

***Family Support and Prevention Service
Family Health Services
Oklahoma State Department of Health***

***Office of Child Abuse Prevention
Annual Report
State Fiscal Year 2004***



Office of Child Abuse Prevention
Family Support and Prevention Service
Family Health Services
Oklahoma State Department of Health
1000 N.E. 10th Street
Oklahoma City, OK 73117-1299
Phone: (405) 271-7611





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Annual Report – State Fiscal Year 2004***

***A report written in accordance with the Child Abuse Prevention Act,
Title 63, O.S. Supp. 2001, Section 1-227***

James M. Crutcher, M.D., M.P.H.
Commissioner of Health
and State Health Officer

Edd D. Rhoades, M.D., M.P.H.
Deputy Commissioner
Family Health Services

Annette Jacobi, J.D.
Chief
Family Support and Prevention Service

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Foreword

The Office of Child Abuse Prevention within the Family Support and Prevention Service continues to provide comprehensive prevention efforts as a part of the continuum of child abuse prevention programs and services in the State of Oklahoma. The *Annual Report - State Fiscal Year 2004* provides an overview of the Office's activities, a summary of demographic characteristics of families served through 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.





Mission

The mission of the Office of Child Abuse Prevention is to promote the health and safety of children and families by reducing violence and child maltreatment through public education, multidisciplinary training of professionals with responsibilities for children and families, and the funding of community-based family resource and support programs.

Intent of Legislation

Title 63, O.S. Supp. 2001, Section 1-227

The intent of the Child Abuse Prevention Act is

- * that a comprehensive approach for the prevention of child abuse and neglect be developed for the state and used as a basis of funding of programs and services;
- * that multidisciplinary and discipline-specific training on child abuse and neglect and domestic violence be available to professionals with responsibilities affecting children, youth, and families; and
- * that the Office of Child Abuse Prevention within the Oklahoma State Department of Health establish a comprehensive statewide approach towards the prevention of child abuse and neglect.

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Activities of the Office of Child Abuse Prevention

The Office of Child Abuse Prevention was created in 1984 by the Oklahoma Child Abuse Prevention Act (Title 63, O.S. Supp. 2001, Section 1-227.) Prior to 1984, the focus of child abuse and neglect efforts was an “after-the- fact” intervention, preventing the recurrence of child abuse and neglect. The Act declared that the prevention of child abuse and neglect was a priority in Oklahoma. In accordance with the Act, the Office of Child Abuse Prevention (OCAP) was created and placed within the Oklahoma State Department of Health to emphasize the focus on prevention. The OCAP provides primary (statewide promotion of child abuse prevention), secondary (community-based family resource and support programs), and tertiary (training professionals on the identification and reporting of child maltreatment) prevention services.

The Office of Child Abuse Prevention facilitates the biannual preparation and ongoing implementation of the State Plan for the prevention of child abuse. The Office works collaboratively with the State Interagency Child Abuse Prevention Task Force (ITF), the Child Abuse Training and Coordination (CATC) Council, and the 17 District Child Abuse Prevention Task Forces (DTF) across the State. State appropriations and Federal grants funded the activities of the Office of Child Abuse Prevention.

Community-Based Family Resource and Support

Programs, funded by the Child Abuse Prevention (CAP) Fund, are monitored and evaluated by the Office of Child Abuse Prevention. The community-based family resource and support programs are designed to assist families at risk of child abuse and neglect through strength-based services. The Office provides technical assistance and training to the CAP Fund Community-Based Family Resource and Support Programs across the state.

During State Fiscal Year (SFY) 2004:

- * Awarded 21 community-based programs \$2,686,482 in CAP Funds;
- * Educated 33 community program staff during 2 series in the areas of the Healthy Families America (HFA) model, family assessment, family support, and program supervision;
- * Conducted site visits at all community programs;
- * Trained 60 family support workers via two satellite “Keys to Caregiving” child assessment training sessions.

- * Trained 52 administrators, managers, and financial staff of the community programs on procedures, evaluation, and contract monitoring;
- * Provided prevention services to Native American families under contracts with two tribes, Chickasaw and Comanche Nations;
- * Used Parents as Teachers curriculum in contracted home visitation programs;
- * Conducted eight community respite program trainings; and,
- * Trained eight program staff onsite on the web-based application computer training.

Child Abuse and Neglect and Multidisciplinary

Training of professionals with responsibilities affecting children, youth, and families are mandated responsibilities for the Office of Child Abuse Prevention. The Child Abuse Training and Coordination (CATC) Program, within the Office, provides training, technical assistance, and assessment of the developing and functioning multidisciplinary child abuse and neglect teams throughout the state and improves the education and training of professionals with responsibilities for children and families.

During State Fiscal Year (SFY) 2004:

- * Provided technical assistance and consultation to 48 developing and functioning multidisciplinary child abuse and neglect teams;
- * Educated 1,185 multidisciplinary team members in 36 separate training events in the areas of joint Investigations, special investigative techniques, multidisciplinary team approach, team building, identifying domestic violence injuries, courtroom testimony, forensic interviews, investigating child deaths, and developing local drug endangered children protocols;
- * Provided 50 scholarships to law enforcement and child welfare personnel so they could attend the Annual Center on Child Abuse & Neglect / Healthy Families America Statewide Conference in Norman;
- * Provided 61 days of training in 36 locations across the state;
- * Broadcast one special investigations training from its origin in Stillwater to 9 different training sites for a total attendance of 134 law enforcement officers and child welfare workers;

Activities of the Office of Child Abuse Prevention

- * Assisted Oklahoma Lawyers for Children with their Fall and Spring Seminars for 277 volunteer child attorneys and district attorneys;
- * Completed the annual review of team functioning with the CATC Council using the Minimum Team Standards as adopted in April, 2003;
- * Reviewed county health department generated child abuse and neglect reports; and
- * Initiated and conducted a special planning session with federal officers to increase the compliance with the Indian Child Welfare Act and to decrease issues related to jurisdiction in Indian Country.

The Office of Child Abuse Prevention maintained its focus on the comprehensive approach to child abuse prevention.

During SFY 2004:

- * Provided three identifying and reporting train-the-trainer sessions to school nurses, social workers, and family support workers;
- * Maintained OCAP web page on OSDH web site;
- * Distributed 3,500 child abuse prevention packets statewide to early childhood professionals, parents, schools, health facilities, and faith-based organizations;
- * Participated on the Domestic Violence Fatality Review Board;
- * Participated on the Child Death Review Board;
- * Co-sponsored the Healthy Families Oklahoma Conference for 900 participants;
- * Co-sponsored the Family Matters Conference with approximately 250 participants; and
- * Implemented a contractual agreement for consultation from Oklahoma State University to the 17 Child Abuse Prevention Districts.
- * Trained 40 staff from various contractors in program evaluation;
- * Provided Respite Care to 474 CAP funded families and families served by Children First through collaboration with the Department of Human Services and the Respite Resource Network.;
- * Sponsored attendance at the National Fatherhood Conference by a Program Supervisor from a community-based family resource and support program; and
- * Prepared two sessions of “Great Beginnings Start before Birth” pregnancy-related training for community program staff.

The Oklahoma State Plan for the Prevention of Child Abuse and Neglect was revised during SFY 2004. The State Plan was prepared in accordance with the Child Abuse Prevention Act by the OCAP and the ITF and approved by the Oklahoma Commission on Children and Youth. The purpose of the State Plan is the planning and coordination of child abuse prevention programs and services and the establishment, development, and funding of such programs. The aim is not just the absence of child abuse and neglect, but the presence of factors that enhance the health and well-being of Oklahoma’s children. The State Plan implores each organization, group, and community to incorporate applicable recommendations into their work, action, and strategic plans. In this manner, the recommendations will become goals and objectives, and most importantly, actions by many and not just a few.

The State Plan and its recommendations were used to develop the invitation to bid for provision of child abuse prevention services. Service contracts were awarded on a five year cycle. The following State Plan recommendations were operationalized in the invitation to bid:

- * Funding
 - * Availability of services
 - * Qualifications of services providers
 - * Collaboration in training
- * Finding and Appropriately Filling Gaps in Services
 - * Services based on research or best practice
 - * Needs of multiple issue families
 - * Diversify funding of local programs
 - * Linkage between animal abuse and child abuse
- * Evaluation of What Works
 - * Evaluate all programs and services
 - * Improve programs based on results
- * Interagency Provision of Services
 - * Local, multi-sector ownership of health
 - * Parenting teens to stay in school.

Child Abuse Prevention (CAP) Fund Programs

Seventeen Child Abuse Prevention Districts are designated in Oklahoma. Each district is allocated a portion of the total Child Abuse Prevention Fund for child abuse prevention 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 reports of child abuse and neglect in the district in relation to the state's population of children under 18

years of age and state total reports of child abuse and neglect. By a review process specified by the Child Abuse Prevention Act, programs within the districts are contracted with to provide services. The SFY 2004 child abuse prevention program dollars in the table include reallocated, lapsed funds from SFY 2003.

District Name and Counties within the 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.	\$125,000
Okmulgee-Okfuskee County Youth Services, Inc.	\$114,860
District III: Cleveland, Coal, Garvin, McClain, Pontotoc Counties	\$100,000
McClain-Garvin County Youth and Family Center, Inc.	\$100,000
District IV: Canadian, Kingfisher, Logan Counties	\$117,755
Oklahoma State University Cooperative Extension Service for Canadian County	\$117,755
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	\$113,845
Marie Detty Youth and Family Service Center, Inc.	\$113,845
District VII: Oklahoma	\$655,475
Community Health Centers, Inc.	\$100,000
Exchange Club Parent-Child Center for the Prevention of Child Abuse of Oklahoma, Inc.	\$281,028
Latino Community Development Agency, Inc.	\$174,447
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

CAP Fund Programs – continued

District Name and Counties within the District	District Total \$
Agency Name	Contract Award \$
District XI: Creek, Lincoln, Okfuskee, Pawnee, Payne Counties	\$148,782
Sapulpa Public Schools	\$148,782
District XII: Tulsa County	\$463,624
Parent Child Center of Tulsa, Inc.	\$463,624
District XIII: Craig, Delaware, Mayes, Nowata, Ottawa, Rogers, Washington Counties	\$230,605
Bartlesville Public Schools	\$130,605
Oklahoma State University Cooperative Extension Service for Delaware County	\$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	\$106,317
McCurtain County Health Department	\$106,317
District XVII: Kay, Noble, Osage Counties	\$100,000
Northern Oklahoma Youth Services Center and Shelter, Inc.	\$100,000

Twenty-one private, non-profit and public agencies were awarded contracts for SFY 2004. The Office of Child Abuse Prevention conducted a competitive bid process during the Spring of 2002 in conjunction with the Department of Central Services. Many of the contracts were awarded at levels below the bid and approved amounts. In addition, Community Based Family Resource and Support Federal Dollars were awarded to the Chickasaw and Comanche Nations, in order to provide the child abuse prevention programs to Native American families. For SFY 2005, \$2,686,482 was appropriated to the CAP Fund. Two of the contracts were cancelled in SFY 2004 due to decreased appropriation. For SFY 2005, 21 contracts were renewed using the CAP Fund and 2 contracts were renewed using Federal dollars.

"An ounce of prevention is worth a pound of cure." Research has shown that child abuse and neglect experiences are contributors to many individual and social disorders among children and adults. Effective child abuse and neglect prevention program services result in savings by reducing the following: 1) intervention, investigation, and treatment of child abuse and neglect; 2) out-of-home placement or foster care for victims of child abuse and neglect; 3) intervention and treatment related to other social problems such as teen pregnancy, substance abuse, juvenile delinquency, and adult criminal behavior; 4) mental health services for victims of child abuse and neglect; and 5) use of social welfare income support.

CAP Fund Program Evaluation

The Healthy Families America Approach was used by all of the CAP Fund community-based family resource and support programs. The programs served first-time mothers after the 28th week of pregnancy, pregnant women who were not being served by Children First, pregnant women expecting their second (or subsequent) birth, and parents of newborns. Families are served by a combination of home visitation and center-based groups and activities until the child is five years of age. An emphasis is placed on teaching parents how to be more nurturing.

Services provided by the programs included:

- * home visits;
- * center-based support and education groups;
- * family events such as health fairs and public awareness activities;
- * community outreach to families;
- * screenings and assessments;
- * child development screenings/assessments;
- * linkage to health care providers;
- * referrals to community resources such as mental health care, drug/alcohol treatment, housing assistance, job training/counseling, and domestic violence prevention; and
- * additional support services such as respite care, child care, transportation, parent-child interaction play groups, and life management skills education.

Center-based services were offered to families who were not eligible for home visitation services.

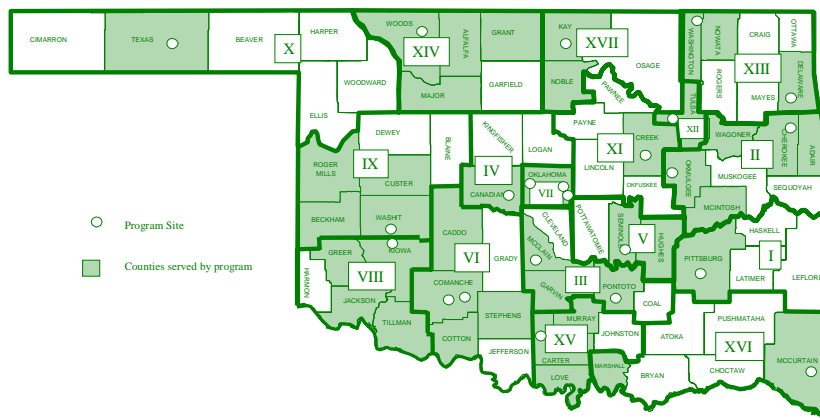
The mission of the community-based family resource and support programs is to prevent child abuse and neglect by eliminating risk factors.

The goals of the community-based family resource and support programs are to enhance a family's abilities to care for itself and produce healthy members and to reduce a family's level of social isolation.

A Statewide Evaluation of all the Child Abuse Prevention Fund community-based family resource and support programs began in SFY 2000. Steady progress has occurred in the implementation of this comprehensive evaluation. Evaluation components include:

- * quality assurance (including site visits),
- * program model fidelity and uniformity between program providers,
- * goal attainment, and
- * outcome-based measures.

Child Abuse Prevention Fund, Community-Based Family Resource and Support Programs, Oklahoma, State Fiscal Year 2004.



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

Through the partnership between the Office and public and private program providers, work has continued to enhance the effectiveness and efficiency of the services. Every program provider in the state has essential features and common goals and objectives (i.e., 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), yet each program has its own uniqueness. Evaluation measures were incorporated into the 27 data collection forms used by the providers of the programs and represent those common, essential features.

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

CAP Fund Program Evaluation – continued

A Logic Model of the community-based family resource and support programs was developed to identify objectives and goals. Process and outcome measures were developed to evaluate program effectiveness.

Key performance measures include:

- * increased knowledge of child development;
- * number of families provided home visits;
- * number of families provided center-based services;
- * number of child development screenings;
- * increased child immunization rates; and
- * decreased child abuse and neglect.

Program Participant Satisfaction Surveys were administered by each community-based family resource and support program. Each program’s approach to child abuse prevention is voluntary home visitation combined with center-based services. Components of the approach are: systematic assessment of the strengths and needs of families; promotion of positive parent-child interaction; promotion of healthy childhood growth and development; and enhancement of family functioning by building trusting relationships, teaching problem-solving skills, and improving family support systems. These goals are achieved with the combined efforts of services, staff, and participants.

About half (51%) of the families enrolled responded to the February 2004 survey. Program-specific results were provided by the Office of Child Abuse Prevention to the community-based programs. The following cumulative results are an example of the data collected.

Selected characteristics of program participants were presented in an expanded format: 1) reactions and feelings (lowest level indicator of long term impact), 2) learning (enhanced attitudes, perceptions, or knowledge), and 3) changes in skills (applied learning). The questions included the program participants’ perceptions of the program services and staff.

Survey respondents were divided between families who had been in the program for 0 to 6 months (23%), 7 to 11 months (16%), 12 to 18 months (21%), and more than 18 months (29%). Time in the program was unknown for 12% of the respondents.

“Very True” Was The Families’ Response a large percentage of the time to the following statements:

Program Services were:

Helpful to the Family	88%
Good Quality	89%
Recommendable	93%

Program Staff were:

Listened to the Family	95%
Skilled to Provide Service	92%
Encouraging	90%
Knowledgeable About Services	90%
Great Working with Family	92%
Treated the Family with Respect	95%

My Home Visitor was:

Supportive	82%
Respectful	75%
Helpful	73%

My Group Leader was:

Informed	57%
Understanding	66%
Helpful	67%

Parents said it was “Very True” that they:

Felt better prepared to care for children	84%
Felt like a better parent	85%
Felt satisfied with services	92%
Felt supported by program staff	94%

Learned from staff	93%
Learned coping skills	54%
Learned listening skills	75%
Learned child abuse risk factors	79%
Learned about children’s behaviors	80%

Applied problem-solving skills	66%
Applied techniques	79%
Applied positive interaction	86%
Applied positive parenting	74%

Improved their self-esteem	79%
Improved their support system	78%
Wanted to improve their living situation	88%
Had a better relationship with significant other	64%
Had improved the well-being of their children	84%



CAP Fund Program Reporting

According to the Child Abuse Prevention Act, the community-based family resource and support programs report quarterly to the Office of Child Abuse Prevention. During SFY 2004, the CAP Fund programs provided a variety of home-based and center-based child abuse prevention services.

- * 2,637 families were screened for potential indicators of child abuse and neglect risk factors;
- * 811 families were assessed for child abuse and neglect risk factors;
- * 1,052 families received parent education and support through home visitation services;
- * 15,421 home visits were provided to the families in SFY 2004;
- * 978 families attended center-based parent education and/or support groups; and
- * Of the families who received center-based groups,
 - * 21% were served by home visitation,
 - * 2% were served by Children First,
 - * 4% were served by SoonerStart,
 - * 1% were served by Child Guidance,
 - * 10% were served by other programs such as Parents as Teachers, Head Start, Even Start, and those provided by the Dept. of Human Services, and
 - * 62% were not served by any other program.

2001 legislation amended the CAP Act. The changes to the CAP Act specified the addition of CAP Fund program specific reporting requirements to the annual report. SFY 2003 began a new contract cycle. The reported numbers reflect the status at the last time the data were collected in a standardized manner among families who were enrolled in home visitation services in SFY 2004.

During SFY 2004, 1,316 parents/grandparents represented the families who enrolled in home visitation services. Of the parents and grandparents:

- * 7% were 15 years of age or less;
- * 24% were 16 to 19 years of age;
- * 39% were 20 to 24 years of age;
- * 15% were 25 to 29 years of age;
- * 9% were 30 to 34 years of age; and
- * 6% were 35 years of age or more.

Among the parents, 59% were single, 33% were married, 6% were separated/divorced, and <1% were widowed.

The following numbers represent households. It is important to note that more than one family could have lived in a household and that not every family unit within a household enrolled for services. The households were usually comprised of two adults (50%), followed by one adult (21%), three adults (16%), and four or more adults (13%).

Eighty-three percent (83%) of the children in the households were the biological children of the adults enrolled in the home visitation services. Among the children in the household of families who received home visitation:

- * 45% were less than 12 months of age;
- * 9% were 12 to 23 months of age;
- * 22% were 2 to 4 years of age;
- * 13% were 5 to 9 years of age; and
- * 10% were 10 to 19 years of age.

The households included many family members of the children that received home visitation services. Among the members of the household, excluding the mother:

- * 48% were the child's father;
- * 2% were the child's stepfather;
- * 3% were the boyfriend of the child's mother;
- * 30% were the child's grandmother;
- * 17% were the child's grandfather;
- * 4% were the aunt of the child's mother;
- * 3% were the uncle of the child's mother;
- * 7% were the sister of the child's mother;
- * 6% were the brother of the child's mother;
- * 2% were the friend of the child's mother; and
- * 9% were others, most often the child's great-grandparent.

SFY 2004 was the second year in a five-year contract cycle. Some of the programs began home visitation services in mid-1999 to mid-2000. Others had previous contracts to provide child abuse prevention programs and to establish home visitation services during the contract cycle that began July 1996.

CAP Fund Program Reporting – continued

CAP Fund Program	Number Newly	Months in Program	
	Enrolled in	Average	Range
	SFY 2004		
Bartlesville Public Schools	16	12	1-20
Chickasaw Nation	19	9	1-20
Comanche Nation of Oklahoma	20	9	0-18
Community Children’s Shelter & Family Resource Center	9	6	1-33
Community Health Centers (Mary Mahoney)	20	6	0-17
Exchange Club Center for the Prevention of Child Abuse of Oklahoma	49	8	0-21
Great Plains Youth and Family Services, VIII	18	9	0-20
Great Plains Youth and Family Services, XI	26	10	0-20
Help-In-Crisis	11	12	0-20
Latino Community Development Agency	18	12	0-20
McClain-Garvin County Youth and Family Center	12	9	0-20
McCurtain County Health Department	21	13	0-21
Marie Detty Youth and Family Services	33	7	0-19
Northern Oklahoma Youth Services Center & Shelter	43	10	0-20
Northwest Family Services	21	16	0-21
Oklahoma State University, Canadian County Extension	19	8	0-20
Oklahoma State University, Delaware County Extension	12	12	0-20
Oklahoma State University, Texas County	3	13	0-20
Okmulgee-Okfuskee County Youth Services	24	8	0-21
Parent Child Center of Tulsa	84	9	0-39
Pittsburg County Health Department	12	11	1-21
Sapulpa Public Schools	23	12	0-21
Youth & Family Services for Hughes & Seminole Counties	13	11	1-20

During SFY 2004, 2,637 persons were contacted and screened for potential indicators of child abuse and neglect risk factors. Seventy-eight percent (78%) screened positive. There were 576 people screened that were not referred on to the assessment phase. Eighty-six percent (86%) of those who were screened only were negative for potential risk factors. Four percent (4%) lived outside the service area, three percent (3%) were referred to other programs, one percent (1%) were not interested in the program and five percent (5%) were other categories and unknown combined.

There were 811 persons who screened positive and were initially assessed for child abuse and neglect risk factors in SFY 2004. Seventy percent (70%) of the individuals were assessed positive for risk factors and chose to be a part of the home visitation program. Of the remainder, one-third (33%) assessed positive but refused services, 29% assessed positive but were referred to more intensive services, 23% assessed negative, and 14% assessed positive but the caseload was full. Families referred to more intensive services were those needing intervention or treatment due to serious child abuse and neglect and domestic violence in the home and untreated mental illness or substance abuse.

Ninety-eight percent (98%) of families who assessed negative were given referrals to the center-based parenting education classes or to other community resources such as Children First, Child Guidance, SoonerStart, the Department of Human Services for housing assistance and insurance, and Parents As Teachers. Families who assessed positive were given referrals to other services within the agency, parents assistance centers, mental health centers, drug rehabilitation, child protective services, and other family resource programs that could better meet the families’ needs for more intensive services. The average actual expenditures per family during SFY 2004 is estimated at \$1,547. Home visitation services accounted for a greater proportion of services and expenditures than group services and costs varied by contractor.

Multidisciplinary Child Abuse and Neglect Teams

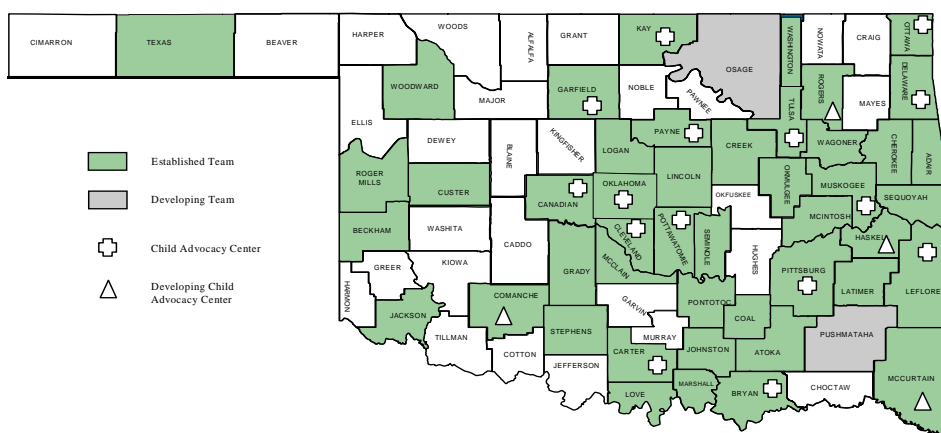
A Multidisciplinary Child Abuse and Neglect Team (MDT) is a group of professionals from various organizations and agencies who work in a coordinated and collaborative manner to ensure an effective response to cases of child abuse and neglect. The team provides a system of checks and balances to prevent the type of situations that occurred with the deaths of Ryan Luke and Shane Coffman. 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.

Teams must meet these standards in order to be considered functional. At the end of SFY 2004, there were 2 developing and 46 functioning teams.

Functional MDTs and Child Advocacy Centers are eligible to received funding from the Child Abuse Multidisciplinary Account (CAMA). The CAMA funds are based on a \$10 increase in civil filing fees. The Oklahoma Department of Human Services administers the funds. The lapsing funds revolve to the next year and cannot be used for any other purpose.

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 program, in accordance with 10 O.S., Supp. 2003, Section 7110.

Multidisciplinary Child Abuse and Neglect Teams, Oklahoma, SFY 2004.



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

CATC conducted an Annual Team Survey with 44 of the teams responding. Of the functioning teams reporting, 98% conducted routine case reviews, with the frequency being either weekly, twice a month, or monthly. All

of the teams reported that the team conducted joint investigation of child abuse and neglect by law enforcement and child welfare either routinely or when feasible. Team coordinators reported their greatest achievements as building cooperation and commitment, increased training, increased joint investigations, and decreased trauma to children.

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 2004.

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, and
- * Standard #5 - Required data and annual team survey.

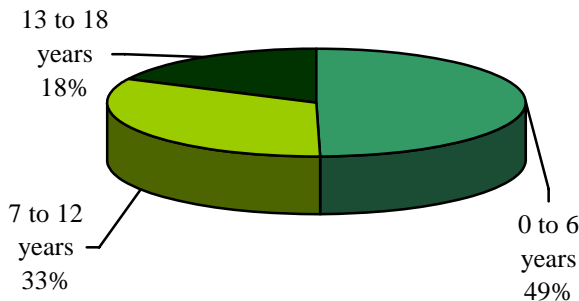
Multidisciplinary Child Abuse and Neglect Teams -Common Data Collection Survey Results

Multidisciplinary Child Abuse and Neglect Team Case Review Data was provided by 44 MDTs in SFY 2004. Teams that submitted the common data collection summary were:

Adair	Atoka	Beckham/Roger Mills	Bryan
Canadian	Carter	Cherokee	Cleveland
Comanche	Creek	Custer	Delaware
Garfield	Grady	Haskell	Jackson
Johnston	Kay	Latimer	Lincoln
Logan	Love	Marshall	McClain
McCurtain	McIntosh	Muskogee	Oklahoma CPT
Oklahoma	Ottawa	Payne	Pittsburg
Pontotoc	Pottawatomie	Pushmataha	Rogers
Seminole	Sequoyah	Stephens	Texas
Tulsa	Wagoner	Washington	Woodward

During the 12 month period, 6,142 cases of child abuse and neglect were reviewed by the MDTs. Of teams reporting, a case was usually reviewed more than twice (38.9%), while 33.3% were reviewed once and 27.8% were reviewed twice. In 49.5% of the cases, the child was less than seven years of age. The child's age was unknown for only 0.9% of the cases reviewed.

Child Abuse and Neglect Cases by the Age of the Child Victim, Oklahoma, SFY 2004.



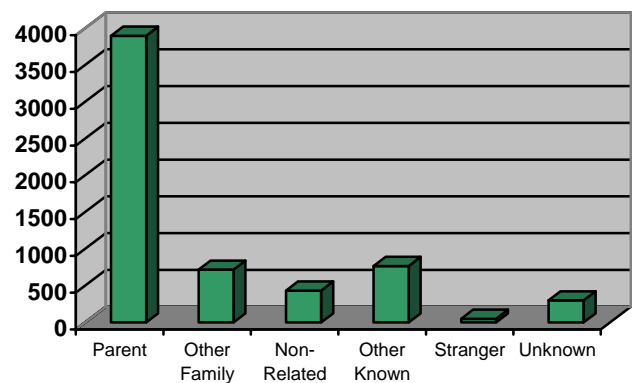
Of the cases reviewed, 65.7% involved Caucasian children followed by 12.5% Native American, 11.6% African American, 5.2% Hispanic, 1.8% multiracial, 0.3% Asian children, and other/unknown 2.7%.

Reviewed cases could have involved more than one type of child maltreatment. Sexual abuse (39.8%) was the leading type of child maltreatment among the cases reviewed. Neglect (30.8%), physical abuse (20.7%), and 8.7% other type were also documented.

Other conditions were also involved in the child abuse and neglect cases. Among teams reporting, 836 (51.1%) of the cases involved alcohol or drugs, 393 (24.0%) involved domestic violence, 161 (9.8%) involved mental illness, 198 (12.1%) involved divorces or custody proceedings, and 48 (2.9%) involved other circumstances such as children with special health care needs or incarcerated parents.

In the majority of the cases reviewed, the perpetrator was in a parental or caretaker role. In 63.2% of the cases, the perpetrator was in a father or mother role. Other family members (11.7%) and other known person (7.0%) were the next highest percentages, followed by parent's boy/girlfriend (12.5%) and strangers (0.8%). The perpetrator was unknown in 4.9% of the cases.

Child Abuse and Neglect Cases by the Role of the Perpetrator, Oklahoma, SFY 2004.





Recommendations for Continuous Development and Improvement

The Oklahoma State Plan for the Prevention of Child Abuse and Neglect is the product of the process that continually assesses the needs and services available in the State to address child abuse and neglect and its prevention. The Year 2004 revision incorporated a broader scope than previous plans to provide a statewide, multidisciplinary approach to the prevention of child abuse and neglect. With the experience, knowledge, and wisdom of a multiplicity of professionals, service providers, parents, and individuals from across Oklahoma, the State Plan's recommendations embody what is best for Oklahoma across the continuum of child abuse prevention. OCAP will continue to work with its partners to incorporate the recommendations of the State Plan into every aspect of its planning and work.

Examples of 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 the services provided to families are based upon researched or best practice methodology;
- * Supporting the development of services that focus on hard to reach populations, such as teen, or multiple issue families; and
- * Promoting community-based leadership and collaboration to maximize resources and eliminate duplication.

Community-based family resource and support program evaluation has been in place since the beginning of the contract cycle. With the goals of ensuring effective and efficient services to prevent child abuse and neglect and to promote healthy and self-sufficient families, the evaluation for the programs is a comprehensive one. Some programs have found the evaluation process to be challenging, from filling out forms, entering data, and interpreting the resulting reports. At this time, most of the difficulties have been overcome and programs continue to improve in all aspects.

Preparation of quarterly and annual numerical reports has become simplified for contractors through electronic methods, thus eliminating manual calculation and submission in hard copy to the OCAP. Thus, reporting is timely and OCAP consultants can review data without delay and pinpoint programs' technical assistance needs with regard to outreach, screening, assessment, home visitation, and center-based services. This method allows identification of programs with strengths in these areas to allow for peer assistance when appropriate.

Parent satisfaction surveys provide valuable information to OCAP as they indicate strengths and needs of service providers as well as to indicate which providers' participants have a high or low rate of return of the surveys. Once again, providers may share successful methods of encouraging participation in the surveys.

The OCAP will use the data and the results to improve the services and programs that are provided by the community-based family resource and support programs.

The Positive Fathering Initiative is critical. Research results have shown that children who interact positively and often with their fathers are more likely to perform better in school, relate well with others and develop health concepts. Children who live absent their biological fathers, on average, are more likely to be poor, experience educational, health, emotional and psychological problems, become victims of child abuse and engage in criminal behavior than their peers who live with their married biological mother and father.

The Office of Child Abuse Prevention has identified an important objective to emphasize fatherhood involvement in all community based family resource and support programming. Provider staff continue to seek ways of including fathers from the beginning. The "Great Beginnings Start Before Birth" curriculum for expectant families contains strategies for encouraging participation by fathers. OCAP sponsored one male program supervisor to attend the National Fatherhood Initiative Conference in Atlanta, GA in June 2004. He returned with renewed enthusiasm for the fatherhood movement. As a result a self-assessment, "the Father-Friendly Check-Up," has been recommended for use by

Recommendations for Continuous Development and Improvement - continued

programs. In addition, a fatherhood curriculum, “24/7 Dads,” has been recommended. The OCAP purchased this curriculum, and will implement a pilot Dads group using it during SFY 2005. Feedback from this group will give direction to the OCAP with regard to future offerings by other programs.

The Child Abuse Training and Coordination Program continues to be the area with the greatest potential for development and improvement for the Office of Child Abuse Prevention. The program provides a schedule of discipline-specific and multidisciplinary training programs for law enforcement, child welfare, prosecution, education professionals, and others with responsibilities for children and families. The challenge for training during FY 2005 will be making up-to-date, professional training available to members of multidisciplinary teams in close proximity to where they live and work. Due to budgetary restrictions placed on travel by state and county employees, the training will need to be delivered on a more regional, localized basis. Technology will need to be utilized to expand the availability of training programs beyond the one time, single event that has been done in the past. The Oklahoma Career Technology system will continue to be used as locations for trainings that will improve the local access as well as having the technical support needed.

Training will continue to focus on team development to help local teams improve their communication and collaboration efforts. Based on trends in the field, specialized trainings will be offered to improve the investigation of child deaths and child neglect and responding to domestic violence when children are present.

The Multidisciplinary Child Abuse and Neglect Team functional status review process is a continued development and improvement priority for the CATC Program. Legislation prescribes that the teams must meet minimum standards promulgated by the Child Abuse Training and Coordination Council to qualify for operational funds that are distributed by the Oklahoma Department of Human Services.

The CATC Council has completed the standardization and refinement of the review process that includes minimal standards to assess the team functioning status.

Cultural competency is needed in program development and implementation. Oklahoma has one of the largest Native American populations in the United States. After securing contracts and implementing the Child Abuse Prevention program, two Oklahoma tribes, the Chickasaw and Comanche Nation, became child abuse prevention partners and began community based family resource and support programs with their tribal families. It is the desire of the Office of Child Abuse Prevention to develop cultural competency in all aspects of the home-based and center-based programs.

Great strides have been made to provide translated materials for Hispanic families but there is much more to do to serve this particular community. One program with bi-lingual staff will utilize the curriculum, “Padres, 1,2,3,4” for Spanish-speaking parents during SFY 2005. Feedback from this pilot will allow OCAP and the bi-lingual service providers to tailor future parenting education groups to the needs of Spanish-speaking participants.

The District Child Abuse Prevention Task Forces continue to need development and improvement. The seventeen district task forces across the state rely on volunteers to coordinate, plan and implement child abuse prevention efforts for multi-county areas. District Task Forces need to update district level child abuse prevention plans that are in compliance with the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect*. In SFY 2005, the Office of Child Abuse Prevention will contract with Oklahoma State University to provide support, training and consultation to the District Task Forces.

Peer Review and Networking have been combined for quality assurance purposes and to provide support among the programs. The goal for SFY2005 is to utilize a self-assessment tool and involve peer review in examining its results to point out strengths and needs of programs.



Program Needs

Diversify the funding base of child abuse prevention funds will remain a priority for OCAP. A shortage of resources has encouraged creativity in blending funding streams to maximize the effect of the available revenues.

- * OCAP has melded with Children First to form the “Family Support and Prevention Service” within the Oklahoma State Department of Health. The union has allowed greater collaboration between the two programs;
- * OCAP staff are funded through a variety of sources: State Funds, Community Based Child Abuse Prevention (CBCAP) funds (Federal dollars), and Child Abuse Training and Coordination contract funds;
- * A blending of the above plus Children First funding allows greater training opportunities for CAP-funded programs as well as for Children First and other children’s services from private and public agencies;
- * The OCAP collaborates with the Department of Education, Oklahoma Parents As Teachers (OPAT), to offer Parents as Teachers training to both CAP funded and OPAT service providers. Locally, OPAT and CAP collaborate in providing center-based services, often held in schools, to parents;
- * CBCAP funds are utilized for respite care services for parents through a collaborative agreement between OSDH and DHS;
- * Collaborated with OUHSC CCAN to present the annual Conference on Child Abuse and Neglect and Healthy Families Oklahoma;
- * Collaborated with Oklahoma Family Resource Coalition to present the Families Matter Conference for parent educators.

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

- * More community-based prevention programs across the state; the 23 prevention programs currently funded by either state or federal dollars does not provide statewide coverage;

- * CAP funded program staff need additional training on providing services to families with extraordinary needs such as substance abuse, domestic violence, 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;
- * Collaboration with Child Guidance Service to provide current prevention materials statewide;
- * 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 might be shared.

The Child Abuse Coordination and Training 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.

Additional positions would allow for increased multidisciplinary and discipline specific training on multiple specialized subjects and training on the multidisciplinary team approach. Additional staff would also provide more timely technical assistance and consultation to the teams.

Appendix A.

Child Abuse and Neglect Statistics

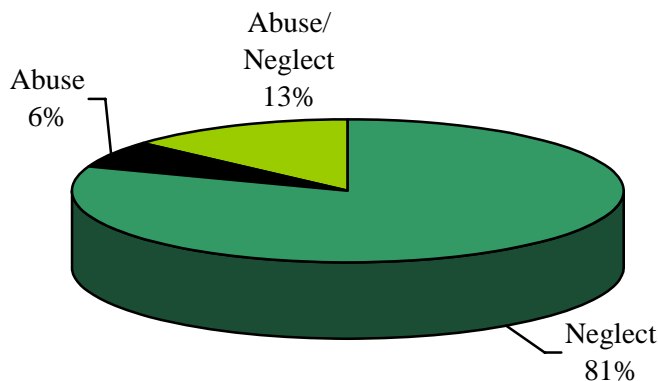
Each year the Oklahoma Department of Human Services, Division of Children and Family Services, Child Welfare Services publishes the *Child Abuse and Neglect Statistics*. SFY 2003 data is presented.

OKDHS received 57,393 reports on families, and 36,967 (64%) reports had allegations that met the definition of abuse and neglect. There were 50,061 children for whom an investigation was completed. There were 12,565 children for whom assessments were made.

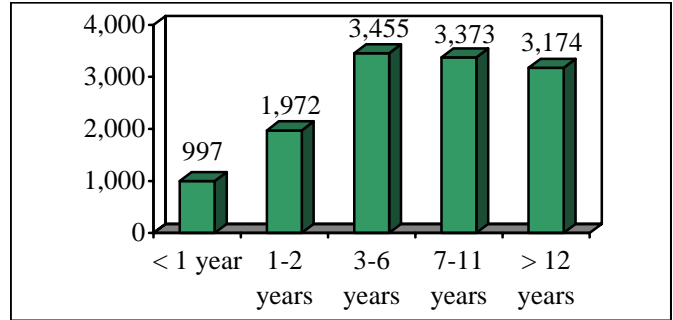
State Fiscal Year	Investigated/ Assessed	Confirmed	Confirmation Rate
1998	61,709	16,710	27%
1999	57,026	16,217	28%
2000	62,023	14,273	23%
2001	50,683	13,394	26%
2002	62,795	13,903	22%
2003	62,626	12,971	21%

The reporting source of confirmed child abuse and neglect cases has remained relatively constant since 1996. For SFY 2003, law enforcement (22%) continued to be the most frequent reporting source of child maltreatment. Neglect continued to be the leading type of child maltreatment.

Confirmed Child Abuse and Neglect by Category, Oklahoma, SFY 2003.



Confirmed Child Abuse and Neglect by Age, Oklahoma, SFY 2003.



Child abuse and neglect was most often confirmed for children three to six years of age; followed by children seven to 11 years of age, and children 12 years and older.

In SFY 2003, 27 children died from abuse and neglect. Children less than one year of age (44%) and children one to two years of age (30%) accounted for the majority of child abuse and neglect deaths. Among the confirmed child abuse and neglect deaths in SFY 2003, 52% were females and 48% were males. In addition, 70% of the children were Caucasian, 15% were Native American, 11% were African American, and 1% were Asian.

The causes of child abuse and neglect deaths from FY2003 were as follows:

Category	Count
Head Trauma	8
Environmental Neglect	7
Smoke Inhalation-Lack of Supervision	3
Overall Physical Abuse/Body Trauma	2
Medical Neglect	2
Drowning-Lack of Supervision	2
Asphyxia-Intentional	1
Gunshot-Homicide	1
Burns/Scalding	1



Appendix B.

Office of Child Abuse Prevention Fact Sheet

Mission – To promote the health and safety of children and families by reducing family violence and child abuse (including neglect) through public health education, multidisciplinary training of professionals, and funding of community-based family resource and support programs.

Program Description/Legislative Mandates – The Child Abuse Prevention Act (Title 63, O.S. Supp. 2001, Section 1-227) calls for the Office of Child Abuse Prevention to:

- ◆ Prepare a comprehensive *State Plan to Prevent Child Abuse*,
- ◆ Provide technical assistance to District Child Abuse Prevention Task Forces,
- ◆ Establish or expand community-based family resource and support programs through contracts from the Child Abuse Prevention Fund,
- ◆ Provide training and technical assistance to the contracted community-based family resource and support program service providers,
- ◆ Collaborate with public and private agencies and organizations,
- ◆ Provide child abuse and domestic violence training to professionals who have responsibilities for children and families,
- ◆ Implement statewide public health education and public awareness activities for preventing, identifying, and reporting of child abuse,
- ◆ Distribute public health promotion materials,
- ◆ Provide training and monitoring of statewide multidisciplinary child abuse teams, and
- ◆ Provide monitoring and evaluation of the development of quality community-based services for child abuse prevention.

Outcomes – The efforts of the Office of Child Abuse Prevention impact diverse populations such as the general public, professionals who intervene in circumstances of child abuse or domestic violence, other state agencies and public policymakers, community-based family resource and support program service providers, and families. Measures of success include:

- ◆ Continued satisfaction from the families served by the OCAP Programs,
- ◆ Increased confidence in the ability to parent by the OCAP families,
- ◆ Increased public awareness of child abuse and domestic violence,
- ◆ Improved system of intervention for child abuse and/or domestic violence circumstances,
- ◆ Improved competencies of professionals who intervene in circumstances of child abuse and/or domestic violence,
- ◆ Improved competencies of community-based family resource and support program service providers, and
- ◆ Increased availability and accessibility of community-based family resource and support services.

Office of Child Abuse Prevention

Oklahoma State Department of Health – Family Health Services - Family Support and Prevention Service
1000 N.E. 10th Street, Oklahoma City, Oklahoma 73117-1299
Telephone: (405) 271-7611 FAX: (405) 271-1011

Appendix C.

Office of Child Abuse Prevention Personnel

(Personnel funded by state and federal funds)

Administration and Policy Development

The Chief provides oversight to the OCAP and assures quality programming that is effective and efficient. The Chief formulates and recommends rules and regulations, and acts as agent for the Board of Health in the performance of its duties pertaining to the implementation of the Act's provisions.

Annette Jacobi, J.D.

Chief

Community-Based Family Resource and Support

Program Consultants provide technical assistance to CAP Fund programs, conduct contractor site visits, provide training, assist in development of procedures, provide support to the State Interagency Child Abuse Prevention Task Force, and serve on community boards and councils.

Ginger Clark, M.S.

Programs Manager

Latricia Morgan, M.Ed.

Program Consultant

Lori Owen

Administrative Assistant

Child Abuse Training and Coordination

The Child Abuse Training and Coordination (CATC) Program Coordinator provides oversight to the CATC Program and staff, staffs the CATC Council, trains and provides consultation for the multidisciplinary teams, and provides training to professionals across the state.

Sue Vaughan Settles, L.S.W.

Social Worker III

Carol S. Gehue

Health Educator

Lisa Slater

Administrative Assistant

Administration

The Public Health Administrator performs administrative review of contractors, and financial and contractual management.

Sandie Sherrill

Program Consultant

Fatherhood Initiative

The Fatherhood Advocate provides helpful information to encourage participation of fathers in community-based family resource and support programs and expand library of materials.

James Talley

Program Consultant

Assessment and Evaluation

The Epidemiologist designs the evaluation for OCAP programs' activities, prepares the Annual Report as well as other reports, journal articles, and presentations, and provides epidemiological support to OCAP and the Family Health Services.

Malinda Reddish Douglas, M.P.H.

Epidemiologist

Administrative Support

Support staff provide service to the entire Office of Child Abuse Prevention. Staff assist with many large mailings, training sessions, make site visit arrangements, maintain extensive program monitoring files, and provide clerical support.

Linda Robertson

Administrative Programs Officer

Cathy Edwards

Administrative Technician



Appendix D.

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.

The Children First Program 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

Program Model: The Nurse-Family Partnership

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

Program Model: Child Guidance

Funding Source: State Funds and Local Fees

Target Population: Families with children birth to 18 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

Program Model: Transdisciplinary model

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

Program Model: Parents as Teachers

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

Program Model: Early Head Start

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.