Office of Child Abuse Prevention

Annual Report
State Fiscal Year 2006

Message from the Commissioner of Health

Dear Reader:

It is my great pleasure to present the Office of Child Abuse Prevention's Annual Report for State Fiscal Year 2006. The Office of Child Abuse Prevention (OCAP), within the Family Support and Prevention Service of The Oklahoma State Department of Health, is a leader in the provision of child abuse prevention programs and services in Oklahoma.

In 1983, a small group of child advocates, concerned with rising child abuse and neglect rates, had the vision of child abuse prevention. The passage of the Child Abuse Prevention Act (Title 63, O.S. Supp. 2001, Section 1-227) in 1984 was a monumental step toward the realization of their vision. The Act declared that the prevention of child abuse and neglect was a priority in the State of Oklahoma.

Oklahoma reaffirmed its commitment to the promotion of health, safety, and well-being for all its children. Oklahoma also became a leader in the nation, charting a new course, and demonstrating that planning and implementing comprehensive community-based child abuse prevention services statewide is an investment in the future, which benefits the entire state.

At the end of SFY 2006 (July 1st 2005 – June 30th 2006), 23 community-based child abuse prevention (CBCAP) programs across the State of Oklahoma provided 19,482 home visits to 1,009 families and 1,200 center-based parent education/support activities to 833 families.

We appreciate the hard work of volunteers and program staff of all the CBCAP programs, who work everyday with families to provide support and brighten their future with their caring smiles.

This report includes information that satisfies the reporting requirements of the Child Abuse Prevention Act. It provides an overview of the Office's activities, a summary of demographic characteristics of families served through Community-Based Child Abuse Prevention Fund programs, recommendations for the development and improvement of child abuse and neglect prevention services and programs, and budget and program needs as specified by the Child Abuse Prevention Act.

Sincerely,

James M Crutcher, MD, MPH
Commissioner of Health and
State Health Officer

Table of Contents

Scope of Child Abuse and Neglect 5

Program Overview 7

Required Reporting 9

Program Evaluation 15

Demographics 19

Multidisciplinary Child Abuse and Neglect Teams – CATC program 23

Appendix 1. Other Family Resource and Support Programs 25

Appendix 2. Child Abuse and Neglect Statistics: SFY 2004-2005 27

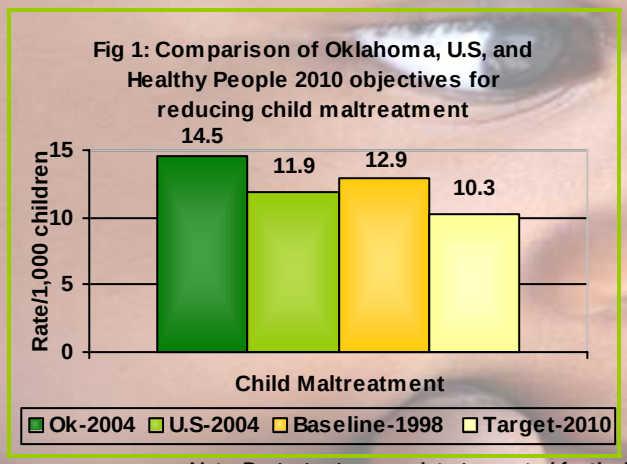
Appendix 3. References 28

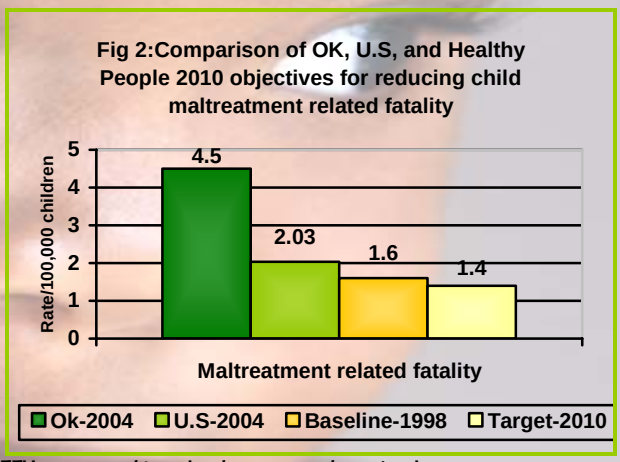
Acknowledgements 29

Scope of Child Abuse and Neglect

Oklahoma State law recognizes child abuse as "harm or threatened harm to a child's health, safety, or welfare by a person responsible for the child's health, safety, or welfare, including sexual abuse and sexual exploitation." Harm or threatened harm includes, but is not limited to nonaccidental physical or mental injury, sexual abuse, sexual exploitation, neglect, failure or omission to provide protection from harm or threatened harm or abandonment. Neglect is defined as "failure or omission to provide adequate food, clothing, shelter, medical care, and supervision, and special care made necessary by the physical or mental condition of the child or abandonment." [1]

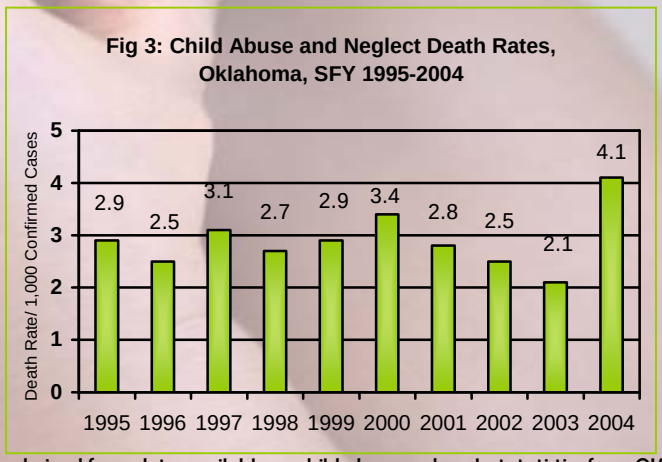
Healthy People 2010 objective targets 20% reduction of child maltreatment and 12% reduction of maltreatment fatalities by the year 2010. [2] In 2004, Oklahoma's maltreatment rate (14.5/1,000) and fatality rate (4.5/100,000) was higher than the U.S. rate and the Healthy People 2010 baseline rate (Figure 1 and 2).[3,4]





Note: Beginning in 2003, data is reported for the FFY as opposed to calendar year used previously.

Even though national trends in the last 5 years depict a 2.5% decrease in child maltreatment victims rate (down from 12.2/1,000 children in 2000 to 11.9/1,000 children in 2004), there is a 10.3% increase in child maltreatment fatalities (increase from 1.84/100,000 children in 2000 to 2.03 /100,000 children in 2004). [4] In Oklahoma, there was a 41% increase in the specific rate of child maltreatment fatalities from 2.9 deaths per 1,000 confirmed cases in SFY 1995 to 4.1 deaths per 1,000 confirmed cases in SFY 2004 (Figure 3).



Note: Rates derived from data available on child abuse and neglect statistics from OKDHS

In FFY 2004, of the 50 states reporting to National Child Abuse and Neglect Data System (NCANDS), Oklahoma ranked 38th on child maltreatment victims (14.5/1,000 children) with rank 1 having the lowest rate. Oklahoma ranked 46th out of the 48 states reporting to NCANDS on child maltreatment fatalities (4.54/100,000 children) with rank 1 having the lowest rate.[4]

Research has shown that very young children (ages 3 and younger) are the most frequent victims of child fatalities.[5] NCANDS data for FFY 2004 illustrates that children 3 years of age and under accounted for 81% of child maltreatment fatalities, while children under one year of age accounted for 45% of child fatalities.[4]

In SFY 2005, Oklahoma Department of Human Services (OKDHS) reported that 57% of the total (n=13,328) child abuse and neglect victims were children aged 6 years or less.[6] Eighty-two percent of the cases were due to neglect, and biological parents of the child perpetrated 74% of the cases.[6] Mothers were identified as perpetrators more often than fathers.

Impact of Child Abuse and Neglect at Individual and Community Level [7]
Individual consequences
Physical health effects –
▪ Shaken baby syndrome
▪ Impaired brain development
▪ Poor physical health
Psychological effects –
▪ Poor mental and emotional health
▪ Cognitive difficulties
▪ Social difficulties
Behavioral effects –
▪ Difficulties during adolescence
▪ Juvenile delinquency and adult criminal
▪ Alcohol and other drug abuse
▪ Abusive behavior
Societal Consequences
Direct costs –
▪ Maintaining child welfare system for investigations
▪ Judicial, law enforcement, health, and mental health expenses
▪ Can add up to $24 billion per year
Indirect costs –
▪ Long-term costs due to criminal activity, mental illness, substance abuse, and domestic violence.
▪ Loss of productivity due to unemployment and underemployment
▪ Special education services expenses
▪ Increased use of health care system
▪ Cost more than $ 69 billion per year

The Office of Child Abuse Prevention (OCAP)

OCAP was created in 1984 by the Oklahoma Child Abuse Prevention Act, Title 63, O.S. Supp. 2001, Section 1-227.[8] The Act declared that the prevention of child abuse and neglect was a priority in Oklahoma. In agreement with the Act, OCAP was placed within the Oklahoma State Department of Health to emphasize prevention as the focus rather than "after-the-fact" intervention. OCAP utilizes a public health framework for providing prevention services, which include:

- **Primary services** to promote child abuse prevention statewide and raise the awareness of the general public, program providers and decision-makers on issues related to child maltreatment;
- **Secondary services** that consist of community-based, child abuse prevention programs geared towards families that have one or more risk factors associated with child maltreatment; and
- **Tertiary services** by training professionals involved in the child welfare system and child abuse multidisciplinary teams in the identification, reporting and investigation of child maltreatment.

OCAP's mission is to promote the health and safety of children and families by reducing child abuse and neglect through public education, multidisciplinary training of professionals, and the funding of programs.

OCAP works in conjunction with the State Interagency Child Abuse Prevention Task Force (ITF) and the 17 District Child Abuse Prevention Task Forces (DTF) across the State.

Office of Child Abuse Prevention Programs

The Office of Child Abuse Prevention evaluates and monitors statewide OCAP Programs that are funded by the Child Abuse Prevention (CAP) Fund. OCAP also provides training and technical assistance to these programs.

The OCAP programs utilize the Prevent Child Abuse America's Healthy Families America (HFA) approach to voluntary home visitation using the Parents As Teacher curriculum combined with center-based services. HFA is a national effort to establish a voluntary home visitor system for all new parents to help give their children a healthy start. HFA promotes positive parenting and child health and development, thus preventing child abuse and other poor childhood outcomes. Evaluations of HFA programs in multiple states have demonstrated:

- Reduced substantiated reports of child maltreatment [9]
- Enrolled families were healthier, better insured and used medical services more appropriately than comparable population [10]
- Higher immunization rates than comparison groups [10]
- Prenatally enrolled mothers had better birth outcomes than those not receiving prenatal home visiting service [10]
- Reduced subsequent pregnancies [11]
- Home environment more conducive to early childhood learning [12]

- Improved child development scores [12]
- Improved positive parenting [13]
- Improved educational and socioeconomic conditions [14]
- Reduced dependency on public resources [14]

An OCAP program enrolls first-time mothers after the 28th week of pregnancy, pregnant women expecting a subsequent child, and parents who have a baby less than 6 months of age. Services continue until the child is five years of age, if necessary. Key components of OCAP programs include:

- Screening and assessing families for enrollment eligibility.
- Identifying families at risk for child maltreatment and recruiting them into the program
- Referring high risk families to extensive services needed in areas such as mental health, domestic violence, or substance abuse
- Providing home visits and center-based parent education and support groups to moderate and low risk families
- Assisting families to fully utilize existing parenting skills and acquiring new parenting skills
- Promoting positive parent-child interaction
- Promoting child health through developmental screenings and assessments and linking families with healthcare providers
- Ensuring on-time immunizations
- Assisting families in accessing community resources
- Providing additional support services such as respite care, childcare, and transportation
- Holding family events such as health fairs and public awareness activities

The goal of an OCAP program is to assist families at risk for child abuse and neglect by eliminating the conditions associated with child maltreatment before it occurs through education and support strategies designed to strengthen families.

The Child Abuse Training And Coordination Program

The Child Abuse Training and Coordination (CATC) Program provides training throughout the state for professionals with responsibilities for children and families in the prevention, intervention, and treatment of child maltreatment. In addition, CATC is responsible for training, technical assistance, and assessment of the developing and functioning multidisciplinary child abuse and neglect teams (MDTs) throughout the state.

Summary of required reporting through Child Abuse Prevention Act (Title 63, O.S. Supp.2001, Section 1-227).

Activities of the Office

Activities of the Office of Child Abuse Prevention are funded by State appropriations and Federal grants. Refer to table 1 for summary of activities conducted by OCAP and CATC throughout the year.

Table 1: Activities During SFY 2006	
Office of Child Abuse Prevention	**Child Abuse Training and Coordination Program**
Provided seven Healthy Families America training sessions: family assessment, family support, prenatal and supervision; 56 OCAP program staff that attended these trainings.	Provided technical assistance and consultation to 56 multidisciplinary child abuse and neglect teams.
Held Annual Contractors Meeting with focus on procedures, evaluation and contract monitoring. Attended by 86 OCAP administrators, managers and financial staff.	Provided 55 days of training in 26 locations across the state.
Held Mid-Year Supervisor's Meeting featuring advanced training in supervision skills and fatherhood. Attended by 66 OCAP managers and supervisors as well as staff from other home visitation programs.	Educated 857 multidisciplinary team members and child protection professionals in 22 separate training events in the areas of joint investigations, special investigative techniques, MDT approach, and legally sound and age appropriate interviews.
Utilized federal funds for respite care services for parents through collaboration with the OKDHS and the Respite Resource Network. 391 OCAP families and 280 Children First families utilized respite dollars in SFY 2006.	Reviewed county health department generated child abuse and neglect reports.
	Assisted Oklahoma Lawyers for Children with their Fall and Spring seminars for 221 volunteer child attorneys, DAs, law enforcement, law students, child welfare, CASA, judges, Guardians ad litem, mental health and Foster Care Review Board members.
Distributed thousands of public awareness items during April: Child Abuse Prevention Month. Items included blue ribbon lapel pens, writing pens, hotline cards, posters, and wristbands.	Co-sponsored the Annual Domestic Violence Conference in Norman with the Oklahoma District Attorneys Council and the Oklahoma District Attorneys Association.
Utilized federal dollars to provide every public library across the state with a set of "I Am Your Child" videos; parents can check out the videos to learn practical parenting tips.	Collaborated with US Attorney's office on National Crime Victim's Rights Conference in Oklahoma City.
Organized Child Abuse Prevention Day at the Capitol and "Pinwheels for Prevention" – a local campaign that illustrates the number of maltreated children in the district.	Provided 56 scholarships for Annual Conference on Child Abuse and Neglect and Healthy Families 2006 to law enforcement and child welfare personnel.
Participated on the Domestic Violence Fatality Review Board, Child Death Review Board, Home Visitation Leadership Coalition, the Healthy Families America Western Regional Resource Center Advisory Board and Data Safety Monitoring Board.	Held Statewide Attorney General's Domestic Violence Super Conference: The Changing Role of the Criminal Justice System in Oklahoma City. Attended by MDT members, attorneys, law enforcement, child welfare and tribal teams.
Co-sponsored the Family Matters conference and the 14th Annual Oklahoma Conference on Child Abuse and Neglect/ Healthy Families Oklahoma 2006.	Collaborated with Jackson, Pottawatomie, Garfield, and Comanche Counties MDTs to provide trainings in local areas.

Demographic Characteristics of Families Served

Age and Marital Status of Parents

- 1,295 families enrolled for home visitation services
- Of these parents, 29% were in the 20-24 years age group followed by 21% of 16-19 years age group (Figure 4)
- 57% of the parents were single and 36% were married (Figure 5)

Household Composition of Families Served

- A household was usually composed of two adults (52%; Figure 6). Most often the second adult in the household, other than the child's mother, was the child's father (38%) or the child's grandparents (35%; Figure 7).

Number and Age of Children Living in the Households

- 1,389 children lived in the households enrolled for home visitation services
- Of these children, most were either younger than one year (26%) or between 3 – 4 years old (41%; Figure 8).

Figure 8: Age of Children Living in Households Enrolled in SFY 2006, OCAP OKlahoma

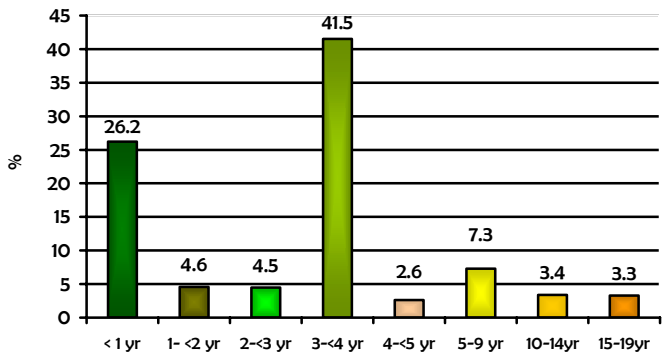


Figure 4: Age of Parents Enrolled in SFY 2006, OCAP Oklahoma

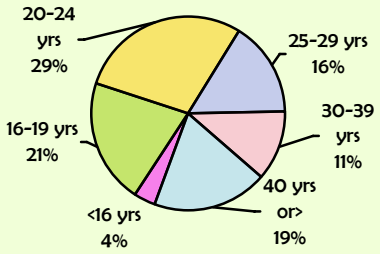


Figure 5: Marital Status of Parents Enrolled in SFY 2006, OCAP Oklahoma

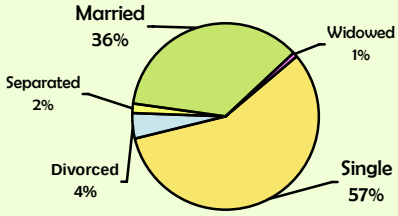


Figure 6: Number of Adults in a Household in SFY 2006, OCAP Oklahoma

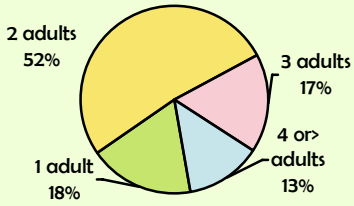
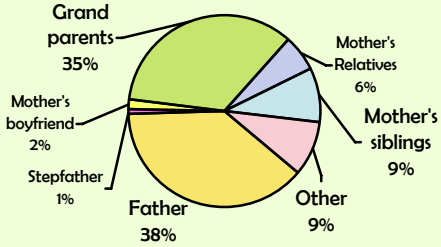


Figure 7: Relationship of Other Adults Living in Households Enrolled in SFY 2006, OCAP Oklahoma



Number of Families Not Accepted into the Program

- 40% (n=340) of the total assessments conducted during SFY 2006 did not lead to the family enrolling into the program. Of these, 10% were did not have enough risk factors to warrant enrollment.
- Service refusal by parents (15.8%) was the most common reason for a positive assessment not to get accepted in the program. For more information related to "refusals," please see page 16.

Referrals Made on Behalf of Families Not Accepted into the Program

- 9.3% of the families were referred to more intensive services because of untreated mental illness, substance abuse, serious child abuse or neglect and domestic violence in the home. Please refer to page 16 for more details on referrals.

Families Accepted by Grantee Site and Average Length of Time Enrolled

- SFY 2006 was the fourth year in a five-year contract cycle. Please refer to table 2 for a summary of families enrolled in the program and the average length of time spent by all the families receiving services within program.

Table 2: New Families Accepted into Program and Average Length of Time Enrolled

CAP Fund Program	Families Enrolled in SFY 2006	Months in Program Among All Enrolled	
	Number	Average	Range
Bartlesville Public Schools	3	28	20-35
Chickasaw Nation Healthy Families	26	15	1-28
Comanche Nation Healthy Families	32	18	17-18
Community Children's shelter & Family Resource Center	7	25	8-62
Mary Mahoney Memorial Health	7	16	11-19
Exchange Club Center for the Prevention of Child Abuse of Oklahoma	57	25	8-62
Great Plains Youth & Family, District 8	27	30	5-60
Great Plains Youth & Family, District 9	10	38	18-58
Help-in-Crisis	11	4	4-4
Latino Community Development Agency	17	32	2-57
McClain-Garvin County Youth and Family Center	9	29	11-63
McCurtain County Health Department	7	26	13-51
Marie Detty Youth and Family Services	8	27	3-57
Northern Oklahoma Youth Services Center & Shelter	31	12	12-12
Northwest Family Services	28	45	0-55
Oklahoma State University, Canadian County Extension	23	29	3-84
Oklahoma State University, Delaware County Extension	23	36	5-75
Oklahoma State University, Texas County Healthy Families	7	27	11-70
Okmulgee-Okfuskee County Youth Services	14	23	0-57
Parent Child Center of Tulsa	40	29	4-62
Pittsburg County Health Department	22	31	1-56
Sapulpa Public Schools	16	29	6-74
Youth & Family Services for Hughes & Seminole Counties	8	35	17-52

Average Expenditure per Family

- The average actual expenditure per family during SFY 2006 is estimated at $1,619 (this includes both home visitation and center-based services).
- Home visitation services, which were provided to 62% of the total families served, accounted for a greater proportion of services and expenditures than center-based services and costs varied by contractor. Refer to table 3 for more details on program expenditure during SFY 2006.

Table 3: SFY 2006 Program Expenditure

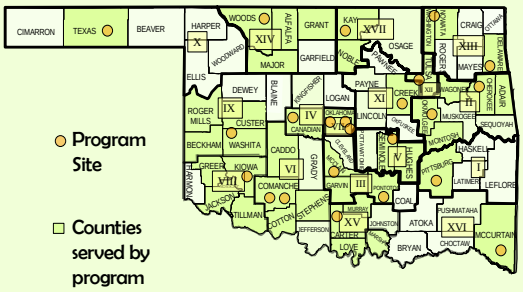
	OCAP Admin	CATC	Agency Contracts	McCurtain County Health Dept.	Pittsburg County Health Dept.	Total
Salary & Fringe	$ 149,276	$ 167,763	$ -	$ 46,545	$ 93,625	$ 457,209
Travel	20,758	3,083	-	5,922	5,476	35,239
Contractual	30,672	17,500	2,540,327	49,341	113	2,637,953
Supplies	5,325	5,342	-	-	-	10,667
Equipment	7,147	2,247	-	-	-	9,394
Other	18,733	5,761	-	-	-	24,494
Data Processing	9,408	10,339	-	-	-	19,747
Total	$ 241,319	$ 212,035	$ 2,540,327	$ 101,808	$ 99,214	$ 3,194,703

Program Budget

There are seventeen Child Abuse Prevention Districts designated in Oklahoma (Figure 9). Each District allocated a portion of the total CAP Fund for programs in their area. Each District's allocation is based upon the percentage of children less than 18 years of age and the percentage of child abuse and neglect reports in the District.

Twenty-one private, non-profit and public agencies were awarded contracts for 5-year contract cycle that ends in SFY 2007. In SFY 2006, $2,787,081 was appropriated to the CAP fund, which was used to renew 21 contracts. In addition, Community-Based Child Abuse Prevention (CBCAP) Federal Dollars were awarded to the Chickasaw and Comanche nations, in order to provide the same child abuse prevention services to American Indian families. Contracts for these two nations were renewed using $300,000 Federal dollars in SFY 2006 (table 4).

Figure 9: Community-Based Child Abuse Prevention Programs by District and Counties, Oklahoma, SFY 2006



Source: Oklahoma State Department of Health , Office of Child Abuse Prevention. 2006

Table 4: State and Federal Funds Allocated To Programs Under Contract During SFY 2005		
District Name and Counties within District		District Total$
Agency Name	Contract Award$	
District I: Pittsburg, Haskell, LeFlore, Latimer Counties		$100,000
Pittsburg County Health Department	$100,000	
District II: Adair, Cherokee, McIntosh, Muskogee, Okmulgee, Sequoyah, Wagoner Counties		$239,860
Help-In-Crisis, Inc. Okmulgee-Okfuskee County Youth Services, Inc.	$125,000 $114,860	
District III: Cleveland, Coal, Garvin, McClain, Pontotoc Counties		$250,000
McClain-Garvin County Youth and Family Center, Inc. The Chickasaw Nation†	$100,000 $150,000	
District IV: Canadian, Kingfisher, Logan Counties		$113,161
Oklahoma State University Cooperative Extension Service for Canadian County	$113,161	
District V: Hughes, Pottawatomie, Seminole Counties		$100,000
Youth and Family Services for Hughes and Seminole Counties, Inc.	$100,000	
District VI: Caddo, Comanche, Cotton, Grady, Jefferson, Stephens Counties		$263,845
Marie Detty Youth and Family Service Center, Inc. Comanche Nation of Oklahoma†	$113,845 $150,000	
District VII: Oklahoma		$534,457
Mary Mahoney Memorial Health Center Exchange Club Parent-Child Center for the Prevention of Child Abuse of Oklahoma, Inc. Latino Community Development Agency, Inc.	$100,000 $265,494 $168,963	
District VIII: Greer, Harmon, Jackson, Kiowa, Tillman Counties		$100,000
Great Plains Youth and Family Services, Inc.	$100,000	
District IX: Beckham, Blaine, Custer, Dewey, Roger Mills, Washita Counties		$100,000
Great Plains Youth and Family Services, Inc.	$100,000	
District X: Beaver, Cimarron, Ellis, Harper, Texas, Woodward Counties		$100,000
Oklahoma State University Cooperative Extension Service for Texas County	$100,000	
District XI: Creek, Lincoln, Okfuskee, Pawnee, Payne Counties		$145,976
Sapulpa Public Schools	$145,976	
District XII: Tulsa County		$427,561
Parent Child Center of Tulsa, Inc.	$427,561	
District XIII: Craig, Delaware, Mayes, Nowata, Ottawa, Rogers, Washington Counties		$210,052
Bartlesville Public Schools Oklahoma State University Cooperative Extension Service for Delaware County	$110,052 $100,000	
District XIV: Alfalfa, Garfield, Grant, Major, Woods Counties		$100,000
Northwest Family Services, Inc.	$100,000	
District XV: Carter, Johnston, Love, Murray Counties		$100,000
Community Children's Shelter, Inc.	$100,000	
District XVI: Atoka, Bryan, Choctaw, Marshall, McCurtain, Pushmataha Counties		$102,169
McCurtain County Health Department	$102,169	
District XVII: Kay, Noble, Osage Counties		$100,000
Northern Oklahoma Youth Services Center and Shelter, Inc.	$100,000	

Note: † programs funded by CBCAP federal funds, rest of the programs are state funded.

Program Needs

In order to build infrastructure and fill gaps in services, OCAP has the following needs:

- More monies in the CAP Fund in order to award more service contracts; the 23 OCAP programs currently funded by either state or federal dollars do not provide statewide coverage
- Funding to provide services to families with older children
- CAP funded program staff need additional training in the psychosocial arena such as substance abuse, domestic violence, marriage/relationships, and mental illness
- Statewide primary prevention activities to supplement current public awareness campaigns
- One additional program consultant to provide more effective program monitoring and training within the Office of Child Abuse Prevention
- A stronger relationship between the Interagency Child Abuse Prevention Task Force and the District Task Forces across the state in order to enhance the local community activities and efforts
- A newsletter to all home visitation programs throughout the state so that best practices, new techniques and resources can be shared in an efficient manner
- The CATC Program is currently understaffed. Based on current and projected workload and state mandates, a minimum of two additional professional staff are needed for initial and follow up trainings, technical assistance, and functional assessment of multidisciplinary child abuse and neglect teams across the State.

Recommendations

Areas of priority for the OCAP, which are congruent with the recommendations of the State Plan, are:

- Building community level capacity to assure a high quality of services that is consistent across the State
- Ensuring that services provided to families are based upon research or best practice methodology
- Supporting the development of services that focus on hard to reach populations, such as teens, racial/ethnic minorities or multiple issue families
- Promoting community-based leadership and collaboration to maximize resources and eliminate duplication
- Emphasizing fatherhood involvement in all OCAP programs
- Peer review and networking for quality assurance purposes and to provide support among the programs.

Program Evaluation

A statewide evaluation of all the OCAP programs began in SFY 2000. The purpose of program evaluation is to assure program quality, model fidelity, uniformity between program providers, goal attainment and outcome-based measures.

Through the partnership between OCAP and the program providers, the effectiveness and efficiency of the services has improved. Evaluation measures were incorporated into the 27 data collection forms used by the providers of the programs and represent these common, essential features to assist families in:

- Utilizing existing skills;
- Learning new skills;
- Accessing community resources;
- Increasing parental competencies;
- Expanding social network; and
- Becoming more effective and nurturing parents.

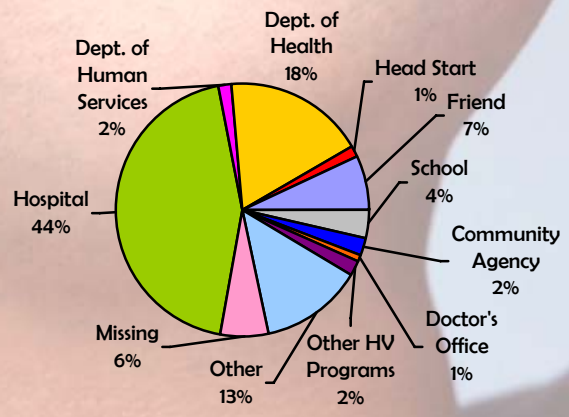
A web-based application for data entry and reporting was instituted in SFY 2003. The programs have generated quarterly and annual numerical reports electronically since SFY 2003.

Program Reporting

Screenings

During SFY 2006, 3,092 persons were contacted and screened for potential indicators of child abuse and neglect. Most of these referrals to the OCAP program came from hospitals (44%), health department (18%), and other sources (13%) such as Children First, WIC and self-referral (Figure 10).

Figure 10: Referral Source for Screening



Positive screen results were seen in 2,605 (84%) of the persons. Of the positive-screen results, 1, 648 (63%) persons were referred for further assessment. Reasons for positive-screen families not being referred for an assessment are shown in Table 5.

Table 5: Reason For Not Referring A Positive Screen For Assessment		
Reason	n	%
The pregnancy ended in miscarriage	3	0.3
Missing Information	5	0.5
Child Protective Services is currently involved	10	1.0
Person does not feel need for the program	12	1.3
Language barrier (Hispanic)	14	1.5
Person currently participating in another program	19	2.0
Person does not have time	19	2.0
Child too old for program	20	2.1
Family aged out before contact made	23	2.4
Referred to Children First	25	2.6
Referred to another program†	29	3.0
Family not within target population	32	3.3
Program was unable to contact family	82	8.5
Person lives outside of program service area	175	18.3
Person not interested	209	21.7
Other††	280	29.2
Total	957	100

Note: †Other programs include Parents as Teachers, Parent Aide, counseling services, and Lend-A-Hand.
††Other reasons such as not comfortable with home visits, foster family no longer has child, and family needs beyond scope of program.

Families At Risk for Child Abuse and Neglect

A family is screened to be at risk for potential child abuse and neglect on the basis of the following risk factors:

- Young age or single, separated, divorced or widowed*
- Late or no pre-natal care, poor compliance*
- Abortion unsuccessfully sought or attempted*
- History of abortions
- Education under 12 years
- Partner unemployed
- Inadequate income
- Unstable housing
- History of or current depression
- History of psychiatric care
- Relinquishment for adoption sought or attempted
- Marital or family problems
- Inadequate emergency contacts
- No phone
- History of substance abuse

Cherish the child..... Support Child Abuse Prevention

A screening is considered positive if two or more risk factors are true for the parent. Additionally, the screening is positive if any of the asterisked (*) factors are true or if there are seven or more unknowns. Of those who screened positive during SFY 2006:

- 57% were either a teen, single, separated, divorced, or widowed
- 67% had low income
- 30% had education less than 12 years
- More than 50% had unknown history of abortions, substance abuse, family problems and adoption relinquishment
- Approximately 48% had unknown history of depression
- Approximately 48% had attempted or sought abortion
- Information on late or no prenatal care was unknown for 41%

Assessments

850 families were further assessed for child maltreatment risk factors. Of these 510 (60%) persons assessed positive for risk factors and chose to enroll in OCAP home visitation services. The outcome for the remainder was as follows:

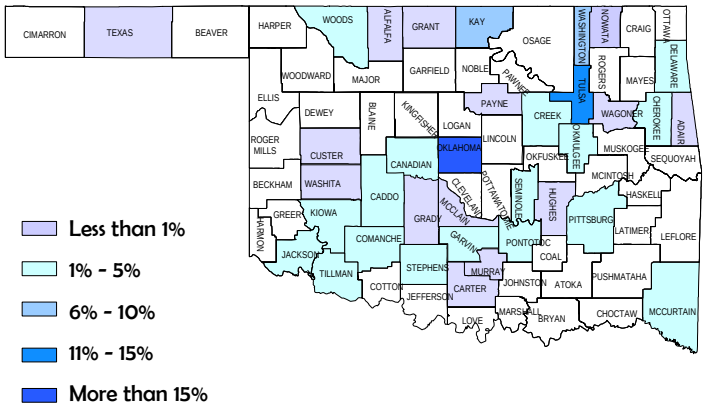
- 15.8% assessed positive but refused services;
- 5.3% assessed positive but caseload was full
- 9.3% assessed positive and were referred to more extensive services
- 3.8% assessed negative and were referred to other services
- 5.2% assessed negative and were referred to center-based services
- 6 cases (0.7%) cases assessed negative and no services or referrals were needed

Reasons for refusal by families (15.8%) who assessed positive, yet did not enroll were as follows:

- Program was unable to contact 47% of families after assessment
- 25% of the persons were not interested
- 11% of the persons did not want to commit to the program
- 7% of the persons did not feel that they need the program
- 5% of the persons were currently participating in another program
- 3% of the other family member did not want to be in program
- 3% were missing information

Out of all the positive assessments for which county information was present (n=723; 85% of the total assessments conducted) 25% of the positive assessment families resided in Oklahoma County. Almost 15% of the positive assessments were in Tulsa County. There was missing information on place of residence for 6% of the positive assessments (Figure 11).

Figure 11: Geographic Distribution of Positive Assessments by County, Oklahoma, SFY 2006



Source: Oklahoma State Department of Health, Office of Child Abuse Prevention. 2006

During SFY 2006, 435 families had completed the enrollment process and began participating in home visitation services.

Program Service

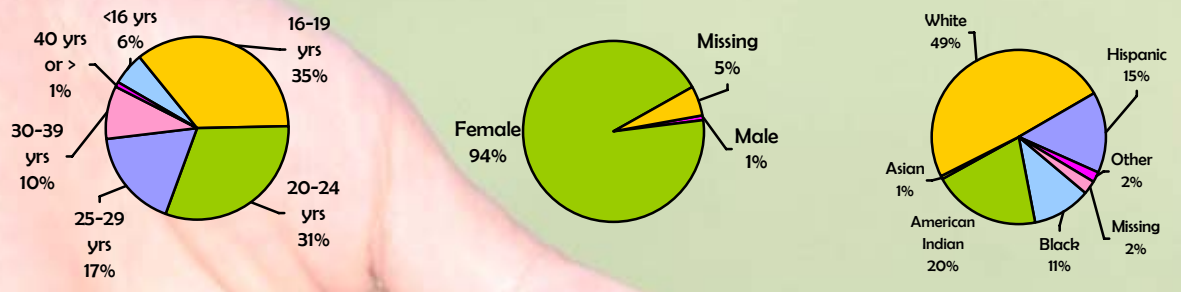
- During SFY 2006, 119 OCAP staff and volunteers served 1,842 families enrolled for home visitation and center-based services.
- Sixty-one of the family support and assessment workers provided 19,482 home visits to 1,009 families.
- Some of the family support and assessment workers volunteer as part-time workers.
- 833 families attended center-based parent education and/or support groups.
- 1,200 center-based parent education or support activities were provided.

Parent Characteristics

At the end of SFY 2006, 435 parents enrolled in OCAP home visitation services. Of these, 86% gave consent to participate in program evaluation.

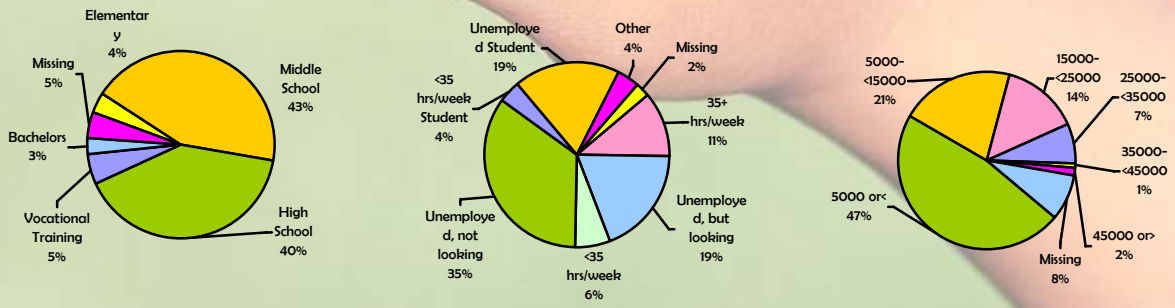
- Age/Gender/Race - 35% of the parents at the time of intake were in the 16 – 19 year age group, 94% were females and almost half (49%) were Caucasian (Figure 12).

Figure 12: Age, Gender, and Race/Ethnicity of Parents Enrolled in Home Visitation Services, OCAP Oklahoma - SFY 2006



- Socioeconomic Status - At the time of enrollment, 47% of the parents had only a middle school education, 35% were unemployed and not looking for a job, and 35% also had household income less than $5,000 (Figure 13)

Figure 13: Education Level Completed, Employment Status, and Household Income of Parents Enrolled in Home Visitation Services, OCAP Oklahoma - SFY 2006



- Marital Status – Sixty-three percent of the parents enrolled were single and never married at the time of intake (Figure 14)

- Receiving Public Aid - Majority of the enrolled parents were receiving public aid from WIC (87%), Medicaid (SoonerCare; 74%), and Food Stamps (46%; Figure 15)

Figure 14: Marital Status of Parents Enrolled in SFY 2006, OCAP Oklahoma

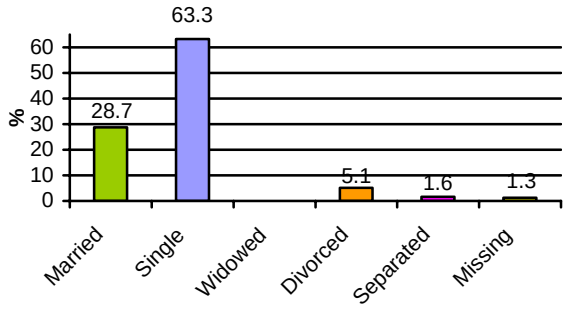
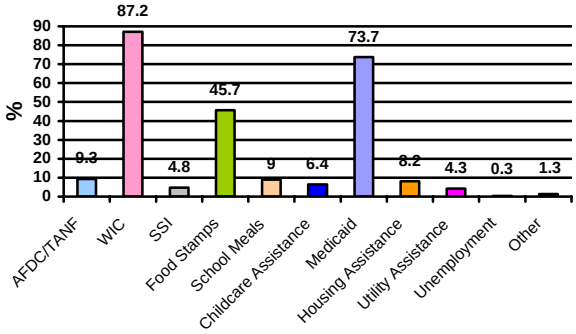


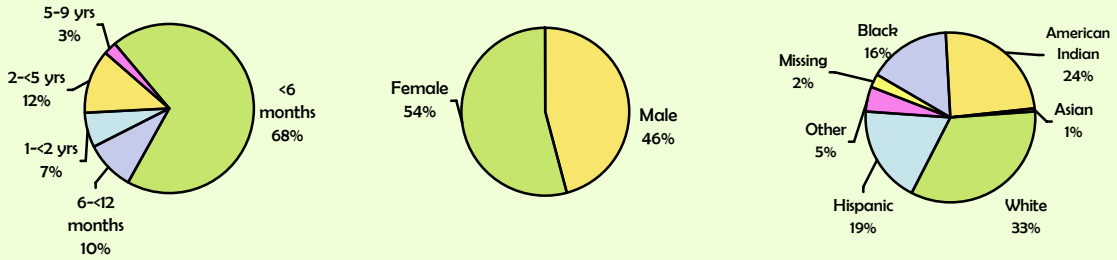
Figure 15: Enrolled Parents Receiving Public Aid in SFY 2006, OCAP Oklahoma



Child Characteristics

- 541 children participated in OCAP program during SFY 2006. (These children include the identified child and his or her siblings younger than 5 years old who also received home visitation services.)
- Families gave positive consent for 72% of the children for program evaluation.
- Age/Gender - At the time of intake, 69% of the children were less than 6 months of age, and more than half (54%) were females (Figure 16).
- Race/Ethnicity – The majority of the children enrolled were Caucasian (34%) or American Indian (24%) and 19% were Hispanic (Figure 16).

Figure 16: Age, Gender, and Race/Ethnicity of Children Enrolled in Home Visitation Services, OCAP Oklahoma - SFY 2006



Note: Children enrolled include target child and other children at home who will receive home visitation.

Pregnancy Information - Pregnancy information was collected from women who enrolled in Home Visitation services during SFY 2006 and gave consent for program evaluation (n=492). This includes all the pregnancies that ever occurred and resulted in birth for the enrollees. Most of these pregnancies occurred before the client enrolled in an OCAP program.

- Prenatal care began after the first trimester for 21% of the pregnancies that occurred in clients enrolled during SFY 2006; 76% began prenatal care during the first trimester (Figure 17).
- In the three months prior to pregnancy, 30% of the clients enrolled regularly smoked cigarettes. Frequency of smoking ranged from less than 1 cigarette a day to 20 or more cigarettes a day (Figure 18).
- In the three months prior to pregnancy, 21% of the clients enrolled consumed alcohol. Frequency of usage ranged from less than 1 drink up to 14 or more drinks in an average week. 75% of the clients enrolled did not drink alcohol (Figure 19).
- In the three months prior to pregnancy, 10% of the clients enrolled had used drugs. Frequency of drug use ranged from once a day to less than once a month (Figure 20).

Figure 17: Prenatal Care Among Clients Enrolled in SFY 2006, OCAP Oklahoma

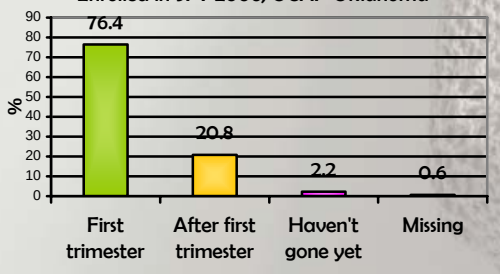


Figure 18: Smoking Before Pregnancy Among Clients Enrolled in SFY 2006, OCAP Oklahoma

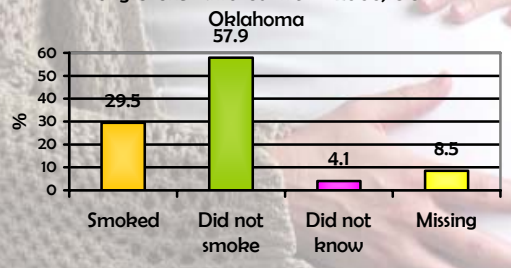


Figure 19: Alcohol Use Before Pregnancy Among Clients Enrolled in SFY 2006, OCAP Oklahoma

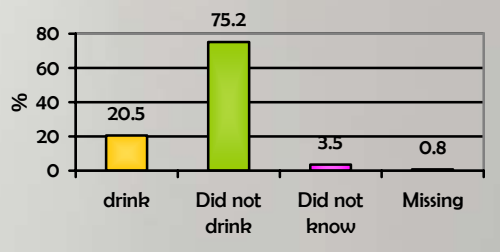
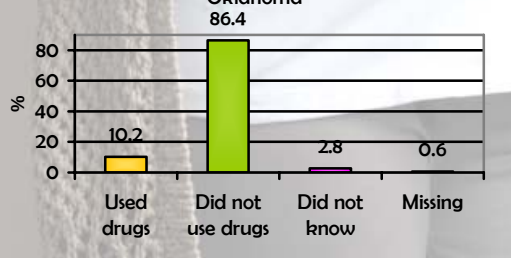


Figure 20: Drug Use Before Pregnancy Among Clients Enrolled in SFY 2006, OCAP Oklahoma



Condition at Birth –

- 10% of the children born to participating mothers had low birth weight i.e. less than 2,500 grams at the time of birth [15].
- 14% of the children born to participating mothers had health problems at birth
- 26% of the children born to participating mothers had to stay in the hospital for more than two days at birth

Health Outcomes

Immunizations

Child health records were updated by family support workers every 6 months for each child receiving home visits. For the most recent update for 673 children in SFY 2006, 95% of these children had up-to-date immunizations.

Child Development Screenings

Developmental screenings, beginning at four months of age, were conducted using the Denver II Developmental Screening Instrument for 593 children. Of these, approximately 11% screened positive for possible delays. 38% of the cases were referred for developmental assessment.

Child Abuse and Neglect Reporting

During SFY 2006, OCAP programs made five reports to DHS for possible child abuse and neglect in families receiving OCAP home visitation services.

Parent Satisfaction Surveys

Satisfaction surveys are conducted twice a year by each OCAP program. The following cumulative results show the percentage of parents who responded "Very True" to the statements on the survey (Table 6).

"Kathy and Brenda have been a great support and role model for me. There have been hard times during the 17 months of my daughter's life and I can always count on one of them to be there. Because of them, I am now a stay at home mom enrolled in college."

Source: General input, written submissions for OCAP public hearing, District XIV. Office of Child Abuse Prevention, OSDH. 2006

Table 6: Parent Satisfaction Surveys, SFY 2006

Program Services	Response
Addressed the family's concerns	93%
Helpful to the Family	91%
Good Quality	94%
Recommendable	96%
Easy to get to	86%
Program Staff	**Response**
Listened to the Family	98%
Skilled to Provide Service	96%
Knowledgeable About Services	97%
Treated the Family with Respect	97%
Parents said it was "Very True" that they:	**Response**
Felt better prepared to care for children	86%
Felt like a better parent	87%
Learned coping skills	61%
Learned listening skills	76%
Learned child abuse risk factors	83%
Learned about children's behaviors	82%
Applied problem-solving skills	71%
Applied techniques	85%
Improved their support system	77%
Wanted to improve their living situation	90%
Had a better relationship with their children	88%
Had improved health and well-being of their children	86%

Multidisciplinary Child Abuse And Neglect Teams – CATC Program

A Multidisciplinary Child Abuse and Neglect Team (MDT) is a group of professionals from various organizations and agencies who work in a coordinated and collaborative manner to ensure an effective response to cases of child abuse and neglect. MDTs work to minimize the number of interviews necessary for a child victim of sexual abuse, physical abuse, or neglect and coordinate the system's response to child maltreatment.

Oklahoma legislation calls for the establishment of teams in every county and the funding of functional MDTs. MDT standards have been established by the Child Abuse Training and Coordination Council, the advisory group to the Child Abuse Training and Coordination (CATC) program, in accordance with 10 O.S., Supp.2003, Section 7110.

In summary, the standards include:

Standard #1 – Protocols for joint investigations and interviews
Standard #2 – Professional development training
Standard #3 – Service identification inventory
Standard #4 – Team meetings
Standard #5 – Required data and annual team survey

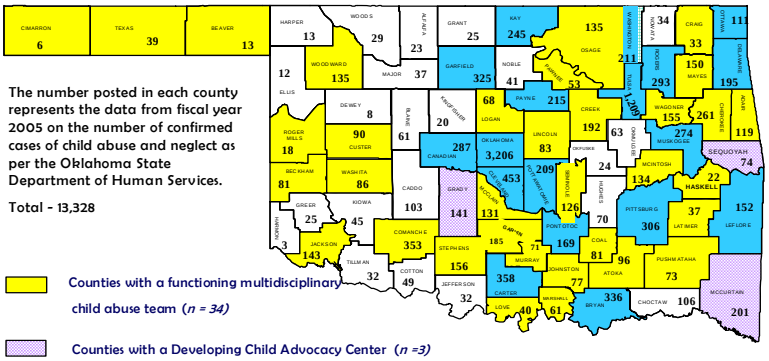
Teams must meet these standards in order to be considered functional. At the end of SFY 2006 there were 56 functioning teams.

In SFY 2006, CATC conducted an *Annual Team Survey* with 79% (44/56) response rate. Results from 44 teams response indicated that:

- Routine case review meetings were conducted weekly (11.4%), twice a month (16%), or monthly (66%)
- All of the responding teams had established a child abuse protocol and 57% utilized the protocol routinely while 41% of the teams utilized the protocol, but felt there was room for improvement
- The responding teams conducted joint investigations of child abuse and neglect by law enforcement and child welfare either as often as feasible (57%) or routinely (43%).

The office of Child Abuse Prevention provided training, consultation, site visits, technical assistance, standards, and data collection instruments to the developing and functioning MDTs across the state during SFY 2006 (figure 21).

Figure 21. Oklahoma Multidisciplinary Teams – SFY 2006



Common Data Collection Survey Results

Common data on cases reviewed in SFY 2006 was provided by 48 MDTs. During this period, 5,244 cases of child abuse and neglect were reviewed by the MDTs. Of the teams reporting, a case was usually reviewed once (60%) while 35% were reviewed twice and 5% were reviewed more than twice.

Of the cases reviewed, 56% were females while 42% were males. Gender was not reported for 2% of the cases. In 52% of the cases, the child was less than seven years of age (Figure 22). The majority of the cases involved Caucasian children (66%) followed by 13% American Indian and 11% African American children. Five percent of the cases reviewed were Hispanic (Figure 23).

Reviewed cases could have involved more than one type of child maltreatment. Neglect (35%) was the leading type of child maltreatment among the cases reviewed (Table 7). Other conditions were also involved in the reviewed cases. Among teams reporting, 41% of the cases involved alcohol or drugs. Other circumstances (3%) included cases such as juvenile delinquency, living with registered sex offenders or children present when parents were murdered. See Table 7 for conditions associated with the reviewed cases.

In 64% of the cases reviewed, the perpetrator was a parent or a step-parent (Figure 24). The majority of perpetrators were aged 18 years or older (78.6%) while 4% were aged 13-17 years. Approximately 2% were below 13 years of age. Age was unknown for 15.5% of the perpetrators.

Figure 24: Child Abuse and Neglect Cases Reviewed by MDTs by the Role of the Perpetrator, Oklahoma, SFY 2006

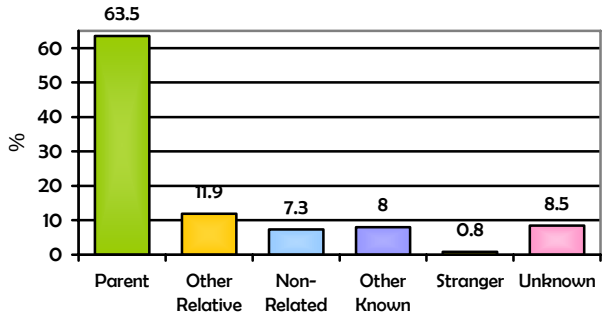


Figure 22:Child Abuse and Neglect Cases Reviewed by MDTs by Gender and Age, Oklahoma, SFY 2006

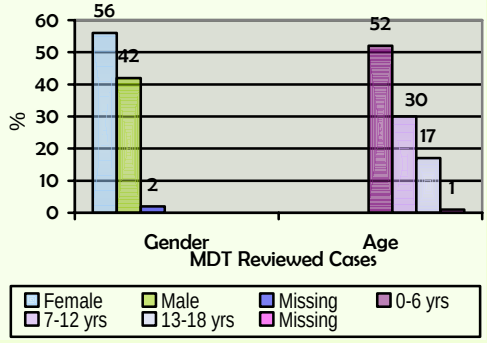


Figure 23: Child Abuse and Neglect Cases Reviewed by MDTs by Race/Ethnicity, Oklahoma, SFY 2006

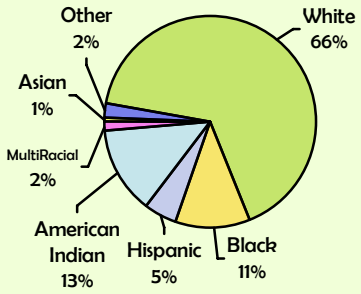


Table 7: Child Abuse and Neglect Cases Reviewed by MDTs by the Type of Abuse, Oklahoma, SFY 2006

Type of Abuse	n	%
Neglect	2,102	35
Sexual Abuse	2,021	34
Physical Abuse	1,217	20
Other	687	11
Other Conditions Involved	**n**	**%**
Alcohol or Drugs	838	41
Domestic Violence	532	26
Divorces or Custody Proceedings	319	15
Mental Illness	297	15
Other Circumstances	69	3

Appendix 1. Other Family Resource and Support Programs

The Office of Child Abuse Prevention encourages collaboration among family resource and support programs statewide. The information provided is a cursory glance at other services available across Oklahoma.

Children First (The Nurse-Family Partnership) is a statewide, voluntary family resource program that provides public health nurse home visitation services at no cost to families. The program encourages prenatal care, personal development, promotes the involvement of fathers, and supports families in parenting.
Agency: Oklahoma State Department of Health; administered through local health departments.
Funding Source: State and Federal Funds.
Target Population: Low income pregnant women who are expecting to parent for the first time and enrolled prior to the 28th week of pregnancy. Services continue until the child is two years of age.

The Child Guidance Service provides screening, assessment and therapy for developmental, communication, hearing, and behavioral concerns and assists families in accessing other resources.
Agency: Oklahoma State Department of Health; administered through local health departments.
Funding Source: State Funds and Local Fees.
Target Population: Families with children birth to 12 years of age.

SoonerStart is Oklahoma's early intervention program serving infants and toddlers (birth to 36 months) with developmental delays. SoonerStart was implemented following the enactment of Part H of the Individuals with Disabilities Education Act (IDEA) and the Oklahoma Early Intervention Act of 1989.
Interagency: Oklahoma Departments of Education, Health, Mental Health and Substance Abuse Services, Human Services, Health Care Authority, Commission for Children and Youth; administered through local health departments.
Funding Source: State and Federal Funds.
Target Population: Families with infants and toddlers (less than 36 months of age) who have at least a 50% delay in one developmental area or 25% delay in two developmental areas or have a physical or mental condition, which most likely will cause developmental delay.

Oklahoma Parents as Teachers (OPAT), a voluntary program, is designed to support parents as their child's first teacher by enhancing the positive skills and practices parents already possess and building upon them. The program promotes school readiness and creates an early partnership between parents and school.
Agency: Oklahoma State Department of Education; administered at the school district level.
Funding Source: State Appropriations and Local Funds.
Target Population: All families with children, birth to 36 months of age, residing in a participating school district.

Early Head Start, a program for low-income families with infants and toddlers and pregnant women, was created with the reauthorization of the Head Start Act in 1994. Early Head Start is a child development program that seeks to enhance the development of infants and toddlers.
Agency: Oklahoma Association of Community Action Agencies, Head Start State Collaborative Office.
Funding Source: Federal Funds.
Target Population: Low income (100% of federal poverty level) pregnant women and families with infants and toddlers less than 3 years.

Healthy Start programs goal is to reduce infant mortality and related pregnancy and women's health problems in communities with high infant mortality. Serves expectant mothers through the time that their infants are two years of age or through next pregnancy. Infants are also served.
Agency: Private and Public organizations.
Funding Source: Federal Funds.
Target Population: Medically high-risk pregnant women.

Oklahoma Respite Resource Network (ORRN), provide services of respite providers to families and caregivers for temporary stress relief and to reduce child abuse and neglect. Stress relief provided by respite can benefit families who care for children with developmental disabilities or special health care needs, dependent adults, or who experience crisis that impact the family's ability to safely care for its members.
Agency: Oklahoma Department of Human Services, Oklahoma Department of Health, Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma Association of Community Action Agencies, Area Agencies on Aging, Brain Injury Association of Oklahoma, Kirkpatrick Family Foundation, Maxine and Jack Zarrow Foundation, and Anne and Henry Zarrow Foundation.

Funding Source: Federal, State, Local, and Private Funds.
Target Population: The target population differs by funding source and its eligibility criteria.

Comprehensive Home-Based Services (CHBS), provides specific services to help ensure and enhance the safety, well-being and social functioning of children and their families. CHBS incorporates existing community services and resources with needs-driven, family-focused treatment through a partnership of contract case management and child welfare staff.
Agency: Oklahoma Department of Human Services.
Funding Source: State appropriation and Federal Funds.
Target Population: Families with children 0-18 years of age who are at a risk of being removed due to child abuse and neglect and/or exposure to parental drug/alcohol abuse.

Child Advocacy Centers, child focused, center-based programs that work to prevent further victimization of children who have been sexually or physically abused or neglected. Centers offer a comprehensive approach to child abuse and neglect investigation and intervention and work in conjunction with multidisciplinary child abuse teams.
Agency: Private, non-profits.
Funding source: Varied includes income from the CAMA fund for centers with full membership with the National Children's Alliance.
Target Population: Children who have been recent victims of sexual or physical abuse or neglect and their families.

Appendix 2. Child Abuse and Neglect Statistics: SFY 2004-2005

Each year the Oklahoma Department of Human Services, Division of Children and Family Services, Child Welfare Services publishes the *Child Abuse and Neglect Statistics*. In SFY 2005, OKDHS received 61,613 reports on families, and 36,605 (59%) reports had allegations that met the definition of abuse and neglect. There were 50,194 children for whom an investigation was completed. There were 11,732 for whom assessments were made.

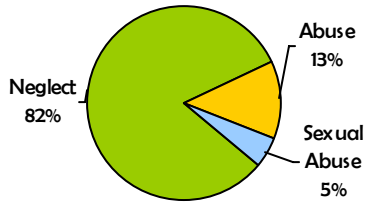
Table 8: Child Abuse and Neglect Cases Investigated and Confirmed by OKDHS in SFY 2000-2005, Oklahoma

State Fiscal Year	Investigated/Assessed	Confirmed	Confirmation Rate
2000	62,023	14,273	23%
2001	50,683	13,394	26%
2002	62,795	13,903	22%
2003	62,626	12,971	21%
2004	60,770	12,347	20%
2005	61,926	13,328	22%

The reporting source of confirmed child abuse and neglect cases has remained relatively constant since 1996. For SFY 2005, law enforcement (23%) continued to be the most frequent reporting source of child maltreatment. Neglect continued to be the leading type of child maltreatment (82%) (Figure 25).

In SFY 2005, Child abuse and neglect was most often confirmed for children three to six years of age (26.15%); followed by children seven to 11 years of age (22.9%), and children 12 years and older (20%) (Figure 26).

Figure 25:Confirmed Child Abuse and Neglect Cases by Category, Oklahoma SFY 2005.



Statistics on deaths due to child abuse and neglect for SFY 2005 have not yet been made available by OKDHS. The following data on deaths is reflected for SFY 2004. In SFY 2004, 51 children died from abuse and neglect. Children less than one year of age (45%) and children one to two years of age (28%) accounted for the majority of child abuse and neglect deaths. Among the confirmed child abuse and neglect deaths in SFY 2004, 45% were females and 54% were males. In addition, 80% of the children were Caucasian, 6% were American Indian, 8% were African American, and 4% were Hispanic. Please refer to figure 27 for confirmed deaths by perpetrator in SFY 2004.

Figure 26:OKDHS Confirmed Child Abuse and Neglect Cases by Age, Oklahoma, SFY 2005

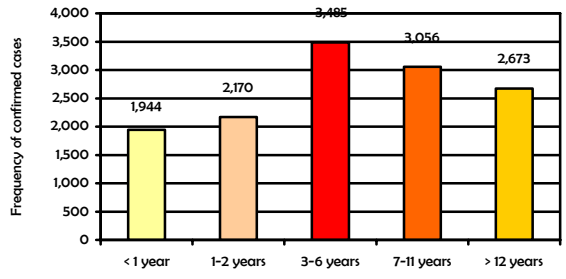
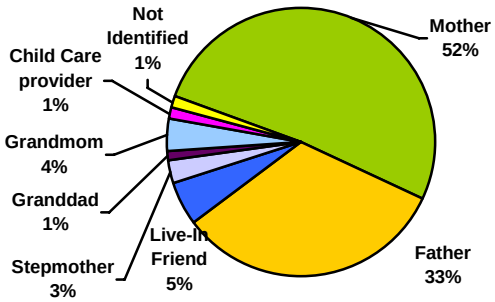


Figure 27:OKDHS Confirmed Child Abuse and Neglect Deaths by Perpetrator, Oklahoma, SFY 2004



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This report is submitted in compliance with Oklahoma Statute 63, O.S. Supp. 2001, Section 1-227 by:

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