

# *Child Abuse Prevention Service*

*Family Health Services*

*Oklahoma State Department of Health*

---

*Office of Child Abuse Prevention*

*Annual Report*

*State Fiscal Year 2003*



---

Child Abuse Prevention Service  
Family Health Services  
Oklahoma State Department of Health  
1000 N.E. 10th Street  
Oklahoma City, OK 73117-1299  
Phone: (405) 271-7611





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

***Office of Child Abuse Prevention***  
***Annual Report – State Fiscal Year 2003***

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

---

James M. Crutcher, M.D., M.P.H.  
Commissioner of Health  
and State Health Officer

Edd D. Rhoades, M.D., M.P.H.  
Deputy Commissioner  
Family Health Services

Annette Jacobi, J.D.  
Chief  
Child Abuse Prevention Service

January 2004

## Foreword

---

### *Every Day in Oklahoma...*

- \* 137 babies are born
  - ... 62 are from unintended or unwanted pregnancies
  - ... 48 are born to unwed mothers
  - ... 45 are born to mothers living in poverty
  - ... 32 are born to mothers without a high school education
  - ... 25 are born to mothers who smoked while pregnant
  - ... 21 are born to teen mothers
  - ... 1 is born to a mother who abused alcohol or drugs while pregnant
- \* 155 reports of abuse and neglect are made
  - ... 27 cases of child neglect are confirmed
  - ... 6 cases of child abuse and neglect are confirmed
  - ... 5 cases of child abuse are confirmed

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 2003* 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*

---

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*

---

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.

# Table of Contents

---

	Pages
Foreword.....	ii
Mission of the Office of Child Abuse Prevention.....	iii
Intent of Legislation.....	iii
Activities of the Office of Child Abuse Prevention.....	1
Child Abuse Prevention (CAP) Fund Programs.....	3
CAP Fund Program Evaluation.....	5
CAP Fund Program Reporting.....	7
Multidisciplinary Child Abuse and Neglect Teams.....	9
Recommendations for Continuous Development and Improvement.....	14
Program Needs.....	15
Appendix A. Child Abuse and Neglect Statistics.....	16
Appendix B. Office of Child Abuse Prevention Fact Sheet.....	17
Appendix C. Office of Child Abuse Prevention Personnel.....	18
Appendix D. Other Family Resource and Support Programs.....	19



# Activities of the Office of Child Abuse Prevention

**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 an “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 community-based family resource and support programs are designed to assist families at risk of child abuse and neglect through strength-based services. The Office provides technical assistance and training to the CAP Fund Community-Based Family Resource and Support Programs across the state.

### **During State Fiscal Year (SFY) 2003:**

- \* 23 community-based programs were awarded in \$3,019,126. in CAP Funds;
- \* 4 training series educated 64 community program staff in the areas of the Healthy Families America (HFA) model, family assessment, family support, and program supervision;
- \* All community programs received site visits conducted by OCAP staff and peer reviewers;

- \* 65 administrators, managers, and financial staff of the community programs received a two-day training on procedures, evaluation, and contract monitoring.
- \* Two tribes, Chickasaw and Comanche Nations, provided prevention services to Native American families under contracts with the OSDH;
- \* The Parents as Teachers curriculum was adopted as the child development piece for use in all home visitation programs; and,
- \* A web-based application was implemented 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 multidisciplinary child abuse and neglect teams throughout the state and improves the education and training of professionals with responsibilities for children and families.

### **During State Fiscal Year (SFY) 2003:**

- \* 47 developing and functioning multidisciplinary child abuse and neglect teams were provided technical assistance and consultation;
- \* 17 training events educated 1,055 participants in the areas of Joint Investigations for Multidisciplinary Team Approach to Child Sexual Abuse Investigations, Identification and Reporting Child Abuse and Neglect, Mock Trial Drug Courts, Child Care health Consultant Training, and Multidisciplinary Team Coordinator Training;
- \* An Orientation Training was provided to the Domestic Violence Fatality Review Team;
- \* Oklahoma Lawyers for Children was assisted with their Fall Seminar 2002 and Spring Seminar 2003 for volunteer child attorneys;
- \* Assisted the Oklahoma Coalition Against Domestic Violence and Sexual Assault Annual Conference;
- \* Assisted the Court Appointed Special Advocates with a statewide training program;
- \* Assisted the CATC Council with the standardization of multidisciplinary team functioning assessments; and,
- \* Reviewed all child abuse and neglect reports generated by local county health department staff statewide.

# Activities of the Office of Child Abuse Prevention

---

**The Office of Child Abuse Prevention** maintained its focus on the comprehensive approach to child abuse prevention. The OCAP worked in conjunction with other agencies and organizations, SFY 2003 accomplishments included:

- \* Facilitated the development of the Oklahoma Drug Endangered Children Statewide Steering Committee in collaboration with the Oklahoma Bureau of Narcotics and numerous other agencies;
- \* Conducted workshops on identifying and reporting child abuse and neglect in many communities across the State;
- \* Maintained OCAP web page on OSDH web site.
- \* Malinda Reddish Douglas, Epidemiologist, presented at the Fourteenth National Conference on Child Abuse and Neglect on “Effective Strategies for Preventing Child Abuse: A National Perspective”;
- \* Distributed 6,000 child abuse prevention packets statewide;
- \* Participated on the Domestic Violence Fatality Review Board;
- \* Participated on the Child Death Review Board;
- \* Co-sponsored the Healthy Families Oklahoma Conference for over 800 participants;
- \* Co-sponsored the Family Matters Conference with approximately 250 participants;
- \* Sponsored cultural competency training, “A Framework for Understanding Poverty,” for 100 Child Abuse Prevention Program Staff; and,
- \* Initiated a contractual agreement for consultation from Oklahoma State University to the 17 Child Abuse Prevention Districts.

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

- \* Formed a blue ribbon work group with representation from Department of Human Services, Department of Mental Health and Substance Abuse Services, and the Oklahoma Coalition Against Domestic Violence and Sexual Assault, with a broad range of professionals, such as psychologists, social workers, and child development specialists, to develop a policy for determining appropriate services with families involved with domestic violence, substance abuse, and/or criminal behavior;
- \* Expanded the OCAP Fatherhood Initiative by collaborating with a number of private and public agencies to sponsor the First Annual Oklahoma

Fatherhood Summit;

- \* In collaboration with the Department of Human Services and the Oklahoma Respite Resource Network, provided Respite Care to 277 CAP funded families, and expanded services to families served by Children First; and,
- \* Trained two OCAP Program Consultants as trainers for the “Great Beginnings Start before Birth” Perinatal curriculum.

## **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.

The State Plan and its recommendations were used to develop the invitation to bid for provision of child abuse prevention services. Service contracts were awarded on a five year cycle. The following State Plan recommendations operationalized in the invitation to bid:

- \* Funding
  - \* Availability of services
  - \* Qualifications of services providers
  - \* Collaboration in training
- \* 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
- \* Interagency Provision of Services
  - \* Local, multi-sector ownership of health
  - \* Parenting teens to stay in school.

## *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 2003 child abuse prevention program dollars in the table include reallocated, lapsed funds from SFY 2002 and reflect the dollar amount after the state budget cuts that occurred during SFY 2003..

<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>\$101,162</b>
Pittsburg County Health Department	\$101,162
<b>District II: Adair, Cherokee, McIntosh, Muskogee, Okmulgee, Sequoyah, Wagoner Counties</b>	<b>\$225,468</b>
Help-In-Crisis, Inc.	\$ 117,500
Okmulgee-Okfuskee County Youth Services, Inc.	\$107,968
<b>District III: Cleveland, Coal, Garvin, McClain, Pontotoc Counties</b>	<b>\$235,000</b>
Crossroads Youth and Family Center	\$141,000
McClain-Garvin County Youth and Family Center, Inc.	\$ 94,000
<b>District IV: Canadian, Kingfisher, Logan Counties</b>	<b>\$120,787</b>
Oklahoma State University Cooperative Extension Service for Canadian County	\$120,787
<b>District V: Hughes, Pottawatomie, Seminole Counties</b>	<b>\$94,577</b>
Youth and Family Services for Hughes and Seminole Counties, Inc.	\$ 94,577
<b>District VI: Caddo, Comanche, Cotton, Grady, Jefferson, Stephens Counties</b>	<b>\$214,028</b>
Marie Detty Youth and Family Service Center, Inc.	\$ 107,014
Oklahoma State University Cooperative Extension Service, Cotton and Jefferson Counties	\$ 107,014
<b>District VII: Oklahoma</b>	<b>\$540,401</b>
Community Health Centers, Inc.	\$ 94,000
Exchange Club Parent-Child Center for the Prevention of Child Abuse of Oklahoma, Inc.	\$276,029
Latino Community Development Agency, Inc.	\$170,372
<b>District VIII: Greer, Harmon, Jackson, Kiowa, Tillman Counties</b>	<b>\$94,000</b>
Great Plains Youth and Family Services, Inc.	\$94,000
<b>District IX: Beckham, Blaine, Custer, Dewey, Roger Mills, Washita Counties</b>	<b>\$94,000</b>
Great Plains Youth and Family Services, Inc.	\$94,000



## *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>\$94,000</b>
Oklahoma State University Cooperative Extension Service for Texas County	\$94,000
<b>District XI: Creek, Lincoln, Okfuskee, Pawnee, Payne Counties</b>	<b>\$139,855</b>
Sapulpa Public Schools	\$139,855
<b>District XII: Tulsa County</b>	<b>\$457,193</b>
Parent Child Center of Tulsa, Inc.	\$457,193
<b>District XIII: Craig, Delaware, Mayes, Nowata, Ottawa, Rogers, Washington Counties</b>	<b>\$216,769</b>
Bartlesville Public Schools	\$122,769
Oklahoma State University Cooperative Extension Service for Delaware County	\$94,000
<b>District XIV: Alfalfa, Garfield, Grant, Major, Woods Counties</b>	<b>\$94,000</b>
Northwest Family Services, Inc.	\$94,000
<b>District XV: Carter, Johnston, Love, Murray Counties</b>	<b>\$94,000</b>
Community Children's Shelter, Inc.	\$94,000
<b>District XVI: Atoka, Bryan, Choctaw, Marshall, McCurtain, Pushmataha Counties</b>	<b>\$109,899</b>
McCurtain County Health Department	\$ 109,899
<b>District XVII: Kay, Noble, Osage Counties</b>	<b>\$94,000</b>
Northern Oklahoma Youth Services Center and Shelter, Inc.	\$94,000

**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 in conjunction with the Department of Central Services. Many of the contracts were awarded at levels below the bid and approved amounts. 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. At the end of SFY 2003, \$2,686,482 was appropriated to the CAP Fund for SFY 2004. Two of the contracts were cancelled due to the decreased appropriation. For SFY 2004, 21 contracts were renewed using the CAP Fund and 2 contracts were renewed using Federal dollars.

***"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.

Center-based services were offered to families who were not eligible for home visitation services.

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

*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:

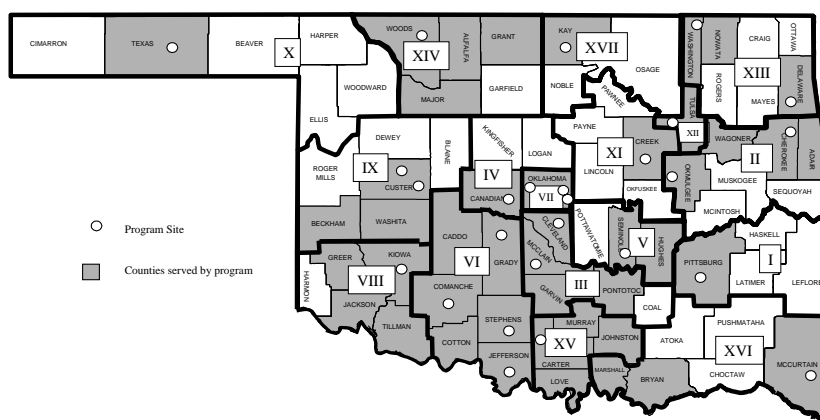
- \* quality assurance (including site visits),
- \* program model fidelity and uniformity between program providers,
- \* goal attainment, and
- \* outcome-based measures.

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.

A web-based application for data entry and reporting was instituted in SFY 2003.

**Child Abuse Prevention Fund, Community-Based Family Resource and Support Programs, Oklahoma, State Fiscal Year 2003.**



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

# 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 50% of the families enrolled responded to the February 2003 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 0 to 6 months accounted for one-third of the responds followed by those enrolled more than 18 months (26%), those enrolled 12 to 18 months (20%), those enrolled 7 to 11 months (16%), and 6% were unknown.

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

Program Services were:	
<u>Responsive to Family’s Needs</u>	93%
<u>Culturally Competent</u>	90%
<u>Recommendable</u>	92%

Program Staff were:	
<u>Skilled to Provide Service</u>	92%
<u>Encouraging</u>	93%
<u>Knowledgeable About Services</u>	93%
<u>Great Working with Family</u>	94%

My Home Visitor was:	
<u>Supportive</u>	88%
<u>Understanding</u>	85%
<u>Helpful</u>	79%

My Group Leader was:	
<u>Supportive</u>	60%
<u>Understanding</u>	57%
<u>Helpful</u>	50%

Parents said it was “Very True” that they:	
<u>Felt better prepared to care for children</u>	86%
<u>Felt like a better parent</u>	82%
<u>Felt satisfied with services</u>	92%
<u>Felt supported by program staff</u>	94%

<u>Learned from staff</u>	87%
<u>Learned coping skills</u>	54%
<u>Learned listening skills</u>	71%
<u>Learned child abuse risk factors</u>	80%
<u>Learned about children’s behaviors</u>	83%

<u>Applied problem-solving skills</u>	63%
<u>Applied techniques</u>	77%
<u>Applied positive interaction</u>	83%
<u>Applied positive parenting</u>	81%

<u>Improved their self-esteem</u>	75%
<u>Improved their support system</u>	76%
<u>Wanted to improve their living situation</u>	87%
<u>Had a better relationship with significant other</u>	63%
<u>Had improved the well-being of their children</u>	85%



## 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 2003, the CAP Fund programs provided a variety of home-based and center-based child abuse prevention services.

- \* 2,583 families were screened for potential indicators of child abuse and neglect risk factors;
- \* 866 families were assessed for child abuse and neglect risk factors;
- \* 1,055 families received parent education and support through home visitation services;
- \* 13,660 home visits were provided to the families in SFY 2003;
- \* 1,010 families attended center-based parent education and/or support groups; and
- \* Of the families who received center-based groups,
  - \* 28% were served by home visitation,
  - \* 4% were served by Children First,
  - \* 6% were served by SoonerStart,
  - \* 1% were served by Child Guidance,
  - \* 16% were served by other programs such as Parents as Teachers, Head Start, Even Start, and those provided by the Dept. of Human Services, and
  - \* 46% were not served by any other program.

**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. SFY 2003 began a new contract cycle.. 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 2003.

During SFY 2003, 1,344 parents/grandparents represented the families who enrolled in home visitation services. Of the parents and grandparents:

- \* 15% were 15 years of age or less;
- \* 23% were 16 to 19 years of age;
- \* 33% were 20 to 24 years of age;
- \* 15% were 25 to 29 years of age;
- \* 9% were 30 to 34 years of age; and
- \* 5% were 35 years of age or more.

Among the parents, 58% were single, 34% were married, 7% 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 (51%), followed by one adult (21%), three adults (15%), and four or more adults (13%).

Seventy-nine 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:

- \* 45% were less than 12 months of age;
- \* 10% were 12 to 23 months of age;
- \* 22% were 2 to 4 years of age;
- \* 12% were 5 to 9 years of age; and
- \* 12% 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:

- \* 35% were the child's father;
- \* 1% were the child's stepfather;
- \* 2% were the boyfriend of the child's mother;
- \* 23% were the child's grandmother;
- \* 12% were the child's grandfather;
- \* 4% were the aunt of the child's mother;
- \* 3% were the uncle of the child's mother;
- \* 5% were the sister of the child's mother;
- \* 4% were the brother of the child's mother;
- \* 3% were the friend of the child's mother; and
- \* 8% were others, most often the child's great-grandparent.

SFY 2003 was the first year in a five-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. Among those who participated in the satisfaction survey in SFY 2003, nearly half of the families had been in the program for less than one year. One-fifth of the families had received visits for 12 to 18 months while one-quarter of the families had received home visits for more than 18 months.

## *CAP Fund Program Reporting – continued*

<b>CAP Fund Program</b>	<b>Number Newly Enrolled in SFY 2003</b>	<b>Months in Program Among All Enrolled</b>	
		<b>Average</b>	<b>Range</b>
Bartlesville Public Schools	12	6	1-12
Chickasaw Nation	11	4	1-8
Comanche Nation of Oklahoma	20	5	2-8
Community Children’s Shelter & Family Resource Center	28	13	1-36
Community Health Centers (Mary Mahoney)	11	8	3-23
Crossroads Youth & Family Services	14	5	2-7
Exchange Club Center for the Prevention of Child Abuse of Oklahoma	71	13	1-56
Great Plains Youth and Family Services, VIII	18	10	2-36
Great Plains Youth and Family Services, XI	12	13	2-25
Help-In-Crisis	13	11	1-23
Latino Community Development Agency	24	16	2-53
McClain-Garvin County Youth and Family Center	16	16	1-43
McCurtain County Health Department	9	4	2-6
Marie Detty Youth and Family Services	44	8	1-30
Northern Oklahoma Youth Services Center & Shelter	25	6	1-11
Northwest Family Services	38	9	2-25
Oklahoma State University, Canadian County Extension	20	15	1-62
Oklahoma State University, Cotton/Jefferson County Extension	19	4	0-8
Oklahoma State University, Delaware County Extension	10	11	3-22
Oklahoma State University, Texas County	10	10	2-32
Okmulgee-Okfuskee County Youth Services	29	10	1-38
Parent Child Center of Tulsa	90	7	1-18
Pittsburg County Health Department	12	7	1-17
Sapulpa Public Schools	38	15	1-76
Youth & Family Services for Hughes & Seminole Counties	22	14	2-39

During SFY 2003, 2583 persons were contacted and screened for potential indicators of child abuse and neglect risk factors. There were 418 people screened that were not referred on to the assessment phase. Two-thirds (67%) of those who were screened only were negative for potential risk factors. Ten (10%) percent were referred to other programs, five (5%) percent lived outside the service area, three (3%) percent were not interested in the program and sixteen (16%) percent were other categories and unknown combined.

There were 866 persons who screened positive and were initially assessed for child abuse and neglect risk factors in SFY 2003. Nearly three-fourths (74%) of the individuals were assessed positive for risk factors and chose to be a part of the home visitation program. Of the remainder, 35% assessed negative, 24% assessed positive but refused services, 24% 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.

Ninety (90%) percent of families who 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 2003 is estimated at \$1,697. 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 2003, there were 4 developing and 43 functioning teams.

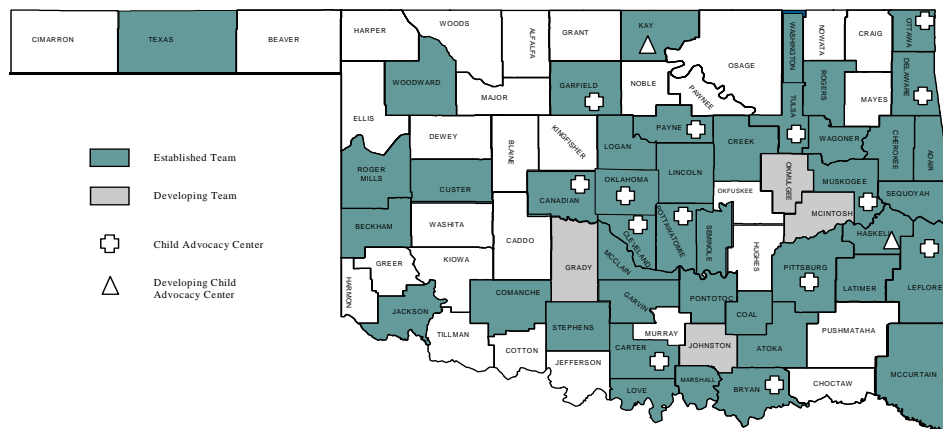
Functional MDTs and Child Advocacy Centers are eligible to received funding from the Child Abuse Multidisciplinary Account (CAMA). The CAMA funds are based on a \$10 increase in civil filing fees. The Oklahoma Department of Human Services administers the funds. The lapsing funds revolve to the next year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

CATC conducted an Annual Team Survey with 43 of the teams responding. Of the functioning teams reporting, 100% conducted routine case reviews, with the frequency being either weekly, twice a month, or monthly. Ninety-eight percent of the teams reported that the team conducted

joint investigation of child abuse and neglect by law enforcement and child welfare either routinely or when feasible. Team coordinators reported 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 2003.

**Multidisciplinary Child Abuse and Neglect Teams, Oklahoma, SFY 2003.**



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

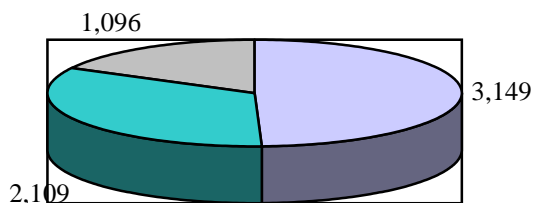
# Multidisciplinary Child Abuse and Neglect Teams -Common Data Collection Survey Results

**Multidisciplinary Child Abuse and Neglect Team Case Review Data** was provided by 41 MDTs in SFY 2003. 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	Jackson	Kay
Latimer	LeFlore	Lincoln	Logan
Love	Marshall	McCurtain	Muskogee
Oklahoma CPT	Oklahoma	Okmulgee	Ottawa
Payne	Pittsburg	Pontotoc	Pottawatomie
Rogers	Seminole	Sequoyah	Stephens
Texas	Tulsa	Wagoner	Washington
Woodward			

During the 12 month period, 6,372 cases of child abuse and neglect were reviewed by the MDTs. On average, a case was reviewed once (41.9%), while 32.3% were reviewed more than twice and 25.8% were reviewed twice. In 49.4% of the cases, the child was less than seven years of age. The child's age was unknown for only 0.3% of the cases reviewed.

Child Abuse and Neglect Cases by the Age of the Child Victim, Oklahoma, SFY 2003.



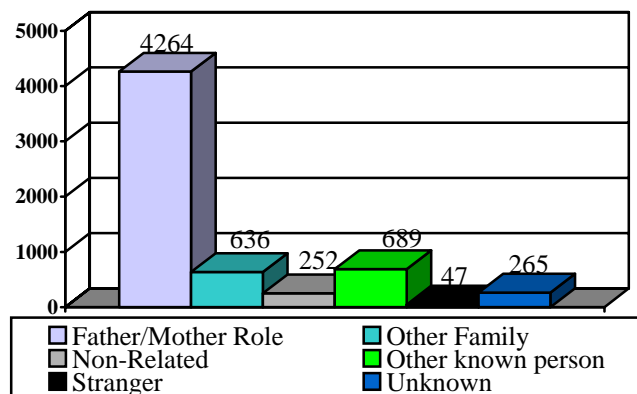
Of the cases reviewed, 66% involved Caucasian children followed by 14% African American, 11% Native American, 6% Hispanic, 2% multiracial, and <1% Asian children.

Reviewed cases could have involved more than one type of child maltreatment. Sexual abuse (40%) was the leading type of child maltreatment among the cases reviewed. Neglect (28%) and physical abuse (21%) were also documented.

Other conditions were also involved in the child abuse and neglect cases. Among the cases reviewed by the teams, 917 (49%) involved alcohol or drugs, 435 (23%) involved domestic violence, 219 (12%) involved mental illness, 165 (9%) involved divorces or custody proceedings, and 133 (7%) 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 69% of the cases, the perpetrator was in a father or mother role. Other family members (10%) and other known person (11%) were the next highest percentages, followed by parent's boy/girl friend (4%) and strangers (1%). The perpetrator was unknown in 4% of the cases.

Child Abuse and Neglect Cases by the Role of the Perpetrator, Oklahoma, SFY 2003.



# *Multidisciplinary Child Abuse and Neglect Teams - Annual Results*

<b>Counties Served</b>	<b>Multidisciplinary Child Abuse and Neglect Team Name</b>	<b>CAMA Funding Level</b>	<b>Functional Status</b>	<b>Common Data Collection</b>	<b>Annual Team Survey</b>
<b>Adair</b>	Child Abuse Task Force	\$19,125.00	Functioning	X	X
<b>Atoka</b>	Child Abuse Task Force	\$19,125.48	Functioning	X	X
<b>Beckham/ Roger Mills</b>	Child Protection Team	\$19,125.00	Functioning	X	X
<b>Bryan</b>	Child Abuse Task Force	\$76,501.92	Functioning	6 months	X
<b>Canadian</b>	Child Abuse Response Team	\$76,501.92	Functioning	X	X
<b>Carter</b>	Carter County MDT	\$76,501.92	Functioning	X	X
<b>Cherokee</b>	Child Abuse Task Force	\$19,125.00	Functioning	X	X
<b>Cleveland</b>	Child Abuse Response & Treatment Team	\$114,752.87	Functioning	X	X
<b>Coal</b>	Child Abuse Task Force	\$19,125.48	Functioning	X	X
<b>Comanche</b>	Comanche County Multidisciplinary Child Abuse Investigation Team	\$19,125.48	Functioning	6 months	X
<b>Creek</b>	Creek County Child Abuse Response Effort	\$19,125.48	Functioning	X	X
<b>Custer</b>	Child Protection Team	\$19,105.00	Functioning	X	X
<b>Delaware</b>	Delaware County Children's Special Advocacy Network MDT	\$76,501.92	Functioning	X	X
<b>Garfield</b>	MDT Child Abuse Response Team	\$76,501.92	Functioning	X	X
<b>Garvin</b>	Garvin County MDT	Did not apply	Functioning	-	-
<b>Grady</b>	Child Advocacy Team	Not eligible	Emerging	-	-
<b>Haskell</b>	Haskell County MDT	\$19,125.48	Functioning	-	X
<b>Jackson</b>	Child Protection Team	\$19,125.00	Functioning	X	X
<b>Johnston</b>	Johnston County MDT	Not eligible	Emerging	-	X
<b>Kay</b>	Child Protection Team	\$19,125.48	Functioning	X	X
<b>Latimer</b>	Latimer County MDT	Did not apply	Functioning	X	X
<b>LeFlore</b>	Child Advocacy MDT	\$76,501.92	Functioning	6 months	X
<b>Lincoln</b>	Kids First	Did not apply	Functioning	X	X
<b>Logan</b>	Logan County Children First	\$19,125.00	Functioning	X	X
<b>Love</b>	Love County Child Abuse and Neglect MDT	\$18,981.20	Functioning	X	X
<b>Marshall</b>	Marshall County MDT	\$19,125.48	Functioning	X	X
<b>McClain</b>	McClain County Organization for Changing Child Abuse	Did not apply	Functioning	-	-
<b>McCurtain</b>	Southeast Oklahoma Victim's Advocacy Board	\$19,125.48	Functioning	X	X
<b>McIntosh</b>	McIntosh County Child Abuse Task Force	Not eligible	Emerging	-	-



# *Multidisciplinary Child Abuse and Neglect Teams*

## *- Annual Results - continued*

Counties Served	Multidisciplinary Child Abuse and Neglect Team Name	CAMA Funding Level	Functional Status	Common Data Collection	Annual Team Survey
Muskogee	Muskogee County Child Abuse Response Team	\$76,501.92	Functioning	X	X
Oklahoma	CARE Center	\$459,011.50	Functioning	X	X
Oklahoma CPT	Children's Hospital CPT	\$19,125.48	Functioning	X	X
Okmulgee	Okmulgee County Children's Special MDT	Not eligible	Emerging	X	X
Ottawa	Ottawa County Multidisciplinary Team	\$76,501.92	Functioning	X	X
Payne	Child Abuse, Response, Evaluation and Support	\$76,501.92	Functioning	X	X
Pittsburg	Pittsburg County Child Abuse Response Effort MDT	\$76,501.92	Functioning	X	X
Pontotoc	Pontotoc County Child Abuse Response Team	\$19,125.48	Functioning	X	X
Pottawatomie	Pottawatomie County Child Abuse Team	\$76,501.92	Functioning	X	X
Rogers	Rogers County MDT	\$19,125.48	Functioning	X	X
Seminole	Seminole County MDT	\$19,000.00	Functioning	X	X
Sequoyah	Child Abuse Task Force	\$19,125.00	Functioning	X	X
Stephens	Stephens County CARE Team	\$18,170.00	Functioning	X	X
Texas	District Attorney's Child Abuse Advisory Task Force	\$19,125.48	Functioning	X	X
Tulsa	District Attorney's Task Force on Crimes Against Children	\$459,011.50	Functioning	X	X
Wagoner	Child Abuse Task Force	\$19,125.00	Functioning	X	X
Washington	Washington County Child Abuse MDT	\$19,125.48	Functioning	X	X
Woodward	District #26 Multi-Disciplinary Child Abuse Team	\$19,125.48	Functioning	X	X

**MDT Team Data** **43 surveys were received**

• Length of Time Established		
10 or more years	7	16.3%
6-9 years	9	20.9%
3-5 years	18	41.9%
1-2 years	7	16.3%
Less than one year	2	4.6%

• Team Functioning Rating		
1 – poor	1	2.3%
2 – average	2	4.7%
3 – average	18	41.9%
4 – excellent	17	39.5%
5 – excellent	5	11.6%



## Recommendations for Continuous Development and Improvement

---

**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 Positive Fathering 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

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** 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 2004, the Office of Child Abuse Prevention will contract with Oklahoma State University to provide support, training and consultation with the District Task Forces.

**Peer Review and Networking** have been combined for quality assurance purposes and to provide support among the programs. The goal for SFY2004 is to utilize a self-assessment tool and involve peer review in examining its results to point out strengths and needs of programs.



## Program Needs

---

**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 60,000 children last year. A confirmation of abuse or neglect was made for 13,903 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

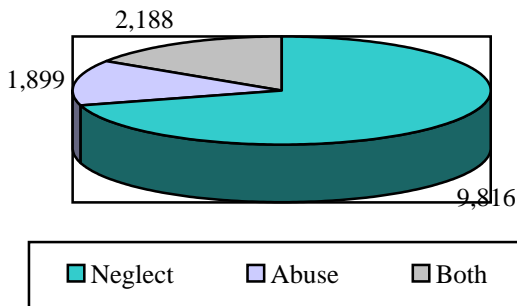
Each year the Oklahoma Department of Human Services, Division of Children and Family Services, Child Welfare Services publishes the *Child Abuse and Neglect Statistics*.

OKDHS received 56,562 reports on families and determined after screening that 38,077 reports had allegations that met the definition of abuse and neglect and required investigation or assessment. There were 62,795 children for whom an investigation was completed and a finding made. Findings are not made in assessments. There were 50,683 incidents for which an investigation or assessment was completed and a finding made.

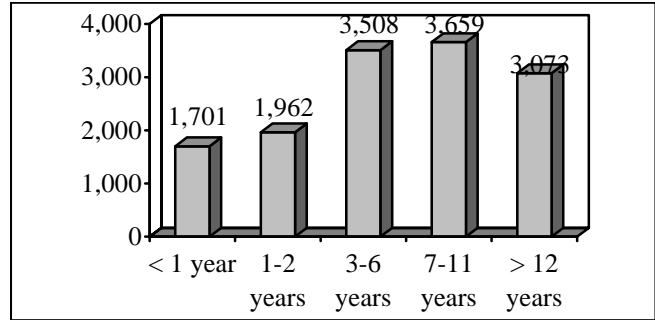
State Fiscal Year	Investigated/ Assessed	Confirmed	Confirmation Rate
1997	48,399	13,627	28%
1998	61,709	16,710	27%
1999	57,026	16,217	28%
2000	62,023	14,273	23%
2001	50,683	13,394	26%
2002	62,795	13,903	22%

The reporting source of confirmed child abuse and neglect cases has remained relatively constant from 1996 to 2001. For SFY 2002, law enforcement (22%) continued to be the most frequent reporting source of child maltreatment. Neglect continued to be the leading type of child maltreatment.

Confirmed Child Abuse and Neglect by Category, Oklahoma, SFY 2002.



Confirmed Child Abuse and Neglect by Age, Oklahoma, SFY 2002.



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. Environmental neglect (7 children) and head trauma (7 children) were the leading type of child maltreatment related death. Among the confirmed child abuse and neglect deaths in SFY 2002, 46% were females and 54% were males. In addition, 71% of the children were Caucasian, 14% were African American, 11% were Native American, and 3% Hispanic.

The causes of child abuse and neglect deaths from FY2002 were as follows:

Category	Count
Environmental Neglect	7
Head Trauma	7
Medical Neglect	4
Overall Physical Abuse/Body Trauma	3
Smoke Inhalation-Homicide	3
Stab/Knife Wounds	3
Drowning-Lack of Supervision	2
Asphyxia-Intentional	1
Gunshot-Homicide	1
Gunshot Wound-Lack of Supervision	1
Poisoning-Lack of Supervision	1
Smoke Inhalation-Lack of Supervision	1
Vehicular Accident-Substance Abuse by Parent	1



## Appendix B.

# Office of Child Abuse Prevention Fact Sheet

---

**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.

### Office of Child Abuse Prevention

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.

**Annette Jacobi, J.D.**  
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.**  
Programs Manager  
**Latricia Morgan, M.Ed.**  
Program Consultant  
**Lori Owens**  
Administrative Assistant

### Child Abuse Training and Coordination

The Child Abuse Training and Coordination (CATC) 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.**  
Social Worker III  
**Carol S. Gehue**  
Health Educator  
**Shirley Logan**  
Administrative Assistant

### Administration

The Public Health Administrator performs administrative review of contractors, financial and contractual management, and

**Sandie Sherrill**  
Program Consultant

### 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**  
Program Consultant

### 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 Murrah**  
Administrative Programs Officer  
**Lisa Slater**  
Administrative Technician  
**Cathy Edwards**  
Administrative Technician



## Appendix D.

# Other Family Resource and Support Programs

---

**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: Low income 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.