



The Office of Child Abuse Prevention

helping families start right



Dear Reader,

I proudly present the Office of Child Abuse Prevention's State Fiscal Year 2009 Annual Report. This report includes information related to the Office of Child Abuse Prevention's services, outcomes and costs.

In 1984, The Office of Child Abuse Prevention (OCAP) was established to address symptoms in families that we recognize today as risk indicators which often prelude to abusive and neglectful behaviors. The OCAP programs now utilize a multitude of strategies for providing support to parents in order to enhance positive parenting. Resources ranging from center-based services to home visitation are provided to families. Specially trained professionals assist the parents in becoming more loving and capable with their children.

Please note that in this document the OCAP programs are now referred to as "*Start Right*" Programs. The Interagency Child Abuse Prevention Task Force adopted the *Start Right* name and logo several years ago. The ITF is integral in the funding of the OCAP programs and it now seems fitting to encourage them to incorporate the name *Start Right* as a way to signify their connectedness to the ITF and each other. In addition, it is hoped that the positive *Start Right* name will be associated with less stigma and allow families to comfortably state their participation with the programs.

The Office of Child Abuse Prevention continues to examine current research, models and best practices in order to improve its efforts to make homes safer, healthier and more nurturing for children. Unfortunately, resources are limited and *Start Right* services are not available throughout the state. However, *Start Right* field staff have done their best to be efficient and collaborate with other service agencies when possible. They work tirelessly to assure that fewer families become child welfare statistics. It is an honor and a privilege to serve with those that make the *Start Right* programs a reality and those that support child abuse prevention efforts in Oklahoma.

Sincerely,

A handwritten signature in cursive script, appearing to read "Chris Fiesel".

Chris Fiesel, MLA  
Program Manager  
Office of Child Abuse Prevention

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# 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. Section 1-227.<sup>1</sup> 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 was placed within the Oklahoma State Department of Health to emphasize *prevention* as the focus rather than “after-the-fact” intervention. Oklahoma statutes have defined child maltreatment prevention into three distinct levels:

- **Primary Prevention:** programs and services designed to promote the general welfare of children and families. Strategies target the general public; raise public awareness about child maltreatment; promote policies that protect, reduce risk factors and enhance protective factors of families.
- **Secondary Prevention:** programs and services for identified children who are in circumstances where there is a higher likelihood abuse will occur. Examples of assistance could include home visitation programs for families with risk factors for child maltreatment or respite services for overly stressed families.
- **Tertiary Prevention:** those services provided after abuse or neglect has occurred. They are designed to prevent the recurrence of abuse or neglect. Services could include treatment for parents who have been identified as abusive/neglectful or therapy for traumatized children.



*Participant with Parent Child Connections Southwest; OSU Cooperative Extension Service Southwest; Walters*

The OCAP receives state appropriations for the Child Abuse Prevention Fund (CAP Fund) each fiscal year. These monies are to be distributed to community-based service agencies across the state through a competitive bid process and are to be used for child abuse prevention services only. Once awarded, these contractors are called “Start Right” programs. During SFY 2009, the Oklahoma State Legislature provided approximately \$3.3 million for 22 Start Right awards - the third year of a five-year contract cycle. The contracts were renewed upon having a satisfactory site visit, obtaining contractual goals and approval from the Interagency Child Abuse Prevention Task Force (see Table 22, page 21).

# Start Right Programs

The Start Right program is based on the nationally recognized Healthy Families America® home visitation model.<sup>2</sup> The Parents as Teachers® curriculum provides a framework for practical application of the Healthy Families concept, utilizing exercises and activities introduced in the home. The 12 Critical Elements are organized into three categories: initiation of services, services content, and selection and training of service providers. The 12 Critical Elements providing an overall program concept for workers to effectively interact with at-risk parents, continue to develop skills in home visitation services, and to accurately assess the progress of the family toward pre-determined goals established by both the worker and the parents.



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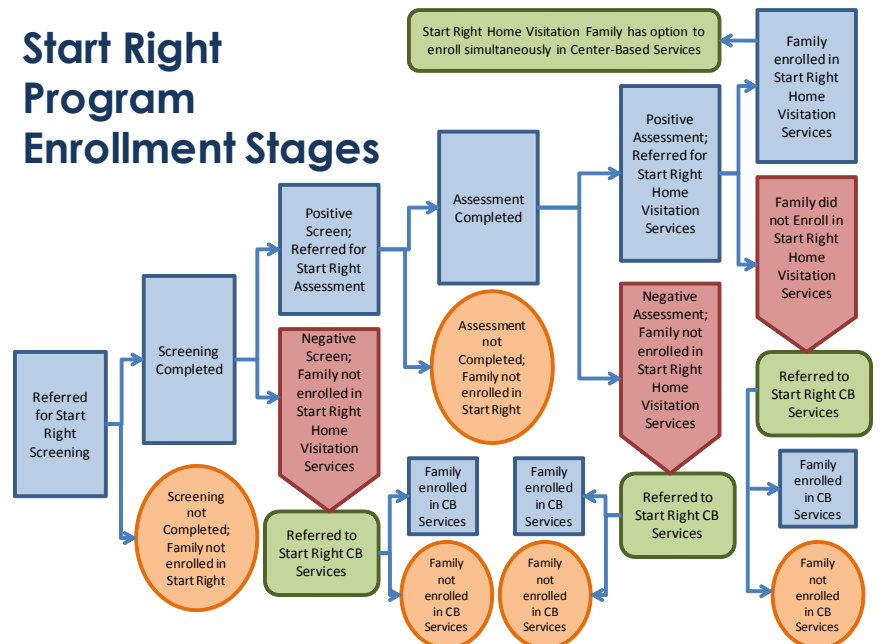
OCAP's mission is to promote the health and safety of children and families by reducing child abuse and neglect through:

- The funding of direct services (Start Right programs);
- The training of professionals that work in the child abuse prevention and protection arenas (Child Abuse Training and Coordination Program – CATC); and
- Conducting activities that educate the public about child maltreatment and enhance the infrastructure that supports prevention efforts.

## Start Right Program Services

In order to more easily identify and positively promote the programs funded through the Office of Child Abuse Prevention, one name is now connected with the contractors - Start Right.

## Start Right Program Enrollment Stages



Depending on the families' needs, the following services may be provided:

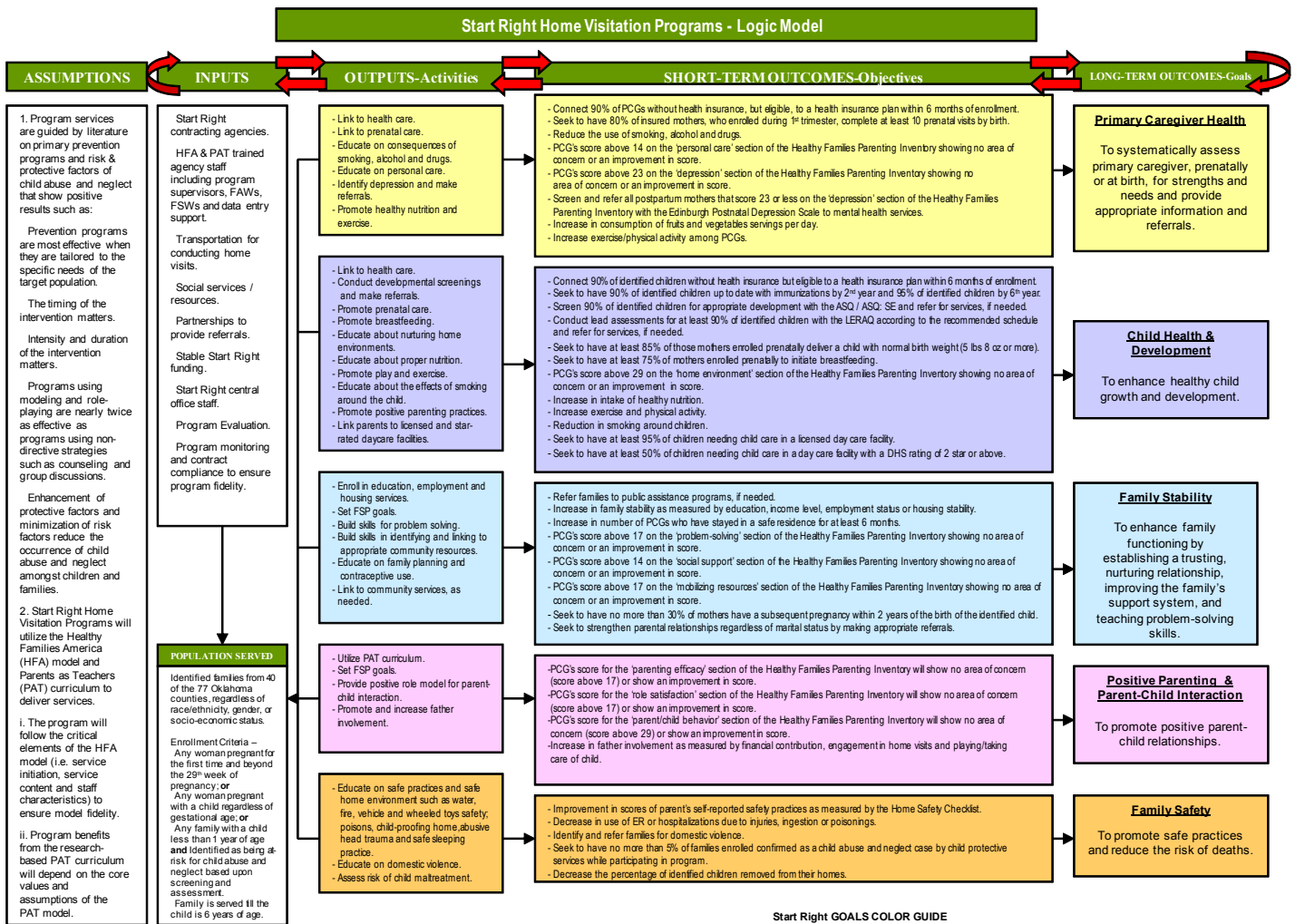
- Screenings and assessments to determine family needs
- Intensive home visitation services and/or center-based parent education or support
- Education on positive parent-child interaction
- Child development screenings with appropriate referrals to services
- Referrals to social services for issues related to mental health, domestic violence or substance abuse
- Referrals / connections to community resources such as Medicaid, food banks, quality childcare, job training, immunizations, etc.
- Respite vouchers for childcare for families experiencing great stress or acute crisis
- Transportation for necessary appointments, depending on location

## Start Right Program Evaluation

Start Right has adopted the below logic model. This logic model is used to direct the evaluation of the Start Right Programs. Program evaluation is used to gain insight, improve program implementation and determine program impact on those who are participating in the program.

### Data Note:

For all of the reported data, missing information was less than 5% unless otherwise stated.



Rev: Dec/09

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

## Start Right: Step 1

### Start Right Program Screenings

For a family to participate in either center-based services or home visitation services, they must complete the Start Right Program screening. During SFY 2009, 2,910 adults were contacted and screened for potential indicators associated with child abuse and neglect. Most of the referrals to the Start Right Programs came from hospitals (28%), "Other" such as various community resources (24%), and friend (12%; Table 1).

Positive screen results were seen in 2,671 (92%) individuals. Of the positive-screen results, 1,858 (70%) individuals were referred for further assessment. The number of positive screenings has increased over the past two years (SFY 2007: 58%; SFY 2008: 68%). This could be an indication of the Start Right Programs adjusting to accommodate a greater need for assessment services. Reasons for positively screened individuals not continuing onto assessment are shown in Table 2.

Referral Source	n	%
Hospital	803	27.9%
Other	688	23.9%
Friend	347	12.0%
WIC	293	10.2%
Self-Referral	245	8.5%
DHS	146	5.1%
School	131	4.5%
Children First	60	2.1%
Relatives	48	1.6%
Health Department	25	0.9%
Head Start	27	0.9%
Faith-Based Organization	20	0.7%
Doctor's Office	19	0.7%
Child Care Provider	14	0.5%
Indian Health Service	9	0.3%
Babyline of Tulsa	6	0.2%
Total	2,881	100.0%

Reason	n	%
Other (i.e. participating in Children First, does not qualify, language restrictions)	193	24.6%
Program was unable to contact family	111	14.1%
Person not interested	106	13.5%
Person lives outside of program service area	92	11.7%
Person did not return phone calls	87	11.1%
Referred to Children First	51	6.5%
Person does not feel need for program	42	5.4%
Person currently participating in another program	37	4.7%
Person could not be located (wrong address, etc.)	19	2.4%
Person requested additional time and never followed up	15	1.9%
Schedule conflict (too busy, work conflict, etc.)	13	1.7%
Person moved/plans to move out of state	7	0.9%
Department of Human Services (OKDHS) is currently involved with family	5	0.6%
The pregnancy ended in miscarriage	3	0.4%
Person did not provide specific reasons	2	0.3%
Referred to SoonerStart	2	0.3%
Total	785	100.0%

## Start Right: Step 2

### Center-Based Services

All screened families, regardless of whether they continued on to an assessment were eligible and encouraged to participate in Start Right Program center-based services.

One of the primary purposes of the center-based services is to reduce parental isolation - a risk factor associated with maltreatment. The activities provide the parents an opportunity to create an informal network of support. The Start Right programs provide at least one of the following types of center-based services:

**Structured Parent Education Classes** follow a prescribed curriculum approved by the OCAP. They





*Participant with Parent Child Connections Southwest; OSU Cooperative Extension Service Southwest; Walters*

provide education and activities to parents and their children on a weekly basis. Participants are exposed to a variety of child development and parenting topics. The classes are taught by either volunteer workers under the supervision of the contract agency or by agency staff.

**Circle of Parents® Support Group** is a national network of support groups. The support groups are parent led with a professional co-facilitator. Groups may decide to include monthly speakers, engage in special activities, or adopt a theme relative to their community or personal situations.

Table 3 provides a snapshot of the center-based services provided during SFY 2009.

525	Adults enrolled in center-based services
14%	Percent of prenatal families
720	Center-based parent education or support activities
123	Circle of Parents® sessions
43%	Percent of sessions providing a parent-child activity
73%	Percent of mothers in group
16%	Percent of fathers in group
9%	Percent of others in group
1%	Percent of grandparents in group

## Eligibility for Center-Based Services

Enrollment in center-based services is voluntary. In order to be eligible to participate, the family must have:

- A child under the age of six years; and
- Completed the Start Right Program screening process.

Families have the option to participate in center-based services regardless of their score on the screening tool. Families that participate in home visitation services are also encouraged to attend center-based services.



*Participant with Parent Child Connections Southwest; OSU Cooperative Extension Service Southwest; Walters*

## Center-Based Services: Demographics of Participants at Time of Enrollment, SFY 2009

A typical center-based participant was Caucasian, single and a first-time mother. She was a young adult with a high school education or less and was not enrolled in school. The participant had a household income of less than \$15,000 per annum and was not employed. The following data provides a snapshot of the center-based services' participants provided during SFY 2009.

**Age/Gender** - Half of the center-based services population was aged 20 to 29 years (50%; missing: 6%; Table 4). The majority of the population was female (89%) and 11% were males.

Table 4: Age Distribution, SFY 09

Less than 16 years	3%
16-19 years	18%
20-29 years	50%
30-39 years	24%
40 or more years	5%

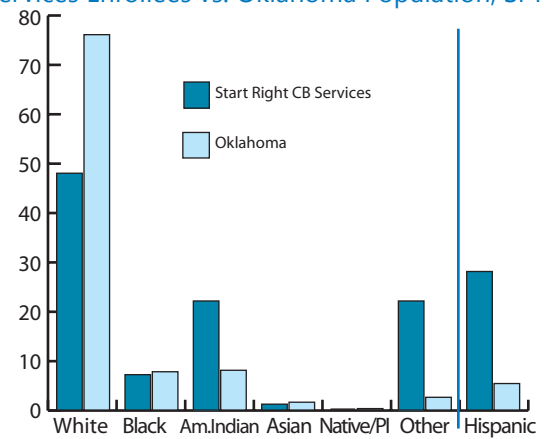
**Marital Status** – Almost half of the center-based services participants were single and had never been married (45%) followed by 44% of participants who were married (Table 5).

Table 5: Marital Status, SFY 09

Single	45%
Married	44%
Divorced	8%
Separated	2%
Widowed	1%

**Race/Ethnicity** - The majority of participants reported themselves as white (48%). The "Other" race category (22%) was mostly represented as Hispanic. Ethnicity was self-reported by 28% of all participants as Hispanic or Latino origin (of any race). Figure 1 describes the race/ethnicity distribution compared to Oklahoma State, census 2000.<sup>3</sup>

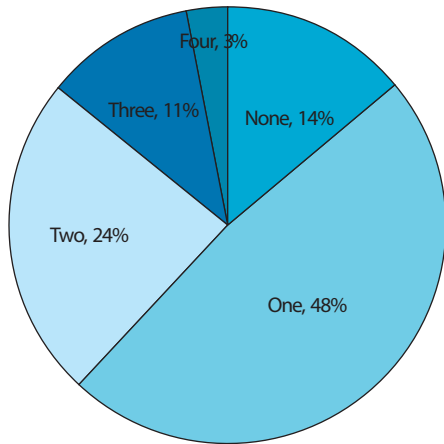
Figure 1 : Race/Ethnicity, Start Right Center-Based Services Enrollees vs. Oklahoma Population, SFY 2009



Participant with Nuestras Familias; Latino Community Development Agency, Oklahoma City

**Number of Children in Household** – Almost half of the parents were new parents with only one child (48%). Fourteen percent of the enrollees were expecting their first child (missing: 8%; Figure 2).

**Figure 2 : Number of Children in Center-Based Services, SFY 09**



**Education** - More than three-fourths of the participants had a high school education or less (83%) with only 37% completing high school or obtaining a GED (Table 6). 71% were not enrolled in any kind of school, vocational or educational program.

**Table 6: Education Completed, SFY 09**

8th grade or less	11%
9th to 12th grade, no diploma	35%
High school grad or GED	37%
Some college, no degree	10%
Vo-tech certification	1.8%
Associate Degree	0.8%
Bachelor Degree	4%
Graduate Degree	0.4%



*Participant with Nuestras Familias; Latino Community Development Agency, Oklahoma City*

**Employment** - More than half of the participants were unemployed (64%). Of those unemployed, 34% were not seeking employment. (Missing 6%; Table 7).

**Table 7: Employment, SFY 09**

Unemployed, not seeking	34%
Unemployed, but seeking	30%
Full-time employed	15%
Part-time employed	10%
Other	6%
Medical leave/disability	4%
Irregular employment	1%

**Annual Income** - Almost half of the participants had household incomes less than \$15,000 (45%) per year while 25% did not know their household income (Table 8).

**Table 8: Annual Income, SFY 09**

Less than \$15,000	45%
\$15,000 to \$24,999	15%
\$25,000 to \$34,999	7%
\$35,000 and above	8%
Unknown	25%

## Start Right Home Visitation Services

The Start Right Programs utilize a voluntary home visitation program designed to support and strengthen families. The primary purpose of the Start Right Programs is to promote positive parenting and child health and development, thus preventing child abuse and other poor childhood outcomes.

### Start Right: Step 3 Start Right Assessments

If a family screens positively for risk factors for child abuse and neglect, the Start Right Program will request that an assessment be conducted in order to determine if home visitation services (more intensive services than the center-based services) should also be offered.

During SFY 2009, 1,181 families were further assessed for child maltreatment risk factors. Of these, 878 (74%) individuals assessed positively and were offered Start Right home visitation services. The following information describes individuals that did not enroll in home visitation services:

- 8% had a positive assessment, but the Start Right caseload was full
- 7% had a positive or negative assessment, and were referred to other services
- 7% (n=61) of the families that had a positive assessment, did not refuse services, but later did not enroll in home visitation services (Refer to Table 9).
- 5% had a negative assessment and were referred to Start Right center-based services
- 3% had a positive assessment, but refused services
- 3% had a negative assessments and no services or referrals were needed



Participant with Delaware Child Development; Washington County Childcare Foundation; Bartlesville

### Eligibility for Home Visitation Services

In order for a family to enroll in home visitation services, the following criteria must be met:

- The mother is pregnant with her first child and beyond her 29th week of pregnancy\*; or
- The mother is pregnant with a second or other subsequent child (regardless of gestational age)\*; or
- The mother/family has a child less than 12 months of age.
- Assess positively for certain risk-factors.

Families receive home visitation services as needed until the child reaches the age of six years. Families may attend center-based activities as well.

\*This particular requirement was established in order to not duplicate Children First home visitation services. Children First enrolls women expecting their first child prior to the 29th week of pregnancy.



Participant with Parent Child Connections Southwest; OSU Cooperative Extension Service Southwest; Walters

The primary purpose of the Start Right programs is to promote positive parenting and child health and development, thus preventing child abuse and other poor childhood outcomes.

**Table 9: Reasons for not initiating home visitation services**

Person did not return phone calls	15	24.6%
Other	14	23.0%
Person moved/plans to move out of the state	11	18.0%
Schedule conflict (too busy, work conflict, etc.)	6	9.8%
Person did not feel need for the program	5	8.2%
There was no home visitor available to provide services	4	6.6%
All home visitors have full caseloads	3	4.9%
Person did not keep the scheduled intake appointment(s)	3	4.9%
Total	61	100%



Participant with Nuestras Familias; Latino Community Development Agency; Oklahoma City

**START RIGHT HOME VISITATION NUMBERS AT A GLANCE**

Table 10: Home Visitation Service Numbers, SFY 2009

22	Start Right Programs
40	Located in 40 counties
70.53	Start Right FTE staff (Family Assessment Worker and Family Support Worker)
633	Families enrolled in home visitation services
614	Families enrolled previously; continued home visitation
31%	Percent of prenatal families
47%	Percent of families provided home visits on a weekly basis.
1,247	Families served by home visitation program
17,317	Completed home visits
2,598	Service referrals initiated
3,618	Child development screenings performed
612	Lead assessments performed
1,257	Depression screenings performed
93	Postpartum depression screenings performed

**Table 11: Age Distribution, Home Visitation Services Enrollees, SFY 09**

Less than 16 years	3%
16-19 years	32%
20-24 years	33%
25-29 years	18%
30-39 years	11%
40 or more years	2%

**Table 12: Marital Status, Home Visitation Services Enrollees, SFY 09**

Single	61%
Married	26%
Separated	8.5%
Divorced	4%
Widowed	0.2%

**Table 13: Education Completed, Home Visitation Services Enrollees, SFY 09**

8th grade or less	10%
9th to 12th grade, no diploma	35%
High school grad or GED	31%
Some College, no degree	14%
Bachelor Degree	4%
Associate Degree	2%
Beyond college	1%
Vo-Tech certification	3%

**Table 14: Employment, Home Visitation Services Enrollees, SFY 09**

Unemployed, not looking	44%
Unemployed, but looking	27%
Full time employed	14%
Part time employed	10%
Medical leave/disability	2%
Other	3%



*Participant with Chepota Himmita Program; The Chickasaw Nation; Ada*

## Home Visitation Services: Enrollee Demographics at Enrollment, SFY 2009

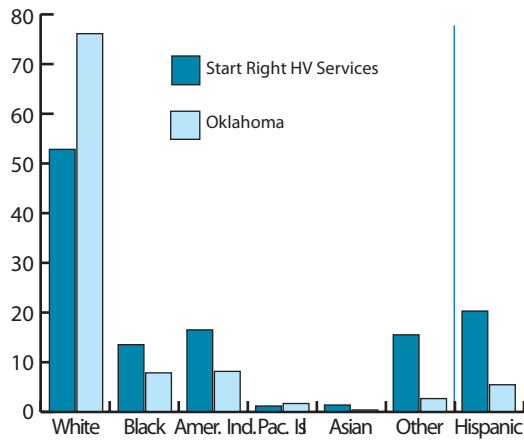
**Program Entry Stage** - Of all the parents enrolled during SFY 2009, 419 (66%) families entered the program after the birth of their child and 191 enrolled prenatally (31%).

**Age/Gender** - 33% of the parents were between the ages of 20 – 24 years while 32% were between the ages of 16-19 years. The majority of the primary caregivers were female (99%; Table 11).

**Marital Status** - 62% of enrolled parents were single and never married (Table 12).

**Socioeconomic Status** - 35% of the parents were high school graduates, 22% were currently enrolled in school, 41% were unemployed and not looking for a job, and 29% had a household income less than \$5,000 per year (Tables 13, 14, and 15).

Figure 3 : Race/Ethnicity, Home Visitation Services Enrollees, SFY 09



**Race/Ethnicity** - More than half (59%) were Caucasian. The “Other” race category (15%) was mostly represented as Hispanic. 17% of the parents enrolled were Hispanic (Figure 3). The non-white population, except the Pacific Islanders, was proportionally higher in the Start Right population than in the state of Oklahoma.<sup>2</sup>

**Household Composition of Families** - A household was usually composed of two adults (56%; Table 16). Most often the second adult in the household, other than the child’s mother, was the child’s father (40%) or the child’s grandparent (34%; Table 17).

**Children Living in the Households** – 1,049 children lived in the households. 86% were biological children of the parents. Other categories included nieces/nephews (3%), step-children (2%), grandchildren (0.9%), unrelated children (0.7%), adopted children (0.5%), and other (7%). Half of the children were younger than one year of age (50%; Table 18).

Table 15: Annual Income of Home Visitation Services Enrollees, SFY 09

Less than \$5,000	29%
\$5,000 - \$14,999	17%
15,000 to 24,999	11%
25,000 to 34,999	5%
35,000 and above	5%
Unknown	32%

Table 16: Number of Adults in Household, Home Visitation Services Enrollees, SFY 09

One Adult	19%
Two Adults	55%
Three Adults	17%
Four or More Adults	9%

Table 17: Relationship of Other Adults Living in Households, Home Visitation Services Enrollees, SFY 09

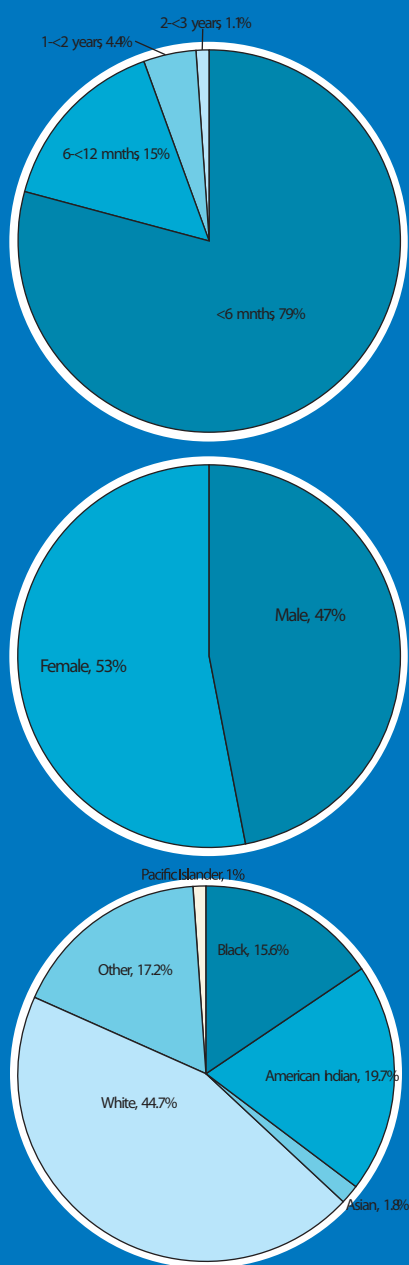
Father	37%
Grandparents	29%
None	12%
Other	8%
Mother’s Sibling	7%
Mother’s Relatives	3%
Mother’s Friend	3%
Mother’s Boyfriend	1%
Step-Father	.1%

Table 18: Age of Children, Home Visitation Services Enrollees, SFY 09

Less than 1 year	50%
1 - <3 years	18%
3 - <5 years	11%
5 - 9 years	13%
10 -14 years	5%
15 - 18 years	3%

**Characteristics of Children Enrolled** - 882 children were served during SFY 2009 with home visitation services. 540 children were enrolled in Start Right Programs during the fiscal year. At the time of intake, 79% of the children were less than 6 months of age and 53% were female. The majority of the children enrolled were Caucasian (45%; Figure 4).

Figure 4 : Age, Gender, and Race/Ethnicity of Children Enrolled in Home Visitation Services, SFY 2009



Participant with Nuestras Familias; Latino Community Development Agency, Oklahoma City



# Home Visitation Service: Program Outcomes, SFY 2009

The SFY 2009 report highlights specific short term outcomes from the Start Right Home Visitation Logic Model (pg 3). These outcomes are tied to the over arching goals of the Start Right Program (i.e. family safety, primary caregiver health, child health and development, family stability and positive parenting/parent-child interaction). The OCAP looks forward to studying these outcomes in depth as more data becomes available.

## Family Safety

### Start Right Child Maltreatment Reporting and Confirmations, 1997- 2007

During SFY 2009, OCAP staff conducted a study in which children ages 0-5 years were matched to data from the Oklahoma Department of Human Services (OKDHS) on child maltreatment reports and confirmations. Between calendar years 1997 to 2007, 3,035 children had at some point during their life time received at least one Start Right home visit. The family may not have been participating in a Start Right Program at the time of report. The study examined characteristics of the reports involving Start Right children and found that:

- Of all the children ever served by Start Right home visitation services between 1997 to



*Participant with Parent Child Connections Southwest; OSU Cooperative Extension Service Southwest; Walters*

2007, 70.5% (2,138/3,035) children who were potentially at risk of child abuse and neglect were never named as a victim of an Oklahoma Department of Human Services child welfare (OKDHS) referral. This is an important piece of data because all of the parents enrolled in the Start Right home visitation services scored a minimum of 25 points on the Kempe Assessment, a nationally recognized and validated tool that evaluates parents' risk for maltreating their children. The fact that only 30% of the Start Right families were ever reported for potential maltreatment is notable considering that all entered the program with risk factors.

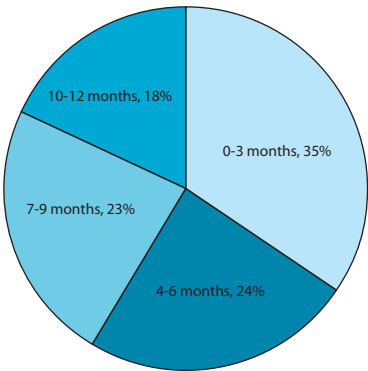
Start Right biological parents were named as alleged perpetrators on 68% of the reports to child welfare (Table 19). The OKDHS statistics show that in the general population, 76% of the alleged perpetrators are the biological parents of the child victim. It could be that Start Right parents are reported at a lesser rate because they are provided with parenting education, support and resources. These services reduce the risk factors for abuse and increase the families' protective factors.

- Over 30% of the reports made involving Start Right children were made during the first year of participation in the Start Right Program. Of these, 35% of the reports were made within 3 months of enrollment (Figure 5). This figure indicates program success in contacting and enrolling families at risk for possible child maltreatment and providing intervention as early as possible.

**Table 19: Types of Perpetrators involved in Start Right Reports, 1997-2007**

46.0%	Biological Mother
22.2%	Biological Father
9.9%	Missing (No Information)
5.5%	No Relation
5.0%	Grandparent
3.6%	Alleged Father or Step Father
2.3%	Foster Parent
1.2%	Childcare Center or Home
4.3%	Other Categories <1%

Figure 5 : Referrals Made Within A Year of Program Enrollment by Months



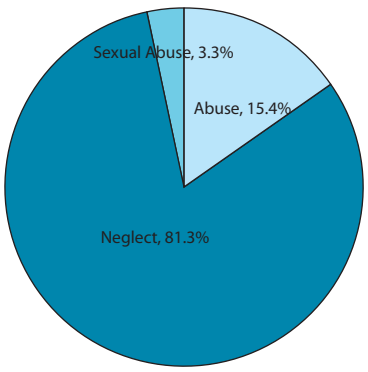
- Children 5 years old and younger comprised nearly 98% of the reports (Table 20).

- Reports by Abuse Type** - Of the 2,045 reports between 1997-2007, 81% of the reports involved an allegation of neglect; 16% involved abuse allegation and 4% involved sexual abuse allegations (Figure 6).

**Table 20: Number of OKDHS Reports Involving Start Right Children By Child's Age, 1997-2007**

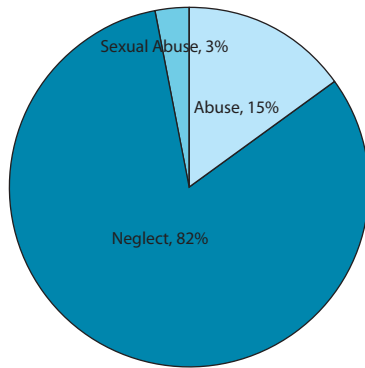
Age	Number of reports	Percent
Infant (Birth – 11 months)	685	33.5%
1 Year	484	23.7%
2 Years	360	17.6%
3 Years	235	11.5%
4 Years	141	6.9%
5 Years	90	4.4%
6 Years	37	1.8%
7 Years	11	0.5%
8 Years	2	0.1%

Figure 6: Child Maltreatment Reports by Type, Start Right Children Ages 0-5 Years, 1997-2007



- **Confirmations by Abuse Type** - Of the 328 reports between 1997 – 2007, 82% resulted in confirmation of neglect; 16% confirmed abuse and 3% confirmed sexual abuse (Figure 7). OKDHS Child Abuse and Neglect statistics reported 84% neglect, 12% abuse and 4% sexual abuse confirmations in SFY 2008.<sup>4</sup>

Figure 7: Child Maltreatment Confirmations by Type, Start Right Children Ages 0-5 Years, 1997-2007



- Overall, of all the Start Right children ever served in 10 years, 90% (2,730 /3,035) of Start Right children who were potentially at risk of child maltreatment did not have a confirmed child maltreatment case with OKDHS in their lifetime. Of the children having OKDHS reports (n=897) during 1997-2007, 34% resulted in a confirmation (Table 21).



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In 10 years, 71% of the Start Right children were never named as a victim in a report to OKDHS.

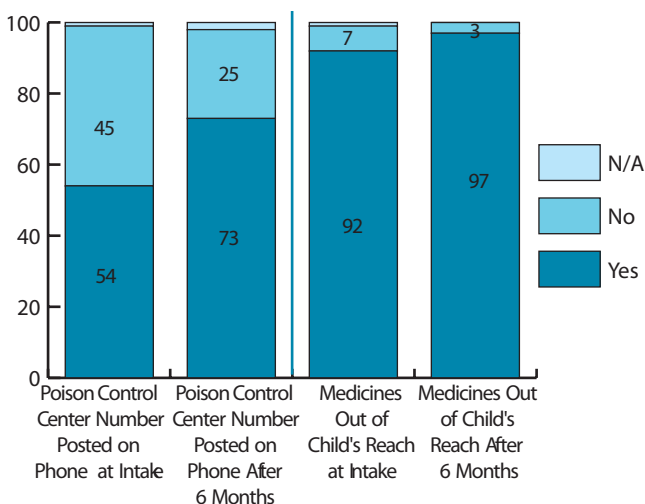
Additionally, 90% of Start Right children at risk for potential child maltreatment did not have a confirmed case with OKDHS in their lifetime.

Table 21: Start Right Children Having OKDHS Reports by Confirmation Status, 1997-2007

Confirmation Status	Number of children	Percent
Confirmation	305	34%
Non-Confirmation	511	57%
Screened Out	81	9%
Total	897	100%

**Poison Safety** - An increased number of participants practiced poison safety measures at home after at least six month of program involvement. At intake, 54% of participants had the poison control number posted on or near phone compared to 73% of participants after 6 months of program enrollment (Figure 8). There was a 5% increase in the number of participants that had medicines out of their child's reach after at least six months of program involvement (Intake = 92% vs. After 6 months = 97%).

**Figure 8: Poison Safety At Intake and After Six Months of Program Involvement, SFY 2009**



**Fire Safety** - In SFY 2009, 178 participants had fire safety data available at 6 month follow-up. At program intake, 89% of participants had working smoke detectors in their home. At the most recent six-month follow-up in SFY 2009, 93% of these participants had working smoke detectors at home.

## Primary Caregiver Health

**Smoking Cessation** - During the SFY 2009, 30% of newly enrolled primary caregivers smoked. Smoking data was collected at the time of enrollment and six months after enrollment for 21 participants. Among these smokers, 57% quit or reduced their smoking, 33% reported no change in smoking behavior, and 10% increased their smoking during the first six months of the program.

**Depression** - In SFY 2009, 848 primary caregivers were screened for depression. Of these 32 primary caregivers (3.7%) were identified with depression related concerns. It is critical to identify depression because it is often associated with child neglect.

**Postpartum Depression** - In SFY 2009, there were 523 Start Right mothers with a child less than one year of age. Start Right utilizes the Edinburgh Postnatal Depression Assessment when appropriate to identify mothers with postpartum depression. Only mothers with signs of depression are assessed. During the fiscal year, 90 mothers were assessed and 7% were determined to have postpartum



*Participant with Chepota Himmita; The Chickasaw Nation; Ada*

depression. Mothers were then referred to their health care provider or other appropriate professionals for treatment.

## Child Health and Development

**Immunizations** - Start Right Program staff inquires about the child's immunizations every 6 months during home visits. Based on self-reports, 91.5% of Start Right children were up-to-date on immunizations. At the state level, 78.5% of Oklahoma children aged 19-35 months were fully immunized in 2007.<sup>5</sup>

**Child Development Screenings** - Developmental screenings, beginning at four months of age, were conducted using the Ages & Stages Questionnaire. During SFY 2009, Start Right Programs provided 3,618 developmental screenings to 882 Start Right children. Three hundred eighty two children (10.6%) screened positive for possible developmental delays. Once the delays are identified, the child can then be referred to appropriate services such as SoonerStart and the Child Guidance service.

**Child Lead Assessments** - Lead assessments were conducted at least once for children at risk for lead poisoning - those who live in older houses or use certain household utensils containing lead. During SFY 2009, 612 lead assessments were conducted for 526 children. 78% of these assessments showed risk factors for possible lead poisoning. Of those with possible lead poisoning, 92% were referred to their health care provider for actual lead testing.

**Breastfeeding Initiation** - Among Start Right mothers who gave birth in SFY 2009, 65% initiated



*Participant with Nuestras Familias; Latino Community Development Agency, Oklahoma City*

breastfeeding. In general, 75.7% of Oklahoma women initiate breastfeeding.<sup>6</sup>

This was the first year for the Start Right Programs to focus on breastfeeding education and support. Now that it is known that the initiate rate for Start Right mothers is lower than the state average, Start Right staff will be offered breastfeeding training so they can better assist mothers. The program goal is to have a minimum of 75% of the Start Right mothers who enroll prenatally initiate breastfeeding.

## Family Stability

**Enrolled in Education** – In SFY 2009, 72% of new participants had less than a high school degree or General Education Diploma and were not currently enrolled in an educational program. There were 60 participants who had less than a high school education at intake and had 6-month follow-up



Participant with Chepota Himmita; The Chickasaw Nation; Ada

education data during SFY 2009. Among these participants, 10% went back to school from intake to follow-up, 72% had no change and were not enrolled, and 18% continued enrollment in an educational program. Overall, 28% of participants with an educational level less than high school graduation were currently enrolled in an educational program. The Start Right Programs would like for more participants to complete their education and will work to see improvements in this data.

**Social Support** - In SFY 2009, there was an increase in the percentage of participants who had social support available for their family (Intake = 89% vs. After six months = 91%). The social support outcome was measured by the following items: feeling they are supported by others; having others who care; and having friends and family available for help.

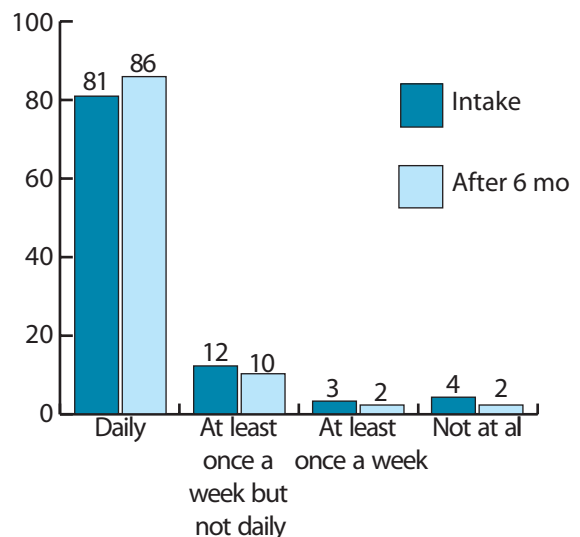
**Problem Solving** - In SFY 2009, there was an increase in the percentage of participants who displayed problem solving skills (Intake = 86% vs. After six months = 89%). Problem solving skills included: learning new ways of solving problems; dealing with setback without getting discouraged; dealing with unexpected problems; and remaining calm when new problems arise.

**Mobilizing Resources** - In SFY 2009, there was a minimal increase in the percentage of participants who had knowledge about utilizing resources (Intake = 87% vs. After six months = 88%). Mobilizing resources included knowing where to find resources; where to find important medical information; and being capable of seeking assistance.

### Positive Parenting & Parent-Child Interaction

**Father Involvement** - In SFY 2009, there were 126 participants whose current partner was the child's biological father and had father involvement data

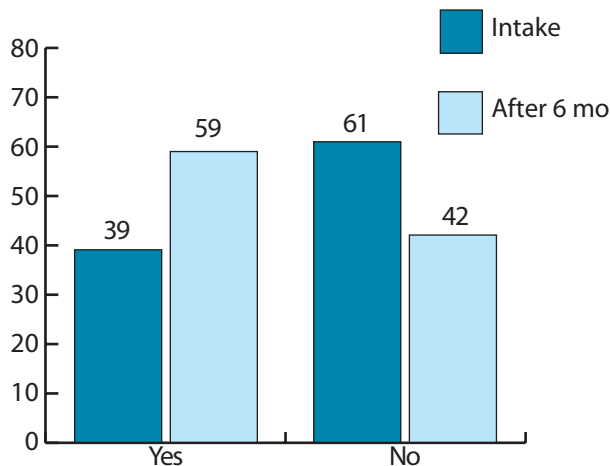
Figure 9: Father Involvement in Taking Care of Child at Intake and After At least Six Months of Program Involvement, SFY 2009



available at intake and at the most recent 6 month follow-up. With at least 6 months of program involvement, there was a 5% increase in biological fathers taking care of and/or playing with the child on a daily basis (Intake = 81% vs. Six-month follow-up = 86%, Figure 9).

In SFY 2009, 59% of participants had the support of the child’s father participating in family events whereas at intake 40% of participants had the child’s father participating in family events. The program goal is to promote and increase father involvement among program participants (Figure 10).

Figure 10: Father involvement in Family Events at Intake and After At least Six Months of Program Involvement, SFY 2009



**Parent Satisfaction** - In SFY 2009, there was an increase in the percent of participants who were satisfied with the role of parent (Intake = 93% vs. After six months = 96%).

In order to determine parent satisfaction, the participants scored themselves using indicators such as:

- I feel trapped by all the things I do for my child.
- Because I’m a parent, I’ve had to give up much of my life.

**Parent/Child Behavior** - Almost all of the participants, who had a six month follow-up in SFY 2009, displayed positive parent-child interaction (99%). At the program intake stage, 98% of participants indicated positive parent-child interaction.

In order to determine parent/child behavior, the participants score themselves on indicators such as:

- I do activities that help my child grow and develop.
- I can remain calm when my child is upset.

**Parenting Efficacy** - In SFY 2009, after at least six months of Start Right program, a higher percent (95%) of participants displayed parenting efficacy as compared to the enrollment stage (Intake = 93%).

In order to determine parent efficacy, the participants scored themselves using indicators such as:

- I have set goals about how I want to raise my child.
- I am a good example to other parents.



Participant with Nuestras Familias; Latino Community Development Agency, Oklahoma City

# Program Budget and Expenditures



Participant with Nuestras Familias; Latino Community Development Agency, Oklahoma City

**Fiscal Note:** All monies appropriated to the Child Abuse Prevention Fund are distributed to the Start Right Programs through contracts for direct services. No CAP Fund monies are utilized for administration (central office staff, site visits, training, and evaluation).

In SFY 2009, seventeen Child Abuse Prevention Districts were designated in Oklahoma (Figure 11). For the contract cycle 2008-2012, each District was allocated a portion of the total Child Abuse Prevention Fund for programs in their area for that fiscal year. Each District's allocation is based upon the statutorily required formula relative to the percentage of children less than 18 years of age and the percentage of child abuse and neglect reports.

Twenty-one private, non-profit and public agencies had their contracts renewed and one site began services with the Start Right network during SFY 2009. In SFY 2009, \$3,336,482 was appropriated to the Child Abuse Prevention Funds and distributed to the 22 state funded Start Right Programs (see Table 22).

In addition, the OCAP was able to award a contract to the Chickasaw Nation utilizing its Community-Based Child Abuse Prevention (CBCAP) Federal Grant monies. The tribal nation was awarded a contract for \$115,000 in order to provide the exact same service as the state-funded Start Right Programs.

Figure 11: Community-Based Child Abuse Prevention Programs by District and Counties, Oklahoma, SFY 2009

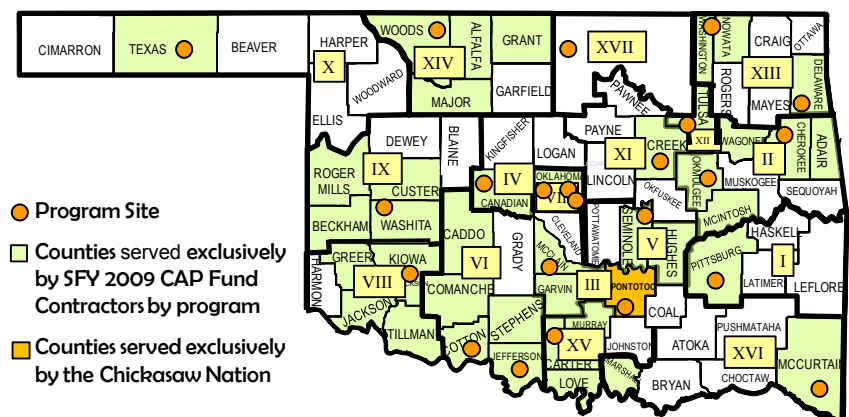




Table 22: SFY 2009 Start Right Programs

District Name and Counties Served within the District Agency Name	Contract Award \$	District Total \$
<b>District I: Pittsburg County</b>		<b>\$115,000</b>
Pittsburg County Health Department	\$115,000	
<b>District II: Adair, Cherokee, Okmulgee Wagoner Counties</b>		<b>\$255,000</b>
Help-In-Crisis, Inc. Okmulgee-Okfuskee County Youth Services, Inc.	\$130,000 \$125,000	
<b>District III: Cleveland, Coal, Garvin, and McClain Counties</b>		<b>\$264,758</b>
McClain-Garvin County Youth and Family Center, Inc. Center for Children and Families, Inc.	\$115,000 \$149,758	
<b>District IV: Canadian County</b>		<b>\$126,683</b>
Oklahoma State University Cooperative Extension Service for Canadian County	\$126,683	
<b>District V: Hughes and Seminole Counties</b>		<b>\$115,000</b>
Youth and Family Services for Hughes and Seminole Counties, Inc.	\$115,000	
<b>District VI: Comanche, Cotton, Jefferson and Stephens Counties</b>		<b>\$232,082</b>
Oklahoma State University Cooperative Ext Service - Southwest	\$232,082	
<b>District VII: Oklahoma</b>		<b>\$592,167</b>
Mary Mahoney Memorial Health Center Exchange Club Center for the Prevention of Child Abuse of Oklahoma, Inc. Latino Community Development Agency, Inc.	\$115,000 \$286,301 \$190,866	
<b>District VIII: Greer, Jackson, Kiowa and Tillman Counties</b>		<b>\$115,000</b>
Great Plains Youth and Family Services, Inc.	\$115,000	
<b>District IX: Beckham, Custer, Roger Mills and Washita Counties</b>		<b>\$115,000</b>
Great Plains Youth and Family Services, Inc.	\$115,000	
<b>District X: Texas County</b>		<b>\$115,000</b>
Oklahoma State University Cooperative Extension Service for Texas County	\$115,000	
<b>District XI: Creek County</b>		<b>\$167,811</b>
Sapulpa Public Schools	\$167,811	
<b>District XII: Tulsa County</b>		<b>\$507,581</b>
Parent Child Center of Tulsa, Inc.	\$507,581	
<b>District XIII: Delaware, Nowata and Washington Counties</b>		<b>\$236,851</b>
Washington County Child Care Foundation Oklahoma State University Cooperative Extension Service for Delaware County	\$121,851 \$115,000	
<b>District XIV: Alfalfa, Grant, Major and Woods Counties</b>		<b>\$115,000</b>
Northwest Family Services, Inc.	\$115,000	
<b>District XV: Carter, Love, Murray Counties</b>		<b>\$115,000</b>
Community Children's Shelter, Inc.	\$115,000	
<b>District XVI: McCurtain County</b>		<b>\$115,000</b>
McCurtain County Health Department	\$115,000	
<b>District XVII: Kay County</b>		<b>\$115,000</b>
Northern Oklahoma Youth Services Center and Shelter, Inc. Chickasaw Nation*	\$115,000 \$115,000	

\*Funded by the Federal Community-Based Child Abuse Prevention Grant from the Administration of Children and Families

Table 23: SFY 2009 Start Right Programs

Start Right Programs	Adults enrolled in Home Visitation Services in SFY 2009	Adults served by Home Visitation Services in SFY 2009	Average Length of Time Enrolled in Home Visitation Services in SFY 2009	Minimum Number of Months Enrolled in Home Visitation Services in SFY 2009	Maximum Number of Months Enrolled in Home Visitation Services in SFY 2009	Adults Participating in Center-based Services in SFY 2009	Adults served by Center-Based and/or Home Visitation Services in SFY 2009
	Number (a)	Number (b)				Number (c)	Total Number (b+c)
<b>District I: Pittsburg County</b>							
Pittsburg County Health Department	4	35	13	0	47	1	36
<b>District II: Adair, Cherokee, Okmulgee Wagoner Counties</b>							
Help-In-Crisis, Inc.	10	33	19	0	58	37	70
Okmulgee-Okfuskee County Youth Services, Inc.	16	58	13	0	58	3	61
<b>District III: Cleveland, Coal, Garvin, and McClain Counties</b>							
McClain-Garvin County Youth and Family Center, Inc.	4	25	24	0	107	3	28
Center for Children and Families, Inc.*	15	20	-	-	-	4	24
<b>District IV: Canadian County</b>							
Oklahoma State University Cooperative Extension Service for Canadian County	19	48	12	0	54	15	63
<b>District V: Hughes and Seminole Counties</b>							
Youth and Family Services for Hughes and Seminole Counties, Inc.	11	42	31	0	81	45	87
<b>District VI: Comanche, Cotton, Jefferson and Stephens Counties</b>							
Oklahoma State University Cooperative Ext Service - Southwest	37	78	9	0	62	22	100
<b>District VII: Oklahoma</b>							
Mary Mahoney Memorial Health Center	16	36	15	0	73	--	36
Exchange Club Center for the Prevention of Child Abuse of Oklahoma, Inc.	63	124	14	0	102	6	130
Latino Community Development Agency, Inc.	18	61	27	0	67	49	110
<b>District VIII: Greer, Jackson, Kiowa and Tillman Counties</b>							
Great Plains Youth and Family Services, Inc.	22	49	14	0	58	22	71
<b>District IX: Beckham, Custer, Roger Mills and Washita Counties</b>							
Great Plains Youth and Family Services, Inc.	8	41	20	0	63	5	46
<b>District X: Texas County</b>							
Oklahoma State University Cooperative Extension Service for Texas County	22	43	10	0	58	41	84
<b>District XI: Creek County</b>							
Sapulpa Public Schools	18	66	26	0	67	30	96
<b>District XII: Tulsa County</b>							
Parent Child Center of Tulsa, Inc.	87	187	12	0	78	57	244
<b>District XIII: Delaware, Nowata and Washington Counties</b>							
Washington County Childcare Foundation	23	44	14	0	81	15	59
Oklahoma State University Cooperative Extension Service for Delaware County	17	42	14	0	69	43	85
<b>District XIV: Alfalfa, Grant, Major and Woods Counties</b>							
Northwest Family Services, Inc.	12	40	16	0	60	35	75
<b>District XV: Carter, Love, Murray Counties</b>							
Community Children's Shelter, Inc.	7	33	20	1	68	20	53
<b>District XVI: McCurtain County</b>							
McCurtain County Health Department	21	41	22	0	75	1	42
<b>District XVII: Kay County</b>							
Northern Oklahoma Youth Services Center and Shelter, Inc.	16	54	16	0	107	60	114
Chickasaw - federally funded**	15	47	17	0	60	11	58

Note: The number of adults served in Center-Based and Home Visitation Services may contain duplicate count since adults can enroll for both services simultaneously.  
 \*The Center for Children and Families became a Start Right contractor July 1, 2008. The number of families served appears low because contractor was only just beginning to implement the program.  
 \*\*Funded by the Federal Community-Based Child Abuse Prevention Grant from the Administration of Children and Families

## Average State Expenditure per Family

The average actual State expenditures per family during SFY 2009 is estimated to be \$2,080.

This amount was derived by adding the Child Abuse Prevention Fund expended amount (\$3,266,352) plus the OCAP Administrative Fund (general revenue at the discretion of the Commissioner, \$299,648) divided by the total number of unduplicated families served by state-funded Start Right Programs (n=1,714).

At the national level, home visitation programs with similar program services and outcomes such as Healthy Families America Programs indicate a cost of approximately \$3,500 per year per family.<sup>7</sup>

Refer to Table 23 for the number of adults enrolled in home visitation services, average length of time enrolled, enrollment in center-based services and overall adults served by the Start Right Programs in SFY 2009.

## Future Program Direction Recommendations

There continue to be three main areas of change that define the SFY 2008-2012 Start Right programs: enhanced program evaluation, improved peer support for parents, and additional training for home visitors.

### Evaluation:

The Start Right evaluation instruments have changed dramatically, and now provide a more comprehensive picture of trends in changing behaviors and risk factors of families trying to improve and enhance their parenting skills. Future recommendations include continuing to enhance the use of evidence-based practices and logic models, and improve data collection.



*Participant with Delaware Child Development; Washington County Childcare Foundation; Bartlesville*

Areas of change that define the Start Right programs:

- Enhanced program evaluation,
- Improved peer support for parents; and
- Additional training for home visitors.

### Parent Support:

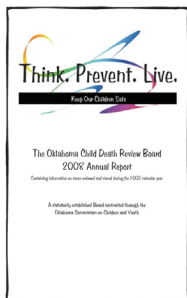
The Circle of Parents® family support groups exist at four sites and are offered to families in the Start Right communities. The groups are structured by and for parents with agency liaisons providing direction and resources available to at-risk families and families in need of peer support. The Oklahoma State Department of Health is the contact site for this national organization. 2009 was the second year of operation for Circle of Parents® in Oklahoma.

### Staff Training:

Finally, the Start Right programs are receiving enhanced training to better equip home visitation workers to deal with higher risk families and provide improved services to parents. Most training is provided through the Oklahoma State Dept. of Health satellite system and local health departments for convenience and savings on travel expenses to Start Right contractors. Start Right training requirements include a broad range of program related topics designed to enhance the family support workers' knowledge and competency level. Topics include core program information, tobacco cessation, postpartum depression and mental health concerns, breast feeding, home safety, grief and attachment issues, substance abuse, adoption, and resource information. Training continues to develop as risk factors and family issues change.

### Additional Start Right Activities

**Child Death Review Board** - The Oklahoma Child Death Review Board<sup>8</sup> has statutory authority to conduct case reviews of all deaths and near deaths of



*Participant with Chepota Himmita; The Chickasaw Nation; Ada*

children less than 18 years of age. The mission of the Board is to reduce the number of preventable deaths. The Board collects statistical data as well as other information from a variety of resources in order to identify trends and system failures. Recommendations for changes in law, policy, procedures and practices are then made and sent to relevant organizations and interested parties. The Board is comprised of representatives from various agencies and professions. A seat is specifically designated in statute for the Office of Child Abuse Prevention, and the Office is active in the workings of the Board.

**Home Visitation Leadership Advisory Committee** - Members from various agencies and programs working at all levels, from the supervisory role to the front lines, participate in this dynamic group that strives for best practice in home visitation. Comprised of representatives from the Office of Child Abuse Prevention, Start Right Programs, Children First nurses, Prevent Child Abuse Oklahoma, SoonerStart, the Oklahoma Health Care Authority and others, the committee provides recommendations to improve services, coordinate efforts and best utilize funds between home visitation programs. Members benefit from sharing resources, listening to experts in various fields and collaborating of projects.



*This safety manual was a project completed by the HVLAC and has gained national recognition*

**Start Right Specialty License Plates** - In an effort to promote child abuse prevention and raise monies for the Child Abuse Prevention Fund, specialty license plates are sold for Oklahoma ve-



hicles. The Start Right plate costs \$35. With every tag purchased, \$20 goes directly to the CAP Fund and is used for direct services to families. For more information visit <http://fsps.health.ok.gov>.

**Respite** - Respite services (temporary relief from stressful caregiving) have long been recognized as a method to prevent child abuse and neglect. For this reason, funding from the federal Community-Based Child Abuse Prevention Grant is set aside to provide respite care for qualifying Start Right families through the Oklahoma Department of Human Services Respite Voucher System. During FFY 2008, 277 of Start Right families participated in the respite program.

**National Alliance of Children's Trust and Prevention Funds** - While Oklahoma does not have a State Trust Fund for child abuse prevention, we are fortunate that the Oklahoma Legislature has provided funds for the Child Abuse Prevention each year. The establishment of this fund allows the Office of Child Abuse Prevention, the entity responsible for the CAP Fund, to participate in the National Alliance of Children's Trust and Prevention Funds.<sup>9</sup>



*National Alliance of Children's Trust and Prevention Funds; Board of Directors*

- The mission of the Alliance is twofold:
- 1) Initiate and engage in national efforts that assist State Children's Trust and Prevention Funds in strengthening families and thereby reducing child maltreatment; and
  - 2) Promote and support a system of services,

laws, practices and attitudes that supports families by enabling them to provide their children with safe, healthy and nurturing childhoods.

During the SFY 2009, Annette Wisk Jacobi served as the Vice-President of the Board of Directors for the Alliance as well as the Membership Committee Chair.

**Interagency Task Force for the Prevention of Child Abuse and Neglect** - The Interagency Child Abuse Prevention Task Force (ITF) has a statutorily mandated membership of representatives from the public and private agencies as well as parents. The ITF, as directed by the Child Abuse Prevention Act, reviews and evaluates all prevention programs proposals submitted to the OCAP for funding through the CAP Fund, reports finding to the Oklahoma Com-



*Retreat participants listen to Ralph McQuar of Minnesota*

mission on children and Youth and makes recommendations to the Commissioner of Health, the final authority for contract awards. The ITF is also involved in the renewal process for those same awards.

In addition, the ITF assists the OCAP in the development of the State Plan for the Prevention of Child Abuse and Neglect. In the Fall of 2008, the ITF as well as other stakeholders and partners, participated in a 1 ½ day retreat focusing on the next phase of the State Plan. Guest speakers presented information from the field, and two colleagues from Minnesota and Wisconsin shared their experiences, the positive and the negative, with their respective State Plans.

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- <sup>8</sup> Oklahoma Child Death Review Board. Available at: <http://okcdrb.ouhsc.edu/>.
- <sup>9</sup> National Alliance of Children's Trust and Prevention Funds. Available at [www.ctfalliance.org](http://www.ctfalliance.org).

## Acknowledgements

This report is submitted in compliance with Oklahoma Statute Title 63, O.S., Section 1-227 by:

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This publication was issued by the State Department of Health as authorized by Terry L. Cline, Ph.D, Commissioner of Health.