



2016

CHILD GUIDANCE
ANNUAL REPORT



CHILD GUIDANCE VISION:
Creating a state of health in which
families can thrive so that all children
reach optimal growth and development

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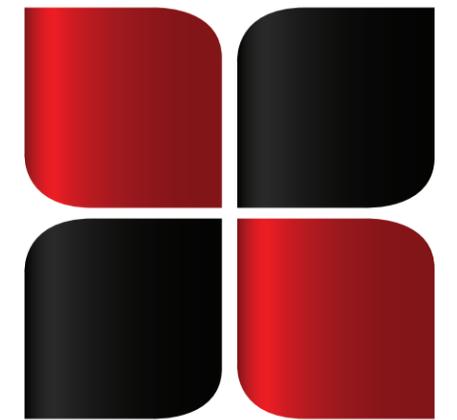


2016 CHILD GUIDANCE ANNUAL REPORT

CHILD GUIDANCE VISION: Creating a state of health in which families can thrive so that all children reach optimal growth and development.

CHILD GUIDANCE MISSION: Child Guidance serves children, birth to age 13, their families and caregivers by providing services that are relationship based, family centered, developmentally appropriate and culturally sensitive. Child Guidance is a key partner in a system of care that works to assure conditions by which our youngest citizens can be healthy.

The Oklahoma State Department of Health (OSDH) Child Guidance Program offers a continuum of services for children and their families to assist them in achieving optimal development. The program is uniquely positioned in public health settings to provide evidence-based programs (EBP) that enhance protective factors and reduce risk factors for families. Child Guidance teams located in county health departments consist of master's degree level clinicians in child development, behavioral health and speech/language pathology. All professionals must maintain credentials in their clinical specialty area. Through a multidisciplinary approach to service delivery, Child Guidance provides a continuum of



services that supports development and parenting of children from birth to age 13. Each discipline provides a unique expertise in supporting families with young children. At the core of the Child Guidance Program are EBPs that have been proven effective in changing behavior in the target population. Child Guidance staff has received training in various EBPs from accredited program trainers. Implementation of EBPs is supported through technical supervision, continuing education and peer support groups.



The OSDH Child Guidance Program currently has staff trained to provide these highly rated EBPs:

- The Incredible Years®-Parent Program
- The Incredible Years®-Child Program
- The Incredible Years®-Teacher Program
- The Incredible Years®-Small Group Treatment Program
- Parent Child Interaction Therapy (PCIT)
- Circle of Security© (COS)
- It Takes Two To Talk®-The Hanen Centre®
- Early Childhood Mental Health Consultation (For Child Care Centers)
- Trauma Focused Cognitive Behavioral Therapy (TFCBT)
- Circle of Parents® (COP) (Evidence-informed)

Research has shown that the foundation of sound mental health begins in early childhood as early experiences. Disruptions in development can affect a child's ability to learn or develop relationships. In the absence of a caring supportive relationship, these disruptions can lead to lifelong issues (National Scientific Council on the Developing

Child, 2008/2012). If these concerns are caught early they may be able to prevent developmental and biological disruptions which may result in physiological responses, later impairments in health and altered brain architecture (Center on the Developing Child, 2007).

Mental health and emotional well-being are essential to a child's overall health and well-being. Recent research indicates that early experiences in childhood lay the foundation for later success (Tout, et al. 2013). Additionally, the presence of certain risk factors can impact the development of a child's mental health and predispose them to mental health problems. Poverty, low birth weight, parental depression, and exposure to trauma (e.g., violence, abuse and neglect) are some of the risk factors for mental health issues. In other words, facing these and other adverse childhood experiences can lead to problems across the lifespan. For example, children exposed to trauma can experience learning difficulties, chronic health problems, behavior problems, and poor social and emotional

PARTICIPANTS & PROGRAM CHARACTERISTICS

competence, all of which greatly impact the life course (Cooper, 2007). Early exposure to traumatic events has been shown to negatively affect the developing brain disrupting healthy emotional and cognitive development. These types of stressors can have a cumulative effect on both physical and mental health (Center on the Developing Child, 2007). In contrast, early intervention can prevent the consequences of early adversity resulting in children who are emotionally healthy and more likely to enter school ready to learn, succeed in school, be physically healthy, and lead productive lives.



PARTICIPANT CHARACTERISTICS

During calendar year 2016 (CY), Child Guidance services were provided to 5,067 unduplicated clients who participated in 21,327 encounters. Of these clients, 2,424 were new client intakes. Nearly 60% were male, and slightly more than 90% spoke English as their primary language.

Children in the foster care system represent a priority population for the Child Guidance Program. In 2014, the number of children in the custody of the state of Oklahoma was 11,483 (Oklahoma Department of Human Services). Eighty-three percent (83%) were between the ages of birth and 13 and 42% were under the age of five. In the last four years the percentage of foster children receiving Child Guidance services has doubled from 5% to 10%. Including grandparents raising grandchildren the percentage nearly

triples. In 2016, approximately 4% of new intakes represented grandparents raising grandchildren, compared to 5% in the general population. Child Guidance clients living with two married parents comprised 45% of the population served in 2016. This represents an increase from 2015 when 39% of Guidance clients resided with two married parents. According to the American Community Survey, 39% of Oklahoma children are living with both their married, biological parents ranking Oklahoma eighth lowest in the nation. Eighty-four percent of Child Guidance clients received some form of public assistance. The most frequent form of assistance reported was SoonerCare (Medicaid) followed by WIC and Food Stamps.





PARTICIPANTS & PROGRAM CHARACTERISTICS

FROM ENCOUNTERS NEW TABLE		
ENCOUNTER TYPE	FREQUENCY	PERCENT
Guidance Assessment/Evaluation	4,355	20.38
Guidance Consultation	68	0.32
Guidance Parent Only Consultation	424	1.98
Guidance Intervention	13,608	63.68
Guidance Prevention	6	0.03
Guidance Screening	2,908	13.61
TOTAL	21,369	100.00

PROGRAM CHARACTERISTICS

Individual Child Guidance services were provided through 15 County Health Departments serving as regional hubs. Services were also provided through contractual agreements with the Tulsa Health Department (THD) and Oklahoma University Health Sciences Center, Child Study Center (OUHSC-CSC). The total number of Full Time Equivalent (FTE) positions for the reporting period was 50. Individual services are provided in the county health department clinic with the provider and the family. More than one service may be provided during an encounter or visit. The individual services make up a total of 21,327 encounters (visits). The majority (64%) of Child Guidance

encounters, were for intervention or treatment services. Assessment/evaluation services made up 20% and screening services accounted for the remaining 14%.

For children receiving intervention services, a service plan was developed in conjunction with the child's caregiver. The majority of service plans opened in 2016 were for behavior issues, followed by development and parenting, and communication issues. Of families seeking individual services for behavioral health, behavior issues at home made up the bulk of the referrals, followed by behavior at school and child care. Behavioral health clinicians have specialized training in Parent Child Interaction Therapy (PCIT). PCIT is a behavioral intervention for children two to seven years of age and their parents. This intervention model teaches parents skills needed to develop a positive relationship with their child which increases the child's social/emotional abilities. During CY 2016,

Child Guidance staff provided 1,293 therapeutic PCIT encounters.

Of the clients seen during this time period, the majority (53%), were under the age of three years, an additional 34% were four to eight years of age. The remainder of clients were nine years or older with only 3% falling outside the age range of the program. The population of birth to eight years is commonly referred to as early childhood and is a priority for the Child Guidance Program. As discussed at the beginning of this report the early years are critical for life long success and positive health outcomes. Early childhood social and emotional development occurs during this time period and is influenced by biology, relationships and environment. Although the Child Guidance Program does not directly address the "biology" portion of this equation, there are a number of public health models that do such as home visiting, WIC, immunizations, family planning, teen pregnancy prevention and abstinence education programs, among others. Child Guidance compliments these prenatal services with programming designed to

EVIDENCE BASED PROGRAMS	TOTAL MINUTES	NUMBER OF EVENTS
IY Parent Program	1,256	420
IY Dino School Class Group	1,691	887
IY Teacher Training	199	69
IY Infant/Toddler B-3	837	336
CSEFEL Parents	299	133
CSEFEL Preschool	129	25
CSEFEL Infant/Toddler	7	3
PCAN Childcare	24	6
PCAN Parents	-	-
TOTAL	4,441	1,879

enhance relationships between caregivers and infants, as well as assure optimal environments for growth and development.

Relationship-based interventions may be provided either individually or in group settings. Child Guidance clinicians provide group services in the community at various locations. These services may be sponsored by a community organization such as a church or school group. Groups may also be initiated by the clinician who recruits for participants from referral sources or the general population. For this calendar year, community based services represented an additional 9,019 individuals who were served through 890 distinct events.



PARTICIPANTS & PROGRAM CHARACTERISTICS

EBP groups provided during the calendar year to early care classrooms, included Incredible Years® Parent Group, Incredible Years® Teacher Program, Incredible Years® Classroom Dino Program, Center on the Social and Emotional

Foundations for Early Learning (CSEFEL) Curriculum and Early Childhood Mental Health Consultation (ECMHC). These are skill-based groups with documented research and outcomes for early childhood. The goal is to prevent and treat behavior problems in young children and promote social, emotional and academic competence.

Circle of Parents® (COP) groups are taking place across the state and are facilitated by a Child Development Specialist and a parent in community locations. These groups are a collaborative effort between the Oklahoma Office of Child Abuse Prevention (OCAP) and Child Guidance. The mission of the organization is to prevent child abuse and neglect and strengthen families through mutual self-help parent support groups. OCAP provides home visiting services to high risk

INFANT AND EARLY CHILDHOOD CONSULTATION	TOTAL MINUTES	NUMBER OF EVENTS
DHS	2,493	1,370
Head Start	1,809	843
Pre-K	4	3
TOTAL	4,306	2,216

families and are required to offer parent groups to their participants. Due to shrinking resources, a collaborative agreement was developed for Child Development Specialists to provide the parent education groups for OCAP participants. This enabled OCAP staff to provide more time in home visiting. During calendar year 2016, a total of 590 parents participated in one of 28 COP groups across the state.

PROGRAM FINANCIALS

In CY 2016 the Child Guidance Program annual budget was approximately \$4.39 million. Funding for the program came from a variety of sources including state dollars, county millage, Federal

Grants and Medicaid. Approximately 56% (\$2.4 million) came from county millage. Another 30% (\$1.3 million) was from state funds and 9% (\$400K) from Medicaid billing and 5% (\$227,125) was from federal grant dollars.

To offset program expenses, the Child Guidance Program bills for individual and group services. Individual services are billed to private pay clients on a sliding scale according to income and the number of people in the family. SoonerCare



FUNDING SOURCE	AMOUNT
County Millage	\$2,442,977
State Appropriation	\$1,327,045
Medicaid	\$400,000
CBCAP	\$80,000
Public Health Block Grant	\$112,125
Childcare Block Grant	\$35,000
Total	\$4,397,147
BILLED	
Medicaid + MAC	\$761,273
Sliding Scale (private pay)	\$880,241
Contracts	\$95,370
Insurance*	\$15,580*
Total	\$1,752,464
REVENUE	
Local Contracts	\$95,370
Fees	\$54,616
Medicaid Collections + MAC	\$723,612
Private Insurance	\$5,002
TOTAL	\$878,600

(Medicaid) is also billed for all eligible individuals. All fees are based on the Medicaid rate set by the Oklahoma Health Care Authority (OHCA). The Medicaid value of the sliding scale services rendered to families was \$880,241. For 2016, fees were discounted at an average of 75% across the state.



SoonerCare clients receiving services from Child Guidance were billed \$654,126 and \$616,465 was collected. An additional \$107,147 was collected in Medicaid Administrative Claiming (MAC) fees for total Medicaid collections of \$723,612. A small percentage of revenue comes from local contracts for services at the county level. In 2016, this represented \$95,370. Total revenue collected for the program in 2016 was approximately \$883,600.



PROGRAM OUTCOMES

Indicator 1: Caregiver ability to provide appropriate guidance and learning opportunities for children.

OUTCOME	PROTECTIVE FACTOR	CGPQ		NSCH* OK	NSCH* NATIONWIDE
		First Survey (Pre) % (n)	Last Survey (Post) % (n)		
1. Survey respondents who report a concern about their child's physical, behavioral, or social development.	Social & Emotional Competence	52% (n = 121)	44% (n = 22)	38% †	40% †
2. Survey respondents who report feeling stress from parenting, during the last month.	Parental Resilience	64% (n = 150)	54% (n = 26)	10%	11%
3. Survey respondents who "strongly agree" and "mostly agree" that they know how to help their child learn.	Knowledge of Parenting & Child Development	73% (n = 174)	82% (n = 40)	N/A	N/A
4. Survey respondents who report their child met promoting school success index criteria.	Knowledge of Parenting & Child Development	36% (n=67)	35% (n=9)	58%	61%

PROGRAM OUTCOMES

Indicator 2: Quality of family relationships.

OUTCOME	PROTECTIVE FACTOR	CGPQ		NSCH* OK	NSCH* NATIONWIDE
		First Survey (Pre) % (n)	Last Survey (Post) % (n)		
1. Survey respondents who report their child (aged 6 months - 5 years) "usually" or "always" met all four measures of flourishing (affectionate and tender, bounce back quickly, curious, smiles and laughs).	Social & Emotional Competence	78% (n = 122)	11% (n = 10)	76%	73%
2. Survey respondents who report their child (aged 6 to 17 years) "usually" or "always" met all three measures of flourishing (finishes and follows through with tasks, calm and controlled when challenged, and curious).	Social & Emotional Competence	3% (n = 2)	3% (n = 0)	46%	48%
3. Survey respondents who report two or more ACEs.	Parental Resilience	35% (n = 83)	38% (n = 19)	33%	23%

PROGRAM OUTCOMES

Indicator 3: Quality of relationships of family members to their external community and institutions.

OUTCOME	PROTECTIVE FACTOR	CGPQ		NSCH* OK	NSCH* NATIONWIDE
		First Survey (Pre) % (n)	Last Survey (Post) % (n)		
1. Survey respondents who report their child is on an IEP or IFSP.	Social Connections	8% (n = 193)	N/A	11%	11%
2. Survey respondents who report their family participated in home visiting services when their child was aged birth to three years.	Social Connections	19% (n = 43)	22% (n = 11)	12%	14%
3. Number of requests for Mental Health Consultations provided. **	Concrete Support in Times of Need	125	N/A	N/A	N/A
4. Number of counties where Mental Health Consultation is available. **	Concrete Support in Times of Need	31	N/A	N/A	N/A
5. Number of COP groups available. ***	Social Connections	28	N/A	N/A	N/A

*National Survey of Children's Health 2011/12

**ECMH Database CY16

***CBCAP Report 2015

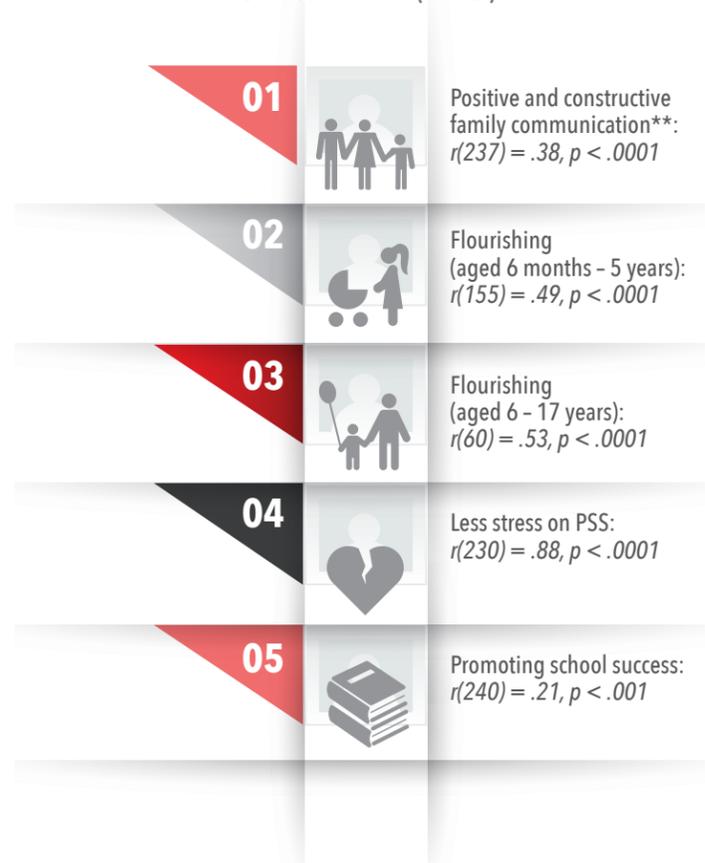
†Children 4 months to 5 years



PROTECTIVE FACTORS

WITH A RANGE OF 9 (LEAST PROTECTIVE FACTORS) TO 189 (MOST PROTECTIVE FACTORS), THE AVERAGE SCORE WAS 147.5 (N = 242, SD = 27.6)

EXPERIENCING AT LEAST HALF OF THE FACTORS MEANS THE SCORE IS HIGHLY CORRELATED (DIRECT) WITH:



PROGRAM COSTS

During CY 2016, a total of \$4,397,147 was expended on the Child Guidance Program. Funding sources included state appropriations, county millage, and Medicaid reimbursements as well as federal funds from the Community-Based Child Abuse Prevention Grant (CBCAP), Public Health and Health Services Block Grant (PHHSBG) and Child Care Block Grant (contract with OKDHS). The yearly cost per family for individual Child Guidance service was \$868 (total expenditures divided by the number of families served). An additional 890 population-based service encounters were also provided with 9,019 attending statewide. Population-based services include education groups, consultation and topical presentations.

The Child Guidance Program utilizes a strength-based approach with families. Core to this approach is the framework developed by the Center for the Study of Social Policy. This framework is based on the Strengthening Families™ Protective Factors (Center for the Study of Social Policy). The five protective factors outlined



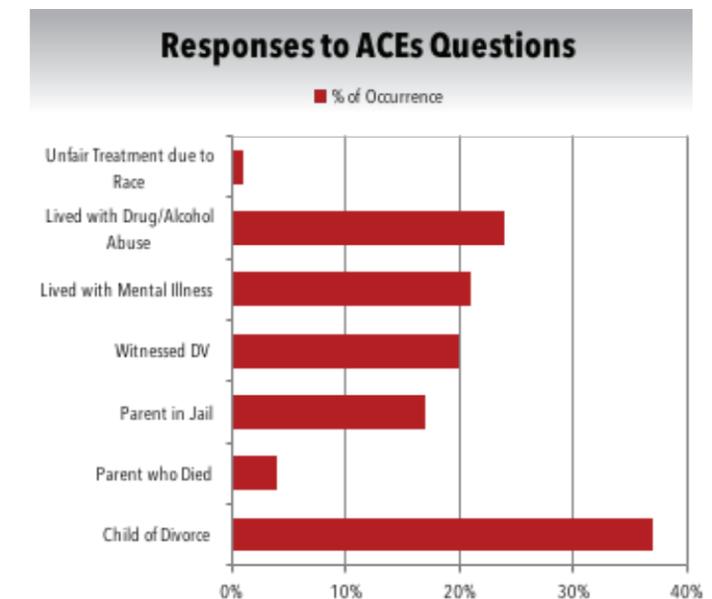
in this framework represent a research-informed approach to increase family strengths and decrease the likelihood of child abuse and neglect. They are:

- Parental Resilience
- Social Connections
- Concrete Supports
- Knowledge of Parenting and Child Development
- Social and Emotional Competence of Children

Through a variety of individual and group services Child Guidance clinicians support these factors by implementing interventions that assist parents and caregivers become more competent in these areas. For individual evaluation and treatment services the program utilizes the Child Guidance Parent Questionnaire (CGPQ) to gather baseline information regarding risk and protective factors for the child and family. The survey is repeated every fifth week while the child is in treatment. The CGPQ is divided into four sections for the purpose of data collection and includes: Demographics and Environment, Protective Factors, Risk Factors (Adverse Childhood Experiences-ACEs) and

the Parent Stress Scale (PSS). A number of the questions were adapted from the 2011/12 National Survey of Children's Health which provides statewide and national data for comparison. Calendar year 2016 represents the second full year of survey data.

Selected indicators and outcomes for the Child Guidance Program are represented above. The indicators include 1) the caregiver's ability to provide appropriate guidance and learning opportunities for children; 2) the quality of family relationships; and 3) the quality of relationships of family members to their external community and institutions. Each outcome is tied to the protective factor it represents in the Strengthening Families™ Protective Factor Framework. All items were surveyed through use of the CGPQ unless otherwise noted. Comparison data from the



National Survey of Children's Health (2011/12) for Oklahoma and Nationwide is also represented when available.

PARENTAL RESILIENCE

Parental Resilience occurs when parents are able to manage stress and function well when faced with adversity (Center for the Study of Social Policy). Families seeking Child Guidance services report a significantly higher level of stress related to parenting than their counterparts. In CY 2016 64% of parents receiving services responded positively when asked if they had experienced "stress from parenting during the last month". This compares with 10% of parents randomly surveyed in Oklahoma and 11% Nationwide (National Survey of Children's Health) Families receiving Child Guidance services also reported a higher rate of Adverse Childhood Experiences (ACEs) at 35% compared 33% of randomly surveyed Oklahoma families and 23% Nationwide. Of the families who responded to the ACEs questions on the CGPQ, 37% resided with a parent or guardian who was divorced.

FAMILY LIFE

ALL FAMILY MEMBERS ATE A MEAL TOGETHER AN AVERAGE OF 5.8 NIGHTS A WEEK (N = 238)

THERE WAS A DIRECT (POSITIVE) CORRELATION BETWEEN EATING TOGETHER AND:

01		Listening to both sides of the story when arguing: $r(233) = .17, p = .007$
02		Taking the time to listen to each other: $r(234) = .26, p < .0001$
03		The family pulling together when things are stressful: $r(234) = .24, p < .001$
04		The family's ability to solve own problems: $r(234) = .23, p < .001$
05		Feeling close to child: $r(225) = .31, p < .0001$
06		Enjoyment of spending time with child: $r(226) = .21, p = .001$
07		Positive and constructive family communication: $r(234) = .25, p = .0001$

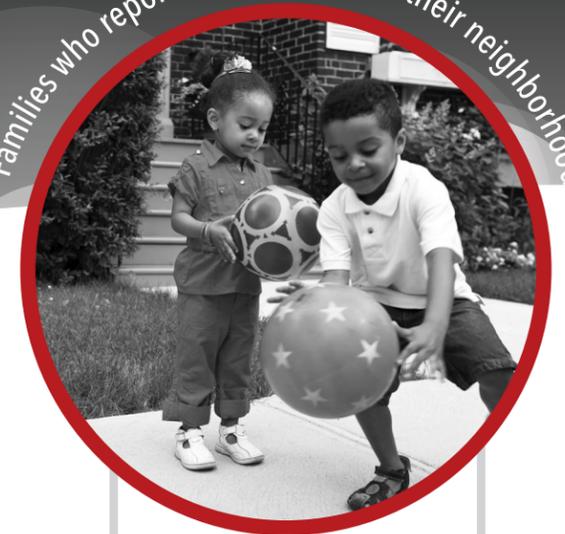
Program goals for families experiencing parental stress include: proactively meeting parenting challenges, encouraging parents to provide nurturing attention to their child, assisting parents in solving parenting problems and encouraging families to seek help for their child when needed. A limited number of matched CGPQ surveys were received (n=26), but of those received, families reported a 10 percentage point decrease in "stress from parenting" compared to the start of treatment.



SOCIAL CONNECTIONS

Parents who experience social connections which provide positive relationships feel more secure and connected. "According to the Center for the Study of Social Policy, at the extreme end of the continuum of poor social connections are social isolation and loneliness. Social isolation is a risk factor consistently associated with disengaged parenting, maternal depression and increased

Families who reported feeling safe in their neighborhood



Had neighbors who would help them out

Watched out for each other's children

Had trusted adults nearby

likelihood of child maltreatment." Of families receiving Child Guidance services in CY 2016 19% reported receiving home visiting services compared to 12% of Oklahoma parents randomly surveyed and 14% Nationwide (National Survey of Children's Health). Oklahoma's system of home visiting services has been recognized nationwide. Quality home visiting for very young children serves to mitigate risk factors associated with social isolation as well as other risk factors.

Program goals for parents experiencing social isolation include connecting families with home visiting programs or special school programs when appropriate. Social isolation is also addressed by providing emotional support and affirming positive parenting skills through access to Circle of Parent® groups. Building trusting relationships through the client/clinician encounters allow parents to feel respected and appreciated.



■ ■ ■ KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT

The Child Guidance Program considers this area, Knowledge of Parenting and Child Development, as foundational to our program. Understanding how a child develops in the areas of physical, cognitive, language, social and emotional development is critical for parents. Seventy-three percent of families who received Child Guidance services in CY 2016 reported knowing “how to help their child learn” when they entered treatment services. Upon exiting services, 82% reported positively to this question. According to the NSCH (2011/12), the promoting school success index includes being engaged in school, participating in extracurricular activities and feeling safe at school. Of the Child Guidance survey population, 36% felt they met this standard, compared to 58% of Oklahoma respondents in general and 61% of respondents nationwide. (National Survey of Children’s Health)

Clinicians working in the Child Guidance Program are trained to provide a variety of parent education and treatment groups including Incredible Years®, Circle of Security© and Hanen: It Takes Two To Talk®. By providing opportunities for parents and caregivers to increase their knowledge of their child’s development, families obtain appropriate developmental expectations and secure attachments.



CONCRETE SUPPORT IN TIMES OF NEED

Stress can be minimized when families have access to concrete supports and services. The Child Guidance Program provides limited services in this area. However, clinicians support the families they serve by helping them understand their rights in accessing services, assisting families to gain knowledge of relevant services and to navigate through those services. As previously mentioned in this report families who receive Child Guidance services are highly likely (84%) to receive some form of public assistance. In addition to receiving assistance, families are often referred for additional services specific to their child’s diagnosis. Most often those referral sources are school-related programs, early childhood education, mental health providers and health care providers.

The Child Guidance Program provides Early Childhood Mental Health Consultation to subsidized child care facilities in Oklahoma through a contract with OKDHS. This service allows child care providers to have access to a mental health consultant for their classroom when behavior issues become difficult to manage. According to Dr. Walter Gilliam a professor at Yale, “Preschoolers are expelled at three times the rate of children in kindergarten through 12th grade” (Neufeld, 2015). Of the total number of children who received Child Guidance services during CY 2016 (n=2,035), approximately 4% reported at least one expulsion from child care or an after school program. When you eliminate the participants who reported that they did not attend child care or an after school program (n=528) that number climbs to almost 15%. As child care expulsion rates are climbing this



service has become more in demand. For CY 2016, Child Guidance clinicians provided Mental Health Consultation to 125 child care facilities. Currently this service is available in 31 of the 77 counties in Oklahoma.



SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN

Social and emotional competence is developed when parent/child interactions help children develop the ability to communicate clearly and recognize and regulate their emotions and establish and maintain relationships (Center for the Study of Social Policy). This is achieved through setting clear expectations, encouraging social skills such as greeting and taking turns, and creating opportunities for a child to solve problems. One way of measuring social and emotional competence in children is to look at measures of flourishing (thriving). Flourishing is a method of



For children ages six months to five years, 89% of respondents reported their child was affectionate and tender during the preceding month. Over two-thirds bounce back quickly when things didn't go his/her way. Eighty-five percent showed interest and curiosity in learning new things and nearly all smiled and laughed a lot during the previous month. For this age group, results from the CGPQ revealed a positive correlation between the child's health and the level of flourishing, the more positive and constructive the family's communication, the higher the level of flourishing.

The majority of children receiving Child Guidance services fall in the age range of birth to three years (53%) or four to eight years (34%). Approximately 10% of Child Guidance clients represent the

measuring childhood well-being and resilience, and contains dimensions of physical health, mental and emotional health, caring empathy and resilience (National Survey of Children's Health). Families receiving Child Guidance services answered one of two sets of questions regarding flourishing depending on the age of their child.

QUESTION	STRONGLY AGREE (%)	STRONGLY AGREE + AGREE (%)
1. The services I received from the Child Guidance Clinic were of good quality.	92	99
2. The clinician helped me to understand the next steps to take with my child.	88	98
3. I will follow-up on the suggestions that the clinician gave me.	87	98
4. The staff listened to what I had to say.	90	98
5. Staff treated me with respect.	92	97
6. Staff spoke with me in a way that I understood.	91	97
7. Staff were sensitive to our cultural/ethnic background.	85	93
8. Services were available at times convenient for me.	89	97
9. The location of the Child Guidance Clinic was convenient.	90	98
10. I would recommend the Child Guidance Clinic to a friend who needed help with his/her child.	92	98

six to 13 age range with a small percentage of participants over the age of 13 (3%). For the children aged six to 17 who responded to the CGPQ, 65% were reported to finish tasks they started and followed through with what they said they would do. Twenty-nine percent were reported to stay calm and in control when faced with a challenge. Eighty-one percent showed interest and curiosity in learning new things in the preceding month and three-quarters cared about doing well in school. Eighty-seven percent did all required homework in the preceding month. There was a strong correlation for this age range between exercise and flourishing. It should be noted that issues with behavior (either at school, home or child care) was the number one reason for seeking Child Guidance services; 51% of treatment services were provided to this population.

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OSDH FLAGSHIP ISSUES

The CGPQ gathers a variety of information pertaining to the OSDH's Flagship Issues of Obesity, Tobacco Usage and Child Health. Of those responding to the questionnaire, 79% reported that their child's health was "excellent" or "very good". There was a positive correlation between the child's health and financial hardship, the less the financial hardship, the healthier the child. Families who indicated financial hardship were also more likely to consider their child a "financial burden", reported difficulty balancing responsibilities because of their child and feeling "overwhelmed" by the responsibility of being a parent.

On average, children exercised five days of the week for at least 20 minutes. Of those exercising



three-quarters reported a park or playground in their neighborhood. Children who frequently exercised also reported frequently getting enough sleep.

According to America's Health Rankings for 2016, Oklahoma ranks 40th in the nation for tobacco use. Most Oklahoma tobacco users earn less than \$25,000 per year and have less than a high school education. Of families responding to the CGPQ, 33% reported that someone in the household smokes tobacco compared to 30% Oklahoman's randomly surveyed and 24% nationwide. Families responding positively to this question are provided information regarding second hand smoke and child health and are offered access to the Tobacco Quit Line.



■ ■ ■
PARENTAL SATISFACTION

All families receiving Child Guidance services are given a satisfaction survey on their initial visit. The survey utilizes a five point Likert scale (strongly agree, agree, disagree, strongly disagree and no opinion). The results of the survey indicated that clients were, in general, satisfied with the services they received. Those completing the survey were satisfied with the Child Guidance staff and the convenience of the services. The Table on page 18 provides the questions and the responses broken down into the percent of "strongly agree" responses and the percent of "strongly agree" plus "agree" responses.

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SHORT SATISFACTION SURVEY RESULTS
 Total Respondents = 276

While the majority of the responses were positive, participants indicated room for improvement in staff sensitivity, indicating room for improvement in staff sensitivity to culture and ethnicity. Additionally, respondents consistently rated services more positively in 2016 than in 2015, suggesting improvements within the program or services provided to better meet client needs.

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CONCLUSION

For 60 years, Child Guidance has continued to serve Oklahoma's citizens by providing mental health and emotional well-being supports that are essential to a child's overall health and well-being. In a recent Child Trends report released in July 2014, it was found nationally that a slight majority of children have not experienced any ACEs. However, in 16 states more than half of children have experienced at least one ACE. In Montana and Oklahoma, 17 percent of children have experienced three or more ACEs. Some studies suggest that the experience of four or more ACEs is a threshold above which there is a particularly higher risk of negative physical and mental health outcomes (Felitti et al., 1998; Ippen et al., 2011). Child Guidance provides programs that educate parents and care givers, reduce parental stress and increase protective factors. These programs are a necessary piece of the early intervention service delivery system that supports Oklahoma's children and families.

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