

SFY2012

Child Guidance Annual Report



Oklahoma State Department of
Health
Child Guidance Service
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Comments From Parents:

"The staff really listened to our concerns and made a plan specific to my child."

"Our concerns were heard and validated."

"It helped my son's speech improve so others could understand him better."

"Helping myself as a parent understand my children better."

"Taught our family how to communicate and better understand one another."

"Our son received one-on-one speech therapy and it helped him so much!"

All comments throughout this report are from actual parents who received Child Guidance services.

Dear Child Guidance Supporter,

The Child Guidance Program serves Oklahoma children birth through age 12, and their families. According to the *Child Trends Research Brief* (October 2012) 4.9% of Oklahoma children have at least one disability, either physical or mental. Although children with disabilities make up a small percentage of Oklahoma children, they do account for a higher than average share of health related costs. The prevalence of disability is particularly high for children in certain situations, such as children in foster care. These children are also more likely to live in poverty (33%) compared to children without disability (23%). Almost two-thirds (62.5%) of children with disability are covered by SoonerCare.

The Child Guidance Program was developed to focus on early intervention with high risk groups of children such as the ones mentioned above. The *Adverse Childhood Experiences (ACE) Study* documented linkages to the importance of risk and protective factors in early childhood to numerous health outcomes in adults. Although the Child Guidance Program does not provide services to adolescents and adults, the result of effective early intervention with young children is irrevocably tied to health outcomes in adulthood. While much has been written in recent years on this ground breaking research, the most compelling statistic from this study for Child Guidance is the fact that only one-third of persons who participated in the original ACE study reported no adverse childhood experiences. That means that potentially two-thirds of all children have experiences in at least one category of adverse experience. Effective early intervention programs like the Child Guidance Program provide the necessary supports to assist families and children to help avoid poor health outcomes.

For those of you who share our goal of early intervention and prevention services for families, thank you for your continued support.



Beth Martin, M.A., C.C.C.
 Chief, Child Guidance Service
 Oklahoma State Department of Health



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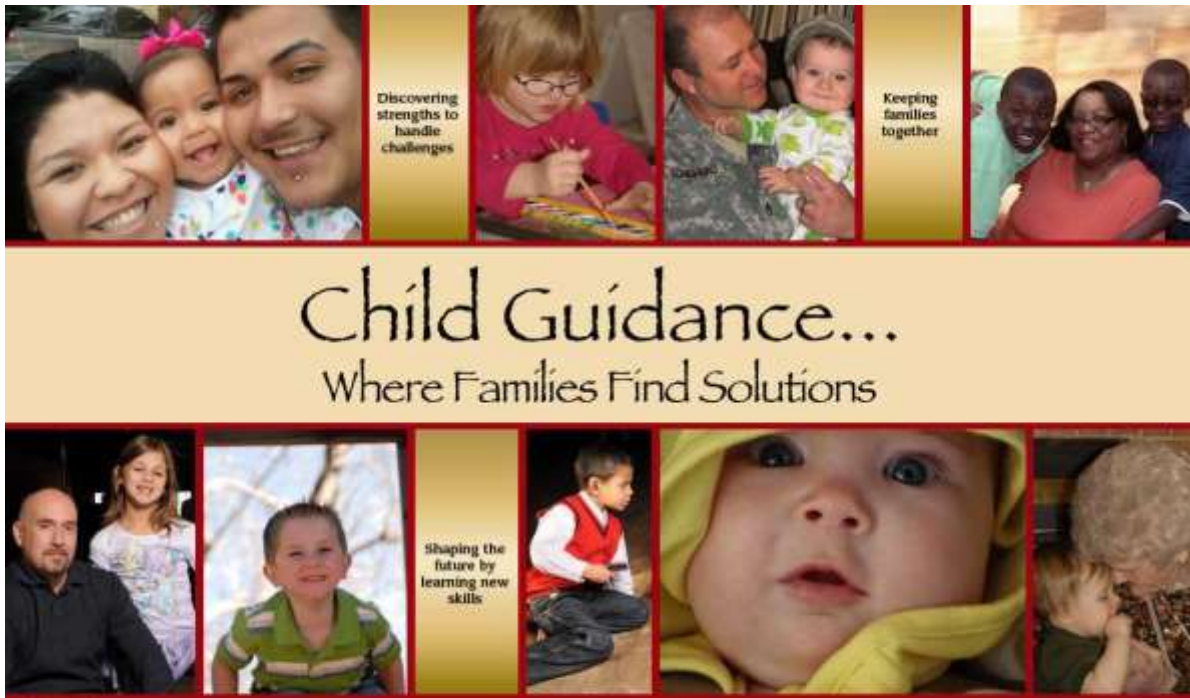
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Mission

The mission of the multidisciplinary Child Guidance Program is to promote optimal development, behavior and interaction for families with children.

Vision

Because children thrive within the context of healthy relationships, the vision of the Child Guidance Program is relationship focused prevention and intervention services with families and caregivers of children birth through age 12.

Program Components

The three disciplines of the Oklahoma State Department of Health (OSDH) Child Guidance Program are designed to interface for the purpose of providing a comprehensive array of services to build healthy family relationships and enhance child development. Child Development Specialists, Psychological Clinicians and Speech/Language Pathologists work together as a multidisciplinary team to bring together expertise to assure that families' needs are met. For example, in providing services to divorcing families, behavioral health staff may work with the parents around issues of dealing appropriately with their guilt and anger to minimize the adverse impact of the divorce on their children. Child development staff may focus more on working with parents in understanding children's needs, the different reactions of their children, and developmentally appropriate approaches parents can use to help their children resolve their fears. Speech-language staff may assist parents in communicating more successfully in words that children of different ages can understand. All of these strategies and areas of expertise help families maintain nurturing relationships between parents and children. Child Guidance staff use a variety of activities to determine the needs of each family and to meet those needs once identified. These activities include: screening, assessment, treatment/intervention, evidence-based parent training, special issue classes or workshops, consultation and referral services.

Priority Areas of Service Focus

- Families with children birth through age 12. Families are defined as the entity that provides the primary care and nurturing to a child.
- Families with children who are at risk for abuse and neglect.
- Families with children who are at risk for experiencing household dysfunction (domestic violence, substance abuse in the home, parental separation through divorce or incarceration, or mental illness in the home).

Program Setting

Child Guidance services are provided at one of 16 regional sites across the state located within local county health departments. Families living outside of one of the "hub" counties are encouraged to seek services at the closest Child Guidance location.

Collaborative Services

- Child Guidance staff collaborates with other County Health Department personnel to provide services to health department clients. A family focused approach encourages service providers to work together to provide families with a comprehensive array of health, developmental and supportive services.
- For health department clients who fall outside of the scope of practice for the Child Guidance Program, staff are available for resource and referral for those individuals.



Child Guidance Demographics

During state fiscal year (SFY) 2012, Child Guidance services were provided to 6,207 clients who received 30,127 procedures in 23,501 encounters. This represents a 16% elevation in total client numbers over SFY 2011.

Of these clients, 3,834 were new client intakes for the fiscal year, a 4% increase over SFY 2011. Nearly 60% were males, and slightly less than 94% spoke English as their primary language. Almost 5.5% indicated that English was not the primary language spoken in the home, indicating a 35% increase over the relative number of non-English speaking households in the state (4.1%).

Children in the foster care system represent a priority population for the Child Guidance Program. Approximately 1% of Oklahoma children are in foster care. During SFY 2012 the Child Guidance Program provided services to 321 foster children. This represents a 26% increase in the absolute number of foster children served when compared to SFY 2011 (2011:250; 2012:321).

Person(s) responsible for child's care	#	%
Two married parents (includes step-parents)	1,613	42.1%
Single mother	935	24.4%
Two non-married parents living together	505	13.2%
Unknown	225	5.9%
Foster parent(s) / Guardian(s)	203	5.3%
Two divorced parents, joint responsibilities	168	4.4%
Grandparent(s)	119	3.1%
Single father	63	1.6%
Household receives public assistance	#	%
Yes	3,004	78.4%
No	822	21.5%
Unknown	5	0.1%

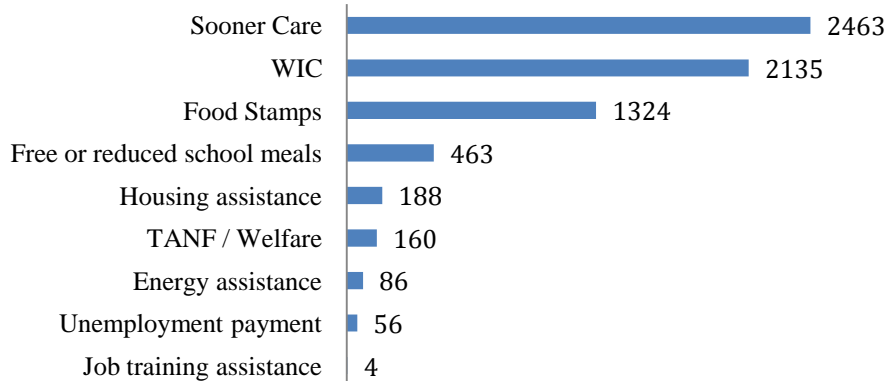
	#	%
Gender		
Female	2,567	41.36
Male	3,640	58.64
Primary Language		
English	5,828	93.89
Spanish	338	5.45
American Sign Language	7	0.11
Other	34	0.55
Foster child		
Yes	321	5.17
No	5,886	94.83

“Our therapist will forever be a huge part of our lives. She took on a challenge and we could not be more grateful! She has changed our lives and that of our child and we are extremely grateful!”

--Parent



Assistance Types Used by Child Guidance Families



Another priority area for the Child Guidance Program is children from low income families or children living in poverty. The vast majority of children seen for Child Guidance services in SFY 2012 (78.4%) also received some form of public assistance. These included Sooner Care, WIC services, Temporary Aid for Needy Families (TANF), food stamps, unemployment, housing assistance, Social Security, free/reduced school meals and job training assistance.

Grandparents raising their grandchildren represents another population of focus for the Child Guidance Program. A growing number of children are being raised by their grandparents; current estimates are 5% of all Oklahoma children (45,000). During SFY 2012 approximately 3% of Child Guidance clients fell into this category, slightly less than SFY 2011 (3.7%).

Children from single parent families are at higher risk for living in poverty, particularly families headed by single women. 24% of children seen in Child Guidance Clinics this year came from households headed by single women, compared to 26% of the general population. Roughly 42% of the new clients served this year lived with two married parents, compared to 65% of all Oklahoma children.

45,633 Oklahoma children are living with grandparents who are responsible for their care, 2010.
--AARP



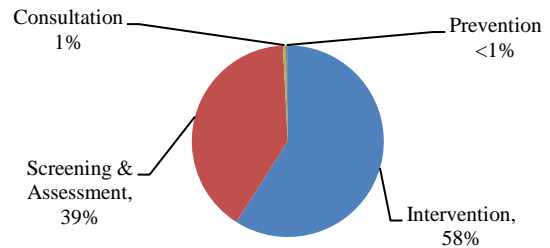
Child Guidance Individual Services

During SFY 2012 Child Guidance services were provided in 16 regional locations, 14 OSDH county health department locations and through two contracts with Oklahoma City-County Health Department and Tulsa Health Department. The Child Guidance Program recognizes the need for affordable individual services that focus on the needs of young children and their families.

Individual client services provided by all three Child Guidance disciplines include screening/assessment, intervention, consultation and prevention. The purpose of screening and assessment is to identify children who are likely to have a delay or disorder in development and to determine the degree of such a delay or disorder. Once a delay or disorder is identified, intervention or treatment services may be recommended. Individual intervention services are always based on current best practice standards for each individual discipline.

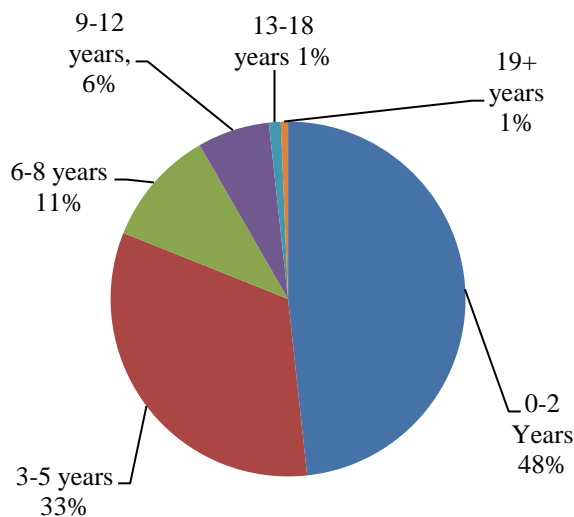
92% of the total population seen for Child Guidance services in SFY 2012 were children from birth to eight years of age. This represents the population identified by agency partners and stakeholders as most in need of services. Child Guidance has been identified by those same partners as being best qualified to provide services.

Number of Encounters by Encounter Type



During SFY 2012, there were almost 6,000 more encounters provided than in SFY 2011 representing a 34% increase. There has been more emphasis placed on intervention services, which increased by more than 4,400 encounters. Screenings and assessments, while reduced in percentage of all encounters (from 46% to 39%), still increased by about 1,050 in total number of encounters. Consultation services were down slightly, prevention encounters increased slightly, there was no change in the volume of caseload they reopresented.

Child Guidance Clients by Age Group

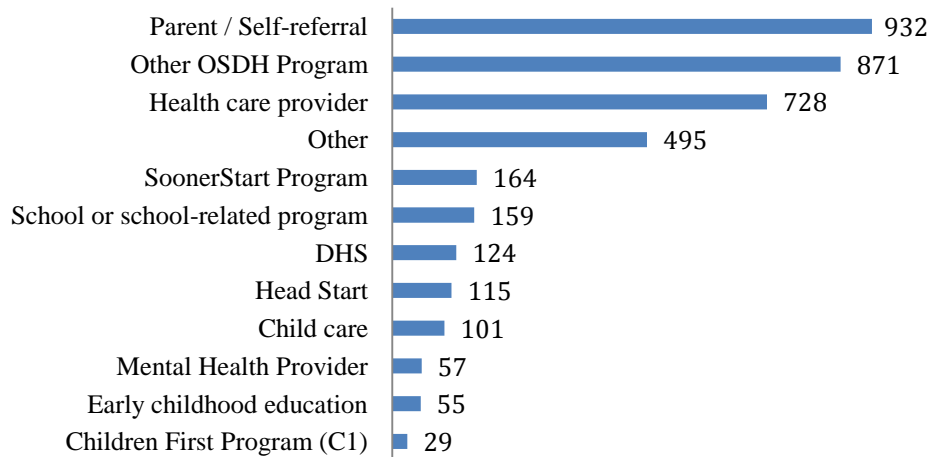


Encounter Type	2012		2011	
	n	%	n	%
Intervention	13,505	57.5%	9,084	51.7%
Screening & Assessment	9,204	39.2%	8,147	46.4%
Consultation	271	1.2%	279	1.6%
Prevention	71	0.3%	45	0.3%
TOTAL	23,501		17,555	

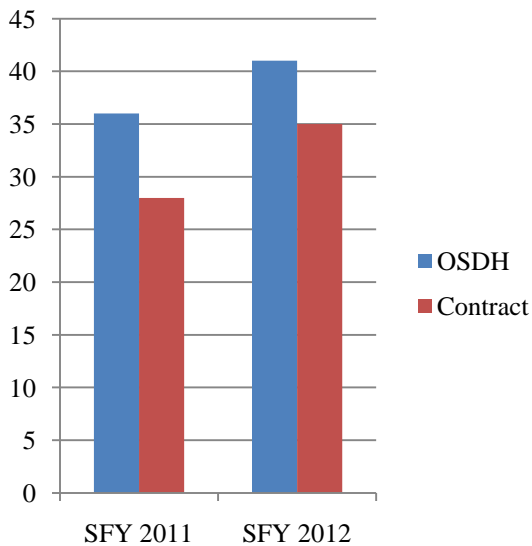


Approximately one-quarter of the new clients seen by Child Guidance in SFY 2012 were self referred, 42% were referred by another Health Department program or referred by an outside healthcare provider. Healthcare provider referrals from outside the OSDH and SoonerStart referrals increased by 37% and 16% respectively from SFY 2011.

Referral Sources for New CG Clients



Child Guidance Productivity



Productivity standards are used to provide a measure of expected output for Child Guidance program staff. The number of billable service hours provides a basis for measuring productivity. This is a standard in all service delivery systems. The Child Guidance program standard for billable service time is 50% of available working time. For SFY 2012 OSDH staff achieved an average of 41% productivity, this represent a 5% overall increase from SFY 2011. Contract staff achieved a slightly lower average of 35% productivity which represents a 7% overall increase from SFY 2011.



Child Guidance Revenue

The Child Guidance Program had an annual budget of approximately \$5 million for SFY 2012. Funding for the program comes from state dollars, county millage, contractual services and fee collection (both Medicaid and private pay). This chart reflects Medicaid and private pay billing and collections from July 1, 2011 through June 30, 2012. *(Revenue reflected is prior to any deductions for state match or administrative fees)* It should be noted that private pay fees are set on a sliding scale according to income and the number of people in the family. The actual Medicaid value of the sliding scale services rendered was \$1,664,195**. The amount billed to private pay clients was \$336,148 these services were discounted at a statewide average of 80%. This would indicate that Child Guidance services are being provided to priority populations including low income families, Medicaid recipients and the uninsured.

Billed	
Medicaid*	\$ 1,126,164
Private Pay** (@ 100% of Medicaid Rate)	\$ 1,664,195
Total Billed	\$ 2,790,359
Collections	
Medicaid (including MAC)***	\$ 1,228,911
Private Pay ** (Statewide sliding scale discount 80%)	\$ 389,481
Non-Service Receipts	\$ 31,196
Contracts (CBCAP, MHC)	\$ 200,000
Total Collections	\$ 1,849,588

*Office of Federal Funds Development
 **PHOCIS
 ***OSDH Accounting Services

71% of Oklahoma Medicaid recipients are children

*96,500 Oklahoma children are uninsured
 --Kaiser Foundation*



Program Evaluation

The Child Guidance Program Outcomes were developed in line with the goals of the program:

- To improve the quality of family relationships, including parental, parent-child and sibling; and relationships of family members to their external community and its institutions.

1. Parents using Child Guidance services will report a decrease in inappropriate social emotional behaviors (i.e. difficulty with emotion, concentration, behavior, and/or being able to get along with other people).
2. Clients using Child Guidance services will have a decrease in expulsion from care/school settings (i.e. child care, mother's day out, Head Start, preschool, Pre-K, or school) due to their behavior.

- To increase parent's abilities to provide appropriate guidance and learning opportunities for children

1. Parents using Child Guidance services will report an increase in their ability to help their child learn.
2. Parents and children using Child Guidance services will report an increase in protective factors for child abuse and neglect (supportive caregiver child relationship, coping strategies, readiness for change, knowledge of parenting, and knowledge of child development).

3. Parents and children using Child Guidance services will report a decrease in risk factors for child abuse and neglect. (Impaired caregiver/child relationship, family conflict, use of harsh discipline, parents unaware of developmental norms, negative attitude toward child's behavior).

- To improve the capacities of communities to provide support and resources for families to successfully rear their children.

1. Child Guidance Program will staff 14 OSDH counties and two contracts (Oklahoma and Tulsa counties) with teams of professionals made up of Behavioral Health Specialists, Child Development Specialists and Speech/Language Pathologists.
2. Child Guidance Program staff will increase the number of Mental Health Consultations provided to Child Care Facilities.

***42.8% of children in Oklahoma live in working families earning less than 200 percent of the federal poverty level, less than \$36,620 annually for a family of three.
(Working Poor Families Project)***



Indicator 1: Quality of Relationships	Target	Result
Outcome 1: Percent of families receiving Child Guidance services who report a decrease in inappropriate social emotional behaviors.	50%	64%
Outcome 2: Percent of clients receiving Child Guidance services who report an expulsion from school/care due to behavior.	5%	4.5%
Indicator 2: Parental Ability		
Outcome 1: Percent of parents receiving Child Guidance services who report an increase in their ability to help their child learn	30%	32%
Outcome 2: Percent of parents receiving Child Guidance services who report an increase in protective factors for child abuse and neglect.	30%	32%
Outcome 3: Percent of parents receiving Child Guidance services who report a decrease in risk factors for child abuse and neglect.	25%	55%
Indicator 2: Capacity of Communities		
Outcome 1: Number of counties with full Child Guidance Teams in FY2011	16	11
Outcome 2: Number of requests for Mental Health Consultations provided in FY2011	160	160



Parental Satisfaction

A client satisfaction survey was given to families receiving Child Guidance services. Responses were rated on a scale of 0 to 4 with “0” representing “no opinion” and “4” representing “strong agreement”. The results of this survey indicated that clients were, in general, satisfied with the services they received. The percentages reported below indicate the percent of “strong agreement” that item received:

- 90% of clients receiving Child Guidance treatment services reported especially strong agreement that the services provided were helpful to their children and families
- 70% reported the location of the Child Guidance Clinic was convenient
- 76% reported that services were available at convenient times
- 78% reported that the staff listened to what they had to say
- 82% reported that the staff treated them with respect
- 70% reported that staff were sensitive to cultural/ethnic backgrounds
- 79% reported that the services they received were of good quality
- 80% reported they would recommend the Child Guidance Clinic to a friend who needed help with their child

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*Child Guidance Services
“helped my son overcome
some relatively serious
depression and taught him
very important coping skills
that he is able to utilize
during stressful time.”
--Parent*

