Appendix A: Oklahoma Child Abuse Prevention Network

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

<table>
<thead>
<tr>
<th>Agency</th>
<th>Description &amp; Target Population</th>
</tr>
</thead>
</table>
| **Oklahoma State Department of Health & Smart Start Oklahoma** | **Eligibility**: Who is served?  
Children and families in early care and education settings involved in the Strengthening Families Sites.  

**Duration of Participation**  
Children and families are served while participating in early care and education settings or through various community events.  

**Description of Services**  
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. |

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Counties Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public and Private Funding</td>
<td>Garfield, Logan, Kay, Pontotoc, Payne, Stephens and Tulsa</td>
</tr>
</tbody>
</table>

### 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

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 Site Map

Strengthening Families SFY 2012

[Map showing counties and highlighted areas marked as Counties Served]
**Infrastructure**

**Agency**

<table>
<thead>
<tr>
<th>Description &amp; Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smart Start Oklahoma 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.</td>
</tr>
</tbody>
</table>

**Funding Source**

| State, Federal and Private Funds |

**Counties Served**

| 50 |

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.

**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**

1. 100% of SSO communities will have a current needs assessment in place with strategic plans to facilitate school readiness for children 0-6.
2. 100% of SSO communities will sponsor and support community initiatives to support quality child care, family engagement, and health and mental health networks.
3. 100% of SSO communities will support the State Early Childhood Advisory Council annually by soliciting and submitting local recommendations.

**Contact Information**

Debra D. Andersen, Executive Director
421 N.W. 13th Street, Suite 270
Oklahoma City, OK 73103
(405) 278-6978
Debra.Andersen@Smartstartok.org
### Description & Target Population

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

70 counties
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

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 10th Street
Oklahoma City, Ok 73117
(405) 271-4476
**Infrastructure**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Description &amp; Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oklahoma State Department of Health</td>
<td>WIC is a nutrition program established to help pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. Nutrition education and counseling, nutritious foods, and assistance with access to health care are provided to women, infants, and children whose household incomes are at or below 185% of the federal poverty income level. WIC determines income based on gross income. WIC counts all of the members of a household, related or non-related. WIC counts an unborn baby as a household member. <em>Target Population:</em> 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.</td>
</tr>
</tbody>
</table>

**Funding Source**

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).

**Counties Served**

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.

**Program Model**

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!

**Numbers Served**

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.

**Evaluation**

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.

**Outcomes**

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.

**Contact Information**

Terry Bryce, Chief of WIC Services
2401 NW 23rd Street, Suite 70 (Shepherd Mall)
Oklahoma City, OK 73107-2475
**MULTIDISCIPLINARY CHILD ABUSE TEAMS (MDT’S)**

**Description & Target Population**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Infrastructure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oklahoma State Department of Human Services</strong> (funds)</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Oklahoma State Department of Health</strong> (training, standards, development and assessment)</td>
<td></td>
</tr>
<tr>
<td><strong>District Attorney Offices</strong> (county level development)</td>
<td></td>
</tr>
</tbody>
</table>

**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>
<thead>
<tr>
<th>Types of Abuse</th>
<th>Other Conditions Involved</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>41%</td>
</tr>
<tr>
<td>Neglect</td>
<td>Alcohol or Drugs</td>
<td>26%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>Domestic Violence</td>
<td>05%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Mental Illness</td>
<td>14%</td>
</tr>
<tr>
<td>Other</td>
<td>Divorces or Custody Proceedings</td>
<td>04%</td>
</tr>
</tbody>
</table>

**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 Multidisciplinary Teams - FY 2012 - 2013

Child Abuse Training and Coordination Program
Oklahoma State Department of Health
Family Health Services
Family Support & Prevention Service

The number posted in each county represents the data from fiscal year 2011 on the number of confirmed cases of child abuse and neglect as per the Oklahoma State Department of Human Services.
Total - 8,110

- Counties with a functioning multidisciplinary child abuse team (n = 21)
- Counties with a Child Advocacy Center Accredited by the National Children’s Alliance (n = 20)
- Counties with functioning or provisional multidisciplinary child abuse teams (n = 5)
- Counties that are establishing new multidisciplinary child abuse teams (n = 3)

Total Number of Multidisciplinary Teams in Oklahoma = 46
# Child Abuse Training and Coordination Program Trainings (CATC)

**http://catcp.health.ok.gov**

**Infrastructure**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Description &amp; Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oklahoma State Department of Human Services</td>
<td>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:</td>
</tr>
<tr>
<td>Oklahoma State Department of Health</td>
<td>1. Address child abuse and neglect and family violence;</td>
</tr>
<tr>
<td>District Attorney Offices</td>
<td>2. Be discipline specific and multidisciplinary in content;</td>
</tr>
<tr>
<td></td>
<td>3. Be ongoing and accommodate professionals who require extensive knowledge as well as those who require general knowledge; and</td>
</tr>
<tr>
<td></td>
<td>4. Include but not be limited to, district attorneys, judges, lawyers, public defenders, law enforcement, medical personnel, child welfare workers, mental health professionals.</td>
</tr>
</tbody>
</table>

**Funding Source**

- Children’s Justice Act Grant – SFY11 - $138,650
- Heirloom Birth Certificates – Approximately $50,000 per year

**Counties Served**

Trainings are provided across the state of Oklahoma

**Program Model**

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.

**Numbers Served**

The CATC Program serves approximately 1,000 child abuse professionals a year across the state of Oklahoma.

**Evaluation**

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”.

**Outcomes**

Our participants average approximately a 38% increase in knowledge level.

**Contact Information**

Pat Damron, CATC Program Coordinator: [Patriciaad@health.ok.gov](mailto:Patriciaad@health.ok.gov)
Lisa Slater, Administrative Assistant: [lisakj@health.ok.gov](mailto:lisakj@health.ok.gov)
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.

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.

- 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

- 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

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 Parents as Teachers (OPAT)

**www.sde.state.ok.us**

**Agency**

Oklahoma State Department of Education  
Administered at the school district level through competitive grants.

**Description & Target Population**

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.

**Target Population:** All families with children, birth to 36 months of age who reside in participating school districts.

### Funding Source

* State Appropriations unreported ($1.6 million in grant funds for school year 11-12)

### Program Model

Parents as Teachers

### Numbers Served

* 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.

### Evaluation

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.

### Outcomes

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

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

*Please note – not all information could be updated, last year’s information has an “*” and is in gray.*
<table>
<thead>
<tr>
<th>District</th>
<th>County</th>
<th>Funded Amount (in dollars)</th>
<th>Minimum # Children Served Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ada</td>
<td>Pontotoc</td>
<td>$21,000.00</td>
<td>40</td>
</tr>
<tr>
<td>Anadarko</td>
<td>Caddo</td>
<td>21,000.00</td>
<td>40</td>
</tr>
<tr>
<td>Ardmore City</td>
<td>Carter</td>
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</tr>
<tr>
<td>Bartlesville</td>
<td>Washington</td>
<td>35,000.00</td>
<td>65</td>
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<tr>
<td>Bethany</td>
<td>Oklahoma</td>
<td>21,000.00</td>
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<tr>
<td>Bixby</td>
<td>Tulsa</td>
<td>35,000.00</td>
<td>65</td>
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<tr>
<td>Bristow</td>
<td>Creek</td>
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<td>Checotah</td>
<td>McIntosh</td>
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<td>Pawhuska/Anderson</td>
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<td></td>
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</tr>
</tbody>
</table>

| Totals                           |                   | $1,582,500.00 |        | 4,220  |
# Early Head Start Program

**Agency**

Early Head Start is administered by the Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services. Local community-based organizations and American Indian Tribes are local program providers through grant funds issued directly from the federal government.

**Description & Target Population**

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.

**Services provided by Early Head Start include:**

- 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

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.

**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.

**Funding Source**


**Program Model**

Early Head Start

**Numbers Served**

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.

**Evaluation**

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.

**Outcomes**

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.

**Contact Information**

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
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)
# Primary Prevention

<table>
<thead>
<tr>
<th>Agency</th>
<th>Description &amp; Target Population</th>
</tr>
</thead>
</table>
| 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:  
- 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. |

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>State funding through the school funding formula.</th>
</tr>
</thead>
</table>

| 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. |

http://www.crocus.georgetown.edu/publications.html. |

| Outcomes | 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.*
<table>
<thead>
<tr>
<th><strong>Agency</strong></th>
<th><strong>Description &amp; Target Population</strong></th>
</tr>
</thead>
</table>
| Sunbeam Family Services – OKC Educare | 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.  
**Target population:** 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. |

| **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 component. |

| **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** |  
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 |
**Agency**
Tulsa Educare I-Kendall Whittier  
Tulsa Educare II-Hawthorne  
Tulsa Educare III-MacArthur

**Description & Target Population**
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.

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.

**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

**Funding Source**
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.

**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**

**Outcomes**
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. 67th E. Avenue  
Tulsa, OK 74129  
(918) 852-8082
Oklahoma State Department of Health
Administered at the County and City-County Health Department levels

Description & Target Population
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.

Target Population: 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*
<table>
<thead>
<tr>
<th>INPUTS</th>
<th>ACTIVITIES</th>
<th>OUTPUT MEASURES</th>
<th>INTERMEDIATE OUTCOMES</th>
<th>LONG-TERM OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Child Guidance Service within the OSDH has been identified as the</td>
<td>• Provide early identification of behavioral, communication, developmental</td>
<td>• The number of young children who receive early identification of behavioral,</td>
<td>• Increase in the number of young children identified with behavioral, communication,</td>
<td>• Increase in the number of children with <strong>improved overall health</strong> due to</td>
</tr>
<tr>
<td>lead agency to provide early childhood mental health services and</td>
<td>or social emotional concerns in young children</td>
<td>communication, developmental and/or social emotional concerns.</td>
<td>communication, developmental and/or social emotional concerns.</td>
<td>enhanced social emotional development</td>
</tr>
<tr>
<td>consultation</td>
<td>• Provide assessment and intervention services to families with children</td>
<td>• The number of children with identified behavioral, communication,</td>
<td>• Increase in the number of children receiving assessment and intervention after</td>
<td>• Decrease in the rate of <strong>child abuse</strong> in young children.</td>
</tr>
<tr>
<td>• Child Guidance clinics are located within Oklahoma County Health</td>
<td>birth to age 13, with an emphasis on young children.</td>
<td>development and/or social emotional concerns who receive assessment and/or</td>
<td>being identified with behavioral, communication, developmental and/or social</td>
<td>• Increase in the number of children that <strong>enter school healthy and ready to</strong></td>
</tr>
<tr>
<td>Departments, thus families utilizing child health and nutrition</td>
<td>• Provide Early Childhood Mental Health Consultation services to child</td>
<td>evaluation.</td>
<td>emotional concerns.</td>
<td>learn.</td>
</tr>
<tr>
<td>services will be familiar with the clinics</td>
<td>care centers, Head Starts, and schools (Pre-K through 2nd grade).</td>
<td>• The number of children with identified behavioral, communication,</td>
<td>• Increase in the number of child care centers, Head Starts, and schools (Pre-K</td>
<td>• Decrease in the percentage of parents that believe their child has <strong>difficulty</strong></td>
</tr>
<tr>
<td>• Child Guidance clinics are located in Oklahoma County Health</td>
<td>• Provide training to other professionals to conduct developmental</td>
<td>development and/or social emotional concerns who receive intervention services.</td>
<td>through 2nd grade) that receive Early Childhood Mental Health Consultation services.</td>
<td>with emotion, concentration, behavior, or being able to get along with other</td>
</tr>
<tr>
<td>Departments because mental health is a critical component of</td>
<td>screening for children.</td>
<td>• The number of child care centers, Head Starts, and schools (Pre-K through</td>
<td>• Increase in the number of professionals that are conducting developmental</td>
<td>people.</td>
</tr>
<tr>
<td>children’s physical health.</td>
<td>• Provide parent training programs that are evidence based.</td>
<td>2nd grade) who receive Early Childhood Mental Health Consultation services.</td>
<td>screenings for children.</td>
<td>• Increase in the number of <strong>protective factors</strong> at the family and individual</td>
</tr>
<tr>
<td>• Child Guidance staff are trained in Evidence Based Practices that</td>
<td>• The number of families with young children who receive evidence-based</td>
<td>• The number of developmental screenings for children that occur in primary</td>
<td>• Increase in the number of families with young children who receive evidence-</td>
<td>level.</td>
</tr>
<tr>
<td>provide skills based training.</td>
<td>practice parenting education and training.</td>
<td>care offices.</td>
<td>based practice parenting education and training.</td>
<td>• Decrease in the number of <strong>risk factors</strong> at the family and individual level.</td>
</tr>
</tbody>
</table>

Based on Evidence Based Practices that provide skills based training.
Primary Prevention

### Agency

**Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)**

The ODMHSAS supports prevention initiatives such as: the Oklahoma Prevention Resource Center, 17 Regional Prevention Coordinators, Youth Suicide Prevention and Early Intervention, Substance Abuse Prevention for Children in Substance Abusing Families, 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.

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.

**Target Population:** Oklahomans across the lifespan.

### Funding Source

**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**

### Program Model

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:

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

*Number of persons served by the Substance Abuse Prevention Block Grant in SFY 2012 = 2,807,319.*

### Evaluation

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.

### Outcomes

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
Substance Abuse Prevention Services (PREVENTION) Logic Model

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
### The Incredible Years - Parents, Teachers, and Children Training Series

**Agency**

**Oklahoma State Department of Health**  
Administered at the County and City-County Health Department levels

**Description & Target Population**

The Incredible Years Program serves parents and children 4-8 years of age.

- **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 promote material learned.
- **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.

**Funding Source**

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 FYF 12

Funding for the Incredible Years Programs is included in the Child Guidance overall appropriation.

**Counties Served**

**The Incredible Years Programs were offered in the following areas:**

- **Parent group:** Oklahoma County, Tulsa County
- **Classroom group:** Tulsa County
- **Treatment group:** Cleveland County, Tulsa County

**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.

**Numbers Served**

For SFY 2012, The Incredible Years Program served 105 parents in parenting groups, 20 children in classroom groups, and 20 children in treatment groups.

**Outcomes**

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.

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### Start Right Programs | Home Visitation Services

#### Agency

**Oklahoma State Department of Health**  
Office of Child Abuse Prevention (OCAP)

#### Description & Target Population

Start Right provides four basic individual and community services:
- 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.

**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); 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 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

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Start Right/OCAP Map

Oklahoma Community-Based Child Abuse Prevention Programs by Counties SFY 2012
### 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](http://ocap.health.ok.gov)  

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### Oklahoma State Department of Health  
Administered via local Start Right Contractors

### Description & Target Population

The Start Right Programs provide four core services:

- 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)

Center-based services are a subset of contract requirements of all sub-recipient contractors.

### 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

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## Start Right Programs | Circle of Parents

**Agency**

Oklahoma State Department of Health
Administered through local Start Right Contractors

**Description & Target Population**

The Start Right Programs (Office of Child Abuse Prevention) provides four core services:

- 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)

Center-based services are a subset of contract requirements of all sub-recipient contractors.

**County Served**

Adair, Cherokee, Cleveland, Delaware, Kay, McCurtain, Nowata, Wagoner, Washington

**Program Model**

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.

**Numbers Served**

During SFY 2012, 74 Circle of Parents Support Groups were held with 1,365 participants which include adults and children.

**Evaluation**

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.

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**Secondary Prevention**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Description &amp; Target Population</th>
</tr>
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<tbody>
<tr>
<td><strong>Oklahoma State Department of Health</strong>&lt;br&gt;(administered through local county health departments)</td>
<td>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.</td>
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**Funding Source**

- State Appropriations and County Millage ($8,284,342 in SFY 2012)<br>- Federal Medicaid Reimbursement ($1,688,272 in SFY 12); and<br>- 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:
- 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**

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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 – Coalgale
Comanche County Health Department – Lawton
Cotton County Health Department – Walters
Craig County Health Department – Vinita
Creek County Health Department – Sapulpa, Drumright & Bristow
Custer County Health Department – Clinton & Weatherford
Delaware County Health Department – Jay
Garfield County Health Department - Enid
Garvin County Health Department – Pauls Valley & Lindsey
Grady County Health Department - Chickasha
Grant County Health Department – Medford & Pond Creek
Greer County Health Department - Mangum
Harmon County Health Department - Hollis
Harper County Health Department – Laverne & Buffalo
Haskell County Health Department - Stigler
Hughes County Health Department – Holdenville
Jackson County Health Department - Altus
Jefferson County Health Department - Waurika
Johnston County Health Department - Tishomingo
Kay County Health Department – Ponca City & Blackwell
Kingfisher County Health Department - Kingfisher
Kiowa County Health Department - Hobart
Latimer County Health Department - Wilburton
LeFlore County Health Department – Poteau & Talihina
Lincoln County Health Department - Chandler
Logan County Health Department - Guthrie
Love County Health Department - Marietta
McClain County Health Department – Purcell & Blanchard
McCurtain County Health Department - Idabel
 McIntosh County Health Department – Eufaula & Checotah
Major County Health Department - Fairview
Marshall County Health Department - Madill
Murray County Health Department - Sulphur
 Muskogee County Health Department - Muskogee
Noble County Health Department - Perry
Okfuskee County Health Department - Okemah
Oklahoma City-County Health Department - Oklahoma City
Okmulgee County Health Department – Okmulgee, Henryetta & Beggs
Ottawa County Health Department – Miami
Payne County Health Department – Stillwater & Cushing
Pittsburg County Health Department - McAlester
Pontotoc County Health Department – Ada
Potawatomie 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
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.

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.

   - 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

**Activity**

- 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.

**Outputs - Activities**

- 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

- Maternal Health
  - To enhance mother’s health throughout pregnancy and after delivery to ensure adequate care and referrals if necessary.

- Early recognition and referral for Post Partum Depression

- 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.

**Outputs - Activities**

- Decreased usage of emergency room due to injuries
  - Home Safety Checklist
  - Safe Sleep Practices
  - Increased in safe sleep practices
  - Car Seat Safety
  - Increased car seat usage
  - Decreased confirments of abuse or neglect to OKDHS
  - Decreased exposure to home violence

**Population Served**

- Children from all counties

**Inputs**

- Identify depression and make referrals

**Outputs - Activities**

- Assess maternal health
- Assess child health
- 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

**Outputs - Activities**

- Perinatal Health
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- 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.
**PROGRAM GOAL**

**ACTIVITIES**

1. **IMPROVE pregnancy outcomes by helping women improve prenatal health**
   - Home visits weekly for 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.
     - Nutritional and exercise requirements during pregnancy.
     - Other risk factors for preterm delivery/low birth weight (e.g., genital/urinary 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.

2. **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 support sensitive parent-child interactions facilitative of developmental progress.
     - Assess parent-child interaction, using NCASES screening tool and provide guidance as needed.
     - Assess infant/toddler's developmental progress at selected intervals using Ages and Stages Questionnaire or DDST, and provide guidance as needed.
     - Promote adequate use of well-child care.
     - Guidance to help parents in building and fostering social support networks.
     - Guidance assessing safety of potential/actual child care arrangements.
     - Referrals to other health and human services as needed.

3. **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.
     - Parent/family planning, education and work goals; and referrals to other health and human services as needed.

**SHORT-TERM OUTCOMES**

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

2. **Newborns are ≥ 37 weeks gestation & weigh 2500 grams or more**
   - ↓ pre-term delivery among smokers
   - ↓ birth weight among young teens (<17 years)
   - ↓ neurodevelopmental impairment

3. **Parents demonstrate sensitive and competent caregiving for infants and toddlers**
   - ↓ child caregiving beliefs associated with child maltreatment (Barulek.
   - ↓ reported cases of child abuse/neglect
   - ↓ incidents of child injuries or ingestions
   - ↓ stimulating home environments, i.e., increase in appropriate play materials (HOME Inventory)

4. **Children display age and gender appropriate development**
   - ↓ language & cognitive/mental delays
   - ↑ more responsive in interactions with mothers (NCASES); ↓ less distress to fear stimuli

5. **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
   - ↓ child on welfare
   - ↓ father involvement in child care and support

**INTERMEDIATE OUTCOMES**

1. **Early Childhood (4-6 yrs):**
   - ↓ safety hazards in home
   - ↓ stimulating home environment - HOME score
   - ↓ incidents of injuries & ingestions noted in medical record
   - ↑ Executive Functioning Composite scores
   - ↓ problems in clinical range on Achenbach CBCL

2. **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)

3. **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
   - ↑ rates of living with father of child
   - ↑ rates of marriage

**LONG-TERM OUTCOMES**

**Nurse-Family Partnership**

**Theory of Change Logic Model**
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.
**Secondary Prevention**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Description &amp; Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oklahoma State Department of Human Services &amp; Oklahoma State Department of Health</strong></td>
<td>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. <strong>Target Population:</strong> For OSDH purposes, Children First and OCAP/Start Right are the families targeted to receive these services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Numbers Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-Based Child Abuse Prevention (CBCAP) funds ($10,000 in FFY 2012)</td>
<td>For FY2012, the Oklahoma State Department of Health had 133 families that received respite vouchers.</td>
</tr>
</tbody>
</table>

**Outcomes**

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**

<table>
<thead>
<tr>
<th>Chris Fiesel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Support &amp; Prevention Service, Office of Child Abuse Prevention - (405) 271.7611</td>
</tr>
<tr>
<td>1000 NE 10th Street</td>
</tr>
<tr>
<td>Oklahoma City, Oklahoma 73117</td>
</tr>
<tr>
<td><a href="mailto:chrisf@health.ok.gov">chrisf@health.ok.gov</a></td>
</tr>
</tbody>
</table>
### FAMILY EXPECTATIONS
www.familiesok.org

<table>
<thead>
<tr>
<th>Agency</th>
<th>Description &amp; Target Population</th>
</tr>
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<tbody>
<tr>
<td>Public Strategies</td>
<td>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.</td>
</tr>
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<table>
<thead>
<tr>
<th>Funding Source</th>
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<tbody>
<tr>
<td>• Oklahoma Department of Human Services (OKDHS)</td>
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<tr>
<td>• Office of Family Assistance (OFA)</td>
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</table>

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<tr>
<th>County Served</th>
<th>Oklahoma County</th>
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</table>

| Services        | 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. |

<table>
<thead>
<tr>
<th>Program Model</th>
<th>Family Expectations Change Model</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Numbers Served</th>
<th>8200 adults served since mid-2005.</th>
</tr>
</thead>
</table>

| Evaluation      | 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 FamilyExpectation’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.” |

<table>
<thead>
<tr>
<th>Outcomes</th>
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<tbody>
<tr>
<td>1.</td>
<td>98% Improved communication skills between partners.</td>
</tr>
<tr>
<td>2.</td>
<td>96% Improved conflict resolution skills between partners.</td>
</tr>
<tr>
<td>3.</td>
<td>98% Improved parenting knowledge.</td>
</tr>
<tr>
<td>4.</td>
<td>96% Created a better understanding of how to avoid destructive conflict behaviors.</td>
</tr>
<tr>
<td>5.</td>
<td>96% Improved attitudes toward marriage among participants.</td>
</tr>
<tr>
<td>6.</td>
<td>95% Increased knowledge of tools necessary to improve family finances among participants.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Contact Information</th>
<th>David Kimmel, Ph.D., Program Director, <a href="mailto:david.kimmel@familiesok.org">david.kimmel@familiesok.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 East Main Street</td>
</tr>
<tr>
<td></td>
<td>Oklahoma City, OK 73104</td>
</tr>
<tr>
<td></td>
<td>(405) 639-2054</td>
</tr>
</tbody>
</table>

Target Population:
- 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

Service Period:
From date of first receiving services until baby turns one year of age.
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
### Healthy Start Initiative

[www.chciokc.org](http://www.chciokc.org) (Oklahoma City) and [www.csctulsa.org/family%20health.htm#Tulsa_Healthy_Start_Initiative](http://www.csctulsa.org/family%20health.htm#Tulsa_Healthy_Start_Initiative) (Tulsa)

#### Secondary Prevention

<table>
<thead>
<tr>
<th>Agency</th>
<th>Description &amp; Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private and Public Organizations</td>
<td>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.</td>
</tr>
<tr>
<td>Funding Source</td>
<td><strong>Target Population:</strong> Medically/socially high-risk pregnant women.</td>
</tr>
<tr>
<td>Federal ($700,000 for Oklahoma City and $1,075,000 for Tulsa) for SFY 12</td>
<td></td>
</tr>
</tbody>
</table>

#### Counties Served

- Oklahoma and Tulsa Counties

#### Program Model

Healthy Start Initiative using the Life Continuum Model

#### Numbers Served

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.

#### Oklahoma City General Outcomes

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

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

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**TULSA**  
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Tulsa Healthy Start  
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[cjackson@tulsa-health.org](mailto:cjackson@tulsa-health.org)
The Oklahoma State Department of Health has been designated as the lead agency in the collaborative efforts to plan and implement the MIECHV Program.

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. 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.

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.

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.

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.
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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(C) (405) 850-8094  annettej@health.ok.gov

Kathie Burnett, M.S., Grant Coordinator
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Oklahoma City, OK 73117
Office: (405) 271-7611   Direct: (405) 271-9444, ext. 56724
Fax: (405) 271-1011  kathieb@health.ok.gov

Site Map
Maternal, Infant and Early Childhood Home Visiting Programs

- Top 10 Counties
- Formula Grants
- Expansion Grant
Oklahoma ACA MIECHV Program Logic Model

Problem Statement
EBHV programs have the greatest impact in high risk communities

Inputs/Resources
- OK MIECHV Program staff consultants
- Funding: MIECHV Program Federal Grant Agencies in implementation counties
- Counties chosen for Grant coverage: Kay, Garfield, Oklahoma, Muskogee, McCurtain, Carter, Adair, Comanche, McClain, Tulsa
- Programs being implemented: C 1; OCAP; OPAT
- National EBHV model developers: NFP; HFA; PAT
- State Collaboration with MIECHV Program, county agencies, model developers and implementation agencies
- Other local supports for MIECHV Program project implementation

Activities
- Investments in infrastructure supporting HV coordination and local evaluation at county level
- State oversight of service providers; Staff trainings; Provision of TA, fidelity monitoring, and quality assurance
- Recruitment, retention and professional development of project staff and home visitors
- Recruitment, retention and provision of services to target families
- Developing collaborative partnerships with county and implementation agencies

Outputs
- Increased number of counties and capacity within counties using EBHV models
- Aligned objectives in service implementation and ongoing improvements.
- Expanded and enhanced commitment in HV workforce. Increased number of families and children served by EBHV programs.
- Enhanced knowledge and skills for the successful implementation of EBHV programs and management of MIECHV initiatives

Short-term Outcomes
- Increased responsiveness at the county level to family needs.
- Increased competent workforce to support HV services.
- Increased understanding of critical elements of EBHV initiatives and implementation
- Increased capacity to implement and support EBHV services.

Long-term Outcomes
- Sustained system changes reflecting benefits of multiple EBHV programs across the state and match of consumer to EBHV program
- Increased coverage, efficacy, fidelity and stability of EBHV programs.
- Improved overall maternal and child health;
- Reduced child injuries, abuse, neglect, maltreatment, and emergency room visits;
- Increased school readiness and achievement;
- Decreased crime or domestic violence;
- Increased family economic self-sufficiency;
- Increased coordination and referrals for other community resources and supports

More effective collaborations among state, county and implementation agencies.
## Secondary Prevention

### Agency

| Center on Child Abuse and Neglect Department of Pediatrics Oklahoma University Health Sciences Center |

### Description & Target Population

| 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 |

| 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. |

| 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. |

### Funding Source

- 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

### 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

**Process Evaluation Outcomes (SafeCare Specific):** 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.

**Child and Family Outcomes (SafeCare Specific):** 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).

### Contact Information

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| 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

**Problem Statement**
High risk populations are at the greatest potential for child maltreatment.

**Inputs**
- Federal, State and local funding streams
- Two provider teams: LCDA, SC+, OCAP, NorthCare SC+
- Home based mental health services
- Outside referral partners and consultants
- Training manuals, video and Audio recordings
- Basic health supplies
- Home safety/baby proofing supplies
- Health, child development and parent child manuals
- Time for outreach and connections with other community partners.
- Travel support to meetings and other participant reimbursements.

**Activities**
- Health, Safety and Parent-child interaction training.
- Motivational interviewing training targeting risk factors such as substance abuse, intimate partner violence and depression.
- Training in identifying intimate partner violence. Treatment and referral of participants. Providing basic crisis and Safety training.
- Fidelity monitoring and ongoing consultation. Process and outcome evaluations.
- Examining and planning for investment of federal, state and local funding streams.
- Developing collaborative partnerships. Conducting Cost benefit analysis.

**Outputs**
- Knowledgeable parents in health, safety and parent-child interaction.
- Problem solving skills acquired by caregivers. motivation and self-efficacy for change.
- Knowledge in IPV. Increased number of referrals. Problem solving skills. Safety plans.
- Effective home visitor programs. Plans for infrastructure support and sustainability. New partnerships and collaborations established. Better planning, coordination of funds.

**Objectives**
- Improve parenting knowledge and practices on health care, safety and child interactions.
- Increase the number of participants changing problematic behavior. Decrease and eliminate underlying risk factors of child maltreatment.
- Increase knowledge of IPV. Improve problem solving skills. Increase safety awareness and planning. Increase support service use.

**Outcomes**
- Improved child and parent health care, home safety, parent-child relations, child behavior management.
- Decreased number of substance abusers, violent partners, depressed parents.
- Increased utilization of formal support systems. Increased capacity to meet family needs independently.
- Increased efficacy, fidelity and stability of programs.
- Implementation of Safecare+ with fidelity Sustain and expand SC+ program Increased and integrated funding sources. Revised approach for supervision and consultation in SC+.

**Goals**
- Prevent child welfare contact and out of home child placements.
- Decrease parental risk factors (substance abuse, IPV and depression).
- Reduce IPV. Enhance problem solving and home safety. Promote utilization of support services.

**Mission**
To promote safe and healthy families and communities.
### Agency
Oklahoma State Department of Human Services

### Description & Target Population

**SAFECARE** – An ecobehavioral home visitation program model developed by John Lutzker, PhD, that addresses parent-child bonding, home safety and cleanliness and child health.

**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.

**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.

**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.

### Funding Source
- Annual State appropriation of $200,000
- Children’s Bureau
  - 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

### County Served
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
**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**: Using a (2x2) factorial randomized controlled trial design, we are evaluating the efficacy and effectiveness of Safe Care’s program/service content (breath 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.

### Preliminary Outcomes
**Process Evaluation Outcomes (SafeCare Specific)**: 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.

**Child and Family Outcomes (SafeCare Specific)**: 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).

### 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
### Agency

<table>
<thead>
<tr>
<th>Description &amp; Target Population</th>
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<tbody>
<tr>
<td><strong>Oklahoma State Department of Human Services</strong></td>
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</tbody>
</table>

### Funding Source

| **CHBS:** $ 8,786,995.12 - Total |
| **PAS:** $ 1,011,055.44 - Total |
| **OCS:** State $3,637,036. |
| **PSSF:** $1,910,619. |
| **TANF:** $4,250,395. |
| **Total State and federal:** ($9,798,050. in SFY 12) |

### Counties Served

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<th><strong>Statewide</strong></th>
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### Target Population

**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.

**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.

**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

| B.K. Kubiak, Programs Manager for Oklahoma Children’s Services |
| Oklahoma Department of Human Services, Children and Family Services Division |
| P.O.Box 25352, Oklahoma City, OK 73125 |
| (405) 521-2859 |
### Agency

**Oklahoma State Department of Education**  
Administered out of 28 sites based in county health departments with the exception of Grady, Oklahoma, and Tulsa County.

### Description & Target Population

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.

**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.

### Funding Source

State Appropriations and Federal Funds ($22,453,149 in SFY2012)

### Counties Served

SoonerStart services are available statewide across all 77 Oklahoma counties.

### Services

Depending on individual needs, SoonerStart offers one or a combination of the following services:

- 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

### Program Model

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.

### Numbers Served

In State Fiscal Year 2012, SoonerStart was budgeted to provide screening, evaluation, and services to 12,899 infants and toddlers.
Evaluation

In accordance with Part C of the Individuals with Disabilities Education Act, Oklahoma has in place a state performance plan that evaluates the state’s efforts to implement the requirements and purposes of Part C and describes how the state will improve such implementation.

The SoonerStart Early Intervention Program uses a quality assurance process to monitor federal and state compliance. The Oklahoma State Department of Education must report annually to the public on the performance of each SoonerStart site located in the state on the 14 federal indicators, such as timely services, child find, child and family outcomes and transition.

Outcomes

1. In FFY 2011, SoonerStart individualized services were provided to 1.62% of Oklahoma’s infant and toddler population (ages 0-3).
2. In FFY 2011, 82.89% of eligible infants and toddlers with IFSPs had an evaluation, assessment, and initial IFSP meeting within Part C’s 45-day timeline.
3. In FFY 2011, 98.91% of records indicated that SoonerStart services were provided within 15 working days from the date of parent consent for services (i.e., the date on the initial IFSP).

Contact Information

If you are concerned about your child’s development, please call the Oklahoma State Department of Education, Special Education Services Division at (405) 521-4155 and ask for the phone number of your local SoonerStart office.

SoonerStart Site Map

SoonerStart Early Intervention SFY 2012
<table>
<thead>
<tr>
<th>SoonerStart Region</th>
<th>Locations/Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:</td>
<td>Garfield County Health Department, Enid</td>
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<tr>
<td></td>
<td>Payne County Health Department, Stillwater</td>
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<tr>
<td></td>
<td>Texas County Health Department, Guymon</td>
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<td>Woodward County Health Department, Woodward</td>
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<td>2:</td>
<td>Canadian County Health Department, El Reno</td>
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<td>Custer County Health Department, Clinton</td>
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<td>Kingfisher County Health Department, Kingfisher</td>
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<td></td>
<td>Logan County Health Department, Guthrie</td>
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<td>3:</td>
<td>Oklahoma County SoonerStart, Oklahoma City</td>
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<td>4:</td>
<td>Carter County Health Department, Ardmore</td>
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<td>Comanche County Health Department, Lawton</td>
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<td>Grady County Health Department, Chickasha</td>
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<td>Jackson County Health Department, Altus</td>
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<td>5:</td>
<td>Cleveland County Health Department, Norman</td>
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<td></td>
<td>Pontotoc County Health Department, Ada</td>
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<td>Pottawatomie County Health Department, Shawnee</td>
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<td>6:</td>
<td>Creek County Health Department, Sapulpa</td>
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<td>Tulsa County SoonerStart, Tulsa</td>
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<td>Cherokee County Health Department, Tahlequah</td>
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<td>Washington County Health Department, Bartlesville</td>
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<td>8:</td>
<td>Bryan County Health Department, Durant</td>
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<td>McCurtain County Health Department, Idabel</td>
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<td></td>
<td>Pittsburg County Health Department, McAlester</td>
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</tbody>
</table>
### Tertiary Prevention

**Agency**

**Oklahoma State Department of Health**
Administered at the County and City-County Health Department levels

**Description & Target Population**

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.

**Funding Source**

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

Funding for PCIT programs is included in the Child Guidance overall appropriation.

### Program Models ~ Specialized Programs within Child Guidance

**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.

### Numbers Served

For SFY 2012, 1097 total individual encounters for Parent Child Interaction Therapy program were conducted.

### Outcomes

For SFY 2012, of families completing PCIT, 84% showed fair, good or very good progress toward reaching treatment goals.

### 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 Services Map → see map on Child Guidance Main Page
### Systems of Care

**Agency**
Oklahoma State Department of Mental Health and Substance Abuse Services

**Description & Target Population**

**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.

**Systems of Care**
- 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

**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.

**Funding Source**

**Counties Served**
58 counties (see map below)

**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)

1. Reduced Days of Out-of-Home Placement: 35%
2. Reduced School Detentions: 73%
3. Reduced Number of Youth Self-Harming: 38%
4. Reduced Contacts with Law Enforcement: 65%
5. Reduced Arrests: 67%
6. Reduced School Absences: 51%
7. Reduced School Suspensions: 64%

**Contact Information**
Darlene Bricky
(405) 522-4151
dbrickey@odmhsas.org
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%
### Agency
Oklahoma Department of Mental Health and Substance Abuse Services

### Description & Target Population
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.

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.

### Funding Source
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.

### Services
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 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.

### Numbers Served
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).

### 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 mental health treatment services include:

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%
Oklahoma Department of Mental Health and Substance Abuse Services

Statewide Treatment Delivery System

- Crisis Intervention Center
- Hospital
- Other Programs
- Private Non-Profit CMHC
- Private Substance Abuse Treatment
- State-Operated CMHC
- Substance Abuse Treatment
- Regional Prevention Coordinator

Note: Agencies in Carter, Cleveland, Garfield, Oklahoma, Tulsa, and Woodward counties have been grouped together.

Prepared By ODMHSAS Decision Support Services May 2013
### Agency

Oklahoma Department of Mental Health and Substance Abuse Services

### Description & Target Population

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.

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.

### 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

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](http://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:

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%
Oklahoma Department of Mental Health and Substance Abuse Services

Statewide Treatment Delivery System

- Crisis Intervention Center
- Hospital
- Other Programs
- Private Non-Profit CMHC
- Private Substance Abuse Treatment
- State-Operated CMHC
- Substance Abuse Treatment
- Regional Prevention Coordinator

Note: Agencies in Carter, Cleveland, Garfield, Oklahoma, Tulsa, and Woodward counties have been grouped together.

Prepared By ODMHSAS Decision Support Services May 2013
Tertiary Prevention

Agency
Office of Attorney General

Description & Target Population
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.

Target Population: Victims of domestic violence, sexual assault and stalking.
Victims of domestic violence receive services at a certified DVSA programs, shelters, court houses, emergency rooms, and police departments.

Funding Source
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)

Counties Served
77 counties

Program Model
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.

Numbers Served
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.

Please note: These numbers do not reflect the domestic violence/sexual assault victims served by the Native American Tribes.

Evaluation
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:

<table>
<thead>
<tr>
<th>Survey Type</th>
<th>Number of Survey's Completed</th>
<th>Number of Yes Responses to Resource Outcome</th>
<th>Number of Yes Responses to Safety Outcome</th>
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<tbody>
<tr>
<td>Shelter Survey</td>
<td>2077</td>
<td>1,904</td>
<td>1,919</td>
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<tr>
<td>Support Services and Advocacy Survey</td>
<td>4,399</td>
<td>3,865</td>
<td>2,971</td>
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<tr>
<td>Counseling Survey</td>
<td>1,161</td>
<td>1,543</td>
<td>1,136</td>
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<tr>
<td>Support Survey</td>
<td>1,547</td>
<td>1,499</td>
<td>1,321</td>
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<tr>
<td>TOTAL</td>
<td>9,856</td>
<td>8,811</td>
<td>9,092</td>
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</table>
Outcomes

The contracted certified programs are required to survey clients. The surveys examine changes that have occurred as a result of 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
<table>
<thead>
<tr>
<th>Certified-Stand Alone-Batterers Intervention Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catalyst Behavioral Services</td>
</tr>
<tr>
<td>Chandler and Associates</td>
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<tr>
<td>Community Works</td>
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<tr>
<td>COPE</td>
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<tr>
<td>Court Assistance</td>
</tr>
<tr>
<td>Growing Hope</td>
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<tr>
<td>Human Skills and Resources</td>
</tr>
<tr>
<td>Family Builders</td>
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<tr>
<td>Second Chance and Reentry Services</td>
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<tr>
<td>Southeastern Oklahoma Family Services</td>
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<tr>
<td>Southwestern Youth and Family Services</td>
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<tr>
<td>Transformations, LLC</td>
</tr>
</tbody>
</table>
### Agency

Oklahoma State Department of Mental Health and Substance Abuse Services

### Description & Target Population

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 SFY 2012

State Funded Drug Courts
BJA Funded Drug Courts
### CHILD ADVOCACY CENTERS

http://catcp.health.ok.gov

#### Description & Target Population

**Private & Non-Profit Groups**  
(see contact below)

Child Advocacy Centers are child-focused, center-based programs that work to prevent further victimization of children who have been sexually or physically abused or neglected. Centers work towards more immediate follow-up to reports of child abuse, efficient referrals to medical and mental health professionals, reduction of child interviews, increased successful prosecution, and support for the child and family. Centers offer a comprehensive approach to child abuse and neglect investigation and intervention and work in conjunction with multidisciplinary child abuse teams. Nineteen of the multidisciplinary teams have full National Children’s Advocacy Alliance Membership.

### Funding Source

Varied, including income from the CAMA fund for centers with full membership with the National Children’s Alliance.

### Counties Served

There are twenty accredited Child Advocacy Centers across the state of Oklahoma.

### Program Model

Standards provided by the National Children’s Alliance

#### Components (10) to the National Children’s Alliance full membership for centers

<table>
<thead>
<tr>
<th>Component</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>Child-Appropriate/Child-Friendly Facility</td>
<td>Specialized Medical Evaluation</td>
</tr>
<tr>
<td>Multidisciplinary Team Approach</td>
<td>Therapeutic Intervention</td>
</tr>
<tr>
<td>Organizational Capacity (legal/financial/admin.)</td>
<td>Victim Support and Advocacy</td>
</tr>
<tr>
<td>Cultural Competency and Diversity</td>
<td>Team Case Review</td>
</tr>
<tr>
<td>Forensic Interviews</td>
<td>Case Tracking System</td>
</tr>
</tbody>
</table>

### Contact Information

Pat Damron, CATC Program Coordinator: Patriciaad@health.ok.gov  
Lisa Slater, Administrative Assistant: lisakj@health.ok.gov

### MDT Site Map

**Oklahoma Multidisciplinary Teams - FY 2012 - 2013**  
Child Abuse Training and Coordination Program  
Oklahoma State Department of Health  
Family Health Services  
Family Support & Prevention Service

The number posted in each county represents the data from fiscal year 2011 on the number of confirmed cases of child abuse and neglect as per the Oklahoma State Department of Human Services.  
Total = 8,110

- **Yellow**: Counties with a functioning multidisciplinary child abuse team  
- **Blue**: Counties with a Child Advocacy Center Accredited by the National Children’s Alliance  
- **Green**: Counties with functioning provisional multidisciplinary child abuse team  
- **Red**: Counties that are establishing new multidisciplinary child abuse teams

**Total Number of Multidisciplinary Teams in Oklahoma = 46**