Information provided on the “<i>Science of the Positive</i>” by Jeff Linkenbach, Director of the Center for Health and Safety Culture at Montana State University for the 2012 ITF retreat. <i>(Information provided by ITF chair and FSPS)</i></li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• The ITF presents clear and usable guidance in establishing best practices for improving child health, safety and well-being. <i>(private sector representative)</i></li> <li>• Good job with available resources. <i>(OCCHD)</i></li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Keeping current. <i>(private sector representative)</i></li> </ul>
<b>Strategy 2</b>	The OSDH and the ITF will continue to redefine the components needed for the comprehensive system as child abuse prevention field evolves.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• State Plan was reviewed and updated each year by the ITF with approval from OCCY.</li> <li>• MIECHV grant program: <ul style="list-style-type: none"> <li>○ See Goal 1, Strategy 1 for a description of funding and geographic service areas of the MIECHV grant program. It is designed to increase home visiting services being provided to pregnant women, infants and young children who are at risk. The goals of the program include promoting maternal, infant and early childhood health, safety and development as well as strong parent–child relationships. Models chosen include the Nurse-Family Partnership (Children’s First), Health Families America (Start Right), Parents as Teachers [Oklahoma Parents as Teachers (OPAT)] and Safe Care Augmented.</li> <li>○ Families prioritized for services under MIECHV include: 1) low income; 2) pregnant children under the age of 21; 3) history of child abuse and neglect or those with interactions with Child Welfare Services; 4) use of tobacco products in the home; 5) children with low student achievement or developmental delays/disabilities; and 6) those serving or having served in the military.</li> <li>○ Community connectors market home visiting programs, distribute referrals, and facilitate coordination and collaboration between home visiting programs and other community resources. The goal is to connect the family to the home visiting program and community resources that meet their needs. <i>(Information provided by MIECHV staff)</i></li> <li>○ CG staff is trained to provide the following Evidence-based and Evidence-informed programs: IY Parent Groups, IY Classroom Groups, IY Treatment Groups, Hanen, It Takes Two to Talk, Hanen Learning Language and Loving It, COP, Center for the Social and Emotional Foundation of Early Learning (CSEFEL) Program, Preventing Child Abuse &amp; Neglect (PCAN) Program, SF, and Early Childhood Mental Health Consultation.</li> </ul> </li> </ul>
<b>Measurable Outcomes Listed in Plan</b>	
1. Comprehensive Plan for the Prevention of Child Abuse and Neglect is completed and continued progress toward goals is reported.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• See completed plan for 2010-2013 via Accomplishments Report in Appendix I. <i>(FSPS)</i></li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Good job with limited resources. <i>(OCCHD)</i></li> </ul>
2. Oklahoma implements programs with measurable outcomes that meet the needs of children and families.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• See outcomes referenced throughout this document <i>(Information provided by FSPS)</i></li> <li>• See measurable outcomes under goals 3, 5, 8, 9 &amp; 10 for SR, C1, OPAT and CG</li> </ul>
Category	<b>COMPREHENSIVE SYSTEM</b>

<b>GOAL 8</b>	<b>Work towards the establishment of a comprehensive system of prevention programs available across the state to families with risk factors for child abuse and neglect.</b>
<b>Strategy 1</b>	The OSDH and the ITF will work with partners across the state to increase the number and quality of center-based parent support groups and parent education programs.
<b>Strategy 2</b>	The OSDH and the ITF will work with partners across the state to increase the number and quality of home visitation services.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• The SR contracts no longer provide center-based activities; however FPFS is collaborating with the CG Service to provide COP support groups statewide.</li> <li>• CG staff has started 10 COP groups since January 2012.</li> <li>• Populations include parents receiving home visiting services, teen parents, parents of autistic children &amp; single parents.</li> <li>• Partnerships include: <ul style="list-style-type: none"> <li>✓ Canadian County with C-1 nurses;</li> <li>✓ Payne County with Perkins-Iowa tribe-Expect 8-10 participants;</li> <li>✓ Kay County with Ponca City schools, Smart Start Kay County and United Way – Expect 20-30 participants (2 groups);</li> <li>✓ OCCHD with Educare – Expect 10 to 15 participants;</li> <li>✓ Tulsa Health Department with Head Start-Expect 10 to 15 participants; exploring another group with Indian Health Center;</li> <li>✓ Carter County Health Department with “Mothers Against Mothers Alone (MAMA Knows) – 6 to 10 teen moms; and</li> <li>✓ Muskogee Health Department with inpatient substance abuse treatment center and domestic violence shelter.</li> </ul> </li> <li>• Topics most requested for COP groups were positive discipline techniques and creating a positive relationship with your child.</li> <li>• Eighty-five percent (85%) of respondents attending groups found topics helpful felt comfortable attending meetings and felt supported and had people they could turn to for help.</li> <li>• Ninety-four percent (94 %) of Oklahoma respondents indicated they would change their parenting as a result of attending the group. <i>(Information provided by CG and information at <a href="http://cgp.health.ok.gov">http://cgp.health.ok.gov</a>)</i></li> <li>• MIECHV expands home visitation services.</li> <li>• FSPS works collaboratively with the Oklahoma Department of Human Services (OKDHS) in many areas including Children and Family Services, Child Abuse Multidisciplinary Teams, and Developmental Disabilities and Children with Special Health Care Needs. Joint projects include the respite care voucher system. In SFY 2010, 180 families served by child abuse prevention programs received respite using the OKDHS respite voucher system. <i>(Information from CBCAP annual report)</i></li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• COP 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 a trained group facilitator. They provide developmentally-appropriate children’s program or child care concurrent with the parent group meetings.</li> <li>• Good staff and leadership. <i>(private sector representative)</i></li> <li>• Good job with available resources. <i>(OCCHD)</i></li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Although the COP support groups are available on a statewide basis, the locations are limited and not in all the counties where SR contracts are held. <i>(Information provided by FSPS)</i></li> <li>• Funding <i>(private sector representative)</i></li> </ul>
<b>Measurable Outcomes Listed in Plan</b>	
1. Oklahoma implements programs with measurable outcomes that meet the needs of children and families.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• See narrative above for outcomes of COP.</li> <li>• CG provides center-based services in 17 sites across Oklahoma, with the capacity to serve families statewide.</li> <li>• CG program provided 23,501 encounters to Oklahoma families in SFY 2012 and 17,555 to families in SFY 2011.</li> <li>• Also see goals 3,5,8,9 &amp; 10 for program outcomes for SR, C1 and CG.</li> </ul>
2. The ITF coordinates and integrates program activities and funds for the prevention of child abuse/neglect with regard to primary and secondary prevention.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Coordination &amp; integration identified in goals 1-10 of document</li> </ul>
3. Home visitation services are available and funded statewide.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Some program components are funded statewide but not the entire system ( See measurable outcomes under goal 3)</li> </ul>

**Tertiary Prevention**

Category	<b>INCLUSION OF FAMILIES KNOWN BY CHILD SERVING AGENCIES</b>
<b>GOAL 9</b>	Include in the comprehensive system, prevention programs focused on serving families identified by the child welfare, mental health, substance abuse, and/or domestic violence systems.
<b>Strategy 1</b>	The OSDH and the ITF will support the OKDHS, Child Welfare as they continue to implement the new Practice Model and Standards emphasizing child safety.
<b>Strategy 2</b>	The OSDH and the ITF will provide the support in increasing the number and quality of mental health services available to both adults and children.
<b>Strategy 3</b>	The OSDH and the ITF will provide support in increasing the number and quality of substance abuse treatment services for both adults and children.
<b>Strategy 4</b>	The OSDH and the ITF will provide support in increasing the number and quality of domestic violence services.
<b>Strategy 5</b>	The OSDH and the ITF will continue to explore the overlap between child abuse and domestic violence incidents, investigations, as well as best practices for prevention and intervention.
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Oklahoma Children’s Services (OCS): is comprised of two programs: Comprehensive Home-Based Services (CHBS) &amp; Parent Aide Services (PAS). CW specialists authorize services delivered by local contractors. Case management and brokering services promote family access to such supports as parent education and assistance, substance abuse education and referral for treatment, financial and household management, crisis intervention, and education with an average six-month support interval. The Parent Aide program provides paraprofessional, in-home services to help families gain parenting and homemaking skills</li> <li>• Parent assistance center/sexual abuse treatment services – Parent assistance center services provide education, support, and child care while parents attend education and counseling sessions. Sexual abuse treatment services provide individual, family, and group counseling for children and families affected by sexual abuse. Currently 13 of Oklahoma’s 77 counties do not have available services due to lack of appropriate vendors.</li> <li>• Systems of Care is a collaboration of multiple agencies providing behavioral health services to children and families in the hope of maintaining the children in their community and avoiding admission to inpatient care or custody interruption. OKDHS works with the ODMHSAS, OHCA, OCCY, OJA, OSDE, Parents as Partners, and various other community providers to provide wraparound services.</li> <li>• Chadwick Trauma-Informed Systems Project:             <ul style="list-style-type: none"> <li>○ Oklahoma was selected as one of three sites in the nation to become a trauma informed system. This project seeks to move Oklahoma’s CW system forward in recognizing, treating and preventing additional trauma to children, families and CW staff. OKDHS conducted an assessment followed by a state plan for improving services and enhancing the practice model as needed. The plan is to review each component of the Practice Model and our current practice to see if there is a need to enhance that component to be more in line with research and practices related to treating trauma. The project runs through September 2013.</li> <li>○ The Oklahoma Children’s Court Summit of 2011 was dedicated to the topic of Trauma-Informed Care. The response at all of the Court Improvement training events was positive.</li> <li>○ The Court Improvement Plan (CIP) staff works with the Tulsa juvenile courts in their specific efforts toward becoming a trauma-informed court system.</li> <li>○ The Child Victims of Trauma project has been an ongoing endeavor for the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) for over six years. Currently there are eleven providers, under contract to provide trauma-specific children’s services. The providers’ locations and contact information can be found on the ODMHSAS website <a href="http://www.ok.gov/odmhsas">www.ok.gov/odmhsas</a> under Access to Children’s Services, the Oklahoma Children’s Referrals and Resources Guide: <a href="http://www.ok.gov/odmhsas/Mental_Health_/Children,_Youth,_and_Family_Services/Access_to_Children's_Services/index.html">http://www.ok.gov/odmhsas/Mental_Health_/Children,_Youth,_and_Family_Services/Access_to_Children's_Services/index.html</a>. Each contracted provider has clinicians trained in trauma specific evidence based practices including Trauma Focused Cognitive Behavioral Therapy &amp;, as appropriate, Parent Child Interaction Therapy. The sites also use recognized trauma assessment tools as part of their services to children. As resources become available, the goal is to train more behavioral health providers in these practices and continue to expand the program.</li> <li>○ In September 2011, ODMHSAS was awarded a planning grant to expand Trauma-Informed Services within Systems of Care communities statewide. The “Access for All” Initiative seeks to ensure access to trauma-informed services for children with the most complex needs in rural and frontier counties and in foster care. The purpose of the ODMHSAS grant is to work in close partnership with OKDHS to broaden and improve the goals for statewide expansion through a year-long planning and training process. Children and adolescents with serious mental health needs, from birth to twenty-one years of age, who are unable to function in the family, school, or community, continues to be the focused population for System of Care work. This collaborative opportunity however, allows for additional support to the foster care/CW population. The “Access for All” Initiative will devise a strategic plan to overcome barriers to System of Care services for children served by CW and for children in rural and frontier counties.</li> </ul> </li> <li>• Smart Start Oklahoma received an Administration on Children and Family grant entitled, “From Vulnerable to Resilient: Building Stronger Pathways to Early Childhood Success for At-Risk Children”. The grant will focus on children and their families who are currently involved with Oklahoma’s foster care system and who participate in home</li> </ul>



	<p>visitation programs. The funding will support collection of needs assessment data on early care and education program participants, barriers to access and determine the availability of quality programs to children across the child welfare spectrum. Funding will also provide training to caregivers and providers to improve the social emotional and behavioral well-being of young children across the child welfare spectrum. Smart Start Oklahoma will contract with Child Guidance and/or other local community and state experts to conduct training on SF, building resiliency, trauma-informed care, and socio-emotional skill support. Local Smart Start Oklahoma community projects will support the target counties to explore strategies to increase access to quality early care and education settings. The target geographic area will be the five counties identified in the MIECHV grant for which Smart Start Oklahoma is the Community Connector: Kay, Garfield, Comanche, Muskogee and Oklahoma.</p> <ul style="list-style-type: none"> <li>• Domestic Violence (DV): OKDHS is working with community partners with the Attorney General’s office, YWCA and Oklahoma Coalition against Domestic Violence and Sexual Assault to develop a statewide response to incidents of DV. The group agreed on a common definition of DV with guiding principles around service delivery. The Kansas Desk reference was adapted to meet Oklahoma statutory guidelines and service array. The DV violence desk reference was completed and training will begin June 20, 2012 at the statewide supervisors meeting. Representatives from tribal nations will also attend this meeting. Other agencies are considering using the guide for their staff. OKDHS plans to continue to enhance service delivery to families in this category.</li> <li>• The Child Death Review Board (CDRB) and the Oklahoma Domestic Violence Fatality Board (ODVFB) meet jointly (since 2008) to examine the overlap in DV and child abuse. <a href="#">(Information from OAG)</a></li> <li>• OKDHS continues to support the collaboration between the CDRB and the ODVFRB. <ul style="list-style-type: none"> <li>○ One example is the launch of a public information campaign called, “<i>THINK, PREVENT, LIVE</i>” with the goal to reduce the number of child deaths that could be prevented. The campaign focuses on fire safety, abuse and neglect, safe sleeping, vehicle and water safety and hot cars. Website is <a href="http://thinkpreventive.org/">http://thinkpreventive.org/</a>. <a href="#">(Information from OKDHS)</a></li> </ul> </li> <li>• OKDHS Facebook page routinely posts information about recognizing domestic violence and resources to assist persons experiencing DV. <a href="#">(Information from OKDHS)</a></li> <li>• While there has been no program expansion or funding increases for DV, the quality in the implementation of the “<i>Voluntary Services</i>” program has improved. This program is taught to each shelter provider. The goal is to provide empowerment based services that are trauma informed. <a href="#">(Information from OAG)</a></li> <li>• OKDHS facilitates a resource hotline called 211. 211 is an easy to remember, free 24-hour telephone number that connects people with health and human service resources. It operates in local communities and became effective statewide in the spring of 2008. Services identified include: <ul style="list-style-type: none"> <li>○ Basic Human Needs Resources</li> <li>○ Physical and Mental Health Resources</li> <li>○ Employment Supports</li> <li>○ Support for Older Persons and Persons with Disabilities</li> <li>○ Support for Children, Youth and Families <a href="#">(Information provided from OKDHS)</a></li> </ul> </li> <li>• Increased referrals to mental health, substance abuse, and DV services and or agencies (See goal 5, Strategy 2)</li> <li>• Link the Oklahoma Child Abuse Prevention Program Application (OCAPPA) database with the OKDHS database to identify families known by child serving agencies-OSDH uses OCAPPA to link a portion of their home visiting program (Children First and Start Right) datasets to that of OKDHS. Both of these home visitation programs are designed to decrease child abuse and neglect in at risk populations. The linkage provides information regarding their current and past participant’s involvement in child abuse and neglect cases. This linkage enables the C1 &amp; SR programs to look at the effect of home visitation on their participants and provide valuable information that could be used to improve program services for future participants. <a href="#">(Information provided by FSPS)</a></li> <li>• Infant mental health outcomes are identified under Goal 3 measurable outcomes. <a href="#">(OCCHD)</a></li> </ul>
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**Measurable Outcomes Listed in Plan**

1. Implement Practice Model and standards leading to reduction of number of children entering the child welfare system and improvement of care for those that do.

<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• On January 4, 2012, OKDHS reached an agreement with the plaintiffs in class action litigation. As part of this agreement, OKDHS developed an improvement plan, with the assistance of key internal and external stakeholders and the review and approval of the Co-Neutrals, who are CW experts who act as arbiters of any dispute between CW Services and the plaintiffs. The plan addresses staff turnover and high caseloads that have resulted in an increase in cases that deter staff from detailed safety planning work as well as intense casework activities needed to supervise children when there is an active safety threat. Current efforts are to improve tools and processes that guide the safety planning process and provide support to supervisors and staff to improve skills in these areas. <a href="#">(Information provided from OKDHS)</a></li> <li>• See narrative above about improvements in practice model through Chadwick Trauma Informed Systems Project. <a href="#">(Information from OKDHS)</a></li> <li>• OKDHS requested support and participation in the Oklahoma Child Welfare Stakeholder Collaboration State Advisory Board from members of the ITF at their May, 2013 meeting. The board is focused on building local community partnerships to improve outcomes and services available to children and families involved in the child welfare program.</li> <li>• CG provided services to 321 foster children in State Fiscal year (SFY) 2012, representing a 26% increase from SFY 2011.</li> </ul>
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2. Mental health and domestic violence services available to meet the needs of all children and families.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• See narrative above about mental health and domestic violence services. <i>(Information provided from OKDHS)</i></li> <li>• Referrals to CG services increased by 37% from healthcare providers outside the OSDH (FY2012)</li> <li>• Referrals to CG services increased by 16% from Sooner Start (FY2012)</li> <li>• CG received other referrals from: DHS, Head Start, Child Care, Mental Health Providers, and Early Childhood Education and Children First. <i>(Information from CG)</i></li> </ul>
3. Integrate child abuse prevention strategies into mental health and domestic violence programs.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• See goal 4, strategy 3 and goal 9</li> </ul>
Category	<b>CULTURAL COMPETENCE IN SYSTEM</b>
<b>GOAL 10</b>	<b>Promote and/or provide culturally appropriate services that maximize the participation of various cultural and ethnic populations.</b>
<b>Strategy 1</b>	The OSDH and the ITF will seek and provide to interested partners best practice and evidence-based/evidence informed models on a continual basis to assure appropriate services are available to culturally diverse populations
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Community Connectors (See Goals 1, 3 &amp; 7) are established in 6 counties (Oklahoma, Tulsa, Comanche, Muskogee, Kay &amp; Garfield) to refer families to local services. <i>(Information provided by FSPS)</i></li> <li>• Culturally appropriate services are embedded in each of the programs in the MIECHV as well as in CG services.</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Knowledgeable staff &amp; leadership <i>(private sector representative)</i></li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Funding &amp; access to families <i>(private sector representative)</i></li> </ul>
<b>Strategy 2</b>	Ongoing review and definition occurs through regular ITF meetings and preparation of five year plan.
<b>Measurable Outcomes Listed in Plan</b>	
1. Families are able to access needed services.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• See goal 5</li> </ul>
2. Workforce reflects diversity of families served.	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• All CG staff receives annual Cultural Competency Training.</li> <li>• Eighty-two percent (82%) of Families who received CG services reported the staff treated them with respect.</li> <li>• Seventy percent (70%) of families who received CG services reported the staff was sensitive to cultural/ethnic backgrounds.</li> <li>• Eighty percent (80%) of families who received CG services reported they would recommend the CG clinic to a friend who needed help with their child.</li> </ul>



# **The Oklahoma State Plan for the Prevention of Child Abuse and Neglect**

State Fiscal Years 2014 – 2018

The Oklahoma Interagency Child Abuse Prevention  
Task Force

The Office of Child Abuse Prevention, OSDH



## **APPENDIX II Directory of Programs**

**Oklahoma Child Abuse Prevention Network**

# Child Abuse Prevention in Oklahoma Continuum of Care

INFRASTRUCTURE					PRIMARY PREVENTION								SECONDARY PREVENTION				TERTIARY PREVENTION									
CONCRETE SUPPORTS	COMMUNITY ENGAGEMENT	LOCAL TASK FORCES	OKLAHOMA PARENT WEBSITE	PARENT WARMLINE	AHT EDUCATION IN HOSPITAL	HEALTH CARE PEDIATRICS, ETC.	CHILD GUIDANCE GENERAL SERVICES	PARENT EDUCATION GROUPS	SEX ABUSE PREVENTION EDUCATION FOR PARENTS OR ADULTS	SEX ABUSE PREVENTION EDUCATION FOR CHILDREN	QUALITY EARLY CHILDHOOD EDUCATION	CHILD CARE CENTERS	CHILD GUIDANCE THE INCREDIBLE YEARS	HOME VISITATION FOR FIRST TIME MOTHERS	HOME VISITATION FOR PARENTS OF YOUNG CHILDREN	RESPIRE	ALTERNATIVE SCHOOLS FOR PREGNANT & PARENTING TEENS	HOME VISITATION FOR HIGH RISK PARENTS	SOONERSTART	TRAUMA SERVICES FOR CHILDREN	PARENT CHILD INTERACTION THERAPY	MENTAL HEALTH SERVICES	SUBSTANCE ABUSE SERVICES	DOMESTIC VIOLENCE SERVICES	SYSTEMS OF CARE	CHILD ADVOCACY CENTERS/MDTs
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
INFRASTRUCTURE					PRIMARY PREVENTION								SECONDARY PREVENTION				TERTIARY PREVENTION									
<p><b>LEGEND</b> (Examples of what each community might have in a given area)</p> <ol style="list-style-type: none"> <li><b>Concrete Supports</b> - Food pantries, Diapers, etc.</li> <li><b>Community Engagement</b> - Strengthening Families, Smart Start, etc.</li> <li><b>Local Task Forces</b> – Turning Point Initiatives, Special Project Groups, Task Forces.</li> <li><b>Oklahoma Parent Website.</b></li> <li><b>Oklahoma Parent Warmline.</b></li> <li><b>AHT Education in the Hospital – Potential Models Utilized:</b> Period of Purple Crying.</li> <li><b>HealthCare Pediatrics</b> - Maternity, Family/General Practice</li> <li><b>Child Guidance Services (OSDH)</b> – Parent Consultations, Child Development Screenings, Parenting Workshops, Parent Talk Sessions, Child Care Trainings.</li> <li><b>Parent Education Groups</b> - Parent Workshops, Parent Education Groups (i.e. Circle of Parents, S.T.E.P., etc), Parent Support Groups, etc.</li> <li><b>Sexual Abuse Prevention Education for Parents/Adults.</b></li> <li><b>Sexual Abuse Prevention Education for Children.</b></li> <li><b>Quality Early Childhood Education</b> - Preschools, Pre-kindergarten Programs, Early Head Start, Head Start, Educare, etc.</li> <li><b>Child Care Centers.</b></li> </ol>													<ol style="list-style-type: none"> <li><b>The Incredible Years through Child Guidance General Services.</b></li> <li><b>Home Visitation for First Time Mothers</b> – Children First.</li> <li><b>Home Visitation for Parents of Young Children</b> – Oklahoma Parents as Teachers, Start Right Programs (formerly OCAP), Healthy Start.</li> <li><b>Respite.</b></li> <li><b>Alternative School for Pregnant &amp; Parenting Teens.</b></li> <li><b>Home Visitation for High-Risk Parents</b> – Comprehensive Home-Based Services, Project SafeCare.</li> <li><b>SoonerStart.</b></li> <li><b>Trauma Services for Children.</b></li> <li><b>Parent Child Interaction Therapy.</b></li> <li><b>Mental Health Services.</b></li> <li><b>Substance Abuse Services.</b></li> <li><b>Domestic Violence Services.</b></li> <li><b>Systems of Care.</b></li> <li><b>Child Advocacy Centers/MDTs.</b></li> </ol>													

Appendix II



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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

# Oklahoma Child Abuse Prevention Network

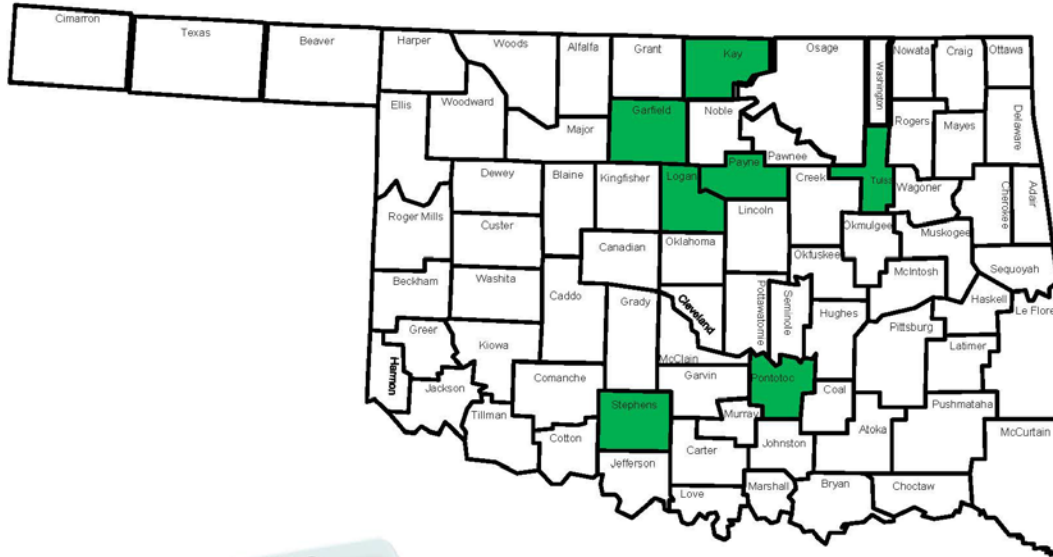
## STRENGTHENING FAMILIES

[www.strengtheningfamiliesprogram.org](http://www.strengtheningfamiliesprogram.org)

### Infrastructure

Agency	Description & Target Population
Oklahoma State Department of Health & Smart Start Oklahoma	<b><u>Eligibility: Who is served?</u></b> Children and families in early care and education settings involved in the Strengthening Families Sites.
<b>Funding Source</b>	<b><u>Duration of Participation</u></b> Children and families are served while participating in early care and education settings or through various community events.
Public and Private Funding	<b><u>Description of Services</u></b> Research shows that the protective factors of parent resiliency, social connections, knowledge of parenting and child development, concrete support in times of need and child social and emotional development reduce the incidence of child abuse and neglect by providing parents with what they need to parent effectively, even under stress. By building relationships with families, programs can recognize signs of stress and build families' Protective Factors with timely, effective help. Programs and communities implement activities that build the Protective Factors into programs and systems that already exist such as early childhood education and child welfare, at little cost.
<b>Counties Served</b>	Garfield, Logan, Kay, Pontotoc, Payne, Stephens and Tulsa
<b>Program Model</b>	
Strengthening Families - this initiative works with child care, child welfare, and early childhood programs to infuse evidence-based Protective Factors around young children and to build supportive relationships between professionals and parents as a way to strengthen parent-child interactions and reduce the potential for harmful parenting behaviors.	
<b>Numbers Served</b>	
Over 50 early care and education centers received training related to the Strengthening Families Protective Factors, four centers received their Infant Mental Health endorsement. Over 100 parents participated in ongoing Parent Café's. All Strengthening Families sites provided parenting classes in the community.	
<b>Evaluation</b>	
A comprehensive evaluation of the program was conducted in the previous year; evaluation of individual projects was conducted on a project-by-project basis.	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. Prevention of child abuse and neglect through increased knowledge and understanding of child development and parenting strategies.</li> <li>2. All child and family serving agencies will build in the protective factors throughout their programs.</li> <li>3. Strong partnerships between early childhood programs, child care and child welfare to prevent abuse and neglect and strengthen families.</li> </ol>	
<b>Contact Information</b>	Sherie Trice 1000 NE 10th Street Oklahoma City, OK 73117 (405) 271-7611 <a href="mailto:sheriet@health.ok.gov">sheriet@health.ok.gov</a>

# Strengthening Families SFY 2012





# Oklahoma Child Abuse Prevention Network

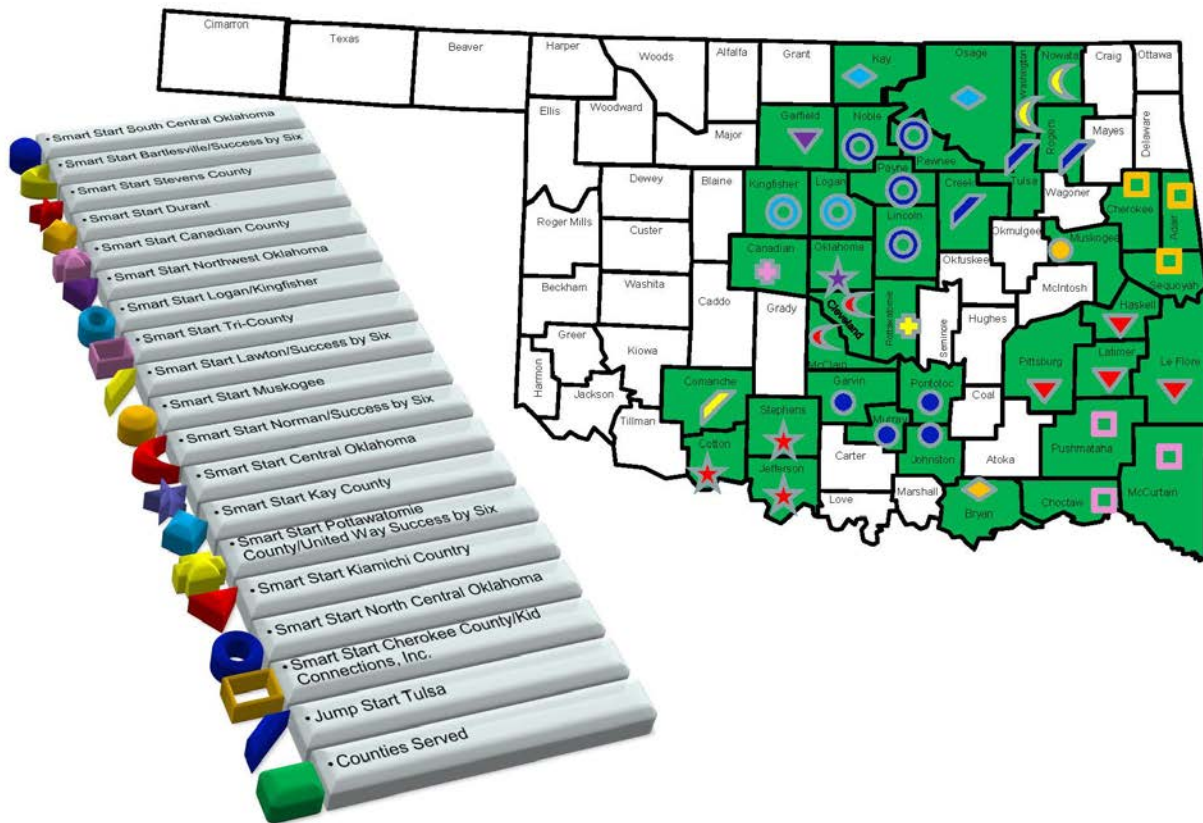
## SMART START OKLAHOMA

[www.smartstartok.org](http://www.smartstartok.org)

### Infrastructure

Agency	Description & Target Population
Smart Start Oklahoma	<p>Established under the Oklahoma Partnership for School Readiness Act, Smart Start Oklahoma (SSO) 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. Smart Start Oklahoma also contracts with 18 communities throughout the state who assist in this work on a local level.</p>
Funding Source	
State, Federal and Private Funds	
Counties Served	
50	
Program Model	
Smart Start Oklahoma coordinates workgroups and committees at the state level to build collaboration between early childhood systems; local Coalitions and/or Boards drive the work at the community level assuring alignment with the state's goals.	
Numbers Served	
Rather than direct service, Smart Start Oklahoma's focus is in planning, data gathering, making policy recommendations and community mobilization. The 18-member community-based network serves 39 counties across the state, potentially reaching over 80% of children under the age of six, to promote and enhance community collaboration for early childhood programs and services.	
Evaluation	
Smart Start Oklahoma communities' work plans are updated and evaluated locally. Local activities are reported in aggregate form at the state level and included in the Annual Report, which is submitted to the Legislature and Governor each year.	
Outcomes	
<ol style="list-style-type: none"> <li>100% of SSO communities will have a current needs assessment in place with strategic plans to facilitate school readiness for children 0-6.</li> <li>100% of SSO communities will sponsor and support community initiatives to support quality child care, family engagement, and health and mental health networks.</li> <li>100% of SSO communities will support the State Early Childhood Advisory Council annually by soliciting and submitting local recommendations.</li> </ol>	
Contact Information	<p>Debra D. Andersen, Executive Director            421 N.W. 13th Street, Suite 270            Oklahoma City, OK 73103            (405) 278-6978  <a href="mailto:Debra.Andersen@Smartstartok.org">Debra.Andersen@Smartstartok.org</a></p>

# Oklahoma Smart Start Communities SFY 2012





# Oklahoma Child Abuse Prevention Network

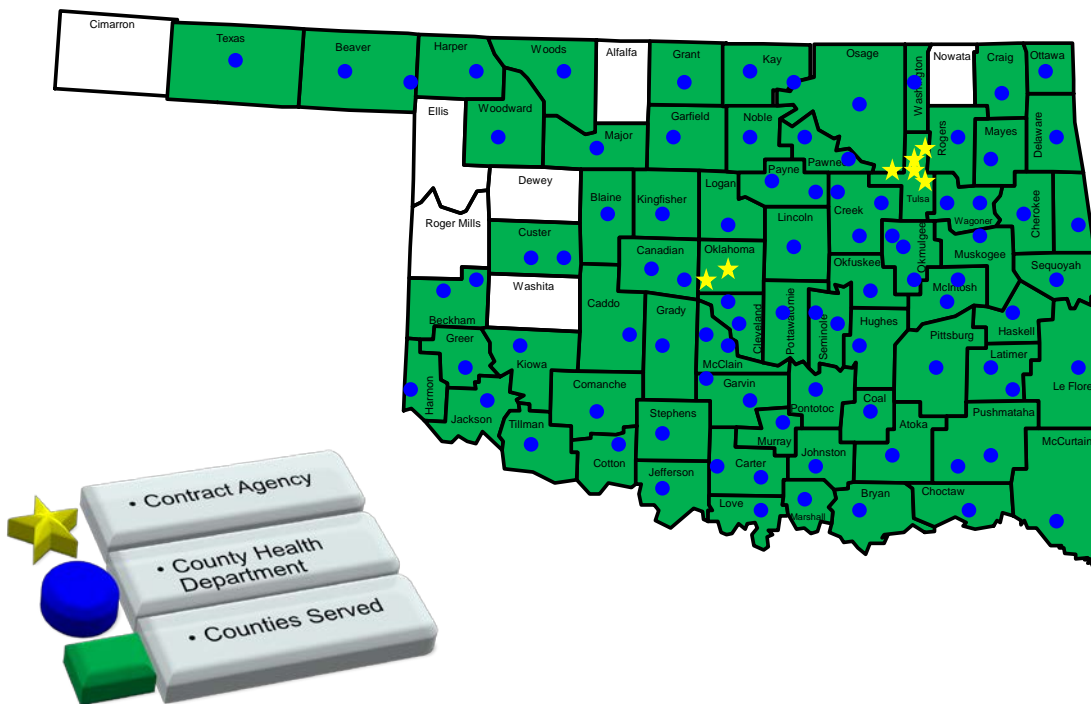
## FAMILY PLANNING | OKLAHOMA STATE DEPARTMENT OF HEALTH

[www.ok.gov/health/Child\\_and\\_Family\\_Health/Maternal\\_and\\_Child\\_Health\\_Service/Perinatal\\_and\\_Reproductive\\_Health/](http://www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/Perinatal_and_Reproductive_Health/)

### Infrastructure

Agency	Description & Target Population
<b>Oklahoma State Department of Health</b> 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 couples 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.
<b>Funding Source</b>	
Federal Title X Grant Funds, Medicaid Funds, and State Funds	
<b>Counties Served</b>  <i>70 counties</i> All counties except Cimarron, Ellis, Roger Mills, Washita, Dewey, Alfalfa and Nowata	
<b>Program Model</b>	
Title X Family Planning. Family Planning clinical services are provided through 94 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.	
<b>Numbers Served</b>	
In calendar year 2012, the Family Planning Program served 54,604 clients. 54,064 of the clients were females and 540 were males. 52% of the clients were between the ages of 20 and 29 with an additional 13.6% between the ages of 18 and 19.	
<b>Evaluation</b>	
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 and makes a face-to-face visit annually. OSDH Central Office staff schedule county health department family planning clinics for Comprehensive Program Reviews every three years to ensure compliance with Title X policies and procedures.	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. Assure the delivery of quality family planning services and related preventive health services that improve the overall health of individuals and prioritize services to low-income individuals;</li> <li>2. Emphasize the importance of establishing a reproductive life plan including preconception counseling;</li> <li>3. Reduce the unintended pregnancy rate for females of reproductive age in Oklahoma;</li> <li>4. Reduce the teen pregnancy rate in Oklahoma;</li> <li>5. Increase the number of adolescents involving parents in the decision to seek family planning services;</li> <li>6. Promote individual and community health by emphasizing clinical family planning and related preventive health services to reduce disparities for hard-to-reach, vulnerable populations.</li> </ol>	
<b>Contact Information</b>	Jill Nobles-Botkin, Director of Perinatal and Reproductive Health Oklahoma State Department of Health 1000 NE 10 <sup>th</sup> Street Oklahoma City, Ok 73117 (405) 271-4476

# Oklahoma Family Planning Program Service Sites and Contract Agencies SFY 2012



# Oklahoma Child Abuse Prevention Network

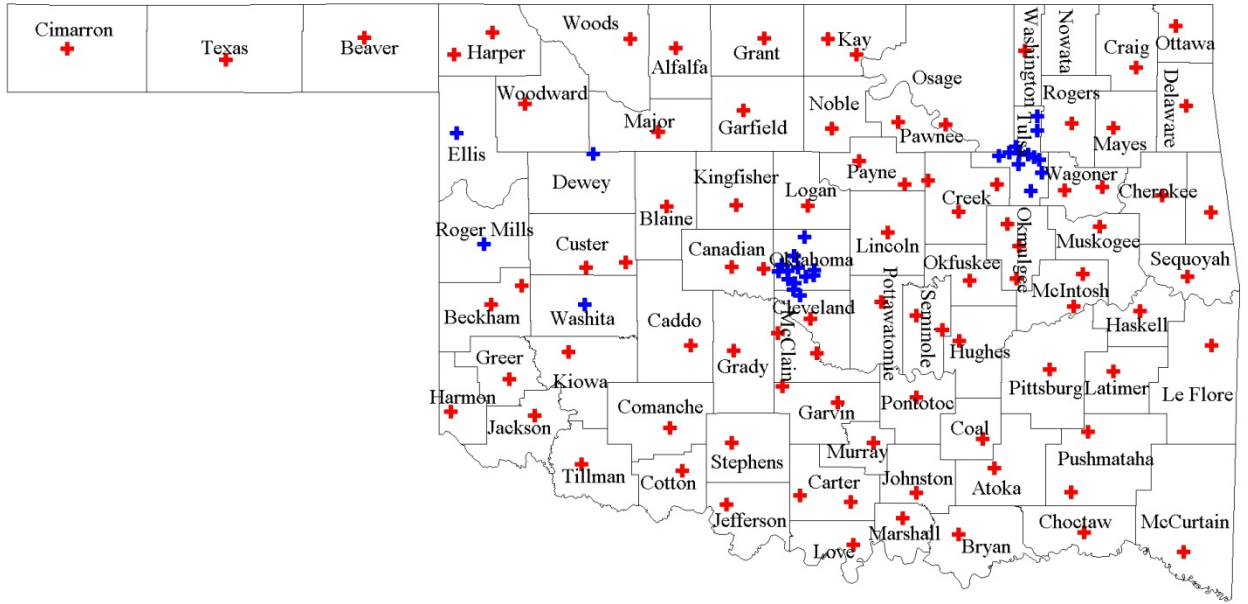
## WOMEN, INFANTS, AND CHILDREN (WIC) | OKLAHOMA STATE DEPARTMENT OF HEALTH

[www.ok.gov/health/Child\\_and\\_Family\\_Health/index.html](http://www.ok.gov/health/Child_and_Family_Health/index.html)

### Infrastructure

Agency	Description & Target Population
<p><b>Oklahoma State Department of Health</b> Women, Infants, and Children (WIC) Program</p>	<p>WIC is a nutrition program established to help pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy.</p> <p>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.</p> <p>WIC determines income based on gross income. WIC counts all of the members of a household, related or non-related. WIC counts an unborn baby as a household member.</p> <p><u>Target Population:</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.</p>
<p><b>Funding Source</b></p> <p>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).</p>	
<p><b>Counties Served</b></p> <p>WIC participants have the opportunity to receive WIC benefits at any of 121 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.</p>	
<p><b>Program Model</b></p> <p>Each family member eligible for WIC will receive height and weight measurements, health screenings, nutrition education, and referrals for health care. Most participants receive a hemoglobin test. Breastfeeding support, breast pumps, Registered Dietitians, and many other additional benefits are available through the WIC Program. Lastly, WIC participants choose one of 487 grocery vendors and 84 farmers markets (in Oklahoma) for selection of their healthy WIC foods!</p>	
<p><b>Numbers Served</b></p> <p>In FFY 2012, WIC provided services to 184,026 individuals of which 29% were infants up to age one, 42% were children from one year up to five years and 29% were pregnant and post partum women.</p>	
<p><b>Evaluation</b></p> <p>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.</p>	
<p><b>Outcomes</b></p> <ol style="list-style-type: none"> <li>1. Decreases the rate of low birth weight births by 44%.</li> <li>2. Increases the rate of breastfeeding by 23%.</li> <li>3. Decreases the percent of children with anemia by 12%.</li> <li>4. Increases childhood immunization rates.</li> <li>5. Increases the likelihood of a child having a regular health care provider.</li> </ol>	
<p><b>Contact Information</b></p>	<p>Terry Bryce, Chief of WIC Services 2401 NW 23<sup>rd</sup> Street, Suite 70 (Shepherd Mall) Oklahoma City, OK 73107-2475</p>

### WIC Sites FFY 2013



# Oklahoma Child Abuse Prevention Network

## MULTIDISCIPLINARY CHILD ABUSE TEAMS (MDT'S)

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

### Infrastructure

Agency	Description & Target Population																				
<b>Oklahoma State Department of Human Services</b> (funds) <b>Oklahoma State Department of Health</b> (training, standards, development and assessment) <b>District Attorney Offices</b> (county level development)	A multidisciplinary team is a group of professionals from various organizations and agencies that work toward providing a more coordinated, effective child protection system within a community. MDTs work to minimize the number of interviews necessary for a child victim of sexual abuse, physical abuse, or neglect and coordinate the response to child maltreatment. Oklahoma legislation calls for the establishment of teams in every county and the funding of functional MDTs. As of SFY 2012, there are 46 functioning multidisciplinary teams.																				
<b>Funding Source</b>																					
Child Abuse Multidisciplinary Account (CAMA) - Only functioning teams receive CAMA funds. \$620,886.22 for standalone teams in FY 2012; \$2,805,485.90 for centers; totaling \$3,426,372.12																					
<b>Counties Served</b>																					
There are 46 functioning teams across the state of Oklahoma.																					
<b>Program Model</b>																					
Minimum standards are set by the Child Abuse Training and Coordination Council (CATCC), Family Support and Prevention Service at the Oklahoma State Department of Health. MDTs submit annual, numerical, and membership reports to the Child Abuse Training and Coordination Program.																					
<b>Numbers Served</b>																					
In SFY 2012, common data on cases reviewed was provided by 46 MDT's. During this period, 2,013 cases of child abuse and neglect were reviewed.																					
<b>Evaluation</b>																					
The MDTs submit documentation of functionality on an annual basis to the CATC Council. A subcommittee of the Council evaluates the documentation and submits a list of functional and nonfunctional teams to the Council for approval. The approved list of functional teams is submitted to the Oklahoma Department of Human Services for funding. The teams that are deemed nonfunctional can not apply for funding for one year.																					
<b>Outcomes</b>																					
Child Abuse and Neglect Cases Reviewed by MDTs by Type of Abuse, Oklahoma, SFY 2012: <table border="1" data-bbox="212 1591 1539 1791"> <thead> <tr> <th data-bbox="212 1591 695 1623">Types of Abuse</th> <th data-bbox="695 1591 979 1623"></th> <th data-bbox="979 1591 1336 1623">Other Conditions Involved</th> <th data-bbox="1336 1591 1539 1623"></th> </tr> </thead> <tbody> <tr> <td data-bbox="212 1623 418 1665">Neglect</td> <td data-bbox="418 1623 695 1665">41%</td> <td data-bbox="979 1623 1166 1665">Alcohol or Drugs</td> <td data-bbox="1166 1623 1539 1665">26%</td> </tr> <tr> <td data-bbox="212 1665 418 1707">Physical Abuse</td> <td data-bbox="418 1665 695 1707">27%</td> <td data-bbox="979 1665 1166 1707">Domestic Violence</td> <td data-bbox="1166 1665 1539 1707">05%</td> </tr> <tr> <td data-bbox="212 1707 418 1749">Sexual Abuse</td> <td data-bbox="418 1707 695 1749">39%</td> <td data-bbox="979 1707 1166 1749">Mental Illness</td> <td data-bbox="1166 1707 1539 1749">14%</td> </tr> <tr> <td data-bbox="212 1749 418 1791">Other</td> <td data-bbox="418 1749 695 1791">09%</td> <td data-bbox="979 1749 1166 1791">Divorces or Custody Proceedings</td> <td data-bbox="1166 1749 1539 1791">04%</td> </tr> </tbody> </table>		Types of Abuse		Other Conditions Involved		Neglect	41%	Alcohol or Drugs	26%	Physical Abuse	27%	Domestic Violence	05%	Sexual Abuse	39%	Mental Illness	14%	Other	09%	Divorces or Custody Proceedings	04%
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<b>Contact Information</b>	Pat Damron, CATC Program Coordinator: <a href="mailto:Patriciaad@health.ok.gov">Patriciaad@health.ok.gov</a> Lisa Williams, Program Manager: <a href="mailto:LisaW@health.ok.gov">LisaW@health.ok.gov</a> Lisa Slater, Administrative Assistant: <a href="mailto:lisakj@health.ok.gov">lisakj@health.ok.gov</a>																				

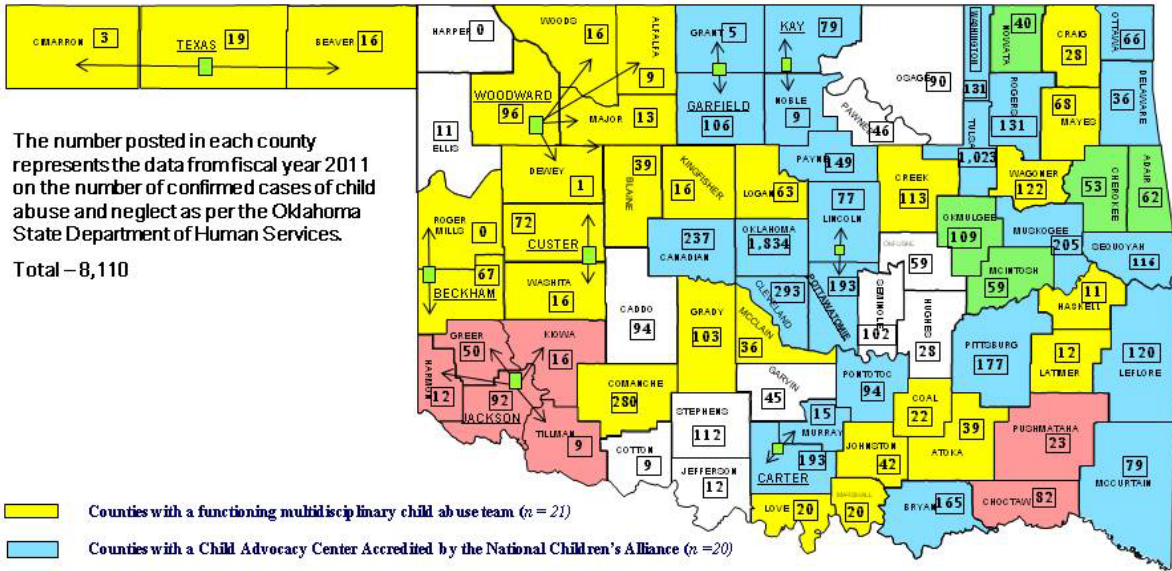
**Oklahoma Multidisciplinary Teams - FY 2012 - 2013**

**Child Abuse Training and Coordination Program**

Oklahoma State Department of Health

Family Health Services

Family Support & Prevention Service



The number posted in each county represents the data from fiscal year 2011 on the number of confirmed cases of child abuse and neglect as per the Oklahoma State Department of Human Services.

Total - 8,110

*Total Number of Multidisciplinary Teams in Oklahoma = 46*



# Oklahoma Child Abuse Prevention Network

## Child Abuse Training and Coordination Program Trainings (CATC)

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

### Infrastructure

Agency	Description & Target Population
<p>Oklahoma State Department of Human Services Oklahoma State Department of Health District Attorney Offices</p>	<p>The Legislative mandates for the CATC Program is to make available training for professionals who have responsibilities in identifying, investigating, prosecuting or treating child abuse and neglect. These trainings will:</p>
<p><b>Funding Source</b></p>	
<p>Children’s Justice Act Grant – SFY11 - \$138,650 Heirloom Birth Certificates – Approximately \$50,000 per year</p>	<ol style="list-style-type: none"> <li>1. Address child abuse and neglect and family violence;</li> <li>2. Be discipline specific and multidisciplinary in content;</li> </ol>
<p><b>Counties Served</b></p>	
<p>Trainings are provided across the state of Oklahoma</p>	<ol style="list-style-type: none"> <li>3. Be ongoing and accommodate professionals who require extensive knowledge as well as those who require general knowledge; and</li> <li>4. Include but not be limited to, district attorneys, judges, lawyers, public defenders, law enforcement, medical personnel, child welfare workers, mental health professionals.</li> </ol>
<p><b>Program Model</b></p>	
<p>The CATC Program delivers or partners to deliver approximately 25 to 30 trainings and conferences a year across the state of Oklahoma. The speakers provided for these trainings are nationally and internationally known experts in physical and sexual abuse investigations, child neglect, child trauma, computer sex crimes, court testimony, forensic interviewing, interrogation techniques of child abuse offenders, child fatality, joint investigations, MDT approach and the Indian Child Welfare Act.</p>	
<p><b>Numbers Served</b></p>	
<p>The CATC Program serves approximately 1,000 child abuse professionals a year across the state of Oklahoma.</p>	
<p><b>Evaluation</b></p>	
<p>The CATC Programs evaluate the quality of trainings, speakers and increase in knowledge level through the training evaluations. The speakers that are utilized consistently show a rating of a 4.50 to 5.00 on a scale of 1 being “poor” to 5 being “excellent”.</p>	
<p><b>Outcomes</b></p>	
<p>Our participants average approximately a 38% increase in knowledge level.</p>	
<p><b>Contact Information</b></p>	<p>Pat Damron, CATC Program Coordinator: <a href="mailto:Patriciaad@health.ok.gov">Patriciaad@health.ok.gov</a> Lisa Slater, Administrative Assistant: <a href="mailto:lisakj@health.ok.gov">lisakj@health.ok.gov</a></p>



# Oklahoma Child Abuse Prevention Network

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

[www.okdhs.org/programsandservices/cc/](http://www.okdhs.org/programsandservices/cc/)

**Infrastructure**

Agency	Description & Target Population
Oklahoma State Department of Human Services	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 facilities, including centers, homes, and head start.
<b>Funding Source</b>	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.
CCDF TANF Transfer TANF Direct TANF Reserve State Funding	
<b>Counties Served</b>	
Statewide	<ul style="list-style-type: none"> <li>• The criteria encourages facilities to exceed the minimum standards for the care they provide.</li> <li>• One Star facilities meet minimum licensing requirements that focus on health and safety.</li> <li>• One Star Plus programs meet the minimum requirements plus additional quality criteria that includes: additional training, daily reading to children, TV restrictions, physical activity, parent involvement and membership in a professional development registry.</li> <li>• 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 body.</li> <li>• Three Star programs meet all additional quality criteria AND are nationally accredited.</li> </ul>
<b>Program Model</b>	
Licensing and Quality Rating and Improvement System	
<b>Numbers Served</b>	
<ul style="list-style-type: none"> <li>• Total licensed childcare capacity 134,586.</li> <li>• FY-12 subsidy cumulative unduplicated child count 66,375.</li> <li>• Average monthly number of subsidy children per month 36,439</li> </ul>	
<b>Evaluation</b>	
Child Care Facilities are monitored three times per year, Star criteria is monitored at least annually and an Environment Rating Scale is completed every three years.	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. Licensed and affordable child care.</li> <li>2. Quality care for children with the opportunity to develop to their fullest potential in a safe, healthy and nurturing environment.</li> <li>3. Improved competency level of child care providers.</li> </ol>	
<b>Contact Information</b>	Lesli Blazer, Director of Child Care Services P.O. BOX 25352 Oklahoma City, OK 73125 (405) 521-3561

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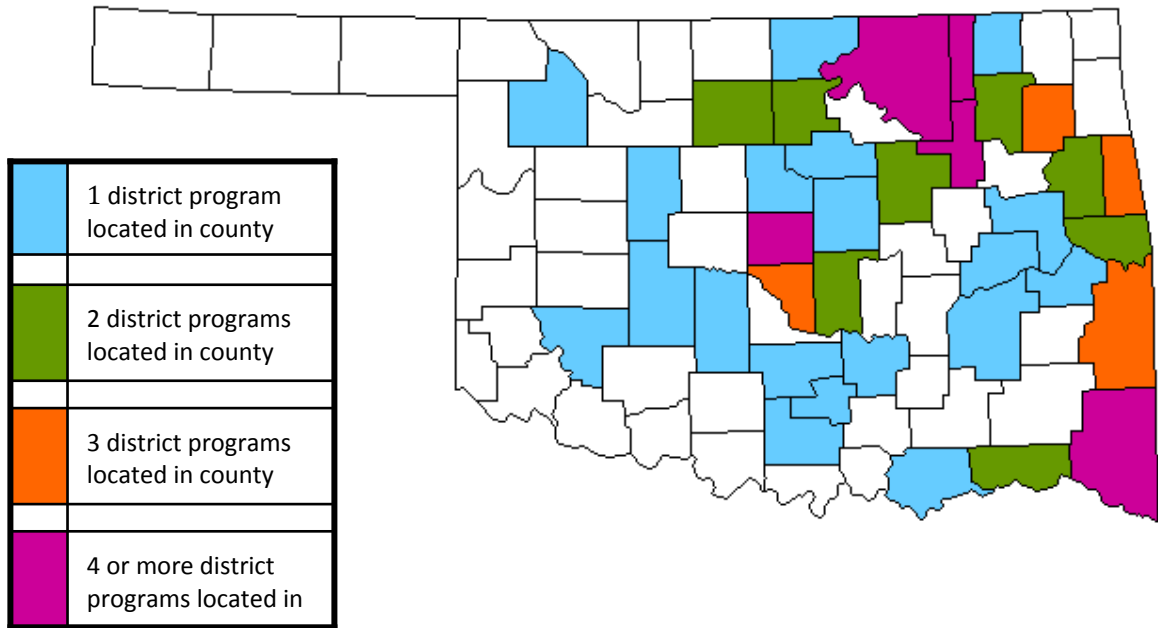
## OKLAHOMA PARENTS AS TEACHERS (OPAT)

www.sde.state.ok.us

← Primary Prevention →

Agency	Description & Target Population
<p><b>Oklahoma State Department of Education</b> Administered at the school district level through competitive grants.</p>	<p>OPAT is a parent education program based on the philosophy that parents are their children's first and most important teachers. It is a voluntary monthly home visitation program for parents with children birth to age three. OPAT is affiliated with the nationally validated Parents As Teachers Program. Through home visits and monthly group meetings, OPAT is designed to strengthen the capacity of parents to be effective first teachers and to foster an early partnership between home and school so that parents take a far more active role during their children's formal years of schooling.</p> <p><u>Target Population:</u> All families with children, birth to 36 months of age who reside in participating school districts.</p>
<p><b>Funding Source</b></p> <p>* State Appropriations unreported (\$1.6 million in grant funds for school year 11-12)</p>	
<b>Program Model</b>	
Parents as Teachers	
<b>Numbers Served</b>	
<p>* In the 2010-2011 school year, Parent Educators made 33,182 personal visits with 4,303 families. In the 2011-2012 school year, Parent Educators met with 4,220 children for the average cost per child at \$375 during their personal visits with families.</p>	
<b>Evaluation</b>	
<p>National evaluation showed that PAT children were significantly more advanced at three years in language, social development, problem solving, and other intellectual activities and at first grade in reading and math. Other positive results were demonstrated.</p>	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. Reduced risk levels for participating children (Oklahoma Technical Assistance Center, 2011).</li> <li>2. Increased parental knowledge of child development (Parents as Teachers National Center).</li> <li>3. Participating parents are more likely to read to their children and enroll them in a pre-school program (Parents as Teachers National Center).</li> </ol>	
<b>Contact Information</b>	<p>Special Education Services Oklahoma State Department of Education 2500 North Lincoln Boulevard, Oklahoma City, OK 73105-4599 Phone: (405) 521-3351 Fax: (405) 522-2380</p>
<b>Oklahoma Parents as Teachers Site Map – next page</b>	

\* Please note – not all information could be updated, last year's information has an "\*" and is in gray.



### Oklahoma Parents as Teachers Grant Program Locations

District	County	Funded Amount (in dollars)	Minimum # Children Served Monthly
Ada	Pontotoc	\$ 21,000.00	40
Anadarko	Caddo	21,000.00	40
Ardmore City	Carter	21,000.00	40
Bartlesville	Washington	35,000.00	65
Bethany	Oklahoma	21,000.00	40
Bixby	Tulsa	35,000.00	65
Bristow	Creek	21,000.00	40
Broken Arrow	Tulsa	48,500.00	90
Caney Valley/Copan	Washington	21,000.00	40
Checotah	McIntosh	21,000.00	40
Chouteau-Mazie	Mayer	13,500.00	25
Claremore	Rogers	21,000.00	40
Dewey	Washington	21,000.00	40
Durant	Bryan	35,000.00	65
Enid	Garfield	35,000.00	65
Glenpool	Tulsa	21,000.00	40
Guthrie	Logan	35,000.00	65
Heavener	Leflore	13,500.00	25
Hobart	Kiowa	13,500.00	25
Hominy	Osage	13,500.00	25
Hugo	Choctaw	21,000.00	40
Idabel	McCurtain	21,000.00	40
Jenks	Tulsa	35,000.00	65

Keys	Cherokee	13,500.00	25
Little Axe	Cleveland	13,500.00	25
Maryetta	Adair	13,500.00	25
McAlester	Pittsburg	35,000.00	65
Midwest City-Del City	Oklahoma	35,000.00	65
Minco	Grady	13,500.00	25
Morrison	Noble	13,500.00	25
Muldrow	Sequoyah	21,000.00	40
Newkirk	Osage	13,500.00	25
Noble	Cleveland	21,000.00	40
Norman	Cleveland	35,000.00	65
Oklahoma City	Oklahoma	84,000.00	160
Osage Hills/Bowring/South Coffeyville	Osage	13,500.00	25
Pawhuska/Anderson	Osage	21,000.00	40
Perkins-Tryon	Payne	21,000.00	40
Perry	Noble	21,000.00	40
Pioneer-Pleasant Vale	Garfield	13,500.00	25
Pocola/Arkoma	LeFlore	21,000.00	40
Poteau	LeFlore	21,000.00	40
Pryor	Mayes	21,000.00	40
Putnam City	Oklahoma	63,000.00	120
Salina	Mayes	13,500.00	25
Sand Springs	Tulsa	21,000.00	40
Sapulpa	Creek	13,500.00	25
Shawnee	Pottawatomie	21,000.00	40
Skiatook	Tulsa	21,000.00	40
Stigler	Haskell	13,500.00	40
Stratford	Garvin	13,500.00	25
Sulphur	Murray	21,000.00	25
Tahlequah	Cherokee	35,000.00	65
Tecumseh	Pottawatomie	21,000.00	40
Tulsa	Tulsa	84,000.00	160
Union	Tulsa	48,500.00	90
Valliant	McCurtain	13,500.00	25
Verdigris	Rogers	21,000.00	40
Vian	Sequoyah	13,500.00	25
Warner	Muskogee	13,500.00	25
Watonga	Blaine	13,500.00	25
Watts	Adair	13,500.00	25
Wellston	Lincoln	13,500.00	25
Westville	Adair	13,500.00	25
Woodland/Wynona	Osage	13,500.00	25
Woodward	Woodward	21,000.00	40
Wright City/Glover/Swink	McCurtain	13,500.00	25
<b>Totals</b>		<b>\$1,582,500.00</b>	<b>4,220</b>

# Oklahoma Child Abuse Prevention Network

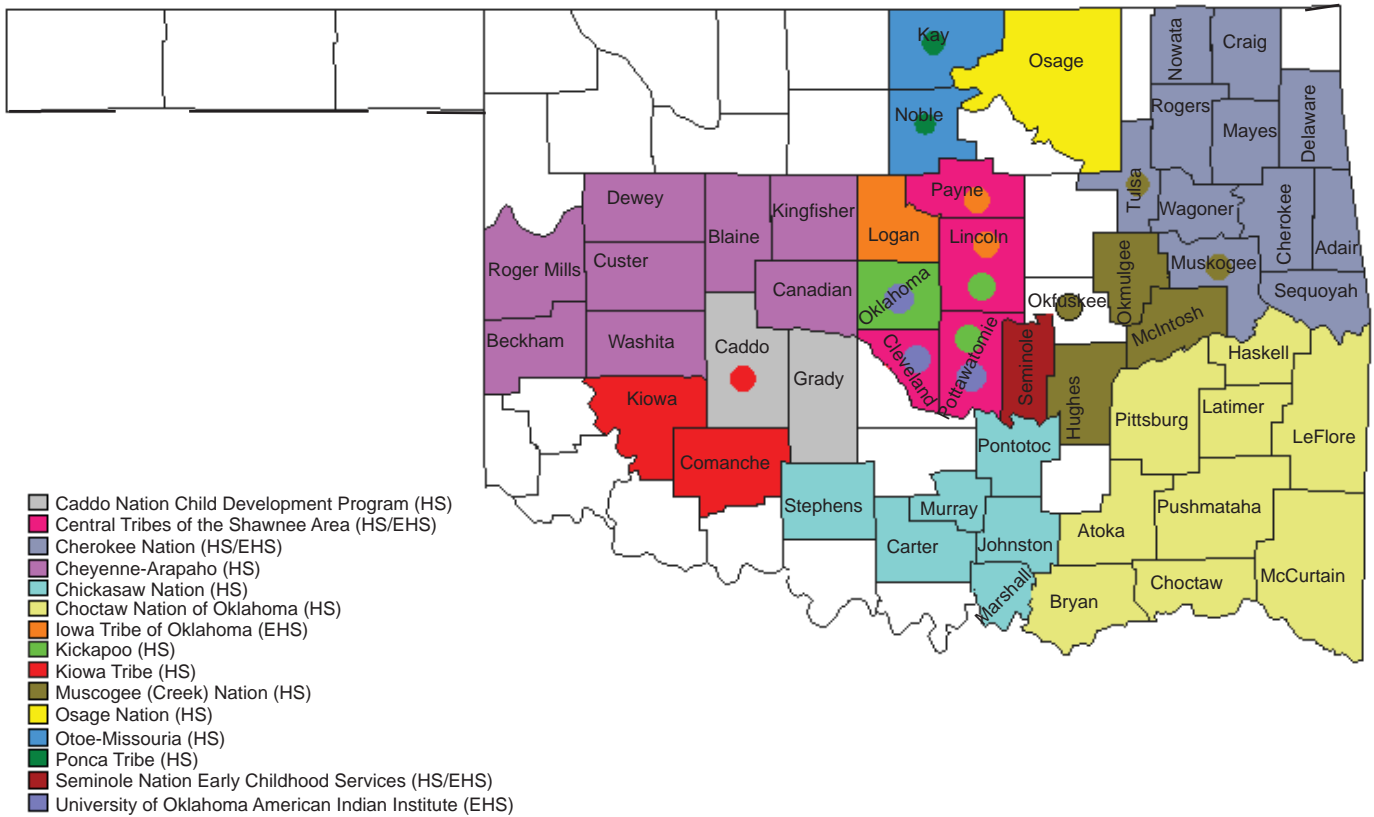
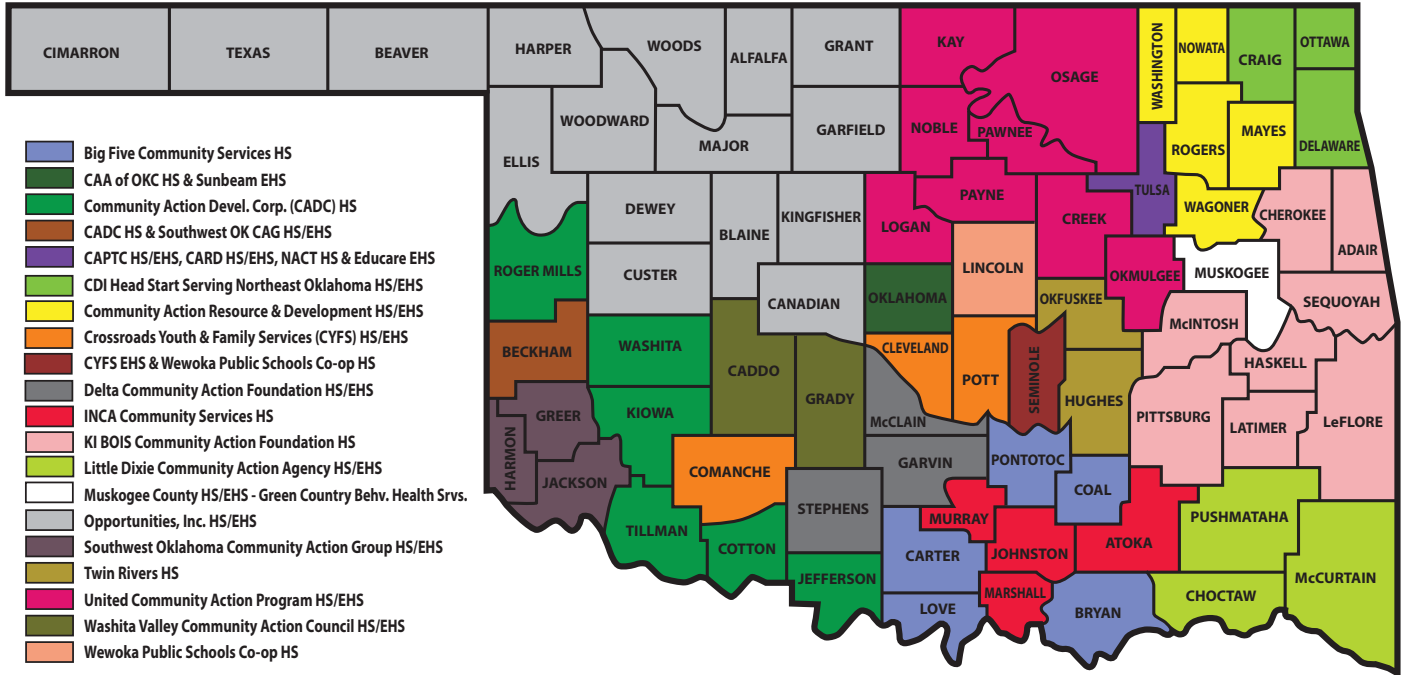
## EARLY HEAD START PROGRAM

[www.okacaa.org](http://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 directly from the federal government.</i></p>	<p>The Early Head Start (EHS) program is a 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 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><b>Services provided by Early Head Start include:</b></p> <ul style="list-style-type: none"> <li>• Quality early education both in and out of the home</li> <li>• Parent education and parenting education</li> <li>• Comprehensive health and mental health services, including services to women before, during, and after pregnancy</li> <li>• Nutrition education</li> <li>• Family support services; parent, family, community engagement</li> </ul> <p>Early Head Start offers income-eligible children (ages 0-3) and their families comprehensive child development services through center-based, home-based, and combination program options.</p> <p><b>Target Population:</b> Pregnant women and families with infants and toddlers under the age of three who have incomes at or below 100% of Federal Poverty Level.</p>
<p><b>Funding Source</b></p>	
<p>The non-tribal Early Head Start grantees received \$14,838,485 in federal funds for 2011-2012. Tribal Early Head Start federal funding for 2011-2012 is not available at this time.</p>	
<p><b>Program Model</b></p>	
<p>Early Head Start</p>	
<p><b>Numbers Served</b></p>	
<p>A total of 2440 children and 258 pregnant women were served by non-tribal Early Head Start programs in Oklahoma in 2011-2012. A total of 469 children and 44 pregnant women were enrolled in tribal EHS programs in 2011-2012.</p>	
<p><b>Evaluation</b></p>	
<p>EHS is a research-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><b>Outcomes</b></p>	
<ol style="list-style-type: none"> <li>1. Parents/families learn how to ensure infant/toddler medical screenings are performed at appropriate ages.</li> <li>2. Families are assisted in accessing mental health services when needed for both mothers and children.</li> <li>3. Families receive counseling and assistance in obtaining adult education (GED, college).</li> <li>4. Families receive parenting education, family and financial literacy training, and training in asset development strategies.</li> <li>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.</li> </ol>	
<p><b>Contact Information</b></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 <a href="mailto:kfloyd@okacaa.org">kfloyd@okacaa.org</a></p>

# Head Start Grantees in Oklahoma



Printing 2,000 copies of this publication cost \$987.73 of which 100% was paid by funds from the Administration for Children and Families, U.S. Department of Health and Human Services, as administered by the Oklahoma Department of Commerce. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services. (September 2012)

# Oklahoma Child Abuse Prevention Network

## PRE-KINDERGARTEN PROGRAMS | OKLAHOMA STATE DEPARTMENT OF EDUCATION

www.sde.state.ok.us

### Primary Prevention

Agency	Description & Target Population
Oklahoma State Department of Education	<p>Children, who are age four on or before September 1, are eligible for the voluntary public school pre-kindergarten program. Currently, nearly 75% of Oklahoma's four-year-olds attend public school and have access to:</p> <ul style="list-style-type: none"> <li>• an Early Childhood Certified Teacher;</li> <li>• a 10:1 child to teacher ratio;</li> <li>• comprehensive school services;</li> <li>• full-day or half-day programs;</li> <li>• State adopted curriculum standards; and</li> <li>• school readiness program.</li> </ul>
<b>Funding Source</b>	
State funding through the school funding formula.	
<p><b>Counties Served</b></p> <p>* All school districts have the option of having a Pre-Kindergarten program. In 2010-2011, 98% of school districts offered a Pre-Kindergarten program. Pre-Kindergarten is state-wide. At least one Pre-Kindergarten program exists in every county in the state, and out of 527 districts, only 8 do not operate a Pre-Kindergarten program.</p>	
<b>Program Model</b>	
<p>Half-day/full-day option.            Voluntary participation.            A bachelor-degreed, early childhood certified teacher.            Adult/child ratio of 1:10.            Priority Academic Student Skills (PASS) designed to be appropriate to age development.</p>	
<b>Numbers Served</b>	
In 2012-2013, a total of 42,131 children were enrolled in a public school Pre-Kindergarten program.	
<b>Evaluation</b>	
<p>The Effects of Universal Pre-Kindergarten on Cognitive Development, Georgetown University (2003)  <a href="http://www.crocus.georgetown.edu/publications.html">http://www.crocus.georgetown.edu/publications.html</a>.</p>	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. Increased readiness for reading and academic learning (Georgetown study, 2003-2004).</li> <li>2. Easy transition to kindergarten.</li> <li>3. 52% increase in letter-word identification; 27% increase in spelling; and 21% increase in applied problems (Georgetown University, 2004).</li> </ol>	
<b>Contact Information</b>	<p>Oklahoma State Department of Education            Special Education Services            2500 North Lincoln Boulevard, Oklahoma City, OK 73105-4599            Phone: (405) 521-3351 Fax: (405) 522-2380</p>

\* Please note – current information was not provided or made available.



# Oklahoma Child Abuse Prevention Network

## EDUCARE | OKLAHOMA CITY

[www.okceducare.org](http://www.okceducare.org)

### Primary Prevention

Agency	Description & Target Population
Sunbeam Family Services – OKC Educare	<p>Educare is a comprehensive early education service for children and families. OKC Educare serves 212 children in a full-day, year round program. Services are provided at no cost to the family.</p> <p><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.</p>
<b>Funding Source</b>	
Federal Head Start/Early Head Start Grant, OKCPS Funding for Pre-K classes, State Pilot Program, United Way, Private Funds	
<b>County Served</b>	
Oklahoma County	
<b>Program Model</b>	
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.	
<b>Numbers Served</b>	
In SFY, 2012, 302 children were served.	
<b>Evaluation</b>	
Extensive evaluation component which includes PALS (Phonological Awareness Literacy Screening), ECI (Early Communication Indicator), Bracken, ASQ3, DECA, CLASS and ITERS/ECERS.	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. On the ITERS/ECERS, our classrooms scored an average of 5 out of 7 on the total assessment composite score.</li> <li>2. On the CLASS assessment, our classrooms scored an average Emotional Support score of 5.5 out of 7, an average Classroom Organization score of 4.58 out of 7.</li> <li>3. Vocabulary for 3 year old English speakers was assessed by the Peabody Picture Vocabulary Test. English speakers scored an average of 98.29, while Spanish speakers scored an average of 77.43. When assessed with the PLS-4 in Spanish, 3 and 4 year old Spanish speakers scored an average of 88.9 in Total Language.</li> <li>4. Scores on the Bracken School Readiness Assessment are higher the longer a child attends Educare. Children who enter before age 3, at Pre-K exit, score an average Standard Score of 91.7 for English speakers and an average Standard Score of 83.6 for Dual Language (English/Spanish) speakers. Children who enter prior to age 2, at Pre-K exit, score an average Standard Score of 94.8 for English speakers, and an average Standard Score of 95.3 for Dual Language (English/Spanish) speakers.</li> </ol>	
<b>Contact Information</b>	Malana Means, Director, Early Childhood Services 500 SE Grand Blvd. OKC, OK 73129 (405) 605-8232

# Oklahoma Child Abuse Prevention Network

## EDUCARE | TULSA

Tulsaeducare.org

### Primary Prevention

Agency	Description & Target Population
Tulsa Educare I-Kendall Whittier Tulsa Educare II-Hawthorne Tulsa Educare III-MacArthur	Educare is a comprehensive early education program for children and families. In Tulsa, Educare I-KW opened in 2006; Educare II-Hawthorne opened in 2010. Tulsa Educare III-MacArthur opened in August of 2012. Children are required to be on DHS child care subsidy to be eligible for the program, unless they are enrolling for the EHS program located at Educare I-KW.
Funding Source	State of the art early childhood centers that provide education and care of 536 children (from birth to kindergarten transition) and their families with full day, year round early childhood education, family engagement, health promotions and workforce development support.
George Kaiser Family Foundation, Early Head Start, Oklahoma State Department of Education, Oklahoma Early Childhood Program, Department of Human Services Child Care Subsidy and Parent co-payments.	<p><b>Target Population:</b> Educare (Tulsa) serves Tulsa County children birth to five years and their families (must qualify under federal poverty line or be on DHS child care subsidy). Can be in the program from six weeks to kindergarten transition, or can enroll based on availability at any time before the child enters school.</p>
County Served	
Tulsa County	
Program Model	
Educare Learning Network, Early Head Start, Head Start	
Numbers Served	
In SFY2012, 254 children were served in center based care at Educare I, while 10 were served in a home based program and 253 children were served at Educare II. Educare III didn't serve any children in SFY 2012 since they did not open until August 20, 2012.	
Evaluation	
Bayley Cognitive and Language Scores, Preschool Language Scale-4, Peabody Picture Vocabulary Test, and Bracken School Readiness. Environmental Rating Scales and CLASS assessment completed annually in classrooms and on teaching staff.	
Outcomes	
<ol style="list-style-type: none"> <li>English-speaking children turning two years old at Educare sites scored an average of 96 on the Cognitive Subtest and 91 on the Language Subtest of the Bayley Scales of Infant and Toddler Development. Spanish speaking children turning two were assessed with the PLS-4 and had an average score of 90.</li> <li>Receptive vocabulary in English for children 3 and 4 years old was assessed by the Peabody Picture Vocabulary Test. English speakers scored an average of 94, while Spanish speakers scored an average of 81. When assessed with the PLS-4 in Spanish, 3 and 4 year old Spanish speakers scored an average of 94 in Total Language.</li> <li>Scores on the Bracken School Readiness Assessment increased over time for children who remained in the program. From the Fall of 2010 to the Spring of 2012, English speaking children's scores increased from 93 to 104. Similarly, Spanish speaking children's scores increased from 81 to 92.</li> </ol>	
Contact Information	Caren Calhoun, Executive Director 2190 S. 67 <sup>th</sup> E. Avenue Tulsa, OK 74129 (918) 852-8082

# Oklahoma Child Abuse Prevention Network

## CHILD GUIDANCE PROGRAM | OKLAHOMA STATE DEPARTMENT OF HEALTH

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

Primary Prevention

Agency	Description & Target Population
<b>Oklahoma State Department of Health</b> Administered at the County and City-County Health Department levels	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.  <u>Target Population:</u> Families with children birth to 13 years.
<b>Funding Source</b>  Child Guidance State Appropriations (\$2,414,054) Federal Funds (\$1,029,984) and Local Millage (\$1,601,918) in SFY 2012; CBCAP Funds (\$150,000) in FFY 2012.	

### 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 2012, approximately 23,501 individual sessions were conducted for screening, assessment, evaluation, or treatment services. Child Guidance clinicians provided workshops, training, or community outreach activities through 1,212 events. 24 Child Guidance clinicians provided 955 mental health consultation visits to 72 childcare Centers. Clinicians started 10 COP groups across the state.

### Outcomes

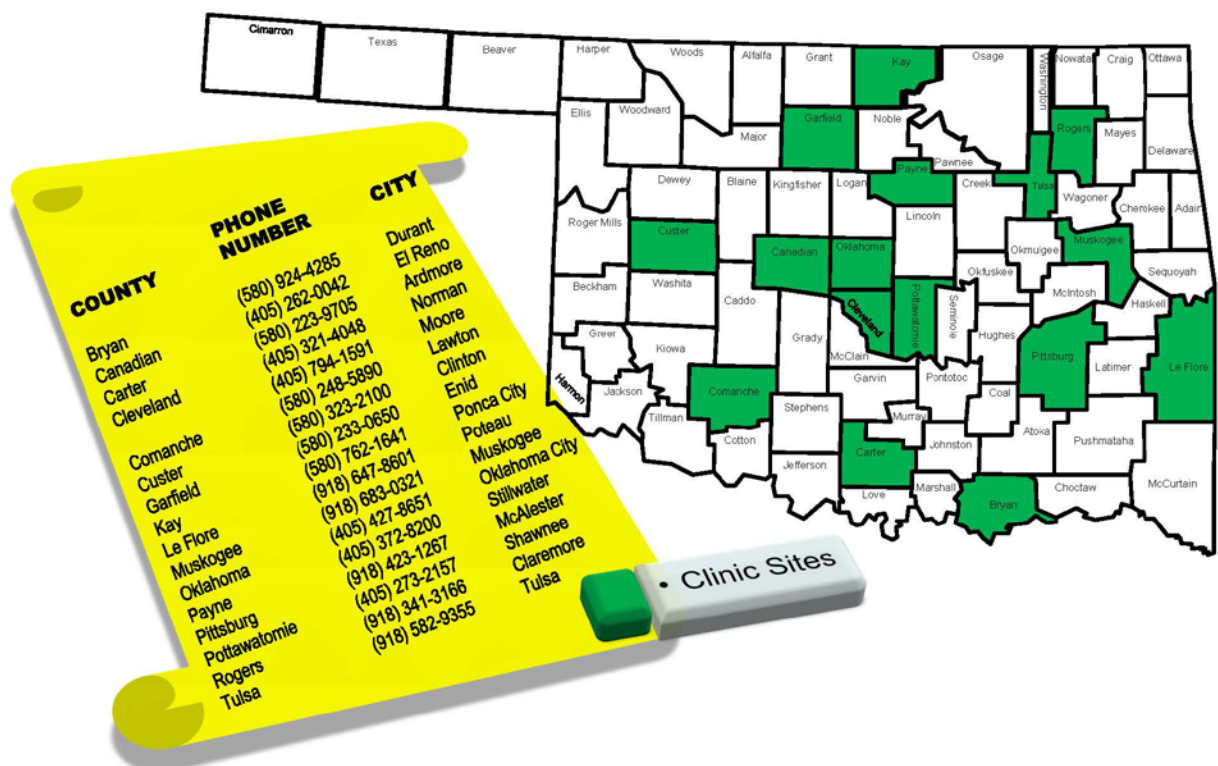
For SFY 2012, 64% of families receiving Child Guidance services reported a decrease in inappropriate social-emotional behaviors; 32% of parents who received CG services reported an increase in their ability to help their child learn; 32% of parents who received CG services reported an increase in protective factors for child abuse and neglect; 55% of parents who received CG services reported a decrease in risk factors for child abuse and neglect.

### Contact Information

Beth Martin, Chief Child Guidance Service  
 Oklahoma State Department of Health  
 1000 NE 10<sup>th</sup> Street  
 Oklahoma City, OK 73117-1299  
 (405) 271-4477  
[ChildGuidance@health.ok.gov](mailto:ChildGuidance@health.ok.gov)

### Child Guidance Site Map

## Child Guidance Clinics SFY 2012





## Child Guidance Service Logic Model

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

# Oklahoma Child Abuse Prevention Network

## SUBSTANCE ABUSE SERVICES (PREVENTION)

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

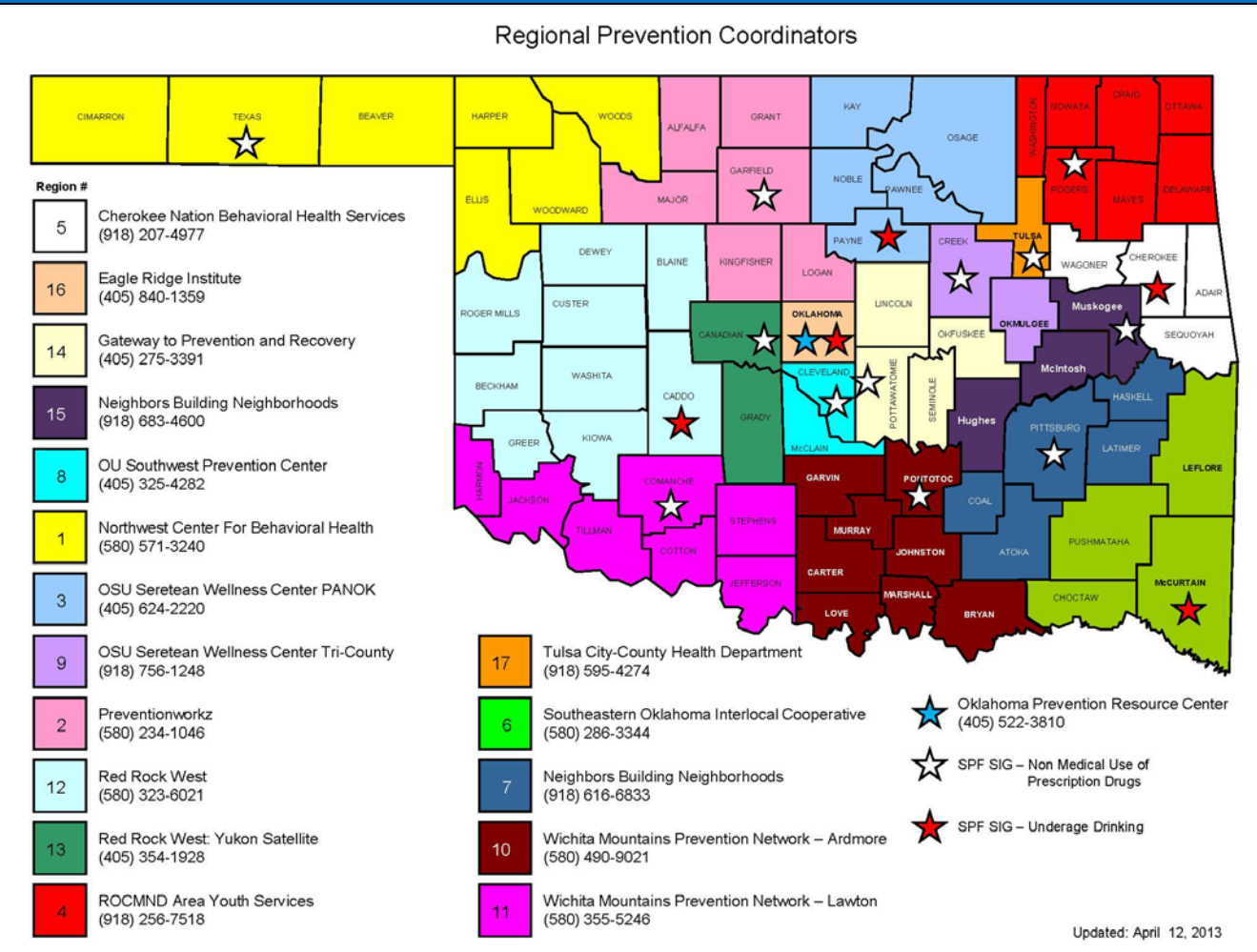
← *Primary Prevention* →

Agency	Description & Target Population
Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)	<p>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, Enforcing Underage Drinking Laws - 2Much2Lose (2M2L), Strategic Prevention Framework State Incentive Grant (SPF-SIG), State Epidemiological Outcomes Workgroup (SEOW), and Justice Assistance Grant (JAG) to name a few.</p>
<b>Funding Source</b>	
<p>Substance Abuse and Mental Health Services Administration (SAMHSA), Administration on Children and Families (ACF), Office of Juvenile Justice and Delinquency Prevention (OJJDP), and Justice Assistance Grant – OK District Attorneys Council</p>	<p>Substance abuse prevention initiatives utilize a public health approach and implementation of evidence-based strategies - with a focus on environmental strategies - that are proven to be effective and sustainable. Providers create and sustain partnerships with community stakeholders and coalitions to develop and implement prevention strategies for Oklahoma communities. Programs are based on an environmental prevention approach and may also offer training and assistance to schools, parents, agencies and community groups.</p> <p><i>Target Population:</i> Oklahomans across the lifespan.</p>
<b>Program Model</b>	
<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"> <li>1. Assess their prevention needs based on epidemiological data,</li> <li>2. Build their prevention capacity,</li> <li>3. Develop a strategic plan,</li> <li>4. Implement effective community prevention programs, policies and practices, and</li> <li>5. Evaluate their efforts for outcomes.</li> </ol>	
<b>Numbers Served</b>	
<p>*Number of persons served by the Substance Abuse Prevention Block Grant in SFY 2012 = 2,807,319.</p>	
<b>Evaluation</b>	
<p>The ODMHSAS contracts for evaluation services with a variety of qualified entities, including the University of Oklahoma's College of Public Health, the University of Kansas, and Bach Harrison LLC.</p>	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. The Regional Prevention Coordinators provided substance abuse prevention services to over 2 million Oklahomans between October 1, 2011 and September 30, 2012.</li> <li>2. The Garrett Lee Smith Youth Suicide Prevention Grant provided 171 trainings to 3,672 participants from October 1, 2011 through September 30, 2012.</li> <li>3. Tobacco sales to minors slightly increased from 2011 to 2012 with a retailer violation rate of 6.8% to 8.4% but remain under Oklahoma's goal of 10%.</li> <li>4. The Oklahoma Partnership Initiative (OPI) provided statewide training on substance exposed newborns to 479 medical, behavioral health and Child Welfare professionals. Topics included the impact of prenatal and environmental substance exposure on child development, helping children impacted by parental substance use, working with foster parents of drug endangered children, and interventions for children in foster care.</li> <li>5. OPI's Strengthening Families and New Directions programs served over 62 participants and 27 families between October 2011 and March 2012.</li> </ol>	

6. The 2M2L task forces conducted 2,901 retail compliance checks for underage access to alcohol with a compliance rate of 87%. Law enforcement officers worked with 201 youth in the completion of the checks.
7. The 2M2L initiative conducted 22 underage drinking prevention trainings with 4,259 participants between July 2011 and December 2012.

**Contact Information**      Jessica Hawkins  
 Director, Prevention Services  
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[jhawkins@odmhsas.org](mailto:jhawkins@odmhsas.org)

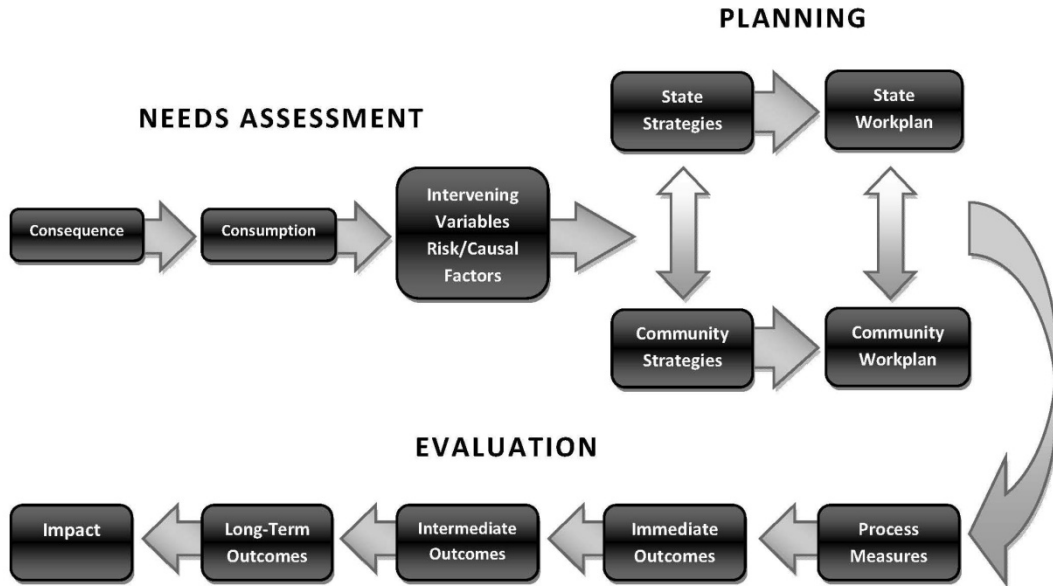
**Substance Abuse Prevention Services (PREVENTION) Site Map**





**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*

# Oklahoma Child Abuse Prevention Network

## CHILD GUIDANCE PROGRAM | OKLAHOMA STATE DEPARTMENT OF HEALTH

### THE INCREDIBLE YEARS - PARENTS, TEACHERS, AND CHILDREN TRAINING SERIES

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

Secondary Prevention

Agency	Description & Target Population
<p><b>Oklahoma State Department of Health</b> Administered at the County and City-County Health Department levels</p>	<p>The Incredible Years Program serves parents and children 4-8 years of age.</p> <ul style="list-style-type: none"> <li>• Parent Group – consists of a 12 week, 2 hour program which teaches parents interactive play &amp; reinforcement techniques, nonviolent discipline techniques, logical &amp; natural consequences, and problem solving strategies.</li> <li>• 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.</li> </ul> <p>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 &amp; emotional competence.</p>
<p><b>Funding Source</b></p> <p>Child Guidance State Appropriations (\$2,414,054) Federal Funds (\$1,029,984) and Local Millage(\$1,601,918) for SFY 2012; CBCAP Funds (\$150,000) in FFY 12</p> <p><i>Funding for the Incredible Years Programs is included in the Child Guidance overall appropriation.</i></p>	
<p><b>Counties Served</b></p> <p><b>The Incredible Years Programs were offered in the following areas:</b></p> <p><b>Parent group:</b> Oklahoma County, Tulsa County</p> <p><b>Classroom group:</b> Tulsa County</p> <p><b>Treatment group:</b> Cleveland County, Tulsa County</p>	
<p><b>Program Models ~ Specialized Programs within Child Guidance</b></p>	
<p><b>The Incredible Years:</b> 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><b>Numbers Served</b></p>	
<p>For SFY 2012, The Incredible Years Program served 105 parents in parenting groups, 20 children in classroom groups, and 20 children in treatment groups.</p>	
<p><b>Outcomes</b></p>	
<p>For SFY 2012, of the parents participating in the Incredible Years Parent Program, 98% reported that after the Incredible Years Parent classes they were more likely to use praise and incentives to modify their child's behavior and that they had clearer expectations with regard to appropriate behavior for their children.</p>	
<p><b>Contact Information</b></p>	<p>Beth Martin, Chief Child Guidance Service Oklahoma State Department of Health 1000 NE 10<sup>th</sup> Street Oklahoma City, OK 73117-1299 (405) 271-4477 <a href="mailto:ChildGuidance@health.ok.gov">ChildGuidance@health.ok.gov</a></p>

# Oklahoma Child Abuse Prevention Network

## THE OFFICE OF CHILD ABUSE PREVENTION

### START RIGHT PROGRAMS | HOME VISITATION SERVICES

<http://ocap.health.ok.gov> *Secondary Prevention*

Agency	Description & Target Population
<b>Oklahoma State Department of Health</b> Office of Child Abuse Prevention (OCAP)	Start Right provides four basic individual and community services: <ul style="list-style-type: none"> <li>• home visitation</li> <li>• center-based services</li> <li>• assessments and referrals</li> <li>• 2 annual Family Support events</li> </ul> The Start Right programs, funded by the OCAP, teach positive parenting skills, and connect families with resources helping reduce the risk of child abuse and neglect by providing home visitation and/or center-based services.  <b><u>Target Population:</u></b> The enrollment criteria for Start Right Home Visitation is broad and includes enrolling mothers after the 29th week of pregnancy; enrolling subsequent births; enrolling families with a newborn through 12 months of age; and allowing families to remain active in the program until the child's sixth birthday.
<b>Funding Source</b>  State Appropriations (\$3,070,267 in SFY 2012); Local Match Funds are 11% match; CBCAP Funds (\$115,000 in FFY 11); and the Child Abuse Prevention License Plate Fund (nominal amount)	
<b>County Served</b>  Adair, Alfalfa, Beckham, Carter, Cherokee, Cleveland, Comanche, Cotton, Creek, Custer, Delaware, Garvin, Grant, Greer, Hughes, Jackson, Jefferson, Kay, Kiowa, Love, Major, McClain, McCurtain, Murray, Nowata, Oklahoma, Okmulgee, Pontotoc, Roger Mills, Seminole, Stevens, Texas, Tillman, Tulsa, Wagoner, Washington, Washita, Woods	
<b>Program Model</b>	
Structure based on the Healthy Families America® model; utilizes the Parents as Teachers® and other nationally recognized, evidence-based curricula for delivering services; includes a center-based option.	
<b>Start Right/OCAP Home Visit Logic Model</b>	
The OCAP logic model defines OCAP home visitation programs, related activities and outcomes (see next page: OCAP Home Visitation Program Logic Model for details). In SFY 2008, the OCAP logic model was introduced. Throughout 2012, the model was presented at multiple events to provide an opportunity for program staff and the Interagency Child Abuse Prevention Task Force (performance review and oversight entity) to become familiar with tracking program outcomes and successfully adopting activities that would help to achieve the defined targets. The OCAP will assess in greater 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.	
<b>Numbers Served</b>	
During SFY 2012, 2,209 adults were contacted and screened for program participation. 1,767 individuals were assessed. A total of 19,056 home visits were attempted and/or completed during SFY 2012 and 383 center-based parent education or support activities were completed including Circle of Parents and Structured Parent Education groups.	





# Office of Child Abuse Prevention Home Visitation Program – Logic Model



ASSUMPTIONS	INPUTS	OUTPUTS-Activities	SHORT-TERM OUTCOMES-Objectives	LONG-TERM OUTCOMES-Goals
<p>1. Program services are guided by literature on primary prevention programs and risk &amp; protective factors of child abuse and neglect that show positive results such as:</p> <ul style="list-style-type: none"> <li>Prevention programs are most effective when they are tailored to the specific needs of the target population.</li> <li>The timing of the intervention matters.</li> <li>Intensity and duration of the intervention matters.</li> <li>Programs using modeling, role-playing are nearly twice as effective as programs using non-directive strategies such as counseling and group discussions.</li> <li>Enhancement of protective factors and minimization of risk factors reduces the occurrence of child abuse and neglect amongst children and families.</li> </ul> <p>2. OCAP Home Visitation program will utilize the Healthy Families America model and Parents as Teachers curriculum to deliver services.</p> <p>i. The program will follow the critical elements of the HFA model i.e. service initiation, service content, and staff characteristics to ensure model fidelity.</p> <p>ii. Program benefits from the research-based PAT curriculum will depend on the core values and assumptions of the PAT model.</p>	<p>OCAP contracting agencies.</p> <p>HFA &amp; PAT trained agency staff including program supervisors, FAWs, FSWs, data entry support.</p> <p>Transportation for conducting home visits.</p> <p>Social services / resources.</p> <p>Partnerships to provide referrals.</p> <p>Stable OCAP funding.</p> <p>OCAP central office staff.</p> <p>Program Evaluation.</p> <p>Program monitoring and contract compliance to ensure program fidelity.</p>	<ul style="list-style-type: none"> <li>Link to health care.</li> <li>Link to prenatal care.</li> <li>Educate on consequences of smoking, alcohol and drugs.</li> <li>Educate on personal care.</li> <li>Identify depression and make referrals.</li> <li>Promote healthy nutrition and exercise.</li> </ul> <ul style="list-style-type: none"> <li>Link to health care.</li> <li>Conduct developmental screenings and make referrals.</li> <li>Promote prenatal care.</li> <li>Promote breast-feeding.</li> <li>Educate about nurturing home environments.</li> <li>Educate about proper nutrition.</li> <li>Promote play and exercise.</li> <li>Educate about the effects of smoking around the child.</li> <li>Promote positive parenting practices.</li> <li>Link parents to licensed and star-rated day care facilities.</li> </ul> <ul style="list-style-type: none"> <li>Enroll in education, employment and housing services.</li> <li>Set FSP goals.</li> <li>Build skills for problem solving.</li> <li>Build skills in finding and linking to appropriate community resources.</li> <li>Educate on family planning, contraceptive use.</li> <li>Link to community services, as needed.</li> </ul> <ul style="list-style-type: none"> <li>Utilize Parents as Teachers curriculum.</li> <li>Set FSP goals.</li> <li>Provide positive role model for parent-child interaction.</li> <li>Promote and increase father involvement.</li> </ul> <ul style="list-style-type: none"> <li>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.</li> <li>Educate on domestic violence.</li> <li>Assess risk of child maltreatment.</li> </ul>	<ul style="list-style-type: none"> <li>Connect 90% of PCGs without health insurance, but eligible, to a health insurance plan within 6 months of enrollment.</li> <li>Seek to have 80% of insured mothers, who enrolled during 1<sup>st</sup> trimester, complete at least 10 prenatal visits by birth.</li> <li>Reduce the use of smoking, alcohol and drugs.</li> <li>PCG's score above 14 on the 'personal care' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score.</li> <li>PCG's score above 23 on the 'depression' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score.</li> <li>Screen and refer all postpartum mothers that score 23 or less on the 'depression' section of the Healthy Families Parenting Inventory, with the Edinburgh Postnatal Depression Scale.</li> <li>Increase in consumption of fruits and vegetables servings per day.</li> <li>Increase exercise/physical activity among PCGs.</li> </ul> <ul style="list-style-type: none"> <li>Connect 90% of identified children without health insurance but eligible to a health insurance plan within 6 months of enrollment.</li> <li>Seek to have 90% of identified children up to date with immunizations by 2<sup>nd</sup> year and 95% of identified children by 6<sup>th</sup> year.</li> <li>Screen 90% of identified children for appropriate development with the ASQ / ASQ: SE and refer for services, if needed.</li> <li>Conduct lead assessments for at least 90% of identified children with the LERAO according to the recommended schedule and refer for services, if needed.</li> <li>Seek to have at least 85% of those mothers enrolled prenatally, deliver a child with normal birth weight (5 lbs 8 oz or more).</li> <li>Seek to have at least 75% of mothers enrolled prenatally to initiate breast-feeding.</li> <li>PCG's score above 29 on the 'home environment' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score.</li> <li>Increase in intake of healthy nutrition.</li> <li>Increase exercise and physical activity.</li> <li>Reduction in smoking around children.</li> <li>Seek to have at least 95% of children needing child care in a licensed day care facility.</li> <li>Seek to have at least 50% of the children needing child care in a day care facility with a DHS rating of 2 star and above.</li> </ul> <ul style="list-style-type: none"> <li>Refer all families for public assistance programs, if needed.</li> <li>Increase in family stability as measured by education, income level, employment status or housing stability.</li> <li>Increase in number of PCGs who have stayed in a safe residence for at least 6 months.</li> <li>PCG's score above 17 on the 'problem-solving' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score.</li> <li>PCG's score above 14 on the 'social support' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score.</li> <li>PCG's score above 17 on the 'mobilizing resources' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score.</li> <li>Seek to have no more than 30% of mothers have a subsequent pregnancy within 2 years of the birth of the identified child.</li> <li>Seek to strengthen parental relationships regardless of marital status by making appropriate referrals.</li> </ul> <ul style="list-style-type: none"> <li>PCG's score for parenting efficacy section of the Healthy Families Parenting Inventory will show no area of concern (score above 17) or show an improvement in score.</li> <li>PCG's score for 'role satisfaction' section of the Healthy Families Parenting Inventory will show no area of concern (score above 17) or show an improvement in score.</li> <li>PCG's score for parent/child behavior section of the Healthy Families Parenting Inventory will show no area of concern (score above 29) or show an improvement in score.</li> <li>Increase in father involvement as measured by financial contribution, engagement in home visits and playing/taking care of child.</li> </ul> <ul style="list-style-type: none"> <li>Improvement in scores of parent's self-reported safety practices as measured by the Home Safety Checklist.</li> <li>Decrease in use of ER or hospitalizations due to injuries, ingestion or poisonings.</li> <li>Identify and refer families for domestic violence.</li> <li>Seek to have no more than 5% of the families enrolled, confirmed as a child abuse and neglect case by the child protective service, while participating in program.</li> <li>Decrease the percentage of identified children removed from their homes.</li> </ul>	<p><b>Primary Caregiver Health</b></p> <p>To systematically assess primary caregiver prenatally or at birth for strengths and needs and provide appropriate information and referrals</p> <p><b>Child Health &amp; Development</b></p> <p>To enhance healthy child growth and development</p> <p><b>Family Stability</b></p> <p>To enhance family functioning by establishing a trusting, nurturing relationship, improving the family's support system, and teaching problem-solving skills</p> <p><b>Positive Parenting &amp; Parent-Child Interaction</b></p> <p>To promote positive parent-child relationships</p> <p><b>Family Safety</b></p> <p>To promote safe practices and reduce the risk of deaths</p>

### OCAP GOALS COLOR GUIDE

- Yellow: PCG health
- Purple: Child health & Development
- Pink: Positive Parenting & Parent-Child Interaction
- Gold: Family Safety

Rev: Dec/08

# Oklahoma Child Abuse Prevention Network

## THE OFFICE OF CHILD ABUSE PREVENTION

### START RIGHT PROGRAMS | CENTER-BASED SERVICES – STRUCTURED PARENT GROUPS

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

*Secondary Prevention*

Agency	Description & Target Population
<p><b>Oklahoma State Department of Health</b> Administered via local Start Right Contractors</p>	<p>The Start Right Programs provide four core services:</p> <ul style="list-style-type: none"> <li>• home visitation</li> <li>• center-based services</li> <li>• assessments and referrals</li> <li>• 2 annual Family Support Events</li> </ul> <p>The Start Right Program objective is to teach positive parenting skills and connect families with resources helping reduce the risk of child abuse and neglect by providing intense home visitation and center-based services.</p> <p><b>Target Population:</b> The enrollment criteria for Start Right Home Visitation is broad and includes enrolling mothers after the 29th week of pregnancy; enrolling subsequent births; enrolling families with a newborn through 12 months of age; and allowing families to remain active in the program until the child's sixth birthday.</p>
<p><b>Funding Source</b></p> <p>State Appropriations (\$3,070,267 in SFY 2012); CBCAP Funds (\$115,000 in FFY 11); and the Child Abuse Prevention License Plate Fund (nominal amount)</p> <p><i>Center-based services are a subset of contract requirements of all sub-recipient contractors.</i></p>	
<p><b>County Served</b></p>	
<p>Alfalfa, Beckham, Garvin, Grady, Grant, Greer, Harper, Hughes, Jackson, Kay, Kiowa, Major, McClain, McCurtain, Oklahoma, Okfuskee, Okmulgee, Osage, Pontotoc, Pottawatomie, Seminole, Tillman, Tulsa, Washita, Woods</p>	
<p><b>Program Model</b></p>	
<p>The Structured Parent Education Group is one of two options required by contract for providing information to parents who may or may not be involved in home visitation services. Structured parent education groups are intended to supplement home visitation information or simply enhance a parent's ability to effectively deal with the issues of raising children and stabilizing the family. Participants are not necessarily identified as at-risk, but volunteer to be included in a series of classes on a number of topics. Classes utilize a formal curriculum that is conducted in 4 to 12 week sessions on a weekly, bi-weekly, or monthly basis. Each session runs for 1 to 2 ½ hours in length. The final 15 minutes of each class includes a structured, interactive session with the parents' children. Topic include a variety of relevant family-stabilizing issues including but not limited to: budgeting, discipline, preparing for returning to school or the work force, child development, domestic violence, nutrition, breastfeeding, child abuse identifying and reporting.</p>	
<p><b>Numbers Served</b></p>	
<p>During SFY 2012, 309 Structured Parent Education Groups were conducted with 3,272 adults and 2,750 children.</p>	
<p><b>Evaluation</b></p>	
<p>Evaluation currently consists of process information including demographics, meeting content and participation.</p>	
<p><b>Outcomes</b></p>	
<p>State Fiscal Year 2012 was the last year that Start Right will offer Structured Parent Education in a group format. Child Guidance has partnered with the OCAP and will offer Circle of Parents Support Groups. There is no quantifiable data to report in terms of other than process outcomes.</p>	
<p><b>Contact Information</b></p>	<p>Susan Gibson, M.S. Family Support &amp; Prevention Service, Office of Child Abuse Prevention 1000 NE 10th Street Oklahoma City, Oklahoma 73117 (405) 271.7611 <a href="mailto:susaneg@health.ok.gov">susaneg@health.ok.gov</a></p>

# Oklahoma Child Abuse Prevention Network

## THE OFFICE OF CHILD ABUSE PREVENTION

### START RIGHT PROGRAMS | CIRCLE OF PARENTS

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

*Secondary Prevention*

Agency	Description & Target Population
<p><b>Oklahoma State Department of Health</b> Administered through local Start Right Contractors</p>	<p>The Start Right Programs (Office of Child Abuse Prevention) provides four core services:</p> <ul style="list-style-type: none"> <li>• home visitation</li> <li>• center-based services</li> <li>• assessments and referrals</li> <li>• 2 annual Family Support Events</li> </ul> <p>The Start Right Program objective is to teach positive parenting skills and connect families with resources helping reduce the risk of child abuse and neglect by providing intense home visitation and center-based services.</p> <p><b>Target Population:</b> The enrollment criteria for Start Right Home Visitation is broad and includes enrolling mothers after the 29th week of pregnancy; enrolling subsequent births; enrolling families with a newborn through 12 months of age; and allowing families to remain active in the program until the child's sixth birthday.</p>
<p><b>Funding Source</b></p> <p>State Appropriations (\$3,070,267 in SFY 2012); CBCAP Funds (\$115,000 in FFY 11); and the Child Abuse Prevention License Plate Fund (nominal amount)</p> <p><i>Center-based services are a subset of contract requirements of all sub-recipient contractors.</i></p>	
<p><b>County Served</b></p> <p>Adair, Cherokee, Cleveland, Delaware, Kay, McCurtain, Nowata, Wagoner, Washington</p>	
<p><b>Program Model</b></p> <p>Circle of Parents® is a national network of parent support groups. The groups are parent led with a professional co-facilitator. Groups may operate weekly, bi-weekly or monthly. The meeting format may last from 1-2 hours and will focus on topics that may include information provided to parents involved in home visitation or center-based services. Circle of Parents® groups are generally located on site at the professional agency with whom it is affiliated, but may also be at a civic center, library, church, or public meeting facility. The model is structured to focus on a variety of topics or may have a special emphasis such as grandparents raising children, families with special needs children, parents of abused or adopted children, single parents, etc.</p>	
<p><b>Numbers Served</b></p>	<p>During SFY 2012, 74 Circle of Parents Support Groups were held with 1,365 participants which include adults and children.</p>
<p><b>Evaluation</b></p>	<p>Evaluation currently consists of process information including demographics, meeting content, and participation. Circle of Parents® is currently developing national, standardized outcomes that should produce better trend in behavior information in the coming years. Note that OCAP helps establish Circle of Parents® groups in cooperation with established service agencies local to the area. Child Guidance has partnered with the OCAP and will offer Circle of Parents Support Groups in the future.</p>
<p><b>Contact Information</b></p>	<p>Susan Gibson, M.S. Family Support &amp; Prevention Service, Office of Child Abuse Prevention 1000 NE 10th Street Oklahoma City, Oklahoma 73117 (405) 271.7611 <a href="mailto:susaneg@health.ok.gov">susaneg@health.ok.gov</a></p>



# Oklahoma Child Abuse Prevention Network

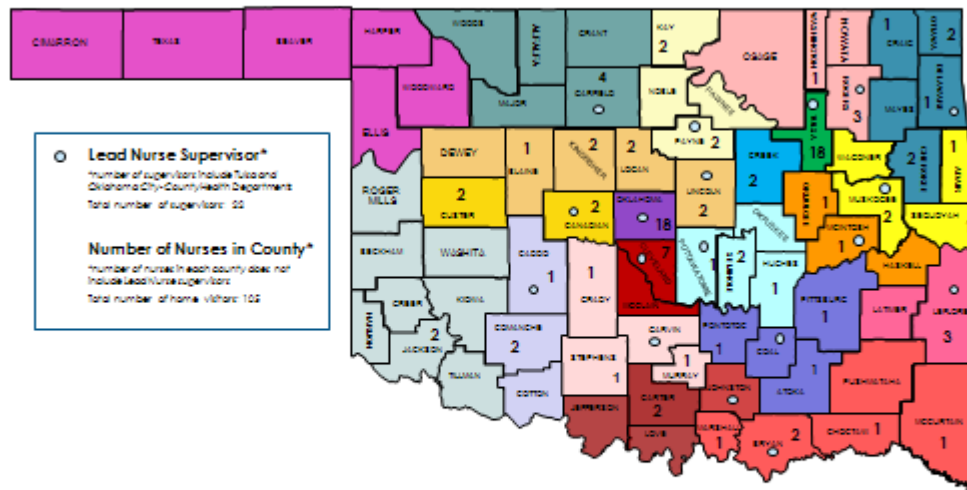
## CHILDREN FIRST

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

### Secondary Prevention

Agency	Description & Target Population
<b>Oklahoma State Department of Health</b> (administered through local county health departments)	Children First Program, Oklahoma's Nurse-Family Partnership, is a statewide 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.
<b>Funding Source</b>	
State Appropriations and County Millage (\$8,284,342 in SFY 2012) Federal Medicaid Reimbursement (\$1,688,272 in SFY 12); and CBCAP Funds (\$436,925 in SFY 12)	
<b>Counties Served</b>	
Services were available in 68 Oklahoma counties in SFY 2012; Counties not receiving C1 services include: Beaver, Cimarron, Dewey, Ellis, Nowata, Pawnee, Roger Mills, and Washita.	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 continue until the child is two years of age.
<b>Program Model</b>	
Nurse-Family Partnership	
<b>Numbers Served</b>	
During SFY 2012, the Children First Program served 3,547 Oklahoma families.	
<b>Evaluation</b>	
Children First (C1) program evaluation is multi-faceted, and consists of activities on the county and state level, as well as monitoring by the Nurse-Family Partnership National Service Office ( <a href="http://www.nursefamilypartnership.org">www.nursefamilypartnership.org</a> ) and an annual university-based performance evaluation. On the county level, data are collected on forms and entered into the Public Health Oklahoma Client Information System (PHOCIS). Day-to-day monitoring and feedback is provided to counties from central office staff. Nurse caseload data are disseminated in report format or may be accessed through the PHOCIS system. Annually, the Nurse-Family Partnership National Service Office provides an Evaluation Study which examines 1) characteristics of participants at the time of entry into C1, 2) the extent to which C1 is implemented with fidelity to the Nurse-Family Partnership (NFP) model, 3) information on program outcomes, and 4) comparisons of the C1 program to selected other dissemination sites and to the Denver clinical trial. In addition, C1 Nurse Program Consultants conduct biannual site audits to ensure quality program delivery.	
<b>Outcomes</b>	
Children First program participants typically experienced better health outcomes than the general Oklahoma population, including: <ul style="list-style-type: none"> <li>• Fewer preterm births, or infants delivered before 37 weeks gestation (C1: 10.9%, OK: 13.2%, Nationally: 11.7%)</li> <li>• Fewer newborns admitted to the Neonatal Intensive Care Unit (C1: 7.7%, Nationally: 14.4%)</li> <li>• Higher rates of breastfeeding initiation (C1: 86.1%, OK: 71.6%)</li> <li>• Higher immunization rates among children 0-24 months of age (C1: 94.0%, OK: 77.3%)</li> </ul> A recent study of C1 participants between 2002 and 2006 found that while C1 babies are at higher risk for abuse and neglect, and are reported more often, fewer maltreatment confirmation are found among C1 families.	
<b>Contact Information</b>	Mildred Ramsey, Director 1000 NE 10th Street Oklahoma City, OK 73117 (405) 271-7611 <a href="mailto:MildredR@health.ok.gov">MildredR@health.ok.gov</a>

### Current Children First Program Staffing



The county district areas are as follows:

- Blaine, Dewey, Kingfisher, Lincoln, Logan (7)
- Canadian, Custer (4)
- Garvin, Grady, Murray, Stephens (3)
- Bryan, Chotaw, McCurtain, Pushmataha (4)
- Carter, Jefferson, Johnstein, Love, Marshall (3)
- Haskell, McIntosh, Okmulgee (2)
- Caddo, Comanche, Cotton (3)
- Beckham, Greer, Harmon, Kiowa, Jackson, Roger Mills, Tillman, Washita (2)
- Alfalfa, Garfield, Grant, Major, Woods (4)
- Hughes, Okfuskee, Pottawatomie, Seminole (4)
- Beaver, Cimarron, Ellis, Harper, Texas, Woodward (5)
- Cherokee, Craig, Delaware, Mayes, Ottawa (5)
- Oklahoma (15)
- Tulsa (20)

April 30, 2013

### 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 & Tahihina  
 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.



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](http://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.

# Oklahoma Child Abuse Prevention Network

## OKLAHOMA RESPITE RESOURCE NETWORK (ORRN)

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

*Secondary Prevention*

Agency	Description & Target Population
<b>Oklahoma State Department of Human Services &amp; Oklahoma State Department of Health</b>	Respite, a temporary relief for families and caregivers, is recognized as a method to reduce the stress in families and to reduce child abuse and neglect. The respite care program at the health department is coordinated within the Office of Child Abuse Prevention using funds from the Federal Community-Based Child Abuse Prevention Grant.
<b>Funding Source</b>	<p><b>Target Population:</b> For OSDH purposes, Children First and OCAP/Start Right are the families targeted to receive these services.</p>
Community-Based Child Abuse Prevention (CBCAP) funds (\$10,000 in FFY 2012)	
<b>Numbers Served</b>	
For FY2012, the Oklahoma State Department of Health had 133 families that received respite vouchers.	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>Some families use Respite vouchers for more than one purpose. In SFY 2012, according to Respite Survey responses, 29% of the OCAP Start Right and Children First caregivers used Respite vouchers for health care appointments, 21 % used the vouchers for seeking, or sustaining employment and 24% used them for furthering their education. One client reported that she was able to complete the requirements for her bachelor's degree with the benefit of Respite service. Respite vouchers were also used by caregivers in SFY 2012 for personal care related to chronic stress and moving.</li> <li>In SFY 2012, the use of Respite vouchers gave OCAP Start Right and Children First caregivers the direct responsibility of hiring and paying childcare services, thereby learning skills that increase their self-confidence and give them a sense of empowerment.</li> </ol>	
<b>Contact Information</b>	<p>Chris Fiesel                      Family Support &amp; Prevention Service, Office of Child Abuse Prevention - (405) 271.7611                      1000 NE 10th Street                      Oklahoma City, Oklahoma 73117  <a href="mailto:chrisf@health.ok.gov">chrisf@health.ok.gov</a></p>

# Oklahoma Child Abuse Prevention Network

## FAMILY EXPECTATIONS

[www.familiesok.org](http://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 helping expectant couples strengthen their relationships and/or marriages during and immediately following the birth of a child. Family Expectations is uniquely designed to help young parents be well equipped to handle the stressors that will likely accompany their growing family.</p> <p><u>Target Population:</u></p> <ul style="list-style-type: none"> <li>• Income level at less than 200% of the federal poverty guidelines</li> <li>• Couples in a committed relationship, married or unmarried</li> <li>• Couples expecting a baby or recently had a baby, enrollment anytime during pregnancy up to 3 months post-birth</li> <li>• Both individuals are over 18 years of age</li> </ul> <p><u>Service Period:</u> From date of first receiving services until baby turns one year of age.</p>
<b>Funding Source</b>	
<ul style="list-style-type: none"> <li>• Oklahoma Department of Human Services (OKDHS)</li> <li>• Office of Family Assistance (OFA)</li> </ul>	
<b>County Served</b>	
Oklahoma County	
<b>Services</b>	
<p>There are two primary components of the FE program: workshops and individualized family support services. 1) The workshop component is comprised of an initial 33 hour workshop that couples participate in together. The workshop addresses healthy communication, anger and stress management, baby care, and the importance of couple time. Other workshops, or extended activities, are offered to the couple on topics that support and provide the couple with additional information on healthy relationship skills, child development, good communication, and family issues. 2) Each couple has a Family Support Coordinator that works with them to identify strengths and needs, provide information and referrals, and help the couple integrate the workshop tools and concepts into their daily life.</p>	
<b>Program Model</b>	
Family Expectations Change Model	
<b>Numbers Served</b>	
8200 adults served since mid-2005.	
<b>Evaluation</b>	
<p>The dissolution of the couple's relationship is twice as likely to occur after the birth of a child. This is a time which the stress related to raising an infant can break down a couple's relationship, especially for couples that are not married. The Family Expectation's program goal is to strengthen these fragile families and bring stability to their child's life. This preventative intervention is meant to be provided at this pivotal transitional point in the couple's relationship, thus creating a "teachable moment."</p>	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. 98% Improved communication skills between partners.</li> <li>2. 96% Improved conflict resolution skills between partners.</li> <li>3. 98% Improved parenting knowledge.</li> <li>4. 96% Created a better understanding of how to avoid destructive conflict behaviors.</li> <li>5. 96% Improved attitudes toward marriage among participants.</li> <li>6. 95% Increased knowledge of tools necessary to improve family finances among participants.</li> </ol>	
<b>Contact Information</b>	<p>David Kimmel, Ph.D., Program Director, <a href="mailto:david.kimmel@familiesok.org">david.kimmel@familiesok.org</a>            3 East Main Street            Oklahoma City, OK 73104            (405) 639-2054</p>



# Family Expectations Change Model

Married and Unmarried Couples  
(Pregnant or Baby is No Older Than 3 Months Old)

BPP Workshops

Family Support  
(Case Management)

Extended Activities  
Workshops

- Couples Learn Relationship Skills
- Couples Learn Parenting Skills
- Couples Increase Social Network
- 

- Couple's Program Participation Increases
- Couples Reinforce Curriculum Skills
- Support Services Provided

- Curriculum Skills are Increased
- New and Different Skills are Taught
- Maintain Social Network
- Program Dosage Increases

Quality of Relationship is Improved

Parent or Co-parent and Parent-Child Relationships are Strengthened

Spouses Mental and Physical Health are Improved

Families Self-Sufficiency/Resiliency Improves

- Increase Relationship Stability
- Child's Well-Being Improves



Family Expectations

# Oklahoma Child Abuse Prevention Network

## Healthy Start Initiative

www.chciokc.org (Oklahoma City) and www.csctulsa.org/family%20health.htm#Tulsa\_Healthy\_Start\_Initiative (Tulsa)

### Secondary Prevention

Agency	Description & Target Population	
Private and Public Organizations	<p>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.</p> <p><b><u>Target Population:</u></b> Medically/socially high-risk pregnant women.</p>	
<b>Funding Source</b>		
Federal (\$700,000 for Oklahoma City and \$1,075,000 for Tulsa) for SFY 12		
<b>Counties Served</b>		
Oklahoma and Tulsa Counties		
<b>Program Model</b>		
Healthy Start Initiative using the Life Continuum Model		
<b>Numbers Served</b>		
<p>In SFY 2012:                      Healthy Start (Oklahoma City) served 197 program participants and 3,243 community participants.                      Healthy Start (Tulsa) served 412 clients and had 10,007 outreach contacts.</p>		
<b>Oklahoma City General Outcomes</b>		
<ol style="list-style-type: none"> <li>1. Reduction in infant mortality in the target areas of service (53) births, no deaths.</li> <li>2. Reduction of low birth weight and premature infants. VLBW 8% and 14% LBW.</li> <li>3. Increase in entry into prenatal care (was 59%).</li> <li>4. Increase in Community Health Education Offerings to 334.</li> <li>5. Increase in Community-Based Partnerships to Address Inter-Conception Care Initiative to 50%.</li> </ol>		
<b>Tulsa Outcomes</b>		
<ol style="list-style-type: none"> <li>1. Reduction in infant mortality in the target areas of service. In 2012, the IMR for Tulsa Healthy Start was 1 in 131 births.</li> <li>2. Reduction in low birth weight infants. In 2012, the LBW was 7.63% and VLBW was 1.53%.</li> <li>3. Increase entry into prenatal care. In 2012, the number of high risk women getting into prenatal care in the first trimester improved to 79.50</li> </ol>		
<b>Contact Information</b>	<p><b><u>OKLAHOMA CITY</u></b>                      Patricia Edmond, Program Coordinator                      Community Health Centers, Inc.                      Central Oklahoma Healthy Start Initiative                      (405) 427-3200  <a href="mailto:patricia.edmond@chciokc.org">patricia.edmond@chciokc.org</a></p>	<p><b><u>TULSA</u></b>                      Corrina Jackson                      Tulsa City-County Health Department                      Tulsa Healthy Start                      (918) 595-4220  <a href="mailto:cjackson@tulsa-health.org">cjackson@tulsa-health.org</a></p>

# Oklahoma Child Abuse Prevention Network

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

[www.ok.gov/health/Child\\_and\\_Family\\_Health/Family\\_Support\\_and\\_Prevention\\_Service/MIECHV\\_Program - Federal Home Visiting Grant/index.html](http://www.ok.gov/health/Child_and_Family_Health/Family_Support_and_Prevention_Service/MIECHV_Program_-_Federal_Home_Visiting_Grant/index.html)

### 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. All phases for Year 1 of the Formula Grant were completed and the grant was awarded. Years 2 and 3 of the Formula Grant was also submitted and awarded.</p>
<p><b>Funding Source</b></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>Grants were funded in the amounts listed:  <b>Grants were funded in the amounts listed:</b>            Formula Year 1 ----- \$ 1,978,763.00            Formula Year 2 ----- \$ 2,340,796.00            Formula Year 3 ----- \$ 2,340,796.00            Expansion Year 1 ----- \$ 9,430,000.00            Expansion Year 2 ----- \$ 9,430,000.00</p>	<p>Additionally, Oklahoma applied for a MIECHV Expansion Grant. The maximum funding amount of this competitive grant was awarded to only three states, one of which was Oklahoma. Based on the results of the needs assessment, communities that have been identified to receive services using Formula Grant funds are Kay and Garfield Counties. Expansion Grant funds will be used in Comanche, Muskogee, Oklahoma and Tulsa Counties.</p>
<p><b>County Served</b></p> <p>The Oklahoma statewide needs assessment identified the top ten communities on which to focus efforts for the MIECHV Program. Those counties are Kay, Garfield, Oklahoma, Muskogee, Coal, McCurtain, Carter, Adair, Comanche, Greer.</p> <p>It was decided to focus on counties that have a total population greater than 10,000 since resources are scarce. Therefore, Coal and Greer, which have populations less than 7,000, were removed from the rankings. As a result, McClain and Tulsa moved into the top ten.</p> <p>All efforts using Formula Grant funds will be dedicated to Kay and Garfield Counties. Expansion Grant funds will be used to serve families in Comanche, Muskogee, Oklahoma and Tulsa Counties.</p>	<p><b>Services.</b> 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><b>Target Population:</b> 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><b>Program Model</b></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 expand the Nurse-Family Partnership, Health Families America and Parents as Teachers programs in all counties identified for service.</p>	
<p><b>Numbers Served</b></p>	
<p>During FY2013, 178 families were served. It is anticipated additional families will be served when new contracts for Healthy Families America and Parents as Teachers are awarded.</p>	

## Evaluation

The MIECHV Program requires that data be collected and improvements be made for all the mandated 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.

## Outcomes

### **Targeted participant outcomes include:**

- 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.

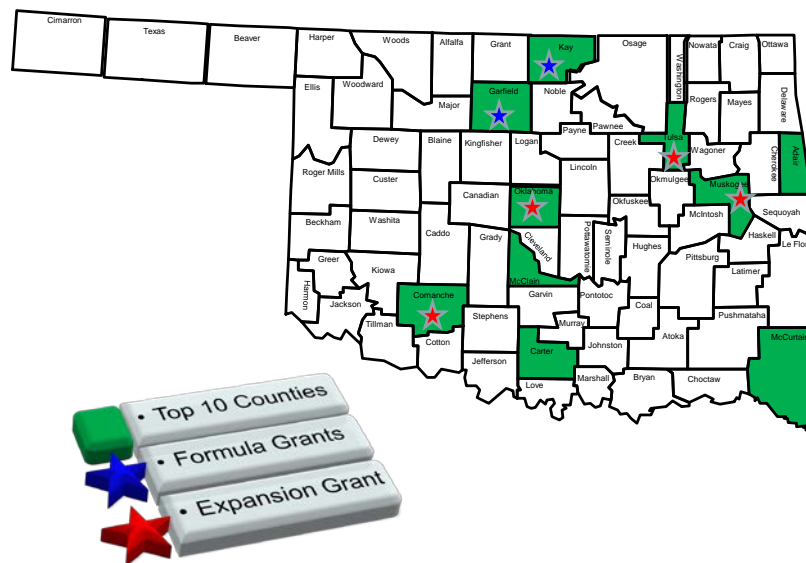
## Contact Information

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(C) (405) 850-8094 [annettej@health.ok.gov](mailto:annettej@health.ok.gov)

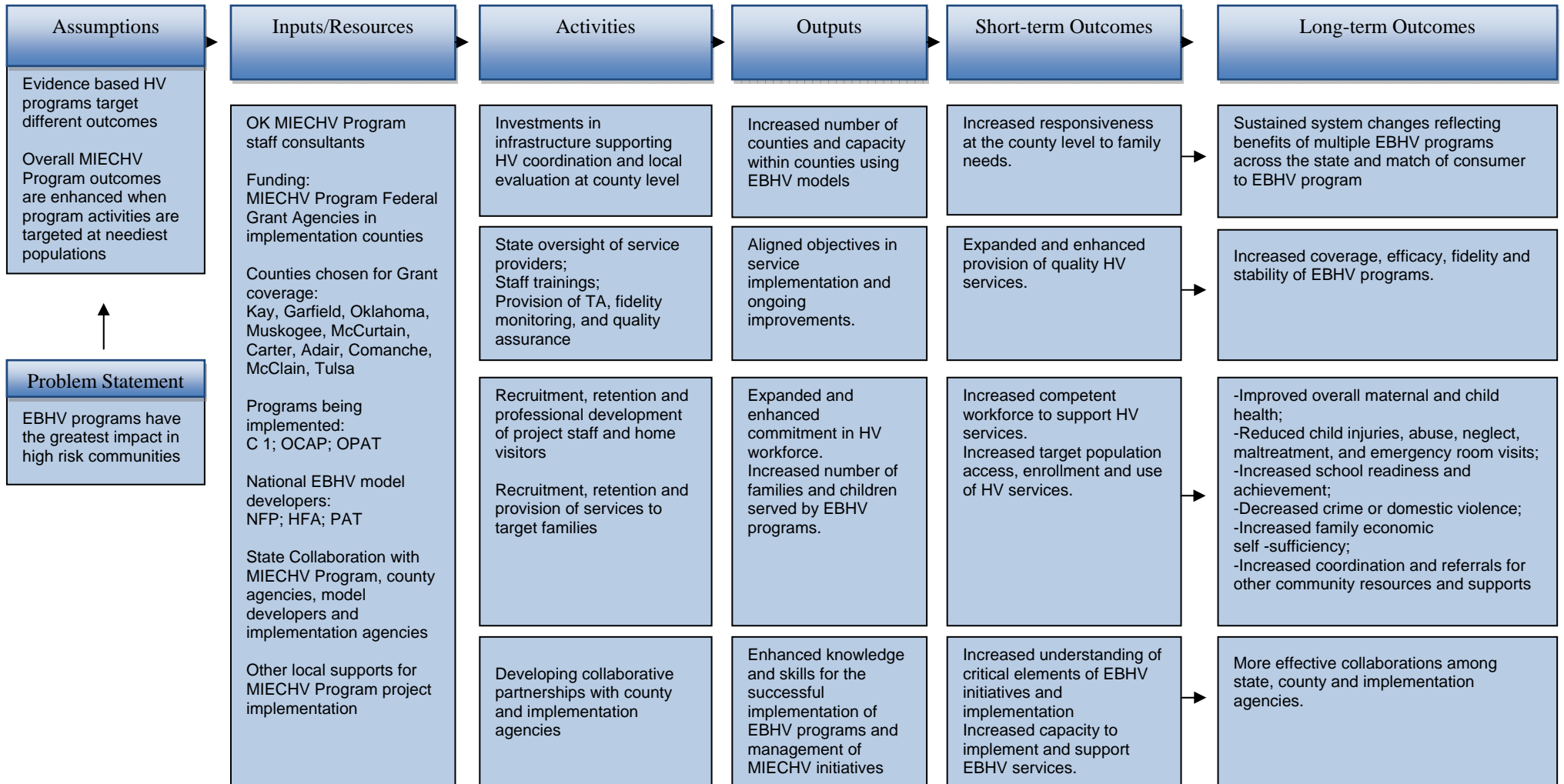
Kathie Burnett, M.S., Grant Coordinator  
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## Site Map

### Maternal, Infant and Early Childhood Home Visiting Programs



## Oklahoma ACA MIECHV Program Logic Model





# Oklahoma Child Abuse Prevention Network

## Evidence Based Child Maltreatment Prevention for High Risk Families: Expanding to Latino Communities and Enhancing Family Violence Prevention and Sustaining Prevention Programs

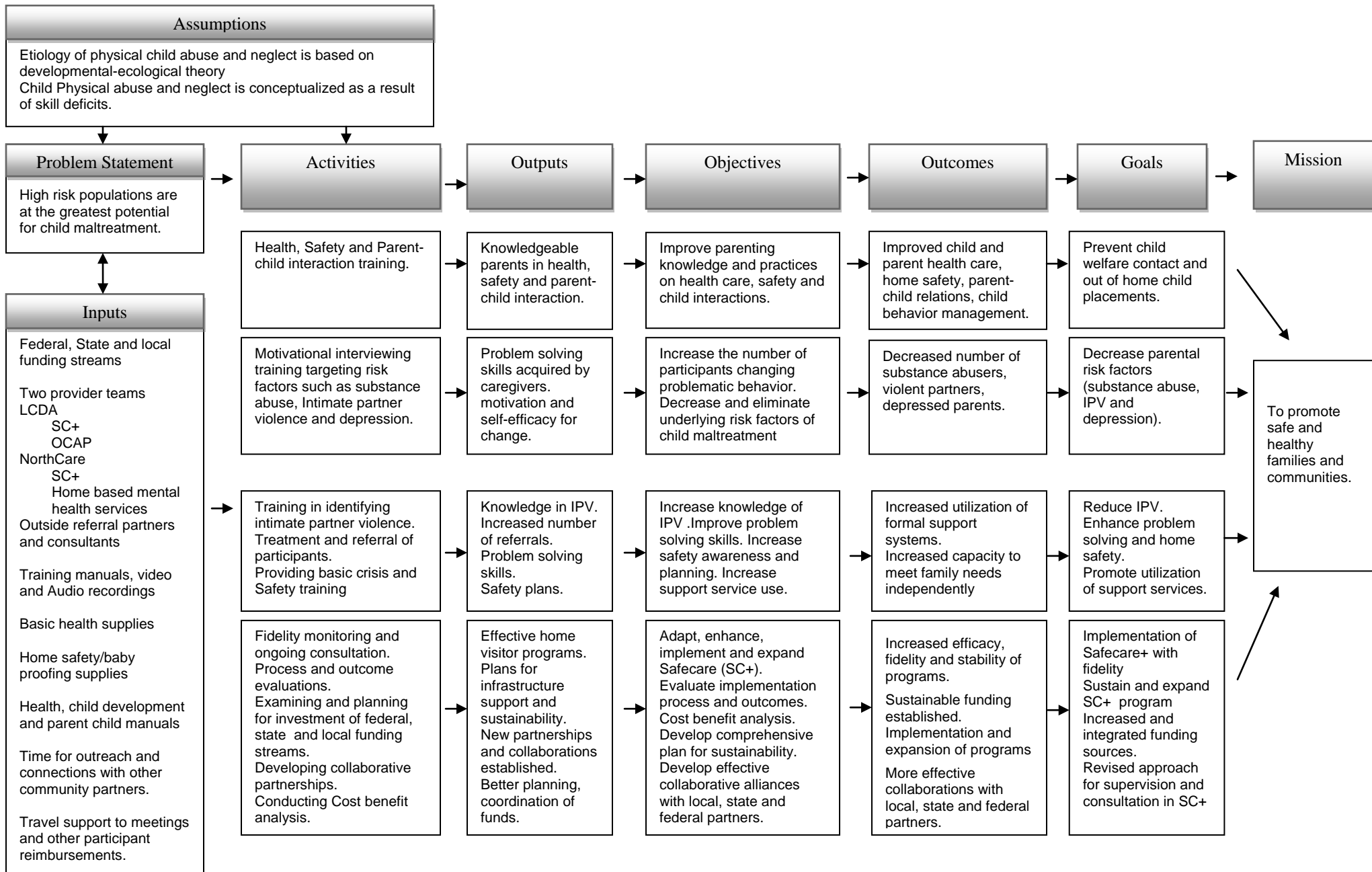
www.oumedicine.com/highriskprevention  
www.supportingebhv.org/grantees

Secondary Prevention

Agency	Description & Target Population
Center on Child Abuse and Neglect Department of Pediatrics Oklahoma University Health Sciences Center	<p><b>SAFECARE+</b> an enhanced in-home eco-behavioral version of SAFECARE which includes problem solving, motivational interviewing, conflict resolution skills, healthy relationships curriculum, and safety planning to address risk factors emphasizing the importance of the socio-cultural context</p> <p><b>Services:</b> One on one service within a family's natural environment. Safe Care is designed to prevent child maltreatment in high risk families 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 adapted for our Latino communities.</p> <p><b>Target Population:</b> Families with children 0-18 years of age, with at least one child under the age of six years and who do not have a history or more than two prior child abuse or neglect referrals or have 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>
<b>Funding Source</b>	
<ul style="list-style-type: none"> <li>▪ Children's Bureau, Administration on Children, Youth and Families, Office of Child Abuse and Neglect under cooperative Agreement 90CA1764</li> <li>▪ US Department of Health and Human Services through Maternal and Child Health of the US Human Resources and Services Administration</li> </ul>	
<b>County Served</b>	
<p><b>Oklahoma County</b>            *specific to Latino Communities  <b>*Implementation Site:</b>            Latino Community Development Agency</p>	
<b>Program Model</b>	
Safe Care+ (adapted and augmented SafeCare for Latino Communities)	
<b>Numbers Served</b>	
We anticipate serving 360 families from 2010 through to 2013.	
<b>Planned Evaluation</b>	
<p>Process Evaluation: 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>Child and Family Outcomes Evaluation: Using a hybrid design (regression discontinuity with a randomized clinical trial component), referred families are screened for risk and assigned to one of the two prevention service models, each designed for different risk populations: (1) high-risk families receive El Programa de Familias Seguras, (SafeCare+-SC) adapted for the Latino community, (2) low-risk families receive Nuestras Familias (Oklahoma Child Abuse Prevention Programs-OCAP), and moderate risk are randomized to either SC or OCAP.</p>	
<b>Preliminary Outcomes</b>	
<p><i>Process Evaluation Outcomes (SafeCare Specific):</i> To date, 97% (83) of eligible referred families have been successfully engaged in services, program graduates completed 31-90 home visit sessions and reported improvements in parenting skills and knowledge including satisfaction with services received.</p> <p><i>Child and Family Outcomes (SafeCare Specific):</i> Among families discharged from the program (n=48), improvements were observed in 5 investigated domains: home sanitation-85 % ( 41), home safety -83% (40), parenting-89% (43), interpersonal relationships-60% (29) and adequacy of child healthcare-67% (32).</p>	
<b>Contact Information</b>	Jane F. Silovsky, Project Director University of Oklahoma Health Sciences Center 940 NE 13th Street, OUCPB 3B3406, Oklahoma City, OK 73104 TEL: (405) 271-8858      FAX: (405) 271-2931 <a href="mailto:jane-silovsky@ouhsc.edu">jane-silovsky@ouhsc.edu</a>



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



# Oklahoma Child Abuse Prevention Network

## CHILD MALTREATMENT PREVENTION | HIGH RISK URBAN PILOT PROJECT (SafeCare+)

[www.oumedicine.com/highriskprevention](http://www.oumedicine.com/highriskprevention)

| OKLAHOMA COUNTY

Secondary Prevention

Agency	Description & Target Population
Oklahoma State Department of Human Services	<b>SAFECARE</b> – An ecobehavioral home visitation program model developed by John Lutzker, PhD, that addresses parent-child bonding, home safety and cleanliness and child health.
<b>Funding Source</b>	<b>SAFECARE+</b> an enhanced version of SAFECARE which includes problem solving, motivational interviewing, conflict resolution, healthy relationships curriculum, behavior activation to address depression and safety planning to address risk factors.
<ul style="list-style-type: none"> <li>▪ Annual State appropriation of \$200,000</li> <li>▪ Children's Bureau                             <ul style="list-style-type: none"> <li>Administration on Children, Youth and Families</li> <li>Administration for Children and Families</li> </ul> </li> <li>▪ US Department of Health and Human Services through Maternal and Child Health of the US Human Resources and Services Administration</li> </ul>	<b>Services:</b> One on one service within a family's natural environment. Safe Care is designed to prevent child maltreatment in high risk families 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.
<b>County Served</b>	<b>Target Population:</b> Families with children 0-18 years of age, with at least one child under the age of six years and who do not have a history or more than two prior child abuse or neglect referrals or have 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.
<b>Oklahoma County</b> <b>*Implementation Site:</b> North Care	
<b>Program Model</b>	
SafeCare+ (Adapted and augmented Safe Care)	
<b>Numbers Served</b>	
We anticipate serving 400 families from 2011 through to 2014.	
<b>Planned Evaluation</b>	
<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> 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.</p>	
<b>Preliminary Outcomes</b>	
<p><i>Process Evaluation Outcomes (SafeCare Specific):</i> To date, 85% (81) of eligible referred families have been successfully engaged in services, program graduates completed 18-58 home visit sessions and reported improvements in parenting skills and knowledge including satisfaction with services received.</p>	
<p><i>Child and Family Outcomes (SafeCare Specific):</i> Among families discharged from the program (n=36), improvements were observed in 5 investigated domains: home sanitation-92% (33), home safety -86% (31), parenting-97% (35), interpersonal relationships-75% (27) and adequacy of child healthcare-86% (31).</p>	
<b>Contact Information</b>	Jimmy Arias, Programs Manager Oklahoma Department of Human Services, Children and Family Services Division P.O. Box 25352, Oklahoma City, OK 73125 (405) 213-4532

# Oklahoma Child Abuse Prevention Network

COMPREHENSIVE HOME-BASED SERVICES | PARENT AID SERVICES | OKDHS

www.okdhs.org

Tertiary Prevention

Agency	Description & Target Population
Oklahoma State Department of Human Services	<b>Comprehensive Home-Based Services (CHBS)</b> 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.
<b>Funding Source</b>	
<b>CHBS: \$8,786,995.12 - Total</b>	
<b>PAS: - \$1,011,055.44 - Total</b>	
OCS: State \$3,637,036.	<b>Target Population:</b> Families with children 0-18 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 54% of the families served were court ordered with the remaining families being voluntary (46%). 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.
PSSF - \$1,910,619.	
TANF - \$4,250,395.	
<b>Total State and federal: (\$9,798,050. in SFY 12)</b>	<b>Parent Aide Services (PAS)</b> 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.
<b>Counties Served</b>	
Statewide	<b>Target Population:</b> 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.
<b>Program Model</b>	
Traditional CHBS service model and SafeCare evidence-based parenting curriculum continued during SFY 2012. Parent Aide Services continues to provide home visitation services as described above.	
<b>Numbers Served</b>	
CHBS: Over 2,532 families were served by CHBS during SFY 2012.	
PAS: 522 families were served by PAS during SFY 2012.	

## Evaluation

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 may eventually be incorporated into the SafeCare curriculum. In SFY 2012, the independent evaluation team developed and piloted a discipline component, Managing Child Behavior, MCB, in Tulsa and Oklahoma Counties that will be used statewide in SFY 2014. MCB will provide 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 will also provide support to foster and adoptive parents beginning in SFY '13 and beyond as proposed interventions in the Oklahoma Pinnacle Plan to help stabilize placements at risk of disruption or dissolution due to acting out behaviors of children. CCAN will evaluate the effectiveness of the 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.

## Outcomes

Families who participate in Oklahoma Children's Services, both CHBS and PAS, respond at a rate of 15% to Client Satisfaction Surveys provided at the conclusion of services. Anonymity is ensured. For SFY 2012, 99% of responders reported they were highly satisfied with the services they received.

The independent evaluation of CHBS for 2012, including client demographics, recidivism rates and reunification outcomes had not been submitted at the time of this report, however, preliminary information was provided about the results of clinical assessments administered during SFY 2012, including:

- **Family Resources** – 80% of caregivers reported the following needs were met almost all the time: food for 2 meals per day, residences with heat and indoor plumbing, and medical care for children. Caregivers were less able to access medical care for themselves (25%), or find jobs (20%). Money to pay for bills and necessities, including child care were notable needs for the families.
- **Caregiver depression** – 1,143 caregivers completed the Beck Depression Inventory Fast Screen during SFY '12. Of those, approximately 5% fell in the moderately depressed range; 2% in the severe range and 22% reported mild levels of depression.
- **Alcohol and Substance Use/Abuse** – 1138 caregivers completed the CAGE Drug and Alcohol Assessment. Approximately 11% of primary caregivers and 4% of secondary caregivers indicate they may have alcohol use problems. 21% of primary caregivers and 7% of secondary caregivers reported drug issues. (Underreporting of drug and alcohol use is very common in self-disclosure assessments.)

## Contact Information

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(405) 521-2859

# Oklahoma Child Abuse Prevention Network

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

[www.ok.gov/sde/](http://www.ok.gov/sde/)

Tertiary Prevention

Agency	Description & Target Population
<p><b>Oklahoma State Department of Education</b> Administered out of 28 sites based in county health departments with the exception of Grady, Oklahoma, and Tulsa County.</p>	<p>SoonerStart is Oklahoma's early intervention program. The program provides services to infants and toddlers (birth to 36 months) with developmental delays and their families under PL 99-457Part C of the Individuals with Disabilities Education Act (IDEA) as amended by PL 108-446, Part C of the Individual 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><b>Funding Source</b></p>	
<p>State Appropriations and Federal Funds (\$22,453,149 in SFY2012)</p>	<p><b>Target Population:</b> 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, physical, 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 have a diagnosed physical or mental condition that has a high probability of resulting in delays.</p>
<p><b>Counties Served</b></p>	
<p>SoonerStart services are available statewide across all 77 Oklahoma counties.</p>	
<p><b>Services</b></p>	
<p>Depending on individual needs, SoonerStart offers one or a combination of the following services:</p> <ul style="list-style-type: none"> <li>• Assistive technology services</li> <li>• Audiology- hearing</li> <li>• Child development</li> <li>• Early Identification with screening, evaluation and assessment services</li> <li>• Family training, counseling and home visits</li> <li>• Medical services (only for diagnostic or evaluation purposes)</li> <li>• Service coordination for toddlers and their families</li> <li>• Nutrition services</li> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Special instruction</li> <li>• Psychological services</li> <li>• Speech-language pathology</li> <li>• Social work services</li> <li>• Vision services</li> <li>• Nursing services</li> </ul>	
<p><b>Program Model</b></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><b>Numbers Served</b></p>	
<p>In State Fiscal Year 2012, SoonerStart was budgeted to provide screening, evaluation, and services to 12,899 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 14 federal indicators, such as timely services, child find, child and family outcomes and transition.

## Outcomes

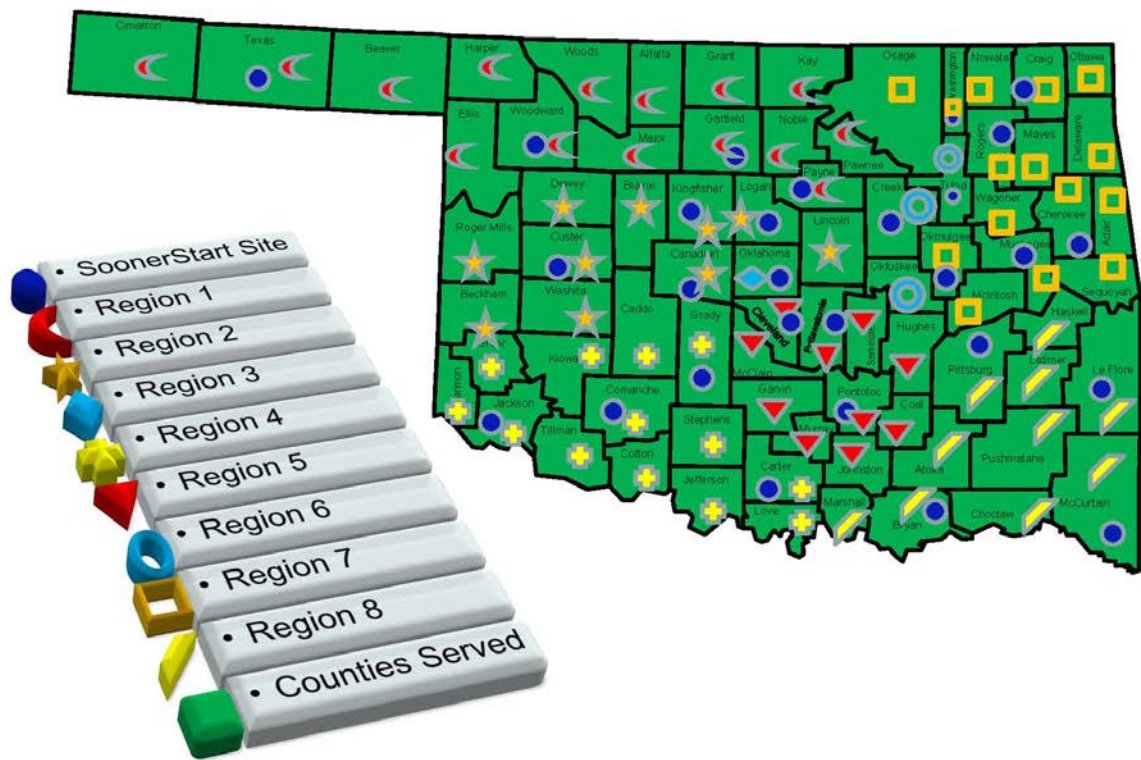
1. In FFY 2011, SoonerStart individualized services were provided to 1.62 % of Oklahoma's infant and toddler population (ages 0-3).
2. In FFY 2011, 82.89% of eligible infants and toddlers with IFSPs had an evaluation, assessment, and initial IFSP meeting within Part C's 45-day timeline.
3. In FFY 2011, 98.91% 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) 521-4155 and ask for the phone number of your local SoonerStart office.

## SoonerStart Site Map

### SoonerStart Early Intervention SFY 2012





## Locations/Regions

SoonerStart Region 1:	Garfield County Health Department, Enid Payne County Health Department, Stillwater Texas County Health Department, Guymon Woodward County Health Department, Woodward
SoonerStart Region 2:	Canadian County Health Department, El Reno Custer County Health Department, Clinton Kingfisher County Health Department, Kingfisher Logan County Health Department, Guthrie
SoonerStart Region 3:	Oklahoma County SoonerStart, Oklahoma City
SoonerStart Region 4:	Carter County Health Department, Ardmore Comanche County Health Department, Lawton Grady County Health Department, Chickasha Jackson County Health Department, Altus
SoonerStart Region 5:	Cleveland County Health Department, Norman Pontotoc County Health Department, Ada Pottawatomie County Health Department, Shawnee
SoonerStart Region 6:	Creek County Health Department, Sapulpa Tulsa County SoonerStart, Tulsa
SoonerStart Region 7:	Cherokee County Health Department, Tahlequah Craig County Health Department, Vinita Muskogee County Health Department, Muskogee Okmulgee County Health Department, Okmulgee Rogers County Health Department, Claremore Washington County Health Department, Bartlesville
SoonerStart Region 8:	Bryan County Health Department, Durant LeFlore County Health Department, Poteau McCurtain County Health Department, Idabel Pittsburg County Health Department, McAlester

# Oklahoma Child Abuse Prevention Network

## CHILD GUIDANCE PROGRAM | OKLAHOMA STATE DEPARTMENT OF HEALTH PARENT CHILD INTERACTION THERAPY (PCIT)

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

Tertiary Prevention

Agency	Description & Target Population
<p><b>Oklahoma State Department of Health</b> Administered at the County and City-County Health Department levels</p>	<p>Child Guidance provides Parent-Child Interaction Therapy (PCIT) for children ages 3 to 12 with disruptive behavior disorders and their parents. Therapy is provided until the parent achieves self confidence in their parenting. Parents receive parenting assessment and 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><b>Funding Source</b></p> <p>Child Guidance State Appropriations (\$2,414,054) Federal Funds (\$1,029,984) and Local Millage(\$1,601,918) for SFY 2012; CBCAP Funds (\$150,000) in FFY 12 <i>Funding for PCIT programs is included in the Child Guidance overall appropriation.</i></p>	
<p><b>Program Models ~ Specialized Programs within Child Guidance</b></p>	
<p><b>Parent-Child Interaction Therapy (PCIT):</b> 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><b>Numbers Served</b></p>	
<p>For SFY 2012,1097 total individual encounters for Parent Child Interaction Therapy program were conducted.</p>	
<p><b>Outcomes</b></p>	
<p>For SFY 2012, of families completing PCIT, 84% showed fair, good or very good progress toward reaching treatment goals.</p>	
<p><b>Contact Information</b></p>	<p>Beth Martin, Chief Child Guidance Service Oklahoma State Department of Health 1000 NE 10<sup>th</sup> Street Oklahoma City, OK 73117-1299 (405) 271-4477 <a href="mailto:ChildGuidance@health.ok.gov">ChildGuidance@health.ok.gov</a></p>
<p><b>Child Guidance Services Map → see map on Child Guidance Main Page</b></p>	

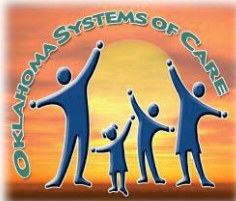
# Oklahoma Child Abuse Prevention Network

## SYSTEMS OF CARE

[www.ok.gov/odmhsas/Consumer\\_Services/Children,\\_Youth\\_and\\_Family\\_Services/Systems\\_of\\_Care/](http://www.ok.gov/odmhsas/Consumer_Services/Children,_Youth_and_Family_Services/Systems_of_Care/)

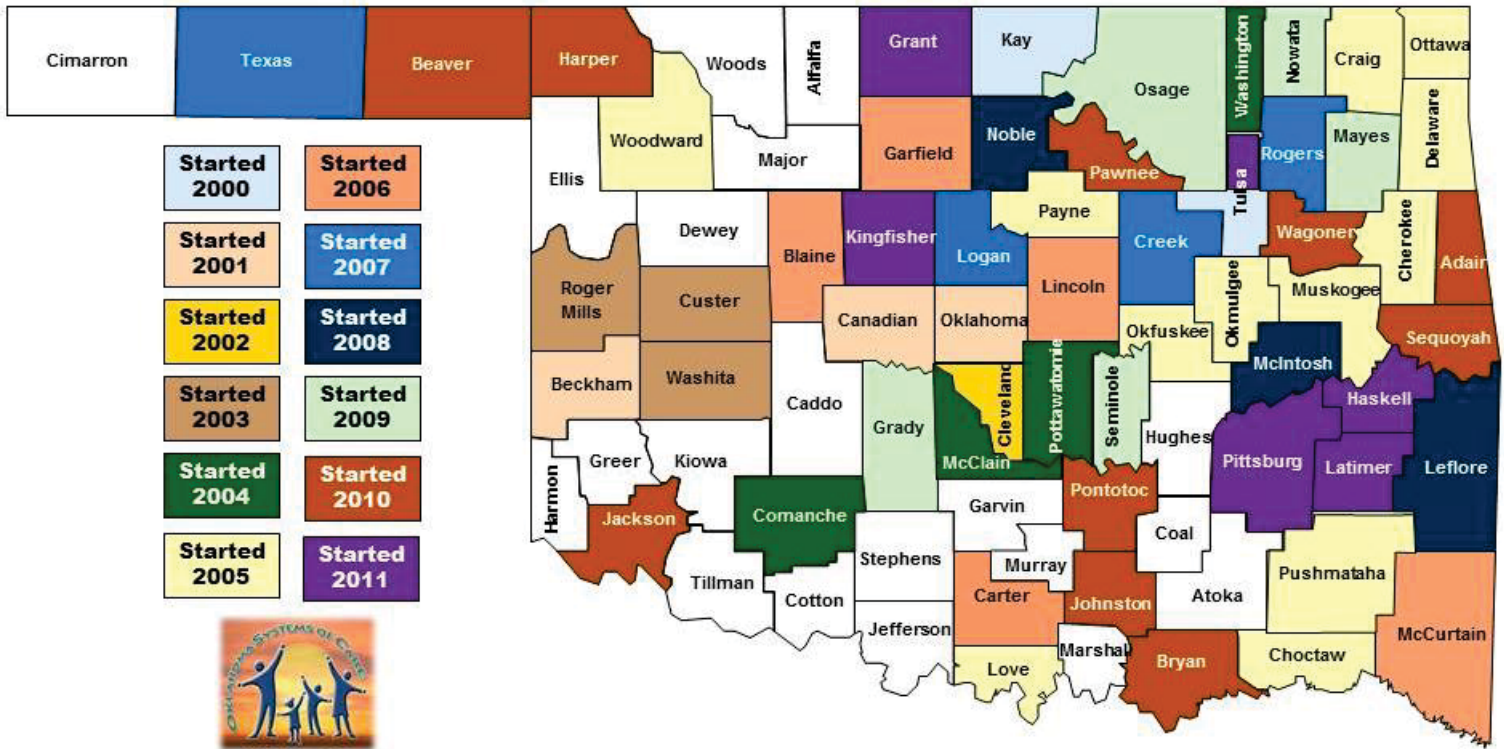
*Tertiary Prevention*

Agency	Description & Target Population								
Oklahoma State Department of Mental Health and Substance Abuse Services	<b>Eligibility:</b> 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.								
<b>Funding Source</b> Federal SAMHSA Systems of Care federal funding – SOC WAFA 4 million 4 years State FY 2013 – FY 2016 SOC Expansion 9 million – 5 years – State FY 2009- FY 2014..	<b>Systems of Care</b> <ul style="list-style-type: none"> <li>• How communities come together to provide a system of behavioral health services and supports for children, youth and families</li> <li>• Families as partners and therapeutic allies</li> <li>• Multi-disciplinary teams and blended resources</li> <li>• Individualized “Wraparound” approach</li> <li>• Strengths-based assessments</li> <li>• Community-based ownership</li> <li>• Coordination with informal and natural supports</li> <li>• Comprehensive service array</li> </ul>								
<b>Counties Served</b> 58 counties (see map below)	<b>Wraparound</b> “Wraparound” is a process which helps a family develop and carry out their own individualized treatment plan. The treatment plan focuses on meeting the needs of the child, youth and the family. Wraparound improves the lives of families by building on their strengths and encouraging them to make helpful, caring connections in their communities. Wraparound is different because it gives the family a choice about the services they receive and a voice in the manner in which they receive them. A trained and credentialed Wraparound facilitator works with the family to identify natural supports and service providers to form a family team. The team then works together to achieve the goals chosen by the family. A Family Support Specialist is provided for every family and helps monitor “family voice and choice” on the family team.								
<b>Program Model</b>									
Wraparound									
<b>Numbers Served</b>									
1,669 families were served in SFY 2012.									
<b>Evaluation</b>									
Conducted by the University of Oklahoma, John Vetter.									
<b>Outcomes</b>									
After 6 months with Systems of Care Wraparound; SFY 2012 (n=800) <table border="0" style="width: 100%;"> <tr> <td>1. Reduced Days of Out-of-Home Placement: 35%</td> <td>5. Reduced Arrests: 67%</td> </tr> <tr> <td>2. Reduced School Detentions: 73%</td> <td>6. Reduced School Absences: 51%</td> </tr> <tr> <td>3. Reduced Number of Youth Self-Harming: 38%</td> <td>7. Reduced School Suspensions: 64%</td> </tr> <tr> <td>4. Reduced Contacts with Law Enforcement: 65%</td> <td></td> </tr> </table>		1. Reduced Days of Out-of-Home Placement: 35%	5. Reduced Arrests: 67%	2. Reduced School Detentions: 73%	6. Reduced School Absences: 51%	3. Reduced Number of Youth Self-Harming: 38%	7. Reduced School Suspensions: 64%	4. Reduced Contacts with Law Enforcement: 65%	
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<b>Contact Information</b>	Darlene Brickly (405) 522-4151 <a href="mailto:dbrickey@odmhsas.org">dbrickey@odmhsas.org</a>								



# OKLAHOMA SYSTEMS OF CARE

*Children, Youth, and Family Services*



## SUCCESSFUL OUTCOMES

After 6 months with Systems of Care Wraparound  
FY 2012 (n=800)

- Reduced Days of Out-of-Home Placement 35%
- Reduced School Detentions 73%
- Reduced Number of Youths Self-Harming 38%
- Reduced Arrests 67%
- Reduced Contacts with Law Enforcement 65%
- Reduced Days Absent from School 51%
- Reduced Days Suspended from School 64%

Family Driven *Youth Guided*  
Community Based *Culturally & Linguistically Competent*

# Oklahoma Child Abuse Prevention Network

## MENTAL HEALTH SERVICES

[www.odmhsas.org](http://www.odmhsas.org)

### Tertiary Prevention

Agency	Description & Target Population
Oklahoma Department of Mental Health and Substance Abuse Services	<p>ODMHSAS mental health services encompass a broad range of needs. The department operates a psychiatric hospital for adults, a facility with specific services for children and adolescents, along with a specialty center devoted to forensic services. In addition, ODMHSAS provides a variety of community mental health services through a statewide network of Community Mental Health Centers (CMHCs). Residential care services, housing and access to benefits are just some of the other related support services available. For individuals in crisis, the department provides emergency assessment, mobile crisis, community-based crisis stabilization and inpatient hospitalization. Specialized programs in partnership with law enforcement (CIT) and the criminal justice system (Mental Health Court) have been highly successful, as have other targeted programs related to children and family services (SOC) and community response (Project Heartland). ODMHSAS also provides funding for social and recreational services for individuals with mental illness who live in residential care facilities, as well as support for certain other community-based services such as assistance for mentally ill individuals who are homeless.</p> <p>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>
<b>Funding Source</b>	
<p>ODMHSAS receives funding from a variety of sources. For SFY 2012, mental health services funding totaled approximately \$220 million. Sources: 65% state, 7% federal government, and 28% other.</p>	
<b>Services</b>	
<b>Program Model</b>	
<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>	
<b>Numbers Served</b>	
<p>In State Fiscal Year 2012, approximately 65,000 individuals received mental health services from ODMHSAS - funded agencies (State Fiscal Year 2012: July 1, 2011-June 30, 2012).</p>	
<b>Evaluation</b>	
<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, <a href="http://www.odmhsas.org">www.odmhsas.org</a>, or by calling the department's decision support services division, (405) 522-3908.</p>	
<b>Outcomes</b>	
<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. Significant outcomes related to ODMHSAS mental health treatment services include:</p> <ol style="list-style-type: none"> <li>1. Percent of customers receiving a medication visit within 14 days of admission: 56.6%</li> <li>2. Percent of customers receiving a follow up service within 7 days after an inpatient discharge: 78.6%</li> <li>3. Percent of customers who receive four services within 45 days of admission: 75.5%</li> </ol>	



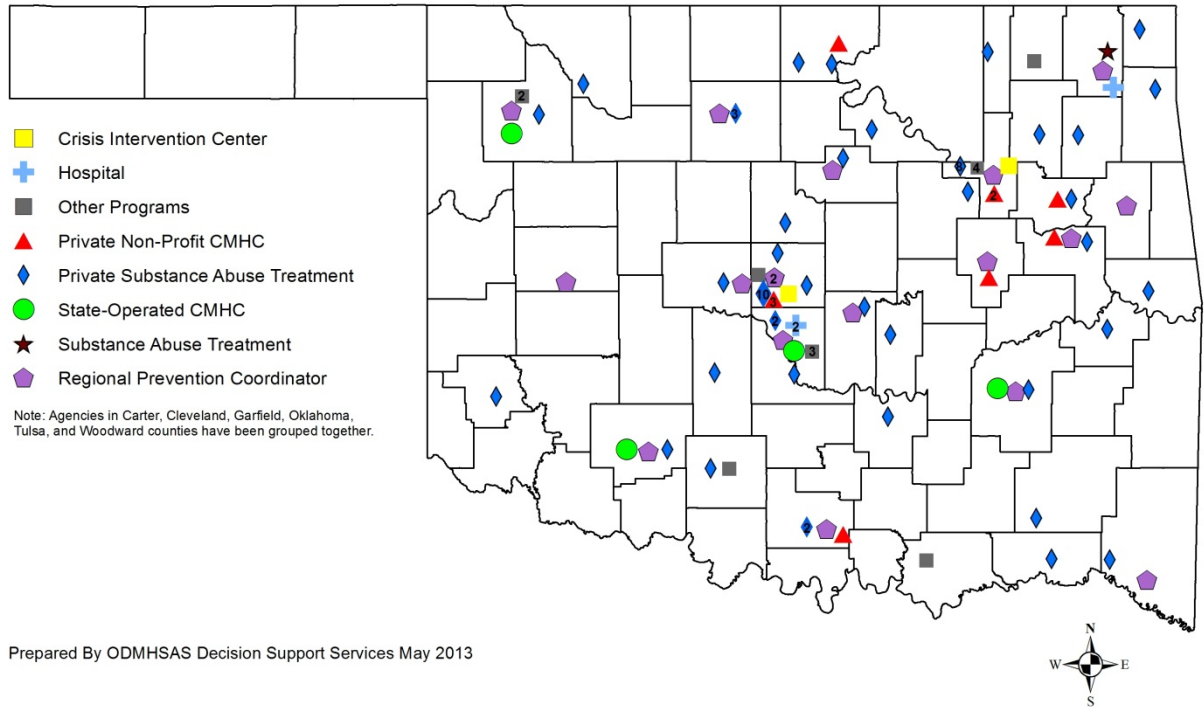
**Contact  
Information**

Jeffrey Dismukes, Director  
ODMHSAS Public Information  
(405) 522-3907  
[jdismukes@odmhsas.org](mailto:jdismukes@odmhsas.org)

**Mental Health Services Site Map**

Oklahoma Department of Mental Health  
and Substance Abuse Services

## Statewide Treatment Delivery System



Prepared By ODMHSAS Decision Support Services May 2013



# Oklahoma Child Abuse Prevention Network

## SUBSTANCE ABUSE SERVICES (TREATMENT)

[www.odmhsas.org](http://www.odmhsas.org)

*Tertiary Prevention*

Agency	Description & Target Population
Oklahoma Department of Mental Health and Substance Abuse Services	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. Some programs are designed to meet the needs of specific populations, such as criminal justice, women with children, adolescents, Hispanics and Native Americans.
<b>Funding Source</b>	
ODMHSAS receives funding from a variety of sources. For FY 2012, substance abuse services funding totaled \$69,508,000. Of this amount, approximately \$13 million was designated for prevention programs. State appropriations accounted for \$39,687,305 of the total amount and \$29,820,695 came from federal funding sources.	
<b>Services</b>	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.
While the majority of services delivered by ODMHSAS are center based, there are some home based services provided. Services are provided at state-operated and/or contracted service facilities, however, specialized community-based services for targeted at-risk populations are utilized (such as with PACT, children/family centered wrap around services, targeted outreach, etc.) and have become an integral part of the department's service delivery network .	
<b>Program Model</b>	
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.	
<b>Numbers Served</b>	
In State Fiscal Year 2012, approximately 19,200 individuals received ODMHSAS funded substance abuse services (State Fiscal Year 2012: July 1, 2011-June 30, 2012).	
<b>Evaluation</b>	
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, <a href="http://www.odmhsas.org">www.odmhsas.org</a> , or by calling the department's decision support services division, (405) 522-3908.	
<b>Outcomes</b>	
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. Significant outcomes related to ODMHSAS substance abuse treatment services include: <ol style="list-style-type: none"> <li>1. Percent of customers reporting a reduction in substance use: 59.7%</li> <li>2. Percent of customers reporting a reduction in number of arrests: 62.5%</li> <li>3. Percent of customers NOT readmitting to Detox within 30 days: 95.1%</li> </ol>	

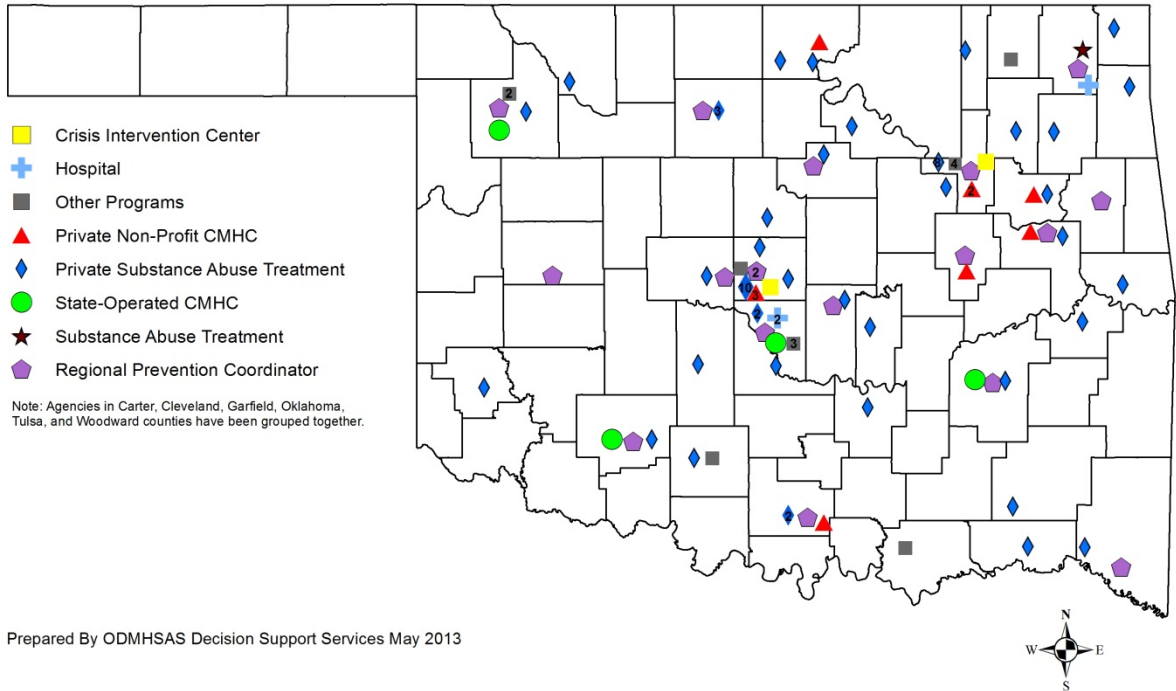
**Contact  
Information**

Jeffrey Dismukes, Director  
ODMHSAS Public Information  
(405) 522-3907  
[jdismukes@odmhsas.org](mailto:jdismukes@odmhsas.org)

**Mental Health Services Site Map**

Oklahoma Department of Mental Health  
and Substance Abuse Services

## Statewide Treatment Delivery System



# Oklahoma Child Abuse Prevention Network



## OKLAHOMA OFFICE OF ATTORNEY GENERAL

DOMESTIC VIOLENCE/SEXUAL ASSAULT SERVICES/BATTERERS INTERVENTION PROGRAMS

[www.oag.ok.gov](http://www.oag.ok.gov)

### Tertiary Prevention

Agency	Description & Target Population		
Office of Attorney General	The Office of Attorney General contracts with twenty nine community-based programs, to provide services for victims of domestic violence, sexual assault and stalking. 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.		
Funding Source	<p>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)</p> <p><i>Target Population:</i> Victims of domestic violence, sexual assault and stalking.</p>		
Counties Served			
77 counties	<p><i>Victims of domestic violence receive services at a certified DVSA programs, shelters, court houses, emergency rooms, and police departments.</i></p>		
Program Model			
<p>The intervention strategies for the DVSA agencies working with adult domestic violence/sexual assault /stalking victims is to provide <b>SAFETY from physical, emotional, financial, and psychological harm</b> 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 ethic of zero tolerance for domestic violence, sexual assault, and stalking in our communities.</p>			
Numbers Served			
<p>In federal fiscal year 2012, as self-reported by the domestic violence program, provided assistance to 12,123 women and 3,346 dependent children and 1,055 male victims. There are currently 29 programs certified by the Office of Attorney General offering services to domestic violence victims and their children. And currently there are 29 certified batterer intervention programs in the state.</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 October 1, 2011 to September 30, 2012 are:</p>			
Survey Type	Number of Survey's Completed	Number of Yes Responses to Resource Outcome	Number of Yes Responses to Safety Outcome
Shelter Survey	2077	1,904	1,919
Support Services and Advocacy Survey	4,399	3,865	2,971
Counseling Survey	1,161	1,543	1,136
Support Survey	1,547	1,499	1,321
<b>TOTAL</b>	<b>9,856</b>	<b>8,811</b>	<b>9,092</b>

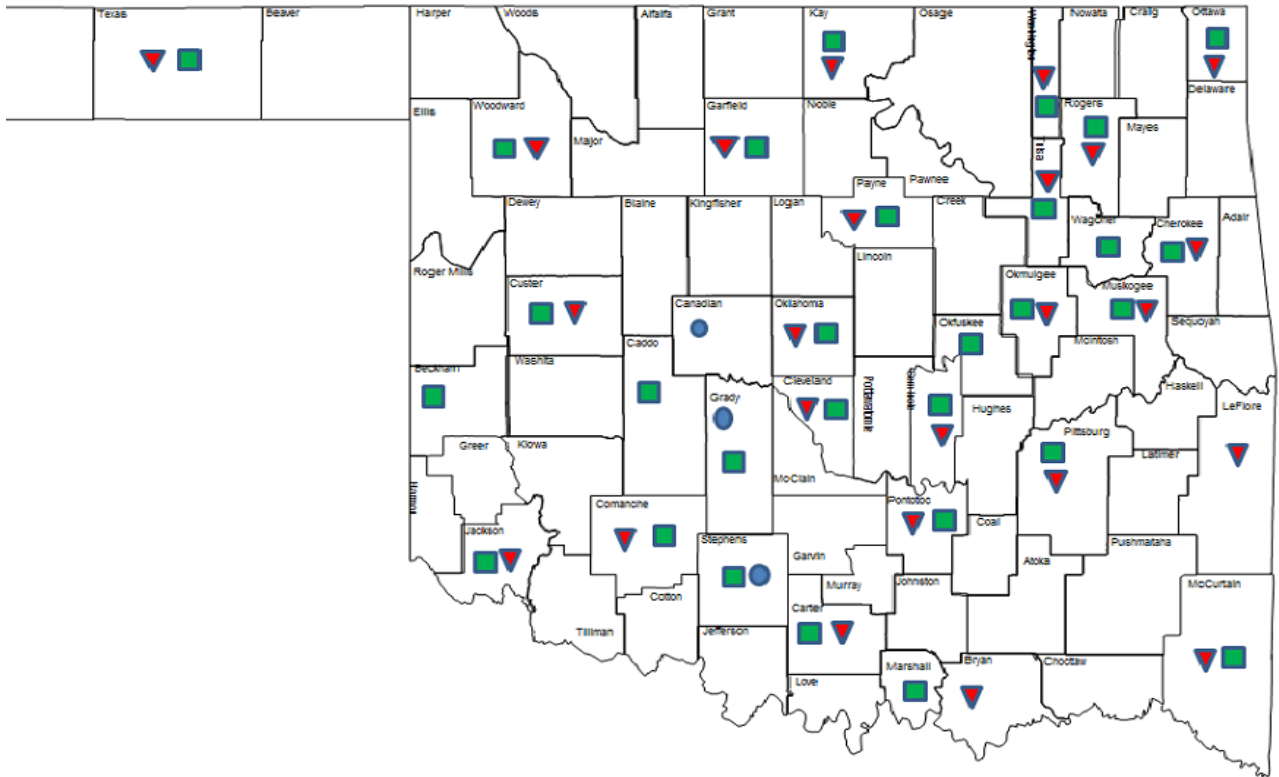
## Outcomes

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:

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

Lesley Smith March  
Office of Attorney General  
(405) 521-4274



▼ Shelter Program

■ Batterers Program

● Crisis Center-No Shelter

DVSA Programs with Batterer Programs	Primary Location
Southwest Ok Community Action Group ▼■	Altus
A.C.T.I.O.N Associates ▼■	Clinton
Community Crisis Center ▼■	Miami
Crisis Control Center ▼	Durant
Day Spring Villa ▼	Sandsprings
DVIS ▼■	Tulsa
Domestic Violence Program of North Central OK ▼	Ponca City
Family Crisis Center ▼■	Ada
Family Crisis & Counseling Center ▼■	Bartlesville
Family Resource Center of Seminole County ▼■	Seminole
Family Shelter of Southern Oklahoma ▼	Ardmore
Help In Crisis ▼■	Tahlequah
KiBois Community Action Foundation ▼	Stigler
Latino Community Development Agency ●■	Oklahoma City
New Directions ▼	Lawton

DVSA Programs with Batterer Programs	Primary Location
McAlester McCare Center-KiBois ▼	McAlester
Northwest Domestic Crisis Services ▼■	Woodward
Northwest Domestic Crisis Services ▼■	Guymon
Okmulgee County Family Resource Center ▼■	Okmulgee
Project Safe ▼	Shawnee
Safenet Services ▼■	Claremore
SOS for Families ▼■	Idabel
Stillwater Domestic Violence Services ▼■	Stillwater
Women In Safe Home ▼■	Muskogee
Women's Crisis Services of LeFlore County ▼	Poteau
Women's Haven ▼■	Duncan
Women's Resource Center ▼	Norman
Women's Service and Family Resource Center ●	Chickasha
YWCA of Enid ▼	Enid
YWCA of Oklahoma City ▼	Oklahoma City

<b>Certified-Stand Alone-Batterers Intervention Program</b>	
Catalyst Behavioral Services	Oklahoma City
Chandler and Associates	Okemah, Shawnee, Lawton
Community Works	Norman
COPE	Oklahoma City
Court Assistance	Oklahoma City
Growing Hope	Enid
Human Skills and Resources	Sapulpa
Family Builders	Oklahoma City, Guthrie
Second Chance and Reentry Services	El Reno
Southeastern Oklahoma Family Services	Ardmore, Madill, McAlester, Mead
Southwestern Youth and Family Services	Chickasha, Anadarko
Transformations, LLC	Tulsa

# Oklahoma Child Abuse Prevention Network

## OKLAHOMA DRUG COURTS

[www.odmhsas.org](http://www.odmhsas.org)

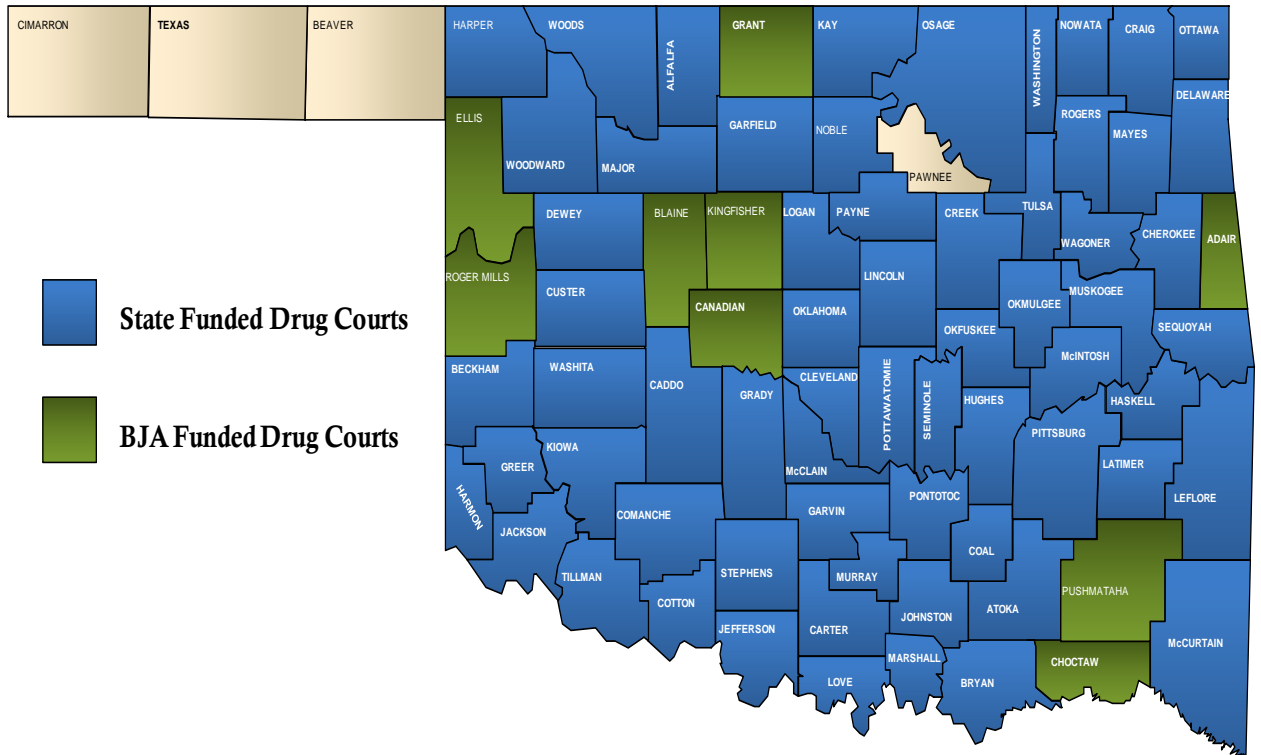
### Tertiary Prevention

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.
<b>Funding Source</b>	
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.	
<b>Services</b>	
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.	
<b>Program Model</b>	
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.	
<b>Numbers Served</b>	
The 60 Drug Courts that are operational across 73 counties (some courts serve multiple counties) served over 6,000 participants in fiscal year 2012. The program includes Adult, Juvenile, and Family Drug Courts across the state.	
<b>Evaluation</b>	
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) 522-3908.	
<b>Outcomes</b>	
1. Data since FY2011 indicates that unemployment decreased by 90.4% between admission and graduation.	
2. Data since FY2011 shows a 35.6% decrease among participants without a high school education between admission and graduation.	
3. Data since FY2011 demonstrates that children living with their parents increased by 50.4% between admission and graduation.	
4. Data indicates that \$23.5 million in total wages were earned and \$1.4 million in tax revenue was generated 3 years after drug court admission (based on 670 drug court graduates from 2007, currently about 1,300 participants graduate per year).	



Oklahoma Drug Courts Site Map

### Oklahoma Drug Courts SFY 2012



# Oklahoma Child Abuse Prevention Network

## CHILD ADVOCACY CENTERS

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

### Tertiary Prevention

Agency	Description & Target Population
<b>Private &amp; Non-Profit Groups</b> (see contact below)	Child Advocacy Centers are child-focused, center-based programs that work to prevent further victimization of children who have been sexually or physically abused or neglected. Centers work towards more immediate follow-up to reports of child abuse, efficient referrals to medical and mental health professionals, reduction of child interviews, increased successful prosecution, and support for the child and family. Centers offer a comprehensive approach to child abuse and neglect investigation and intervention and work in conjunction with multidisciplinary child abuse teams. Nineteen of the multidisciplinary teams have full National Children's Advocacy Alliance Membership.
<b>Funding Source</b>	
Varied, including income from the CAMA fund for centers with full membership with the National Children's Alliance.	
<b>Counties Served</b>	
There are twenty accredited Child Advocacy Centers across the state of Oklahoma.	

### Program Model

Standards provided by the National Children's Alliance

### Components (10) to the National Children's Alliance full membership for centers

Child-Appropriate/Child-Friendly Facility	Specialized Medical Evaluation
Multidisciplinary Team Approach	Therapeutic Intervention
Organizational Capacity (legal/financial/admin.)	Victim Support and Advocacy
Cultural Competency and Diversity	Team Case Review
Forensic Interviews	Case Tracking System

### Contact Information

Pat Damron, CATC Program Coordinator: [Patriciaad@health.ok.gov](mailto:Patriciaad@health.ok.gov)  
 Lisa Slater, Administrative Assistant: [lisaki@health.ok.gov](mailto:lisaki@health.ok.gov)

### MDT Site Map

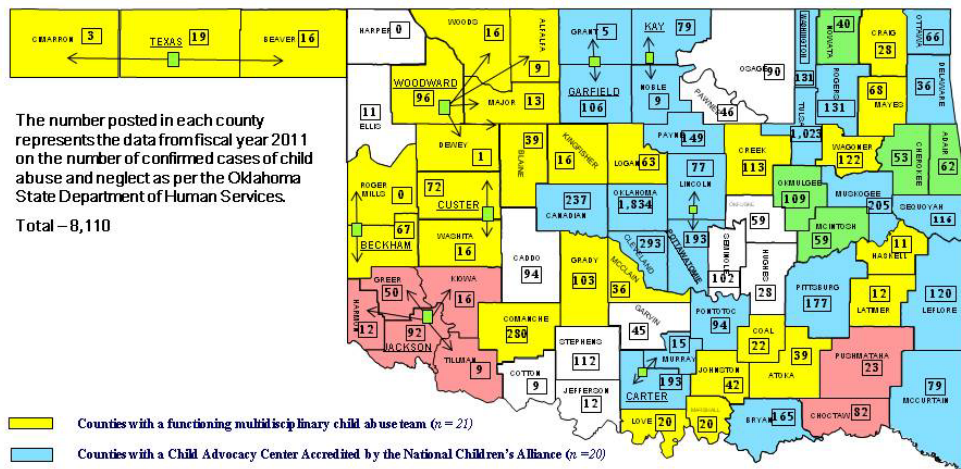
## Oklahoma Multidisciplinary Teams - FY 2012 - 2013

Child Abuse Training and Coordination Program

Oklahoma State Department of Health

Family Health Services

Family Support & Prevention Service



Total Number of Multidisciplinary Teams in Oklahoma = 46