



# APPENDIX A Oklahoma Child Abuse Prevention Network

# CBCAP

## FY 2015 Annual Report FY 2017 Application Submission



OKLAHOMA CAMPAIGN

*#pictureabrighterfuture (for children and families)!*

## Oklahoma's Community-Based Child Abuse Prevention Grant

Oklahoma State Department of Health  
June 3, 2016



## Appendix A



# Oklahoma Child Abuse Prevention Network

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**Please Note:** Information was gathered with due diligence from each of the program's lead agency. The Family Support and Prevention Service, a division of the Oklahoma State Department of Health, has made every attempt to share results, numbers, and program information that are both accurate and current. The programs and services that follow are not inclusive of every child abuse prevention or related program available in the state; however, they do represent a majority of the larger programs and services that are available.

**Yellow** – Infrastructure  
**Blue** – Primary Prevention

**Green** – Secondary Prevention  
**Red** – Tertiary Prevention

# Oklahoma Child Abuse Prevention Network

## SMART START OKLAHOMA

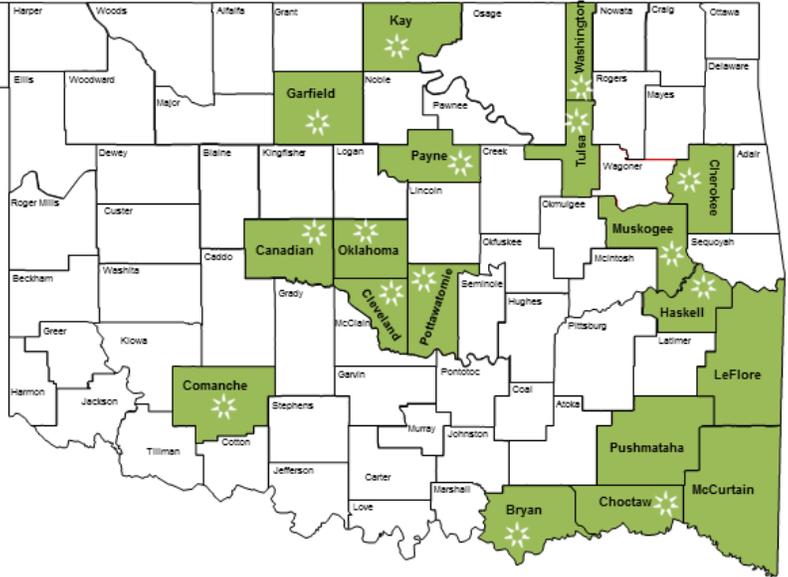
[www.smartstartok.org](http://www.smartstartok.org)

### Infrastructure

Agency	Description & Target Population
Smart Start Oklahoma	<p>Established under the Oklahoma Partnership for School Readiness Act, Smart Start Oklahoma (SSO) is charged with promoting school readiness, supporting community-based efforts to increase the number of children who are ready to succeed by the time they enter school, and increasing coordination and collaboration of existing programs for children under age six and their caregivers.</p> <p>The Oklahoma Partnership for School Readiness Board, legislatively designated as the State's Early Childhood Advisory Council, increased the board's existing role to serve as an advisory body to the Governor's office for early childhood system's development. Smart Start Oklahoma also contracts with 15 communities throughout the state who assist in this work on a local level.</p>
Funding Source	
State, Federal and Private Funds	
Counties Served	
18	
Program Model	
Smart Start Oklahoma coordinates workgroups and committees at the state level to build collaboration between early childhood systems; local Coalitions and/or Boards drive the work at the community level assuring alignment with the state's goals.	
Numbers Served	
Rather than direct service, Smart Start Oklahoma's focus is on planning, data gathering, making policy recommendations and community mobilization. The 15-member community-based network serves 18 counties across the state, potentially reaching over 67% of children under the age of six, to promote and enhance community collaboration for early childhood programs and services.	
Evaluation	
Smart Start Oklahoma communities' work plans are updated and evaluated locally. Local activities are reported in aggregate at the state level and included in the Annual Report, which is submitted to the Legislature and Governor each year.	
Outcomes	
<p>During SFY 2015, Smart Start Oklahoma (OPSR Board and Foundation):</p> <ol style="list-style-type: none"> <li>1. Secured the passage of The Family Support Accountability Act which creates a process to measure home visiting system outcomes, as well as directs state funding toward programs that achieve outcomes, in order to ensure fiscal responsibility and effective results</li> <li>2. Leveraged over \$2.3 million in private funds to support state and community systems improvement work</li> <li>3. Expanded the number of full-day Pre-K classrooms by more than 30</li> <li>4. Completed 3-year federally-funded research project and made recommendations regarding improved policies and early care and learning opportunities for children involved with child welfare</li> <li>5. Partnered with the state's Early Childhood Comprehensive Systems (ECCS) efforts to establish a multi-disciplinary professional development registry for all early childhood providers, adding 136 new professionals to the registry in one year, and decreasing duplicative training efforts in the state</li> <li>6. Completed a pilot of the Early Literacy Quick Assessment (ELQA) tool to inform teacher instruction</li> </ol>	
Contact Information	<p>Debra D. Andersen, Executive Director            421 N.W. 13th Street, Suite 270            Oklahoma City, OK 73103            (405) 278-6978  <a href="mailto:Debra.Andersen@Smartstartok.org">Debra.Andersen@Smartstartok.org</a></p>

# Smart Start Oklahoma Communities SFY 2016-2019

County	City	Fiscal Agency	Initiative Name
Bryan	Durant	Southeastern Oklahoma State University	Smart Start Durant
Canadian	El Reno	Youth and Family Services, Inc.	Smart Start Canadian County
Cherokee	Tahlequah	Neighbors Building Neighborhoods of Muskogee, Inc.	Smart Start Cherokee County
Choctaw, McCurtain & Pushmataha	Hugo	Little Dixie Community Action Agency, Inc.	Smart Start Tri-County
Cleveland	Norman	United Way Norman	Success By 6 Norman
Comanche	Lawton	United Way of Southwest Oklahoma	Lawton Success By 6/ Smart Start
Garfield	Enid	Community Development Support Association	Smart Start Northwest Oklahoma
Haskell & LeFlore	Stigler	KI BOB Community Action Foundation, Inc.	Smart Start Kamichi County
Kay	Panola City	United Way of Panola City	Smart Start Kay County
Muskogee	Muskogee	Green Country Behavior Health Sciences	Smart Start Muskogee
Oklahoma	Oklahoma City	Communities Foundation of Oklahoma, Inc.	Smart Start Central Oklahoma
Payne	Stillwater	The Saville Center	Smart Start North Central Oklahoma
Pottawatomie	Shawnee	Crossroads Youth and Family Services, Inc.	Crossroads Smart Start Pottawatomie
Tulsa	Tulsa	Community Service Council of Greater Tulsa, Inc.	Jumpstart Tulsa
Washington	Barlesville	Washington County Child Care Foundation	Smart Start Barlesville



July 31, 2015

# Oklahoma Child Abuse Prevention Network

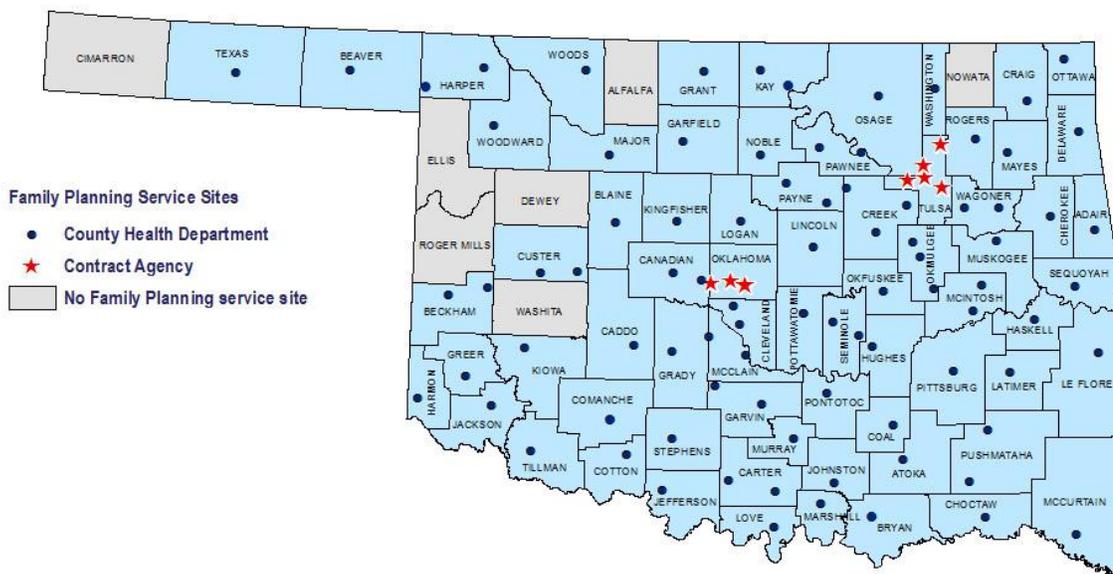
## FAMILY PLANNING | OKLAHOMA STATE DEPARTMENT OF HEALTH

[www.ok.gov/health/Child\\_and\\_Family\\_Health/Maternal\\_and\\_Child\\_Health\\_Service/Perinatal\\_and\\_Reproductive\\_Health/](http://www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/Perinatal_and_Reproductive_Health/)

### Infrastructure

Agency	Description & Target Population
<b>Oklahoma State Department of Health (OSDH)</b> Maternal and Child Health Service Perinatal and Reproductive Health Division	The Title X Family Planning program is intended to assist individuals in determining the number and spacing of their children. This promotes positive birth outcomes and healthy families. The education, counseling, and medical services available in Title X-funded clinic settings assist individuals in achieving these goals. The target population is low income (100% Federal Poverty Level) males and females of reproductive age. Confidential services are provided to all clients including adolescents without parental consent.
<b>Funding Source</b>	
Federal Title X Grant Funds, Medicaid Funds, State Funds, client fees and private insurance.	
<b>Counties Served</b>	
<i>70 counties</i> All counties except Cimarron, Ellis, Roger Mills, Washita, Dewey, Alfalfa, and Nowata	
<b>Program Model</b>	
Title X Family Planning. Family Planning clinical services are provided through 95 service sites in 70 counties. Outreach and education are required activities of the program accomplished locally by staff in each health department based on identified needs in their geographical area.	
<b>Numbers Served</b>	
In calendar year 2015, the Family Planning Program served 49,090 clients. 48,553 of the clients were females and 537 were males. 50.1% of the clients were between the ages of 20 and 29 with an additional 12.6% between the ages of 18 and 19.	
<b>Evaluation</b>	
Title X clinics are required to complete the Family Planning Annual Report and submit it to the Office of Population Affairs annually. Each Title X Grantee is assigned a Project Officer who monitors grantee activities and budgets and makes a face-to-face visit annually. OSDH Central Office staff schedule county health department family planning clinics for Comprehensive Program Reviews every three years and annual monitoring visits in the interim years to ensure compliance with Title X policies and procedures.	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. Assure the delivery of quality family planning services and related preventive health services that improve the overall health of individuals and prioritize services to low-income individuals;</li> <li>2. Provide access to a broad range of acceptable and effective family planning methods with information on the most effective methods presented first;</li> <li>3. Assess client's reproductive life plan as part of determining the need for family planning services, provide preconception health care and education;</li> <li>4. Reduce the unintended pregnancy rate for females of reproductive age in Oklahoma;</li> <li>5. Reduce the teen pregnancy rate in Oklahoma;</li> <li>6. Increase the number of adolescents involving parents in the decision to seek family planning services; and</li> <li>7. Promote individual and community health by emphasizing clinical family planning and related preventive health services to reduce disparities for hard-to-reach, vulnerable populations.</li> </ol>	
<b>Contact Information</b>	Jill Nobles-Botkin, Administrative Program Manager Oklahoma State Department of Health/Perinatal and Reproductive Health Division 1000 NE 10 <sup>th</sup> Street Oklahoma City, OK 73117-1299 (405) 271-4476 (405) 271-9202 (Fax) jill@health.ok.gov

## Oklahoma Family Planning Program Service Sites and Contract Agencies, 2016



Data Source: Oklahoma State Department of Health

Created: 03.25.2016

Projection/Coordinate System: USGS Albers Equal Area Conic



Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, reflecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.



# Oklahoma Child Abuse Prevention Network

## WOMEN, INFANTS, AND CHILDREN (WIC) | OKLAHOMA STATE DEPARTMENT OF HEALTH

[www.ok.gov/health/Child\\_and\\_Family\\_Health/index.html](http://www.ok.gov/health/Child_and_Family_Health/index.html)

### Infrastructure

Agency	Description & Target Population
<b>Oklahoma State Department of Health</b> Women, Infants, and Children (WIC) Program	WIC is a nutrition program established to help pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy.
<b>Funding Source</b>	
WIC is a Federal grant program for which Congress authorizes a specific amount of funds each year for the program. WIC is administered at the Federal level by Food and Nutrition Service (FNS).	Nutrition education and counseling, nutritious foods, and assistance with access to health care are provided to women, infants, and children whose household incomes are at or below 185% of the federal poverty income level. WIC determines income based on gross income. WIC counts all of the members of a household, related or non-related. WIC counts an unborn baby as a household member.
<b>Counties Served</b>	
WIC participants have the opportunity to receive WIC benefits at any of 120 clinics statewide. The WIC process begins when the individual initiates contact at a local clinic to determine whether or not they are eligible for WIC benefits. Participants are required to provide identification, proof of residence and proof of household income.	<u>Target Population:</u> Pregnant women, women who are breastfeeding a baby under one year of age, women who have had a baby in the past six months, parents, step-parents, guardians, and foster parents of infants and children under five can inquire about WIC by calling the toll free number 1-888-655-2942.
<b>Program Model</b>	
Each WIC eligible family member will receive length/height and weight measurements, health screenings, nutrition education, and referrals for health care. Most participants receive a hemoglobin test. Breastfeeding support, breast pumps, nutrition counseling with Registered Dietitians, and many other additional benefits are available through the WIC Program. Lastly, WIC participants can choose from any of 460 grocery vendors and 47 farmers markets (in Oklahoma) for selection of their healthy WIC foods!	
<b>Numbers Served</b>	
In FFY 2015, WIC provided services to 170,658 individuals of which 30% were infants up to age one, 40% were children from one year up to five years and 30% were pregnant and post-partum women.	
<b>Evaluation</b>	
The WIC monitoring process ensures program objectives are accomplished and each local agency is in compliance with state and federal WIC regulations. A Clinic Review Tool is used for reviewing local agency operations. The state agency conducts an on-site monitoring visit every two years. At least 20% of the clinics in each local agency or one clinic, whichever is greater, is monitored during the on-site review.	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. Decreases the rate of low birth weight births.</li> <li>2. Increases the rate of breastfeeding.</li> <li>3. Decreases the percent of children with anemia.</li> <li>4. Increases childhood immunization rates.</li> <li>5. Increases the likelihood of a child having a regular health care provider.</li> </ol>	
<b>Contact Information</b>	Terry Bryce, Chief of WIC Services 2401 NW 23 <sup>rd</sup> Street, Suite 70 (Shepherd Mall) Oklahoma City, OK 73107-2475



# Oklahoma Child Abuse Prevention Network

## REACHING FOR THE STARS CHILD CARE RATING SYSTEM

### OKLAHOMA STATE DEPARTMENT OF HUMAN SERVICES

[www.okdhs.org/programsandservices/cc/](http://www.okdhs.org/programsandservices/cc/)

Agency	Description & Target Population
Oklahoma State Department of Human Services	Research has demonstrated that the quality of childcare impacts the cognitive, social, emotional, and physical development of a child. The Oklahoma Department of Human Services/Child Care Services implemented a child care rating and improvement system in 1998 to provide an easily understandable guide to licensed child care facilities including: centers, homes, and head start.
<b>Funding Source</b>	The goals of the Stars program are to provide a system to help parents evaluate child care, improve the quality of child care by increasing the competence of teachers, and raise the Department's subsidy reimbursement rate; resulting in more slots for children whose families are receiving child care assistance.
CCDF TANF Transfer TANF Direct TANF Reserve State Funding	<ul style="list-style-type: none"> <li>• The criteria encourages facilities to exceed the minimum standards for the care they provide.</li> <li>• One Star facilities meet minimum licensing requirements that focus on health and safety.</li> <li>• One Star Plus programs meet the minimum requirements plus additional quality criteria that includes: additional training, daily reading to children, TV restrictions, physical activity, parent involvement and membership in a professional development registry.</li> <li>• Two Star programs meet further quality criteria including master teacher/home provider qualifications, using Early Learning Guidelines and program assessment OR accreditation by a national accreditation body.</li> <li>• Three Star programs meet all additional quality criteria AND are nationally accredited.</li> </ul>
<b>Counties Served</b>	
Statewide	
<b>Program Model</b>	
Licensing and Quality Rating and Improvement System	
<b>Numbers Served</b>	
<ul style="list-style-type: none"> <li>• Total licensed childcare capacity 124,767.</li> <li>• FY-15 subsidy cumulative unduplicated child count 58,674.</li> <li>• FY-15 Average monthly number of subsidy children per month 32,332.</li> </ul>	
<b>Evaluation</b>	
Child Care Facilities are monitored three times per year, Star criteria is monitored at least annually.	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. Licensed and affordable child care.</li> <li>2. Quality care for children with the opportunity to develop to their fullest potential in a safe, healthy and nurturing environment.</li> <li>3. Improved competency level of child care providers.</li> </ol>	
<b>Contact Information</b>	Lesli Blazer, Director of Child Care Services P.O. BOX 25352 Oklahoma City, OK 73125 (405) 521-3561

# Oklahoma Child Abuse Prevention Network

## PARENT EDUCATION PROGRAM | OKLAHOMA STATE DEPARTMENT OF EDUCATION

[www.sde.state.ok.us](http://www.sde.state.ok.us)

Primary Prevention

Agency	Description & Target Population
<p><b>Oklahoma State Department of Education</b> Administered at the school district level through competitive grants.</p>	<p>Parent Education Program (PEP) is the program formerly known as Oklahoma Parents as Teachers. PEP is a parent education program based on the philosophy that parents are their children's first and most important teachers. It is a voluntary monthly home visitation program for parents with children prenatal to age three. Through home visits and monthly group meetings, PEP is designed to strengthen the capacity of parents to be effective first teachers in providing children the best possible start in life, maximize a child's overall development during those first three years, lay the foundation for school success, and minimize developmental problems that interfere with the child's learning.</p> <p><u>Target Population:</u> All families with children, prenatal to 36 months of age who reside in participating school districts.</p>
<p><b>Funding Source</b> State Appropriations (\$884,000 in grant funds for school year 15-16).</p>	
<b>Program Model</b>	
Parents as Teachers	
<b>Numbers Served</b>	
Parent Educators (PEP) completed a total of 18,477 personal visits with 1,962 families and 2,197 children during the 2014-2015 funding year.	
<b>Evaluation</b>	
National evaluation showed that PAT children were significantly more advanced at three years in language, social development, problem solving, and other intellectual activities and at first grade in reading and math. Other positive results were demonstrated.	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. Reduced risk levels for participating children (Oklahoma Technical Assistance Center, 2011).</li> <li>2. Increased parental knowledge of child development (Parents as Teachers National Center).</li> <li>3. Participating parents are more likely to read to their children and enroll them in a pre-school program (Parents as Teachers National Center).</li> </ol>	
<b>Contact Information</b>	<p>Oklahoma State Department of Education Special Education Services 2500 North Lincoln Boulevard, Oklahoma City, OK 73105-4599 Phone: (405) 522-4513 Fax: (405) 522-2380</p>

<b>Parent Education Program Grant Program Locations 2015-2016</b>			
<b>District</b>	<b>County</b>	<b>Funded Amount (in dollars)</b>	<b>Minimum # families Served Monthly</b>
Ada	Pontotoc	23,000.00	35
Ardmore	Carter	23,000.00	35
Bristow	Creek	23,000.00	35
Clinton	Custer, Washita	23,000.00	35
Guthrie	Logan	38,000.00	54
Heavener	Leflore	15,000.00	23
Hominy (OCIC)	Osage	15,000.00	23
Idabel	McCurtain	23,000.00	35
Jenks	Tulsa	53,000.00	73
Keys	Cherokee	15,000.00	23
Locust Grove	Mayes	23,000.00	35
Maryetta	Adair	15,000.00	23
McAlester	Pittsburg	38,000.00	54
Midwest City-Del City	Oklahoma	38,000.00	54
Noble	Cleveland	21,000.00	40
Norman	Cleveland	53,000.00	73
Oklahoma City	Oklahoma	92,000.00	121
Pawhuska (OCIC)	Osage	23,000.00	35
Perkins-Tryon	Payne	23,000.00	35
Putnam City	Oklahoma	69,000.00	93
Sand Springs	Tulsa	38,000.00	54
Shawnee	Pottawatomie	23,000.00	35
Southeast Ok. Interlocal Coop (SOIC)	McCurtain	15,000.00	23
Stigler	Haskell	23,000.00	35
Sulphur	Murray	23,000.00	35
Tahlequah	Cherokee	38,000.00	54
Tecumseh	Pottawatomie	23,000.00	35
Watonga	Blaine	15,000.00	23
Western Heights	Oklahoma	38,000.00	54
<b>Totals</b>		<b>\$884,000.00</b>	<b>1,277</b>

# Oklahoma Child Abuse Prevention Network

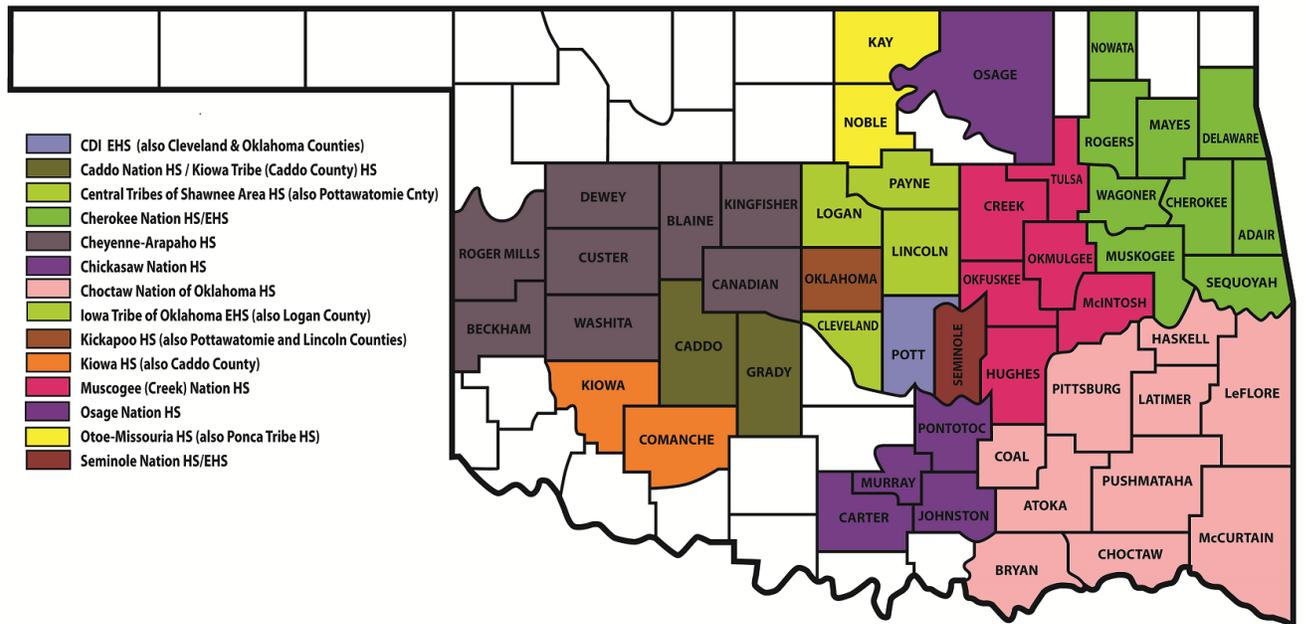
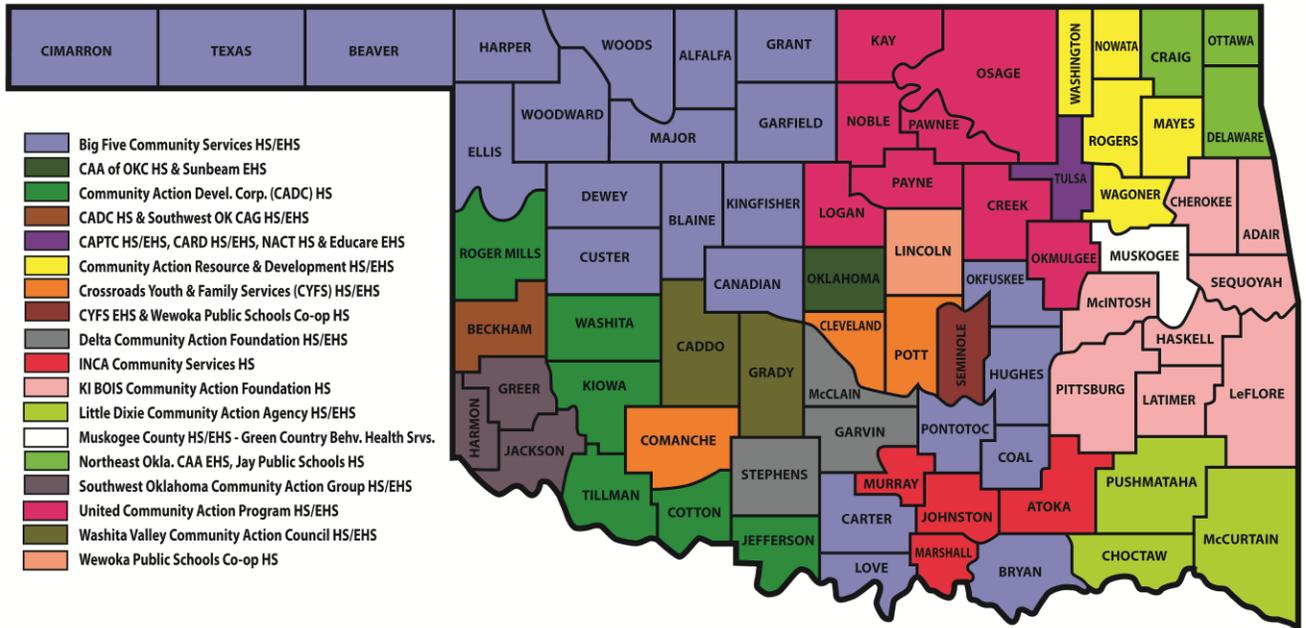
## EARLY HEAD START PROGRAM

[www.okacaa.org](http://www.okacaa.org)

← Primary Prevention →

Agency	Description & Target Population
<p>Early Head Start is administered by the Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services.</p> <p><i>Local community-based organizations and American Indian Tribes are local program providers through grant funds issued directly from the federal government.</i></p>	<p>The Early Head Start (EHS) program is a federal program established in 1994 for low-income infants, toddlers, pregnant women and their families. At least 90 percent of enrolled children must be from families at or below the poverty line, and at least 10 percent of program enrollment must be children with disabilities. EHS programs enhance children's physical, social, emotional, and intellectual development; assist pregnant women in accessing comprehensive prenatal and postpartum care; support parents' efforts to fulfill their parental roles; and help parents move toward self-sufficiency.</p> <p><b>Services received by Early Head Start children and families include:</b></p> <ul style="list-style-type: none"> <li>• Quality early education both in and out of the home</li> <li>• Parent education and parenting education</li> <li>• Assurance that children receive comprehensive health, dental, and mental health screenings and services, including services to women before, during, and after pregnancy</li> <li>• Nutrition education</li> <li>• Family support services; parent, family, community engagement</li> </ul>
<p><b>Funding Source</b></p> <p>The non-tribal Early Head Start grantees received \$30,111,577 in federal funds for 2014-2015. Tribal Early Head Start federal funding for 2014-2015 is not available.</p>	<p>Early Head Start offers income-eligible children (ages 0-3) and their families comprehensive child development services through center-based, home-based, and combination program options.</p> <p><b>Target Population:</b> Pregnant women and families with infants and toddlers under the age of three who have incomes at or below 100% of Federal Poverty Level, or who are homeless, or receiving public assistance (TANF, SSI).</p>
<p><b>Program Model</b></p>	
<p>Early Head Start</p>	
<p><b>Numbers Served</b></p>	
<p>A total of 2,482 children and 148 pregnant women were served by non-tribal Early Head Start programs in Oklahoma in 2014-2015. A total of 438 children and 13 pregnant women were served in tribal EHS programs in 2014-2015.</p>	
<p><b>Evaluation</b></p>	
<p>EHS is an evidence-based program that has continued to be studied by many early childhood researchers; all centers are licensed by childcare; and the programs must meet very high standards as rigorously evaluated by federal monitors.</p>	
<p><b>Outcomes</b></p>	
<ol style="list-style-type: none"> <li>1. Parents/families learn how to ensure infant/toddler medical screenings are performed at appropriate ages.</li> <li>2. Families are assisted in accessing mental health services when needed for both mothers and children.</li> <li>3. Families receive counseling and assistance in obtaining adult education (GED, college).</li> <li>4. Families receive parenting education, family and financial literacy training, and training in asset development strategies.</li> <li>5. Children receive high quality early childhood development and education services so that they may enter school with the skills, knowledge, and attitudes necessary for success in school and later learning and life.</li> </ol>	
<p><b>Contact Information</b></p>	<p>Kay C. Floyd, State Director of Head Start Collaboration Oklahoma Association of Community Action Agencies 605 Centennial Boulevard Edmond, OK 73013 Telephone: (405) 949-1495 Fax: (405) 509-2712 <a href="mailto:kfloyd@okacaa.org">kfloyd@okacaa.org</a></p>

# Head Start Grantees in Oklahoma – Early Head Start Maps



# Oklahoma Child Abuse Prevention Network

## PRE-KINDERGARTEN PROGRAMS | OKLAHOMA STATE DEPARTMENT OF EDUCATION

[www.ok.gov/sde](http://www.ok.gov/sde)

### Primary Prevention

Agency	Description & Target Population
Oklahoma State Department of Education	Children, who are age four on or before September 1, are eligible for the voluntary public school pre-kindergarten program. Currently, nearly 75% of Oklahoma's four-year-olds attend public school and have access to: <ul style="list-style-type: none"> <li>• an Early Childhood Certified Teacher;</li> <li>• a 10:1 child to teacher ratio;</li> <li>• comprehensive school services;</li> <li>• full-day or half-day programs;</li> <li>• State adopted curriculum standards; and</li> <li>• school readiness program.</li> </ul>
<b>Funding Source</b>	
State funding through the school funding formula.	
<b>Counties Served</b>	
All school districts have the option of having a Pre-Kindergarten program. Pre-Kindergarten is state-wide. At least one Pre-Kindergarten program exists in every county in the state, and out of 517 school districts, 509 public school districts offer Pre-Kindergarten .  *Oklahoma is ranked 4 <sup>th</sup> in access to Pre-K. <a href="http://nieer.org/sites/nieer/files/Yearbook2014_full3.pdf">http://nieer.org/sites/nieer/files/Yearbook2014_full3.pdf</a>	
<b>Program Model</b>	
Half-day/full-day option. Voluntary participation. A bachelor-degreed, early childhood certified teacher. Adult/child ratio of 1:10. Priority Academic Student Skills (PASS) designed to be appropriate to age development.	
<b>Numbers Served</b>	
In 2015-2016, a total of 39,079 four year old children and 2,442 three year old children were enrolled in a public school Pre-Kindergarten program.	
<b>Evaluation</b>	
The Effects of Universal Pre-Kindergarten on Cognitive Development, Georgetown University (2003) <a href="http://www.crocus.georgetown.edu/publications.html">http://www.crocus.georgetown.edu/publications.html</a> .	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. Increased readiness for reading and academic learning (Georgetown study, 2003-2004).</li> <li>2. Easy transition to kindergarten.</li> <li>3. 52% increase in letter-word identification; 27% increase in spelling; and 21% increase in applied problems (Georgetown University, 2004).</li> </ol>	
<b>Contact Information</b>	Oklahoma State Department of Education Executive Director of Instruction 2500 North Lincoln Boulevard, Oklahoma City, OK 73105-4599 Phone: (405) 522-3521 Fax: (405) 521-2971

# Oklahoma Child Abuse Prevention Network

## EDUCARE | OKLAHOMA CITY

[www.okceducare.org](http://www.okceducare.org)

### Primary Prevention

Agency	Description & Target Population
Sunbeam Family Services – OKC Educare	<p>Educare is a comprehensive early education service for children and families. OKC Educare serves 212 children in a full-day, year round program. Services are provided at no cost to the family.</p> <p><i>Target population:</i> OKC Educare serves Oklahoma county children birth to five years and their families (must qualify under federal poverty guidelines). A child can be in the program from birth to five OR can enroll based on availability at any time before the child turns five years old.</p>
Funding Source	
Federal Head Start/Early Head Start Grant, OKCPS Funding for Pre-K classes, State Pilot Program, United Way, Private Funds	
County Served	
Oklahoma County	
Program Model	
Head Start/Early Head Start, OKCPS Pre-K. Full-year, full-day program model. High teacher-child ratio, intensive family support, strong mental health componet.	
Numbers Served	
In FY14-15, 247 children were served.	
Evaluation	
Extensive evaluation component which includes PALS (Phonological Awareness Literacy Screening), ECI (Early Communication Indicator), Bracken, ASQ3, DECA, CLASS and ITERS/ECERS, and the UPP Pilot.	
Outcomes	
<ol style="list-style-type: none"> <li>1. The goal of OKC Educare is for children to be academically and socially ready for school. Children at OKC Educare tend to achieve an Average Standard Score of 82 or higher on the Bracken School Readiness Composite. Length of stay at OKC Educare is strongly correlated with higher Bracken School Readiness Scores. When aggregated across all years, children who attended Oklahoma City Educare for 2 years or more improved from an average percentile rank of 18 to an average percentile rank of 44 on the Bracken School Readiness Assessment.</li> <li>2. The (Classroom Assessment Scoring System) CLASS is an assessment tool used to measure quality teacher-child interactions on a scale of 1-7. While Emotional and Behavioral domains remain high, Instructional interactions are more challenging and did not show a significant increase. Implementation of a new teacher/child interaction coaching model is expected to have stronger results for FY2016.</li> <li>3. The Infant-Toddler Environment Rating Scale (ITERS) and Early Childhood Environment Rating Scale (ECERS) were used to evaluate the classrooms. The average rating for ITERS was a 5.74 while the average rating for ECERS was a 4.49, each on a scale of 1-7.</li> <li>4. OKC Educare is also continuing the pilot for the UPP (Urban Prevention and Preparation), designed to address emergent reading skills and fluency. The initial pilot showed a 41% increase on the Bracken Letter Recognition subtest, and will be further tested Fall 2016.</li> </ol>	
Contact Information	<p>Paula Gates, Director, Early Childhood Services                      1100 NW 14<sup>th</sup> St                      OKC, OK 73106                      (405) 528-7721</p>

# Oklahoma Child Abuse Prevention Network

## EDUCARE | TULSA

Tulsaeducare.org

### Primary Prevention

Agency	Description & Target Population
Tulsa Educare I-Kendall Whittier Tulsa Educare II-Hawthorne Tulsa Educare III-MacArthur	Educare is a comprehensive early education program for children and families. In Tulsa, Educare I-KW opened in 2006; Educare II-Hawthorne opened in 2010; Educare III-MacArthur opened in August of 2012. Children are eligible for the program if they are at or below the federal poverty guidelines, with a selection criterion based on points. State of the art early childhood centers provide education and care of 540 children (from birth to kindergarten transition) and their families with full day, year round early childhood education, family engagement, health promotions and workforce development support.
<b>Funding Source</b>	
George Kaiser Family Foundation, Early Head Start, Early Head Start Child Care Partnership, Oklahoma State Department of Education, Oklahoma Early Childhood Program, Department of Human Services Child Care Subsidy and Parent co-payments.	
<b>County Served</b>	
Tulsa County	<b>Target Population:</b> Educare (Tulsa) serves Tulsa County children birth to five years and their families (must qualify at or below the federal poverty line). Can be in the program from six weeks to kindergarten transition, or can enroll based on availability at any time before the child enters school.
<b>Program Model</b>	
Educare Learning Network, Early Head Start	
<b>Numbers Served</b>	
In SFY 2015, 247 children were served in center-based care at Educare I, while 12 were served in a home-based program; 192 children were served at Educare II; Educare III served 191 children.	
<b>Evaluation</b>	
Preschool Language Scale-5 (PLS-5), Peabody Picture Vocabulary Test-4 (PPVT), Bracken School Readiness Assessment-3 (BRSA), and the Devereaux Early Childhood Assessments (DECA) are gathered up to twice per year to assess children's development. Infant/Toddler Rating Scale, Environmental Rating Scales, CLASS Pre-K and CLASS Toddler observations conducted annually in classrooms. Parent interviews are used to assess how program serves different groups.	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>Overall, mean scores in the spring are approaching national averages for English speakers, Fall to Spring scores for DLL showed significantly growth, but DLLs do worse on English-based assessments. For children who attended both Fall and Spring, Spring scores by site (E1, E2, E3, respectively) were:                             <ol style="list-style-type: none"> <li>English-speakers (PLS-5=96, 95, 97) (PPVT=97, 97, 97) (BRSA=95. 98. 94)</li> <li>Dual-language learners (PLS-5=95, na, 87) (PPVT=83, NA, 76) (BRSA=83, na, 82)</li> <li>Most children (English and Spanish speakers combined) scored in a typical range or better on teacher ratings of social-emotional development (86%).</li> </ol> </li> <li>Classrooms have maintained high quality based on comparison to national studies.</li> <li>The program serves many high risk families and children from higher risk families have similarly positive gains compared to children with lower risk.</li> </ol>	
<b>Contact Information</b>	Caren Calhoun, Executive Director 2190 S. 67 <sup>th</sup> E. Avenue Tulsa, OK 74129 (918) 852-8082

# Oklahoma Child Abuse Prevention Network

## CHILD GUIDANCE PROGRAM | OKLAHOMA STATE DEPARTMENT OF HEALTH

<http://cgp.health.ok.gov>

← Primary Prevention →

Agency	Description & Target Population
<p><b>Oklahoma State Department of Health</b> Administered at the County and City-County Health Department levels</p>	<p>Child Guidance services focus on strengthening families by promoting positive parent-child relationships and optimal child development. Child development specialists, speech language pathologists, and psychologists provide screening, assessment and intervention for developmental, communication, hearing, and behavioral concerns and assist families in accessing resources.</p> <p><u>Target Population:</u> Families with children birth to 13 years.</p>
<p><b>Funding Source</b></p>	
<p><b>Child Guidance Funding for CY 2015</b> State Appropriations (\$2 million); *Federal Funds (\$608,625) and Local Millage (\$2.6 million) *Amount includes CBCAP Funding (\$80,000)</p>	

### Program Models ~ Specialized Programs within Child Guidance

**The Incredible Years:** Parents, Teachers, and Children Training Series is a comprehensive set of curricula designed to promote social competence and prevent, reduce, and treat aggression and related conduct problems in young children (ages 4 to 8 years). The interventions that make up this series – parent training, teacher training, and child training programs are guided by developmental theory concerning the role of multiple interacting risk and protective factors (child, family and school) in the development of conduct problems. (see also separate template)

**Parent-Child Interaction Therapy (PCIT):** PCIT is an empirically-supported treatment for children with conduct-disorders that place emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's prosocial behavior and decreasing negative behavior. This treatment focuses on two basic interactions: Child Directed Interaction (CDI) is similar to play therapy in that parents engage their child in a play situation with the goal of strengthening the parent-child relationship; Parent Directed Interaction (PDI) resembles clinical behavior therapy in that parents learn to use specific behavior management techniques as they play with their child. (see also separate template)

**Circle of Parents (COP):** Circle of Parents® is a national network of statewide non-profit organizations and parent leaders that are dedicated to using the mutual self-help support group model as a means of preventing child abuse and neglect and strengthening families. Circle of Parents® offers anyone in a parenting role the opportunity to participate in weekly group meetings with other parents to exchange ideas, share information, develop and practice new parenting skills, learn about community resources, and give and receive support. Groups are parent-led with the support of a trained group facilitator, are conducted in a confidential and non-judgmental manner, are free of charge, and provide developmentally-appropriate children's programs or child care concurrent with the parent group meetings. Participants share leadership and accountability for the success of the group and each participant. Consequently, parents are expected to apply new ideas and skills at home and report back to the group what worked and what did not. Parents are also responsible for following up with recommended community resources that are shared or discussed. Overall, developing leadership on the individual, family, community, and societal levels, as desired by parent participants, is a central theme of the Circle of Parents® model. This program is typically conducted in a community agency, community daily living setting, outpatient clinic, prison, religious organization, or school setting.

**Child Care Mental Health Consultation:** The Child Care Mental Health Consultation Network provides onsite child care consultation to address issues surrounding behavioral challenges in the classroom. The Network is staffed by behavioral health and child development specialists in Child Guidance, Community Mental Health Centers and private consultants through the Center for Early Childhood Professional Development. Requests for referrals are obtained through the Oklahoma Child Care Warmline. This initiative is provided in collaboration with the Oklahoma Department of Human Services and the Oklahoma Department of Mental Health and Substance Abuse Services.

**Child Care Warmline:** The Warmline for Oklahoma Child Care Providers offers free telephone consultation to child care providers on numerous topics of concern. Consultants can also refer providers to appropriate services and resources within their communities. In addition to a personalized phone consultation, an automated topic library with 1,500 topics on pre-recorded messages (including topics on child care, health, behavior and guidance, and development)) are available on the Warmline 24 hours per day. Child Care Mental Health consultation is coordinated through this project. This initiative is provided in collaboration with the Oklahoma Department of Human Services.

**Numbers Served**

In CY 2015, 19,407 individual sessions were conducted for screening, assessment, evaluation, or treatment services. Child Guidance clinicians provided workshops, training, or community outreach activities through 748 events to 8,496 individuals. Clinicians provided 1,028 mental health consultation visits to childcare centers in 25 counties.

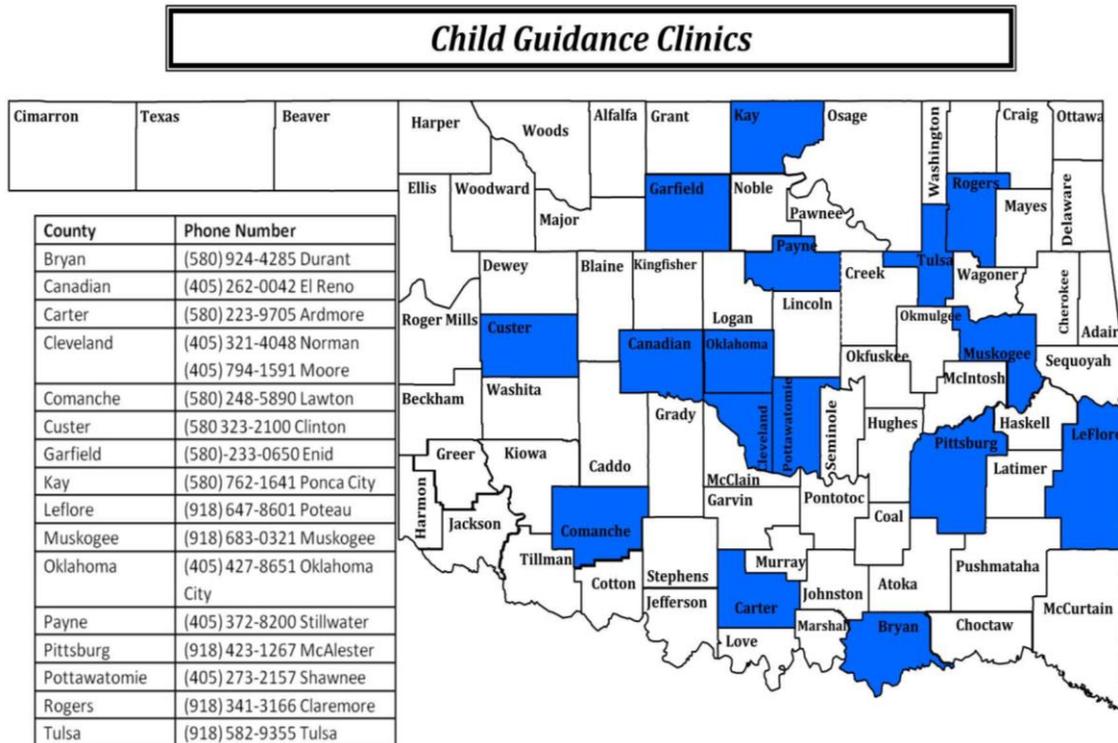
**Outcomes**

For CY 2015, 89% of parents receiving CG services report they know how to help their child learn; 80% of young children (6 mo. to 5 yrs.) receiving CG services whose parents report they met all four measures of flourishing; 96% of parents receiving CG services who report being satisfied as a parent.

**Contact Information**

Beth Martin, Director Child Guidance Service  
 Oklahoma State Department of Health  
 1000 NE 10<sup>th</sup> Street  
 Oklahoma City, OK 73117-1299  
 (405) 271-4477  
[ChildGuidance@health.ok.gov](mailto:ChildGuidance@health.ok.gov)

**Child Guidance Site Map**



## Child Guidance Service Logic Model

INPUTS	ACTIVITIES	OUTPUT MEASURES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
<ul style="list-style-type: none"> <li>• Child Guidance Service within the OSDH has been identified as the lead agency to provide early childhood mental health services and consultation</li> <li>• Child Guidance clinics are located within Oklahoma County Health Departments, thus families utilizing child health and nutrition services will be familiar with the clinics</li> <li>• Child Guidance clinics are located in Oklahoma County Health Departments because mental health is a critical component of children's physical health.</li> <li>• Child Guidance staff are trained in Evidence Based Practices that provide skills based training.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide early identification of behavioral, communication, developmental or social emotional concerns in young children</li> <li>• Provide assessment and intervention services to families with children birth to age 13, with an emphasis on young children.</li> <li>• Provide Early Childhood Mental Health Consultation services to child care centers, Head Starts, and schools (Pre-K through 2<sup>nd</sup> grade).</li> <li>• Provide training to other professionals to conduct developmental screening for children.</li> <li>• Provide parent training programs that are evidence based.</li> </ul>	<ul style="list-style-type: none"> <li>• The number of young children who receive early identification of behavioral, communication, developmental and/or social emotional concerns.</li> <li>• The number of children with identified behavioral, communication, developmental and/or social emotional concerns who receive assessment and/or evaluation</li> <li>• The number of children with identified behavioral, communication, developmental and/or social emotional concerns who receive intervention services.</li> <li>• The number of child care centers, Head Starts, and schools (Pre-K through 2<sup>nd</sup> grade) who receive Early Childhood Mental Health Consultation services.</li> <li>• The number of developmental screenings for children that occur in primary care offices.</li> <li>• The number of families with young children who receive evidence-based practice parenting education and training.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the number of young children identified with behavioral, communication, developmental and/or social emotional concerns.</li> <li>• Increase in the number of children receiving assessment and intervention after being identified with behavioral, communication, developmental and/or social emotional concerns.</li> <li>• Increase in the number of child care centers, Head Starts, and schools (Pre-K through 2<sup>nd</sup> grade) that receive Early Childhood Mental Health Consultation services.</li> <li>• Increase in the number of professionals that are conducting developmental screenings for children.</li> <li>• Increase in the number of parents/guardians receiving parenting education and training.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Increase</b> in the number of children with <b>improved overall health</b> due to enhanced social emotional development</li> <li>• <b>Decrease</b> in the rate of <b>child abuse</b> in young children.</li> <li>• <b>Increase</b> in the number of children that <b>enter school healthy and ready to learn.</b></li> <li>• <b>Decrease</b> in the percentage of parents that believe their child has <b>difficulty with emotion, concentration, behavior, or being able to get along with other people.</b></li> <li>• <b>Increase</b> in the number of <b>protective factors</b> at the family and individual level.</li> <li>• <b>Decrease</b> in the number of <b>risk factors</b> at the family and individual level.</li> </ul>

# Oklahoma Child Abuse Prevention Network

## SUBSTANCE ABUSE SERVICES (PREVENTION)

<http://ok.gov/odmhsas/>

### Primary Prevention

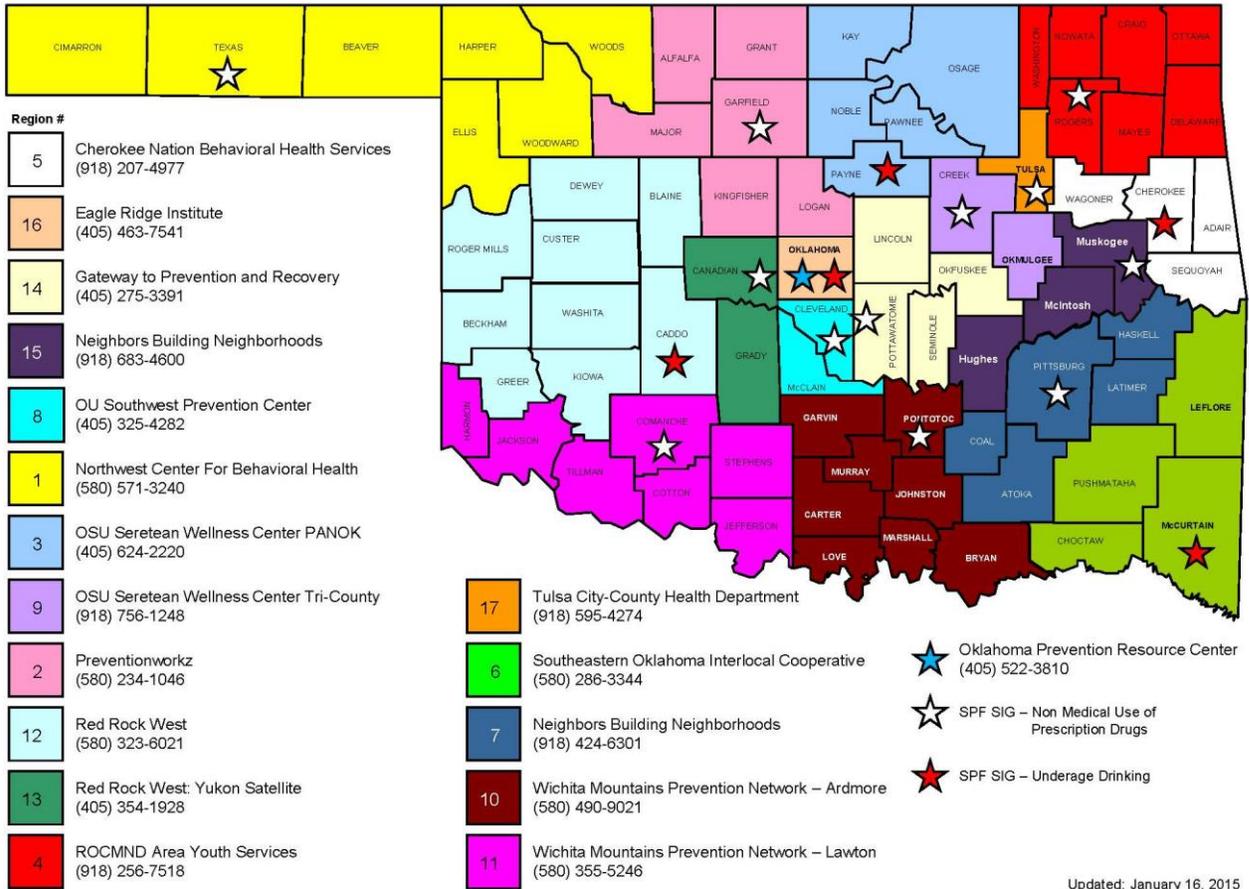
Agency	Description & Target Population
Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)	The ODMHSAS supports prevention initiatives such as: the Oklahoma Prevention Resource Center, 17 Regional Prevention Coordinators, Youth Suicide Prevention and Early Intervention, Substance Abuse Prevention for Children in Substance Abusing Families – Oklahoma Partnership Initiative (OPI), Enforcing Underage Drinking Laws - 2Much2Lose (2M2L), Strategic Prevention Framework Partnership for Success (SPF-PFS), State Epidemiological Outcomes Workgroup (SEOW)
<b>Funding Source</b>	
Substance Abuse and Mental Health Services Administration (SAMHSA) Administration on Children and Families (ACF), Oklahoma Highway Safety Office (National Highway Traffic Safety Administration)	Substance abuse prevention initiatives utilize a public health approach and implementation of evidence-based strategies - with a focus on population-level strategies - that are proven to be effective and sustainable. Providers create and sustain partnerships with community stakeholders and coalitions to develop and implement prevention strategies tailored for Oklahoma communities. Programs are based on an environmental prevention approach and may also offer training and technical assistance to schools, parents, agencies and community groups. <i>Target Population:</i> Oklahomans across the lifespan.
<b>Program Model</b>	
<p>The Strategic Prevention Framework (SPF) model is built on a community-based approach to prevention and a series of guiding principles that can be utilized at the federal, State/tribal and community levels to achieve population-level outcomes. The SPF requires States and communities to systematically:</p> <ol style="list-style-type: none"> <li>1. Assess their prevention needs based on epidemiological data,</li> <li>2. Build their prevention capacity,</li> <li>3. Develop a strategic plan,</li> <li>4. Implement effective community prevention programs, policies and practices, and</li> <li>5. Evaluate their efforts for outcomes.</li> </ol>	
<b>Numbers Served</b>	
*Number of local contacts made by the Substance Abuse Prevention Block Grant between October 1, 2014 and September 30, 2015 = 9,889,655.	
<b>Evaluation</b>	
The ODMHSAS contracts for evaluation services with a variety of qualified entities, including the University of Kansas and Bach Harrison LLC.	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. The Regional Prevention Coordinators provided substance abuse prevention services to over 3 million Oklahomans between October 1, 2014 and September 30, 2015.</li> <li>2. The Strategic Prevention Framework Partnership for Success (SPF PFS) provided substance abuse prevention services to approximately 1,321,629 people between October 1, 2014 &amp; September 30, 2015.</li> <li>3. The Garrett Lee Smith Youth Suicide Prevention Grant provided 77 trainings to 1,378 participants from October 1, 2013 through September 30, 2014.</li> <li>4. Tobacco sales to minors slightly decreased from 2014 to 2015 with a retailer violation rate of 14.2%.</li> <li>5. The Oklahoma Partnership Initiative (OPI-2) coordinated 2 Strengthening Families Program trainings as well as 2 Solution Focused Brief Therapy enhanced supplemental trainings.</li> <li>6. OPI-2 Grant was provided with 5,000 valid OKDHS child welfare cases containing completed UNCOPE (universal drug and alcohol screening tool) for evaluation; and served 87 child welfare participants (representing a total of 34 child welfare family participants).</li> <li>7. The 2M2L initiative conducted 24 underage drinking prevention trainings for law enforcement personnel across the state.</li> <li>8. The Regional Prevention Coordinators trained over 3,574 servers, clerks, managers and owners on Responsible Beverage Service and Sales for alcohol retailers (a 147% increase in training attendees compared to last year).</li> </ol>	

**Contact Information**

Jessica Hawkins  
 Director, Prevention Services  
 405.522.3619  
[jhawkins@odmhsas.org](mailto:jhawkins@odmhsas.org)

**Substance Abuse Prevention Services (PREVENTION) Site Map**

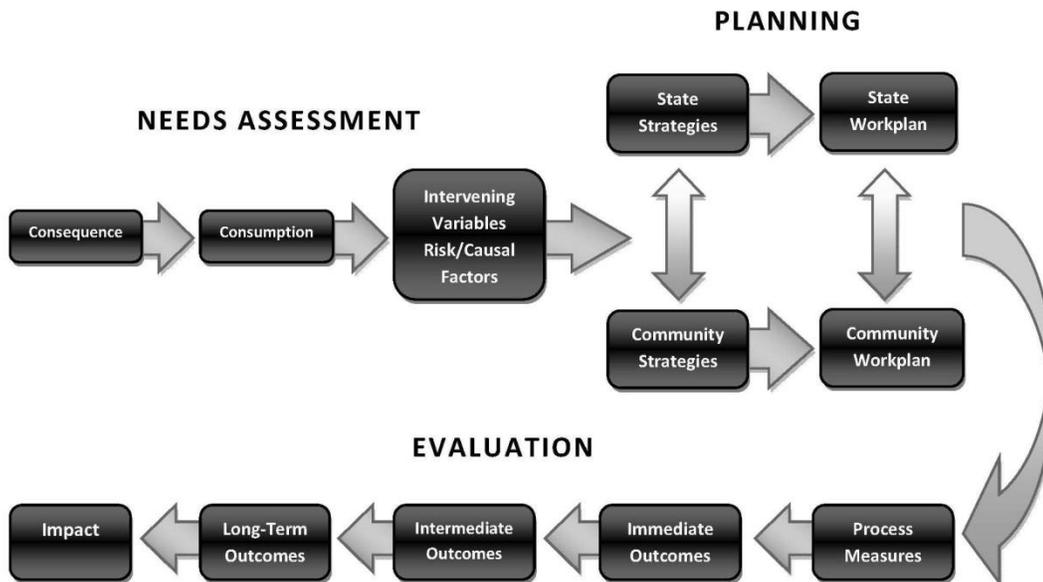
**Regional Prevention Coordinators**



Updated: January 16, 2015

**Oklahoma Logic Model**

To prevent the onset and prevent/reduce the problems associated with the use of alcohol, tobacco, and other drugs across the lifespan, Oklahoma will work from a theory of change that is supported through research. Research has shown changing population behavior requires targeting resources to issues influencing that behavior (intervening variables, or risk or causal factors). Once these issues have been identified, a comprehensive set of state and community evidence-based strategies can be selected and employed. It also is important to evaluate the effectiveness of the state and community efforts at each phase through process, immediate, intermediate, and long-term outcome data collection.



*Oklahoma Department of Mental Health and Substance Abuse Services*

# Oklahoma Child Abuse Prevention Network

## CHILD GUIDANCE PROGRAM | OKLAHOMA STATE DEPARTMENT OF HEALTH

### THE INCREDIBLE YEARS - PARENTS, TEACHERS, AND CHILDREN TRAINING SERIES

<http://cgp.health.ok.gov>

Secondary Prevention

Agency	Description & Target Population
<p><b>Oklahoma State Department of Health</b> Administered at the County and City-County Health Department level</p>	<p>The Incredible Years Program serves parents and children 4-8 years of age.</p> <ul style="list-style-type: none"> <li>• Parent Group – consists of a 12 week, 2 hour program which teaches parents interactive play &amp; reinforcement techniques, nonviolent discipline techniques, logical &amp; natural consequences, and problem solving strategies.</li> <li>• Classroom Group - consists of between 45 and 60 sessions offered in circle time 2-3 times per week for 30 minutes in a classroom setting. Material taught is followed with practice activities and skill promotion throughout the day. The program also includes letters sent home to parents with home activity suggestions to promotion material learned.</li> </ul> <p>Treatment Group - consists of 18-20 weekly 2 hour sessions and is designed for a small group of children with behavior problems. It can be used to address attention problems, social isolation, internalizing problems and peer rejection; and promotes children's positive self-esteem and social &amp; emotional competence.</p>
<p><b>Funding Source</b></p>	
<p><b>Child Guidance Funding for CY 2015</b> State Appropriations (\$2 million); *Federal Funds (\$608,625) and Local Millage (\$2.6 million) <i>Funding for The Incredible Years Programs is included in the Child Guidance overall appropriation.</i> *Amount includes CBCAP Funding (\$80,000)</p>	
<p><b>Counties Served</b></p> <p><b>The Incredible Years Programs are available statewide through 17 Child Guidance clinics located within county health departments.</b> <b>IY Groups provided in CY2015 included:</b></p> <ul style="list-style-type: none"> <li>• Dino Classroom</li> <li>• Parent Group</li> <li>• Teacher Group</li> </ul>	
<p><b>Program Models ~ Specialized Programs within Child Guidance</b></p>	
<p><b>The Incredible Years:</b> Parents, Teachers, and Children Training Series is a comprehensive set of curricula designed to promote social competence and prevent, reduce, and treat aggression and related conduct problems in young children ages 4 to 8 years. The interventions that make up this series – parent training, teacher training, and child training programs are guided by developmental theory concerning the role of multiple interacting risk and protective factors (child, family and school) in the development of conduct problems.</p>	
<p><b>Numbers Served</b></p>	
<p>For CY 2015, The Incredible Years Program served 377 parents in parenting groups, 425 children in classroom groups and, 54 children in treatment groups.</p>	
<p><b>Outcomes</b></p>	
<p>For CY 2015, of the parents participating in the Incredible Years Parent Program, nearly all reported that after the Incredible Years Parent classes they were more likely to use praise and incentives to modify their child's behavior and that they had clearer expectations with regard to appropriate behavior for their children.</p>	
<p><b>Contact Information</b></p>	<p>Beth Martin, Director Child Guidance Service Oklahoma State Department of Health 1000 NE 10<sup>th</sup> Street Oklahoma City, OK 73117-1299 (405) 271-4477 <a href="mailto:ChildGuidance@health.ok.gov">ChildGuidance@health.ok.gov</a></p>

# Oklahoma Child Abuse Prevention Network

## THE OFFICE OF CHILD ABUSE PREVENTION

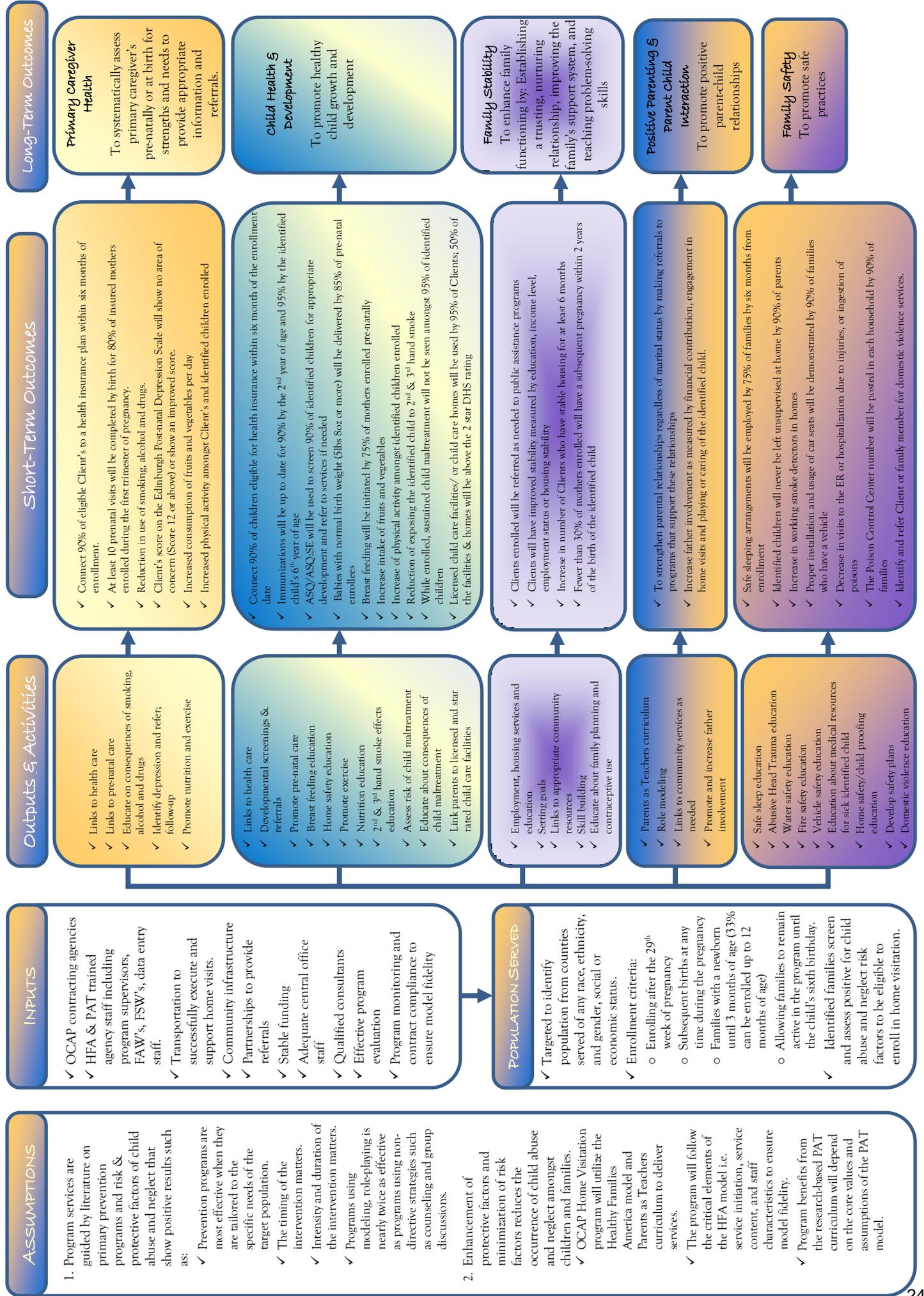
### START RIGHT PROGRAMS | HOME VISITATION SERVICES

<http://ocap.health.ok.gov> *Secondary Prevention*

Agency	Description & Target Population
<b>Oklahoma State Department of Health</b> Office of Child Abuse Prevention (START RIGHT)	<p><i>Start Right</i> provides four basic individual and community services:</p> <ul style="list-style-type: none"> <li>• Home-based parenting services</li> <li>• Screenings and assessments</li> <li>• Referrals</li> <li>• Community outreach</li> </ul> <p>The <i>Start Right</i> programs provide intensive home-based parenting services and support parents in their positive parenting efforts, encouraged them to bond and attach with their baby, and connect them with resources to help reduce the risk of child maltreatment.</p> <p><b><u>Target Population:</u></b> The target population for <i>Start Right</i> Home Visitation includes enrolling mothers after the 29th week of pregnancy in counties where Children First (C1) is available; enrolling subsequent births at any time during the pregnancy; enrolling families with a newborn through 12 months of age; and allowing families to remain active in the program until the child's sixth birthday.</p>
<b>Funding Source</b>	
State Appropriations (\$2,227,082 in SFY 2015); Local Match Funds are 10% match; CBCAP Funds (\$27,770 in FFY 15); and the Child Abuse Prevention License Plate Fund (nominal amount)	
<b>County Served</b>	
Adair, Alfalfa, Beckham, Cherokee, Cleveland, Garvin, Grady, Grant, Greer, Harper, Hughes, Jackson, Kay, Kiowa, Major, McClain, McCurtain, Oklahoma, Okfuskee, Okmulgee, Osage, Pottawatomie, Seminole, Tillman, Tulsa, Wagoner, Washita, Woods	
<b>Program Model</b>	
<p><i>Start Right</i> uses the Healthy Families America<sup>®</sup> model to deliver home-based parenting services and the Parents as Teachers<sup>®</sup> curriculum to promote parent-child interaction. In addition, <i>Start Right</i> provides an approved list of curricula that can be used to supplement the Parents As Teachers Curriculum. The supplemental curricula can be used in unique situations such as fathers who are the primary caregiver (PCG) or a PCG with learning disabilities.</p>	
<b>Home Visitation Logic Model</b>	
<p>The <i>Start Right</i> logic model defines <i>Start Right</i> home-based parenting services, related activities and outcomes (see next page: <i>Start Right</i> Home Visitation Program Logic Model for details). In SFY 2008, the <i>Start Right</i> logic model was introduced. The logic model was presented to program staff, community partners and collaborators to provide an opportunity for them to become familiar with tracking program outcomes and successfully adopting activities that would help to achieve the defined targets. <i>Start Right</i> will assess in detail short and long term outcomes (i.e. changes in tobacco use, providing for adequate prenatal care, stable housing and transportation, linking families to health care, educational and economic resources, and monitoring program integrity). Further, the new evaluation components will measure changes in frequency of hospital care and emergency room use, families becoming involved with the child welfare system, exercise and nutritional habits, utilization of quality child care, and improved home safety conditions. In SFY 2013, the logic model was updated to align with the Healthy Families America 12 Critical Elements as well as preserving the Oklahoma State Department of Health Flagship Issues.</p>	
<b>Numbers Served</b>	
<p>During SFY 2015, 1084 adults were contacted and screened for program participation. 756 individuals were assessed. A total of 9,485 home visits were attempted and/or completed during SFY 2015.</p>	



# Start Right Logic Model



# Oklahoma Child Abuse Prevention Network

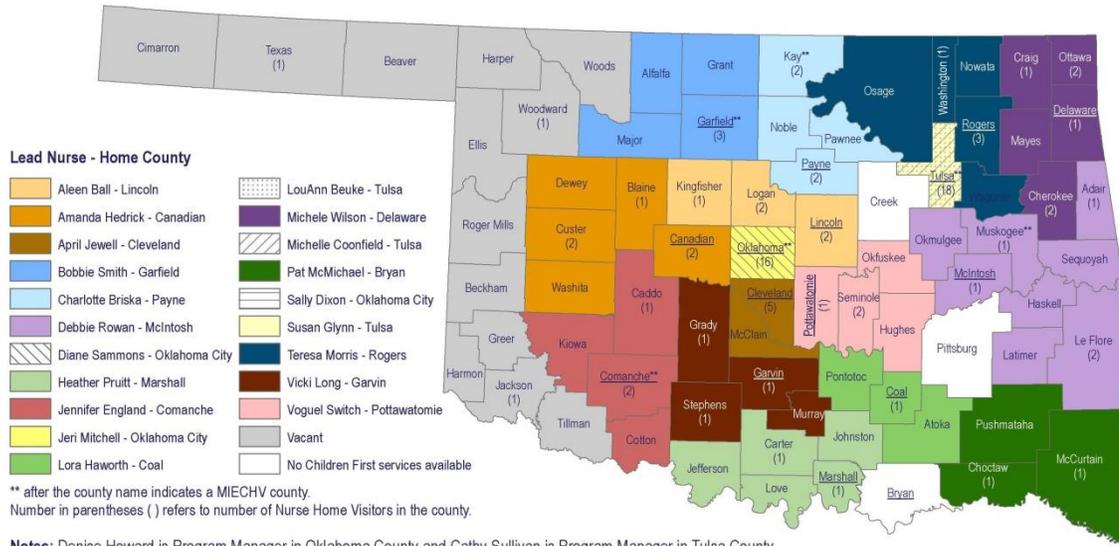
## CHILDREN FIRST

<http://cf.health.ok.gov>

← Secondary Prevention →

Agency	Description & Target Population
<b>Oklahoma State Department of Health</b> (administered through local county health departments)	Children First (C1), Oklahoma's Nurse-Family Partnership, is a statewide public health nurse home visitation service offered through local health departments. Services are provided at no cost to families expecting to deliver and/or to parent their first child and include brief health assessments, child growth and developmental evaluations, nutrition education, parenting and relationship information and links to other community resources. The program encourages early and continuous prenatal care, personal development, and promotes the involvement of fathers, grandparents and other supporting persons in parenting.
<b>Funding Source</b>	
State Appropriations and County Millage (\$8,433,945 in SFY 2015) Federal Medicaid Reimbursement (\$2,185,205 in SFY 2015); and CBCAP Funds (\$445,829 in SFY 2015)	
<b>Counties Served</b>	
Services were available in 69 Oklahoma counties in SFY 2015; Counties not receiving C1 services include: Beckham, Bryan, Dewey, Nowata, Osage, Pawnee, Roger Mills, and Washita	Target Population: Low income pregnant women who are expecting to parent for the first time and enroll prior to the 29th week of pregnancy. The family's income must be at or below 185% of the federal poverty level. Services can continue until the child is two years of age.
<b>Program Model</b>	
Nurse-Family Partnership	
<b>Numbers Served</b>	
During SFY 2015, the Children First Program served 2,942 Oklahoma families.	
<b>Evaluation</b>	
Children First program evaluation is conducted at the county and state level. The program is also monitored by the Nurse-Family Partnership National Service Office (NFP/NSO). At the county level, data are collected and entered into the Efforts to Outcomes Data Base (ETO). Day-to-day monitoring and feedback is provided to counties from central office staff. Nurse caseload data may be accessed through the ETO system. The University of Oklahoma, Biostatistics and Epidemiology Division, performs an annual program evaluation to monitor trends in client enrollment, smoking behaviors, infant birth characteristics, program attrition and model fidelity. The NFP/NSO provides ongoing support regarding program management related to 1) characteristics of participants at the time of enrollment, 2) the extent to which C1 is implemented with fidelity to the NFP model, 3) information on program outcomes, and 4) comparisons of the C1 program to selected other dissemination sites and national NFP Program Standards. In addition, C1 Nurse Program Consultants conduct biannual site audits to ensure quality program delivery.	
<b>Outcomes</b>	
Moms and babies in the Children First program in SFY 2014 experienced the following health outcomes: <ul style="list-style-type: none"> <li>• 90% of C1 clients who gave birth received 10 or more prenatal care visits</li> <li>• 91% of C1 clients served did not smoke at intake and still do not smoke</li> <li>• 91% of C1 clients initiated breastfeeding</li> <li>• 93% of children 0-24 months of age were current on immunizations</li> <li>• 97% of children in C1 had not had a confirmed child maltreatment case with OKDHS after enrolling in C1</li> </ul>	
<b>Contact Information</b>	Connie Frederick, BSN, RN Family Support and Prevention Service, OSDH 1000 NE 10th Street Oklahoma City, OK 73117 (405) 271-7611

## Children First Program Staffing



**Notes:** Denise Howard is Program Manager in Oklahoma County and Cathy Sullivan is Program Manager in Tulsa County. Janene Atchley is Interim Lead Nurse in Beckham, Greer, Harmon, Jackson, Kiowa, Roger Mills and Tillman Counties. Lanette Terry is Interim Lead Nurse in Beaver, Cimarron, Ellis, Harper, Texas, Woods and Woodward Counties

**Data Source:** Children First, Family Support and Prevention Service, Oklahoma State Department of Health.

**Created:** 07.10.2015 **Updated:** 04.22.2016

Projection/Coordinate System: USGS Albers Equal Area Conic



Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.



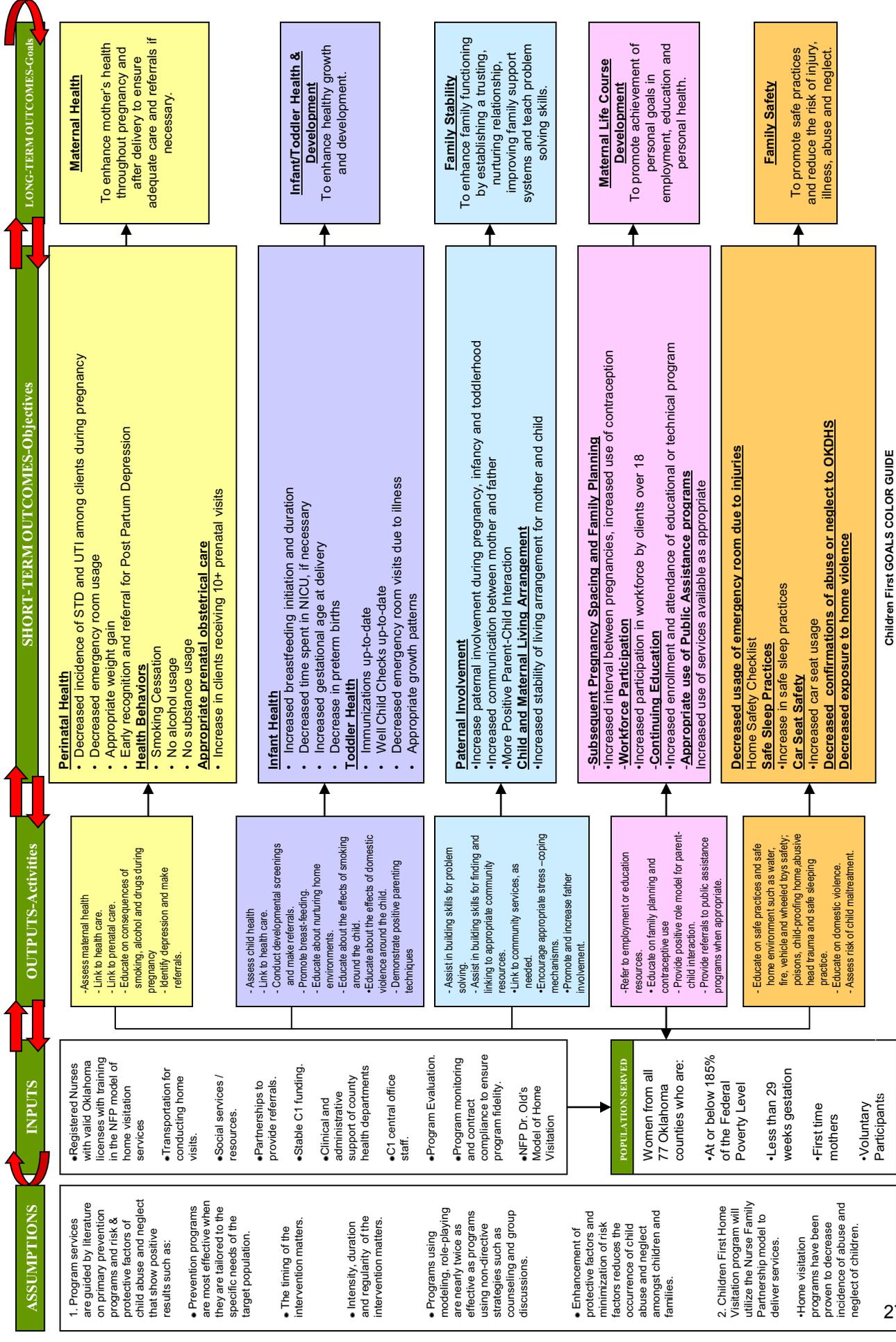
Community Epidemiology and Evaluation  
Community and Family Health Services  
Oklahoma State Department of Health

## County Health Department and Satellite Clinic Locations

Atoka County Health Department – Atoka  
 Beaver County Health Department – Beaver  
 Beckham County Health Department – Sayre & Elk City  
 Blaine County Health Department – Watonga  
 Bryan County Health Department – Durant  
 Caddo County Health Department – Anadarko  
 Canadian County Health Department - El Reno & Yukon  
 Carter County Health Department – Ardmore & Healdton  
 Cherokee County Health Department – Tahlequah  
 Choctaw County Health Department – Hugo  
 Cleveland County Health Department – Norman & Moore  
 Coal County Health Department – Coalgate  
 Comanche County Health Department – Lawton  
 Cotton County Health Department – Walters  
 Craig County Health Department – Vinita  
 Creek County Health Department – Sapulpa, Drumright & Bristow  
 Custer County Health Department – Clinton & Weatherford  
 Delaware County Health Department – Jay  
 Garfield County Health Department - Enid  
 Garvin County Health Department – Pauls Valley & Lindsey  
 Grady County Health Department - Chickasha  
 Grant County Health Department – Medford & Pond Creek  
 Greer County Health Department - Mangum  
 Harmon County Health Department - Hollis  
 Harper County Health Department – Laverne & Buffalo  
 Haskell County Health Department - Stigler  
 Hughes County Health Department – Holdenville  
 Jackson County Health Department - Altus  
 Jefferson County Health Department - Waurika  
 Johnston County Health Department - Tishomingo  
 Kay County Health Department - Ponca City & Blackwell  
 Kingfisher County Health Department - Kingfisher  
 Kiowa County Health Department - Hobart

Latimer County Health Department - Wilburton  
 LeFlore County Health Department – Poteau & Talihina  
 Lincoln County Health Department - Chandler  
 Logan County Health Department - Guthrie  
 Love County Health Department - Marietta  
 McClain County Health Department – Purcell & Blanchard  
 McCurtain County Health Department - Idabel  
 McIntosh County Health Department – Eufaula & Checotah  
 Major County Health Department - Fairview  
 Marshall County Health Department - Madill  
 Murray County Health Department - Sulphur  
 Muskogee County Health Department - Muskogee  
 Noble County Health Department - Perry  
 Okfuskee County Health Department - Okemah  
 Oklahoma City-County Health Department - Oklahoma City  
 Okmulgee County Health Department – Okmulgee, Henryetta & Beggs  
 Ottawa County Health Department – Miami  
 Payne County Health Department – Stillwater & Cushing  
 Pittsburg County Health Department - McAlester  
 Pontotoc County Health Department – Ada  
 Pottawatomie County Health Department - Shawnee  
 Pushmataha County Health Department – Antlers & Clayton  
 Rogers County Health Department - Claremore  
 Seminole County Health Department – Wewoka & Seminole  
 Sequoyah County Health Department - Sallisaw  
 Stephens County Health Department - Duncan  
 Texas County Health Department - Guymon  
 Tillman County Health Department - Frederick  
 Tulsa City-County Health Department - Tulsa  
 Wagoner County Health Department - Wagoner & Coweta  
 Washington County Health Department - Bartlesville  
 Woods County Health Department - Alva  
 Woodward County Health Department – Woodward

# Children First - Logic Model





## Nurse-Family Partnership Theory of Change Logic Model

**IMPROVE**  
pregnancy outcomes  
by helping women  
improve prenatal  
health

Home visits weekly the first month following program enrollment, then every other week until birth of infant.  
Nurses address:

- Effects of smoking, alcohol and illicit drugs on fetal growth, and assist women in identifying goals and plans for reducing cigarette smoking, etc.;
- Nutritional and exercise requirements during pregnancy and monitor and promote adequate weight gain;
- Other risk factors for pre-term delivery/low birth weight (e.g., genitourinary tract infections, pre-eclampsia);
- Preparation for labor and delivery/childbirth education;
- Basics of newborn care and newborn states;
- Family planning/birth control following delivery of infant;
- Adequate use of office-based prenatal care; and
- Referrals to other health and human services as needed.

Pregnant women display improved health behaviors.  
↓  
↓ cigarette smoking  
↓ pregnancy-induced hypertension  
↑ use of community resources

Newborns are ≥37 weeks gestation & weigh ≥5000 grams or more.  
↓ pre-term delivery among smokers  
↑ birth weight among young teens (<17 years)  
↓ neurodevelopmental impairment

**IMPROVE**  
child health and development  
by helping parents  
provide sensitive and competent caregiving

Home visits weekly postpartum period, every 2 weeks until toddler is 21 months, monthly until child is 2 years. Nurses:

- Educate parent on infant/toddler nutrition, health, growth, development and environmental safety;
- Role model PIPE activities to promote sensitive parent-child interactions facilitative of developmental progress;
- Assess parent-child interaction, using NCAST sleeping and teaching scales and provide guidance as needed;
- Assess infant/toddler's developmental progress at selected intervals using Ages and Stages Questionnaire or DDSII, and provide guidance as needed;
- Promote adequate use of well-child care;
- Guidance to new parents in building and fostering social support networks;
- Guidance assessing safety of potential/actual child care arrangements; and
- Referrals to other health and human services as needed.

Parents demonstrate sensitive and competent caregiving for infants and toddlers.  
↓ childrearing beliefs associated with child maltreatment (Bavolek AAPJ)  
↓ verified cases of child abuse & neglect  
↓ incidents of child injuries or ingestions  
↑ stimulating home environments, i.e., increase in appropriate play materials (HOME Inventory)

Child displays age and gender appropriate development.  
↓ language & cognitive/mental delays  
↑ more responsive in interactions with mothers (NCAST)/less distress to fear stimuli

Early Childhood (4-6 yrs):  
↑ safety hazards in home  
↑ HOME score  
↓ incidents of injuries & ingestions noted in medical records  
↑ Preschool Language Scale scores  
↑ Executive Functioning Composite scores  
↓ problems in clinical range on Achenbach CBCL

Adolescence (15 yrs):  
↓ state-verified reports of child abuse and neglect from 0-15 years  
↓ arrests and adjudication for incorrigible behavior (e.g. truancy, destroying property)

**IMPROVE**  
parental life-course  
by helping parents  
develop a vision for their  
future, plan subsequent  
pregnancies, continue  
their education and  
find work

Home visits weekly during postpartum period, every 2 weeks until toddler is 21 months; monthly until child is 2 years.  
Nurses:

- Facilitate decision-making regarding planning of future children and selection of birth control to achieve goals;
- Assist parents to set realistic goals for education and work, and identify strategies for attaining goals;
- Coaching parents in building and fostering relationships with other community services;
- Parents' family planning, education and work goals; and
- Referrals to other health and human services as needed.

Parents have developed plans for economic self-sufficiency.  
↓ subsequent pregnancies  
↑ interval between 1st and 2nd child  
↑ number of months women employed during child's 2nd year  
↓ months on welfare  
↑ father involvement in child care and support

Early parental life course (3-4 yrs following program completion):  
↓ additional pregnancies and live births  
↑ months on AFDC and Food Stamps  
↑ rates of living with father of child  
↑ rates of marriage

Later parental life course (13 yrs following program completion):  
↓ additional pregnancies and live births  
↑ spacing between 1st and 2nd child  
↓ months on AFDC and Food Stamps  
↓ arrests & convictions  
↓ days in jail



### What is a logic model?

A logic model provides a visual depiction of a program's "theory of change" - the way in which a set of services to a particular population are linked to expected outcomes of the program. The articulation of a program's theory of change can help program staff and families stay focused on the outcome goals rather than just focusing on program activities and services. A logic model is also a tool to assist program stakeholders in gathering data to facilitate effective program implementation and evaluation.

This model flows from left to right, as depicted by arrows, and shows how program goals are translated into home visit activities with families, which in turn, facilitate families to create change needed to attain program outcomes. The theory behind a logic model is a series of "If...then" statements. For example, If women who are smokers at entry into the program quit smoking, then they are more likely to have a full-term infant weighing greater than 2500 Grams.

### What are the major elements of the Nurse-Family Partnership logic model?

The major elements of the logic model include the program's goals, activities, and outcomes.

**Program Goals** are broad statements of expected outcomes for the problem(s) that the program is attempting to prevent or reduce. The program goals are color coded to illustrate how they correspond to program activities and outcomes.

**Activities** are interventions designed to facilitate change in families' attitude, knowledge and skills in order to help them attain the intended program results.

**Short-term Outcomes** are changes that occur by completion of the program. The specific outcomes delineated are those observed in the three randomized, controlled trials in Elmira, New York (1977), Memphis, Tennessee (1988) and Denver, Colorado (1994).

**Intermediate Outcomes** are changes that result over time from short-term outcomes and are measurable at a later timeframe, usually within 2-6 years following completion of the program. The specific outcomes delineated are those observed in the 4-year and 6-year follow-ups of families from the randomized, controlled trials in Elmira, Memphis and Denver.

**Long-term Outcomes** refer to changes that have a greater community impact and require a greater time to measure, often 10 or more years following program completion. The specific outcomes delineated are those observed in the 15-year follow-up of families who participated in the trial conducted in Elmira.

### Who does Nurse-Family Partnership serve?

Nurse-Family Partnership serves low-income, first-time mothers and their children, by providing nurse home visitation services beginning early in pregnancy and continuing through the first two years of the child's life. Women voluntarily enroll as early as possible in pregnancy, but no later than the 28th week of gestation.

The majority of participants are unmarried women with less than a high school education. The focus on women who have had no previous live births stems from the belief that individuals undergoing a major role change are more likely to seek information and support from others than are women who have already given birth. Moreover, the skills first-time mothers learn through the program, will help them provide better care for subsequent children, generating even broader salutary effects.

Other family members are invited and encouraged to participate if the mother wants them to be present.

### How does Nurse-Family Partnership work?

Central to the successful implementation of Nurse-Family Partnership is the establishment of a trusting relationship with the family. Registered Nurse Home Visitors work together with their clients, engaging them in activities associated with the three Nurse-Family Partnership goals during each home visit. These goals are:

- **Improve pregnancy outcomes;**
- **Improve child health and development; and**
- **Improve the economic self-sufficiency of the family.**

These goals are achieved by helping women engage in good preventive health practices, including obtaining thorough prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol and illegal substances. Child health and development is improved by helping parents provide responsible and competent care for their children. The economic self-sufficiency of the family is improved by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

Nurse Home Visitors utilize a strength-based approach directed toward optimizing the family's sense of efficacy. They are guided in their work through detailed visit-by-visit guidelines that reflect the challenges parents are likely to confront during pregnancy and the first two years of the child's life. Within this framework, however, nurses use their professional judgment to address those areas where needs are greatest.

Guided by the above principals, and implemented with fidelity to the program model which has undergone extensive research over the past three decades, Nurse-Family Partnership is transforming lives through the power of relationships. For more information, please visit the Nurse-Family Partnership national website at: [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)

Nurse-Family Partnership's Theory of Change Logic Model was developed by Ruth O'Brien, Ph.D, RN, through a grant from the Harvard University Family Research Project - Home Visit Forum.

# Oklahoma Child Abuse Prevention Network

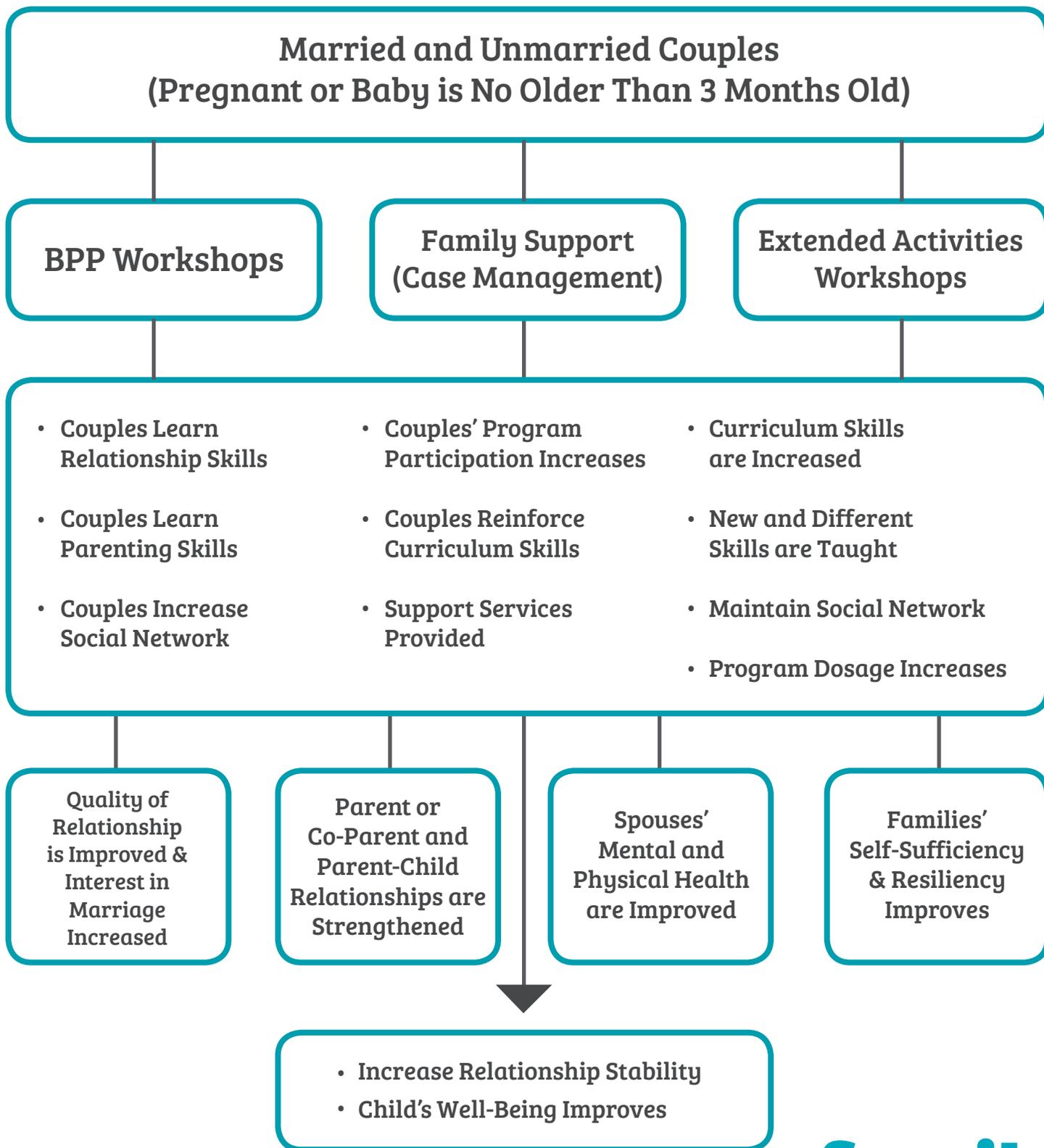
## FAMILY EXPECTATIONS

[www.familiesok.org](http://www.familiesok.org)

Secondary Prevention

Agency	Description & Target Population
Public Strategies	<p>Family Expectations is a comprehensive, couple-based intervention for lower-income expectant or new parents. The overarching goal of the program is to increase family well-being by helping expectant couples form a firm foundation of information and tools essential to family success. Family Expectations is uniquely designed to equip young parents to handle the stressors that will likely accompany their growing family as a team.</p> <p><u>Target Population:</u></p> <ul style="list-style-type: none"> <li>• Income level at or less than 200% of the federal poverty guidelines</li> <li>• Couples in a committed relationship, married or unmarried</li> <li>• Couples expecting a baby or recently had a baby, enrollment anytime during pregnancy up to 3 months post-birth</li> <li>• Both individuals are over 18 years of age</li> </ul> <p><u>Service Period:</u></p> <p>From date of first receiving services until baby turns one year of age.</p>
<b>Funding Source</b>	
<ul style="list-style-type: none"> <li>• Oklahoma Department of Human Services (OKDHS)</li> <li>• Office of Family Assistance (OFA)</li> </ul>	
<b>County Served</b>	
Oklahoma County	
<b>Services</b>	
<p>There are three primary components of the FE program: workshops, individualized family support services, and employment readiness. 1) The workshop component is comprised of an initial 36 hour workshop that couples participate in together. The workshop addresses healthy communication, anger and stress management, baby care, and financial management. Workshops are also offered to the couple on topics that support and provide the couple with additional information on healthy relationship skills, child development, family issues, and other topics important to family success. 2) Each couple has a Family Support Coach that works with them to identify strengths and needs, provide referrals and support, and help the couple integrate the workshop tools and concepts into their daily life. 3) The third component offers employment readiness and assistance.</p>	
<b>Program Model</b>	
Family Expectations Change Model	
<b>Numbers Served</b>	
14,584 adults served as of April 1, 2016.	
<b>Evaluation</b>	
<p>The Family Expectation's program goal is to strengthen fragile families with communication, financial, stress management, and parenting skills imperative for upward family mobility. Preventative in nature, Family Expectations participants have reduced maternal depression, increased family stability, improved communication and conflict resolution skills, increased understanding of how to avoid dangerous and destructive interactions, as well as an increased awareness of abuse behaviors.</p>	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. 99% Reported Improved Communication Skills</li> <li>2. 97% Reported Improved Conflict Resolution Skills</li> <li>3. 99% Reported Improved Understanding of How to Avoid Destructive Conflict Behaviors</li> <li>4. 95% Reported Improved Attitude Toward Marriage</li> <li>5. 95% Reported Increased Knowledge of Tools Necessary to Improve Family Finances</li> <li>6. 96% Reported Increased Understanding of Abuse Prevention</li> </ol>	
<b>Contact Information</b>	<p>David Kimmel, Ph.D., Program Director, <a href="mailto:david.kimmel@familiesok.org">david.kimmel@familiesok.org</a>            3 East Main Street            Oklahoma City, OK 73104            (405) 639-2054</p>

# Family Expectations Change Model



# Oklahoma Child Abuse Prevention Network

## Healthy Start Initiative

www.chciokc.org (Oklahoma City) and www.csctulsa.org/family%20health.htm#Tulsa\_Healthy\_Start\_Initiative (Tulsa)

### Secondary Prevention

Agency	Description & Target Population		
Private and Public Organizations	Healthy Start programs are focused on reducing infant mortality and related pregnancy and women's health problems in communities with high infant mortality. Services are provided for the expectant mothers through the time that their infants are two years of age or through the next pregnancy. The infants are also served. The services include case management, client advocacy, referrals to health care and other services, direct outreach from trained community members, health education to address risk factors, and plan development. The plan describes how the community-based organizations and local, state, public and private providers identify and address barriers to quality, family-centered services. <b>Target Population:</b> Medically/socially high-risk pregnant women.		
<b>Funding Source</b>			
Federal for CFY 2015 \$625,000 for Oklahoma County \$661,830 for Tulsa Health Dept-Healthy Start \$675,000 for Little Dixie Head Start			
<b>Counties Served</b>			
Oklahoma County Tulsa County (with focus on 8 high-IMR target zip codes) McCurtain, Pushmataha and Choctaw Counties			
<b>Program Model</b>			
Healthy Start Initiative using the Life Continuum Model			
<b>Numbers Served in CFY 2015</b>			
Healthy Start (Oklahoma City) served 361 program participants, engaged 526 outreach contacts and 1,527 community participants. THD-Healthy Start (Tulsa) served 678 clients and had 3,550 outreach contacts and 3,214 client contacts. Healthy Start (Little Dixie) served 528 clients.			
<b>Oklahoma City General Outcomes in FY 2015</b>			
<ol style="list-style-type: none"> <li>Reduction in infant mortality in the target areas of service. Oklahoma City Healthy Start had 71 births and no deaths.</li> <li>Low birth weight infants: LBW was 19.72% and premature infants at 5.63%.</li> <li>Entry into prenatal care: the percentage of high risk women receiving access to prenatal care was 60%.</li> </ol>			
<b>Tulsa Outcomes in FY 2015</b>			
<ol style="list-style-type: none"> <li>Reduction in infant mortality in the target areas of service. Tulsa Healthy Start had 0 infant deaths out of 91 live births.</li> <li>Reduction in low birth weight infants. The LBW rate was 8.8% and VLBW was 1.57%.</li> <li>Increase entry into prenatal care. The number of high risk women getting into prenatal care in the first trimester improved to 83.5%.</li> </ol>			
<b>Little Dixie Outcomes</b>			
<ol style="list-style-type: none"> <li>Reduction in infant mortality in the target areas of service.</li> <li>Reduction in low birth weight infants</li> <li>Increase entry into prenatal care.</li> </ol>			
<b>Contact Information</b>	<b>Oklahoma City</b> Kamisha D. Busby, MBA Program Coordinator Community Health Centers, Inc. Central Oklahoma Healthy Start Initiative (405) 427-3200 <a href="mailto:kamisha.busby@chciokc.org">kamisha.busby@chciokc.org</a>	<b>Little Dixie</b> Pam Waugh Healthy Start Project Director 209 N. 4 <sup>th</sup> Street Hugo, OK 74743 (580) 326-6441 <a href="mailto:pwaugh@littledixie.org">pwaugh@littledixie.org</a>	<b>Tulsa</b> Christy Edmonds, MPH, MBA Project Director Tulsa Health Dept-Healthy Start (918) 595-4220 <a href="mailto:cedmonds@tulsa-health.org">cedmonds@tulsa-health.org</a>

# Oklahoma Child Abuse Prevention Network

## MATERNAL, INFANT, CHILD HOME VISITING (MIECHV) PROGRAM FEDERAL GRANT

[www.ok.gov/health/Child and Family Health/Family Support and Prevention Service/MIECHV Program - Federal Home Visiting Grant/index.html](http://www.ok.gov/health/Child_and_Family_Health/Family_Support_and_Prevention_Service/MIECHV_Program_-_Federal_Home_Visiting_Grant/index.html)

### Secondary Prevention

Agency	Description & Target Population
<p>The Oklahoma State Department of Health has been designated as the lead agency in the collaborative efforts to plan and implement the MIECHV Program.</p>	<p>Authorized by the Affordable Care Act that was signed on March 23, 2010, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program was established through a federal grant process issued jointly by Health Resources and Services Administration (HRSA), and the Administration for Children and Families (ACF). The three steps required for completion of the MIECHV Program process consisted of submitting an application for funding; a statewide needs assessment; and an updated state plan for home visiting. All phases for Year 1 of the Formula Grant were completed and the grant was awarded. Years 2 and 3 of the Formula Grant was also submitted and awarded.</p>
<p><b>Funding Source</b></p> <p>Administration for Children and Families (ACF) and U.S Department of Health and Human Services, Health Resources and Services Administration (HRSA)</p> <p><b>Funding amounts available for the grants are listed below:</b></p> <p>Formula ----- \$ 1,620,074.00            Competitive, Expansion ----- \$ 9,025,081.00</p>	<p>Additionally, Oklahoma applied for a MIECHV Expansion Grant. The maximum funding amount of this competitive grant was awarded to only three states, one of which was Oklahoma. Based on the results of the needs assessment, communities that have been identified to receive services using Formula Grant funds are Kay and Garfield Counties. Expansion Grant funds will be used in Carter, Comanche, Muskogee, Oklahoma and Tulsa Counties.</p> <p><b>Services:</b> Home visitors meet with at-risk families in their homes, evaluate the families' circumstances, and connect families to the kinds of help that can make a real difference in a child's health, development, and ability to learn - such as health care, developmental services for children, early education, parenting skills, child abuse prevention, and nutrition education or assistance.</p> <p><b>Target Population:</b> Priority will be given to eligible participants who have low incomes; are pregnant and not yet 21; have a history of maltreatment or interaction with child welfare; have a history of substance abuse; users of tobacco products; have developmental delays, disabilities or low educational achievement; and are in military families.</p>
<p><b>County Served</b></p> <p>The Oklahoma statewide needs assessment identified the top ten communities on which to focus efforts for the MIECHV Program. Those counties are Kay, Garfield, Oklahoma, Muskogee, Coal, McCurtain, Carter, Adair, Comanche, Greer.</p> <p>It was decided to focus on counties that have a total population greater than 10,000 since resources are scarce. Therefore, Coal and Greer, which have populations less than 7,000, were removed from the rankings. As a result, McClain and Tulsa moved into the top ten.</p> <p>All efforts using Formula Grant funds will be dedicated to Kay and Garfield Counties. Expansion Grant funds will be used to serve families in Comanche, Muskogee, Oklahoma and Tulsa Counties.</p>	
<p><b>Program Model</b></p>	
<p>In order to utilize what was identified as the most effective home visiting practices, use of evidence-based home visitation models is required in the MIECHV Program. Oklahoma has chosen to expand the Nurse-Family Partnership, Health Families America and Parents as Teachers programs in all counties identified for service.</p>	
<p><b>Numbers Served</b></p>	
<p>During FFY 2015, 1,405 families were served through MIECHV funded programs.</p>	

## Evaluation

The MIECHV Program requires that data be collected and improvements be made for all mandated benchmarks. The benchmarks include: Maternal and Child Health; Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of Emergency Department Visits; Improvements in School Readiness and Achievement; Crime or Domestic Violence; Family Economic Self-Sufficiency; Coordination and Referrals for Other and Community Resources and Supports. Each of the MIECHV Grants includes a plan for achieving the benchmarks and their corresponding constructs.

## Outcomes

### **Targeted participant outcomes include:**

- Improved maternal and child health;
- Prevention of child injuries, child maltreatment, and reduction of emergency department visits;
- Improvement in school readiness and achievement;
- Reduction in crime or domestic violence;
- Improvements in family economic self-sufficiency; and
- Improvements in the coordination and referrals for other community resources and supports.

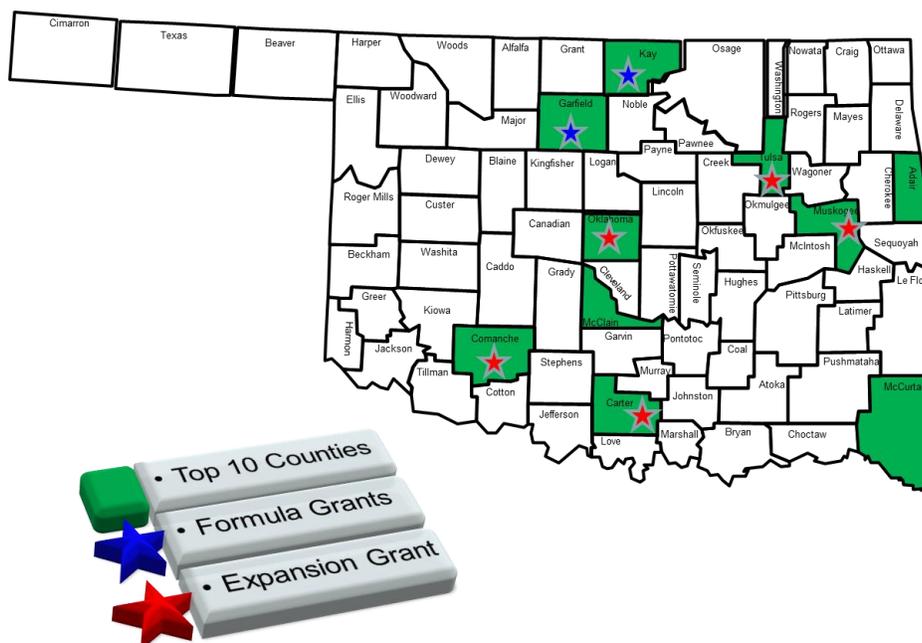
## Contact Information

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## Site Map

### Maternal, Infant and Early Childhood Home Visiting Programs



# Oklahoma MIECHV Logic Model

Assumptions	Inputs/Resources	Outputs/Activities	Intermediate Outcomes	Long Term Outcomes
<p>Home visiting coalitions/connectors can increase referrals to Evidence-Based Home Visiting (EBHV) and other services</p> <p>The number of eligible families for EBHV exceeds the number of EBHV services</p> <p>Family outcomes are improved the more engaged they are in EBHV services</p> <p>Having multiple EBHV services increases the likelihood that families will enroll in an EBHV that meets their needs</p>	MIECHV Formula Funding	Initiation of Request for Proposal solicitation and selection of LIAs in designated counties	Implementation of contracted services	Sustained system changes reflecting benefits of multiple EBHV programs within Oklahoma and Tulsa counties
	OK MIECHV Grant Staff and State Consultants	Continue to enhance data system to collect MIECHV Benchmark data and monitor for quality assurance	Increased efficiency in evaluation processes	
	MIECHV Federal Grant Agencies in Implementing Counties	Continue to implement and improve marketing of parentPRO campaign	Increased visibility of HV programs and activities in the communities, counties and State level	Supportive services and community at-large has increased appreciation for the value of EBHV services in the community
	State Collaboration with MIECHV contractors, county health departments, Smart Start Oklahoma, Oklahoma Healthcare Authority and The University of Oklahoma Center on Child Abuse and Neglect for EBHV Services	Enhance parentPRO central intake system to coordinate referrals and peripheral services	Optimized EBHV intake to meet specific family and community needs	Sustained efforts to appropriately match families to EBHV programs
	Other supporting services: mental health, domestic violence, substance abuse, Child Guidance, Head Start, Pre-K Childcare and Health Care Providers	Continue to develop and implement strategies for outreach, recruitment, engagement and retention of at risk families	Increased target population access, enrollment and length of engagement in EBHV services.	<p>Improvements in MIECHV Benchmarks and Constructs:</p> <p>Improved overall maternal and child health</p> <p>Decreased child injuries, emergency department visits, and child abuse and neglect (maltreatment)</p> <p>Increased school readiness and achievement</p> <p>Decreased crime or domestic violence</p> <p>Increased family economic self sufficiency</p> <p>Increased coordination and referrals for other community resources and supports</p>
<p><b>Problem Statement</b></p> <p><b>EBHV programs have the greatest impact in high risk communities.</b></p>	National EBHV Models: NFP, PAT and SafeCare	Continue to increase collaboration with community partners through ongoing communication and formal agreements	Community needs and service gaps are identified and eliminated	
	Families in Oklahoma and Tulsa Counties	Continue to strengthen EBHV providers in Oklahoma and Tulsa Counties and training LIA staff in core HV competencies	Well trained EBHV providers delivering models with fidelity and demonstrating competency in core HV skills	
	External evaluation of LIAs	Continue to collect data from a diverse set of sources particularly families; provide guidance about strengths and challenges of home visitation and early childhood systems	Best practices for improving targeted outcomes are established; program effectiveness and areas in need of improvement are identified and addressed	Increased efficacy, fidelity and stability of EBHV programs.

# Oklahoma Child Abuse Prevention Network

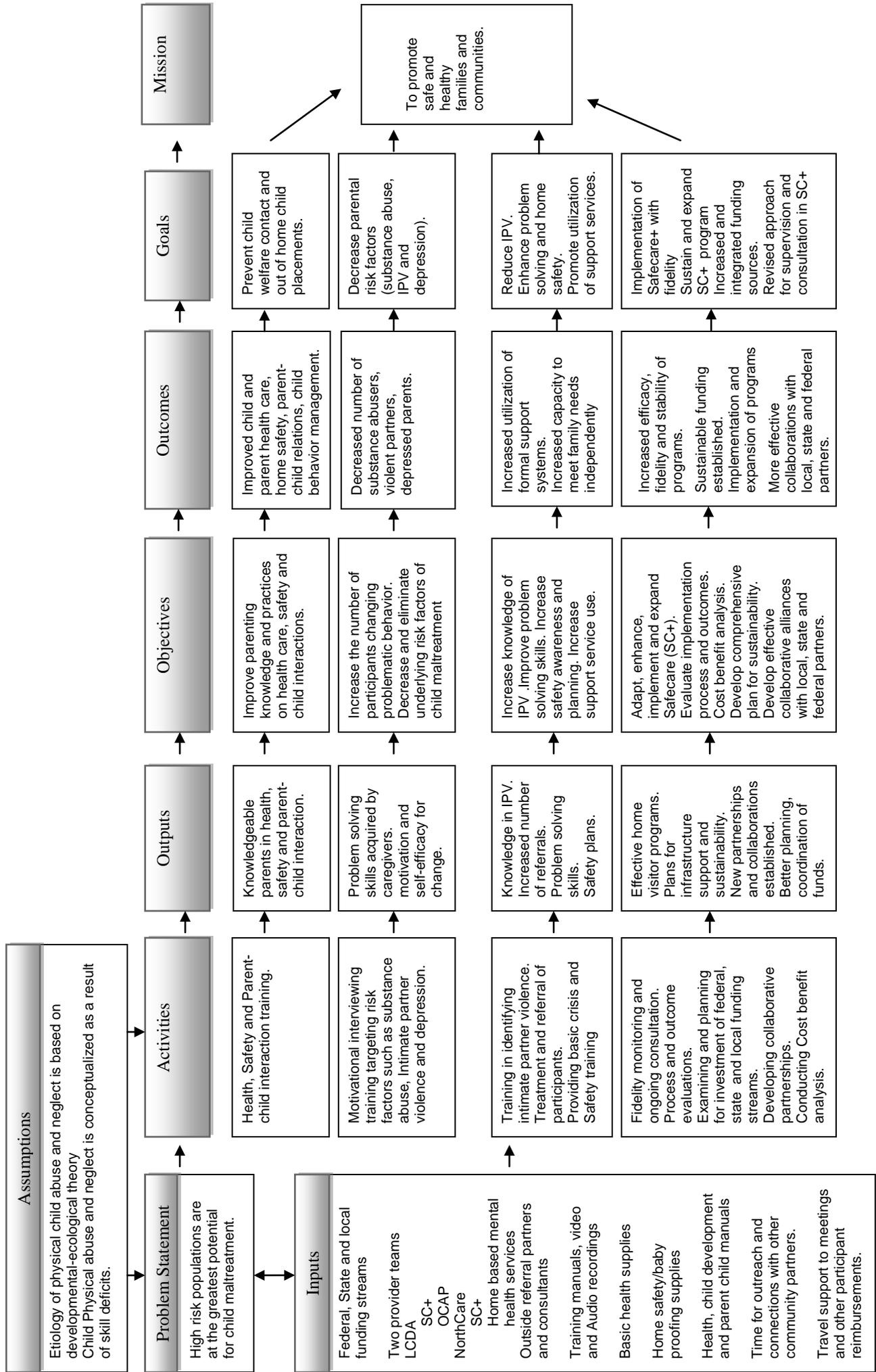
## Evidence Based Child Maltreatment Prevention for High Risk Families: Expanding to Latino Communities and Enhancing Family Violence Prevention and Sustaining Prevention Programs

← [www.oumedicine.com/highriskprevention](http://www.oumedicine.com/highriskprevention)  
[www.supportingebhv.org/grantees](http://www.supportingebhv.org/grantees)

Secondary Prevention →

Agency	Description & Target Population
Center on Child Abuse and Neglect Department of Pediatrics Oklahoma University Health Sciences Center	<p><b>SAFECARE+</b> an enhanced in-home eco-behavioral version of SAFECARE which includes problem solving, motivational interviewing, conflict resolution skills, healthy relationships curriculum, and safety planning to address risk factors emphasizing the importance of the socio-cultural context</p>
<b>Funding Source</b>	<p><b>Services:</b> One on one service within a family's natural environment. Safe Care is designed to prevent child maltreatment in high risk families by providing direct skill training to parents in parent child bonding and parenting skills including child behavior management, home safety training, healthy relationships, and teaching child health care skills adapted for our Latino communities.</p> <p><b>Target Population:</b> Families with children 0-18 years of age, with at least one child under the age of six years and who do not have more than two prior child abuse or neglect referrals or an open child welfare case. Client families have at least one of the following conditions: an active substance abuse disorder; a history of domestic violence; a mental health diagnosis; a physical or developmental disability resulting in impaired parenting; or a combination of any of the above mentioned conditions.</p>
<ul style="list-style-type: none"> <li>US Department of Health and Human Services through Maternal and Child Health of the US Human Resources and Services Administration</li> </ul>	
<b>County Served</b>	
<p><b>Oklahoma County</b>                      *specific to Latino Communities  <b>*Implementation Site:</b>                      Latino Community Development Agency</p>	
<b>Program Model</b>	
Safe Care+ (adapted and augmented SafeCare for Latino Communities)	
<b>Numbers Served</b>	
In 2015, 80 families were served.	
<b>Planned Evaluation</b>	
<p>Process Evaluation: Process evaluation data covers four domains: families' program participation, dose of skills training and knowledge dissemination, fidelity to program protocols and compatibility to program attributes. Child and Family Outcomes Evaluation: Using a hybrid design (regression discontinuity with a randomized clinical trial component), referred families are screened for risk and assigned to one of the two prevention service models, each designed for different risk populations: (1) high-risk families receive El Programa de Familias Seguras, (SafeCare+-SC) adapted for the Latino community, (2) low-risk families receive Nuestras Familias (Oklahoma Child Abuse Prevention Programs-OCAP), and moderate risk are randomized to either SC or OCAP.</p>	
<b>Preliminary Outcomes</b>	
<p><i>Process Evaluation Outcomes (SafeCare Specific):</i> SafeCare is successfully engaging high risk families with 76% of all scheduled visits completed.</p> <p><i>Child and Family Outcomes (SafeCare Specific):</i> Significant reductions in depression, child abuse potential, and rates of interpersonal violence have been found. Significant improvements in social support and access to family resources. Providers' reports indicate positive or improvements were observed in 5 investigated domains: home safety-91%, parenting-89%, interpersonal relationships-92%, stress management-86% and adequacy of child healthcare-90%.</p>	
<b>Contact Information</b>	Jane F. Silovsky, Project Director University of Oklahoma Health Sciences Center 940 NE 13th Street, OUCPB 3B3406, Oklahoma City, OK 73104 TEL: (405) 271-8858 FAX: (405) 271-2931 <a href="mailto:jane-silovsky@ouhsc.edu">jane-silovsky@ouhsc.edu</a>

# Logic Model of Evidence-Based Child Maltreatment Prevention for High Risk Families



# Oklahoma Child Abuse Prevention Network

## CHILD MALTREATMENT PREVENTION | HIGH RISK URBAN PILOT PROJECT (SafeCare+)

[www.oumedicine.com/highriskprevention](http://www.oumedicine.com/highriskprevention)

| OKLAHOMA COUNTY

← Secondary Prevention →

Agency	Description & Target Population
Oklahoma State Department of Human Services	<b>SAFECARE</b> – An ecobehavioral home visitation program model developed by John Lutzker, PhD, that addresses parent-child bonding, home safety and cleanliness and child health.
<b>Funding Source</b> <ul style="list-style-type: none"> <li>▪ Annual State appropriation of \$200,000</li> <li>▪ US Department of Health and Human Services through Maternal and Child Health of the US Human Resources and Services Administration</li> </ul>	<b>SAFECARE+</b> an enhanced version of SAFECARE which includes problem solving, motivational interviewing, managing child behavior, conflict resolution, healthy relationships curriculum, behavior activation to address depression and safety planning to address risk factors.  <b>Services:</b> One on one service within a family's natural environment. Safe Care is designed to prevent child maltreatment in families at high risk by providing direct skill training to parents in parent child bonding and parenting skills including child behavior management, home safety training, healthy relationships, reduce parental depression, and teaching child health care skills to prevent child maltreatment.
<b>County Served</b>	<b>Target Population:</b> Families with children 0-18 years of age, with at least one child under the age of six years and who do not have more than two prior child abuse or neglect referrals or an open child welfare case. Client families have at least one of the following conditions: an active substance abuse disorder; a history of domestic violence; a mental health diagnosis; a physical or developmental disability resulting in impaired parenting; or a combination of any of the above mentioned conditions.
<b>Oklahoma County</b> <b>*Implementation Site:</b> NorthCare	
<b>Program Model</b>	
SafeCare+ (Adapted and augmented Safe Care)	
<b>Numbers Served</b>	
In 2015, 66 families were served.	
<b>Planned Evaluation</b>	
<p><i>Process Evaluation:</i> Process evaluation data covers four domains: families' program participation, dose of skills training and knowledge dissemination, fidelity to program protocols and compatibility to program attributes.</p> <p><i>Child and Family Outcomes:</i> Using a (2x2) factorial randomized controlled trial design, we are evaluating the efficacy and effectiveness of Safe Care's program/service content (breadth vs. depth) and service delivery approach (consumer choice vs. risk based decision making), incorporating lessons learned from previous SafeCare RCT studies (2002-2010). Supplemental modules being evaluated include: Healthy Relationships for IPV prevention, Child Behavior Management, and Behavioral Activation for depression/ stress management.</p>	
<b>Preliminary Outcomes</b>	
<p><i>Process Evaluation Outcomes (SafeCare Specific):</i> To date, families with significant vulnerabilities have been successfully recruited (e.g., ave. annual income \$9213, 57% depressed, 68% intimate partner violence) and are regularly attending services. 76% of scheduled visits are completed.</p> <p><i>Child and Family Outcomes (SafeCare Specific):</i> Caregiver reported improvements in safety of home (reduced access to hazards – 98%), parent child interactions (95%), caring for a sick child (98%), communication with other adults (89%). Providers' reports indicate positive or improvements were observed in 5 investigated domains: home safety-84%, parenting-90%, interpersonal relationships-92%, stress management-79% and adequacy of child healthcare-96%.</p>	
<b>Contact Information</b>	Charlotte Kendrick, Program Administrator Oklahoma Department of Human Services, Children and Family Services Division P.O. Box 25352, Oklahoma City, OK 73125 (405) 521-3811

# Oklahoma Child Abuse Prevention Network

## COMPREHENSIVE HOME-BASED SERVICES | PARENT AID SERVICES | DHS

[www.okdhs.org](http://www.okdhs.org)

### Tertiary Prevention

Agency	Description & Target Population
Oklahoma State Department of Human Services	<p><b>Comprehensive Home-Based Services (CHBS)</b> offers specific services to help ensure and enhance, or ameliorate obstacles that impede, the safety, well being and social functioning of children and their families. CHBS incorporates existing community services and resources with needs-driven, family-focused treatment through a partnership of contract case management and child welfare staff. CHBS is the primary component of the Oklahoma Children's Services (OCS); a contracted community based service delivery system. The standard service period of CHBS is six months.</p>
<b>Funding Source</b>	<p>Funds for CHBS and PAS come from a mixture of State and Federal Funds with the percentages as follows.</p> <p>State: 50.05% of total funds Federal: TANF – 49.95%</p>
<b>Counties Served</b>	<p><b>Parent Aide Services (PAS)</b> are in-home, non-therapeutic services to encourage parenting skill development for families affected by or at risk for child abuse and neglect. PAS are designed to deal with very basic issues, such as: housekeeping, child development, budgeting, transportation and modeling appropriate parenting skills. PAS is a secondary component of the Oklahoma Children's Services (OCS); a contracted community based service delivery system. The standard service period is six months.</p>
Statewide	<p><b>Target Population:</b> Families with children 0-17 years of age who are at risk of being removed due to child abuse and neglect and/or exposure to parental drug/alcohol abuse. Approximately 41% of the families served were court ordered with the remaining families being voluntary (56%). Families served have reported histories of alcohol and drug problems, medical conditions, and mental health issues. The single point of entry for this service is from an active Child Welfare case wherein children have been determined unsafe.</p> <p><b>Target Population:</b> Typical parent aide clients are families at risk for child/abuse/neglect due to lack of knowledge and experience in parenting and housekeeping skills. They are often young and unfamiliar with how to access available resources. Most have had a recent referral of abuse or neglect, but considered serious enough to warrant court intervention.</p>
<b>Program Model</b>	
Traditional CHBS service model and SafeCare evidence-based parenting curriculum continued during SFY 2015. Parent Aide Services continues to provide home visitation services as described above.	
<b>Numbers Served</b>	
<p>CHBS: 2707 families were served by CHBS during SFY 2015. PAS: 537 families were served by PAS during SFY 2015.</p>	

## Evaluation

Since 1998, Oklahoma University's Center on Child Abuse and Neglect (CCAN) has performed annual independent evaluations of CHBS that allow for longitudinal research of the client population and outcomes. The researchers have utilized federal grant monies to develop and pilot new interventions with CHBS that have been incorporated into the SafeCare curriculum. In SFY 2013, the independent evaluation team trained all of the CHBS providers in a discipline component, Managing Child Behavior, (MCB). MCB provides a needed component that is missing in the SafeCare parenting curriculum, a means to provide incentives for good behavior and penalties for bad. The new module also provides support to foster and adoptive parents as recommended in the Oklahoma Pinnacle Plan as a way to help stabilize placements at risk of disruption or dissolution due to acting out behaviors of children. CCAN continues to evaluate the effectiveness of this new module in stabilizing foster and adoptive placements as well as preventing removal of children or reentry into care for children living with biological families. In SFY 2015 the independent evaluation team trained all of the CHBS providers in the Healthy Relationships curriculum. This is an evidence-informed curriculum that addresses reduction of interpersonal violence and improves the ability to resolve conflict with nonviolent means and form healthy relationships. Targeted relationships are not just partner relationships, but also relationships with family members, neighbors, bosses and fellow employees, and social service agents.

## Outcomes

Below is a summary of the recidivism data from FY 2013. Because of the nature of the analysis to look at recidivism and the need for time to pass for success to be measured, the Independent Evaluation Team looks at families served over a five year period.

- Child welfare reports were examined for families served by CHBS from FY 2011 through FY 2015. At 1,500 days from the date of first service, approximately 46% of the families had a future report of maltreatment. This is down from 60% recidivism for cases served during FY 2003-2009.
- By far, most subsequent referrals are for neglect. Compared to prior years, there was a slight increase in families served during this time frame having no future reports of neglect (up 5%) or abuse (up 2%). This is a promising trend.
- There were considerably less families being served by CHBS with children in placement compared to past years.

## Contact Information

Jennifer Brown, MSW, Program Supervisor for Oklahoma Children's Services  
Oklahoma Department of Human Services, Child Welfare Services  
P.O. Box 25352, Oklahoma City, OK 73125  
(405) 522-0333

# Oklahoma Child Abuse Prevention Network

**SOONERSTART PROGRAM | OKLAHOMA STATE DEPARTMENT OF EDUCATION** (lead agency)

[www.ok.gov/sde/](http://www.ok.gov/sde/)

Tertiary Prevention

Agency	Description & Target Population
<p><i>Interagency program provided by the Oklahoma State Department of Education [Lead Agency] and the Oklahoma State Department of Health</i> Administered out of 26 sites based in county health departments with the exception of Grady, Oklahoma, and Tulsa County.</p>	<p>SoonerStart is Oklahoma's early intervention program. The program provides services to infants and toddlers (birth to 36 months) with developmental delays/disabilities and their families under PL 99-457 Part C of the Individuals with Disabilities Education Act (IDEA) as amended by PL 108-446, Part C of the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, and the Oklahoma Early Intervention Act of 1989. SoonerStart is a collaborative interagency effort of the Oklahoma Departments of Education, Health, Human Services, Mental Health and Substance Abuse Services, the Oklahoma Health Care Authority and the Oklahoma Commission on Children and Youth.</p>
<p><b>Funding Source</b></p>	<p><b>Target Population:</b> Infants and toddlers, age birth to 36 months, who are developmentally delayed. Developmentally delayed means children of the chronological age group (birth through two) who exhibit a delay in their developmental age compared to their chronological age of fifty-percent or score two standard deviations below the mean in one of the following domains/sub-domains: cognitive, motor, communication, social/emotional, or adaptive development; or exhibit a delay in their developmental age compared to their chronological age of twenty-five percent or score 1.5 standard deviations below the mean in two or more of the above reported domains/sub-domains; or has a diagnoses that has a high probability of resulting in delays.</p>
<p>State Appropriations and Federal Funds (\$22,706,355.99 in SFY 2016)</p>	
<p><b>Counties Served</b></p>	
<p>SoonerStart services are available statewide across all 77 Oklahoma counties.</p>	<p><b>Services</b></p>
<p><b>Depending on individual needs, SoonerStart offers one or a combination of the following services:</b></p> <ul style="list-style-type: none"> <li>• Assistive technology services</li> <li>• Audiology- hearing</li> <li>• Child development</li> <li>• Early Identification with screening, evaluation and assessment services</li> <li>• Family training, counseling and home visits</li> <li>• Service coordination</li> <li>• Nutrition services</li> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Special instruction</li> <li>• Psychological services</li> <li>• Speech-language pathology</li> <li>• Social work services</li> <li>• Vision services</li> <li>• Nursing services</li> </ul>	
<p><b>Program Model</b></p>	
<p>Services are provided in the family's home or other natural environments through an Individualized Family Service Plan (IFSP) based on the child's delay, family priorities, resources and concerns.</p>	
<p><b>Numbers Served</b></p>	
<p>In State Fiscal Year 2016, SoonerStart was budgeted to provide screening, evaluation, and services to 12,899 infants and toddlers.</p>	



## Locations/Regions

SoonerStart Region 1:	Garfield County Health Department, Enid Payne County Health Department, Stillwater Texas County Health Department, Guymon Woodward County Health Department, Woodward
SoonerStart Region 2:	Canadian County Health Department, El Reno Custer County Health Department, Clinton Logan County Health Department, Guthrie
SoonerStart Region 3:	Oklahoma County SoonerStart, Oklahoma City
SoonerStart Region 4:	Carter County Health Department, Ardmore Comanche County Health Department, Lawton Grady County Health Department, Chickasha Jackson County Health Department, Altus
SoonerStart Region 5:	Cleveland County Health Department, Norman Pontotoc County Health Department, Ada Pottawatomie County Health Department, Shawnee
SoonerStart Region 6:	Creek County Health Department, Sapulpa Tulsa County SoonerStart, Tulsa
SoonerStart Region 7:	Cherokee County Health Department, Tahlequah Craig County Health Department, Vinita Muskogee County Health Department, Muskogee Okmulgee County Health Department, Okmulgee Rogers County Health Department, Claremore Washington County Health Department, Bartlesville
SoonerStart Region 8:	Bryan County Health Department, Durant LeFlore County Health Department, Poteau McCurtain County Health Department, Idabel Pittsburg County Health Department, McAlester

# Oklahoma Child Abuse Prevention Network

## CHILD GUIDANCE PROGRAM | OKLAHOMA STATE DEPARTMENT OF HEALTH PARENT CHILD INTERACTION THERAPY (PCIT)

<http://cgp.health.ok.gov>

Tertiary Prevention

Agency	Description & Target Population
<p><b>Oklahoma State Department of Health</b> Administered at the County and City-County Health Department levels</p>	<p>Child Guidance provides Parent-Child Interaction Therapy (PCIT) for children ages 3 to 12 with disruptive behavior disorders and their parents. Therapy is provided until the parent achieves self confidence in their parenting. Parents receive parenting assessment and instruction, and then receive coaching, in which parents are provided instruction through a “bug-in-the-ear” receiver while playing with the child in a playroom.</p>
<p><b>Funding Source</b></p>	
<p><b>Child Guidance Funding for CY 2015</b> State Appropriations (\$2 million); *Federal Funds (\$608,625) and Local Millage (\$2.6 million) <i>Funding for PCIT programs is included in the Child Guidance overall appropriation.</i> *Amount includes CBCAP Funding (\$80,000)</p>	
<p><b>Program Models ~ Specialized Programs within Child Guidance</b></p>	
<p><b>Parent-Child Interaction Therapy (PCIT):</b> PCIT is an empirically-supported treatment for conduct-disordered young children with an emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child’s prosocial behavior and decreasing negative behavior. This treatment focuses on two basic interactions: Child Directed Interaction (CDI) is similar to play therapy in that parents engage their child in a play situation with the goal of strengthening the parent-child relationship; Parent Directed Interaction (PDI) resembles clinical behavior therapy in that parents learn to use specific behavior management techniques as they play with their child.</p>	
<p><b>Numbers Served</b></p>	
<p>For CY 2015, 778 total individual encounters for Parent Child Interaction Therapy program were conducted.</p>	
<p><b>Outcomes</b></p>	
<p>Not available by the reporting deadline.</p>	
<p><b>Contact Information</b></p>	<p>Beth Martin, Chief Child Guidance Service Oklahoma State Department of Health 1000 NE 10<sup>th</sup> Street Oklahoma City, OK 73117-1299 (405) 271-4477 <a href="mailto:ChildGuidance@health.ok.gov">ChildGuidance@health.ok.gov</a></p>
<p><b>Child Guidance Services Map → see map on Child Guidance Main Page</b></p>	

# Oklahoma Child Abuse Prevention Network

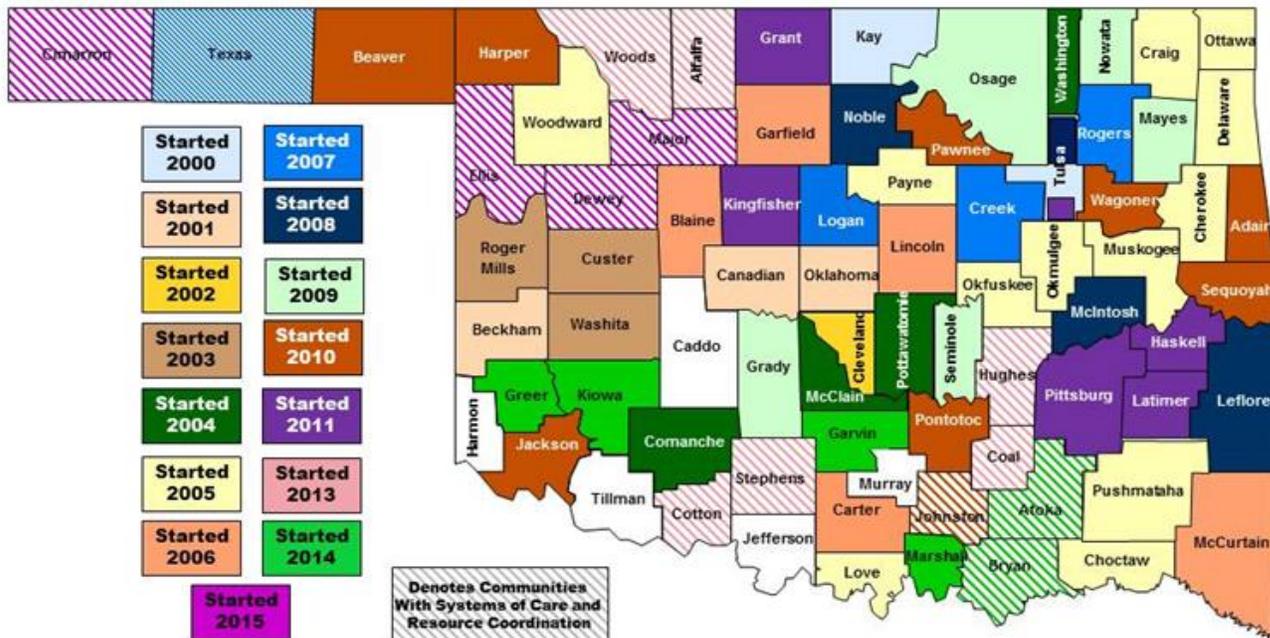
## SYSTEMS OF CARE

[www.ok.gov/odmhsas/Consumer\\_Services/Children,\\_Youth\\_and\\_Family\\_Services/Systems\\_of\\_Care/](http://www.ok.gov/odmhsas/Consumer_Services/Children,_Youth_and_Family_Services/Systems_of_Care/)

*Tertiary Prevention*

Agency	Description & Target Population
Oklahoma State Department of Mental Health and Substance Abuse Services	<b>Eligibility:</b> Kids 0-21 and their families, with a serious emotional disturbance and involved in two or more child serving systems and at risk for out of home placement.
<b>Funding Source</b>	<b>Systems of Care</b>
SAMHSA Systems of Care federal funding – SOC WAFA (4 years for FY13-16) – and State funds.	<ul style="list-style-type: none"> <li>• How communities come together to provide a system of behavioral health services and supports for children, youth and families</li> <li>• Families as partners and therapeutic allies</li> <li>• Multi-disciplinary teams and blended resources</li> <li>• Individualized “Wraparound” approach</li> <li>• Strengths-based assessments</li> <li>• Community-based ownership</li> <li>• Coordination with informal and natural supports</li> <li>• Comprehensive service array</li> </ul>
<b>Counties Served</b>	<b>Wraparound</b>
72 counties (see map below)	<p>“Wraparound” is a process which helps a family develop and carry-out their own individualized treatment plan. The treatment plan focuses on meeting the needs of the child, youth and the family. Wraparound improves the lives of families by building on their strengths and encouraging them to make helpful, caring connections in their communities. Wraparound is different because it gives the family a choice about the services they receive and a voice in the manner in which they receive them. A trained and credentialed Wraparound facilitator works with the family to identify natural supports and service providers to form a family team. The team then works together to achieve the goals chosen by the family. A Family Support Specialist is provided for every family and helps monitor “family voice and choice” on the family team.</p>
<b>Program Model</b>	
Wraparound	
<b>Numbers Served</b>	
Approximately 2,000 families are served annually.	
<b>Evaluation</b>	
Conducted by the University of Oklahoma, John Vetter.	
<b>Outcomes</b>	
<p>Systems of Care is targeted to impact children with serious emotional and behavioral problems at home, school and in the community. Significant achievements in a child’s behavior when measuring outcomes have been reported. After just six months of SOC Wraparound Services, data confirms outstanding results:</p> <ul style="list-style-type: none"> <li>• Out of Home Placements – Approximate 48% reduction.</li> <li>• Arrests – Approximate 66% reduction.</li> </ul>	
<b>Contact Information</b>	Jeffrey Dismukes 405-522-3907 jdismukes@odmhsas.org

# Systems of Care Map



# Oklahoma Child Abuse Prevention Network

## MENTAL HEALTH SERVICES

[www.odmhsas.org](http://www.odmhsas.org)

### Tertiary Prevention

Agency	Description & Target Population
Oklahoma Department of Mental Health and Substance Abuse Services	<p>ODMHSAS mental health services encompass a broad range of needs. The department operates a psychiatric hospital for adults, a facility with specific services for children and adolescents, along with a specialty center devoted to forensic services. In addition, ODMHSAS provides a variety of community mental health services through a statewide network of Community Mental Health Centers (CMHCs). Residential care services, housing and access to benefits are just some of the other related support services available. For individuals in crisis, the department provides emergency assessment, mobile crisis, community-based crisis stabilization and inpatient hospitalization. Specialized programs in partnership with law enforcement (CIT) and the criminal justice system (Mental Health Court) have been highly successful, as have other targeted programs related to children and family services (SOC) and community response (Project Heartland). ODMHSAS also provides funding for social and recreational services for individuals with mental illness who live in residential care facilities, as well as support for certain other community-based services such as assistance for mentally ill individuals who are homeless.</p> <p>State-funded services are available for adult Oklahomans in need of mental health and substance abuse treatment who are 200% of poverty or below and have no other means of pay. However, because of limited resources, there are illness severity criteria that must be met for adults to receive services. Eligibility requirements for children include those with no other means of payment. Individuals are free to seek services in any locale they prefer, regardless of service area of residence.</p>
<b>Funding Source</b>	
<p>ODMHSAS receives funding from a variety of sources. State SFY 2015 appropriations totaled approximately \$339 million, which included matching funds for Oklahoma's behavioral health Medicaid program. A majority of the department's budget is from state appropriations with additional funding from federal and other sources.</p>	
<b>Services</b>	
<p>While the majority of services delivered by ODMHSAS are center based, there are some home based services provided. Services are provided at state-operated and/or contracted service facilities. However, specialized community-based services for targeted at-risk populations are utilized (such as with PACT, children/family centered wrap around services, targeted outreach, etc.) and have become an integral part of the department's service delivery network.</p>	
<b>Program Model</b>	
<p>ODMHSAS is dedicated to funding best practice models such as Programs of Assertive Community Treatment (PACT), Illness Management and Recovery, Systems of Care for children and support other nationally recognized supportive programs such as case management, jail diversion programs, psychiatric rehabilitation services and services provided by persons in recovery.</p>	
<b>Numbers Served</b>	
<p>In State Fiscal Year 2015, approximately 192,000 individuals received behavioral health services from ODMHSAS-funded provider agencies and as part of Oklahoma's behavioral health Medicaid program (State Fiscal Year 2015: July 1, 2014 - June 30, 2015).</p>	
<b>Evaluation</b>	
<p>ODMHSAS maintains a comprehensive evaluation system of all processes and programs, involving a variety of data collection methods and statistical reports. Access to this information is available through the ODMHSAS website, <a href="http://www.odmhsas.org">www.odmhsas.org</a>, or by calling the department's decision support services division, (405) 522-3908.</p>	

## Outcomes

ODMHSAS monitors program effectiveness based on a variety of outcome measures. Specifically, the department collects information related to changes in at-risk behavior, wellness status and recovery progression of individuals who have received treatment services. Comparisons are made between pre-admission and post-admission history. Significant outcomes related to ODMHSAS mental health treatment services include:

1. Percent of customers receiving a medication visit within 14 days of admission: 58.3%
2. Percent of customers receiving a follow up service within 7 days after an inpatient discharge: 79.9%
3. Percent of customers who receive four services within 45 days of admission: 72.9%

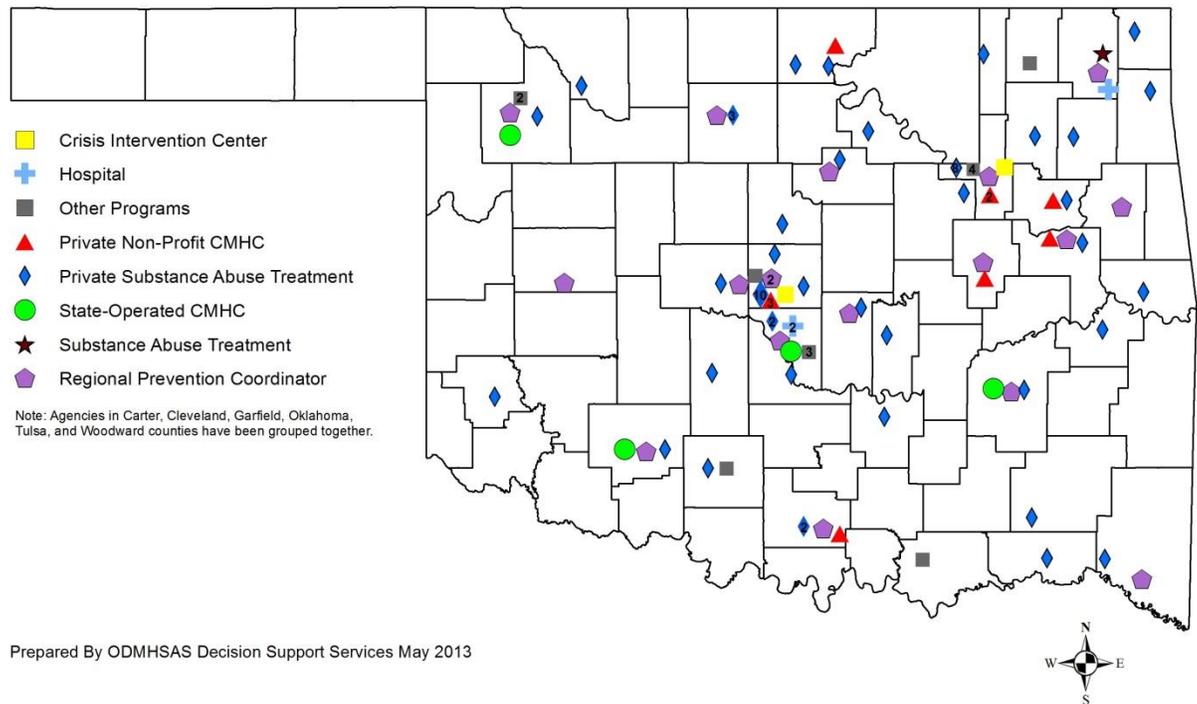
## Contact Information

Jeffrey Dismukes, Director  
ODMHSAS Public Information  
(405) 522-3907  
[jdismukes@odmhsas.org](mailto:jdismukes@odmhsas.org)

## Mental Health Services Site Map

Oklahoma Department of Mental Health  
and Substance Abuse Services

### Statewide Treatment Delivery System



Prepared By ODMHSAS Decision Support Services May 2013

# Oklahoma Child Abuse Prevention Network

## SUBSTANCE ABUSE SERVICES (TREATMENT)

[www.odmhsas.org](http://www.odmhsas.org)

*Tertiary Prevention*

Agency	Description & Target Population
Oklahoma Department of Mental Health and Substance Abuse Services	ODMHSAS operates or contracts with substance abuse treatment centers across Oklahoma, many with satellite offices, to provide services for individuals in need. Facilities are located statewide, and offer a variety of services including: assessment and referral, detoxification, outpatient counseling, residential treatment, substance abuse education, transitional living, and aftercare services. Some programs are designed to meet the needs of specific populations, such as criminal justice, women with children, adolescents, Hispanics and Native Americans.
<b>Funding Source</b>	
ODMHSAS receives funding from a variety of sources. State SFY 2015 appropriations totaled approximately \$339 million, which included matching funds for Oklahoma's behavioral health Medicaid program. A majority of the department's budget is from state appropriations with additional funding from federal and 17% sources.	
<b>Services</b>	
While the majority of services delivered by ODMHSAS are center based, there are some home based services provided. Services are provided at state-operated and/or contracted service facilities, however, specialized community-based services for targeted at-risk populations are utilized (such as with PACT, children/family centered wrap around services, targeted outreach, etc.) and have become an integral part of the department's service delivery network .	State-funded services are available for adult Oklahomans in need of mental health and substance abuse treatment who are 200% of poverty or below and have no other means of pay. However, because of limited resources, there are illness severity criteria that must be met for adults to receive services. Eligibility requirements for children include those with no other means of payment. Individuals are free to seek services in any locale they prefer, regardless of service area of residence.
<b>Program Model</b>	
ODMHSAS provides a comprehensive, therapeutic approach to the delivery of substance abuse services targeting individual need and focused on the use of evidence based practices to offer an appropriate continuum of care. Individuals are actively engaged in all processes, with attention also given to behavior modification and development of healthy life skills.	
<b>Numbers Served</b>	
In State Fiscal Year 2015, approximately 192,000 individuals received behavioral health services from ODMHSAS-funded provider agencies and as part of Oklahoma's behavioral health Medicaid program (State Fiscal Year 2015: July 1, 2014 - June 30, 2015).	
<b>Evaluation</b>	
ODMHSAS maintains a comprehensive evaluation system of all processes and programs, involving a variety of data collection methods and statistical reports. Access to this information is available through the ODMHSAS website, <a href="http://www.odmhsas.org">www.odmhsas.org</a> , or by calling the department's decision support services division, (405) 522-3908.	
<b>Outcomes</b>	
ODMHSAS monitors program effectiveness based on a variety of outcome measures. Specifically, the department collects information related to changes in at-risk behavior, wellness status and recovery progression of individuals who have received treatment services. Comparisons are made between pre-admission and post-admission history. Significant outcomes related to ODMHSAS substance abuse treatment services include: <ol style="list-style-type: none"> <li>1. Percent of customers reporting a reduction in substance use: 56.5%</li> <li>2. Percent of customers reporting a reduction in number of arrests: 64.5%</li> <li>3. Percent of customers NOT readmitting to Detox within 30 days: 95.9%</li> </ol>	

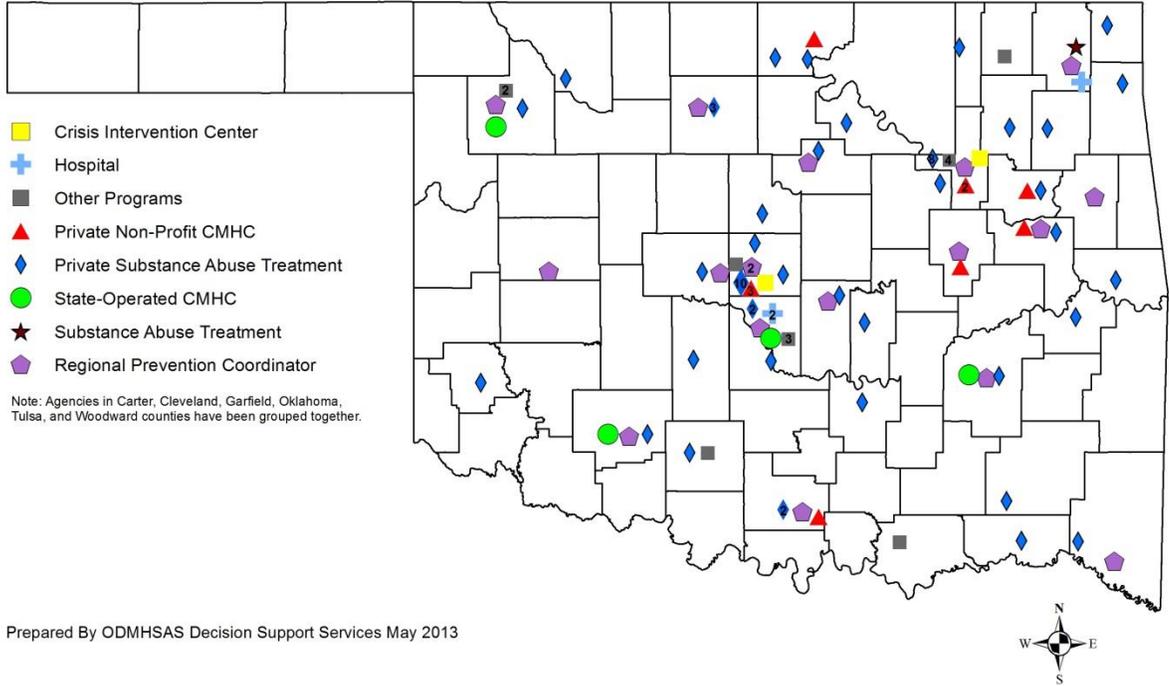
**Contact  
Information**

Jeffrey Dismukes, Director  
(405) 522-3907  
[jdismukes@odmhsas.org](mailto:jdismukes@odmhsas.org)

**Mental Health Services Site Map**

Oklahoma Department of Mental Health  
and Substance Abuse Services

## Statewide Treatment Delivery System



# Oklahoma Child Abuse Prevention Network



## OKLAHOMA OFFICE OF ATTORNEY GENERAL

DOMESTIC VIOLENCE/SEXUAL ASSAULT/ADULT VICTIMS OF SEX TRAFFICKING AND BATTERERS  
INTERVENTION PROGRAMS [www.oag.ok.gov](http://www.oag.ok.gov)

*Tertiary Prevention*

Agency	Description & Target Population		
<b>OFFICE OF ATTORNEY GENERAL</b>	<p>The Office of Attorney General contracts with twenty eight community-based programs, to provide services for victims of domestic violence, sexual assault and stalking. At a minimum, they provide crisis intervention, safety planning and temporary shelter in a safe environment. Shelter stay traditionally is 30 days, although extensions are granted. Additionally these programs help battered women and their children navigate the court system, obtain protective orders, find legal counsel, seek jobs, childcare, new living arrangements, and locate additional community resources.</p> <p><i>Target Population:</i> Victims of domestic violence, sexual assault and stalking and adult victims of sex trafficking.</p> <p><i>Victims of domestic violence receive services at a certified DVSA programs, shelters, court houses, emergency rooms, and police departments.</i></p>		
<b>Funding Source</b>			
Funding for the domestic violence/sexual assault programs comes from state appropriations, court fees and federal funding through the Family Violence Prevention Services Act (FVPSA)			
<b>Counties Served</b>			
77 counties			
<b>Program Model</b>			
<p>The intervention strategies for the DVSA agencies working with adult domestic violence/sexual assault /stalking victims is to provide <b>SAFETY from physical, emotional, financial, and psychological harm</b> with the ultimate goal of eliminating violence from their lives and their children. These strategies are based on an empowerment model, actively supporting each victim's right to self-determination. Additionally DVSA agencies recognize and promote partnerships with community resources such as law enforcement and the courts in order to reduce violence within our society, promote victim safety, and reinforce abuser accountability and to advance the principal of zero tolerance for domestic violence, sexual assault, adult of human sex trafficking and stalking in our communities.</p>			
<b>Numbers Served</b>			
<p>In federal fiscal year 2015 as self-reported by the domestic violence programs, provided assistance to 12,834 victims of domestic violence sexual assault. There are currently 28 programs certified by the Office of Attorney General offering services to domestic violence victims and their children. And currently there are 52 certified batterer intervention programs in the state.</p> <p><i>Please note: These numbers do not reflect the domestic violence/sexual assault victims served by the Native American Tribes.</i></p>			
<b>Evaluation</b>			
<p>Surveys are collected in four program areas: shelter, support services, advocacy and counseling. Therefore a client may be asked to fill out multiple surveys. The results of the surveys for reporting period October 1, 2014 to September 30, 2015 are:</p>			
Survey Type	Number of Survey's Completed	Number of Yes Responses to Resource Outcome	Number of Yes Responses to Safety Outcome
Shelter Survey	3,946	3,895	3,819
Support Services and Advocacy Survey	1,779	1,763	1,778
Counseling Survey	1,090	1,075	1,077
Support Group Survey	1,191	1099	1,114
<b>TOTAL</b>	<b>8,006</b>	<b>7,832</b>	<b>7,788</b>



## Batterers Intervention Programs

Ada	Family Crisis Center, Inc.
Altus	Southwest OK Community Action Group, Inc.
Anadarko	Southwest Youth and Family Services
Ardmore	Southeastern Oklahoma Family Services
Atoka	Southeastern Oklahoma Family Services
Chickasha	Southwest Youth and Family Services
Claremore	Safenet Services, Inc.
Clinton	Action Associates, Inc.
Duncan	Chandler and Associates
Durant	Southeastern Oklahoma Family Services
Durant	SequelCare of Oklahoma
El Reno	Second Chance & Reentry Services
Elk City	Action Associates, Inc.
Enid	Growing Hope, Inc.
Guthrie	Family Builders
Grove	Community Crisis Center
Idabel	SOS
Lawton	Chandler & Associates
Madill	Southeastern Oklahoma
McAlester	Southeastern Oklahoma Family Services
McAlester	Massey Counseling & Consulting, LLC
Miami	Community Crisis Center
Midwest City	Wholistic Life
Norman	Community Works
Norman	A Better Choice Counseling
Okemah	Chandler & Associates
Oklahoma City	A Better Choice Counseling
Oklahoma City	Catalyst Behavioral Services
Oklahoma City	Chandler & Associates
Oklahoma City	Concepts in Counseling
Oklahoma City	Court Assistance Programs
Oklahoma City	COPE, Inc.
Oklahoma City	Family Builders
Oklahoma City	Principals of Resilience Youth Development
Okmulgee	Chandler & Associates
Paul's Valley	Chandler & Associates
Purcell	Chandler & Associates
Poteau	TLCW Counseling Inc.
Poteau	SequelCare of Oklahoma
Sapulpa	Human Skills & Resources
Sapulpa	Domestic Violence Intervention Services, Inc.
Stillwater	Wings of Hope
Seminole	Family Resource Center
Shawnee	Chandler & Associates
Sulphur	Southeastern Oklahoma Family Services
Tishomingo	Southeastern Oklahoma Family Services
Tulsa	Chandler & Associates
Tulsa	Domestic Violence Intervention Services, Inc.
Tulsa	Transformations, LLC
Tulsa	Human Skills & Resources
Westville	Fundamentals Counseling Services
Woodward	Northwest Domestic Crisis Services

# Oklahoma Child Abuse Prevention Network

## OKLAHOMA DRUG COURTS

[www.odmhsas.org](http://www.odmhsas.org)

### Tertiary Prevention

Agency	Description & Target Population
Oklahoma State Department of Mental Health and Substance Abuse Services	The Oklahoma Department of Mental Health and Substance Abuse Services leads the development of drug courts statewide. Drug court pairs the court system with substance abuse treatment for non-violent offenders with addictions. The judicially monitored treatment program serves as an alternative to prison. A team of representatives from the judicial, criminal justice, law enforcement, and treatment fields meet weekly to screen potential drug court defendants and to review participants' progress. It costs approximately \$19,000 to incarcerate one person for a year as opposed to an average of \$5,000 per person per year for drug court. The average incarceration time is seven years if the drug court participant fails the program.
<b>Funding Source</b>	
Funding for ODMHSAS drug court services is from state and federal appropriations. ODMHSAS received specific state appropriations in the late 1990's and mid-2000's and routinely seeks federal appropriations.	
<b>Services</b>	
Drug Courts provide services which are both center-based and home-based to the program participants. Treatment services are provided primarily in the facility of the Drug Court treatment provider and include individual and group substance abuse and mental health treatment. Supervision services monitor participants' compliance with court orders and are provided at any location including, but not limited to, participants' homes, employment, school, as well as supervision offices.	
<b>Program Model</b>	
The Oklahoma State Legislature has set forth guidelines for the structure of the Adult Drug Court programs. Drug Court teams consist of a judge, district attorney, defense attorney, treatment representative, and coordinator, with additional staff being optional. Eligible offenders are adults who have a felony charge pending in district court and do not have a history of a felony conviction for a violent offense. The Drug Court program is a five (5) phased approach including treatment/supervision focused portions and supervision-only focused portions of the program. The treatment period is designed to be completed within twelve months, but has the capacity to extend to twenty-four months. The supervision only portion of the program, also known as aftercare, extends for the twelve months preceding treatment. Program participation does not exceed thirty-six months. At completion of the program, the criminal case is disposed based on the written plea agreement.	
<b>Numbers Served</b>	
The 58 Drug Courts that are operational across 73 counties (some courts serve multiple counties) served over 6,000 participants in fiscal year 2016. The program includes Adult, Juvenile, and Family Drug Courts across the state.	
<b>Evaluation</b>	
ODMHSAS maintains a comprehensive evaluation system of all processes and programs, involving a variety of data collection methods and statistical reports. Access to this information is available through the ODMHSAS website (listed above) or by calling the department's decision support services division at (405) 522-3908.	
<b>Outcomes</b>	
<ol style="list-style-type: none"> <li>1. Data during FFY2014 indicates that unemployment decreased by 94.8% between admission and graduation.</li> <li>2. Data during FFY2014 shows a 28.7% decrease among participants without a high school education between admission and graduation.</li> <li>3. Data during FFY2014 demonstrates that children living with their parents increased by 69.6% between admission and graduation.</li> <li>4. Data indicates that \$34.9 million in total wages were earned and \$2.0 million in tax revenue was generated 3 years after drug court admission (based on 1,058 drug court graduates from 2009 (currently about 1,300 participants graduate per year).</li> </ol>	

### Oklahoma Drug Courts SFY 2015

