

# *Child Abuse Prevention Service*

## *Family Health Services*

### *Oklahoma State Department of Health*

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*Office of Child Abuse Prevention*

# *Annual Report*

## *State Fiscal Year 2002*

*OK CHILDREN – OK FAMILIES*



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***Child Abuse Prevention Service  
Family Health Services  
Oklahoma State Department of Health***

***Office of Child Abuse Prevention  
Annual Report – State Fiscal Year 2002***

***A report written in accordance with the Child Abuse Prevention Act,  
Title 63, O.S. Supp. 2001, Section 1-227***

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January 2003

# Foreword

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## *Every Day in Oklahoma...*

- \* 133 babies are born
  - ...60 are from unintended or wanted pregnancies
  - ...43 are born into poverty
  - ...43 are born to unwed mothers
  - ...22 are born to teen mothers
  - ... 5 are born to mothers who abused alcohol or drugs while pregnant
  
- \* 139 incidents of child abuse and neglect are investigated or assessed
  - ...37 incidents are confirmed to be child abuse and/or neglect
  
- \* At least 2 children will die
  - ...1 is a baby

The Office of Child Abuse Prevention within the Child Abuse Prevention Service continues to provide comprehensive prevention efforts as a part of the continuum of child abuse prevention programs and services in the State of Oklahoma. The *Annual Report - State Fiscal Year 2002* provides an overview of the Office's activities, a summary of demographic characteristics of families served through Child Abuse Prevention Fund programs, recommendations for the development and improvement of child abuse and neglect prevention services and programs, and budget and program needs as specified by the Child Abuse Prevention Act.



## *Mission*

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The mission of the Office of Child Abuse Prevention is to promote the health and safety of children and families by reducing violence and child maltreatment through public education, multidisciplinary training of professionals with responsibilities for children and families, and the funding of community-based family resource and support programs.

## *Intent of Legislation*

### *Title 63, O.S. Supp. 2001, Section 1-227*

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The intent of the Child Abuse Prevention Act is...

- \* that a comprehensive approach for the prevention of child abuse and neglect be developed for the state and used as a basis of funding of programs and services;
- \* that multidisciplinary and discipline-specific training on child abuse and neglect and domestic violence be available to professionals with responsibilities affecting children, youth, and families; and
- \* that the Office of Child Abuse Prevention within the Oklahoma State Department of Health establish a comprehensive statewide approach towards the prevention of child abuse and neglect.

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# Activities of the Office of Child Abuse Prevention

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**The Office of Child Abuse Prevention** was created in 1984 by the Oklahoma Child Abuse Prevention Act (Title 63, O.S. Supp. 2001, Section 1-227.) Prior to 1984, the focus of child abuse and neglect efforts was on “after-the- fact” intervention, preventing the recurrence of child abuse and neglect. The Act declared that the prevention of child abuse and neglect was a priority in Oklahoma. In accordance with the Act, the Office of Child Abuse Prevention (OCAP) was created and placed within the Oklahoma State Department of Health to emphasize the focus on prevention. The OCAP provides primary (statewide promotion of child abuse prevention), secondary (community-based family resource and support programs), and tertiary (training professionals on the identification and reporting of child maltreatment) prevention services.

The Office of Child Abuse Prevention facilitates the biannual preparation and ongoing implementation of the State Plan for the prevention of child abuse. The Office works collaboratively with the State Interagency Child Abuse Prevention Task Force (ITF), the Child Abuse Training and Coordination (CATC) Council, and the 17 District Child Abuse Prevention Task Forces (DTF) across the State.

State appropriations and Federal grants funded the activities of the Office of Child Abuse Prevention.

**Community-Based Family Resource and Support Programs**, funded by the Child Abuse Prevention (CAP) Fund, are monitored and evaluated by the Office of Child Abuse Prevention. The Office provides technical assistance and training to the CAP Fund community-based family resource and support programs across the state. The community-based family resource and support programs are designed to assist families at risk of child abuse and neglect through strength-based services.

During State Fiscal Year (SFY) 2002:

- \* 27 community-based programs were awarded \$3,212,736 in CAP Funds;
- \* 3 training series educated 120 community programs in the areas of the Healthy Families America (HFA) model, family assessment, family support, and program supervision;
- \* 17 supervisors from eight communities were trained to provide peer review assistance to other programs;

- \* All community programs received site visits conducted by OCAP staff and peer reviewers; and
- \* 80 administrators, managers, and financial staff of the community programs received a two-day training on procedures, evaluation, and contract monitoring.

The OCAP improved many aspects of its service and service delivery. These improvements included:

- \* Addressed conflict of interest issues in the invitation to bid review process;
- \* Improved requirements for SFY2003 programs using university-based research evaluation;
- \* Promulgated rules for Board of Health approval on home visitation and respite care program eligibility;
- \* Expanded the Respite Care Program, in collaboration with the Department of Human Services and the Oklahoma Respite Resource Network;
- \* Developed prevention programs with the Comanche and Chickasaw Nations;
- \* Developed OCAP Fatherhood Initiative and identified several pilot sites; and
- \* Developed a web-based application to collect program evaluation data to assess program productivity and effectiveness.

**Child Abuse and Neglect and Multidisciplinary Training** of professionals with responsibilities affecting children, youth, and families are mandated responsibilities for the Office of Child Abuse Prevention. The Child Abuse Training and Coordination (CATC) program, within the Office, provides training, technical assistance, and assessment of the developing and functioning multi-disciplinary child abuse and neglect teams throughout the state.

During SFY 2002:

- \* 24 training events educated 1,229 participants in the areas of Advanced Training in Child Sexual Abuse and Child Exploitation, Investigating Computer Crimes Against Children, Joint Investigations: Tools to Improve Protection and Prosecution in Child Sexual Abuse Cases, and Drug Endangered Children: A Multidisciplinary Approach for Children Living In Homes with Methamphetamine Labs;
- \* 20,000 child abuse reporting brochures for professionals were designed and distributed;

# Activities of the Office of Child Abuse Prevention

## **Child Abuse and Neglect and Multidisciplinary**

### **Training** : (continued)

- \* 9 developing and 44 functioning multidisciplinary child abuse and neglect teams were provided technical assistance and consultation; and
- \* 30 Masters prepared social workers received materials and training to conduct workshops on child abuse and neglect identification and reporting.

The OCAP worked in conjunction with other agencies and organizations to further improve the education and training of professionals with responsibilities for children and families.

- \* In collaboration with the Oklahoma Bureau of Narcotics and numerous other agencies, facilitated the development of the Oklahoma Drug Endangered Children Statewide Steering Committee;
- \* Assisted Oklahoma Lawyers for Children with the conduct of their Spring Seminar 2002 for their volunteer child attorneys;
- \* Assisted the Court Appointed Special Advocates with a statewide training program;
- \* Assisted the CATC Council with the standardization of multidisciplinary team functioning assessments;
- \* Reviewed all child abuse and neglect reports generated by local county health department staff statewide; and
- \* Conducted workshops on identifying and reporting child abuse and neglect in many communities across the State.

**The Office of Child Abuse Prevention** maintained its focus on the comprehensive approach to child abuse prevention. Duties and accomplishments for SFY 2002 included:

- \* Distributed child abuse and neglect reporting posters to all county health departments;
- \* Developed OCAP Lending Library for professionals;
- \* Malinda Reddish Douglas, Epidemiologist, presented findings from the Shaken Baby Syndrome Oklahoma Study at the International Injury Prevention and Control Conference;
- \* Distributed 6,000 child abuse prevention packets statewide. This was a collaborative effort with the Department of Education;
- \* Participated on the Domestic Violence Fatality Review Board;
- \* Participated on the Child Death Review Board;
- \* Built OCAP web page on OSDH web site;

- \* Provided expert testimony at the Legislative Interim Study on Child Abuse Prevention Programs;
- \* Co-sponsored the Healthy Families Oklahoma Conference for over 800 participants;
- \* Sponsored the First Oklahoma Shaken Baby Syndrome Conference for 150 participants.

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

was revised during SFY 2002. The State Plan was prepared in accordance with the Child Abuse Prevention Act by the OCAP and the ITF and approved by the Oklahoma Commission on Children and Youth. The purpose of the State Plan is the planning and coordination of child abuse prevention programs and services and the establishment, development, and funding of such programs. The aim is not just the absence of child abuse and neglect, but the presence of factors that enhance the health and well-being of Oklahoma's children. The State Plan implores each organization, group, and community to incorporate applicable recommendations into their work, action, and strategic plans. In this manner, the recommendations will become goals and objectives, and most importantly, actions by many and not just a few.

Recommendations of the State Plan encompassed:

- \* Funding
  - \* Availability of services
  - \* Qualifications of services providers
  - \* Collaboration in training
- \* Infrastructure Building
  - \* Matching of capacity to mandated duties
  - \* Improve District/county level support
- \* Finding and Appropriately Filling Gaps in Services
  - \* Services based on research or best practice
  - \* Needs of multiple issue families
  - \* Diversify funding of local programs
- \* Evaluation of What Works
  - \* Evaluate all programs and services
  - \* Improve programs based on results
- \* Women's Health Issues
  - \* Prenatal smoking cessation opportunities
  - \* Early identification of maternal depression and domestic violence
  - \* Availability of drug treatment for pregnant women and women with children
- \* Interagency Provision of Services
  - \* Local, multi-sector ownership of health
  - \* Parenting teens to stay in school
  - \* ITF membership.



# *Child Abuse Prevention (CAP) Fund Programs*

**Seventeen Child Abuse Prevention Districts** are designated in Oklahoma. Each district is allocated a portion of the total Child Abuse Prevention Fund for child abuse prevention programs in their area. Each district's allocation is based upon the percentage of children less than 18 years of age and the percentage of reports of child abuse and neglect in the district in

relation to the state's population of children under 18 years of age and state total reports of child abuse and neglect. By a review process specified by the Child Abuse Prevention Act, programs within the districts are contracted with to provide services. The SFY 2002 child abuse prevention program dollars in the table include reallocated, lapsed funds from SFY 2001.

| <b>District Name and Counties within the District</b>   | <b>District Total \$</b> |
|---|--------------------------|
| Agency Name   | Contract Award \$        |
| <b>District I: Pittsburg, Haskell, LeFlore, Latimer Counties</b>                              | <b>\$148,533</b>         |
| Pittsburg County Health Department  | \$148,533                |
| <b>District II: Adair, Cherokee, McIntosh, Muskogee, Okmulgee, Sequoyah, Wagoner Counties</b> | <b>\$314,754</b>         |
| Help-In-Crisis, Inc.  | \$ 75,000                |
| Okmulgee-Okfuskee County Youth Services, Inc.   | \$92,506                 |
| Oklahoma State University Cooperative Extension Service, Muskogee County                      | \$147,248                |
| <b>District III: Cleveland, Coal, Garvin, McClain, Pontotoc Counties</b>                      | <b>\$215,832</b>         |
| Center for Children & Families  | \$116,515                |
| McClain-Garvin County Youth and Family Center, Inc.   | \$ 99,317                |
| <b>District IV: Canadian, Kingfisher, Logan Counties</b>                                      | <b>\$142,066</b>         |
| Oklahoma State University Cooperative Extension Service for Canadian County                   | \$142,066                |
| <b>District V: Hughes, Pottawatomie, Seminole Counties</b>                                    | <b>\$187,313</b>         |
| Oklahoma State University Cooperative Extension Svc for Pottawatomie County                   | \$114,209                |
| Youth and Family Services for Hughes and Seminole Counties, Inc.                              | \$ 73,104                |
| <b>District VI: Caddo, Comanche, Cotton, Grady, Jefferson, Stephens Counties</b>              | <b>\$242,236</b>         |
| Marie Detty Youth and Family Service Center, Inc.   | \$ 85,406                |
| Southwest Youth & Family Services   | \$ 74,623                |
| Youth Services for Stephens County  | \$ 82,207                |
| <b>District VII: Oklahoma</b>   | <b>\$428,288</b>         |
| Community Health Centers, Inc.  | \$ 90,086                |
| Exchange Club Parent-Child Center for the Prevention of Child Abuse of Oklahoma, Inc.         | \$163,000                |
| Latino Community Development Agency, Inc.   | \$175,202                |
| <b>District VIII: Greer, Harmon, Jackson, Kiowa, Tillman Counties</b>                         | <b>\$139,100</b>         |
| Great Plains Youth and Family Services, Inc.  | \$139,100                |
| <b>District IX: Beckham, Blaine, Custer, Dewey, Roger Mills, Washita Counties</b>             | <b>\$139,100</b>         |
| Great Plains Youth and Family Services, Inc.  | \$139,100                |



# ***CAP Fund Programs – continued***

| District Name and Counties within the District  | District Total \$ |
|---|-------------------|
| Agency Name   | Contract Award \$ |
| <b>District X: Beaver, Cimarron, Ellis, Harper, Texas, Woodward Counties</b>              | <b>\$108,705</b>  |
| Oklahoma State University Cooperative Extension Service for Texas County                  | \$108,705         |
| <b>District XI: Creek, Lincoln, Okfuskee, Pawnee, Payne Counties</b>                      | <b>\$189,848</b>  |
| Payne County Youth Services, Inc.   | \$ 72,721         |
| Sapulpa Public Schools  | \$117,127         |
| <b>District XII: Tulsa County</b>   | <b>\$560,500</b>  |
| Parent Child Center of Tulsa, Inc.  | \$560,500         |
| <b>District XIII: Craig, Delaware, Mayes, Nowata, Ottawa, Rogers, Washington Counties</b> | <b>\$294,706</b>  |
| Bartlesville Public Schools   | \$174,000         |
| Oklahoma State University Cooperative Extension Service for Delaware County               | \$120,706         |
| <b>District XIV: Alfalfa, Garfield, Grant, Major, Woods Counties</b>                      | <b>\$108,259</b>  |
| Northwest Family Services, Inc.   | \$108,259         |
| <b>District XV: Carter, Johnston, Love, Murray Counties</b>                               | <b>\$110,432</b>  |
| Community Children’s Shelter, Inc.  | \$110,432         |
| <b>District XVI: Atoka, Bryan, Choctaw, Marshall, McCurtain, Pushmataha Counties</b>      | <b>\$93,146</b>   |
| McCurtain County Health Department  | \$ 93,146         |
| <b>District XVII: Kay, Noble, Osage Counties</b>  | <b>\$85,000</b>   |
| Northern Oklahoma Youth Services Center and Shelter, Inc.                                 | \$ 85,000         |

**Twenty-Three Private, Non-Profit And Public Agencies** were awarded contracts for SFY 2003. The Office of Child Abuse Prevention conducted a competitive bid process during the Spring of 2002, and in conjunction with the Department of Central Services, awarded 23 contracts across the State to fund community-based child abuse prevention programs. A total of \$3,267,932 was awarded from the Child Abuse Prevention Fund and reallocated lapsing funds. In addition, Community Based Family Resource and Support Federal Dollars were awarded to the Chickasaw and Comanche Nations, in order to provide the child abuse prevention programs to Native American families. Many of the contracts were awarded at levels below the bid and approved amounts.

**“An ounce of prevention is worth a pound of cure.”** Research has shown that child abuse and neglect experiences are contributors to many individual and social disorders among children and adults. Effective child abuse and neglect prevention program services result in savings by reducing the following: 1) intervention, investigation, and treatment of child abuse and neglect; 2) out-of-home placement or foster care for victims of child abuse and neglect; 3) intervention and treatment related to other social problems such as teen pregnancy, substance abuse, juvenile delinquency, and adult criminal behavior; 4) mental health services for victims of child abuse and neglect; and 5) use of social welfare income support.

# CAP Fund Program Evaluation

**The Healthy Families America Approach** was used by all of the CAP Fund community-based family resource and support programs. The programs served first-time mothers after the 28<sup>th</sup> week of pregnancy, pregnant women who were not being served by Children First, pregnant women expecting their second (or subsequent) birth, and parents of newborns. Families are served by a combination of home visitation and center-based groups and activities until the child is five years of age. An emphasis is placed on teaching parents how to be more nurturing. Services provided by the programs included:

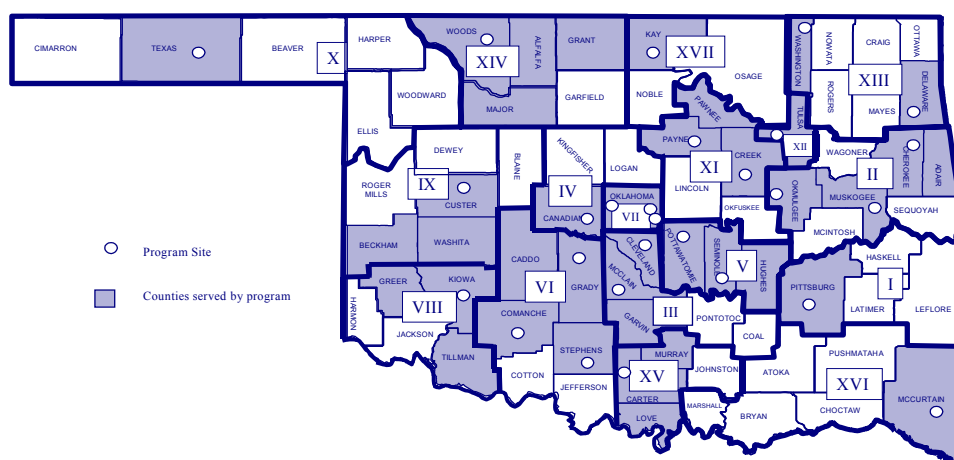
- \* home visits;
- \* center-based support and education groups;
- \* family events such as health fairs and public awareness activities;
- \* community outreach to families;
- \* screenings and / assessments;
- \* child development screenings/ assessments;
- \* linkage to health care providers;
- \* referrals to community resources such as mental health care, drug/alcohol treatment, housing assistance, job training/counseling, and domestic violence prevention; and
- \* additional support services such as respite care, child care, transportation, parent-child interaction play groups, and life management skills education.

*The goals of the community-based family resource and support programs are to enhance a family's abilities to care for itself and produce healthy members and to reduce a family's level of social isolation.*

**A Statewide Evaluation** of all the Child Abuse Prevention Fund community-based family resource and support programs began in SFY 2000. Steady progress has occurred in the implementation of this comprehensive evaluation. Evaluation components include:

- \* quality assurance (including site visits),
- \* program model fidelity and uniformity between program providers,
- \* goal attainment, and
- \* outcome-based measures.

**Child Abuse Prevention Fund, Community-Based Family Resource and Support Programs, Oklahoma, State Fiscal Year 2002.**



Source: Oklahoma State Department of Health, Office of Child Abuse Prevention

Through the partnership between the Office and the public and private program providers, work has continued to enhance the effectiveness and efficiency of the services. Every program provider in the state has essential features and common

goals and objectives (i.e., to assist families in utilizing existing skills, learning new skills, accessing community resources, increasing parental competencies, expanding social network, and becoming more effective and nurturing), yet each program has its own uniqueness. Evaluation measures were incorporated into the 27 data collection forms used by the providers of the community-based family resource and support programs and represent those common, essential features.

*The mission of the community-based family resource and support programs is to prevent child abuse and neglect by eliminating risk factors.*

# CAP Fund Program Evaluation – continued

**A Logic Model** of the community-based family resource and support programs was developed to identify objectives and goals. Process and outcome measures were developed to evaluate program effectiveness.

Key performance measures include:

- \* increased knowledge of child development;
- \* number of families provided home visits;
- \* number of families provided center-based services;
- \* number of child development screenings;
- \* increased child immunization rates; and
- \* decreased child abuse and neglect.

**Program Participant Satisfaction Surveys** were administered by each community-based family resource and support program. Each program’s approach to child abuse prevention is voluntary home visitation combined with center-based services. Components of the approach are: systematic assessment of the strengths and needs of families; promotion of positive parent-child interaction; promotion of healthy childhood growth and development; and enhancement of family functioning by building trusting relationships, teaching problem-solving skills, and improving family support systems. These goals are achieved with the combined efforts of services, staff, and participants.

Nearly 40% of the families enrolled responded to the February 2002 survey. Program-specific results were provided by the Office of Child Abuse Prevention to the community-based programs. The following cumulative results are an example of the data collected.

Selected characteristics of program participants were presented in an expanded format: 1) reactions and feelings (lowest level indicator of long term impact), 2) learning (enhanced attitudes, perceptions, or knowledge), and 3) changes in skills (applied learning). The questions included the program participants’ perceptions of the program services and staff.

Families who had been in the program for more than 18 months accounted for 37% of the respondents followed by those enrolled 0 to 6 month (27%), those enrolled 7 to 11 months (19%), and those enrolled 12 to 18 months (17%).

**“Very True” Was The Families’ Response** a large percentage of the time to the following statements:

|                        |     |
|------------------------|-----|
| Program Services were: |     |
| <u>Helpful</u>         | 91% |
| <u>Good Quality</u>    | 94% |
| <u>Recommendable</u>   | 94% |

|                                     |     |
|-------------------------------------|-----|
| Program Staff were:                 |     |
| <u>Skilled to Provide Service</u>   | 94% |
| <u>Encouraging</u>                  | 93% |
| <u>Knowledgeable About Services</u> | 93% |
| <u>Great Working with Family</u>    | 94% |

|                      |     |
|----------------------|-----|
| My Home Visitor was: |     |
| <u>Supportive</u>    | 93% |
| <u>Trustworthy</u>   | 84% |
| <u>Empowered</u>     | 73% |

|                      |     |
|----------------------|-----|
| My Group Leader was: |     |
| <u>Helpful</u>       | 65% |
| <u>Organized</u>     | 62% |
| <u>Empowering</u>    | 58% |

|  |     |
|--|-----|
| Parents said it was “Very True” that they:       |     |
| <u>Felt better prepared to care for children</u> | 81% |
| <u>Felt like a better parent</u>                 | 83% |
| <u>Felt satisfied with services</u>              | 96% |
| <u>Felt supported by program staff</u>           | 94% |

|   |     |
|---|-----|
| <u>Learned from staff</u>                 | 90% |
| <u>Learned coping skills</u>              | 55% |
| <u>Learned listening skills</u>           | 73% |
| <u>Learned child abuse risk factors</u>   | 78% |
| <u>Learned about children’s behaviors</u> | 90% |

|                                       |     |
|---------------------------------------|-----|
| <u>Applied problem-solving skills</u> | 65% |
| <u>Applied techniques</u>             | 78% |
| <u>Applied positive interaction</u>   | 87% |
| <u>Applied positive parenting</u>     | 78% |

|   |     |
|---|-----|
| <u>Improved their self-esteem</u>                       | 77% |
| <u>Improved their support system</u>                    | 75% |
| <u>Wanted to improve their living situation</u>         | 89% |
| <u>Had a better relationship with significant other</u> | 62% |
| <u>Had improved the well-being of their child(ren)</u>  | 83% |



# CAP Fund Program Reporting

**According to the Child Abuse Prevention Act**, the community-based family resource and support programs report quarterly to the Office of Child Abuse Prevention. During SFY 2002, the CAP Fund programs provided a variety of home-based and center-based child abuse prevention services.

- \* 2,675 families were screened for potential indicators of child abuse and neglect risk factors;
- \* 973 families were assessed for child abuse and neglect risk factors;
- \* 1,234 families received parent education and support through home visitation services;
- \* 16,195 home visits were provided to the families in SFY 2002;
- \* 978 parents attended parent education and/or support groups;
- \* 158 parents received individual consultation;
- \* 164 parents received personal safety and/or violence prevention;
- \* 402 parents received life skills training;
- \* 280 parents participated in parent-child drop in activities;
- \* 565 parents attended family support events; and
- \* 595 families were provided transportation services.

**2001 legislation amended the CAP Act.** The changes to the CAP Act specified the addition of CAP Fund program specific reporting requirements to the annual report. One contract for program services was cancelled in SFY 2002. The reported numbers reflect the status at the last time the data were collected in a standardized manner among families who were enrolled in home visitation services in SFY 2002.

During SFY 2002, 1,347 parents/grandparents represented the families who were enrolled in home visitation services. Of the parents and grandparents:

- \* 3% were 15 years of age or less;
- \* 30% were 16 to 19 years of age;
- \* 37% were 20 to 24 years of age;
- \* 17% were 25 to 29 years of age;
- \* 8% were 30 to 34 years of age; and
- \* 5% were 35 years of age or more.

Among the parents, 60% were single, 34% were married, 5% were separated/divorced, and 1% were widowed.

The following numbers represent households. It is important to note that more than one family could have lived in a household and that not every family unit within a household enrolled for services. The households were usually comprised of two adults (52%), followed by one adult (28%), three adults (14%), and four or more adults (6%).

Ninety-four percent of the children in the households were the biological children of the adults enrolled in the home visitation services. Among the children in the household of families who received home visitation:

- \* 39% were less than 12 months of age;
- \* 21% were 12 to 23 months of age;
- \* 27% were 2 to 4 years of age;
- \* 10% were 5 to 9 years of age; and
- \* 3% were 10 to 19 years of age.

The households included many family members of the children that received home visitation services. Among the members of the household, excluding the mother:

- \* 39% were the child's father;
- \* 3% were the child's stepfather;
- \* 5% were the boyfriend of the child's mother;
- \* 19% were the child's grandmother;
- \* 10% were the child's grandfather;
- \* 2% were the aunt of the child's mother;
- \* 1% were the uncle of the child's mother;
- \* 7% were the sister of the child's mother;
- \* 8% were the brother of the child's mother;
- \* 4% were the friend of the child's mother; and
- \* 3% were others, most often the child's great-grandparent.

SFY 2002 was the third year in a three-year contract cycle. Some of the programs began home visitation services in mid-1999 to mid-2000. Others had previous contracts to provide child abuse prevention programs and established home visitation services during the contract cycle that began July 1996. In SFY 2002, 58% of the families had been enrolled in home visitation services for less than one year, followed by those enrolled 1 to 2 years (23%) and 3 to 5 years (19%).

# *CAP Fund Program Reporting – continued*

| CAP Fund Program   | Number Newly Enrolled in SFY 2002 | Time in Program Among All Enrolled |             | CAP Fund Award in SFY 2002 |
|--|-----------------------------------|------------------------------------|-------------|----------------------------|
|  |                                   | Average                            | Range       |                            |
| Bartlesville Public Schools                              | 33                                | 6-11 months                        | 1-17 months | \$174,000                  |
| Center for Children and Families                         | 65                                | 6-11 months                        | 1-41 months | \$116,515                  |
| Community Children’s Shelter                             | 43                                | 1-5 months                         | 1-35 months | \$ 95,535                  |
| Community Health Centers (Mary Mahoney)                  | 9                                 | 1-6 months                         | 1-29 months | \$ 90,086                  |
| Exchange Club Parent-Child Center                        | 91                                | 12-17 months                       | 1-53 months | \$163,000                  |
| Great Plains Youth and Family Services, VIII             | 22                                | 6-11 months                        | 1-41 months | \$ 93,548                  |
| Great Plains Youth and Family Services, XI               | 12                                | 12-17 months                       | 1-35 months | \$ 96,013                  |
| Help-In-Crisis   | 16                                | 6-11 months                        | 1-35 months | \$ 75,000                  |
| Latino Community Development Agency                      | 38                                | 6-11 months                        | 1-53 months | \$175,202                  |
| McClain-Garvin County Youth and Family Center            | 30                                | 1-6 months                         | 1-35 months | \$ 99,317                  |
| McCurtain County Health Department                       | 21                                | 12-17 months                       | 1-53 months | \$ 93,146                  |
| Marie Detty Youth and Family Services                    | 32                                | 1-5 months                         | 1-29 months | \$ 74,624                  |
| Northern Oklahoma Youth Services Center & Shelter        | 57                                | 1-5 months                         | 1-41 months | \$ 85,000                  |
| Northwest Family Services                                | 32                                | 1-5 months                         | 1-29 months | \$108,259                  |
| Oklahoma State University, Canadian County Extension     | 15                                | 12-17 months                       | 1-54 months | \$142,066                  |
| Oklahoma State University, Delaware County Extension     | 12                                | 18-23 months                       | 1-47 months | \$117,805                  |
| Oklahoma State University, Muskogee County Extension     | 36                                | 12-17 months                       | 1-29 months | \$147,428                  |
| Oklahoma State University, Pottawatomie County Extension | 13                                | 1-6 months                         | 1-54 months | \$114,209                  |
| Oklahoma State University, Texas County                  | 16                                | 2-17 months                        | 1-29 months | \$ 93,581                  |
| Okmulgee-Okfuskee County Youth Services                  | 23                                | 6-11 months                        | 1-23 months | \$ 92,506                  |
| The Parent Child Center of Tulsa                         | 68                                | 6-11 months                        | 1-54 months | \$457,429                  |
| Payne County Youth Services                              | 34                                | 18-23 months                       | 1-53 months | \$ 72,721                  |
| Pittsburg County Health Department                       | 17                                | 6-11 months                        | 1-29 months | \$116,557                  |
| Sapulpa Public Schools                                   | 16                                | 30-35 months                       | 1-54 months | \$ 89,255                  |
| Southwest Youth and Family Services                      | 10                                | 1-5 months                         | 1-29 months | \$ 74,629                  |
| Youth & Family Services for Hughes & Seminole Counties   | 9                                 | 1-5 months                         | 1-41 months | \$ 73,104                  |
| Youth Services for Stephens County                       | 6                                 | 12-17 months                       | 1-29 months | \$ 82,207                  |

During SFY 2002, 2,718 persons were contacted and screened for potential indicators of child abuse and neglect risk factors. Among those contacted, 22% did not have potential indicators, followed by family moved (17%), referred to other programs (15%), not interested (6%), lived outside service area (6%), already in another family resource program (5%), thought they did not need services (3%), involved with child protective services (2%), and other categories (24%).

There were 801 persons who screened positive and were initially assessed for child abuse and neglect risk factors in SFY 2002. Nearly two-thirds (64%) of the individuals were assessed positive for risk factors and chose to be a part of the home visitation program. Of the remainder, 48% assessed negative, 30% assessed positive but refused services, 22% assessed positive but were referred to more intensive services, and 15% assessed positive but the caseload was full. Families referred to more intensive services were those needing intervention or treatment due to child abuse and neglect, serious domestic violence in the home, untreated serious mental illness, or untreated serious substance abuse.

Families who screened or assessed negative were given referrals to the center-based parenting education classes or to other community resources such as at the health department for the Women, Infants, and Children (WIC), Children First, Child Guidance, or SoonerStart programs, the Department of Human Services for housing assistance and insurance, local Parents As Teachers programs, and infant crisis centers. Families who assessed positive and were referred to more intensive services were given referrals to other services within the program agency, parents assistance, mental health centers, drug rehabilitation, child protective services, and other family resource programs that could better meet the families’ needs. The average actual expenditures per family during SFY 2002 is estimated at \$1,595. Home visitation services were more expensive than group services and costs varied by contractor.



# Multidisciplinary Child Abuse and Neglect Teams

**A Multidisciplinary Child Abuse and Neglect Team (MDT)** is a group of professionals from various organizations and agencies who work in a coordinated and collaborative manner to ensure an effective response to cases of child abuse and neglect. The team provides a system of checks and balances to prevent the type of situations that occurred with the deaths of Ryan Luke and Shane Coffman. MDTs work to minimize the number of interviews necessary for a child victim of sexual abuse, physical abuse, or neglect and coordinate the system's response to child maltreatment.

Oklahoma legislation calls for the establishment of teams in every county and the funding of functional MDTs. MDT standards have been established by the Child Abuse Training and Coordination Council, the advisory group to the Child Abuse Training and Coordination program, in accordance with 10 O.S., Supp. 2000, Section 7110.

- In summary, the standards include:
- \* training on the multidisciplinary team approach,
  - \* establishing team documents (interagency agreements, investigating and interviewing protocols, and confidentiality statement),
  - \* conducting regular case review meetings,
  - \* submitting annual common data collection form, and
  - \* evaluating function of the team by use of the multidisciplinary team survey.

Teams must meet these standards in order to be considered functional. At the end of SFY 2002, there were 9 developing and 44 functioning teams.

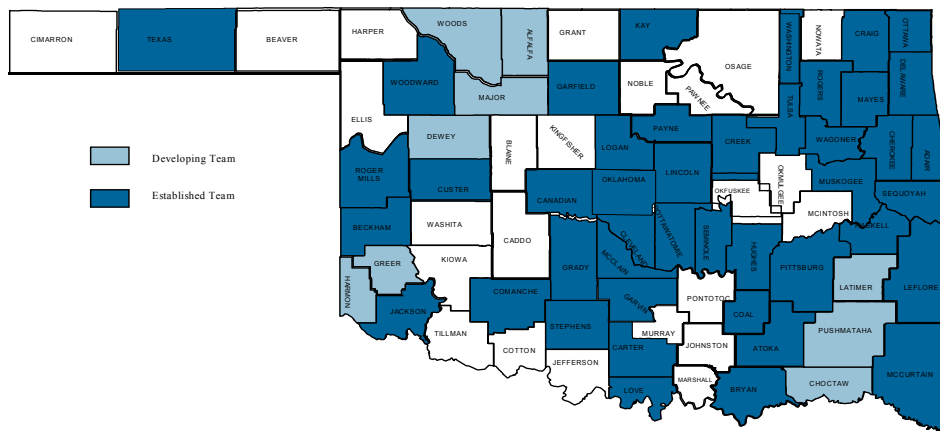
Functional MDTs and Child Advocacy Centers are eligible to receive funding from the Child Abuse Multidisciplinary Account (CAMA). The CAMA funds are based on a \$10 increase in civil filing fees. The Oklahoma Department of Human Services administers the funds. The lapsing funds revolve to the next year and cannot be used for any other purpose.

CATC conducted an Annual Team Survey, with 42 of the 44 teams responding. Of the teams reporting, 100% conducted routine case reviews, with the frequency being either weekly, twice a month, or monthly. The teams also reported that 90% of them supported frequent joint investigation

of child abuse and neglect by law enforcement and child welfare. They see their greatest achievements as opening lines of communication, working together, putting the best interest of the child first, and improving public awareness.

The Office of Child Abuse Prevention provided training, consultation, site visits, technical assistance, standards, and data collection instruments to the developing and functioning MDTs across the state during SFY 2002.

**Multidisciplinary Child Abuse and Neglect Teams, Oklahoma, SFY 2002.**



Source: Oklahoma State Department of Health, Office of Child Abuse Prevention

# Multidisciplinary Child Abuse and Neglect Teams

## - continued

**Multidisciplinary Child Abuse and Neglect Team Case Review Data** was provided by 42 MDTs in SFY 2002.

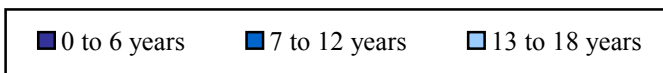
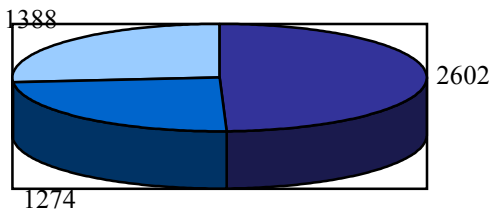
Teams that submitted the common data collection summary were:

|              |          |                     |           |
|--------------|----------|---------------------|-----------|
| Adair        | Atoka    | Beckham/Roger Mills | Bryan     |
| Canadian     | Carter   | Cherokee            | Cleveland |
| Coal         | Comanche | Creek               | Custer    |
| Delaware     | Garfield | Garvin              | Haskell   |
| Jackson      | Kay      | Latimer             | LeFlore   |
| Lincoln      | Logan    | Love                | McClain   |
| McCurtain    | Muskogee | Oklahoma CPT        | Oklahoma  |
| Ottawa       | Payne    | Pittsburg           | Pontotoc  |
| Pottawatomie | Rogers   | Seminole            | Sequoyah  |
| Stephens     | Texas    | Tulsa               | Wagoner   |
| Washington   | Woodward |                     |           |

During the 12 month period, 5,436 cases of child abuse and neglect were reviewed by the MDTs. On average, a case was reviewed twice (45%) before it was closed.

In 48% of the cases, the children were less than seven years of age. The child's age was unknown for only 1% reviewed.

**Child Abuse and Neglect Cases by the Age of the Child Victim, Oklahoma, SFY 2002.**



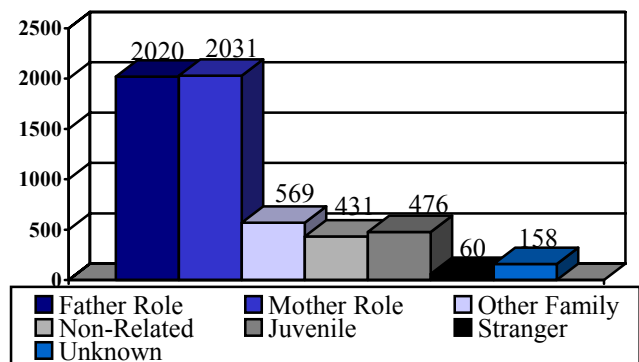
Of the cases reviewed, 68% involved Caucasian children followed by 14% African American, 10% Native American, 5% Hispanic, 2% multiracial, and <1% Asian children.

Reviewed cases could have involved more than one type of child maltreatment. Sexual abuse (41%) was the leading type of child maltreatment among the cases reviewed. Abandonment/Neglect (30%) and physical abuse (22%) were also documented. Emotional abuse (7%) and fatal abuse or neglect (<1%) were not widely documented in the cases reviewed.

Other conditions were also involved in the child abuse and neglect cases. Among the cases reviewed by the teams, 1,014 (45%) involved alcohol or drugs, 591 (16%) involved domestic violence, 272 (12%) involved mental illness, 365 (16%) involved divorces or custody proceedings, and 23 (1%) involved other circumstances such as children with special health care needs or incarcerated parents.

In the majority of the cases reviewed, the perpetrator was in a parental or caretaker role. In 71% of the cases, the perpetrator was in a father or mother role. Other family members (10%) and juveniles (8%) were the next highest percentages, followed by non-related persons who were known to the family (7%) and strangers (1%). The perpetrator was unknown in 3% of the cases.

**Child Abuse and Neglect Cases by the Role of the Perpetrator, Oklahoma, SFY 2002.**







# Recommendations for Continuous Development and Improvement

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***The Oklahoma State Plan for the Prevention of Child Abuse and Neglect*** is the product of the process that continually assesses the needs and services available in the State to address child abuse and neglect and its prevention. The Year 2002 revision incorporated a broader scope than previous plans to provide a statewide, multidisciplinary approach to the prevention of child abuse and neglect. With the experience, knowledge, and wisdom of a multiplicity of professionals, service providers, parents, and individuals from across Oklahoma, the State Plan's recommendations embody what is best for Oklahoma across the continuum of child abuse prevention. OCAP will continue to work with its partners to incorporate the recommendations of the State Plan into every aspect of its planning and work.

Examples of areas of priority for the OCAP, which are congruent with the recommendations of the State Plan are:

- \* Building community level capacity to assure a high quality of services that is consistent across the State;
- \* Ensuring that the services provided to families are based upon researched or best practice methodology;
- \* Supporting the development of services that focus on hard to reach populations, such as teen, or multiple issue families; and
- \* Promoting community-based leadership and collaboration to maximize resources and eliminate duplication.

***Community-based family resource and support program evaluation*** has continued to be an area of development and improvement. With the goals of ensuring effective and efficient services to prevent child abuse and neglect and to promote healthy and self-sufficient families, the evaluation for the programs is a comprehensive one. Great strides have been made in the past three years with the development of a standardized data collection forms and the development of a web-based application that allows for data entry into a centralized database.

The utility and versatility of the data and information

collected is contingent upon the quality and completeness of the data. Training and educating those who collect the information, review the forms, and input the data into the web-based application must be implemented in order to obtain quality and useful evaluation information.

In addition to having a web-based application that is easily accessible to programs across the State, a component to the application is required to allow for the analysis and maintenance of the database. The data is only beneficial if it is analyzed and the results are used to learn more about the services and programs. The completion of the evaluation piece is really just the beginning. The OCAP will use the data and the results to improve the services and programs that are provided by the community-based family resource and support programs.

***The Fatherhood Initiative is critical.*** Research results have shown, children who interact positively and often with their fathers are more likely to perform better in school, relate well with others and develop health concepts. Children who live absent their biological fathers, on average, are more likely to be poor, experience educational, health, emotional and psychological problems, become victims of child abuse and engage in criminal behavior than their peers who live with their married biological mother and father.

The Office of Child Abuse Prevention has identified an important objective to emphasize fatherhood involvement in all community based family resource and support programming. This objective will be addressed by increasing participation of fathers in all home visits by making visits "father friendly" and inviting fathers to specific program activities. Furthermore efforts will be made to increase the knowledge level of family support workers and family assessment workers regarding fatherhood issues.

***The Child Abuse Training and Coordination Program*** continues to be the area with the greatest potential for development and improvement for the Office of Child Abuse Prevention. The program provides a schedule of discipline-specific and multidisciplinary training

# Recommendations for Continuous Development and Improvement - continued

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programs for law enforcement, child welfare, prosecution, education professionals, and others with responsibilities for children and families. The challenge for training during FY 2003 will be making up-to-date, professional training available to members of multidisciplinary teams in close proximity to where they live and work. Due to budgetary restrictions placed on travel by state and county employees, the training will need to be delivered on a more regional, localized basis. Technology will need to be utilized to expand the availability of training programs beyond the one time, single event that has been done in the past. The Oklahoma Career Technology system will be used as locations for trainings that will improve the local access as well as having the technical support needed.

Training will also focus on team development to help local teams improve their communication and collaboration efforts. Based on trends in the field, specialized trainings will be offered to improve the investigation of child deaths and child neglect.

**The Multidisciplinary Child Abuse and Neglect Team** functional status review process is a continued development and improvement priority for the CATC Program. Legislation prescribes that the teams must meet minimum standards promulgated by the Child Abuse Training and Coordination Council to qualify for operational funds that are distributed by the Oklahoma Department of Human Services.

An Ad Hoc Committee of the CATC Council has been meeting regularly to standardize and refine the review process. A logic model was prepared as the basis for developing minimum team standards that reflect the requirements in the law. The review process is being refined and standardized to facilitate this annual activity to determine team functioning status.

**Cultural competency** needed in program development and implementation. Oklahoma has one of the largest Native American populations in the United States. After securing contracts and implementing the Healthy Families Child Abuse Prevention program, two

Oklahoma tribes, the Chickasaw and Comanche Nation, became child abuse prevention partners and began a community based family resource and support program with their tribal families. In addition, programs report increased enrollment of Hispanic families statewide. It is the desire of the Office of Child Abuse Prevention to develop cultural competency in all aspects of the home based and center-based programs. Great strides have been made to provide translated materials for Hispanic families but this only touches the tip of the iceberg in terms of the effort that will be required to develop cultural competency.

A goal for this year is to take the next step and assure that programming is tailored to the unique need of each community. This will be accomplished by asking programs to suggest program components and curriculum material suited to the culture and by seeking consultation from our national program and federal partners.

**District Child Abuse Prevention Task Force** support continues to need development and improvement. The seventeen district task forces across the State rely on volunteers to coordinate, plan and implement child abuse prevention efforts for multi-county areas. District task forces need to update district level child abuse prevention plans that are in compliance with the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect*. In SFY 2003, the Office of Child Abuse Prevention will work to improve the support, training and consultation assistance that is provided to the district task forces.



## Program Needs

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**Diversify the funding base** of child abuse prevention funds. The Oklahoma Institute for Child Advocacy conducted its yearly Fall Forum to establish the 2003 Legislative Agenda for Children and Youth. In this year of economic challenges, advocates for children and youth expressed their overwhelming support for strategies to generate new revenues, to pursue less costly ways to deliver services, to explore more efficient ways to coordinate existing services, and to engage in long-term planning and development of new initiatives. Advocates not only set realistic goals for the 2003 Legislative Session, but also committed to laying the foundation for future change by remaining involved in issues requiring additional study or non-legislative action.

One item on the 2003 Legislative Agenda for Children and Youth addresses the ongoing need for child abuse prevention programming in Oklahoma.

The Department of Human Services conducted child abuse investigations or assessments for over 50,000 children last year. A confirmation of abuse or neglect was made for 13,394 of these children. The most common type of child maltreatment is neglect – the failure of a parent or caregiver to provide the basic necessities for their children. Children are more likely to die from neglect than from other types of maltreatment and they are usually under the age of two when they die.

Even though child advocates have been encouraged by the decrease in confirmed child abuse and neglect cases for the third year in a row, the data shows us there is much work to be done in Oklahoma. State agencies have worked hard to put programs in place that address the particular needs of Oklahomans, namely the Children First Program and the Office of Child Abuse Prevention. These programs target services to young families and present them with information that helps them learn how to nurture their children and keep their homes safe.

In recent months, legislators have begun to explore ways to reduce spending. Suggestions have been made to reduce child abuse prevention programs and divert funds to other needs. Yet in this time of economic crisis, families at a high risk for child abuse need help more than ever before.

The Children's Agenda supports maintaining state funding for programs that prevent child abuse and neglect, and seeks to explore new strategies to enhance funding.

In particular the Office of Child Abuse Prevention is working with other child advocates in Oklahoma as well as around the nation to identify potential funding sources such as Medicaid reimbursement for targeted case management. It will be important to diversify the funding streams available for child abuse prevention for future planning purposes and to provide much needed services to every county in Oklahoma.

**The Child Abuse Coordination and Training Program** is currently understaffed. Based on current and projected workload, at minimum two additional professional staff is needed for initial follow up trainings, technical assistance and functional assessment of multidisciplinary child abuse and neglect teams across the State. Due to revenue shortfalls, additional funds will not be requested this fiscal year but it is important to note that additional staff will be required to implement all the provisions of the state mandates.

Additional positions would allow for continued and increased multidisciplinary and discipline specific training on multiple specialized subjects and training on the multidisciplinary team approach, technical assistance, consultation and site monitoring visits of multidisciplinary teams.

# Appendix A.

## Child Abuse and Neglect Statistics

Each year the Oklahoma Department of Human Services, Division of Children and Family Services, Child Welfare Services publishes the *Child Abuse and Neglect Statistics*. **Oklahoma has experienced a decline in confirmed child abuse and neglect cases for three consecutive years.**

DHS received 53,460 reports on families and determined after screening that 35,360 reports had allegations that met the definition of abuse and neglect and required investigation or assessment.

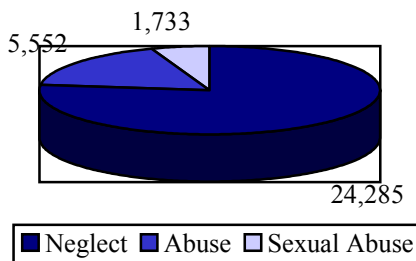
| State Fiscal Year | Investigated/ Assessed | Confirmed | Confirmation Rate | County Level Rate Range |
|-------------------|------------------------|-----------|-------------------|-------------------------|
| 1997              | 48,399                 | 13,627    | 28%               | 4%-61%                  |
| 1998              | 61,709                 | 16,710    | 27%               | 11%-43%                 |
| 1999              | 57,026                 | 16,217    | 28%               | 8%-50%                  |
| 2000              | 62,023                 | 14,273    | 23%               | 3%-42%                  |
| 2001              | 50,683                 | 13,394    | 26%               | 5%-39%                  |

There were 50,683 incidents for which an investigation or assessment was completed and a finding made.

The reporting source of confirmed child abuse and neglect cases has remained relatively constant from 1996 to 2001. For SFY 2001, one-third of the confirmed cases were reported by either law enforcement or a relative of the involved family, while social workers and school personnel reported one-fifth of the confirmed cases. Medical professionals combined (hospitals, nurses, physicians, other medical professionals, and dentists) reported 9% of the confirmed cases.

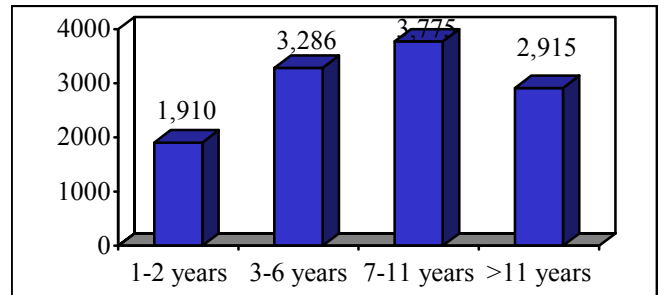
Neglect continued to be the leading type of child maltreatment accounting for more than three-quarters of the confirmed cases.

Confirmed Child Abuse and Neglect by Category, Oklahoma, SFY 2001.



Among the confirmed cases of child abuse and neglect, 50% involved children seven years of age or younger.

Confirmed Child Abuse and Neglect by Age, Oklahoma, SFY 2001.



Neglect was the leading type of child maltreatment related death. Seven out of every ten child maltreatment related deaths were determined to be caused by neglect. Children less than one year of age and children one to two years of age accounted for the greatest percentage of child abuse and neglect deaths. Among the confirmed child abuse and neglect deaths in SFY 2001, 24% were females and 76% were males. In addition, 60% of the children were Caucasian, 27% were African American, 10% were Native American, and 3% Hispanic.

The causes of child abuse and neglect deaths from SFY 2001 were as follows:

- \* Asphyxiation - improper sleeping arrangements
- \* Head Trauma
- \* Drowning - lack of supervision
- \* Medical Neglect
- \* Smoke Inhalation - lack of supervision
- \* Environmental Neglect
- \* Gunshot Wound - lack of supervision
- \* Born Drug Exposed
- \* Heat Exposure
- \* Physical Abuse/Body Trauma
- \* Poisoning - lack of supervision
- \* Shaken Baby Syndrome
- \* Shaken Impact
- \* Stab/Knife Wounds
- \* Vehicular Accident - substance abuse by parent



## Appendix B.

# Child Abuse Prevention Service Fact Sheet

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**Mission** – To promote the health and safety of children and families by reducing family violence and child abuse (including neglect) through public health education, multidisciplinary training of professionals, and funding of community-based family resource and support programs.

**Program Description/Legislative Mandates** – The Child Abuse Prevention Act (Title 63, O.S. Supp. 2001, Section 1-227) calls for the Office of Child Abuse Prevention to:

- ◆ Prepare a comprehensive *State Plan to Prevent Child Abuse*,
- ◆ Provide technical assistance to District Child Abuse Prevention Task Forces,
- ◆ Establish or expand community-based family resource and support programs through contracts from the Child Abuse Prevention Fund,
- ◆ Provide training and technical assistance to the contracted community-based family resource and support program service providers,
- ◆ Collaborate with public and private agencies and organizations,
- ◆ Provide child abuse and domestic violence training to professionals who have responsibilities for children and families,
- ◆ Implement statewide public health education and public awareness activities for preventing, identifying, and reporting of child abuse,
- ◆ Distribute public health promotion materials,
- ◆ Provide training and monitoring of statewide multidisciplinary child abuse teams, and
- ◆ Provide monitoring and evaluation of the development of quality community-based services for child abuse prevention.

**Outcomes** – The efforts of the Office of Child Abuse Prevention impact diverse populations such as the general public, professionals who intervene in circumstances of child abuse or domestic violence, other state agencies and public policymakers, community-based family resource and support program service providers, and families. Measures of success include:

- ◆ Reduced child abuse and neglect,
- ◆ Increased public awareness of child abuse and domestic violence,
- ◆ Increased appropriate reporting of child abuse,
- ◆ Improved system of intervention for child abuse and/or domestic violence circumstances,
- ◆ Improved competencies of professionals who intervene in circumstances of child abuse and/or domestic violence,
- ◆ Improved competencies of community-based family resource and support program service providers, and
- ◆ Increased availability and accessibility of community-based family resource and support services.

### Child Abuse Prevention Service

Oklahoma State Department of Health – Family Health Services  
1000 N.E. 10<sup>th</sup> Street, Oklahoma City, Oklahoma, 73117-1299  
Telephone: (405) 271-7611      FAX: (405) 271-1011



# Appendix C.

## Child Abuse Prevention Service Personnel

(Personnel funded by state and federal funds)

### Administration and Policy Development

The Chief provides oversight to the OCAP and assures quality programming that is effective and efficient. The Chief prepares the annual report, formulates and recommends rules and regulations, and acts as agent for the Board of Health in the performance of its duties pertaining to the implementation of the Act's provisions.

**Sally Carter, M.S.W., L.C.S.W.**  
Chief

### Community-Based Family Resource and Support

Program Consultants provide technical assistance to CAP Fund programs, conduct contractor site visits, provide training, assist in development of procedures, provide support to the State Interagency Child Abuse Prevention Task Force, and serve on community boards and councils.

**Ginger Clark, M.S.**  
Program Consultant

**Latricia Morgan, M.Ed.**  
Program Consultant

**Vacant**  
Program Manager

### Child Abuse Training and Coordination

The Child Abuse Training and Coordination Program Coordinator provides oversight to the CATC Program and staff, staffs the CATC Council, trains and provides consultation for the multidisciplinary teams, and provides training to professionals across the state.

**Sue Vaughan Settles, L.S.W.**  
CATC Program Coordinator

**Vacant**  
CATC Health Educator

### Public Health Administrator

The Public Health Administrator performs administrative review of contractors, coordinates public awareness activities, and provides training and support to the District Task Forces.

**Carol S. Gehue**  
Public Health Administrator

### Special Projects for Under-Served Populations

The Program Consultant coordinates respite care services for families participating in the community-based family resource and support programs and focuses efforts to expand services to under-served populations.

**Vacant**  
Program Coordinator

### Fatherhood Initiative

The Advocate provides helpful information to encourage participation of fathers in community-based family resource and support programs and expand library of materials.

**James Talley**  
Father Advocate

### Assessment and Evaluation

The Epidemiologist designs the evaluation for OCAP programs' activities, prepares reports, journal articles, and presentations, and provides epidemiological support to OCAP and the Family Health Services.

**Malinda Reddish Douglas, M.P.H.**  
Epidemiologist

### Administrative Support

Support staff provide service to the entire Office of Child Abuse Prevention. Staff assist with many large mailings, training sessions, make site visit arrangements, maintain extensive program monitoring files, and provide clerical support.

**Linda Robertson**  
Administrative Programs Officer

**Lori Owens**  
Administrative Assistant

**Skirley Logan**  
Administrative Assistant

**Lisa Slater**  
Administrative Technician

**Cathy Edwards**  
Administrative Technician



## Appendix D.

### Other Family Resource and Support Programs

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**The Office of Child Abuse Prevention** encourages collaboration among family resource and support programs statewide. The information provided is a cursory glance at other services available across Oklahoma.

**The Children First Program** is a statewide, voluntary family resource program that provides public health nurse home visitation services at no cost to families. The program encourages prenatal care, personal development, promotes the involvement of fathers, and supports families in parenting.

Agency: Oklahoma State Department of Health  
Administered through local health departments

Program Model: The Nurse-Family Partnership

Funding Source: State Funds

Target Population: Pregnant women who are expecting to parent for the first time and enrolled prior to the 28<sup>th</sup> week of pregnancy. Services continue until the child is two years of age.

**The Child Guidance Service** provides screening, assessment, and therapy for developmental, communication, hearing, and behavioral concerns and assists families in accessing other resources.

Agency: Oklahoma State Department of Health  
Administered through local health departments

Program Model: Child Guidance

Funding Source: State Funds and Local Fees

Target Population: Families with children birth to 18 years of age.

**SoonerStart** is Oklahoma's early intervention program serving infants and toddlers (birth to 36 months) with developmental delays. SoonerStart was implemented following the enactment of Part H of the Individuals with Disabilities Education Act (IDEA) and the Oklahoma Early Intervention Act of 1989.

Interagency: Oklahoma Departments of Education, Health, Mental Health and Substance Abuse Services, Human Services, Health Care Authority, Commission for Children and Youth.

Administered through local health departments

Program Model: Transdisciplinary model

Funding Source: State and Federal Funds

Target Population: Families with infants and toddlers (less than 36 months of age) who have at least a 50% delay in one developmental area or 25% delay in two developmental areas or have a physical or mental condition, which most likely will cause developmental delay.

**Oklahoma Parents as Teachers (OPAT)**, a voluntary program, is designed to support parents as their child's first teacher by enhancing the positive skills and practices parents already possess and building upon them. The program promotes school readiness and creates an early partnership between parents and school.

Agency: Oklahoma State Department of Education  
Administered at the school district level

Program Model: Parents as Teachers

Funding Source: State Appropriations and Local Funds

Target Population: All families with children, birth to 36 months of age, residing in a participating school district.

**Early Head Start**, a program for low-income families with infants and toddlers and pregnant women, was created with the reauthorization of the Head Start Act in 1994. Early Head Start is a child development program that seeks to enhance the development of infants and toddlers.

Agency: Oklahoma Association of Community Action Agencies, Head Start State Collaborative Office

Program Model: Early Head Start

Funding Source: Federal Funds

Target Population: Low income (100% of federal poverty level) pregnant women and families with infants and toddlers less than 3 years.