

Family Support and Prevention Service
Family Health Services
Oklahoma State Department of Health

Office of Child Abuse Prevention
Annual Report
State Fiscal Year 2005



Oklahoma State
Department of Health
Creating a State of Health

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Office of Child Abuse Prevention Annual Report – State Fiscal Year 2005

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

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Table of Contents

	Pages
List of Tables.....	iii
List of Figures.....	iv
List of Appendices.....	v
Foreword.....	1
Mission of the Office of Child Abuse Prevention	2
Intent of Legislation.....	2
Activities of the Office of Child Abuse Prevention.....	3
Child Abuse Prevention (CAP) Fund Programs.....	6
CAP Fund Program Evaluation.....	8
Program Participant Satisfaction Surveys.....	9
CAP Fund Program Reporting.....	10
Multidisciplinary Child Abuse and Neglect Teams.....	13
Multidisciplinary Child Abuse and Neglect Teams – Common Data Collection Survey Results.....	14
Recommendations for Continuous Development and Improvement.....	15
Program Needs.....	17



List of Tables

	Pages
1. State and Federal Funds Allocated To Programs Under Contract During SFY 2005.....	6
2. Program Participant Satisfaction Surveys, SFY 2005.....	9
3. New Families Accepted Into The Program and Average Length Of Time Enrolled.....	12
4. Child Abuse and Neglect Cases Investigated and Confirmed by OKDHS in SFY 2000-2004, Oklahoma.....	22
5. OKDHS Confirmed Child Abuse and Neglect Deaths by Cause, Oklahoma, SFY 2004.....	22



List of Figures

	Pages
1. Community-Based Family Child Abuse Prevention Programs by District and Counties, Oklahoma, SFY 2005.....	8
2. Additional Services Currently Received by Families Enrolled in Center-Based Services, Oklahoma, SFY 2005.....	10
3. Age of Parents Enrolled in Home Visitation Service, Oklahoma, SFY 2005.....	11
4. Household Composition of Families Receiving Home Visitation Services, Oklahoma, SFY 2005.....	11
5. Age of Children in Families Receiving Home Visitation Services, Oklahoma, SFY 2005.....	11
6. Multidisciplinary Child Abuse and Neglect Teams, Child Abuse Training and Coordination Program, Oklahoma, SFY 2005.....	13
7. Child Abuse and Neglect Cases Reviewed by MDTs by the Age of the Child Victim, Oklahoma, SFY 2005.....	14
8. Child Abuse and Neglect Cases Reviewed by MDTs by the Role of the Perpetrator, Oklahoma, SFY 2005.....	14
9. OKDHS Confirmed Child Abuse and Neglect Cases by Category, Oklahoma, SFY 2004.....	22
10. OKDHS Confirmed Child Abuse and Neglect Cases by Child's Age, Oklahoma, SFY 2004... ..	22



List of Appendices

	Pages
A. Office of Child Abuse Prevention Fact Sheet.....	18
B. Office of Child Abuse Prevention Personnel.....	19
C. Other Family Resource and Support Programs.....	20
D. Child Abuse and Neglect Statistics.....	22



Foreword

The Office of Child Abuse Prevention within the Family Support and Prevention Service is a leader in the provision of child abuse prevention programs and services in Oklahoma. The *Annual Report - State Fiscal Year 2005* provides an overview of the Office's activities, a summary of demographic characteristics of families served through Community-Based 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 child abuse prevention programs.

Intent of Legislation Title 63, O.S. Supp. 2001, Section 1-227

The intentions of the Child Abuse Prevention Act are:

- 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;
- That the Office of Child Abuse Prevention within the Oklahoma State Department of Health establishes a comprehensive statewide approach towards the prevention of child abuse and neglect.

Activities of the Office of Child Abuse Prevention

The Office of Child Abuse Prevention (OCAP) 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, 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 child abuse prevention programs), and tertiary (training professionals on the identification and reporting of child maltreatment) prevention services.

OCAP 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 Child Abuse Prevention Programs (CBCAP), funded by the Child Abuse Prevention (CAP) Fund, are monitored and evaluated by the Office of Child Abuse Prevention. These CBCAP programs are designed to assist families at risk of child abuse and neglect through strength-based services. OCAP provides technical assistance and training to these programs across the state.

Activities in State Fiscal Year (SFY) 2005:

- *Twenty-one* CBCAP programs had \$2,787,081 of CAP Funds awarded to them;

- \$300,000 of federal funds brought in were awarded to two tribes under contract, Chickasaw and Comanche Nations, to provide prevention services to Native American families;
- *Sixty-one* CBCAP program staff attended three training sessions on the Healthy Families America (HFA) model, family assessment, family support, pregnancy related training, and program supervision;
- All CBCAP programs received site visits;
- *Eighty-six* administrators, managers, and financial staff of the CBCAP programs were trained on procedures, evaluation, and contract monitoring;
- *Seventy-four* program managers and supervisors of the CBCAP programs were educated on domestic violence, mental health, and substance abuse;
- “Parents as Teachers” curriculum was used in contracted home visitation programs;
- One iPower on community respite program training was conducted for nurses.

The goal of a CBCAP program is to enhance a family’s abilities to care for itself, produce healthy members and to reduce a family’s level of social isolation.



Activities of the Office of Child Abuse Prevention

The Child Abuse Training and Coordination (CATC) Program, within OCAP trains professionals with responsibility for children and families, in accordance with the Child Abuse Prevention Act. CATC provides training, technical assistance, and assessment of the developing and functioning multidisciplinary child abuse and neglect teams throughout the state.

Activities in State Fiscal Year (SFY) 2005:

- Provided technical assistance and consultation to 47 multidisciplinary child abuse and neglect teams;
- Provided 79 days of training in 36 locations across the state;
- Educated 978 multidisciplinary team members and child protection professionals in 26 separate training events in the areas of joint investigations, special investigative techniques, multidisciplinary team approach, team building, identifying domestic violence injuries, courtroom testimony, investigating child deaths, and developing local drug endangered children protocols;
- Provided media training to 44 MDT coordinators;
- Co-sponsored the Oklahoma Association of Police Chiefs Conference in Tulsa with Oklahoma Association of Police Chiefs;
- Co-sponsored the Annual Domestic Violence and Children Conference with Oklahoma Coalition Against Domestic Violence and Sexual Assault for 35 participants in Tulsa;
- Provided 56 scholarships to law enforcement & child welfare personnel so they could attend the Annual Conference on Child Abuse & Neglect and Healthy Families 2004 in Tulsa;
- Assisted Oklahoma Lawyers for Children with their Fall and Spring Seminars for 262 volunteer child attorneys, district attorneys, law enforcement, child welfare, court appointed special advocates, judges, Guardians ad litem, law students, mental health, and Foster Care Review Board members;
- Collaborated with Comanche, Pontotoc, and Pottawatomie Counties MDTs to provide training for forensic interviewers;
- Collaborated with Child Guidance Service to provide special training to 301 participants on ‘*A Framework for Understanding Poverty*’;
- Completed the annual review of team functioning with the CATC Council using the Minimum Team Standards as adopted in April, 2003;
- Reviewed county health department generated child abuse and neglect reports;
- Initiated and conducted a special planning session with federal officers to increase the compliance with the Indian Child Welfare Act and to decrease issues related to jurisdiction in Indian County.

The Office of Child Abuse Prevention (OCAP) maintained its focus on the comprehensive approach to child abuse prevention.

Activities in State Fiscal Year (SFY) 2005:

- Maintained OCAP web page on OSDH web site;
- Distributed promotional and educational kits at Capital & State agencies;
- Made available printed education material at CBCAP program sites and on OCAP web page brochures such as ‘*The Period of Purple Crying*’; ‘*Child Abuse and Neglect*’;



Activities of the Office of Child Abuse Prevention

Reporting Information for Oklahomans’; *‘For Parents Sake vol. II’* in English and Spanish; and *‘For Kids Sake’*;

- Participated on the Domestic Violence Fatality Review Board;
- Participated on the Child Death Review Board;
- Participated in the Home Visitation Leadership Coalition;
- Represented OCAP on the Data Safety Monitoring Board;
- Participated on the Western Regional Resource Center Advisory Board;
- Co-sponsored the first Fatherhood Initiative conference, “Tool Time” in Tulsa with Northeast Coalition;
- Co-sponsored the Family Matters Conference with approximately 250 participants;
- Co-sponsored joint conference of 12th Oklahoma Conference on Child Abuse and Neglect and Healthy Families Oklahoma 2005 for over 900 attendees;
- Trained 150 current nurses from children first program in Child Abuse Medical Examiner training;
- Prepared two sessions of *‘Great Beginnings Start before Birth’* pregnancy-related training for community program staff;
- Respite Care provided to 313 CAP funded families and 251 families served by Children First through collaboration with the Oklahoma Department of Human Services and the Respite Resource Network.

The Oklahoma State Plan for the Prevention of Child Abuse and Neglect is revised every two years and is due for a revision in the coming SFY of 2006. The SFY 2004 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 also 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 were operationalized in the invitation to bid:

1. Funding
 - Availability of services
 - Qualifications of services providers
 - Collaboration in training
2. Finding and Appropriately Filling Gaps in Services
 - Services based on research or best practice
 - Needs of multiple issue families
 - Diversify funding of local programs
 - Linkage between animal abuse and child abuse
3. Evaluation of What Works
 - Evaluate all programs and services
 - Improve programs based on results
4. 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 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.

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 Child Abuse Prevention (CBCAP) Federal Dollars were awarded to the Chickasaw and Comanche Nations, in order to provide the Child Abuse Prevention programs to Native American families. For SFY 2005, \$2,787,081 was appropriated to the CAP fund, which was used to renew 21 contracts, and 2 contracts were renewed using \$300,000 Federal dollars.

Twenty-one private, non-profit and public agencies were awarded contracts for SFY 2005. The Office of Child Abuse Prevention conducted a

The SFY 2005 child abuse prevention program dollars in the table 1 include reallocated, lapsed funds from SFY 2004.

Table 1: State and Federal Funds Allocated To Programs Under Contract During SFY 2005

District Name and Counties within District	Contract Award \$	District Total \$
District I: Pittsburg, Haskell, LeFlore, Latimer Counties		\$100,000
Pittsburg County Health Department	\$100,000	
District II: Adair, Cherokee, McIntosh, Muskogee, Okmulgee, Sequoyah, Wagoner Counties		\$239,860
Help-In-Crisis, Inc.	\$125,000	
Okmulgee-Okfuskee County Youth Services, Inc.	\$114,860	
District III: Cleveland, Coal, Garvin, McClain, Pontotoc Counties		\$250,000
McClain-Garvin County Youth and Family Center, Inc.	\$100,000	
The Chickasaw Nation [†]	\$150,000	
District IV: Canadian, Kingfisher, Logan Counties		\$113,161
Oklahoma State University Cooperative Extension Service for Canadian County	\$113,161	
District V: Hughes, Pottawatomie, Seminole Counties		\$100,000
Youth and Family Services for Hughes and Seminole Counties, Inc.	\$100,000	
District VI: Caddo, Comanche, Cotton, Grady, Jefferson, Stephens Counties		\$263,845
Marie Detty Youth and Family Service Center, Inc.	\$113,845	
Comanche Nation of Oklahoma [†]	\$150,000	

Note: [†] programs funded by CBCAP federal funds, rest of the programs are State funded.



Child Abuse Prevention (CAP) Fund Programs

District Name and Counties within District	District Total \$
Agency Name	Contract Award \$
District VII: Oklahoma	\$534,457
Community Health Centers, Inc.	\$100,000
Exchange Club Parent-Child Center for the Prevention of Child Abuse of Oklahoma, Inc.	\$265,494
Latino Community Development Agency, Inc.	\$168,963
District VIII: Greer, Harmon, Jackson, Kiowa, Tillman Counties	\$100,000
Great Plains Youth and Family Services, Inc.	\$100,000
District IX: Beckham, Blaine, Custer, Dewey, Roger Mills, Washita Counties	\$100,000
Great Plains Youth and Family Services, Inc.	\$100,000
District X: Beaver, Cimarron, Ellis, Harper, Texas, Woodward Counties	\$100,000
Oklahoma State University Cooperative Extension Service for Texas County	\$100,000
District XI: Creek, Lincoln, Okfuskee, Pawnee, Payne Counties	\$145,976
Sapulpa Public Schools	\$145,976
District XII: Tulsa County	\$427,561
Parent Child Center of Tulsa, Inc.	\$427,561
District XIII: Craig, Delaware, Mayes, Nowata, Ottawa, Rogers, Washington Counties	\$210,052
Bartlesville Public Schools	\$110,052
Oklahoma State University Cooperative Extension Service for Delaware County	\$100,000
District XIV: Alfalfa, Garfield, Grant, Major, Woods Counties	\$100,000
Northwest Family Services, Inc.	\$100,000
District XV: Carter, Johnston, Love, Murray Counties	\$100,000
Community Children's Shelter, Inc.	\$100,000
District XVI: Atoka, Bryan, Choctaw, Marshall, McCurtain, Pushmataha Counties	\$102,169
McCurtain County Health Department	\$102,169
District XVII: Kay, Noble, Osage Counties	\$100,000
Northern Oklahoma Youth Services Center and Shelter, Inc.	\$100,000

Note: † programs funded by CBCAP federal funds, rest of the programs are State funded.

Research has shown that child abuse and neglect experiences are contributors for many individual and social disorders later in life. 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 child abuse prevention programs. The programs served first-time mothers after the 28th 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 were served by a combination of home visitation and center-based groups and activities until the child is five years of age, if necessary. An emphasis was 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;
- Linkage to health care providers;
- Referrals to community resources (mental health care, drug/alcohol treatment, and domestic violence prevention);
- Additional support services (respite care, childcare, and transportation), and
- Center-based services were offered to families who were not eligible for home visitation services.

A Statewide Evaluation of all the CAP Fund community-based child abuse prevention 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

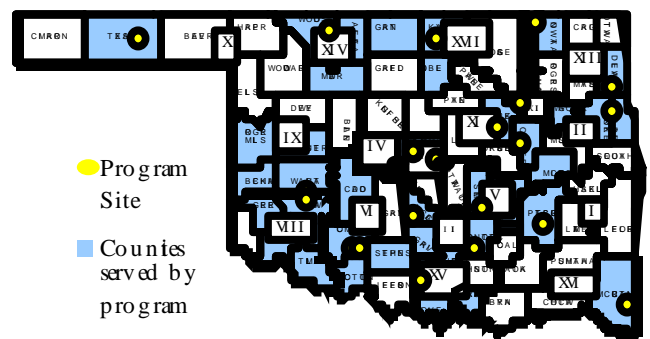
- Outcome-based measures.

Through the partnership between OCAP and the program providers, the effectiveness and efficiency of the services have improved. Every program provider in the state has essential features and common goals and objectives yet each program has its own uniqueness. Evaluation measures were incorporated into the 27 data collection forms used by the providers of the programs and represent these common, essential features 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.

A web-based application for data entry and reporting was instituted in SFY 2003. The programs have generated quarterly and annual numerical reports electronically since SFY 2003.

Figure 1: Community-Based Child Abuse Prevention Programs by District and Counties, Oklahoma, SFY 2005



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

Program Participant Satisfaction Surveys

Program Participant Satisfaction Surveys were administered by each CBCAP program. Each program’s approach to child abuse prevention was voluntary home visitation combined with center-based services. Components of the approach were: 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 were achieved with the combined efforts of services, staff, and participants.

Program participants rated themselves and their experience in each of the following areas:

- 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. The following cumulative results are compiled for all sites for SFY 2005.

Cherish the child...



Table 2 shows the percentage of parents who responded that the following statements were “Very True”:

Table 2: Program Participant Satisfaction Surveys, SFY 2005

Program Services	Response (%)
Addressed the family’s concerns	89%
Helpful to the Family	88%
Good Quality	90%
Recommendable	94%
Easy to get to	84%
Program Staff	Response (%)
Listened to the Family	95%
Skilled to Provide Service	93%
Knowledgeable About Services	94%
Great Working with Family	94%
Treated the Family with Respect	95%
Parents said it was “Very True” that they	Response (%)
Felt better prepared to care for children	88%
Felt like a better parent	85%
Felt they learned many important things	89%
Learned coping skills	62%
Learned listening skills	77%
Learned child abuse risk factors	85%
Learned about children’s behaviors	84%
Applied problem-solving skills	71%
Applied techniques	83%
Improved their support system	78%
Wanted to improve their living situation	92%
Had a better relationship with significant other	70%
Had improved the well-being of their children	88%
Understood their children’s behavior better	84%

CAP Fund Program Reporting

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 2005.

Screening and Assessment:

During SFY 2005, **2,736** persons were contacted and screened for potential indicators of child abuse and neglect risk factors. Of these persons **2,283** (84%) had a positive screen. **1,290** families (57%), who had a positive screen, were referred for further assessment. Reasons positive-screen families were not referred for an assessment included:

- Persons not interested in the program (9.6%);
- Persons lived outside the service area (6.5%);
- Program unable to contact family (5.7%);
- Other (11.8%).

854 families were further assessed for child maltreatment risk factors. Of these **534** (62.5%) persons, assessed positive for risk factors and chose to enroll in OCAP home visitation services. Of the remainder;

- 17.4% assessed positive but refused services;
- 4.3% assessed positive but the caseload was full;
- 9.0% assessed positive and were referred to more extensive services;
- 1.6% assessed negative and were referred to other services;
- 5.1% assessed negative and were referred to center based services.

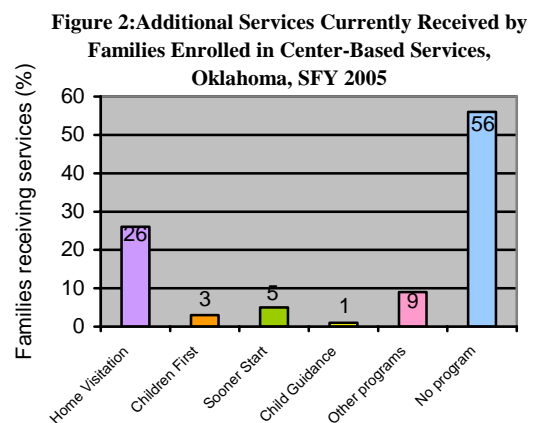
Families referred to more extensive services were those needing intervention or treatment due to serious child abuse and neglect and domestic

violence in the home and untreated mental illness or substance abuse.

Demographic Characteristics of Families Served:

During SFY 2005, the CAP fund programs provided a variety of home-based and center-based child abuse prevention services.

- 2,736 families were screened for potential indicators of child abuse and neglect risk factors;
- 854 families were assessed for child abuse and neglect risk factors;
- 1,075 families received parent education and support through home visitation services;
- 20,292 home visits were provided to the families in SFY 2005;
- 822 families attended center-based parent education and/or support groups. The majority of these families were not enrolled for any other additional service (56%). Additional services include Home visitation, Children First, Sooner Start, Child Guidance and other programs such as: Parents as Teachers, Head Start, Even Start, and those provided by the Dept. of Human Services (Fig2).

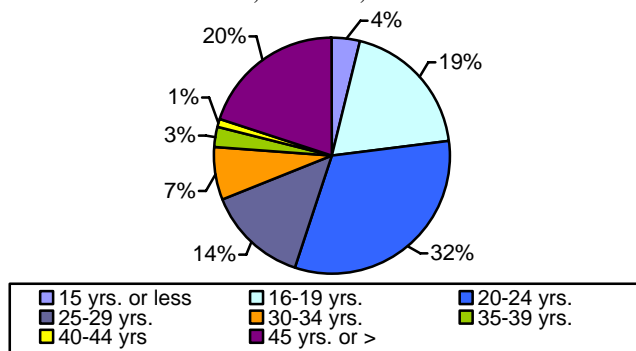


CAP Fund Program Reporting

Adult Characteristics:

During SFY 2005, **1,628** parents represented the families who enrolled in home visitation services. Of the parents enrolled in Home Visitation service, 32% were 20 to 24 years of age followed by 45 yrs. or more age group (20%) and 16 to 19 years of age (19%) (Fig 3). Among the parents, 59% were single, 35% were married, 5% were divorced/separated, and <1% were widowed.

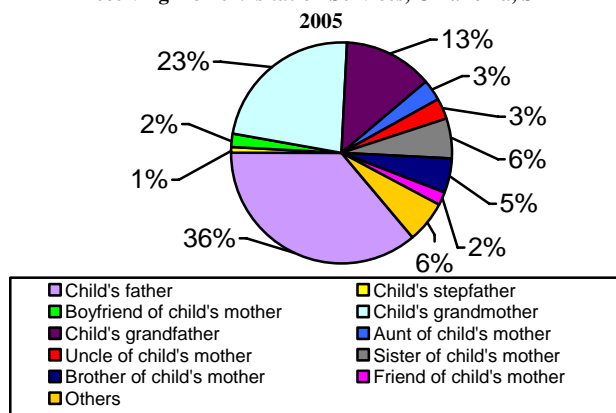
Figure 3: Age of Parents Enrolled in Home Visitation Service, Oklahoma, SFY 2005



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 (49%), followed by one adult (19%), three adults (18%), and four or more adults (14%).

The households included many family members of the children that received home visitation services. The majority of the members of the household, excluding the mother, were the child's father (36%) followed by the child's grandmother (23%) and grandfather (13%), (Fig 4).

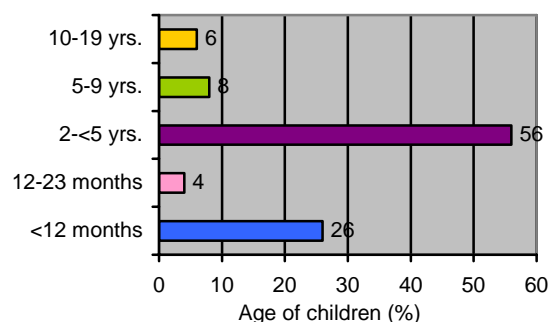
Figure 4: Household Composition of Families Receiving Home Visitation Services, Oklahoma, SFY 2005



Child Characteristics:

Of all the children living in the households **1,133** (92%) 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 26% were less than 12 months of age while 56% were 2 to less than 5 years of age (Fig 5).

Figure 5: Age of Children in Families Receiving Home Visitation Services, Oklahoma, SFY 2005



CAP Fund Program Reporting

Families Served by Site:

SFY 2005 was the third 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 to establish home

visitation services during the contract cycle that began July 1996. Table 3 provides a summary of families enrolled in the program by grantee site during SFY 2005 and the average length of time spent by all the families receiving services within program.

Table 3: New Families Accepted Into The Program And Average Length Of Time Enrolled

CAP Fund Programs	Families Enrolled in SFY 2005	Months in Program Among All Enrolled	
	Number	Average	Range
Bartlesville Public Schools	11	15	10-38
Chickasaw Nation Healthy Families	27	15	8-24
Comanche Nation Healthy Families	20	15	7-29
Community Children's shelter & Family Resource Center	5	18	5-40
Community Health Centers (Mary Mahoney memorial Health)	23	9	3-17
Exchange Club Center for the Prevention of Child Abuse of Oklahoma	74	11	0-61
Great Plains Youth & Family, District 8	17	19	5-40
Great Plains Youth & Family, District 9	18	15	8-40
Help-in-Crisis	10	17	9-30
Latino Community Development Agency	20	25	3-62
McClain-Garvin County Youth and Family Center	15	18	3-59
McCurtain County Health Department	15	20	6-58
Marie Detty Youth and Family Services	17	10	1-26
Northern Oklahoma Youth Services Center & Shelter	36	8	1-17
Northwest Family Services	22	13	3-33
Oklahoma State University, Canadian County Extension	16	12	5-25
Oklahoma State University, Delaware County Extension	15	20	1-49
Oklahoma State University, Texas County Healthy Families	16	13	5-57
Okmulgee-Okfuskee County Youth Services	18	11	0-29
Parent Child Center of Tulsa	43	15	0-60
Pittsburg County Health Department	13	13	2-36
Sapulpa Public Schools	19	23	4-58
Youth & Family Services for Hughes & Seminole Counties	5	20	7-50

Expenditure per Family:

The average actual expenditures per family during SFY 2005 are estimated at \$1,745. Home

visitation services accounted for a greater proportion of services and expenditures 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. 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. 2003, Section 7110.

In summary, the standards include:

- Standard #1 - Protocols for joint investigations and interviews;
- Standard #2 - Professional development training;
- Standard #3 - Service identification inventory;
- Standard #4 - Team meetings;
- Standard #5 - Required data and annual team survey.

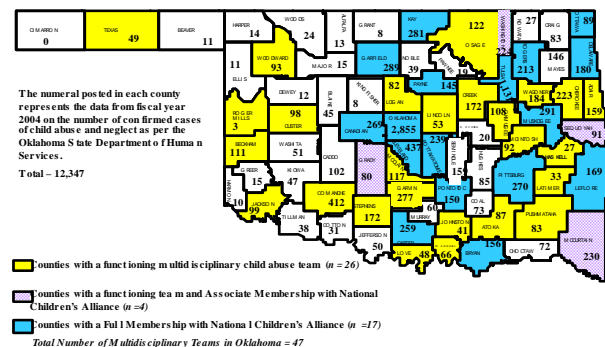
Teams must meet these standards in order to be considered functional. At the end of SFY 2005, there were **47** functioning teams.

In SFY 2005, CATC conducted an Annual Team Survey with 100% response rate. All of the teams reported on conducting routine case reviews, with the frequency being weekly, twice a month, or monthly. All 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 building cooperation and commitment, increased training, increased joint investigations, and decreased trauma to children.

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 2005.

Figure 6: Multidisciplinary Child Abuse and Neglect Teams, Child Abuse Training and Coordination Program, Oklahoma, SFY 2005.



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

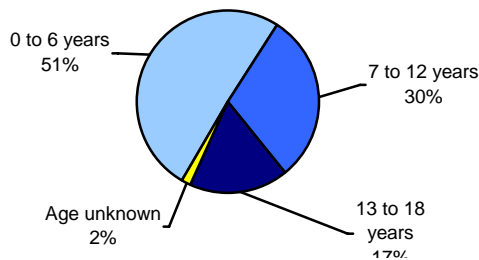
Multidisciplinary Child Abuse and Neglect Team Case Review Data was provided by **40** MDTs in SFY 2005. Teams that submitted the common data collection summary were:

Adair	Atoka	Beckham/Roger Mills	Canadian	Coal	Cherokee	Cleveland
Comanche	Creek	Custer	Delaware	Garfield	Grady	Haskell
Jackson	Johnston	Latimer	Logan	Love	Marshall	McClain
McCurtain	McIntosh	Muskogee	Oklahoma CPT	Oklahoma	Osage	Payne
Pottawatomie	Pontotoc	Pushmataha	Rogers	Seminole	Sequoyah	Stephens
Texas	Tulsa	Wagoner	Washington	Woodward		

During the 12-month period, **6,218** cases of child abuse and neglect were reviewed by the MDTs. Of the teams reporting, a case was usually reviewed twice (34.7%) while 34% were reviewed more than twice and 31.3% were reviewed once.

Of the cases reviewed, 55% were females while 43% were males. Gender was unknown for 2% of the cases. In 51% of the cases, the child was less than seven years of age. The child's age was unknown for only 2% of the cases reviewed (Fig 7).

Figure 7: Child Abuse and Neglect Cases Reviewed by MDTs by the Age of the Child Victim, Oklahoma, SFY 2005



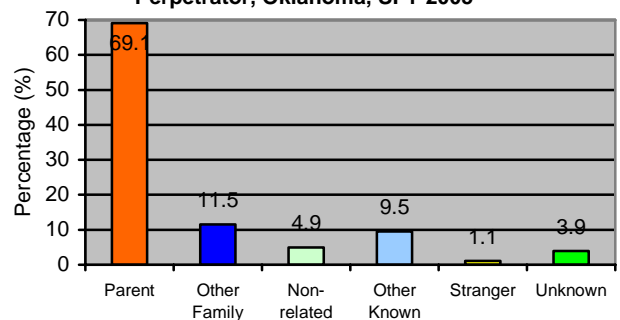
Of the cases reviewed, 64.4% involved Caucasian children followed by 13.1% African American, 11.5% American Indian, 5.4% Hispanic, 1.9% multiracial, 0.2% Asian children, and other/unknown 3.6%.

Reviewed cases could have involved more than one type of child maltreatment. Neglect (35.9%) was the leading type of child maltreatment among the cases reviewed. Sexual abuse (32%), physical abuse (21.6%), and 10.5% other type were also

documented. Other conditions were also involved in the reviewed cases. Among teams reporting, 865 (39.7%) of the cases involved alcohol or drugs, 506 (23.2%) involved domestic violence, 394 (18.1%) involved divorces or custody proceedings, 276 (12.7%) involved mental illness, and 136 (6.2%) 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 69.1% of the cases, the perpetrator was in a father or mother role. Other family members (11.5%) and other known person (9.5%) were the next highest percentages, followed by parent's boy/girlfriend (4.9%) and strangers (1.1%). The perpetrator was unknown in 3.9% of the cases (Fig 8). The majority of perpetrators were aged 18 years and above (84.3%) while 5.4% were aged 13-17 years and 2.5% were below 13 years of age.

Figure 8: Child Abuse and Neglect Cases Reviewed by MDTs by the Role of the Perpetrator, Oklahoma, SFY 2005



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 2004 revision incorporated a broader scope than previous plans to provide a statewide, multidisciplinary approach to the prevention of child abuse and neglect. 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;
- Promoting community-based leadership and collaboration to maximize resources and eliminate duplication.

Community-based child abuse prevention program evaluation has been in place since the beginning of the contract cycle. Some CBCAP programs have found the evaluation process to be challenging, from filling out forms, entering data, and interpreting the resulting reports. At this time, most of the difficulties have been overcome.

Preparation of quarterly and annual numerical reports has become simplified for contractors through electronic methods, thus, reporting is

timely and OCAP consultants can review data without delay and pinpoint programs' technical assistance needs.

Parent satisfaction surveys provide valuable information to OCAP as they indicate strengths and needs of service providers. Once again, program providers may share successful methods of encouraging participation in the surveys. The OCAP will use the data and the results to improve the services and programs that are provided by the CBCAP programs.

The Positive Fathering Initiative is critical.

Research results have shown that 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. The Office of Child Abuse Prevention has identified an important objective to emphasize fatherhood involvement in all community based CBCAP programming. Provider staff continues to seek ways of including fathers from the beginning. The "Great Beginnings Start Before Birth" curriculum for expectant families contains strategies for encouraging participation by fathers.

Peer Review and Networking has been combined for quality assurance purposes and to provide support among the programs. A self-assessment, "The Father-Friendly Check-Up," will be utilized by all programs during SFY 2006 and will be the basis of the peer-review process. After self-assessment, programs will meet with their peer-review partners in networking meetings. This will allow the programs to discuss the findings and report to OCAP any insights into delivering services to fathers, plus changes in practices to facilitate father involvement.

Recommendations for Continuous Development and Improvement

Several programs have utilized portions of “24/7 Dads” and others have plans to conduct a complete series of this curriculum in SFY2006. The challenge is to recruit participants for the groups.

The Child Abuse Training and Coordination Program provides training programs for law enforcement, child welfare, prosecution, education professionals, and others with responsibilities for children and families. The challenge for training during SFY 2006 will be making professional training available to members of MDTs 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. The Oklahoma Career Technology system will continue to be used as locations for trainings that will improve the local access as well as having the technical support needed.

Training will continue to 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 and responding to domestic violence when children are present.

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. The CATC

Council has completed the standardization and refinement of the review process that includes minimal standards to assess the team functioning status.

Cultural competency is needed in program development and implementation. Oklahoma has one of the largest Native American populations in the United States. Two Oklahoma tribes, the Chickasaw and Comanche Nation, became child abuse prevention partners and began federally funded CBCAP programs with their tribal families. It is the desire of OCAP to develop cultural competency in all aspects of the home-based and center-based programs.

Great strides have been made to provide translated materials. One program with Spanish/English bi-lingual staff had proposed to utilize the curriculum, “Padres, 1,2,3,4” for Spanish-speaking parenting during SFY 2005, but was unable to fulfill this plan due to losing staff at a critical time. The programs with bi-lingual staff continue to utilize other materials in Spanish. OCAP continues to make a conscious effort to supply the programs with appropriate materials.

The District Child Abuse Prevention Task Forces continue 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 2006, the Office of Child Abuse Prevention will hire a program consultant to provide support, training, and consultation to the District Task Forces.

Program Needs

Diversify the funding base of child abuse prevention funds will remain a priority for OCAP. A shortage of resources has encouraged creativity in blending funding streams to maximize the effect of the available revenues, for example:

- OCAP has melded with Children First to form the “Family Support and Prevention Service” within the Oklahoma State Department of Health. The union has allowed greater collaboration between the two programs;
- OCAP staff are funded through a variety of sources: State Funds, Community-Based Child Abuse Prevention (CBCAP) funds (Federal dollars), and Child Abuse Training and Coordination contract funds;
- A blending of the above plus Children First funding allows greater training opportunities for CAP-funded programs as well as for Children First and other children’s services from private and public agencies;
- The OCAP collaborates with the Department of Education, Oklahoma Parents As Teachers (OPAT), to offer Parents as Teachers training to both CAP funded and OPAT service providers. Locally, OPAT and CAP collaborate in providing center-based services, often held in schools, to parents;
- CBCAP funds are utilized for respite care services for parents through a collaborative agreement between OSDH and DHS;
- Collaborated with OUHSC CCAN to present the annual Conference on Child Abuse and Neglect and Healthy Families Oklahoma;
- Collaborated with Oklahoma Family Resource Coalition to present the Families Matter Conference for parent educators.

In order to build infrastructure and find and fill gaps in services, OCAP has the following needs:

- More community-based prevention programs across the state; the 23 prevention programs currently funded by either state or federal dollars do not provide statewide coverage;
- CAP funded program staff need additional training on providing services to families with extraordinary needs such as substance abuse, domestic violence, and mental illness;
- Statewide primary prevention activities to supplement current public awareness campaigns;
- One additional program consultant to provide more effective program monitoring and training within the Office of Child Abuse Prevention;
- Collaboration with Child Guidance Service to provide current prevention materials statewide;
- A stronger relationship between the Interagency Child Abuse Prevention Task Force and the District Task Forces across the state in order to enhance the local community activities and efforts;
- A newsletter to all home visitation programs throughout the state so that best practices, new techniques and resources can be shared.

In addition, the Child Abuse Coordination and Training Program is currently understaffed. Based on current and projected workload and state mandates, a minimum of two additional professional staff are needed for initial and follow up trainings, technical assistance, and functional assessment of multidisciplinary child abuse and neglect teams across the State.

Appendix A.

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 child abuse prevention 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 child abuse prevention programs through contracts from the Child Abuse Prevention Fund;
- Provide training and technical assistance to the contracted community-based child abuse prevention 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;
- Provide monitoring and evaluation of the development of quality community-based services for child abuse prevention.

Program Advantages – Working with families who have infants and toddlers gives the program the opportunity to:

- Work with parents eager to learn about parenting;
- Establish positive parenting behaviors;
- Become involved during the critical period of child brain development;
- Work with families who may be at risk during time when most fatalities due to maltreatment occur.

Program Outcomes – The Healthy Families America framework.

Evaluation of state HFA programs have demonstrated:

- Fewer confirmed cases of child maltreatment;
- More participants received recommended well-baby checks;
- More participants covered by insurance;
- Higher immunization rates at 2 years old;
- Home environment more conducive to early childhood learning;
- Improved child development scores;
- Less dependency on public resources;
- Fewer subsequent births;
- Reduced parental stress;
- Improved positive parenting.

CHERISH THE CHILD



SUPPORT CHILD ABUSE PREVENTION

Appendix B.

Office of Child Abuse Prevention Personnel

(Personnel funded by state and federal funds)

Administration and Policy Development

Annette Jacobi, J.D.
Chief

VaLauna Grissom
Administrative Programs Officer

Cathy Edwards
Administrative Technician

Community-Based Child Abuse Prevention Program

Ginger Clark, M.S.
Program Manager

Kathie Burnett, M.S.
Program Consultant

Suzy Gibson, M.S.
Program Consultant

Lori Owen
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Assessment and Evaluation

Amber A. Sheikh, M.P.H.
Program Evaluator

Mary Beth Cox, M.S.W., M.P.H.
Program Evaluator

Child Abuse Training and Coordination

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

Sandie Sherrill
Program Consultant

Lisa Slater
Administrative Assistant

The Federal CBCAP Efforts

Sherie Trice, M.S.
CBCAP Consultant

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Family Support and Prevention Service
Family Health Services
Oklahoma State Department of Health
1000 N.E. 10th Street,
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Telephone: (405) 271-7611
FAX: (405) 271-1011



Appendix C.

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.

Children First (The Nurse-Family Partnership) 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.

Funding Source: State and Federal Funds.

Target Population: Low income pregnant women who are expecting to parent for the first time and enrolled prior to the 28th 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.

Funding Source: State Funds and Local Fees.

Target Population: Families with children birth to 12 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.

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.

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.



Appendix C.

Other Family Resource and Support Programs

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

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.

Healthy Start programs goal is to reduce infant mortality and related pregnancy and women's health problems in communities with high infant mortality. Serves expectant mothers through the time that their infants are two years of age or through next pregnancy. Infants are also served.

Agency: Private and Public organizations.

Funding Source: Federal Funds.

Target Population: Medically high-risk pregnant women.

Oklahoma Respite Resource Network (ORRN), provide services of respite providers to families and caregivers for temporary stress relief and to reduce child abuse and neglect. Stress relief provided by respite can benefit families who care for children with developmental disabilities or special health care needs, dependent adults, or who experience crisis that impact the family's ability to safely care for its members.

Agency: Oklahoma Department of Human Services, Oklahoma Department of Health, Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma Association of Community Action Agencies, Area Agencies on Aging, Brain Injury Association of Oklahoma, Kirkpatrick Family Foundation, Maxine and Jack Zarrow Foundation, and Anne and Henry Zarrow Foundation.

Funding Source: Federal, State, Local, and Private Funds.

Target Population: The target population differs by funding source and its eligibility criteria.

Comprehensive Home-Based Services (CHBS), provide specific services to help ensure and enhance the safety, well being and social functioning of children and their families. CHBS incorporates existing community services and resources with needs-driven, family-focused treatment through a partnership of contract case management and child welfare staff.

Agency: Oklahoma Department of Human Services.

Funding Source: State appropriation and Federal Funds.

Target Population: Families with children 0-18 years of age who are at a risk of being removed due to child abuse and neglect and/or exposure to parental drug/alcohol abuse.

Child Advocacy Centers, child focused and center based programs that work to prevent further victimization of children who have been sexually or physically abused or neglected. Centers offer a comprehensive approach to child abuse and neglect investigation and intervention and work in conjunction with multidisciplinary child abuse teams.

Agency: Private, non-profits.

Funding source: Varied includes income from the CAMA fund for centers with full membership with the National Children's Alliance.

Target Population: Children who have been recent victims of sexual or physical abuse or neglect and their families.

Appendix D. Child Abuse and Neglect Statistics

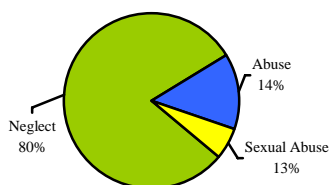
Each year the Oklahoma Department of Human Services, Division of Children and Family Services, Child Welfare Services publishes the *Child Abuse and Neglect Statistics*. SFY 2004 data is presented here. OKDHS received 59,329 reports on families, and 36,232 (61%) reports had allegations that met the definition of abuse and neglect. There were 48,444 children for whom an investigation was completed. There were 12,326 for whom assessments were made.

Table 4: Child Abuse and Neglect Cases Investigated and Confirmed by OKDHS in SFY 2000-2004, Oklahoma

State Fiscal Year	Investigated/ Assessed	Confirmed	Confirmation Rate
2000	62,023	14,273	23%
2001	50,683	13,394	26%
2002	62,795	13,903	22%
2003	62,626	12,971	21%
2004	60,770	12,347	20%

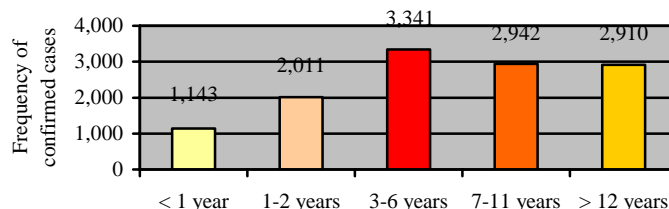
The reporting source of confirmed child abuse and neglect cases has remained relatively constant since 1996. For SFY 2004, law enforcement (24%) continued to be the most frequent reporting source of child maltreatment. Neglect continued to be the leading type of child maltreatment (80%) (Fig 9).

Figure 9: Confirmed Child Abuse and Neglect Cases by Category, Oklahoma SFY 2004.



Child abuse and neglect was most often confirmed for children three to six years of age (27.06%); followed by children seven to 11 years of age (23.83%), and children 12 years and older (23.57%) (Fig 10).

Figure 10: OKDHS Confirmed Child Abuse and Neglect Cases by Age, Oklahoma, SFY 2004



In SFY 2004, 51 children died from abuse and neglect. Children less than one year of age (45%) and children one to two years of age (28%) accounted for the majority of child abuse and neglect deaths. Among the confirmed child abuse and neglect deaths in SFY 2004, 45% were females and 54% were males. In addition, 80% of the children were Caucasian, 6% were Native American, 8% were African American, and 4% were Hispanic.

Table 5: OKDHS Confirmed Child Abuse and Neglect Deaths by Cause, Oklahoma, SFY 2004

Category	Count	Percent
Head Trauma	13	25.5
Drowning-Lack of Supervision	9	17.7
Smoke Inhalation-Lack of Supervision	8	15.7
Environmental Neglect	6	11.8
Overall Physical Abuse/Body Trauma	5	9.8
Heat Exposed/ Hyperthermia	3	5.88
Shaken Baby Syndrome	2	3.92
Medical Neglect	1	1.96
Gunshot Wound-Lack of Supervision	1	1.96
Gunshot-Homicide	1	1.96
Drowning-Intentional	1	1.96
Vehicular Accident-Substance Abuse by Parent	1	1.96