

2024

2028

STATE PLAN FOR THE

Prevention of Child Abuse & Neglect



OKLAHOMA
State Department
of Health





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EXECUTIVE

Summary

Prevention of child abuse and neglect has been recognized by the Centers for Disease Control and Prevention (CDC) as a public health priority. One reason for this is the large number of children who experience maltreatment every year. Data reveal more than 13,000 Oklahoma children were victims of abuse and neglect during State Fiscal Year (SFY) 2022.¹ When compared to national child maltreatment rates, Oklahoma is among the highest in the country, at 14.2/1,000 in Oklahoma vs. 7.7 nationally.² The impacts of maltreatment are costly and long lasting. Oklahoma must work to detect and prevent instances of child abuse and neglect early and implement effective intervention strategies to ensure all children are safe and healthy.

The Oklahoma State Department of Health (OSDH) is uniquely positioned to prevent child abuse and neglect. OSDH provides the kind of broad-based prevention strategies that encompass not only direct services to families, but also includes public education efforts to change social norms and behaviors, family and community engagement, as well as the policies and institutions that help create a strong prevention system. Such a public health approach to the prevention of child abuse and neglect addresses Adverse Childhood Experiences (ACEs) and systemic issues that lead to maltreatment before incidents ever occur. Public health and prevention system partners collaborate to identify and implement strategies to support safe and healthy children and families. Together, these partners have created the Oklahoma State Plan for the Prevention of Child Abuse and Neglect and will collaborate to ensure its goals are met.

The process for creating the 2024-2028 Oklahoma State Plan for the Prevention of Child Abuse and Neglect began by gathering numerous stakeholders to provide feedback regarding the needs of children, families, and professionals serving Oklahomans. This process served as a tool for identifying system gaps and barriers, assessing geographical needs, recommending improvement strategies, and gathering input from parents and professionals in order to carry out actions to ensure a system that is responsive to their needs. Data were gathered through surveys and Community Café style focus groups centered on parents and professionals across the state. Combined with current research and best practices, and alignment of existing efforts across systems, the results were used to develop this plan.

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Introduction

The Office of Child Abuse Prevention (OCAP) was created in 1984 by the Oklahoma Child Abuse Prevention Act, Title 63, O.S. Section 1-227.1. The intent of the Child Abuse Prevention Act is to:

- Develop a comprehensive approach for the prevention of child abuse and neglect for the state and used as a basis of funding programs and services.
- Provide multidisciplinary and discipline-specific training on child abuse and neglect, domestic violence, drug and/or alcohol abuse, and mental illness to professionals with responsibilities affecting children, youth, and families.
- Establish a comprehensive statewide approach towards the prevention of child abuse and neglect.

In accordance with the Act, the OCAP was created within the Oklahoma State Department of Health (OSDH) to focus on prevention. OSDH is the primary public health agency in Oklahoma that provides broad-based, systemic prevention strategies that encompass not only direct services with families, but also includes public education efforts to change social norms and behaviors, family and community engagement, as well as the policies and institutions that help support a strong prevention system for Oklahoma.

OCAP provides primary (statewide promotion of child abuse prevention), secondary (community-based family resource and support programs), and tertiary (training professionals on the identification and reporting of child maltreatment) prevention services. OCAP is responsible for preparing and implementing a comprehensive state plan for the prevention of child abuse and neglect and promotes the health and safety of Oklahoma children by reducing child abuse and neglect through:

- Funding of direct services for Oklahoma children and families.
- Training of professionals working in child abuse prevention and protection arenas.
- Conducting activities that educate the public about child maltreatment.
- Enhancing infrastructure that supports child abuse prevention efforts.

OSDH also serves as the state lead responsible for administering the Community-Based Child Abuse Prevention (CBCAP) funds and providing oversight to CBCAP funded programs. Both OCAP and CBCAP are strategically placed within the Family Support and Prevention Service (FSPS) at OSDH. The FSPS promotes the health, safety, and wellness of Oklahoma's children and families by providing the infrastructure for family support and child maltreatment prevention efforts as well as implements several evidence-based home visitation programs through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) federal grant.

This plan is available on the OSDH website at <https://bit.ly/3VRJLsg>.





CHILD MALTREATMENT **Overview & Data**

Child maltreatment occurs when a child under the age of 18 experiences harm, or threatened harm, to their health or safety by a caregiver, including parents, grandparents, family members or trusted adults in a custodial role (such as a coach, teacher or child care provider). The most common types of child maltreatment include:

- Neglect: failure to provide adequate food, water, shelter, medical care or supervision.
- Physical abuse: real or threatened physical injury to the body of a child under 18 years of age that is not an accident.
- Psychological or emotional abuse: real or threatened mental or emotional injury, or damage to the mind that is not accidental.
- Sexual abuse: rape, incest and lewd or indecent acts or proposals made to a child by a person responsible for the health, safety or welfare of a child.

Child maltreatment can impact short and long-term health outcomes, mental health, social and cognitive development and even the types of risky behaviors in which adolescents, teens and adults engage, including sexual behaviors, substance abuse and delinquency.

Child Maltreatment Data

National Data³

In FFY 2022, 52 states reported 558,899 victims of child abuse and neglect. This equates to a national rate of 7.7 victims per 1,000 children in the population and is a 20% decrease from the FFY 2018 number of victims at 698,189. Nationally, the number of child maltreatment victims has been decreasing since 2018. However, advocates are concerned that during the COVID-19 pandemic, reporting for child abuse and neglect may have decreased due to disruption of programs and services, including child care and school closures.⁴

The youngest children are the most vulnerable to maltreatment. More than one-quarter (27.3%) of victims are in the age range of birth through 2 years old, and infants younger than one year account for 14.7 percent of all child maltreatment victims. The maltreatment rate is highest for infants younger than 1 year at 22.2 per 1,000 children in the population of the same age. Children ages 2 or 3 years old have maltreatment rates of 9.3 and 8.8 per 1,000 children, respectively. Generally, the rate of child maltreatment decreases with the child’s age. Very young children are highly dependent on caregivers for their basic needs, spend more time with caregivers, and are more physically fragile.⁵

Children living in poverty experience more abuse and neglect. Rates of child abuse and neglect are 5 times higher for children in families with low socioeconomic status.⁶

Child maltreatment is costly. In the United States, the total lifetime economic burden associated with child abuse and neglect was about \$592 billion in 2018. This economic burden rivals the cost of other high-profile public health problems, such as heart disease and diabetes.⁷

Child Maltreatment in Oklahoma

Oklahoma has one of the highest child maltreatment rates in the country at 14.2 per 1,000 children and is above the national rate of 7.7.⁸ The number of Oklahoma children confirmed to be victims of maltreatment in FFY 2022 was 13,546. Since 2018, child maltreatment has declined in Oklahoma by 11.8% from 15,355 victims in 2018 to 13,546 in 2022.

Number and Rate of Child Mistreatment Victims in Oklahoma, FFY 2018-2022

	2018	2019	2020	2021	2022
# Children	15,355	15,148	14,685	13,719	13,546
Rate per 1,000 Children	16.1	15.9	15.5	14.4	14.2

Source: U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2024). Child Maltreatment 2022. Available from <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>.

In FFY 2022, 2,063 children younger than age one were maltreatment victims with a 43.2 rate of maltreatment and made up 15.2% of all victims.⁹ Further, 48% of child maltreatment victims are younger than age six at 6,460 children.

Child Maltreatment by Child Age Categories, FFY 2022

Age	Number	Percent
Younger than 6	6,460	47.7%
Ages 6 through 12	4,647	34.3%
Ages 13 through 17	2,369	17.5%
Unborn, Unknown, 18 or older	70	0.5%

Source: U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2024). Child Maltreatment 2022. Available from <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>.

Overwhelmingly in Oklahoma, neglect accounts for the most maltreatment types at 73.5% in FFY 2022, followed by psychological/emotional abuse at 34%, physical abuse at 13.1%, and sexual abuse at 5.2%.¹⁰

The most common perpetrator of child maltreatment is a parent. The most recent data (FY22) from Oklahoma Department of Human Services found 79% of child maltreatment perpetrators are parents (mother or father) of the child.¹¹



CHILD MALTREATMENT **Risk Factors**

Common risk factors from Center for Disease Control associated with child maltreatment.¹²

Risk Factors for Perpetration:

- Caregivers with drug or alcohol issues.
- Caregivers with mental health issues, including depression.
- Caregivers who don't understand children's needs or development.
- Caregivers who were abused or neglected as children.
- Caregivers who are young or single parents or parents with many children.
- Caregivers with low education or income.
- Caregivers experiencing high levels of parenting stress or economic stress.
- Caregivers who use spanking and other forms of corporal punishment for discipline.
- Caregivers in the home who are not a biological parent.
- Caregivers with attitudes accepting of or justifying violence or aggression.

Family Risk Factors:

- Families that have household members in jail or prison.
- Families that are isolated from and not connected to other people (extended family, friends, neighbors).
- Families experiencing other types of violence, including relationship violence.
- Families with high conflict and negative communication styles.



Community Risk Factors:

- Communities with high rates of violence and crime.
- Communities with high rates of poverty and limited educational and economic opportunities.
- Communities with high unemployment rates.
- Communities with easy access to drugs and alcohol.
- Communities where neighbors don't know or look out for each other and that have low community involvement among residents.
- Communities with few community activities for young people.
- Communities with unstable housing and where residents move frequently.
- Communities where families frequently experience food insecurity.

Additionally, an emerging community risk factor evident in Oklahoma is the lack of affordable, high-quality child care. While COVID-19 pandemic relief dollars were used to increase child care availability, there is still not enough child care capacity to meet the needs for Oklahoma families; this is largely due to child care workforce shortages. Further, there is a greater shortage of child care availability for children with disabilities, and parents of children with disabilities have a harder time finding care.¹³

In Oklahoma, substantiated maltreatment victims had caregivers with the following risk factor present:¹⁴

- 38.7% domestic violence
- 37.7% drug abuse
- 18.7% alcohol abuse

Oklahoma has high rates for mental illness and substance use disorders, ranking 5th in the nation, based on 2020 data.¹⁵ Families struggle to access mental health treatment in Oklahoma, and The Oklahoma Department of Mental Health and Substance Abuse Services estimates that between 700,000 and 950,000 adult Oklahomans need services.¹⁶ In 2022, 2,331 Oklahoma infants were screened-in for prenatal substance exposure.¹⁷

From Oklahoma's 2023 Child Welfare Task Report¹⁸:

“To reduce the number of children in care as well as the amount of time children spend in care, prevention efforts that provide support for families prior to crisis are essential. Of all the risk factors of child welfare involvement in Oklahoma, none plays a larger role than neglect that occurs while the person responsible for the child is dealing with substance abuse issues. Nearly 70% of all child welfare removals include substance abuse as at least one contributing factor. If the state is serious about reducing the number of children in child welfare, and about addressing the underlying causes of abuse and neglect, one major priority must be substance abuse.”



COST OF CHILD MALTREATMENT **in Oklahoma**

In Klika's, et.al. 2018 study,¹⁹ the lifetime costs associated with the consequences of abuse or neglect were estimated for the 2018 cohort of children in each state. In Oklahoma, this study estimates 12.7 billion as the lifetime cost of substantiated maltreatment for the 2018 cohort (15,355 victims). Costs include long-term expenses associated with fatal and non-fatal abuse, including childhood and adult medical expenses, child welfare costs, special education costs, criminal justice expenses, and lost productivity.

Oklahoma spent \$480,226,117 on child welfare services in 2018.²⁰ Child welfare services are all of the direct and administrative services that state agencies provide to children and families.

- \$222,224,594 were allocated from the federal government.
- \$253,389,367 came from state and local funds.

While the number of Oklahoma children placed in out-of-home care continues to decline, too many children find themselves being cared for in foster homes or kinship care arrangements.

- In FY 2021, there were 7,468 Oklahoma children in foster care and 3,461 Oklahoma children entered foster care during FY 2021.²¹
- The average age of Oklahoma children in foster care is 6.4 years.²²

Oklahoma Human Services spends approximately \$6,400 a year for a child under age six placed in foster care based on current daily reimbursement rates (\$17.72 per day) to foster parents.²³ Comparatively, OSDH's evidence-based home visiting programs have an average cost per family of \$3,854.²⁴



COMMUNITY INVOLVEMENT for Data Collection

In late 2023, Oklahoma State Department of Health in partnership with Oklahoma Human Services and Oklahoma Commission on Children and Youth conducted a state-wide survey to collect information from parents and professionals to inform the child abuse prevention plan. The survey, administered in English and Spanish, received 1,014 responses with all 77 Oklahoma counties responding to the survey.²⁵

- 707 responses for the professional survey.
- 307 responses for the parent survey.
- 1,014 total survey responses.
- 100% of Oklahoma counties (77 counties) participated in the survey.

The community and professional surveys and comprehensive survey results are available from OSDH's Family Support and Prevention Service site found online at <https://oklahoma.gov/health/health-education/children---family-health/family-support-and-prevention-service/office-of-child-abuse-prevention/publications.html>.

The community survey results²⁶ point to lack of awareness of programs and services, as well as lack of availability, especially in rural Oklahoma. According to survey results, a greater proportion of parents were uncertain about finding parent support programs compared to all survey domains.

Additionally, three community cafés were held to collect qualitative data from parents and professionals, including one Spanish language café. Several key themes emerged from the community cafés, including:

- Engage with parents and youth; include lived-experience voice.
- Improve knowledge and training for both parents and professionals.
- Invest in infrastructure, including effective programs and services
- Use a prevention approach and mindset.
- Prioritize prevention efforts at the local/community level.



Throughout data collection efforts, individuals consistently emphasized the need for direct input from authentic sources of lived-experience, with a specific focus on rural Oklahoma. Another area for improvement that emerged is to gain more qualitative data from diverse populations.

Overall, the most salient, cross-cutting result of both survey and community café responses is that Oklahoma families experience difficulties accessing needed supports and services. Parents and families have trouble finding affordable, quality child care, mental health services, family support services, and services that are appropriate for their culture or language.²⁷

When caregivers lack access to needed support and services, families may experience increased stress, which can elevate the risk of child abuse and neglect. Caregivers with access to care and resources that support their physical, mental, and emotional health are better equipped to care for their children and ensure their safety and well-being.



ACCESS TO HIGH-QUALITY, **Affordable Child Care**

Accessible and affordable child care plays a crucial role in preventing child maltreatment by offering a safe, nurturing environment for children while their parents work or attend school. This accessibility allows parents to pursue employment or education without compromising their children's well-being, directly reducing stress and economic pressure that can lead to neglect or abuse.

Access to high-quality, affordable child care is a common challenge facing Oklahoma families. According to Oklahoma Partnership for School Readiness's FY23 Annual Report²⁸:

- 55% of Oklahoma's population lives in a child care desert.
- 68% of the rural population lives in a child care desert.
- A single parent in Oklahoma spends 30% of their income on child care expenses.
- Child care costs have increased by more than 30% on average during FY23.

Child care access was the only domain from the community survey where parents did not mention any other barrier other than the top three for access to child care: cost, lack of availability, and wait lists. Moreover, parents and professionals agreed on these same barriers based on survey responses.

Access to quality child care plays a significant role in mitigating the risk factors associated with child abuse.²⁹ Greater spending on child care for lower-income families is linked to lower rates of maltreatment, foster care placements, and maltreatment-related fatalities.³⁰ Improving families' access to high-quality child care is a critical preventive measure against child abuse and neglect, particularly for families in lower incomes.



CHALLENGES FOR **Oklahoma Families & Communities**

Adverse Childhood Experiences (ACEs), poverty and economic instability for families, and lack of local resources and supports are challenges that contribute to a higher likelihood of abuse and neglect.

Adverse Childhood Experiences (ACEs) in Oklahoma

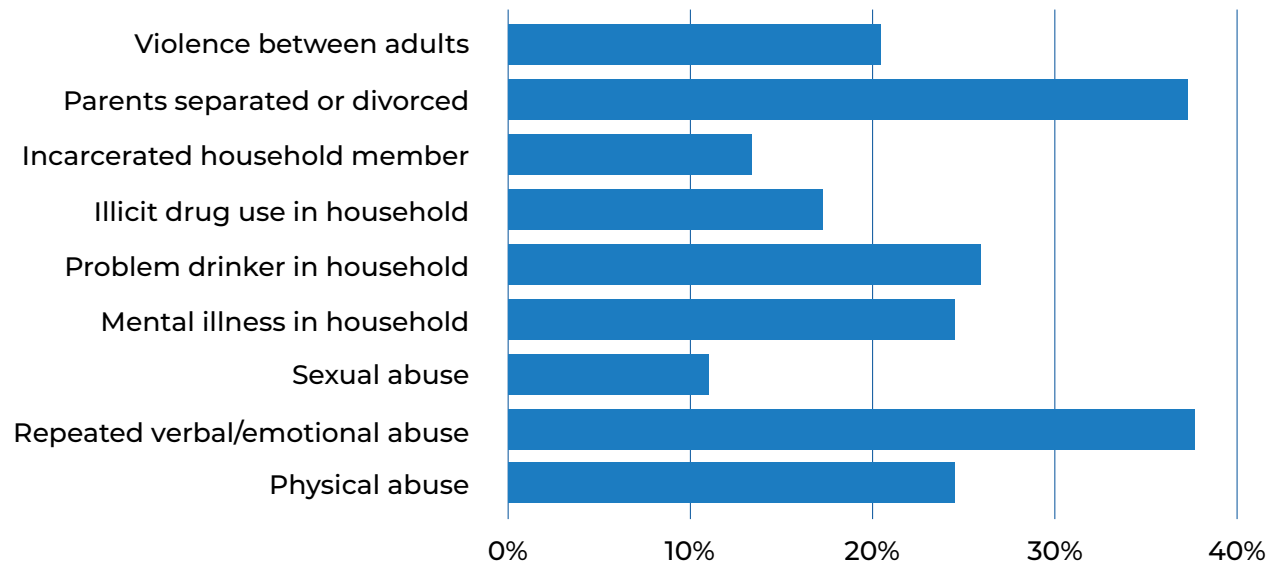
Adverse Childhood Experiences (ACEs) refer to potentially traumatic events that occur in childhood (0-17 years). Common ACEs include physical, emotional, or sexual abuse; physical or emotional neglect; substance use disorder in the home, mental illness, parental separation or divorce, or an incarcerated family member. The more ACEs a child experiences, the greater their risk for chronic health problems, mental illness, and substance use disorder in adulthood.^{31,32}

According to Oklahoma's 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey³³, 22% of adults have experienced four or more ACEs. Many of these individuals reported having experienced physical, sexual and emotional abuse. These individuals are five times as likely to misuse prescription drugs than those with zero ACEs, twice as likely to be a heavy/chronic drinker and/or report binge drinking, and are more likely to be obese, smoke cigarettes, and/or suffer from chronic illness.³⁴ Further, Oklahoma ranks 4th in the nation for percentage of children ages 0-17 experiencing two or more ACEs at 24.6%.³⁵

The cumulative effects of ACEs and their traumatic impacts are undeniable, and their consequences severely affect a person's quality of life and that of his or her children and family.

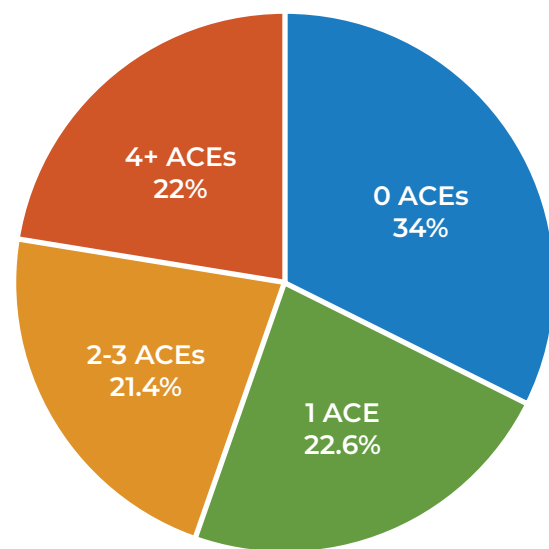


Prevalence of ACEs Reported by Adults Residing in Oklahoma, 2022



Source: Analysis of Oklahoma Behavioral Risk Factor Surveillance System (BRFSS), Oklahoma State Department of Health, 2022.

Number of Adverse Childhood Experiences Reported by Oklahomans in 2022



Source: Analysis of Oklahoma Behavioral Risk Factor Surveillance System (BRFSS), Oklahoma State Department of Health, 2022.



The science of ACEs has evolved to include positive early childhood experiences that work to counter ACEs and build resiliency in individuals and communities. Positive and adverse childhood experiences (PACEs) research acknowledges the impact of ACEs, while examining the impact of positive childhood experiences. OSDH's Family Support and Prevention Service promotes a PACEs approach and emphasizes that healing and resiliency are possible. Specifically, home visiting programs apply PACEs to practice, informed by the recent research showing:

“positive parenting practices demonstrated robust protective effects independent of the number of adverse childhood experiences. This evidence further supports promotion of positive parenting practices at home, especially for children exposed to high levels of adversity.”³⁶

Poverty & Economic Instability

Poverty creates an environment where the risk factors for child abuse and neglect are amplified. It induces significant stress, including mental health challenges, and limits access to resources and support systems that are crucial for effective parenting. These resources include quality child care, healthcare, mental health services, and educational opportunities. Without these resources, parents may lack the necessary support and knowledge to provide a safe, nurturing, and stimulating environment for their children.

According to the 2023 Kids Count Data from The Annie E. Casey Foundation³⁷:

- 21% of Oklahoma children live in poverty.
- 30% of Oklahoma's children have parents who lack secure employment.
- 25% of Oklahoma children live in a household with a high housing cost burden.

Addressing poverty must be a priority in the effort to prevent child abuse and neglect.

“When it comes to providing meaningful solutions to stopping child maltreatment, Oklahoma should focus on addressing poverty, which is intrinsically linked with child maltreatment, particularly neglect. If Oklahoma leaders really want to make children a priority in this state, then improving economic stability for their families is the first step.”³⁸



Funding & Budget Constraints

Decreases in state funding and flat agency budgets mean less availability of prevention services and supports for Oklahoma families. Funding supports the infrastructure necessary to deliver the evidence-based program models necessary to provide a continuum of services to expecting parents, infants, toddlers, and young children prior to kindergarten entry, which comprises the majority of confirmed victims of child maltreatment in Oklahoma.

Diminished funding over the years has caused the number and availability of services to decline and comes at a cost to the state's overall child abuse and neglect prevention system. The decline of services and families served from 2011 (1,085 families served by Parents as Teachers) to 2023 (582 families served by Parents as Teachers) is due to budget cuts and no increases.³⁹

When compared to the long-term costs associated with child welfare services and child abuse and neglect, prevention services offer less costly methods to address child abuse and neglect. Oklahoma must prioritize prevention investment.



PUBLIC HEALTH

Prevention Approach

Child abuse and neglect are preventable. A robust public health approach not only protects children from harm but also mitigates the long-term consequences associated with child abuse and neglect. Inherent to a public health approach is the understanding of risk factors that lead to maltreatment and the protective factors that buffer children and families from adversity.

OSDH's 2023 State Health Improvement Plan⁴⁰ emphasizes the importance of risk and protective factors when implementing public health solutions.

"Increased efforts around risk and protective factors for children have been a statewide focus in recent years as advocates and stakeholders look to improve outcomes and reduce Adverse Childhood Experiences (ACEs) for Oklahomans. Support and skill building opportunities for those caring for these young Oklahomans have been identified as additional opportunities for collaboration at the local level."⁴¹

Public Health Approach Characteristics:⁴²

- **Prevention-focused:** Unlike interventions that occur after abuse has happened, a public health approach prioritizes prevention, aiming to stop child abuse before it starts. This involves understanding and addressing risk factors at the individual, community, and societal levels.
- **Evidence-based:** Data and research guide the development and implementation of prevention strategies. By using the best available evidence, such as that compiled in resources by organizations like the CDC, interventions can be tailored to be more effective and efficient, ensuring that resources are used in ways that have been proven to work.
- **Collaboration and Cross-Systems Alignment:** Child abuse is a complex issue that cannot be effectively addressed by any single sector or system. A public health approach calls for collaboration and alignment across various sectors, including education, healthcare, social services, and justice, to create a coordinated response. This ensures a holistic approach to prevention, early identification, and intervention, making it more likely to be successful.



- **Focuses on Root Causes:** By addressing the underlying causes of child abuse, such as poverty, substance abuse, and domestic violence, a public health approach works to mitigate the factors, like ACEs, that increase the risk of abuse.
- **Adaptable and Scalable:** Public health strategies are designed to be adaptable to different communities and populations, allowing for tailored interventions that meet specific family or community needs. This flexibility ensures that the approach can be effective in diverse settings, from urban to rural areas, and can be scaled up or down depending on the scope of the problem and available resources.

The necessity of a public health approach to child abuse prevention lies in its ability to systematically prevent abuse, support families and children, and promote healthier communities. By focusing on prevention, using evidence to inform strategies, engaging multiple sectors, addressing root causes, and being adaptable, this approach offers the most comprehensive and effective means of reducing and ultimately preventing child abuse.

Protective Factors

Protective factors promoted with families and communities can insulate children from the long-term effects of ACEs and prevent child maltreatment. Research has shown protective factors to be associated with lower rates of child abuse and neglect and with optimal child development. Protective factors help parents and caregivers find resources, supports, and learn strategies that allow them to parent effectively, even when under stress. OSDH's Family Support and Prevention Service utilizes the Strengthening Families™ Protective Factors Framework when supporting families in order to mitigate the risk factors that contribute to maltreatment.

Developed by the Center for the Study of Social Policy, the protective factors include:⁴³

- Parental Resilience
- Social Connections
- Concrete Support in Times of Need
- Knowledge of Parenting and Child Development
- Social-Emotional Competence of Children



Moreover, the best evidence to support families involves two-generation (2Gen) strategies that address the needs of children and the adults in their lives. OSDH's evidence-based home visiting programs and family resource centers are examples of 2Gen strategies.

"2Gen approaches build family well-being by intentionally and simultaneously working with children and the adults in their lives together. The mindset, simply put, is the assumption that by designing health and human service programs to support children and families together, the resulting structure is stronger and better for both generations, and communities do better as everyone achieves their full potential. As children, parents, and families grow and change across their lifespan, 2Gen approaches align opportunities to help families pursue their goals and thrive, optimizing each person's potential along the way."⁴⁴

Centering Family Voice & Lived Experience

Prioritizing the voices and lived experiences of families is essential at every stage of planning for child abuse prevention efforts. Recognizing that families are the foremost experts in their own lives and experiences, caregiver's insights, challenges and successes offer invaluable perspectives. These contributions not only inform but also enhance child abuse prevention strategies, ensuring that programs are more inclusive, relevant and effective in addressing the diverse needs of all families.

By focusing on the strengths that families bring to the table, we can create prevention programs that build on existing capacities and resources of families and communities. When parents truly feel heard, respected and valued, they are more likely to trust and engage with available resources and support systems. Family-partnerships built on a foundation of trust fosters better outcomes for both parents and their children.

A strength-based prevention approach that emphasizes the voices and lived experiences of families fosters the development of a community-centered child abuse prevention network. This approach not only addresses the root causes and mitigating factors of abuse but also empowers families to contribute actively to the safety and well-being of their children. By leveraging the strengths within families and communities, we create a more resilient and supportive environment for all.



STRATEGIC AREAS FOR Child Abuse Prevention Efforts



Infrastructure Investment

An accessible and responsive child abuse prevention system requires strong infrastructure that supports a highly-trained, trauma-informed workforce, invests in community-based solutions and capacity building, and takes evidence-based programs to scale.



Alignment & Coordination

Cross-systems alignment and coordination reduces duplication and inefficiencies, streamlines access to services and supports and maximizes system resources and funding streams.



Family Support & Resource Connection

Partnerships with families that build trusting, strength-based relationships lead to positive parenting practices, promote resiliency and protective factors and connect families with services and supports that are easy to access.



Public Awareness & Engagement

Consistent communication that educates multiple audiences on the power of prevention, an upstream mindset and a sustained investment for prevention efforts is critical for an accessible and responsive prevention network.



Community Action & Empowerment

Inclusive community-driven action leads to local and neighborhood prevention practices and creates positive change for communities and their families.

INFRASTRUCTURE

Investment

GOAL 1: Secure funding to support strategic priorities and scale proven prevention programs and services.

Objectives:

- Increase direct funding to Oklahoma State Department of Health, Child Abuse Prevention Fund.
- Continue advocacy for increases in federal, state, local and private resources and investments.
- Complete fiscal mapping for child abuse prevention programs and services that identifies all possible funding streams that can be layered or blended.
- Complete fiscal needs assessment that shows funding amounts necessary to expand programs and services, particularly home visiting programs, to high priority geographic areas, especially to rural communities.
- Continue to build evidence with data, evaluation and continuous quality improvement cycles.
- Align and integrate prevention efforts across the prevention ecosystem with funded initiatives through partners' RFP or contracting processes.

GOAL 2: Invest in the family support and home visiting workforce.

Objectives:

- Continue professional development to ensure prevention leaders and staff have the skills and knowledge (i.e. trauma-informed practice, strengthening families framework, affinity groups) to provide prevention services.
- Improve prevention staff retention by increasing rates of well-being and job satisfaction.
- Collaborate with partners to include home visiting and family support professionals in early care and education workforce studies.
- Strengthen recruitment strategies so that prevention leaders and staff represent diverse communities and families.



ALIGNMENT & **Coordination**

GOAL 1: Align and coordinate prevention efforts across systems and communities.

Objectives:

- Prioritize alignment with the Children's State Advisory Workgroup (CSAW) — a collaborative of nine child-serving agencies focused on developing, enhancing, coordinating and integrating systems and improving services to children and families in Oklahoma.
- Strengthen existing efforts working across systems for child abuse prevention-specific strategies, such as:
 - Oklahoma Title IV-E Prevention Program Plan;
 - Child Welfare Task Force Recommendations;
 - Oklahoma Department of Substance Abuse Services Plan;
 - Early Childhood State Advisory Council Strategic Plan;
 - State Health Improvement Plan;
 - OSDH and Potts Family Foundation Know and Grow Initiative;
 - Oklahoma's Preschool Development Grant;
 - Oklahoma Child Care Resource and Referral Network; and
 - Pyramid Model Framework State Leadership Plan.
- Continue to build upon and enhance the Collaborative Convening group co- led by Oklahoma State Department of Health, Oklahoma Human Services and Oklahoma Commission on Children and Youth.
- Coordinate professional development efforts across all systems that serve families and children with trauma-informed care.
- Spread Strengthening Families Framework to Child Care Sector through Oklahoma's Resource and Referral Network.
- Continue to expand ACEs/PACEs, N.E.A.R. Science and Protective Factors training across systems and communities.

GOAL 2: Coordinate programs and services that lead to easier access of services for families.

Objectives:

- Connect families not at the point of child welfare involvement to warmlines for support services.
- Ease the burden of access for families, reducing the number of times a family has to ask for help, complete paperwork or manage multiple referrals.
- Join current efforts to pilot a coordinated application and enrollment project at the community level that utilizes a social care platform that easily connects families with services and resources across multiple systems.



COMMUNITY ACTION & **Empowerment**

GOAL 1: Build local awareness about preventing and mitigating trauma.

Objectives:

- Continue collaborative efforts across systems to spread protective factors and trauma-informed care information across the state.
- Coordinate and conduct trainings and community events.
- Build upon the self-healing community network and the Know and Grow Initiative to increase community awareness and action.
- Align with the Children's State Advisory Workgroup (CSAW) to reach a wide audience with trauma-informed information.

GOAL 2: Improve knowledge and understanding of Oklahoma communities.

Objectives:

- Prioritize understanding of underserved or underrepresented populations, such as rural communities and high-poverty communities.
- Decrease duplication of effort for data collection and surveying through coordination with partners or use of existing data.
- Support community involvement in needs assessment design and analysis that identifies community strengths and challenges.
- Elevate community members' voices through listening sessions, focus group and community café models of data collection.

GOAL 3: Build community capacity through technical assistance.

Objectives:

- Continue to provide technical assistance and community support through the Office of Child Abuse Prevention.
- Continue to support community and neighborhood-level prevention coalitions, hubs or networks (i.e. Family Resource Centers) across the state to provide community-based solutions with local partners such as county/municipal governments, school districts, faith communities and businesses.

GOAL 4: Expand Community Based Child Abuse Prevention (CBCAP) projects that have demonstrated successful collaboration and community capacity building.

Objectives:

- Increase direct funding to Oklahoma State Department of Health for child abuse prevention activities.
- Identify additional funding streams to scale successful CBCAP projects.
- Explore (and advocate for) flexible funding mechanisms that allow for a timely response to emerging community needs.
- Disseminate success stories and evaluation results of CBCAP projects to a wider audience that shows return on investment.



FAMILY SUPPORT & **Resource Connection**

GOAL 1: Strengthen economic supports and financial security for families.

Objectives:

- Advocate for family-friendly work policies, including paid family leave and paid sick leave.
- Connect families with workforce and employment programs and resources like Oklahoma Human Services' Work Ready Initiative.
- Improve household financial security by connecting families with the child care subsidy program.

GOAL 2: Connect families and children to support resources early to avoid crisis and intervention.

Objectives:

- Continue to coordinate across multiple agencies and systems to improve referral networks and processes.
- Increase availability and access to OSDH's evidence-based home visiting programs.
- Build upon the Know and Grow Initiative and Family Resource Center approach to family support and resource connection.
- Expand the Family Resource Center approach that focuses on family and community resilience and improves families' skills to navigate multiple resource and support systems guided by parent advisors and lived experience.
- Work with partners, including Oklahoma Human Services, to expand school-based service workers to high-priority communities.
- Identify critical partners to message to underserved populations so services are inclusive and reaching all families.
- Increase translated materials and products that meet the diverse needs of families.

GOAL 3: Advance implementation of the national Standards of Quality for family strengthening and support.

Objectives:

- Continue to develop and grow the Oklahoma Family Support Network by increasing trainings, membership and visibility across the state.
- Promote the implementation of the Standards of Quality to key partners across multiple sectors, including the child care sector.
- Encourage funders to integrate the Standards of Quality into requests for proposals, program monitoring and quality assurance.
- Support family support programs to utilize the Standards of Quality as a tool for planning, providing and evaluating quality family support services.
- Connect family support and strengthening networks across multiple systems.

GOAL 4: Ensure parent leadership and family voice in child abuse prevention efforts.

Objectives:

- Continue partnership and collaboration with OCCY's Parent Partnership Board, including plans to expand parent advisory committees or councils at the community level.
- Continue to support Circle of Parents with CBCAP funding.
- Join efforts with existing workgroups and coalitions that prioritize parent leadership and family voice, including CSAW.
- Continue to train family support and prevention staff in best practices that support parent leadership and elevate family voice.
- Work with partners to develop compensation mechanisms for parent leaders.



PUBLIC AWARENESS & **Engagement**

GOAL 1: Elevate policy and systemic solutions for prevention.

Objectives:

- Advocate for the adoption and implementation of evidence-based prevention policies at the state level that address systemic issues related to child abuse and neglect
- Maintain active engagement with prevention-related policy agendas of partners across the system to stay informed about policy developments, contribute expertise and ensure alignment with Office of Child Abuse Prevention priorities.
- Educate government officials on all levels about the power of prevention and its high return on investment and cost savings.

GOAL 2: Widely disseminate effective evidence-based prevention results.

Objectives:

- Develop and implement public engagement messaging utilizing diverse communication channels that share results of effective child abuse prevention efforts.
- Continue to educate stakeholders, including elected officials, about the effectiveness and cost-saving benefits of specific prevention programs, like home visiting models, Family Resource Centers and CBCAP community projects.

GOAL 3: Empower parent and family voice.

Objectives:

- Establish and support Parent Partnership Boards and Parent Advisory Councils to ensure meaningful parent leadership and involvement in shaping prevention projects and policies.
- Continue efforts that enhance parent leadership skills, foster community connections and promote the philosophy of parent empowerment within prevention efforts.
- Utilize technology for storytelling (ex. Storyvine) so those with lived experience — parents, families and communities — can easily share their stories.

GOAL 4: Sustain and expand public engagement initiatives.

Objectives:

- Continue to build on successful public awareness campaigns developed by the CAP Action Committee.
- Collaborate with state and community partners to promote child abuse prevention beyond National Child Abuse Prevention Month.
- Share advocacy messages with partners to inform their policy agendas.



NEXT STEPS FOR **Implementation**

The Office of Child Abuse Prevention (OCAP) will work with prevention system partners, including families and community partners, to achieve the goals of Oklahoma's State Plan for the Prevention of Child Abuse and Neglect. OCAP and Family Support and Prevention Service has demonstrated sustained success and achievements and is well-positioned to lead the way for prevention efforts in Oklahoma.

The Plan should be a fluid, dynamic plan that shifts with new learning and findings from continuous quality improvement efforts such as the Plan, Do, Study, Act cycle currently used by the Family Support and Prevention Service. Further, alignment of effort across systems will lead to successful implementation of the Plan.

Immediate Steps Recommended for Implementation

- Ensure the Plan meets federal or state guidelines, reporting requirements or agency priorities.
- Engage existing state partners and identify community partners to support implementation and track progress.
- Prioritize alignment with existing groups that share common goals (i.e. CSAW, Child Welfare, State Advisory Council, Self-Healing Communities).
- Determine what current projects or promising pilots are ready to scale.
- Develop an evaluation design that will show progress on the Plan and reveal improvement areas.
- Create a communication plan that celebrates both small and large successes to a broader audience.



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