



Oklahoma's Road to Community-Based Child Abuse Prevention

Appendix A: Oklahoma Child Abuse Prevention Network



Combined Report
FFY 2012 CBCAP Annual Report
FFY 2013 CBCAP Grant Application
June 3, 2013

Appendix A



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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

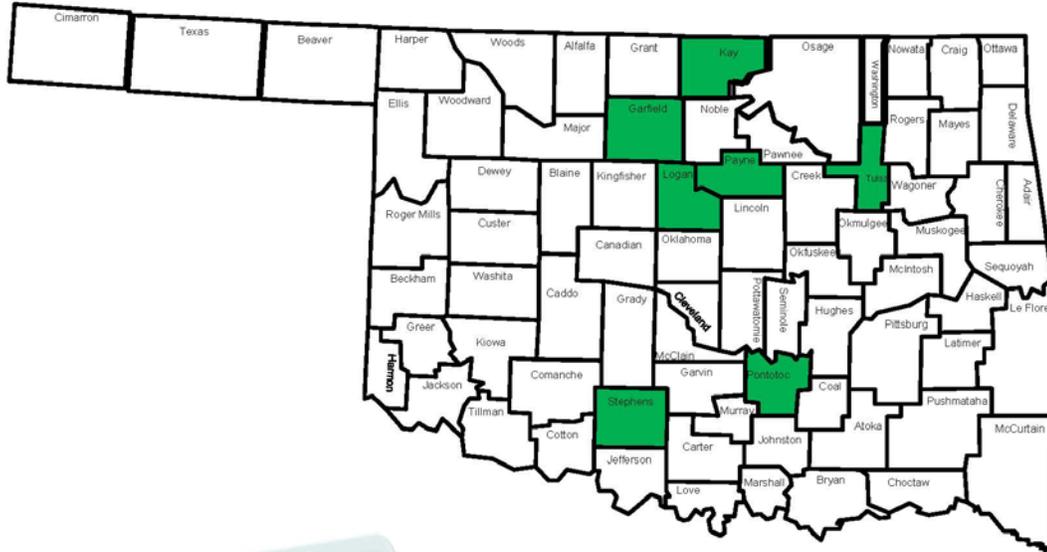
STRENGTHENING FAMILIES

www.strengtheningfamiliesprogram.org

Infrastructure

Agency	Description & Target Population
Oklahoma State Department of Health & Smart Start Oklahoma	<u>Eligibility: Who is served?</u> Children and families in early care and education settings involved in the Strengthening Families Sites.
Funding Source	<u>Duration of Participation</u> Children and families are served while participating in early care and education settings or through various community events.
Public and Private Funding	<u>Description of Services</u> Research shows that the protective factors of parent resiliency, social connections, knowledge of parenting and child development, concrete support in times of need and child social and emotional development reduce the incidence of child abuse and neglect by providing parents with what they need to parent effectively, even under stress. By building relationships with families, programs can recognize signs of stress and build families' Protective Factors with timely, effective help. Programs and communities implement activities that build the Protective Factors into programs and systems that already exist such as early childhood education and child welfare, at little cost.
Counties Served	Garfield, Logan, Kay, Pontotoc, Payne, Stephens and Tulsa
Program Model	
Strengthening Families - this initiative works with child care, child welfare, and early childhood programs to infuse evidence-based Protective Factors around young children and to build supportive relationships between professionals and parents as a way to strengthen parent-child interactions and reduce the potential for harmful parenting behaviors.	
Numbers Served	
Over 50 early care and education centers received training related to the Strengthening Families Protective Factors, four centers received their Infant Mental Health endorsement. Over 100 parents participated in ongoing Parent Café's. All Strengthening Families sites provided parenting classes in the community.	
Evaluation	
A comprehensive evaluation of the program was conducted in the previous year; evaluation of individual projects was conducted on a project-by-project basis.	
Outcomes	
<ol style="list-style-type: none"> 1. Prevention of child abuse and neglect through increased knowledge and understanding of child development and parenting strategies. 2. All child and family serving agencies will build in the protective factors throughout their programs. 3. Strong partnerships between early childhood programs, child care and child welfare to prevent abuse and neglect and strengthen families. 	
Contact Information	Sherie Trice 1000 NE 10th Street Oklahoma City, OK 73117 (405) 271-7611 sheriet@health.ok.gov

Strengthening Families SFY 2012



Oklahoma Child Abuse Prevention Network

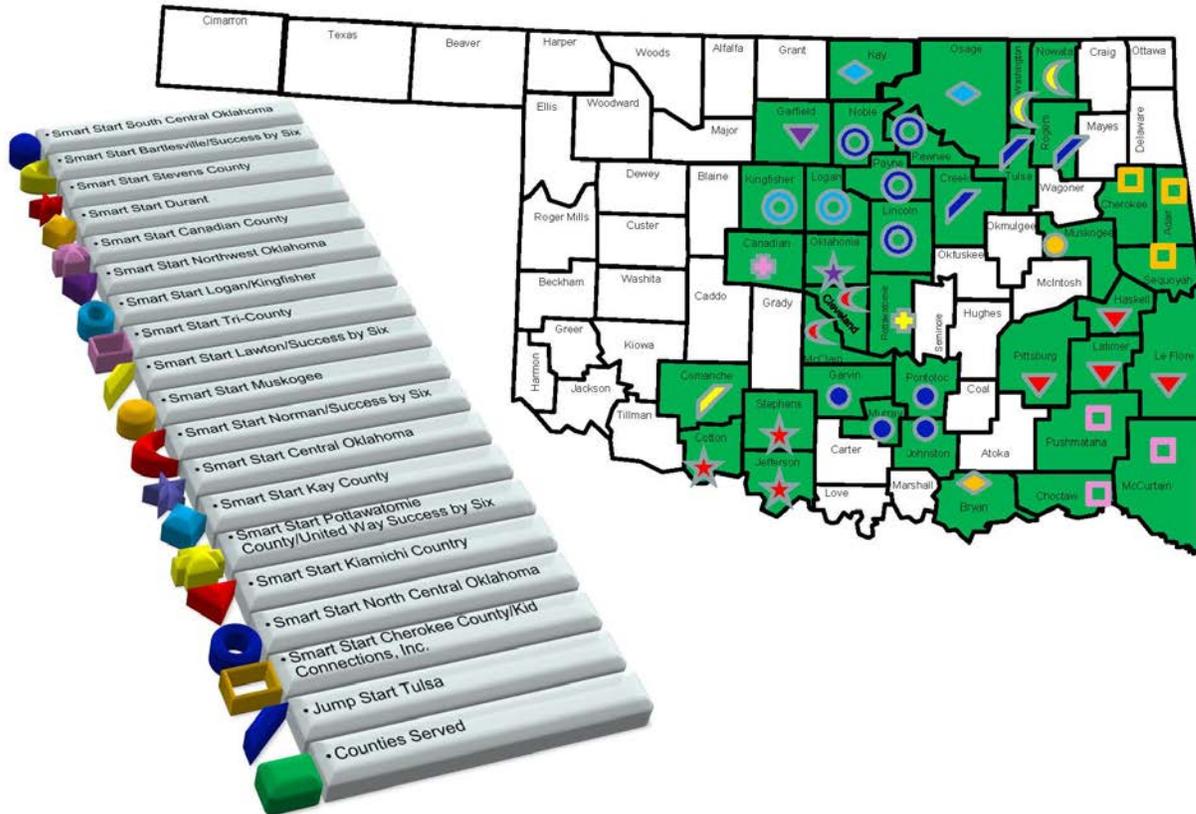
SMART START OKLAHOMA

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 18 communities throughout the state who assist in this work on a local level.</p>
Funding Source	
State, Federal and Private Funds	
Counties Served	
50	
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 in planning, data gathering, making policy recommendations and community mobilization. The 18-member community-based network serves 39 counties across the state, potentially reaching over 80% 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 form at the state level and included in the Annual Report, which is submitted to the Legislature and Governor each year.	
Outcomes	
<ol style="list-style-type: none"> 100% of SSO communities will have a current needs assessment in place with strategic plans to facilitate school readiness for children 0-6. 100% of SSO communities will sponsor and support community initiatives to support quality child care, family engagement, and health and mental health networks. 100% of SSO communities will support the State Early Childhood Advisory Council annually by soliciting and submitting local recommendations. 	
Contact Information	<p>Debra D. Andersen, Executive Director 421 N.W. 13th Street, Suite 270 Oklahoma City, OK 73103 (405) 278-6978 Debra.Andersen@Smartstartok.org</p>

Oklahoma Smart Start Communities SFY 2012



Oklahoma Child Abuse Prevention Network

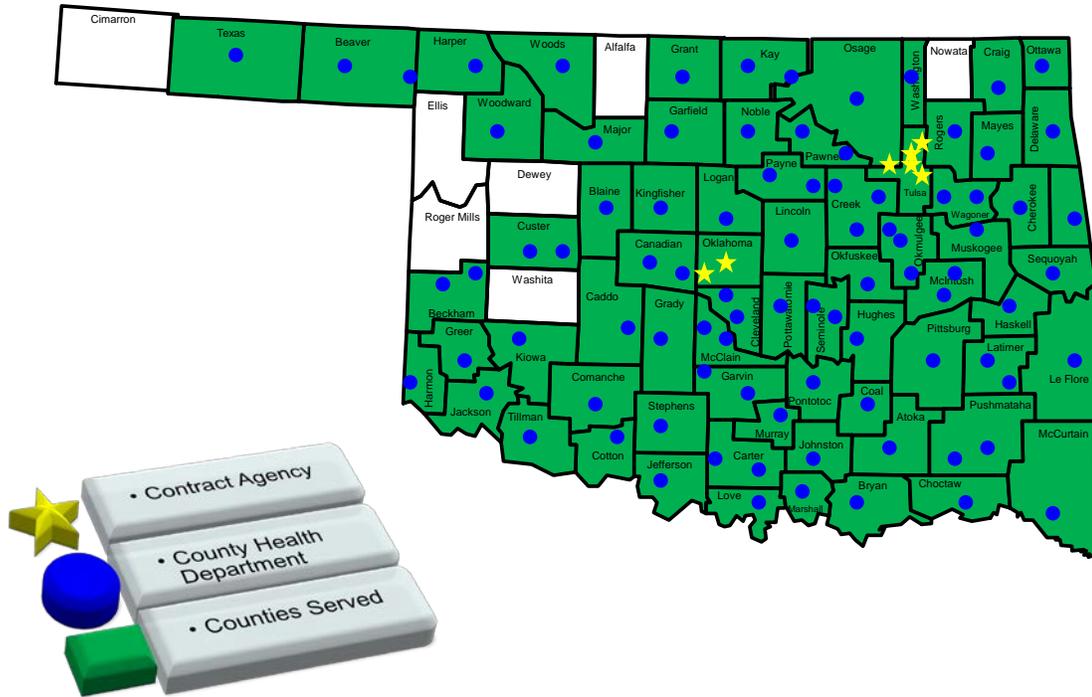
FAMILY PLANNING | OKLAHOMA STATE DEPARTMENT OF HEALTH

www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/Perinatal_and_Reproductive_Health/

Infrastructure

Agency	Description & Target Population
Oklahoma State Department of Health 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 couples 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.
Funding Source Federal Title X Grant Funds, Medicaid Funds, and State Funds	
Counties Served <i>70 counties</i> All counties except Cimarron, Ellis, Roger Mills, Washita, Dewey, Alfalfa and Nowata	
Program Model Title X Family Planning. Family Planning clinical services are provided through 94 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.	
Numbers Served In calendar year 2012, the Family Planning Program served 54,604 clients. 54,064 of the clients were females and 540 were males. 52% of the clients were between the ages of 20 and 29 with an additional 13.6% between the ages of 18 and 19.	
Evaluation 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 to ensure compliance with Title X policies and procedures.	
Outcomes <ol style="list-style-type: none"> 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; 2. Emphasize the importance of establishing a reproductive life plan including preconception counseling; 3. Reduce the unintended pregnancy rate for females of reproductive age in Oklahoma; 4. Reduce the teen pregnancy rate in Oklahoma; 5. Increase the number of adolescents involving parents in the decision to seek family planning services; 6. Promote individual and community health by emphasizing clinical family planning and related preventive health services to reduce disparities for hard-to-reach, vulnerable populations. 	
Contact Information	Jill Nobles-Botkin, Director of Perinatal and Reproductive Health Oklahoma State Department of Health 1000 NE 10 th Street Oklahoma City, Ok 73117 (405) 271-4476

Oklahoma Family Planning Program Service Sites and Contract Agencies SFY 2012



Oklahoma Child Abuse Prevention Network

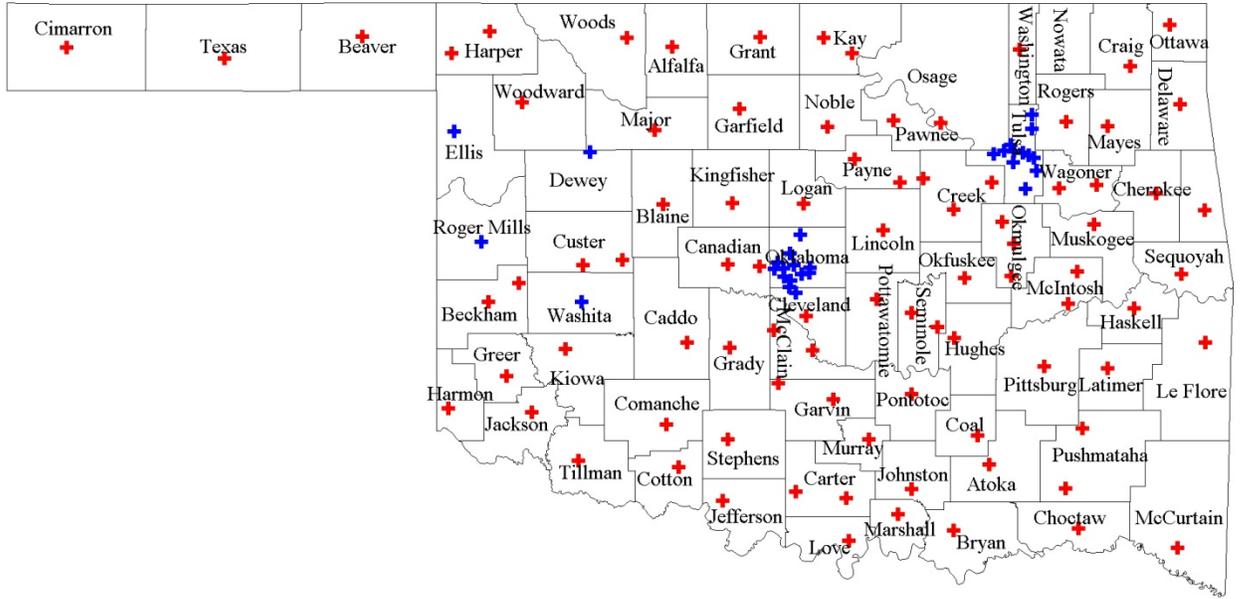
WOMEN, INFANTS, AND CHILDREN (WIC) | OKLAHOMA STATE DEPARTMENT OF HEALTH

www.ok.gov/health/Child_and_Family_Health/index.html

Infrastructure

Agency	Description & Target Population
<p>Oklahoma State Department of Health Women, Infants, and Children (WIC) Program</p>	<p>WIC is a nutrition program established to help pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy.</p> <p>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.</p> <p>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.</p> <p><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.</p>
<p>Funding Source</p> <p>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).</p>	
<p>Counties Served</p> <p>WIC participants have the opportunity to receive WIC benefits at any of 121 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.</p>	
<p>Program Model</p> <p>Each family member eligible for WIC will receive height and weight measurements, health screenings, nutrition education, and referrals for health care. Most participants receive a hemoglobin test. Breastfeeding support, breast pumps, Registered Dietitians, and many other additional benefits are available through the WIC Program. Lastly, WIC participants choose one of 487 grocery vendors and 84 farmers markets (in Oklahoma) for selection of their healthy WIC foods!</p>	
<p>Numbers Served</p> <p>In FFY 2012, WIC provided services to 184,026 individuals of which 29% were infants up to age one, 42% were children from one year up to five years and 29% were pregnant and post partum women.</p>	
<p>Evaluation</p> <p>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.</p>	
<p>Outcomes</p> <ol style="list-style-type: none"> 1. Decreases the rate of low birth weight births by 44%. 2. Increases the rate of breastfeeding by 23%. 3. Decreases the percent of children with anemia by 12%. 4. Increases childhood immunization rates. 5. Increases the likelihood of a child having a regular health care provider. 	
<p>Contact Information</p>	<p>Terry Bryce, Chief of WIC Services 2401 NW 23rd Street, Suite 70 (Shepherd Mall) Oklahoma City, OK 73107-2475</p>

WIC Sites FFY 2013



Oklahoma Child Abuse Prevention Network

MULTIDISCIPLINARY CHILD ABUSE TEAMS (MDT'S)

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

Infrastructure

Agency	Description & Target Population																				
Oklahoma State Department of Human Services (funds) Oklahoma State Department of Health (training, standards, development and assessment) District Attorney Offices (county level development)	A multidisciplinary team is a group of professionals from various organizations and agencies that work toward providing a more coordinated, effective child protection system within a community. MDTs work to minimize the number of interviews necessary for a child victim of sexual abuse, physical abuse, or neglect and coordinate the response to child maltreatment. Oklahoma legislation calls for the establishment of teams in every county and the funding of functional MDTs. As of SFY 2012, there are 46 functioning multidisciplinary teams.																				
Funding Source																					
Child Abuse Multidisciplinary Account (CAMA) - Only functioning teams receive CAMA funds. \$620,886.22 for standalone teams in FY 2012; \$2,805,485.90 for centers; totaling \$3,426,372.12																					
Counties Served																					
There are 46 functioning teams across the state of Oklahoma.																					
Program Model																					
Minimum standards are set by the Child Abuse Training and Coordination Council (CATCC), Family Support and Prevention Service at the Oklahoma State Department of Health. MDTs submit annual, numerical, and membership reports to the Child Abuse Training and Coordination Program.																					
Numbers Served																					
In SFY 2012, common data on cases reviewed was provided by 46 MDT's. During this period, 2,013 cases of child abuse and neglect were reviewed.																					
Evaluation																					
The MDTs submit documentation of functionality on an annual basis to the CATC Council. A subcommittee of the Council evaluates the documentation and submits a list of functional and nonfunctional teams to the Council for approval. The approved list of functional teams is submitted to the Oklahoma Department of Human Services for funding. The teams that are deemed nonfunctional can not apply for funding for one year.																					
Outcomes																					
Child Abuse and Neglect Cases Reviewed by MDTs by Type of Abuse, Oklahoma, SFY 2012: <table border="1" data-bbox="212 1591 1539 1791"> <thead> <tr> <th data-bbox="212 1591 695 1623">Types of Abuse</th> <th data-bbox="695 1591 979 1623"></th> <th data-bbox="979 1591 1336 1623">Other Conditions Involved</th> <th data-bbox="1336 1591 1539 1623"></th> </tr> </thead> <tbody> <tr> <td data-bbox="212 1623 418 1665">Neglect</td> <td data-bbox="418 1623 695 1665">41%</td> <td data-bbox="979 1623 1166 1665">Alcohol or Drugs</td> <td data-bbox="1166 1623 1539 1665">26%</td> </tr> <tr> <td data-bbox="212 1665 418 1707">Physical Abuse</td> <td data-bbox="418 1665 695 1707">27%</td> <td data-bbox="979 1665 1166 1707">Domestic Violence</td> <td data-bbox="1166 1665 1539 1707">05%</td> </tr> <tr> <td data-bbox="212 1707 418 1749">Sexual Abuse</td> <td data-bbox="418 1707 695 1749">39%</td> <td data-bbox="979 1707 1166 1749">Mental Illness</td> <td data-bbox="1166 1707 1539 1749">14%</td> </tr> <tr> <td data-bbox="212 1749 418 1791">Other</td> <td data-bbox="418 1749 695 1791">09%</td> <td data-bbox="979 1749 1166 1791">Divorces or Custody Proceedings</td> <td data-bbox="1166 1749 1539 1791">04%</td> </tr> </tbody> </table>		Types of Abuse		Other Conditions Involved		Neglect	41%	Alcohol or Drugs	26%	Physical Abuse	27%	Domestic Violence	05%	Sexual Abuse	39%	Mental Illness	14%	Other	09%	Divorces or Custody Proceedings	04%
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Physical Abuse	27%	Domestic Violence	05%																		
Sexual Abuse	39%	Mental Illness	14%																		
Other	09%	Divorces or Custody Proceedings	04%																		
Contact Information	Pat Damron, CATC Program Coordinator: Patriciaad@health.ok.gov Lisa Williams, Program Manager: LisaW@health.ok.gov Lisa Slater, Administrative Assistant: lisakj@health.ok.gov																				

Oklahoma Child Abuse Prevention Network

Child Abuse Training and Coordination Program Trainings (CATC)

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

Infrastructure

Agency	Description & Target Population
<p>Oklahoma State Department of Human Services Oklahoma State Department of Health District Attorney Offices</p>	<p>The Legislative mandates for the CATC Program is to make available training for professionals who have responsibilities in identifying, investigating, prosecuting or treating child abuse and neglect. These trainings will:</p>
<p>Funding Source</p>	
<p>Children's Justice Act Grant – SFY11 - \$138,650 Heirloom Birth Certificates – Approximately \$50,000 per year</p>	<ol style="list-style-type: none"> 1. Address child abuse and neglect and family violence; 2. Be discipline specific and multidisciplinary in content;
<p>Counties Served</p>	
<p>Trainings are provided across the state of Oklahoma</p>	<ol style="list-style-type: none"> 3. Be ongoing and accommodate professionals who require extensive knowledge as well as those who require general knowledge; and 4. Include but not be limited to, district attorneys, judges, lawyers, public defenders, law enforcement, medical personnel, child welfare workers, mental health professionals.
<p>Program Model</p>	
<p>The CATC Program delivers or partners to deliver approximately 25 to 30 trainings and conferences a year across the state of Oklahoma. The speakers provided for these trainings are nationally and internationally known experts in physical and sexual abuse investigations, child neglect, child trauma, computer sex crimes, court testimony, forensic interviewing, interrogation techniques of child abuse offenders, child fatality, joint investigations, MDT approach and the Indian Child Welfare Act.</p>	
<p>Numbers Served</p>	
<p>The CATC Program serves approximately 1,000 child abuse professionals a year across the state of Oklahoma.</p>	
<p>Evaluation</p>	
<p>The CATC Programs evaluate the quality of trainings, speakers and increase in knowledge level through the training evaluations. The speakers that are utilized consistently show a rating of a 4.50 to 5.00 on a scale of 1 being "poor" to 5 being "excellent".</p>	
<p>Outcomes</p>	
<p>Our participants average approximately a 38% increase in knowledge level.</p>	
<p>Contact Information</p>	<p>Pat Damron, CATC Program Coordinator: Patriciaad@health.ok.gov Lisa Slater, Administrative Assistant: lisakj@health.ok.gov</p>

Oklahoma Child Abuse Prevention Network

REACHING FOR THE STARS CHILD CARE RATING SYSTEM | OKLAHOMA STATE DEPARTMENT OF HUMAN SERVICES

www.okdhs.org/programsandservices/cc/

Infrastructure

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.
Funding Source	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	
Counties Served	
Statewide	<ul style="list-style-type: none"> • The criteria encourages facilities to exceed the minimum standards for the care they provide. • One Star facilities meet minimum licensing requirements that focus on health and safety. • 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. • 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. • Three Star programs meet all additional quality criteria AND are nationally accredited.
Program Model	
Licensing and Quality Rating and Improvement System	
Numbers Served	
<ul style="list-style-type: none"> • Total licensed childcare capacity 134,586. • FY-12 subsidy cumulative unduplicated child count 66,375. • Average monthly number of subsidy children per month 36,439 	
Evaluation	
Child Care Facilities are monitored three times per year, Star criteria is monitored at least annually and an Environment Rating Scale is completed every three years.	
Outcomes	
<ol style="list-style-type: none"> 1. Licensed and affordable child care. 2. Quality care for children with the opportunity to develop to their fullest potential in a safe, healthy and nurturing environment. 3. Improved competency level of child care providers. 	
Contact Information	Lesli Blazer, Director of Child Care Services P.O. BOX 25352 Oklahoma City, OK 73125 (405) 521-3561

Oklahoma Child Abuse Prevention Network

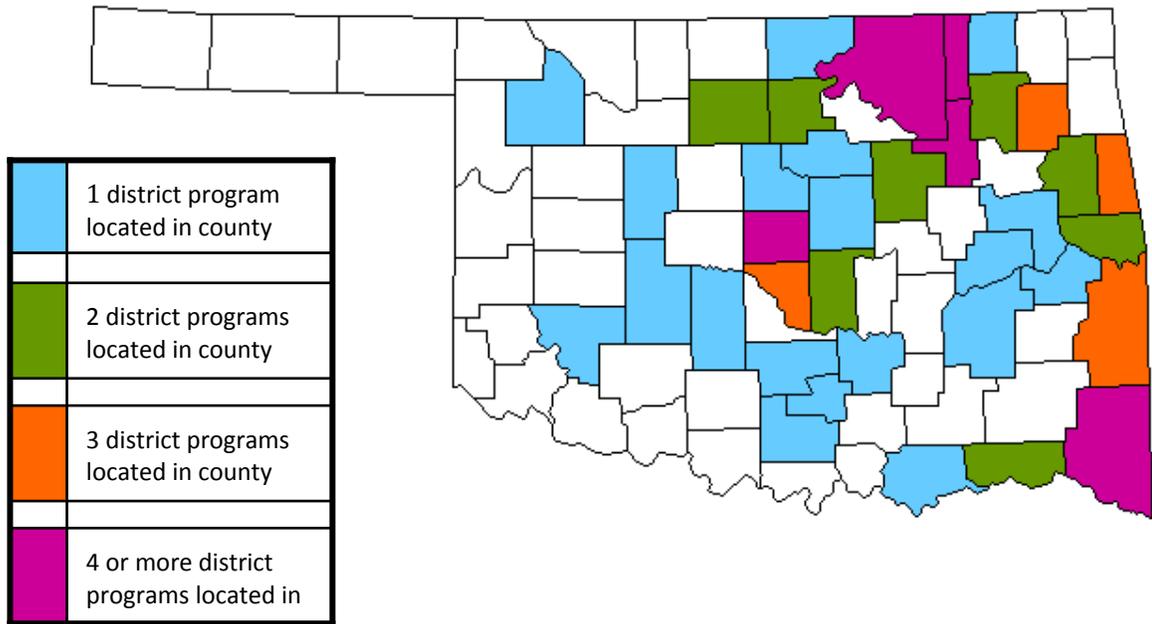
OKLAHOMA PARENTS AS TEACHERS (OPAT)

www.sde.state.ok.us

← *Primary Prevention* →

Agency	Description & Target Population
<p>Oklahoma State Department of Education Administered at the school district level through competitive grants.</p>	<p>OPAT 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 birth to age three. OPAT is affiliated with the nationally validated Parents As Teachers Program. Through home visits and monthly group meetings, OPAT is designed to strengthen the capacity of parents to be effective first teachers and to foster an early partnership between home and school so that parents take a far more active role during their children's formal years of schooling.</p> <p><u>Target Population:</u> All families with children, birth to 36 months of age who reside in participating school districts.</p>
<p>Funding Source</p> <p>* State Appropriations unreported (\$1.6 million in grant funds for school year 11-12)</p>	
Program Model	
Parents as Teachers	
Numbers Served	
<p>* In the 2010-2011 school year, Parent Educators made 33,182 personal visits with 4,303 families. In the 2011-2012 school year, Parent Educators met with 4,220 children for the average cost per child at \$375 during their personal visits with families.</p>	
Evaluation	
<p>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.</p>	
Outcomes	
<ol style="list-style-type: none"> 1. Reduced risk levels for participating children (Oklahoma Technical Assistance Center, 2011). 2. Increased parental knowledge of child development (Parents as Teachers National Center). 3. Participating parents are more likely to read to their children and enroll them in a pre-school program (Parents as Teachers National Center). 	
Contact Information	<p>Special Education Services Oklahoma State Department of Education 2500 North Lincoln Boulevard, Oklahoma City, OK 73105-4599 Phone: (405) 521-3351 Fax: (405) 522-2380</p>
Oklahoma Parents as Teachers Site Map – next page	

* Please note – not all information could be updated, last year's information has an "*" and is in gray.



Oklahoma Parents as Teachers Grant Program Locations

District	County	Funded Amount (in dollars)	Minimum # Children Served Monthly
Ada	Pontotoc	\$ 21,000.00	40
Anadarko	Caddo	21,000.00	40
Ardmore City	Carter	21,000.00	40
Bartlesville	Washington	35,000.00	65
Bethany	Oklahoma	21,000.00	40
Bixby	Tulsa	35,000.00	65
Bristow	Creek	21,000.00	40
Broken Arrow	Tulsa	48,500.00	90
Caney Valley/Copan	Washington	21,000.00	40
Checotah	McIntosh	21,000.00	40
Chouteau-Mazie	Mayes	13,500.00	25
Claremore	Rogers	21,000.00	40
Dewey	Washington	21,000.00	40
Durant	Bryan	35,000.00	65
Enid	Garfield	35,000.00	65
Glenpool	Tulsa	21,000.00	40
Guthrie	Logan	35,000.00	65
Heavener	Leflore	13,500.00	25
Hobart	Kiowa	13,500.00	25
Hominy	Osage	13,500.00	25
Hugo	Choctaw	21,000.00	40
Idabel	McCurtain	21,000.00	40
Jenks	Tulsa	35,000.00	65

Keys	Cherokee	13,500.00	25
Little Axe	Cleveland	13,500.00	25
Maryetta	Adair	13,500.00	25
McAlester	Pittsburg	35,000.00	65
Midwest City-Del City	Oklahoma	35,000.00	65
Minco	Grady	13,500.00	25
Morrison	Noble	13,500.00	25
Muldrow	Sequoyah	21,000.00	40
Newkirk	Osage	13,500.00	25
Noble	Cleveland	21,000.00	40
Norman	Cleveland	35,000.00	65
Oklahoma City	Oklahoma	84,000.00	160
Osage Hills/Bowring/South Coffeyville	Osage	13,500.00	25
Pawhuska/Anderson	Osage	21,000.00	40
Perkins-Tryon	Payne	21,000.00	40
Perry	Noble	21,000.00	40
Pioneer-Pleasant Vale	Garfield	13,500.00	25
Pocola/Arkoma	LeFlore	21,000.00	40
Poteau	LeFlore	21,000.00	40
Pryor	Mayes	21,000.00	40
Putnam City	Oklahoma	63,000.00	120
Salina	Mayes	13,500.00	25
Sand Springs	Tulsa	21,000.00	40
Sapulpa	Creek	13,500.00	25
Shawnee	Pottawatomie	21,000.00	40
Skiatook	Tulsa	21,000.00	40
Stigler	Haskell	13,500.00	40
Stratford	Garvin	13,500.00	25
Sulphur	Murray	21,000.00	25
Tahlequah	Cherokee	35,000.00	65
Tecumseh	Pottawatomie	21,000.00	40
Tulsa	Tulsa	84,000.00	160
Union	Tulsa	48,500.00	90
Valliant	McCurtain	13,500.00	25
Verdigris	Rogers	21,000.00	40
Vian	Sequoyah	13,500.00	25
Warner	Muskogee	13,500.00	25
Watonga	Blaine	13,500.00	25
Watts	Adair	13,500.00	25
Wellston	Lincoln	13,500.00	25
Westville	Adair	13,500.00	25
Woodland/Wynona	Osage	13,500.00	25
Woodward	Woodward	21,000.00	40
Wright City/Glover/Swink	McCurtain	13,500.00	25
Totals		\$1,582,500.00	4,220

Oklahoma Child Abuse Prevention Network

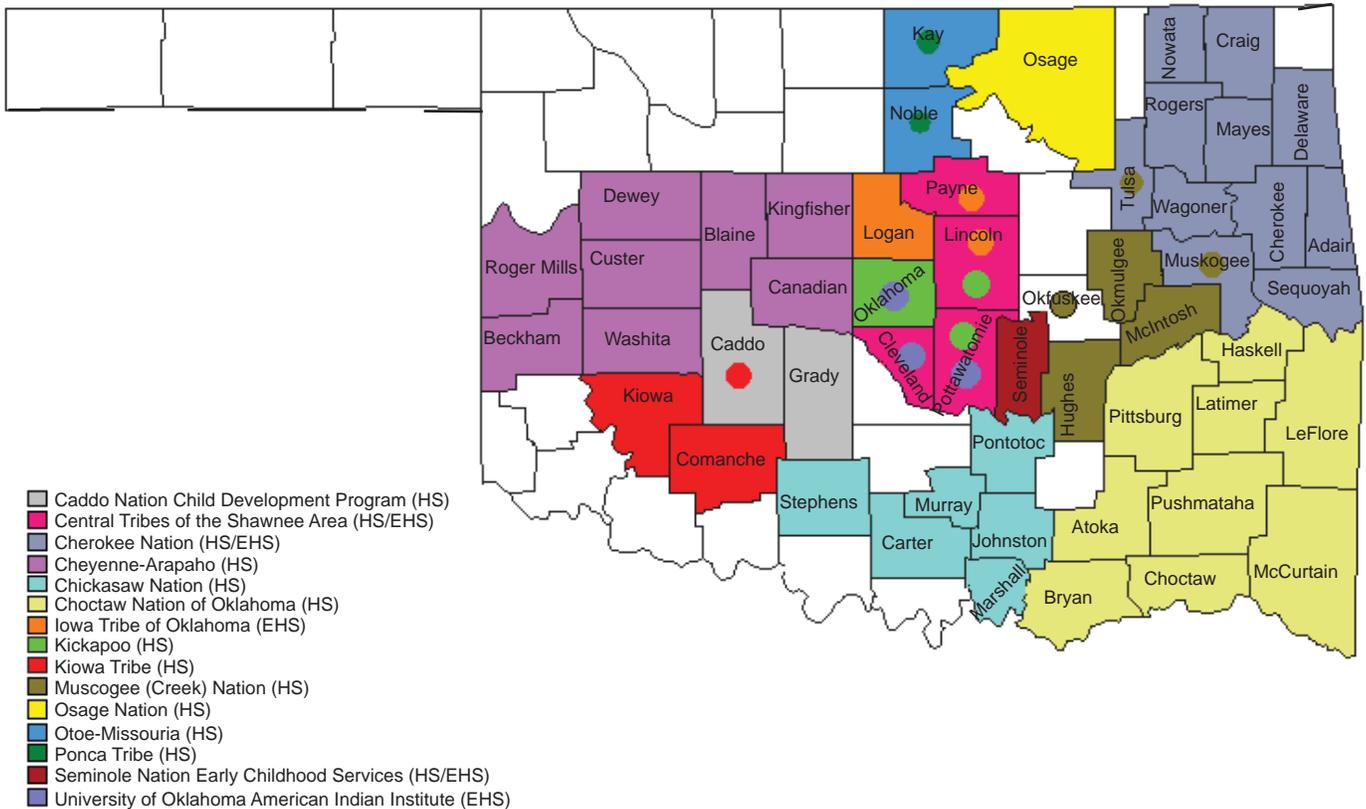
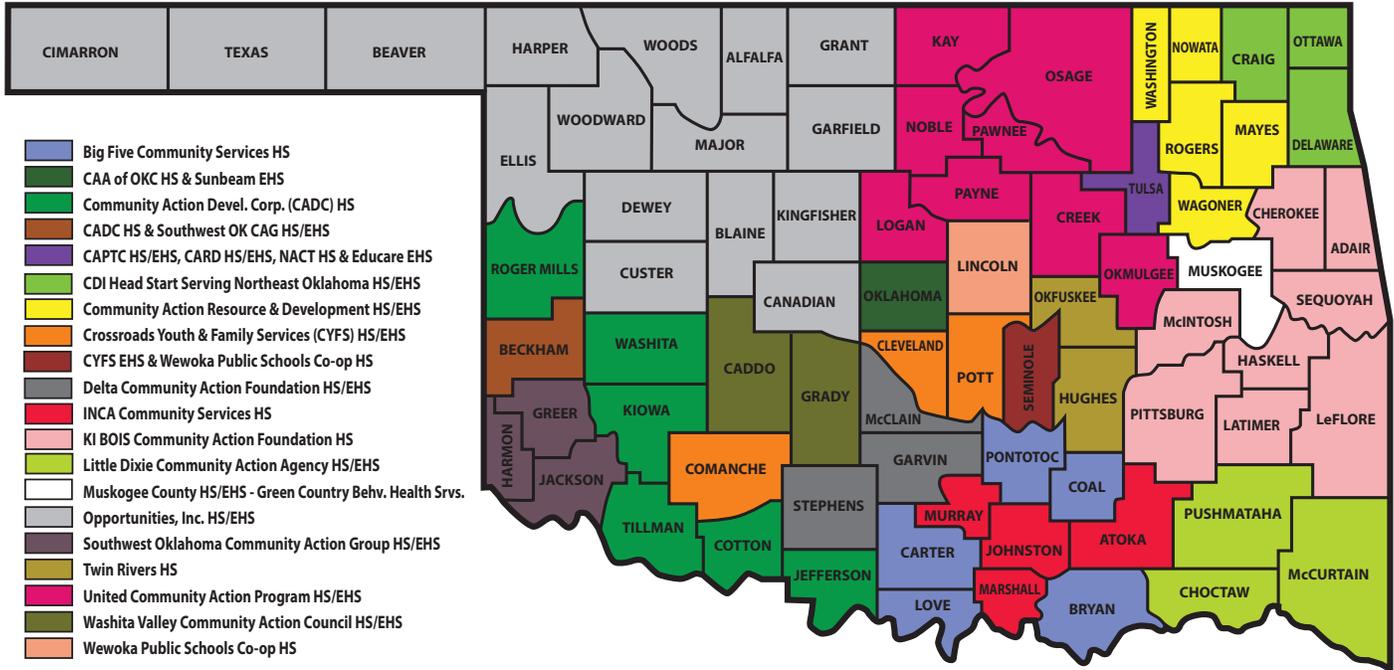
EARLY HEAD START PROGRAM

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>Services provided by Early Head Start include:</p> <ul style="list-style-type: none"> • Quality early education both in and out of the home • Parent education and parenting education • Comprehensive health and mental health services, including services to women before, during, and after pregnancy • Nutrition education • Family support services; parent, family, community engagement <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>Target Population: Pregnant women and families with infants and toddlers under the age of three who have incomes at or below 100% of Federal Poverty Level.</p>
<p>Funding Source</p>	
<p>The non-tribal Early Head Start grantees received \$14,838,485 in federal funds for 2011-2012. Tribal Early Head Start federal funding for 2011-2012 is not available at this time.</p>	
<p>Program Model</p>	
<p>Early Head Start</p>	
<p>Numbers Served</p>	
<p>A total of 2440 children and 258 pregnant women were served by non-tribal Early Head Start programs in Oklahoma in 2011-2012. A total of 469 children and 44 pregnant women were enrolled in tribal EHS programs in 2011-2012.</p>	
<p>Evaluation</p>	
<p>EHS is a research-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>Outcomes</p>	
<ol style="list-style-type: none"> 1. Parents/families learn how to ensure infant/toddler medical screenings are performed at appropriate ages. 2. Families are assisted in accessing mental health services when needed for both mothers and children. 3. Families receive counseling and assistance in obtaining adult education (GED, college). 4. Families receive parenting education, family and financial literacy training, and training in asset development strategies. 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. 	
<p>Contact Information</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 kfloyd@okacaa.org</p>

Head Start Grantees in Oklahoma



Printing 2,000 copies of this publication cost \$987.73 of which 100% was paid by funds from the Administration for Children and Families, U.S. Department of Health and Human Services, as administered by the Oklahoma Department of Commerce. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services. (September 2012)

Oklahoma Child Abuse Prevention Network

PRE-KINDERGARTEN PROGRAMS | OKLAHOMA STATE DEPARTMENT OF EDUCATION

www.sde.state.ok.us

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"> • an Early Childhood Certified Teacher; • a 10:1 child to teacher ratio; • comprehensive school services; • full-day or half-day programs; • State adopted curriculum standards; and • school readiness program.
Funding Source	
State funding through the school funding formula.	
Counties Served * All school districts have the option of having a Pre-Kindergarten program. In 2010-2011, 98% of school districts offered 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 527 districts, only 8 do not operate a Pre-Kindergarten program.	
Program Model	
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.	
Numbers Served	
In 2012-2013, a total of 42,131 children were enrolled in a public school Pre-Kindergarten program.	
Evaluation	
The Effects of Universal Pre-Kindergarten on Cognitive Development, Georgetown University (2003) http://www.crocus.georgetown.edu/publications.html .	
Outcomes	
<ol style="list-style-type: none"> 1. Increased readiness for reading and academic learning (Georgetown study, 2003-2004). 2. Easy transition to kindergarten. 3. 52% increase in letter-word identification; 27% increase in spelling; and 21% increase in applied problems (Georgetown University, 2004). 	
Contact Information	Oklahoma State Department of Education Special Education Services 2500 North Lincoln Boulevard, Oklahoma City, OK 73105-4599 Phone: (405) 521-3351 Fax: (405) 522-2380

* Please note – current information was not provided or made available.

Oklahoma Child Abuse Prevention Network

EDUCARE | OKLAHOMA CITY

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 SFY, 2012, 302 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.	
Outcomes	
<ol style="list-style-type: none"> 1. On the ITERS/ECERS, our classrooms scored an average of 5 out of 7 on the total assessment composite score. 2. On the CLASS assessment, our classrooms scored an average Emotional Support score of 5.5 out of 7, an average Classroom Organization score of 4.58 out of 7. 3. Vocabulary for 3 year old English speakers was assessed by the Peabody Picture Vocabulary Test. English speakers scored an average of 98.29, while Spanish speakers scored an average of 77.43. When assessed with the PLS-4 in Spanish, 3 and 4 year old Spanish speakers scored an average of 88.9 in Total Language. 4. Scores on the Bracken School Readiness Assessment are higher the longer a child attends Educare. Children who enter before age 3, at Pre-K exit, score an average Standard Score of 91.7 for English speakers and an average Standard Score of 83.6 for Dual Language (English/Spanish) speakers. Children who enter prior to age 2, at Pre-K exit, score an average Standard Score of 94.8 for English speakers, and an average Standard Score of 95.3 for Dual Language (English/Spanish) speakers. 	
Contact Information	Malana Means, Director, Early Childhood Services 500 SE Grand Blvd. OKC, OK 73129 (405) 605-8232

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. Tulsa Educare III-MacArthur opened in August of 2012. Children are required to be on DHS child care subsidy to be eligible for the program, unless they are enrolling for the EHS program located at Educare I-KW.
Funding Source	State of the art early childhood centers that provide education and care of 536 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.
George Kaiser Family Foundation, Early Head Start, Oklahoma State Department of Education, Oklahoma Early Childhood Program, Department of Human Services Child Care Subsidy and Parent co-payments.	Target Population: Educare (Tulsa) serves Tulsa County children birth to five years and their families (must qualify under federal poverty line or be on DHS child care subsidy). 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.
County Served	Tulsa County
Program Model	
Educare Learning Network, Early Head Start, Head Start	
Numbers Served	
In SFY2012, 254 children were served in center based care at Educare I, while 10 were served in a home based program and 253 children were served at Educare II. Educare III didn't serve any children in SFY 2012 since they did not open until August 20, 2012.	
Evaluation	
Bayley Cognitive and Language Scores, Preschool Language Scale-4, Peabody Picture Vocabulary Test, and Bracken School Readiness. Environmental Rating Scales and CLASS assessment completed annually in classrooms and on teaching staff.	
Outcomes	
<ol style="list-style-type: none"> 1. English-speaking children turning two years old at Educare sites scored an average of 96 on the Cognitive Subtest and 91 on the Language Subtest of the Bayley Scales of Infant and Toddler Development. Spanish speaking children turning two were assessed with the PLS-4 and had an average score of 90. 2. Receptive vocabulary in English for children 3 and 4 years old was assessed by the Peabody Picture Vocabulary Test. English speakers scored an average of 94, while Spanish speakers scored an average of 81. When assessed with the PLS-4 in Spanish, 3 and 4 year old Spanish speakers scored an average of 94 in Total Language. 3. Scores on the Bracken School Readiness Assessment increased over time for children who remained in the program. From the Fall of 2010 to the Spring of 2012, English speaking children's scores increased from 93 to 104. Similarly, Spanish speaking children's scores increased from 81 to 92. 	
Contact Information	Caren Calhoun, Executive Director 2190 S. 67 th 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
Oklahoma State Department of Health Administered at the County and City-County Health Department levels	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. <u>Target Population:</u> Families with children birth to 13 years.
Funding Source Child Guidance State Appropriations (\$2,414,054) Federal Funds (\$1,029,984) and Local Millage (\$1,601,918) in SFY 2012; CBCAP Funds (\$150,000) in FFY 2012.	

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 SFY 2012, approximately 23,501 individual sessions were conducted for screening, assessment, evaluation, or treatment services. Child Guidance clinicians provided workshops, training, or community outreach activities through 1,212 events. 24 Child Guidance clinicians provided 955 mental health consultation visits to 72 childcare Centers. Clinicians started 10 COP groups across the state.

Outcomes

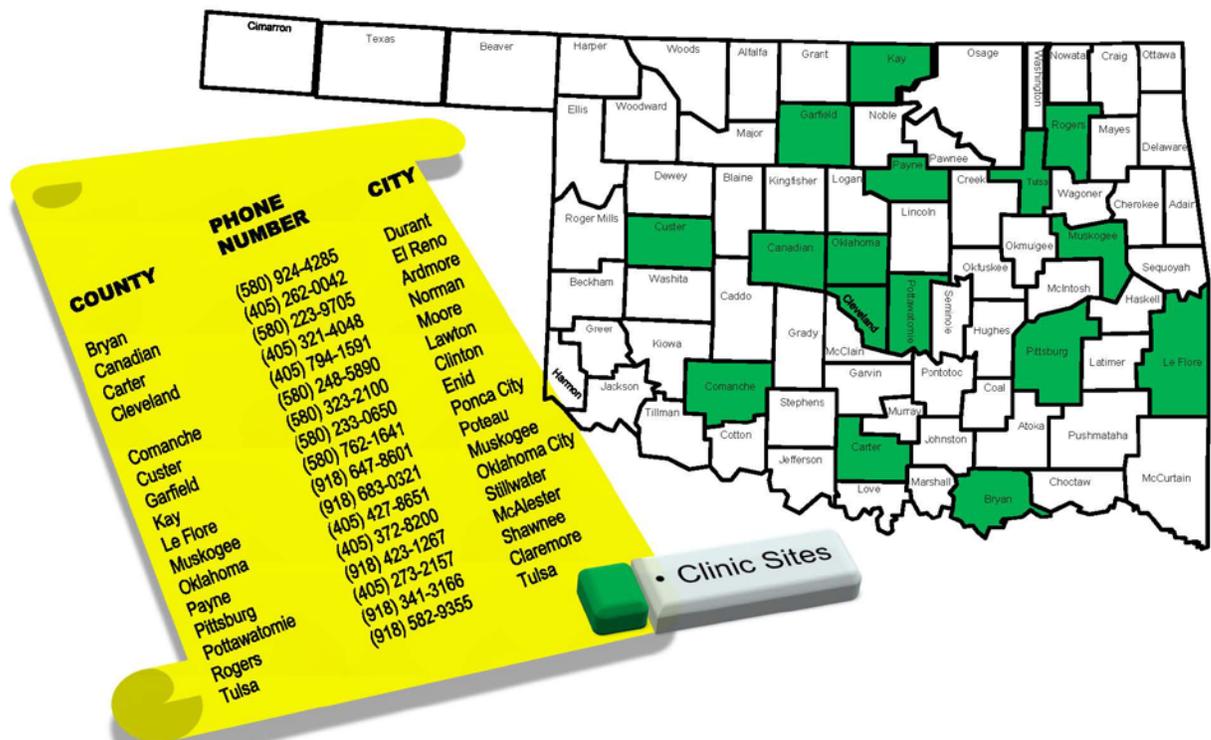
For SFY 2012, 64% of families receiving Child Guidance services reported a decrease in inappropriate social-emotional behaviors; 32% of parents who received CG services reported an increase in their ability to help their child learn; 32% of parents who received CG services reported an increase in protective factors for child abuse and neglect; 55% of parents who received CG services reported a decrease in risk factors for child abuse and neglect.

Contact Information

Beth Martin, Chief Child Guidance Service
 Oklahoma State Department of Health
 1000 NE 10th Street
 Oklahoma City, OK 73117-1299
 (405) 271-4477
ChildGuidance@health.ok.gov

Child Guidance Site Map

Child Guidance Clinics SFY 2012



Child Guidance Service Logic Model

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

Oklahoma Child Abuse Prevention Network

SUBSTANCE ABUSE SERVICES (PREVENTION)

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

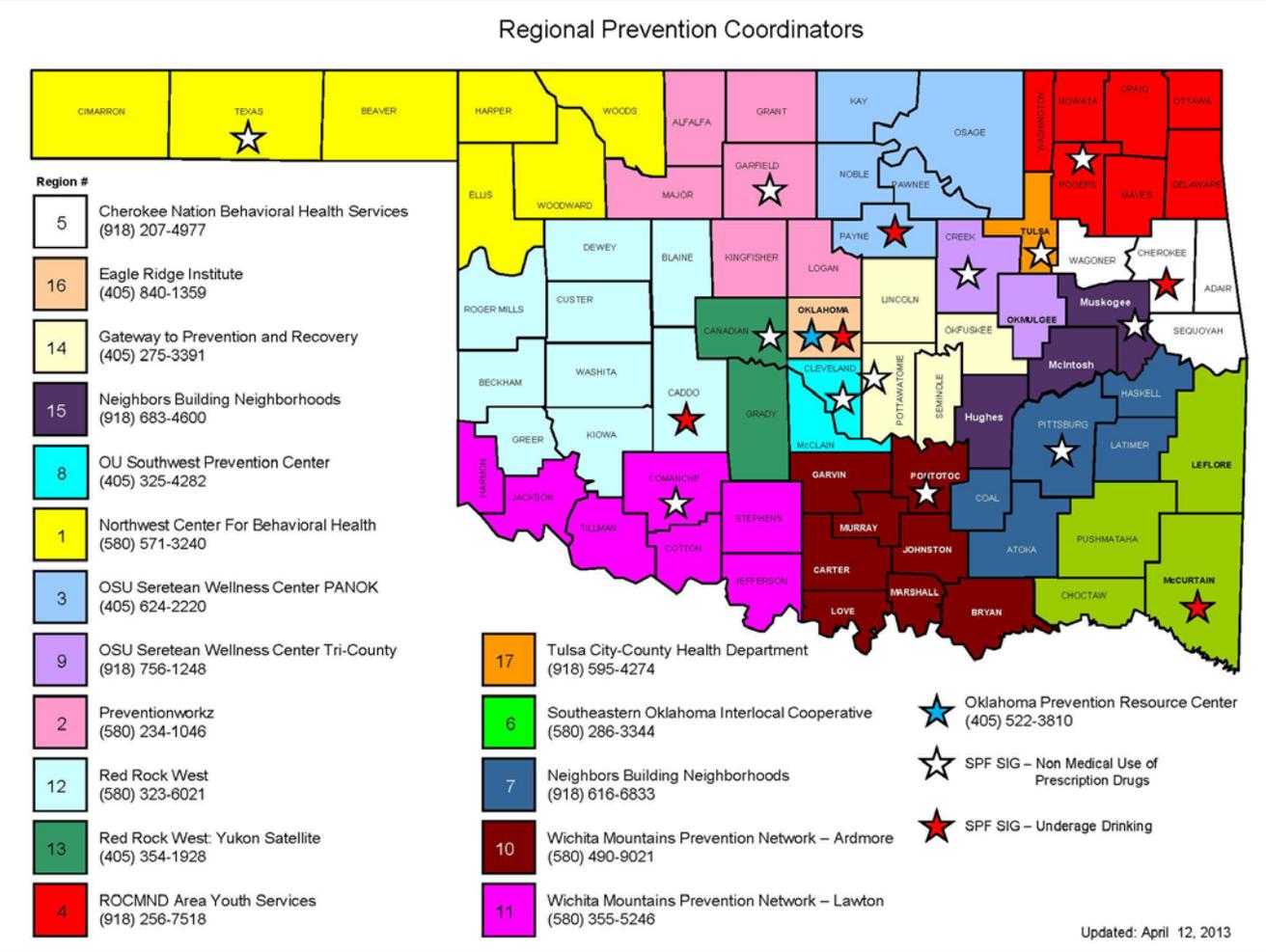
← *Primary Prevention* →

Agency	Description & Target Population
Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)	<p>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, Enforcing Underage Drinking Laws - 2Much2Lose (2M2L), Strategic Prevention Framework State Incentive Grant (SPF-SIG), State Epidemiological Outcomes Workgroup (SEOW), and Justice Assistance Grant (JAG) to name a few.</p>
Funding Source	<p>Substance Abuse and Mental Health Services Administration (SAMHSA), Administration on Children and Families (ACF), Office of Juvenile Justice and Delinquency Prevention (OJJDP), and Justice Assistance Grant – OK District Attorneys Council</p> <p>Substance abuse prevention initiatives utilize a public health approach and implementation of evidence-based strategies - with a focus on environmental 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 for Oklahoma communities. Programs are based on an environmental prevention approach and may also offer training and assistance to schools, parents, agencies and community groups.</p> <p><i>Target Population:</i> Oklahomans across the lifespan.</p>
Program Model	
<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"> 1. Assess their prevention needs based on epidemiological data, 2. Build their prevention capacity, 3. Develop a strategic plan, 4. Implement effective community prevention programs, policies and practices, and 5. Evaluate their efforts for outcomes. 	
Numbers Served	
<p>*Number of persons served by the Substance Abuse Prevention Block Grant in SFY 2012 = 2,807,319.</p>	
Evaluation	
<p>The ODMHSAS contracts for evaluation services with a variety of qualified entities, including the University of Oklahoma's College of Public Health, the University of Kansas, and Bach Harrison LLC.</p>	
Outcomes	
<ol style="list-style-type: none"> 1. The Regional Prevention Coordinators provided substance abuse prevention services to over 2 million Oklahomans between October 1, 2011 and September 30, 2012. 2. The Garrett Lee Smith Youth Suicide Prevention Grant provided 171 trainings to 3,672 participants from October 1, 2011 through September 30, 2012. 3. Tobacco sales to minors slightly increased from 2011 to 2012 with a retailer violation rate of 6.8% to 8.4% but remain under Oklahoma's goal of 10%. 4. The Oklahoma Partnership Initiative (OPI) provided statewide training on substance exposed newborns to 479 medical, behavioral health and Child Welfare professionals. Topics included the impact of prenatal and environmental substance exposure on child development, helping children impacted by parental substance use, working with foster parents of drug endangered children, and interventions for children in foster care. 5. OPI's Strengthening Families and New Directions programs served over 62 participants and 27 families between October 2011 and March 2012. 	

6. The 2M2L task forces conducted 2,901 retail compliance checks for underage access to alcohol with a compliance rate of 87%. Law enforcement officers worked with 201 youth in the completion of the checks.
7. The 2M2L initiative conducted 22 underage drinking prevention trainings with 4,259 participants between July 2011 and December 2012.

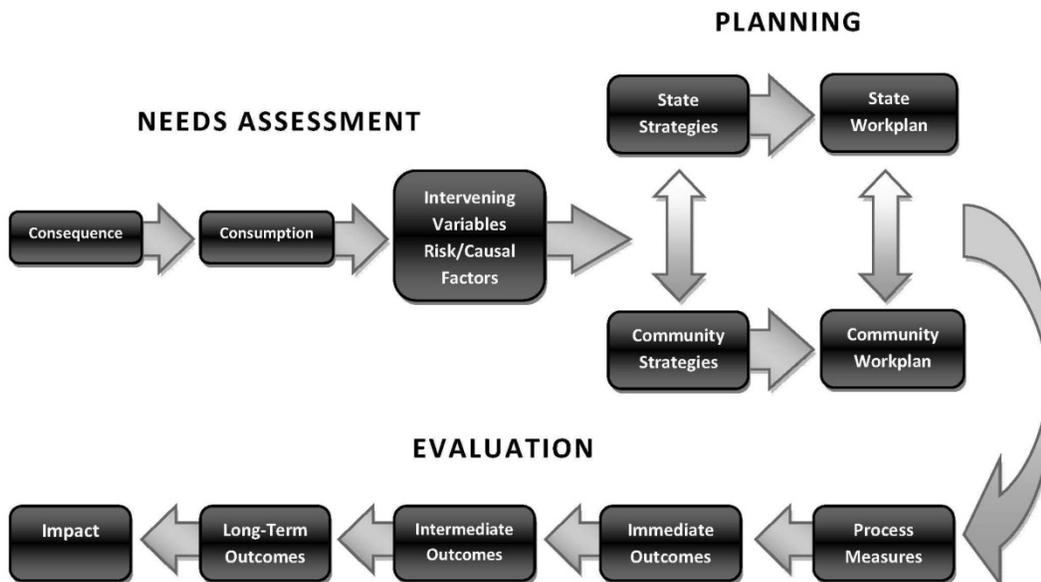
Contact Information Jessica Hawkins
 Director, Prevention Services
 (405) 522.3619
jhawkins@odmhsas.org

Substance Abuse Prevention Services (PREVENTION) Site Map



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>Oklahoma State Department of Health Administered at the County and City-County Health Department levels</p>	<p>The Incredible Years Program serves parents and children 4-8 years of age.</p> <ul style="list-style-type: none"> • Parent Group – consists of a 12 week, 2 hour program which teaches parents interactive play & reinforcement techniques, nonviolent discipline techniques, logical & natural consequences, and problem solving strategies. • 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. <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 & emotional competence.</p>
<p>Funding Source</p> <p>Child Guidance State Appropriations (\$2,414,054) Federal Funds (\$1,029,984) and Local Millage(\$1,601,918) for SFY 2012; CBCAP Funds (\$150,000) in FFY 12</p> <p><i>Funding for the Incredible Years Programs is included in the Child Guidance overall appropriation.</i></p>	
<p>Counties Served</p> <p>The Incredible Years Programs were offered in the following areas:</p> <p>Parent group: Oklahoma County, Tulsa County</p> <p>Classroom group: Tulsa County</p> <p>Treatment group: Cleveland County, Tulsa County</p>	
<p>Program Models ~ Specialized Programs within Child Guidance</p>	
<p>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.</p>	
<p>Numbers Served</p>	
<p>For SFY 2012, The Incredible Years Program served 105 parents in parenting groups, 20 children in classroom groups, and 20 children in treatment groups.</p>	
<p>Outcomes</p>	
<p>For SFY 2012, of the parents participating in the Incredible Years Parent Program, 98% 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>Contact Information</p>	<p>Beth Martin, Chief Child Guidance Service Oklahoma State Department of Health 1000 NE 10th Street Oklahoma City, OK 73117-1299 (405) 271-4477 ChildGuidance@health.ok.gov</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
Oklahoma State Department of Health Office of Child Abuse Prevention (OCAP)	Start Right provides four basic individual and community services: <ul style="list-style-type: none"> • home visitation • center-based services • assessments and referrals • 2 annual Family Support events The Start Right programs, funded by the OCAP, teach positive parenting skills, and connect families with resources helping reduce the risk of child abuse and neglect by providing home visitation and/or center-based services. <u>Target Population:</u> The enrollment criteria for Start Right Home Visitation is broad and includes enrolling mothers after the 29th week of pregnancy; enrolling subsequent births; 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.
Funding Source State Appropriations (\$3,070,267 in SFY 2012); Local Match Funds are 11% match; CBCAP Funds (\$115,000 in FFY 11); and the Child Abuse Prevention License Plate Fund (nominal amount)	
County Served Adair, Alfalfa, Beckham, Carter, Cherokee, Cleveland, Comanche, Cotton, Creek, Custer, Delaware, Garvin, Grant, Greer, Hughes, Jackson, Jefferson, Kay, Kiowa, Love, Major, McClain, McCurtain, Murray, Nowata, Oklahoma, Okmulgee, Pontotoc, Roger Mills, Seminole, Stevens, Texas, Tillman, Tulsa, Wagoner, Washington, Washita, Woods	
Program Model	
Structure based on the Healthy Families America® model; utilizes the Parents as Teachers® and other nationally recognized, evidence-based curricula for delivering services; includes a center-based option.	
Start Right/OCAP Home Visit Logic Model	
The OCAP logic model defines OCAP home visitation programs, related activities and outcomes (see next page: OCAP Home Visitation Program Logic Model for details). In SFY 2008, the OCAP logic model was introduced. Throughout 2012, the model was presented at multiple events to provide an opportunity for program staff and the Interagency Child Abuse Prevention Task Force (performance review and oversight entity) to become familiar with tracking program outcomes and successfully adopting activities that would help to achieve the defined targets. The OCAP will assess in greater 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.	
Numbers Served	
During SFY 2012, 2,209 adults were contacted and screened for program participation. 1,767 individuals were assessed. A total of 19,056 home visits were attempted and/or completed during SFY 2012 and 383 center-based parent education or support activities were completed including Circle of Parents and Structured Parent Education groups.	

Evaluation

Evaluation activities consist of Start Right programs collecting data from families during home visits. On a weekly basis, the data is entered at programmatic level into the OCAPPA database. OCAP program evaluators provide day-to-day technical assistance, consultation and training to Start Right programs for database and evaluation. Program performance reports are provided on a monthly and quarterly basis along with an annual program outcomes report produced at the end of each SFY. Performance reports are reviewed by OCAP program consultants along with conducting on-site visits to ensure contractors' compliance.

In SFY 2009 - 2010, evaluation activities focused on refining the program theory through development of the OCAP logic model and defined new measures for program outcomes. Revisions to the standardized evaluation forms and the statewide database (OCAPPA) were updated in SFY 2010.

Outcomes

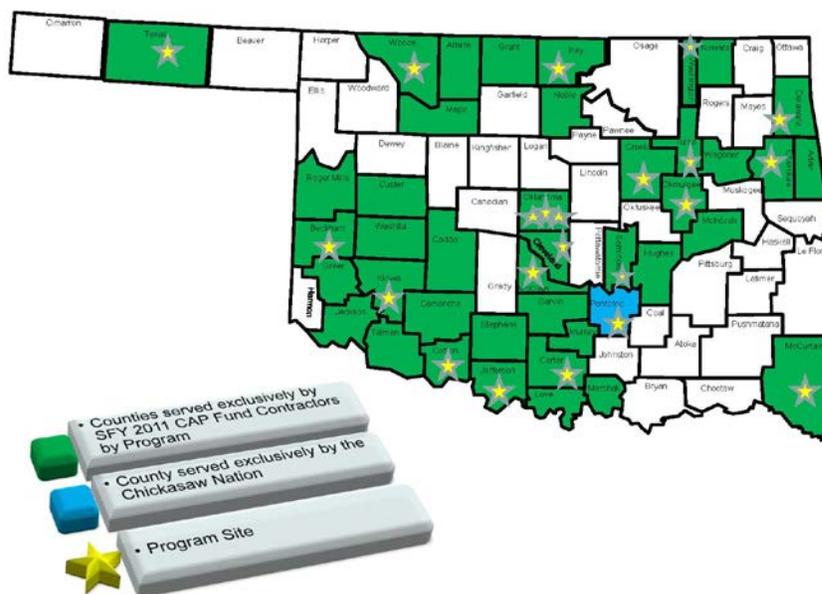
1. During SFY 2012, at the time of enrollment, 40% of Start Right mothers reported domestic violence. After one year in the program this percentage was reduced to 33%.
2. During SFY 2012, after just six months in the Start Right program, the percent of Start Right primary caregivers who reported smoking dropped below the national average for adults who live at or below the poverty level. 20% of participants reported that they smoked less after participating in the program for six months.
3. During SFY 2012, over 90% of Start Right children were up-to-date on their immunizations as compared to the state rate of only 70%.
4. During SFY 2012, 70% of Start Right mothers initiated breastfeeding.
5. During SFY 2012, 112 mothers who were enrolled in Start Right were screened for postpartum depression. Of these women, 91% showed symptoms of depression, 26% of which required an immediate referral to their primary care physician for further evaluation.
6. During SFY 2012, 39 Start Right Primary Caregivers earned their high school diplomas or GED equivalents while enrolled and 23 Primary Caregivers earned an Associate's or Bachelor's degree or went beyond Bachelor's level college while enrolled.

Contact Information

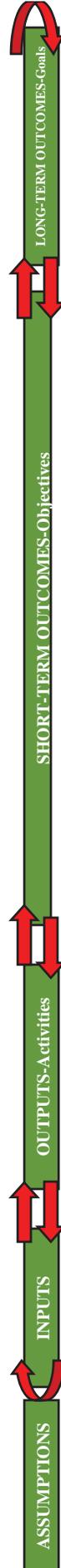
Susan Gibson, MS SusanEG@health.ok.gov
Family Support & Prevention Service, Office of Child Abuse Prevention
1000 NE 10th Street
Oklahoma City, Oklahoma 73117
(405) 271.7611

Start Right/OCAP Map

Oklahoma Community-Based Child Abuse Prevention Programs by Counties SFY 2012



Office of Child Abuse Prevention Home Visitation Program – Logic Model



<p>ASSUMPTIONS</p> <p>1. Program services are guided by literature on primary prevention programs and risk & protective factors of child abuse and neglect that show positive results such as:</p> <ul style="list-style-type: none"> Prevention programs are most effective when they are tailored to the specific needs of the target population. The timing of the intervention matters. Intensity and duration of the intervention matters. Programs using modeling, role-playing are nearly twice as effective as programs using non-directive strategies such as counseling and group discussions. Enhancement of protective factors and minimization of risk factors reduces the occurrence of child abuse and neglect amongst children and families. <p>2. OCAP Home Visitation program will utilize the Healthy Families America model and Parents as Teachers curriculum to deliver services.</p> <p>i. The program will follow the critical elements of the HFA model i.e. service initiation, service content, and staff characteristics to ensure model fidelity.</p> <p>ii. Program benefits from the research-based PAT curriculum will depend on the core values and assumptions of the PAT model.</p>	<p>INPUTS</p> <ul style="list-style-type: none"> OCAP contracting agencies. HFA & PAT trained agency staff including program supervisors, FAWs, FSWs, data entry support. Transportation for conducting home visits. Social services / resources. Partnerships to provide referrals. Stable OCAP funding. OCAP central office staff. Program Evaluation. Program monitoring and contract compliance to ensure program fidelity. 	<p>OUTPUTS-Activities</p> <ul style="list-style-type: none"> Link to health care. Link to prenatal care. Educate on consequences of smoking, alcohol and drugs. Educate on personal care. Identify depression and make referrals. Promote healthy nutrition and exercise. Link to health care. Conduct developmental screenings and make referrals. Promote prenatal care. Promote breast-feeding. Educate about nurturing home environments. Educate about proper nutrition. Promote play and exercise. Educate about the effects of smoking around the child. Promote positive parenting practices. Link parents to licensed and star-rated day care facilities. Enroll in education, employment and housing services. Set FSP goals. Build skills for problem solving. Build skills in finding and linking to appropriate community resources. Educate on family planning, contraceptive use. Link to community services, as needed. Utilize Parents as Teachers curriculum. Set FSP goals. Provide positive role model for parent-child interaction. Promote and increase father involvement. Educate on safe practices and safe home environment such as water, fire, vehicle and wheeled toys safety poisons, child-proofing home abusive head trauma and safe sleeping practice. Educate on domestic violence. Assess risk of child maltreatment. 	<p>SHORT-TERM OUTCOMES-Objectives</p> <ul style="list-style-type: none"> Connect 90% of PCGs without health insurance, but eligible, to a health insurance plan within 6 months of enrollment. Seek to have 80% of insured mothers, who enrolled during 1st trimester, complete at least 10 prenatal visits by birth. Reduce the use of smoking, alcohol and drugs. PCG's score above 14 on the 'personal care' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score. PCG's score above 23 on the 'depression' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score. Screen and refer all postpartum mothers that score 23 or less on the 'depression' section of the Healthy Families Parenting Inventory, with the Edinburgh Postnatal Depression Scale. Increase in consumption of fruits and vegetables servings per day. Increase exercise/physical activity among PCGs. Connect 90% of identified children without health insurance but eligible to a health insurance plan within 6 months of enrollment. Seek to have 90% of identified children up to date with immunizations by 2nd year and 95% of identified children by 6th year. Screen 90% of identified children for appropriate development with the ASQ / ASQ: SE and refer for services, if needed. Conduct lead assessments for at least 90% of identified children with the LERAO according to the recommended schedule and refer for services, if needed. Seek to have at least 85% of those mothers enrolled prenatally, deliver a child with normal birth weight (5 lbs 8 oz or more). Seek to have at least 75% of mothers enrolled prenatally to initiate breast-feeding. PCG's score above 29 on the 'home environment' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score. Increase in intake of healthy nutrition. Increase exercise and physical activity. Reduction in smoking around children. Seek to have at least 95% of children needing child care in a licensed day care facility. Seek to have at least 50% of the children needing child care in a day care facility with a DHS rating of 2 star and above. Refer all families for public assistance programs, if needed. Increase in family stability as measured by education, income level, employment status or housing stability. Increase in number of PCGs who have stayed in a safe residence for at least 6 months. PCG's score above 17 on the 'problem-solving' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score. PCG's score above 14 on the 'social support' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score. PCG's score above 17 on the 'mobilizing resources' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score. Seek to have no more than 30% of mothers have a subsequent pregnancy within 2 years of the birth of the identified child. Seek to strengthen parental relationships regardless of marital status by making appropriate referrals. PCG's score for parenting efficacy section of the Healthy Families Parenting Inventory will show no area of concern (score above 17) or show an improvement in score. PCG's score for 'role satisfaction' section of the Healthy Families Parenting Inventory will show no area of concern (score above 17) or show an improvement in score. PCG's score for parent/child behavior section of the Healthy Families Parenting Inventory will show no area of concern (score above 29) or show an improvement in score. Increase in father involvement as measured by financial contribution, engagement in home visits and playing/taking care of child. Improvement in scores of parent's self-reported safety practices as measured by the Home Safety Checklist. Decrease in use of ER or hospitalizations due to injuries, ingestion or poisonings. Identify and refer families for domestic violence. Seek to have no more than 5% of the families enrolled, confirmed as a child abuse and neglect case by the child protective service, while participating in program. Decrease the percentage of identified children removed from their homes. 	<p>LONG-TERM OUTCOMES-Goals</p> <ul style="list-style-type: none"> Primary Caregiver Health To systematically assess primary caregiver prenatally or at birth for strengths and needs and provide appropriate information and referrals Child Health & Development To enhance healthy child growth and development Family Stability To enhance family functioning by establishing a trusting, nurturing relationship, improving the family's support system, and teaching problem-solving skills Positive Parenting & Parent-Child Interaction To promote positive parent-child relationships Family Safety To promote safe practices and reduce the risk of deaths
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OCAP GOALS COLOR GUIDE

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

Rev: Dec/08

Oklahoma Child Abuse Prevention Network

THE OFFICE OF CHILD ABUSE PREVENTION

START RIGHT PROGRAMS | CENTER-BASED SERVICES – STRUCTURED PARENT GROUPS

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

Secondary Prevention

Agency	Description & Target Population
Oklahoma State Department of Health Administered via local Start Right Contractors	The Start Right Programs provide four core services: <ul style="list-style-type: none"> • home visitation • center-based services • assessments and referrals • 2 annual Family Support Events The Start Right Program objective is to teach positive parenting skills and connect families with resources helping reduce the risk of child abuse and neglect by providing intense home visitation and center-based services. Target Population: The enrollment criteria for Start Right Home Visitation is broad and includes enrolling mothers after the 29th week of pregnancy; enrolling subsequent births; 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.
Funding Source State Appropriations (\$3,070,267 in SFY 2012); CBCAP Funds (\$115,000 in FFY 11); and the Child Abuse Prevention License Plate Fund (nominal amount) <i>Center-based services are a subset of contract requirements of all sub-recipient contractors.</i>	
County Served	
Alfalfa, Beckham, Garvin, Grady, Grant, Greer, Harper, Hughes, Jackson, Kay, Kiowa, Major, McClain, McCurtain, Oklahoma, Okfuskee, Okmulgee, Osage, Pontotoc, Pottawatomie, Seminole, Tillman, Tulsa, Washita, Woods	
Program Model	
The Structured Parent Education Group is one of two options required by contract for providing information to parents who may or may not be involved in home visitation services. Structured parent education groups are intended to supplement home visitation information or simply enhance a parent's ability to effectively deal with the issues of raising children and stabilizing the family. Participants are not necessarily identified as at-risk, but volunteer to be included in a series of classes on a number of topics. Classes utilize a formal curriculum that is conducted in 4 to 12 week sessions on a weekly, bi-weekly, or monthly basis. Each session runs for 1 to 2 ½ hours in length. The final 15 minutes of each class includes a structured, interactive session with the parents' children. Topic include a variety of relevant family-stabilizing issues including but not limited to: budgeting, discipline, preparing for returning to school or the work force, child development, domestic violence, nutrition, breastfeeding, child abuse identifying and reporting.	
Numbers Served	
During SFY 2012, 309 Structured Parent Education Groups were conducted with 3,272 adults and 2,750 children.	
Evaluation	
Evaluation currently consists of process information including demographics, meeting content and participation.	
Outcomes	
State Fiscal Year 2012 was the last year that Start Right will offer Structured Parent Education in a group format. Child Guidance has partnered with the OCAP and will offer Circle of Parents Support Groups. There is no quantifiable data to report in terms of other than process outcomes.	
Contact Information	Susan Gibson, M.S. Family Support & Prevention Service, Office of Child Abuse Prevention 1000 NE 10th Street Oklahoma City, Oklahoma 73117 (405) 271.7611 susaneg@health.ok.gov

Oklahoma Child Abuse Prevention Network

THE OFFICE OF CHILD ABUSE PREVENTION

START RIGHT PROGRAMS | CIRCLE OF PARENTS

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

Secondary Prevention

Agency	Description & Target Population
<p>Oklahoma State Department of Health Administered through local Start Right Contractors</p>	<p>The Start Right Programs (Office of Child Abuse Prevention) provides four core services:</p> <ul style="list-style-type: none"> • home visitation • center-based services • assessments and referrals • 2 annual Family Support Events <p>The Start Right Program objective is to teach positive parenting skills and connect families with resources helping reduce the risk of child abuse and neglect by providing intense home visitation and center-based services.</p> <p>Target Population: The enrollment criteria for Start Right Home Visitation is broad and includes enrolling mothers after the 29th week of pregnancy; enrolling subsequent births; 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>
<p>Funding Source</p> <p>State Appropriations (\$3,070,267 in SFY 2012); CBCAP Funds (\$115,000 in FFY 11); and the Child Abuse Prevention License Plate Fund (nominal amount)</p> <p><i>Center-based services are a subset of contract requirements of all sub-recipient contractors.</i></p>	
<p>County Served</p> <p>Adair, Cherokee, Cleveland, Delaware, Kay, McCurtain, Nowata, Wagoner, Washington</p>	
<p>Program Model</p> <p>Circle of Parents® is a national network of parent support groups. The groups are parent led with a professional co-facilitator. Groups may operate weekly, bi-weekly or monthly. The meeting format may last from 1-2 hours and will focus on topics that may include information provided to parents involved in home visitation or center-based services. Circle of Parents® groups are generally located on site at the professional agency with whom it is affiliated, but may also be at a civic center, library, church, or public meeting facility. The model is structured to focus on a variety of topics or may have a special emphasis such as grandparents raising children, families with special needs children, parents of abused or adopted children, single parents, etc.</p>	
<p>Numbers Served</p>	<p>During SFY 2012, 74 Circle of Parents Support Groups were held with 1,365 participants which include adults and children.</p>
<p>Evaluation</p>	<p>Evaluation currently consists of process information including demographics, meeting content, and participation. Circle of Parents® is currently developing national, standardized outcomes that should produce better trend in behavior information in the coming years. Note that OCAP helps establish Circle of Parents® groups in cooperation with established service agencies local to the area. Child Guidance has partnered with the OCAP and will offer Circle of Parents Support Groups in the future.</p>
<p>Contact Information</p>	<p>Susan Gibson, M.S. Family Support & Prevention Service, Office of Child Abuse Prevention 1000 NE 10th Street Oklahoma City, Oklahoma 73117 (405) 271.7611 susaneg@health.ok.gov</p>

Oklahoma Child Abuse Prevention Network

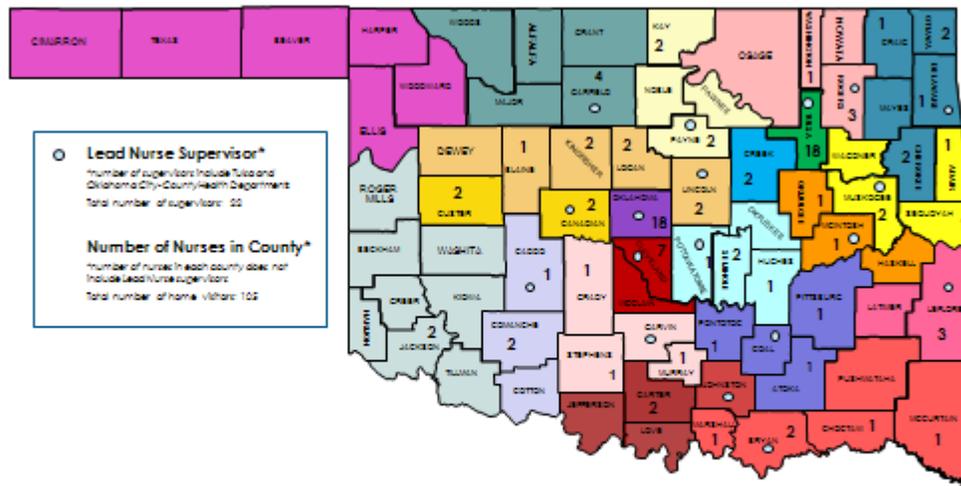
CHILDREN FIRST

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

Secondary Prevention

Agency	Description & Target Population
Oklahoma State Department of Health (administered through local county health departments)	Children First Program, 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.
Funding Source	
State Appropriations and County Millage (\$8,284,342 in SFY 2012) Federal Medicaid Reimbursement (\$1,688,272 in SFY 12); and CBCAP Funds (\$436,925 in SFY 12)	
Counties Served	
Services were available in 68 Oklahoma counties in SFY 2012; Counties not receiving C1 services include: Beaver, Cimarron, Dewey, Ellis, Nowata, 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 continue until the child is two years of age.
Program Model	
Nurse-Family Partnership	
Numbers Served	
During SFY 2012, the Children First Program served 3,547 Oklahoma families.	
Evaluation	
Children First (C1) program evaluation is multi-faceted, and consists of activities on the county and state level, as well as monitoring by the Nurse-Family Partnership National Service Office (www.nursefamilypartnership.org) and an annual university-based performance evaluation. On the county level, data are collected on forms and entered into the Public Health Oklahoma Client Information System (PHOCIS). Day-to-day monitoring and feedback is provided to counties from central office staff. Nurse caseload data are disseminated in report format or may be accessed through the PHOCIS system. Annually, the Nurse-Family Partnership National Service Office provides an Evaluation Study which examines 1) characteristics of participants at the time of entry into C1, 2) the extent to which C1 is implemented with fidelity to the Nurse-Family Partnership (NFP) model, 3) information on program outcomes, and 4) comparisons of the C1 program to selected other dissemination sites and to the Denver clinical trial. In addition, C1 Nurse Program Consultants conduct biannual site audits to ensure quality program delivery.	
Outcomes	
Children First program participants typically experienced better health outcomes than the general Oklahoma population, including: <ul style="list-style-type: none"> • Fewer preterm births, or infants delivered before 37 weeks gestation (C1: 10.9%, OK: 13.2%, Nationally: 11.7%) • Fewer newborns admitted to the Neonatal Intensive Care Unit (C1: 7.7%, Nationally: 14.4%) • Higher rates of breastfeeding initiation (C1: 86.1%, OK: 71.6%) • Higher immunization rates among children 0-24 months of age (C1: 94.0%, OK: 77.3%) A recent study of C1 participants between 2002 and 2006 found that while C1 babies are at higher risk for abuse and neglect, and are reported more often, fewer maltreatment confirmation are found among C1 families.	
Contact Information	Mildred Ramsey, Director 1000 NE 10th Street Oklahoma City, OK 73117 (405) 271-7611 MildredR@health.ok.gov

Current Children First Program Staffing



The county district areas are as follows:

- Blaine, Dewey, Kingfisher, Lincoln, Logan (7)
- Canadian, Custer (4)
- Garvin, Grady, Murray, Stephens (3)
- Creek (2)
- Bryan, Chotaw, McCurtain, Pushmataha (4)
- Carter, Jefferson, Johnstein, Love, Marshall (3)
- Canadian, Custer (4)
- Cleveland, McClain (7)
- Carter, Jefferson, Johnstein, Love, Marshall (3)
- Haskell, McIntosh, Okmulgee (2)
- Caddo, Comanche, Cotton (3)
- Beckham, Greer, Harmon, Kiowa, Jackson, Roger Mills, Tillman, Washita (2)
- Alfalfa, Garfield, Grant, Major, Woods (4)
- Caddo, Comanche, Cotton (3)
- Beckham, Greer, Harmon, Kiowa, Jackson, Roger Mills, Tillman, Washita (2)
- Alfalfa, Garfield, Grant, Major, Woods (4)
- Hughes, Okfuskee, Pottawatomie, Seminole (4)
- Beaver, Cimarron, Ellis, Harper, Texas, Woodward (5)
- Cherokee, Craig, Delaware, Mayes, Ottawa (5)
- Oklahoma (15)
- Tulsa (20)

April 30, 2013

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 & Tahihina
 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

ASSUMPTIONS

1. Program services are guided by literature on primary prevention programs and risk & protective factors of child abuse and neglect that show positive results such as:

- Prevention programs are most effective when they are tailored to the specific needs of the target population.

- The timing of the intervention matters.

- Intensity, duration and regularity of the intervention matters.

- Programs using modeling, role-playing are nearly twice as effective as programs using non-directive strategies such as counseling and group discussions.

- Enhancement of protective factors and minimization of risk factors reduces the occurrence of child abuse and neglect amongst children and families.

2. Children First Home Visitation program will utilize the Nurse Family Partnership model to deliver services.

- Home visitation programs have been proven to decrease incidence of abuse and neglect of children.

INPUTS

- Registered Nurses with valid Oklahoma licenses with training in the NFP model of home visitation services

- Transportation for conducting home visits.

- Social services / resources.

- Partnerships to provide referrals.

- Stable C1 funding.

- Clinical and administrative support of county health departments

- C1 central office staff.

- Program Evaluation.

- Program monitoring and contract compliance to ensure program fidelity.

- NFP Dr. Old's Model of Home Visitation

POPULATION SERVED

Women from all 77 Oklahoma counties who are:

- At or below 185% of the Federal Poverty Level

- Less than 29 weeks gestation

- First time mothers

- Voluntary Participants

OUTPUTS-Activities

- Assess maternal health
- Link to health care.
- Link to prenatal care.
- Educate on consequences of smoking, alcohol and drugs during pregnancy
- Identify depression and make referrals.

- Assess child health
- Link to health care.
- Conduct developmental screenings and make referrals.
- Promote breast-feeding.
- Educate about nurturing home environments.
- Educate about the effects of smoking around the child.
- Educate about the effects of domestic violence around the child.
- Demonstrate positive parenting techniques

- Assist in building skills for problem solving.
- Assist in building skills for finding and linking to appropriate community resources.
- Link to community services, as needed.
- Encourage appropriate stress –coping mechanisms.
- Promote and increase father involvement.

- Refer to employment or education resources.
- Educate on family planning and contraceptive use
- Provide positive role model for parent-child interaction.
- Provide referrals to public assistance programs when appropriate.

- Educate on safe practices and safe home environment such as water, fire, vehicle and wheeled toys safety; poisons, child-proofing home, abusive head trauma and safe sleeping practice.
- Educate on domestic violence.
- Assess risk of child maltreatment.

SHORT-TERM OUTCOMES-Objectives

Perinatal Health

- Decreased incidence of STD and UTI among clients during pregnancy
 - Decreased emergency room usage
 - Appropriate weight gain
 - Early recognition and referral for Post Partum Depression
- ### Health Behaviors
- Smoking Cessation
 - No alcohol usage
 - No substance usage
- ### Appropriate prenatal obstetrical care
- Increase in clients receiving 10+ prenatal visits

Infant Health

- Increased breastfeeding initiation and duration
 - Decreased time spent in NICU, if necessary
 - Increased gestational age at delivery
 - Decrease in preterm births
- ### Toddler Health
- Immunizations up-to-date
 - Well Child Checks up-to-date
 - Decreased emergency room visits due to illness
 - Appropriate growth patterns

Paternal Involvement

- Increase paternal involvement during pregnancy, infancy and toddlerhood
 - Increased communication between mother and father
 - More Positive Parent-Child Interaction
- ### Child and Maternal Living Arrangement
- Increased stability of living arrangement for mother and child

-Subsequent Pregnancy Spacing and Family Planning

- Increased interval between pregnancies, increased use of contraception
- ### -Workforce Participation
- Increased participation in workforce by clients over 18
- ### -Continuing Education
- Increased enrollment and attendance of educational or technical program
- ### -Appropriate use of Public Assistance programs
- Increased use of services available as appropriate

Decreased usage of emergency room due to injuries

- Home Safety Checklist
- ### Safe Sleep Practices
- Increase in safe sleep practices
- ### Car Seat Safety
- Increased car seat usage
- ### Decreased confirmations of abuse or neglect to OKDHS
- ### Decreased exposure to home violence

LONG-TERM OUTCOMES-Goals

Maternal Health

To enhance mother's health throughout pregnancy and after delivery to ensure adequate care and referrals if necessary.

Infant/Toddler Health & Development

To enhance healthy growth and development.

Family Stability

To enhance family functioning by establishing a trusting, nurturing relationship, improving family support systems and teach problem solving skills.

Maternal Life Course Development

To promote achievement of personal goals in employment, education and personal health.

Family Safety

To promote safe practices and reduce the risk of injury, illness, abuse and neglect.

Children First GOALS COLOR GUIDE

PROGRAM GOAL ACTIVITIES SHORT-TERM OUTCOMES INTERMEDIATE OUTCOMES LONG-TERM OUTCOMES



**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 2500 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 AAPI)
↓ 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
↑ stimulating home environment - 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

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

OKLAHOMA RESPITE RESOURCE NETWORK (ORRN)

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

Secondary Prevention

Agency	Description & Target Population
Oklahoma State Department of Human Services & Oklahoma State Department of Health	Respite, a temporary relief for families and caregivers, is recognized as a method to reduce the stress in families and to reduce child abuse and neglect. The respite care program at the health department is coordinated within the Office of Child Abuse Prevention using funds from the Federal Community-Based Child Abuse Prevention Grant. <u>Target Population:</u> For OSDH purposes, Children First and OCAP/Start Right are the families targeted to receive these services.
Funding Source	
Community-Based Child Abuse Prevention (CBCAP) funds (\$10,000 in FFY 2012)	
Numbers Served	
For FY2012, the Oklahoma State Department of Health had 133 families that received respite vouchers.	
Outcomes	
<ol style="list-style-type: none"> 1. Some families use Respite vouchers for more than one purpose. In SFY 2012, according to Respite Survey responses, 29% of the OCAP Start Right and Children First caregivers used Respite vouchers for health care appointments, 21 % used the vouchers for seeking, or sustaining employment and 24% used them for furthering their education. One client reported that she was able to complete the requirements for her bachelor's degree with the benefit of Respite service. Respite vouchers were also used by caregivers in SFY 2012 for personal care related to chronic stress and moving. 2. In SFY 2012, the use of Respite vouchers gave OCAP Start Right and Children First caregivers the direct responsibility of hiring and paying childcare services, thereby learning skills that increase their self-confidence and give them a sense of empowerment. 	
Contact Information	Chris Fiesel Family Support & Prevention Service, Office of Child Abuse Prevention - (405) 271.7611 1000 NE 10th Street Oklahoma City, Oklahoma 73117 chrisf@health.ok.gov

Oklahoma Child Abuse Prevention Network

FAMILY EXPECTATIONS

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 strengthen their relationships and/or marriages during and immediately following the birth of a child. Family Expectations is uniquely designed to help young parents be well equipped to handle the stressors that will likely accompany their growing family.</p> <p><u>Target Population:</u></p> <ul style="list-style-type: none"> • Income level at less than 200% of the federal poverty guidelines • Couples in a committed relationship, married or unmarried • Couples expecting a baby or recently had a baby, enrollment anytime during pregnancy up to 3 months post-birth • Both individuals are over 18 years of age <p><u>Service Period:</u> From date of first receiving services until baby turns one year of age.</p>
Funding Source	
<ul style="list-style-type: none"> • Oklahoma Department of Human Services (OKDHS) • Office of Family Assistance (OFA) 	
County Served	
Oklahoma County	
Services	<p>There are two primary components of the FE program: workshops and individualized family support services. 1) The workshop component is comprised of an initial 33 hour workshop that couples participate in together. The workshop addresses healthy communication, anger and stress management, baby care, and the importance of couple time. Other workshops, or extended activities, are offered to the couple on topics that support and provide the couple with additional information on healthy relationship skills, child development, good communication, and family issues. 2) Each couple has a Family Support Coordinator that works with them to identify strengths and needs, provide information and referrals, and help the couple integrate the workshop tools and concepts into their daily life.</p>
<p>There are two primary components of the FE program: workshops and individualized family support services. 1) The workshop component is comprised of an initial 33 hour workshop that couples participate in together. The workshop addresses healthy communication, anger and stress management, baby care, and the importance of couple time. Other workshops, or extended activities, are offered to the couple on topics that support and provide the couple with additional information on healthy relationship skills, child development, good communication, and family issues. 2) Each couple has a Family Support Coordinator that works with them to identify strengths and needs, provide information and referrals, and help the couple integrate the workshop tools and concepts into their daily life.</p>	
Program Model	
Family Expectations Change Model	
Numbers Served	
8200 adults served since mid-2005.	
Evaluation	<p>The dissolution of the couple's relationship is twice as likely to occur after the birth of a child. This is a time which the stress related to raising an infant can break down a couple's relationship, especially for couples that are not married. The Family Expectation's program goal is to strengthen these fragile families and bring stability to their child's life. This preventative intervention is meant to be provided at this pivotal transitional point in the couple's relationship, thus creating a "teachable moment."</p>
<p>The dissolution of the couple's relationship is twice as likely to occur after the birth of a child. This is a time which the stress related to raising an infant can break down a couple's relationship, especially for couples that are not married. The Family Expectation's program goal is to strengthen these fragile families and bring stability to their child's life. This preventative intervention is meant to be provided at this pivotal transitional point in the couple's relationship, thus creating a "teachable moment."</p>	
Outcomes	<ol style="list-style-type: none"> 1. 98% Improved communication skills between partners. 2. 96% Improved conflict resolution skills between partners. 3. 98% Improved parenting knowledge. 4. 96% Created a better understanding of how to avoid destructive conflict behaviors. 5. 96% Improved attitudes toward marriage among participants. 6. 95% Increased knowledge of tools necessary to improve family finances among participants.
<ol style="list-style-type: none"> 1. 98% Improved communication skills between partners. 2. 96% Improved conflict resolution skills between partners. 3. 98% Improved parenting knowledge. 4. 96% Created a better understanding of how to avoid destructive conflict behaviors. 5. 96% Improved attitudes toward marriage among participants. 6. 95% Increased knowledge of tools necessary to improve family finances among participants. 	
Contact Information	<p>David Kimmel, Ph.D., Program Director, david.kimmel@familiesok.org 3 East Main Street Oklahoma City, OK 73104 (405) 639-2054</p>

Family Expectations Change Model

Married and Unmarried Couples
(Pregnant or Baby is No Older Than 3 Months Old)

BPP Workshops

Family Support
(Case Management)

Extended Activities
Workshops

- Couples Learn Relationship Skills
- Couples Learn Parenting Skills
- Couples Increase Social Network
-

- Couple's Program Participation Increases
- Couples Reinforce Curriculum Skills
- Support Services Provided

- Curriculum Skills are Increased
- New and Different Skills are Taught
- Maintain Social Network
- Program Dosage Increases

Quality of Relationship is Improved

Parent or Co-parent and Parent-Child Relationships are Strengthened

Spouses Mental and Physical Health are Improved

Families Self-Sufficiency/Resiliency Improves

- Increase Relationship Stability
- Child's Well-Being Improves



Family Expectations

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	<p>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.</p> <p><u>Target Population:</u> Medically/socially high-risk pregnant women.</p>	
Funding Source		
Federal (\$700,000 for Oklahoma City and \$1,075,000 for Tulsa) for SFY 12		
Counties Served		
Oklahoma and Tulsa Counties		
Program Model		
Healthy Start Initiative using the Life Continuum Model		
Numbers Served		
<p>In SFY 2012: Healthy Start (Oklahoma City) served 197 program participants and 3,243 community participants. Healthy Start (Tulsa) served 412 clients and had 10,007 outreach contacts.</p>		
Oklahoma City General Outcomes		
<ol style="list-style-type: none"> 1. Reduction in infant mortality in the target areas of service (53) births, no deaths. 2. Reduction of low birth weight and premature infants. VLBW 8% and 14% LBW. 3. Increase in entry into prenatal care (was 59%). 4. Increase in Community Health Education Offerings to 334. 5. Increase in Community-Based Partnerships to Address Inter-Conception Care Initiative to 50%. 		
Tulsa Outcomes		
<ol style="list-style-type: none"> 1. Reduction in infant mortality in the target areas of service. In 2012, the IMR for Tulsa Healthy Start was 1 in 131 births. 2. Reduction in low birth weight infants. In 2012, the LBW was 7.63% and VLBW was 1.53%. 3. Increase entry into prenatal care. In 2012, the number of high risk women getting into prenatal care in the first trimester improved to 79.50 		
Contact Information	<p><u>OKLAHOMA CITY</u> Patricia Edmond, Program Coordinator Community Health Centers, Inc. Central Oklahoma Healthy Start Initiative (405) 427-3200 patricia.edmond@chciokc.org</p>	<p><u>TULSA</u> Corrina Jackson Tulsa City-County Health Department Tulsa Healthy Start (918) 595-4220 cjackson@tulsa-health.org</p>

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
Funding Source	<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>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 Comanche, Muskogee, Oklahoma and Tulsa Counties.</p>
<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>	
County Served	<p>Services. 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>Target Population: 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>Administration for Children and Families(ACF) and U.S Department of Health and Human Services, Health Resources and Services Administration (HRSA) Grants were funded in the amounts listed: Grants were funded in the amounts listed: Formula Year 1 ----- \$ 1,978,763.00 Formula Year 2 ----- \$ 2,340,796.00 Formula Year 3 ----- \$ 2,340,796.00 Expansion Year 1 ----- \$ 9,430,000.00 Expansion Year 2 ----- \$ 9,430,000.00</p>	
Program Model	<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. 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. 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>
Numbers Served	<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>During FY2013, 178 families were served. It is anticipated additional families will be served when new contracts for Healthy Families America and Parents as Teachers are awarded.</p>	

Evaluation

The MIECHV Program requires that data be collected and improvements be made for all the 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.

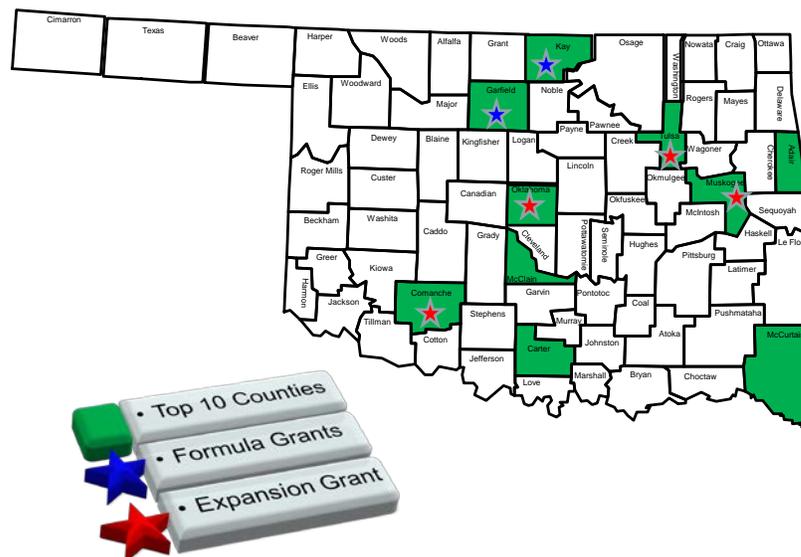
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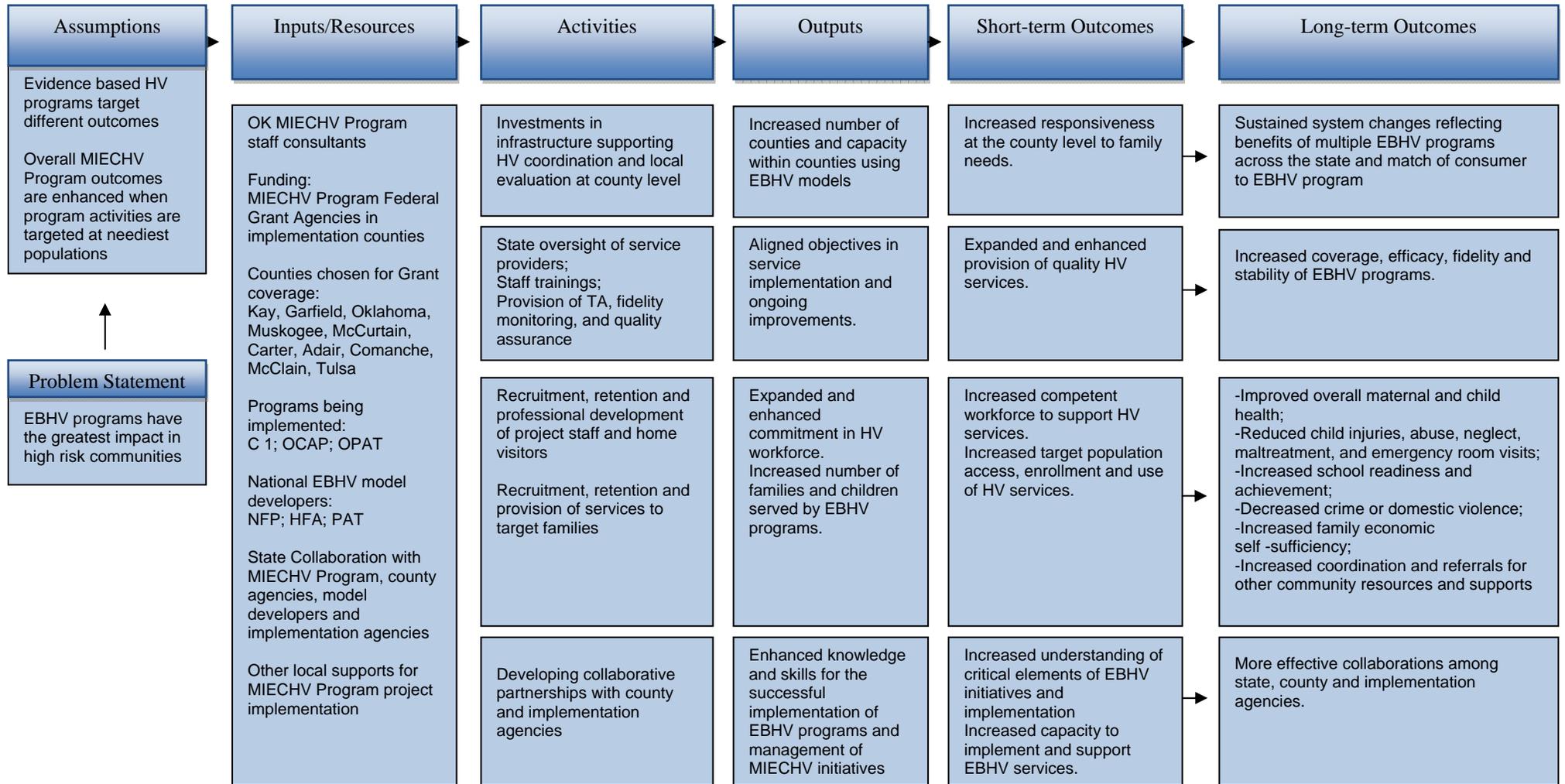
Kathie Burnett, M.S., Grant Coordinator
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Site Map

Maternal, Infant and Early Childhood Home Visiting Programs



Oklahoma ACA MIECHV Program Logic Model



Oklahoma Child Abuse Prevention Network

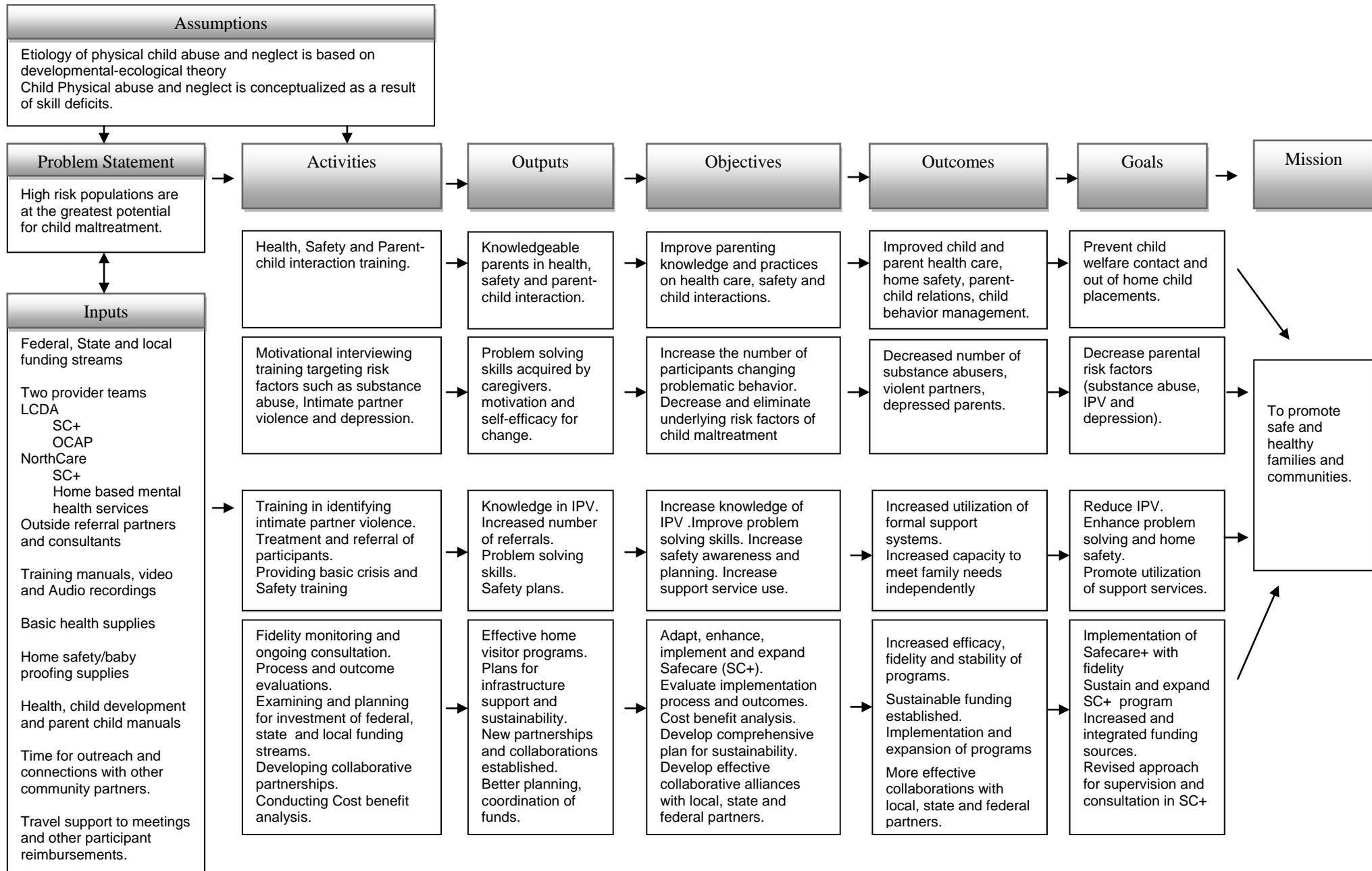
Evidence Based Child Maltreatment Prevention for High Risk Families: Expanding to Latino Communities and Enhancing Family Violence Prevention and Sustaining Prevention Programs

www.oumedicine.com/highriskprevention
www.supportingebhv.org/grantees

Secondary Prevention

Agency	Description & Target Population
Center on Child Abuse and Neglect Department of Pediatrics Oklahoma University Health Sciences Center	SAFECARE+ 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
Funding Source	Services: 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.
<ul style="list-style-type: none"> ▪ Children's Bureau, Administration on Children, Youth and Families, Office of Child Abuse and Neglect under cooperative Agreement 90CA1764 ▪ US Department of Health and Human Services through Maternal and Child Health of the US Human Resources and Services Administration 	Target Population: Families with children 0-18 years of age, with at least one child under the age of six years and who do not have a history or more than two prior child abuse or neglect referrals or have 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.
County Served	
Oklahoma County *specific to Latino Communities *Implementation Site: Latino Community Development Agency	
Program Model	
Safe Care+ (adapted and augmented SafeCare for Latino Communities)	
Numbers Served	
We anticipate serving 360 families from 2010 through to 2013.	
Planned Evaluation	
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.	
Preliminary Outcomes	
<p><i>Process Evaluation Outcomes (SafeCare Specific):</i> To date, 97% (83) of eligible referred families have been successfully engaged in services, program graduates completed 31-90 home visit sessions and reported improvements in parenting skills and knowledge including satisfaction with services received.</p> <p><i>Child and Family Outcomes (SafeCare Specific):</i> Among families discharged from the program (n=48), improvements were observed in 5 investigated domains: home sanitation-85 % (41), home safety -83% (40), parenting-89% (43), interpersonal relationships-60% (29) and adequacy of child healthcare-67% (32).</p>	
Contact Information	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 jane-silovsky@ouhsc.edu

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

| OKLAHOMA COUNTY

Secondary Prevention

Agency	Description & Target Population
Oklahoma State Department of Human Services	SAFECARE – An ecobehavioral home visitation program model developed by John Lutzker, PhD, that addresses parent-child bonding, home safety and cleanliness and child health.
Funding Source	SAFECARE+ an enhanced version of SAFECARE which includes problem solving, motivational interviewing, conflict resolution, healthy relationships curriculum, behavior activation to address depression and safety planning to address risk factors.
<ul style="list-style-type: none"> ▪ Annual State appropriation of \$200,000 ▪ Children's Bureau <ul style="list-style-type: none"> Administration on Children, Youth and Families Administration for Children and Families ▪ US Department of Health and Human Services through Maternal and Child Health of the US Human Resources and Services Administration 	Services: 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, reduce parental depression, and teaching child health care skills to prevent child maltreatment.
County Served	Target Population: Families with children 0-18 years of age, with at least one child under the age of six years and who do not have a history or more than two prior child abuse or neglect referrals or have 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.
Oklahoma County *Implementation Site: North Care	
Program Model	
SafeCare+ (Adapted and augmented Safe Care)	
Numbers Served	
We anticipate serving 400 families from 2011 through to 2014.	
Planned Evaluation	
<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.</p>	
Preliminary Outcomes	
<p><i>Process Evaluation Outcomes (SafeCare Specific):</i> To date, 85% (81) of eligible referred families have been successfully engaged in services, program graduates completed 18-58 home visit sessions and reported improvements in parenting skills and knowledge including satisfaction with services received.</p> <p><i>Child and Family Outcomes (SafeCare Specific):</i> Among families discharged from the program (n=36), improvements were observed in 5 investigated domains: home sanitation-92% (33), home safety -86% (31), parenting-97% (35), interpersonal relationships-75% (27) and adequacy of child healthcare-86% (31).</p>	
Contact Information	Jimmy Arias, Programs Manager Oklahoma Department of Human Services, Children and Family Services Division P.O. Box 25352, Oklahoma City, OK 73125 (405) 213-4532

Oklahoma Child Abuse Prevention Network

COMPREHENSIVE HOME-BASED SERVICES | PARENT AID SERVICES | OKDHS

www.okdhs.org

Tertiary Prevention

Agency	Description & Target Population
Oklahoma State Department of Human Services	Comprehensive Home-Based Services (CHBS) 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.
Funding Source	
CHBS: \$8,786,995.12 - Total	
PAS: - \$1,011,055.44 - Total	
OCS: State \$3,637,036.	Target Population: Families with children 0-18 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 54% of the families served were court ordered with the remaining families being voluntary (46%). 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.
PSSF - \$1,910,619.	
TANF - \$4,250,395.	
Total State and federal: (\$9,798,050. in SFY 12)	
Counties Served	Parent Aide Services (PAS) 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.
Statewide	Target Population: 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.
Program Model	
Traditional CHBS service model and SafeCare evidence-based parenting curriculum continued during SFY 2012. Parent Aide Services continues to provide home visitation services as described above.	
Numbers Served	
CHBS: Over 2,532 families were served by CHBS during SFY 2012. PAS: 522 families were served by PAS during SFY 2012.	

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 may eventually be incorporated into the SafeCare curriculum. In SFY 2012, the independent evaluation team developed and piloted a discipline component, Managing Child Behavior, MCB, in Tulsa and Oklahoma Counties that will be used statewide in SFY 2014. MCB will provide 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 will also provide support to foster and adoptive parents beginning in SFY '13 and beyond as proposed interventions in the Oklahoma Pinnacle Plan to help stabilize placements at risk of disruption or dissolution due to acting out behaviors of children. CCAN will evaluate the effectiveness of the 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.

Outcomes

Families who participate in Oklahoma Children's Services, both CHBS and PAS, respond at a rate of 15% to Client Satisfaction Surveys provided at the conclusion of services. Anonymity is ensured. For SFY 2012, 99% of responders reported they were highly satisfied with the services they received.

The independent evaluation of CHBS for 2012, including client demographics, recidivism rates and reunification outcomes had not been submitted at the time of this report, however, preliminary information was provided about the results of clinical assessments administered during SFY 2012, including:

- **Family Resources** – 80% of caregivers reported the following needs were met almost all the time: food for 2 meals per day, residences with heat and indoor plumbing, and medical care for children. Caregivers were less able to access medical care for themselves (25%), or find jobs (20%). Money to pay for bills and necessities, including child care were notable needs for the families.
- **Caregiver depression** – 1,143 caregivers completed the Beck Depression Inventory Fast Screen during SFY '12. Of those, approximately 5% fell in the moderately depressed range; 2% in the severe range and 22% reported mild levels of depression.
- **Alcohol and Substance Use/Abuse** – 1138 caregivers completed the CAGE Drug and Alcohol Assessment. Approximately 11% of primary caregivers and 4% of secondary caregivers indicate they may have alcohol use problems. 21% of primary caregivers and 7% of secondary caregivers reported drug issues. (Underreporting of drug and alcohol use is very common in self-disclosure assessments.)

Contact Information

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P.O.Box 25352, Oklahoma City, OK 73125
(405) 521-2859

Oklahoma Child Abuse Prevention Network

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

www.ok.gov/sde/

Tertiary Prevention

Agency	Description & Target Population
<p>Oklahoma State Department of Education Administered out of 28 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 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 Individual 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>Funding Source</p>	
<p>State Appropriations and Federal Funds (\$22,453,149 in SFY2012)</p>	<p>Target Population: 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, physical, 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 have a diagnosed physical or mental condition that has a high probability of resulting in delays.</p>
<p>Counties Served</p>	
<p>SoonerStart services are available statewide across all 77 Oklahoma counties.</p>	
<p>Services</p>	
<p>Depending on individual needs, SoonerStart offers one or a combination of the following services:</p> <ul style="list-style-type: none"> • Assistive technology services • Audiology- hearing • Child development • Early Identification with screening, evaluation and assessment services • Family training, counseling and home visits • Medical services (only for diagnostic or evaluation purposes) • Service coordination for toddlers and their families • Nutrition services • Occupational therapy • Physical therapy • Special instruction • Psychological services • Speech-language pathology • Social work services • Vision services • Nursing services 	
<p>Program Model</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>Numbers Served</p>	
<p>In State Fiscal Year 2012, 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 Kingfisher County Health Department, Kingfisher 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>Oklahoma State Department of Health 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>Funding Source</p> <p>Child Guidance State Appropriations (\$2,414,054) Federal Funds (\$1,029,984) and Local Millage(\$1,601,918) for SFY 2012; CBCAP Funds (\$150,000) in FFY 12 <i>Funding for PCIT programs is included in the Child Guidance overall appropriation.</i></p>	
<p>Program Models ~ Specialized Programs within Child Guidance</p>	
<p>Parent-Child Interaction Therapy (PCIT): 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>Numbers Served</p>	
<p>For SFY 2012,1097 total individual encounters for Parent Child Interaction Therapy program were conducted.</p>	
<p>Outcomes</p>	
<p>For SFY 2012, of families completing PCIT, 84% showed fair, good or very good progress toward reaching treatment goals.</p>	
<p>Contact Information</p>	<p>Beth Martin, Chief Child Guidance Service Oklahoma State Department of Health 1000 NE 10th Street Oklahoma City, OK 73117-1299 (405) 271-4477 ChildGuidance@health.ok.gov</p>
<p>Child Guidance Services Map → see map on Child Guidance Main Page</p>	

Oklahoma Child Abuse Prevention Network

SYSTEMS OF CARE

www.ok.gov/odmhsas/Consumer_Services/Children,_Youth_and_Family_Services/Systems_of_Care/

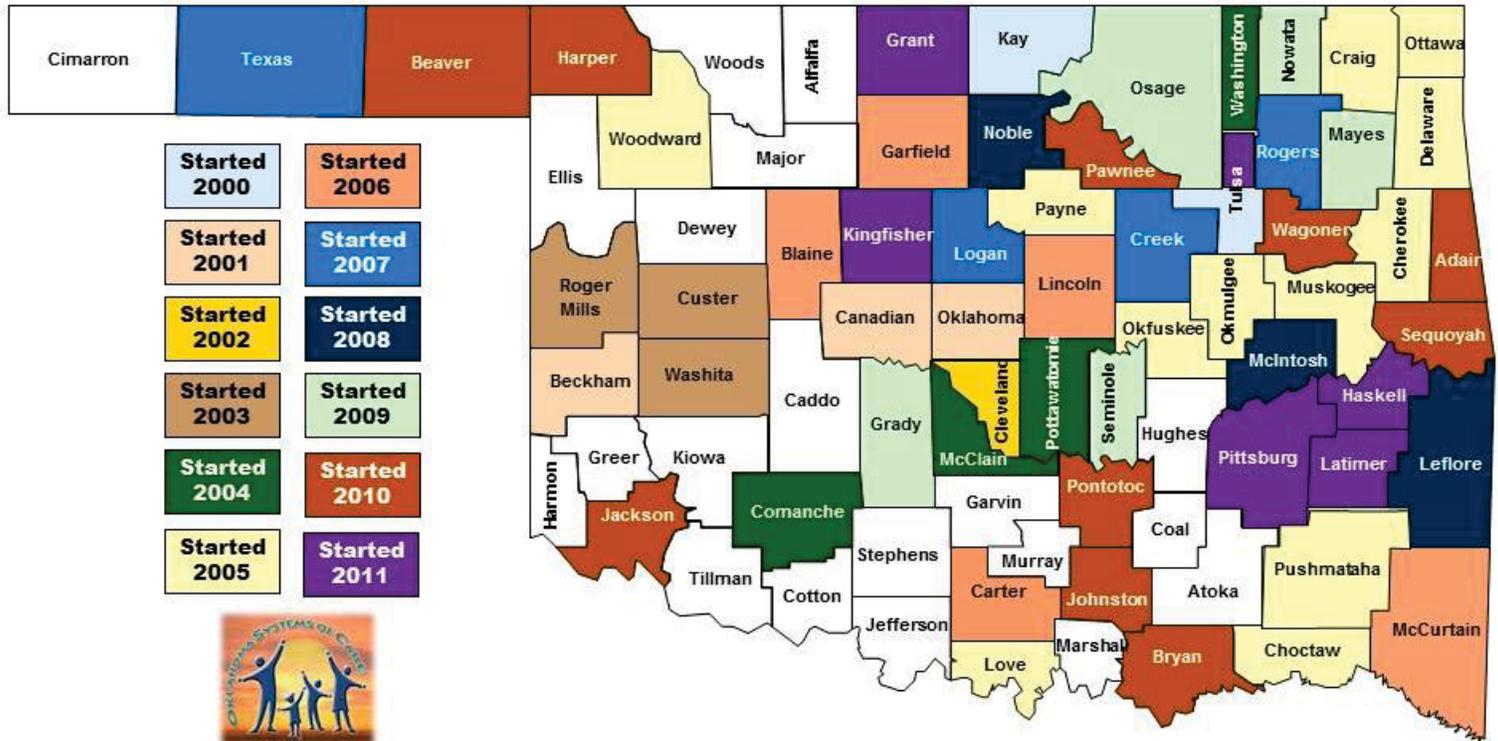
Tertiary Prevention

Agency	Description & Target Population								
Oklahoma State Department of Mental Health and Substance Abuse Services	Eligibility: 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.								
Funding Source Federal SAMHSA Systems of Care federal funding – SOC WAFA 4 million 4 years State FY 2013 – FY 2016 SOC Expansion 9 million – 5 years – State FY 2009- FY 2014..	Systems of Care <ul style="list-style-type: none"> • How communities come together to provide a system of behavioral health services and supports for children, youth and families • Families as partners and therapeutic allies • Multi-disciplinary teams and blended resources • Individualized “Wraparound” approach • Strengths-based assessments • Community-based ownership • Coordination with informal and natural supports • Comprehensive service array 								
Counties Served 58 counties (see map below)	Wraparound “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.								
Program Model									
Wraparound									
Numbers Served									
1,669 families were served in SFY 2012.									
Evaluation									
Conducted by the University of Oklahoma, John Vetter.									
Outcomes									
After 6 months with Systems of Care Wraparound; SFY 2012 (n=800) <table border="0" style="width: 100%;"> <tr> <td>1. Reduced Days of Out-of-Home Placement: 35%</td> <td>5. Reduced Arrests: 67%</td> </tr> <tr> <td>2. Reduced School Detentions: 73%</td> <td>6. Reduced School Absences: 51%</td> </tr> <tr> <td>3. Reduced Number of Youth Self-Harming: 38%</td> <td>7. Reduced School Suspensions: 64%</td> </tr> <tr> <td>4. Reduced Contacts with Law Enforcement: 65%</td> <td></td> </tr> </table>		1. Reduced Days of Out-of-Home Placement: 35%	5. Reduced Arrests: 67%	2. Reduced School Detentions: 73%	6. Reduced School Absences: 51%	3. Reduced Number of Youth Self-Harming: 38%	7. Reduced School Suspensions: 64%	4. Reduced Contacts with Law Enforcement: 65%	
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Contact Information	Darlene Brickly (405) 522-4151 dbrickey@odmhsas.org								



OKLAHOMA SYSTEMS OF CARE

Children, Youth, and Family Services



SUCCESSFUL OUTCOMES

After 6 months with Systems of Care Wraparound
FY 2012 (n=800)

- Reduced Days of Out-of-Home Placement 35%
- Reduced School Detentions 73%
- Reduced Number of Youths Self-Harming 38%
- Reduced Arrests 67%
- Reduced Contacts with Law Enforcement 65%
- Reduced Days Absent from School 51%
- Reduced Days Suspended from School 64%

Family Driven *Youth Guided*
Community Based *Culturally & Linguistically Competent*

Oklahoma Child Abuse Prevention Network

MENTAL HEALTH SERVICES

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>
Funding Source	
<p>ODMHSAS receives funding from a variety of sources. For SFY 2012, mental health services funding totaled approximately \$220 million. Sources: 65% state, 7% federal government, and 28% other.</p>	
Services	
Program Model	
<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>	
Numbers Served	
<p>In State Fiscal Year 2012, approximately 65,000 individuals received mental health services from ODMHSAS - funded agencies (State Fiscal Year 2012: July 1, 2011-June 30, 2012).</p>	
Evaluation	
<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, www.odmhsas.org, or by calling the department's decision support services division, (405) 522-3908.</p>	
Outcomes	
<p>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:</p> <ol style="list-style-type: none"> 1. Percent of customers receiving a medication visit within 14 days of admission: 56.6% 2. Percent of customers receiving a follow up service within 7 days after an inpatient discharge: 78.6% 3. Percent of customers who receive four services within 45 days of admission: 75.5% 	

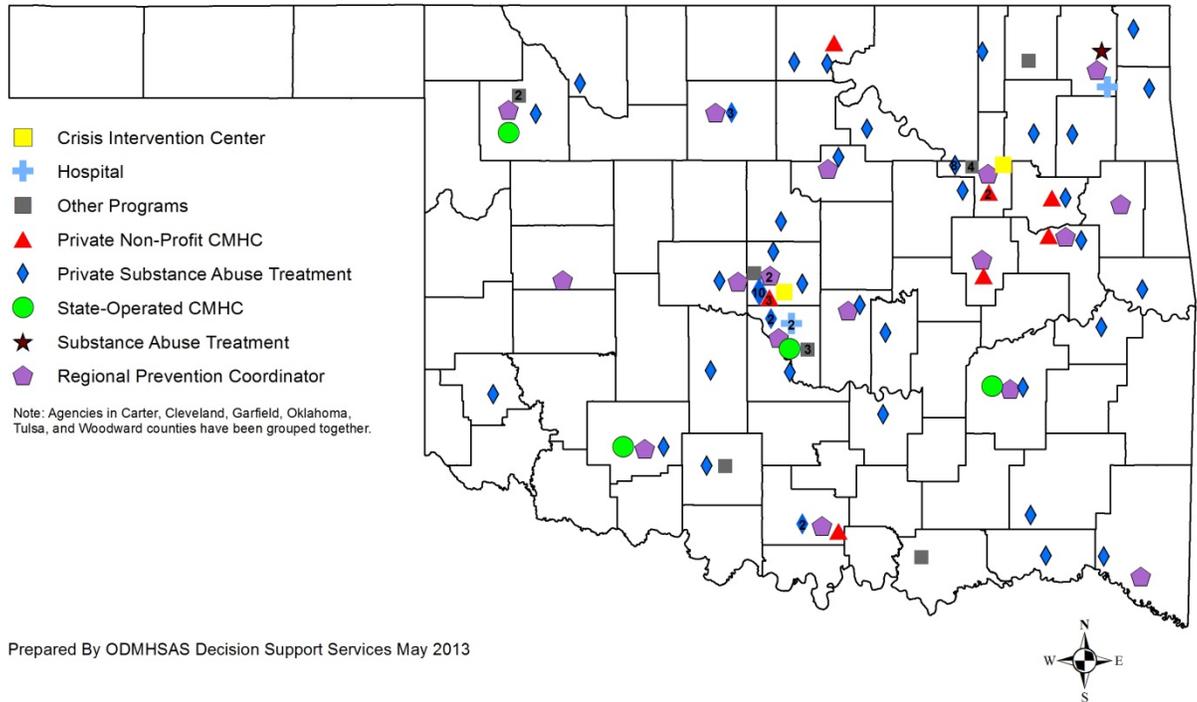
**Contact
Information**

Jeffrey Dismukes, Director
ODMHSAS Public Information
(405) 522-3907
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

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.
Funding Source	
ODMHSAS receives funding from a variety of sources. For FY 2012, substance abuse services funding totaled \$69,508,000. Of this amount, approximately \$13 million was designated for prevention programs. State appropriations accounted for \$39,687,305 of the total amount and \$29,820,695 came from federal funding sources.	
Services	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.
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 .	
Program Model	
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.	
Numbers Served	
In State Fiscal Year 2012, approximately 19,200 individuals received ODMHSAS funded substance abuse services (State Fiscal Year 2012: July 1, 2011-June 30, 2012).	
Evaluation	
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, www.odmhsas.org , or by calling the department's decision support services division, (405) 522-3908.	
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 substance abuse treatment services include: <ol style="list-style-type: none"> 1. Percent of customers reporting a reduction in substance use: 59.7% 2. Percent of customers reporting a reduction in number of arrests: 62.5% 3. Percent of customers NOT readmitting to Detox within 30 days: 95.1% 	

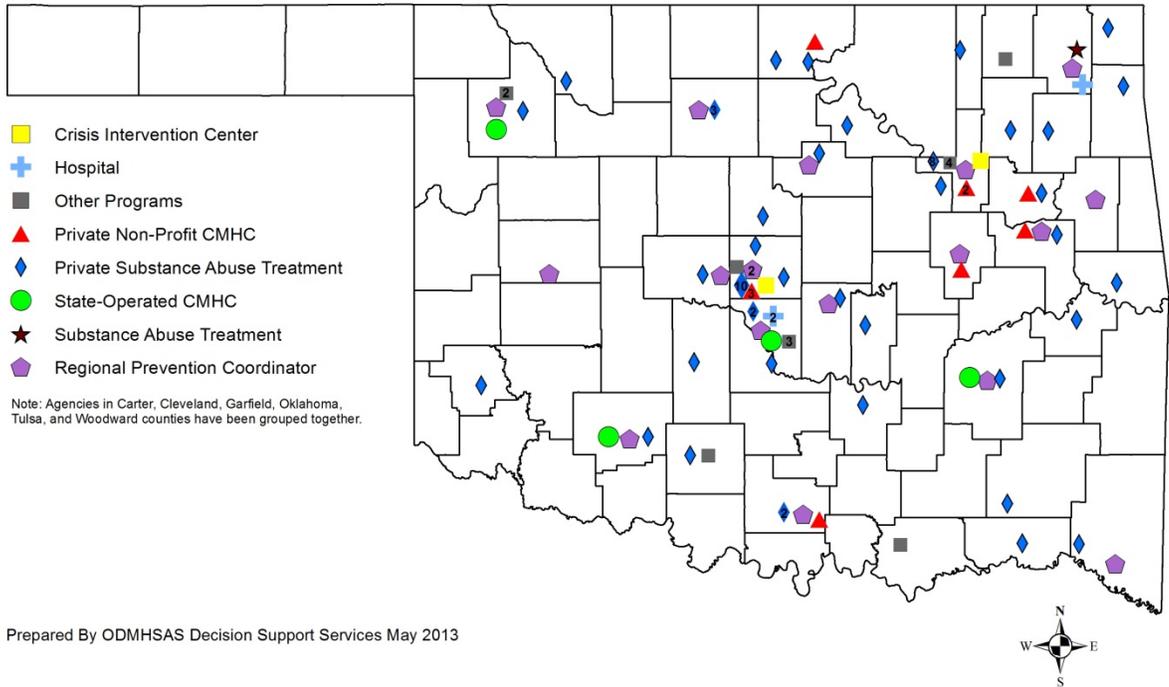
**Contact
Information**

Jeffrey Dismukes, Director
ODMHSAS Public Information
(405) 522-3907
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 SERVICES/BATTERERS INTERVENTION PROGRAMS

www.oag.ok.gov

Tertiary Prevention

Agency	Description & Target Population		
Office of Attorney General	The Office of Attorney General contracts with twenty nine 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.		
Funding Source	<p>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)</p> <p><i>Target Population:</i> Victims of domestic violence, sexual assault and stalking.</p>		
Counties Served			
77 counties	<p><i>Victims of domestic violence receive services at a certified DVSA programs, shelters, court houses, emergency rooms, and police departments.</i></p>		
Program Model			
<p>The intervention strategies for the DVSA agencies working with adult domestic violence/sexual assault /stalking victims is to provide SAFETY from physical, emotional, financial, and psychological harm 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 ethic of zero tolerance for domestic violence, sexual assault, and stalking in our communities.</p>			
Numbers Served			
<p>In federal fiscal year 2012, as self-reported by the domestic violence program, provided assistance to 12,123 women and 3,346 dependent children and 1,055 male victims. There are currently 29 programs certified by the Office of Attorney General offering services to domestic violence victims and their children. And currently there are 29 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>			
Evaluation			
<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, 2011 to September 30, 2012 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	2077	1,904	1,919
Support Services and Advocacy Survey	4,399	3,865	2,971
Counseling Survey	1,161	1,543	1,136
Support Survey	1,547	1,499	1,321
TOTAL	9,856	8,811	9,092

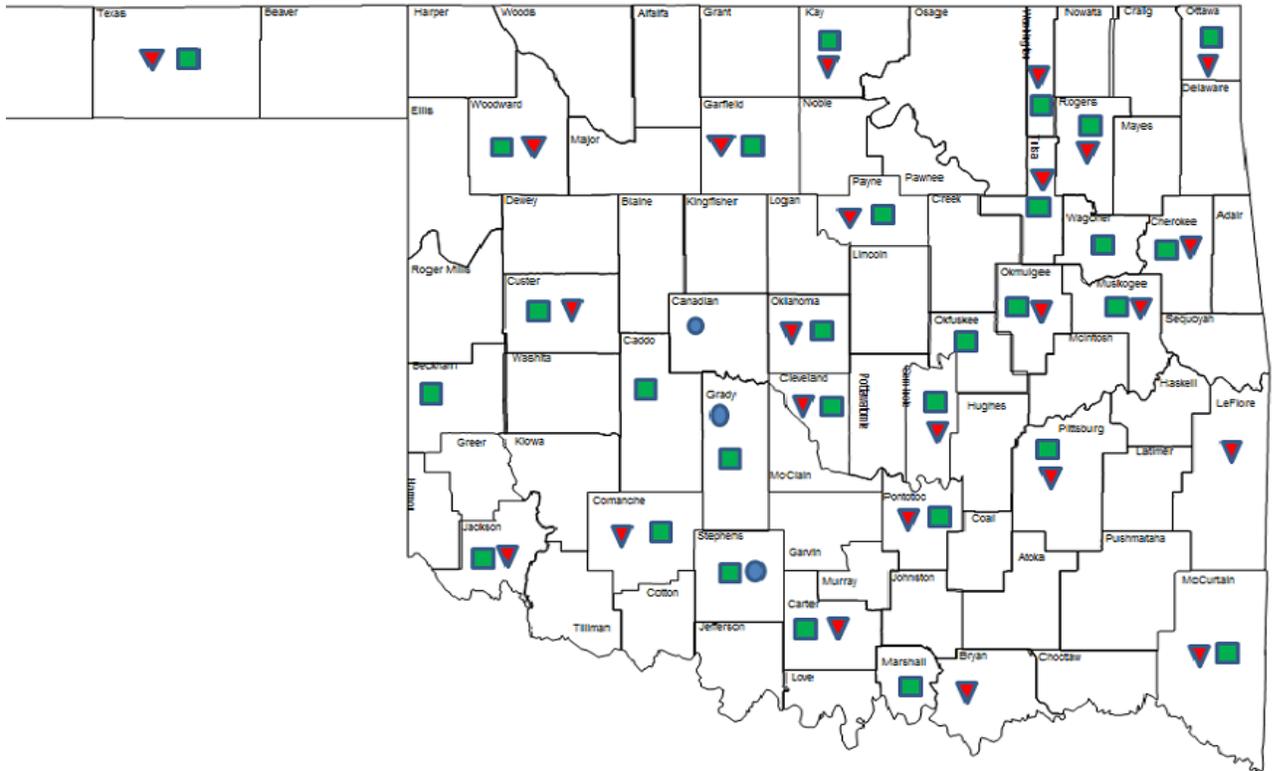
Outcomes

The contracted certified programs are required to survey clients. The surveys examine changes that have occurred as a result of a services being provided. The outcomes examined are:

1. Clients know more ways to plan for their safety.
2. Clients know more about community resources.
3. We also collect information for the FVPSA annual report.

Contact Information

Lesley Smith March
Office of Attorney General
(405) 521-4274



▼ Shelter Program

■ Batterers Program

● Crisis Center-No Shelter

DVSA Programs with Batterer Programs	Primary Location
Southwest Ok Community Action Group ▼■	Altus
A.C.T.I.O.N Associates ▼■	Clinton
Community Crisis Center ▼■	Miami
Crisis Control Center ▼	Durant
Day Spring Villa ▼	Sandsprings
DVIS ▼■	Tulsa
Domestic Violence Program of North Central OK ▼	Ponca City
Family Crisis Center ▼■	Ada
Family Crisis & Counseling Center ▼■	Bartlesville
Family Resource Center of Seminole County ▼■	Seminole
Family Shelter of Southern Oklahoma ▼	Ardmore
Help In Crisis ▼■	Tahlequah
KiBois Community Action Foundation ▼	Stigler
Latino Community Development Agency ●■	Oklahoma City
New Directions ▼	Lawton

DVSA Programs with Batterer Programs	Primary Location
McAlester McCare Center-KiBois ▼	McAlester
Northwest Domestic Crisis Services ▼■	Woodward
Northwest Domestic Crisis Services ▼■	Guymon
Okmulgee County Family Resource Center ▼■	Okmulgee
Project Safe ▼	Shawnee
Safenet Services ▼■	Claremore
SOS for Families ▼■	Idabel
Stillwater Domestic Violence Services ▼■	Stillwater
Women In Safe Home ▼■	Muskogee
Women's Crisis Services of LeFlore County ▼	Poteau
Women's Haven ▼■	Duncan
Women's Resource Center ▼	Norman
Women's Service and Family Resource Center ●	Chickasha
YWCA of Enid ▼	Enid
YWCA of Oklahoma City ▼	Oklahoma City

Certified-Stand Alone-Batterers Intervention Program	
Catalyst Behavioral Services	Oklahoma City
Chandler and Associates	Okemah, Shawnee, Lawton
Community Works	Norman
COPE	Oklahoma City
Court Assistance	Oklahoma City
Growing Hope	Enid
Human Skills and Resources	Sapulpa
Family Builders	Oklahoma City, Guthrie
Second Chance and Reentry Services	El Reno
Southeastern Oklahoma Family Services	Ardmore, Madill, McAlester, Mead
Southwestern Youth and Family Services	Chickasha, Anadarko
Transformations, LLC	Tulsa

Oklahoma Child Abuse Prevention Network

OKLAHOMA DRUG COURTS

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.
Funding Source	
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.	
Services	
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.	
Program Model	
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.	
Numbers Served	
The 60 Drug Courts that are operational across 73 counties (some courts serve multiple counties) served over 6,000 participants in fiscal year 2012. The program includes Adult, Juvenile, and Family Drug Courts across the state.	
Evaluation	
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.	
Outcomes	
1. Data since FY2011 indicates that unemployment decreased by 90.4% between admission and graduation.	
2. Data since FY2011 shows a 35.6% decrease among participants without a high school education between admission and graduation.	
3. Data since FY2011 demonstrates that children living with their parents increased by 50.4% between admission and graduation.	
4. Data indicates that \$23.5 million in total wages were earned and \$1.4 million in tax revenue was generated 3 years after drug court admission (based on 670 drug court graduates from 2007, currently about 1,300 participants graduate per year).	

Oklahoma Drug Courts Site Map

Oklahoma Drug Courts SFY 2012

