The Office of
Child Abuse
PREVENTION

ANNUAL REPORT

STATE FISCAL YEAR 2012

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HISTORY OF THE OFFICE OF CHILD ABUSE PREVENTION

The Office of Child Abuse Prevention (OCAP) was created in 1984 by the Oklahoma Child Abuse Prevention Act, Title 63, O.S. Section 1-227. The Act declared that "The prevention of child abuse and neglect is a priority in Oklahoma."

During State Fiscal Year (SFY) 2012, the OCAP awarded contracts to 20 community-based agencies for prevention services to families at-risk for child maltreatment. Services were provided by various agencies such as the Oklahoma State University Cooperative Extension Services, youth & family services, county health departments and other entities. Collectively, these programs are known as the *Start Right* Programs. The OCAP staff monitored and evaluated these prevention programs as well as provided training and technical assistance statewide.

This report includes the following statutorily required information and data elements:

- Age and marital status of parents;
- Number and age of children living in the household;
- Household composition of families served;
- Number of families accepted into the home visitation services by contract site and average length of time enrolled;
- Number of families not accepted into the program and the reasons therefore; and
- Average expenditure per family during the most recent fiscal year.

In addition, recommendations are included for further development and improvement of services for the prevention of child abuse and neglect.

All *Start Right* contractors were required to provide two types of prevention services (home visitation and center-based). Center-based services were provided to families enrolled in home visitation services as supplemental education or to families that did not qualify for home visiting.

Home visitation is a steadfast, respected, and increasingly popular method for delivering services to high-risk families with an infant or a young child. Evidence has shown families with risk factors related to abuse and neglect benefit the most from home visitation services.[1] *Start Right* Programs provide parents with education, support, and access to other services. The goals of *Start Right* are to increase a family's protective factors and reduce the number of risk factors that often contribute to child abuse and neglect. By reaching these goals, the overall well-being of the child and family will be improved.

[1] Prevention Programs. http://futureofchildren.org/futureofchildren/publications/docs/19_02_06.pdf

HOME VISITATION SERVICES

-- INTRODUCTION--

Start Right utilizes the Healthy Families America (HFA) Model which is designed to help families manage life's challenges by building on their strengths. *Start Right* services offer screenings and assessments and may include parent support groups, father involvement programs, and job training. *Start Right* services are offered voluntarily and have a strong research base. The Home Visiting Evidence of Effectiveness (HomVee), United States Department of Health and Human Services has stated "This program model (HFA) meets the criteria established by the Department of Health and Human Services for an evidenced-based early childhood home visiting service delivery model."[2]

The *Start Right* implementation of HFA allows a family to enroll in home visitation services as long as they have a child in the household under the age of one year; however, it is best to engage a family as early as possible, particularly during the prenatal period.

The enrollment criteria for *Start Right* is broad and includes:

- Enrolling mothers after the 29th week of pregnancy;
- Enrolling subsequent births any time during the pregnancy;
- Enrolling families with a newborn through 12 months of age; and
- Allowing families to remain active in the program until the child's sixth birthday.[3]

Positive persistent outreach efforts are used to reach the identified population. Participation in community events and developing collaborations with other programs and agencies such as Women, Infants and Children (WIC) and the Department of Human Services (DHS) are effective ways to recruit families. Interested families are screened and assessed to determine if the services offered meet their needs.

Start Right Programs use the Kempe Family Stress Checklist (KFSC) to determine appropriateness of services for each family. The Checklist is a research based tool designed to determine the strengths and needs of a family.[4] The Family Assessment Worker (FAW) arranges to meet with a family to gather information including stressors, mental health, support systems, bonding and attachment with the baby and coping skills.

[2] *Healthy Families America (HFA) In Brief*, Retrieved from http://homvee.acf.hhs.gov/document.aspx?sid=10&rid=1&mid=1
[3] Start Right identifies one child in the family that meets the age criteria upon enrollment. Although the Family Support Worker offers services to the whole family, the length of enrollment is based on the age of the identified child.
[4] Family Stress Checklist (FSC) (A.K.A. Kempe Family Stress Assessment/Checklist or Carroll-Schmidt Parenting Checklist), Retrieved from http://friendsnrc.org/component/joomdoc/doc_details/212-family-stress-checklist-annot

-- Home Visitation Data --

Age and Marital Status of Primary Caregivers

Age: The primary caregiver's (PCG)[5] age may be a risk factor for some forms of maltreatment. Studies of physical abuse in particular have found that mothers who were younger at the birth of their child exhibited higher rates of child abuse than did older mothers.[6] Other contributing factors, such as lower economic status, lack of social support, and high stress levels, may influence the link between a young mother (particularly teen parents) and child abuse.[7] The table below indicates that *Start Right* Programs are reaching this vulnerable population.

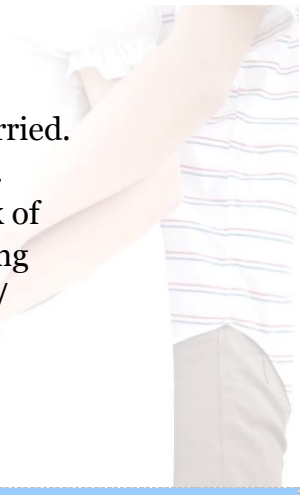
Age of PCGs	New PCGs		Returning PCGs		Total PCGs	
	• *see definition below*		• *see definition below*			
	N	%	N	%	N	%
Under 16	15	3%	5	1%	20	2%
16-19	98	22%	76	12%	174	16%
20-24	158	35%	178	28%	336	31%
25-29	98	22%	167	27%	265	25%
30-39	66	15%	166	27%	232	22%
40 and Over	11	3%	30	5%	41	4%
Total	**446**	**100%**	**622**	**100%**	**1068**	**100%**

[5] *Start Right* refers to the adult participant who enrolls in the program as the "Primary Caregiver." He/she may be the mother, father, grandparent or other adult with custody of the child.

[6] Goldman, J., Salus, M.K., Wolcott, D., Kennedy, K.Y. *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice.* Chapter Five: *What Factors Contribute to Child Abuse and Neglect?* Retrieved from http://www.childwelfare.gov/pubs/usermanuals/foundation/foundationc.cfm

[7] Buchholz, E.S. & Korn-Bursztyn, C. (1993), *Children of Adolescent Mothers: Are They at Risk for Abuse?* Adolescence, 28, 361-382. Kinard, E.M. & Klerman, L.V. (1980), *Teenage Parenting and Child Abuse: Are They Related?* American Journal of Orthopsychiatry, 50(3), 481-488.

-- Home Visitation Data --



Marital Status: The majority of PCGs in *Start Right* were unmarried. Single parenthood is often associated with higher incidences of neglect. According to one study, single-parent households had an increased risk of child neglect of 87 percent.[8] Many factors may account for this, including less time to accomplish the tasks of the household and time to monitor/ spend with children because they typically must work outside of the home. In addition, single-parent families are also more likely to live in poverty than two-parent households.[9]

Marital Status	New PCGs		Returning PCGs		Total PCGs	
	N	%	N	%	N	%
Married	127	29%	210	34%	337	32%
Widowed	2	0%	0	0%	2	0%
Separated	31	7%	39	6%	70	7%
Single, Never Married	265	59%	342	55%	607	57%
Divorced	17	4%	30	5%	47	4%
Undisclosed*	1	0%	0	0%	1	0%
Missing Data**	3	1%	1	0%	4	0%
Total	**446**	**100%**	**622**	**100%**	**1068**	**100%**

**Participant left the question blank on the form*
***Missing data is from sites which are no longer funded*

[8] Connell-Carrick, K. (2003, p.412). *Child Neglect: A Guide for Prevention, Assessment and Intervention.* Chapter 4, Risk and Protective Factors. Retrieved from http://www.childwelfare.gov/pubs/usermanuals/neglect/chapterfour.cfm#fnb132
[9] Office on Child Abuse and Neglect, Children's Bureau, DePanfilis, D., (2006). Retrieved from http://www.childwelfare.gov/pubs/usermanuals/neglect/chapterfour.cfm

-- Home Visitation Data --

Number and Age of Children Living in the Household

Studies have found that compared to similar non-neglecting families, neglectful families tend to have more children or greater numbers of people living in the household.[10]

Start Right educated families about family planning and spacing subsequent births at least 2 years apart which is recommended to replace nutritional stores for optimum maternal and child health outcomes.[11] The benefits of family planning as it relates to child abuse and neglect are:

- Mothers will have more energy and be less stressed;
- Mothers will have more time to bond with their baby; and
- Families will better cope with financial stress.[12]

Start Right encouraged women to plan subsequent pregnancies in order to avoid an unwanted or mistimed pregnancy.[13]

Age of children living in the home at the end of SFY 2012	New PCGs		Returning PCGs		Total PCGs	
	N	%	N	%	N	%
Under 1 year old	158	19%	316	31%	474	26%
1 to 2 years old	245	30%	204	20%	449	24%
3 to 4 years old	158	19%	153	15%	311	17%
5 to 9 years old	169	20%	199	20%	368	20%
10 to 14 years old	63	8%	68	7%	131	7%
15 to 18 years old	30	4%	73	7%	103	6%
Missing*	0	0%	1	0%	1	0%
Total	**823**	**100%**	**1014**	**100%**	**1837**	**100%**

**Missing data is from sites which are no longer funded*

[10] A.J. Sedlak, D.D. Broadhurst, (1996); M.Chaffin, et al. (1996); N.A. Polansky, J.M. Guadin, P.W. Ammons, & K.B. Davis, (1995), *The Psychological Ecology of the Neglectful Mother.* Child Abuse and Neglect, 9, 265-275; S.J. Zuravin, & R. Taylor, (1987)
[11] Women's Health Checklist: What You Need to Know; Preparing for a Lifetime; Oklahoma State Department of Health
[12] Conde-Agudelo, et al. Public Health Division of Contra Costa Health Services, 295 (15) 1809 — http://jama.jamanetwork.com/article.aspx?articleid=192317
[13] State of Oklahoma Maternal and Child Health Services, Page 52, Title V. Needs Assessment, http://www.ok.gov/health2/documents/TITLEV_NeedAssessment_2011_2015.pdf

-- Home Visitation Data --

Household Composition of Families Served

Chronically neglectful families are often characterized by a chaotic household with changing constellations of adult and child figures whose relationships are inconsistent (i.e., co-habiting periodically with mother's mother, the mother's sister, or a boyfriend).[14] This family dynamic is present in many *Start Right* families.

Adults Living in the Household Other Than the Mother	New PCGs		Returning PCGs		Total PCGs	
	N	%	N	%	N	%
None	48	11%	79	12%	127	12%
Father of the child	147	35%	285	42%	432	39%
Stepfather of the child	2	0%	3	1%	5	0%
Boyfriend/Not Father of the child	7	2%	8	1%	15	1%
Grandmother of the child	91	21%	96	14%	187	17%
Grandfather of the child	44	10%	72	11%	116	10%
PCG's aunt	11	3%	10	1%	21	2%
PCG's Uncle	7	2%	10	1%	17	2%
PCG's Sister	12	3%	27	4%	39	4%
PCG's Brother	13	3%	27	4%	40	4%
PCG's Friend	6	2%	11	2%	17	2%
Others	36	8%	46	7%	82	7%
Total	424	100%	674	100%	**1098**	**100%**

[14] N.A. Polansky, J.M. Gaudin, & A.C. Kilpatrck, (1992), *Family Radicals*, Children and Youth Services Review, 14, 19-26

-- Home Visitation Data --

Average Length of Enrollment

The ultimate length of service is based on individual family successes. While the goal is to empower families, it is important that they are able to maintain stability specifically as it relates to a healthy, safe, and nurturing environment for their child. The duration on each level of service intensity will vary based on the goals achieved by the family, program location and community resources.[15]

Start Right Programs -- Counties Served	Counties Served	New & Returning Families	Average Time in Program (in Years)
Center for Children & Families, Inc. *Bringing Up Babies*	Cleveland	58	1.85
Community Children's Shelter & Family Services, Inc. *Family Resource Program*	Carter, Love, Murray	50	1.68
Community Health Centers *Positive Parents*	Oklahoma	44	1.28
Great Plains Youth & Family Services, Inc. District 8 *Growing in Family Training (GIFT)*	Greer, Jackson, Kiowa, Tillman	43	1.54
Great Plains Youth & Family Services, Inc. District 9 *Growing in Family Training (GIFT)*	Beckham, Custer, Roger Mills, Washita	29	2.31
Help-In-Crisis, Inc. *Helping U Grow (HUG)*	Adair, Cherokee, Wagoner	52	1.67
Latino Community Development Agency *Nuestras Familias*	Oklahoma	62	2.25
McClain-Garvin County Youth & Family Center *Healthy Beginnings Program*	McClain, Garvin, south Cleveland	47	2.18
McCurtain County Health Department *Bright Beginnings*	McCurtain	52	1.85
Northern Oklahoma Youth Services Center & Shelter, Inc. *Family Resource Program*	Kay	29	1.37
Northwest Family Services, Inc. *Family Building Blocks*	Alfalfa, Grant, Major, Woods	51	1.51
Oklahoma State University Cooperative Extension Service *Parent Child Connections*	Delaware	42	1.6
Oklahoma State University Cooperative Extension Service *Parent Child Connections*	Comanche, Cotton, Jefferson, Stephens	76	2.17
Oklahoma State University Cooperative Extension Service *Parent Child Connections*	Texas	35	2.16
Okmulgee-Okfuskee County Youth Services, Inc. *Family Resource & Support Program*	Okmulgee	48	1.75
Parent Child Center of Tulsa, Inc. *Great Beginnings*	Tulsa	132	1.37
Parent Promise *Family Resource Program*	Oklahoma	107	1.61
Sapulpa Public Schools *Sapulpa Area Family Education Resource Center*	Creek	40	1.96
Washington County Child Care Foundation *Healthy Families & Babies*	Nowata, Washington	29	1.73
Youth & Family Services for Hughes & Seminole Counties *Great Beginnings*	Hughes, Seminole	42	1.58
Total Number of Families		**1068**	**1.77**

[15] Healthy Families America Participants Manual-http://www.healthyfamiliesamerica.org/home/index.shtml

-- Home Visitation Data --

Families Declining Participation And Reasons Provided

Two thousand, two hundred nine (2,209) families were screened for risk factors associated with child maltreatment. Of those screened, 80 percent were further assessed to determine if they exhibited risk factors that were amenable to home visiting services. The remaining 20 percent of families did not continue the assessment process. Families indicated the reasons below for not continuing the assessment process.

Reason	Number of Families	Percent
Person not interested	48	11%
Person does not feel the need for the program	22	5%
Person did not return phone call	38	8%
Program was unable to contact family for assessment	46	10%
Person moved/plans to move out of state	7	2%
Person could not be located (wrong address, etc.)	6	1%
Person requested additional time and never followed up	3	1%
Person lives outside of program service area	47	11%
Person currently participating in another program	8	2%
Schedule conflict (too busy, work conflict, etc.)	11	3%
Qualified for and was referred to Children First	29	7%
Person did not provide specific reasons	3	1%
Child Protective Services are currently involved with the family	2	0%
Child does not meet the age requirement	159	37%
Other	3	1%
Total	**432**	**100%**

CENTER-BASED SERVICES

-- INTRODUCTION --

Start Right Program contractors were required to offer center-based services to families that had a low number of risk factors associated with child maltreatment as opposed to home visitation services. Families who participated in home visitation services were also encouraged to enroll in center-based services in order to reduce feelings of isolation and provide opportunities to develop informal support networks with other families. There were 159 participants who enrolled and participated in center-based services, including:

- Structured Parent Education groups; and
- Circle of Parents® support groups.

STRUCTURED PARENT EDUCATION GROUPS

Structured Parent Education groups were led by professional staff utilizing curricula approved by the OCAP.[16] The groups met a minimum of four weeks to a maximum of twelve weeks on a weekly, bi-weekly or monthly basis. Meetings were held in locations that were convenient to families and in many cases transportation was arranged. Fifteen minutes of parent-child interaction was incorporated into each session, and topics covered included child development, discipline, health and safety, managing personal finances, preparing for job interviews, and stress reduction just to name a few.

CIRCLE OF PARENTS® SUPPORT GROUPS

Circle of Parents® national network represents a partnership of parent leaders and 26 statewide and regional organizations in 25 states. The organization was formed after a successful collaborative project of Prevent Child Abuse America and the National Family Support Roundtable, which was made possible by the Children's Bureau, Administration on Children, Youth and Families, U.S. Department of Health and Human Services.[17]

Circle of Parents® provided a friendly, supportive environment led by parents and other caregivers. Circle of Parents® groups fostered an open exchange of ideas, support, information and resources. Groups were co-facilitated by a parent or parents and a staff facilitator. The topics or theme for the group sessions were determined by the parents' interests and needs. This particular model emphasizes parent involvement and leadership. Meetings utilized a discussion format and were focused on developing social and emotional support among parents and designed to be flexible and on-going.

[16] Start Right Home Visiting Program, Program Procedures Manual, Supplemental Curriculum, pg. 15
[17] About Circle of Parents: Overview, http://circleofparents.org/about_us/index.html

-- Center-Based Data --

Of the *Start Right* participants who reported an income, nearly 94 percent reported making less than the 2010/2011 median household income of $36,498 for a family of four in Oklahoma at the time of intake.[18] In fact, almost 85 percent of these participants had a household income at or below the federal poverty level of $23,050 for a family of four at intake.[19]

Data Note:
The following data represents families participating in center-based services only, as opposed to those that participate in both center-based and home visitation services.

Household Income

	N	%
Under $5,000	45	28%
$5,000 - $14,999	36	23%
$15,000-$24,999	22	14%
$25,000-$34,999	7	4%
$35,000-$44,999	4	2%
$45,000 and above	8	5%
Unknown*	25	16%
Undisclosed**	12	8%
Total	**159**	**100%**

**Unknown income is an option that participants may choose on the form*
***Participant left the question blank on the form*

[18] Oklahoma State Median Income for FFY 2010/2011, http://liheap.ncat.org/profiles/povertytables/FY2011/oksmi.htm
[19] 2012 Poverty Guidelines for the 48 Contiguous States and the District of Columbia, http://aspe.hhs.gov/poverty/12poverty.shtml

-- Center-Based Data --

Marital Status

	N	%
Married	85	53%
Single, never married	53	33%
Widowed	1	1%
Divorced	11	7%
Separated	9	6%
Total	**159**	**100%**

Race

	N	%
American Indian	20	13%
Asian	0	0%
Black	10	6%
White	48	30%
Pacific Islander	0	0%
Other	71	45%
More than one race	7	4%
Undisclosed*	3	2%
Total	**159**	**100%**

Ethnicity

	N	%
Hispanic	75	47%
Not Hispanic	82	52%
Undisclosed*	2	1%
Total	**159**	**100%**

** Participant left the question blank on the form*

-- Center-Based Data --

Most participants of center-based services are mothers; however, all caregivers are encouraged to attend, particularly fathers who play a crucial role in their child's development and family dynamics. The research that examines the link between fathers and maltreatment suggests:

- The presence of fathers in the home is tied to lower rates of maltreatment;
- Unrelated male figures and stepfathers in households tend to be more abusive than biological fathers; and
- The quality of the relationship between the mother and father has an important indirect effect on the odds of maltreatment. [20]

Gender of Participants

	N	%
Male	16	10%
Female	143	90%
Total	**159**	**100%**

Families by Number of Children Under Six years of Age in the Home

	N	%
Zero Children*	29	18%
One Child	61	38%
Two Children	45	28%
Three Children	15	10%
Four Children	3	2%
Blank	2	1%
Missing Data**	4	3%
Total	**159**	**100%**

**Prenatal enrollments and cases where the child was removed from the home by DHS are included*
***Missing data is from sites which are no longer funded*

[20] Rosenberg, J., Wilcox, B.W. *The Importance of Fathers in the Healthy Development of Children.* Retrieved from www.childwelfare.gov/pubs/usermanuals/fatherhood/fatherhood.pdf

-- Center-Based Data --

Employment of Participants

	N	%
Full time	26	16%
Unemployed, but looking	34	21%
Part-time	21	13%
Unemployed, not looking	59	37%
Odd jobs/irregular employment	9	6%
Medical leave/disability	1	1%
Other	6	4%
Undisclosed*	2	1%
Missing Data**	1	1%
Total	**159**	**100%**

Education Level of Participants

	N	%
8th Grade or Less	33	21%
9th through 12th Grade, no diploma	53	33%
High School Graduate or GED Completed	31	20%
Vo-Tech Certification	2	1%
Some College, No Degree	23	14%
Associate's Degree	2	1%
Bachelor's Degree	12	8%
Beyond College	2	1%
Missing Data**	1	1%
Total	**159**	**100%**

** Participant left the question blank on the form*
*** Missing data is from sites which are no longer funded*

START RIGHT: PROMOTING CHILD WELL-BEING

The majority of families served by *Start Right* home visitation programs have limited access to resources and may demonstrate risk factors for substance abuse, mental illness, domestic violence and lack of child development knowledge that is associated with child abuse and neglect.[21] The *Start Right* Program addresses these parental risk factors with many families who have a single mother as the head of household, age 20-24 years, with less than a high school education and an average annual household income of less than $5,000.

The likelihood of child abuse and neglect associated with these risk factors diminishes when certain 'Protective Factors' are well-established in a family. Research about preventing child abuse and neglect was linked with similar knowledge about quality early care and education. The Center for the Study of Social Policy developed a new conceptual framework and approach to preventing child abuse and neglect, called Strengthening Families, which involves building evidence-based protective factors around young children and their families. This knowledge base was used to develop tools to support early childhood programs making significant changes that build the protective factors.[22]

Research shows that the 'Protective Factors' listed below build family strengths and a family environment that promotes optimal development for young children.[23] *Start Right* Programs incorporate the 'Protective Factors' in the services provided to families during every home visit.

PROTECTIVE FACTORS

PARENTAL RESILIENCE: Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships, including relationships with your own child, and knowing how to seek help when necessary.

Start Right helps families set goals that encompass the primary caregiver, the child and the entire family. The goals are addressed on every home visit and new goals are set as the family is ready.

[21] Barth, R. P. (fall 2009). *Preventing Child Abuse and Neglect with Parent Training: Evidence and Opportunities*, Vol. 19, No. 2, Retrieved from https://www.princeton.edu/futureofchildren/publications/docs/19_02_05.pdf

[22] http://www.cssp.org/reform/strengthening-families/the-basics/history

[23] Strengthening Families, *What are the Protective Factors?* Retrieved from http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors

Social Connections: Networks of support (including friends, family and community) are essential to parents and also offer opportunities for people to "give back." This is an important part of building self-esteem while simultaneously benefiting the community. Isolated families may need help in reaching out to build positive relationships.

Start Right has support groups available for parents so they can benefit from support and build relationships with other parents in their community.

Concrete Supports in Times of Need: Meeting basic economic needs (e.g., food, shelter, clothing and health care, etc.) is essential for families to thrive. Likewise, when families encounter a crisis (e.g., domestic violence, mental illness, substance abuse, etc.), adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.

Start Right connects families to Women, Infants, and Children (WIC), crisis centers, churches, food pantries and services for accessing housing and utility assistance.

Knowledge of Parenting and Child Development: Accurate information about child development and appropriate expectations for children's behavior at every age helps parents see their children in a positive light and promotes healthy development. Information can come from many sources, including family members, parent education and home visitation services. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.

Start Right provides families with the most current child development and parenting information by dedicating a portion of the home visit to parent-child interaction. The Parents As Teachers curriculum, an evidenced based model, is utilized in working with families.

Social and Emotional Competence of Children: A child's ability to interact positively with others, self-regulate their behavior and effectively communicate feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development creates extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.

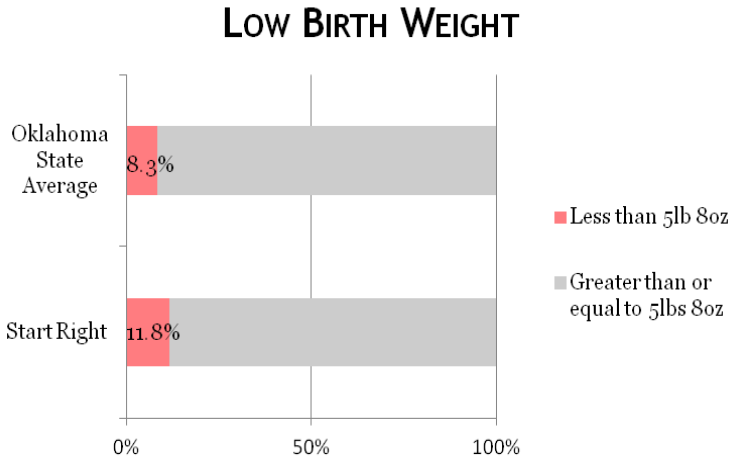
Start Right equips parents with appropriate discipline techniques and strategies to deal with challenging behaviors. A Child Development Screening (Ages & Stages Questionnaire) is used on a regular basis to assure the child is on track developmentally. If a delay is suspected, a referral is made to Sooner Start or Child Guidance.

CHILD HEALTH AND DEVELOPMENT

Mothers who have limited access or knowledge of information related to prenatal care may encounter issues such as low birth weight, preterm births and Neonatal Intensive Care Unit (NICU) stays. The following pages illustrate high rates of low birth weight, preterm births and NICU stays among *Start Right* participants. Though the eligibility criteria for *Start Right* services is broad, enrollment beginning after the 29th week of pregnancy reduces the ability to offer services to mothers during the critical prenatal period in an effort to reduce and/or impact low birth weight, preterm births and NICU stays. The graphs on the following pages clearly show the identified vulnerable population of *Start Right*. This population can benefit from education and referrals to guide their family down a healthy path.

LOW BIRTH WEIGHT: Approximately 12 percent of the babies enrolled in the *Start Right* Program prior to birth were born weighing less than five pounds, nine ounces, which is considered a low birth weight. This is approximately 45 percent higher than the state average of 8.3 percent.[24]

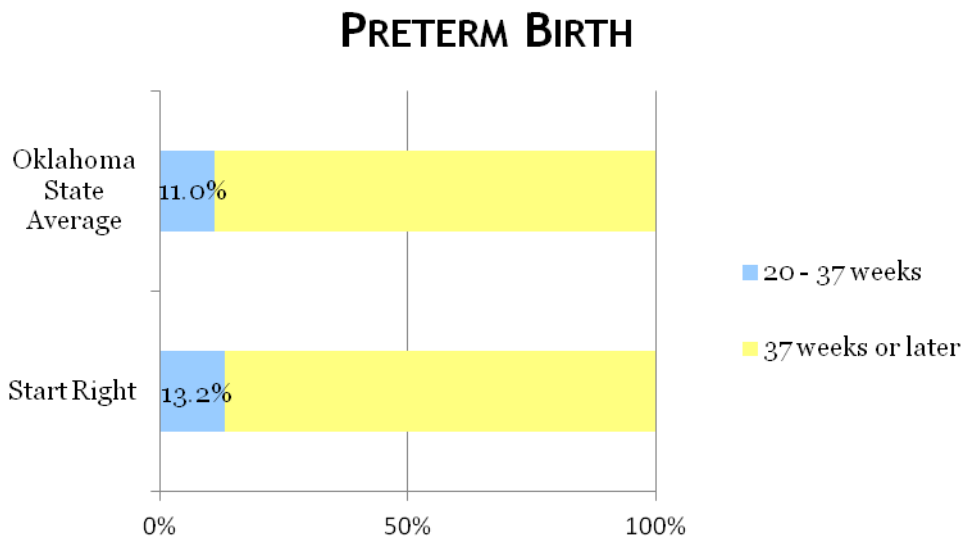
- Low birth weight increases the risk of physical, emotional and cognitive delays; and
- Low birth weight affects the family by increasing the risk of postpartum depression, increasing relationship stress and more time off of work.[25]



Start Right Programs provide referrals to healthcare providers and education to help prevent low birth weight. When a mother enrolls in the *Start Right* Program during her early stages of pregnancy, the family support worker encourages her to keep her prenatal appointments by providing transportation and teaching her how to track appointments. Also, information and education is given regarding the importance of folic acid before and during pregnancy which can help prevent birth defects of the brain and spinal cord. If a mother enrolls after delivery or at the end of her pregnancy, information is provided and goals are set to help prevent low birth weight in subsequent pregnancies.

[24] Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2008, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Retrieved from http://www.health.ok.gov/ok2share
[25] http://www.successby6ottawa.ca/lbwfpn/english/dangers_of_lbw.html

PRETERM BIRTH: A birth is considered preterm when a baby is born between 20 weeks and 37 weeks of pregnancy and accounts for nearly 13 percent of all U.S. births.[26] Roughly 13 percent of mothers enrolled in *Start Right* during the prenatal period delivered babies within the vulnerable gestational range of 20 - 37 complete weeks (18 percent higher than the state average of 11 percent).[27] Being born prematurely increases the risk of developmental and intellectual disabilities, respiratory problems, vision and hearing loss, and feeding and digestive problems. This may result in longer stays and more frequent visits to the hospital as a child and into adulthood.[28] *Start Right* can help mothers make healthy choices in the early stages of pregnancy by providing educational topics including the importance of keeping all prenatal appointments, abstaining from smoking or using alcohol and drugs during pregnancy and promoting proper nutrition.[29] If a mother enrolls in the program after the birth of her baby, *Start Right* continues to provide this valuable information in the event of a subsequent pregnancy.



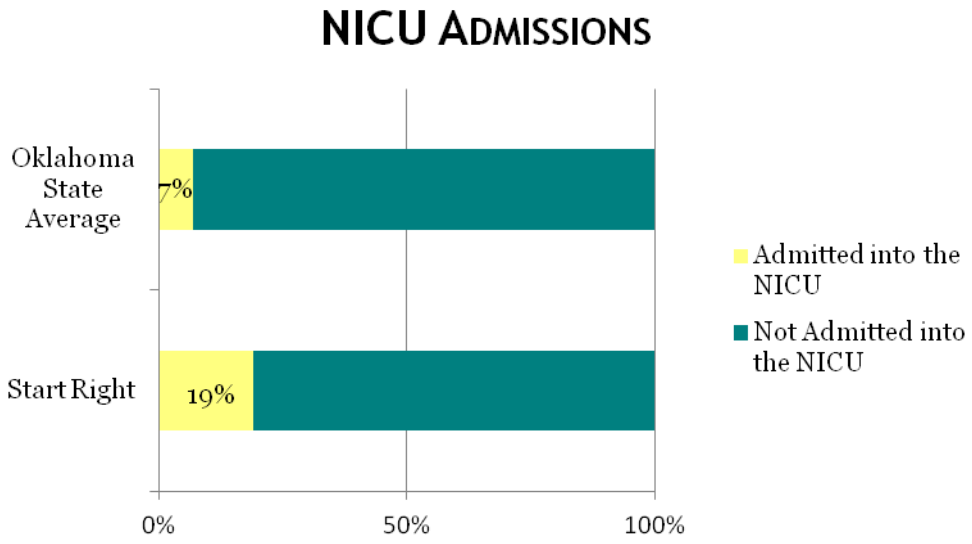
[26] http://www.who.int/pmnch/media/news/2012/preterm_birth_report/en/index3.html

[27] Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2008, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Retrieved from http://www.health.ok.gov/ok2share

[28] http://ephtracking.cdc.gov/showRbPrematureBirthEnv.action

[29] Start Right contracts require that all mothers qualifying for Children First (C1) Program (Oklahoma's Nurse Family Partnership) be referred in order to avoid duplication of services. C1 is a state funded home visitation program focusing on low-income mothers expecting their first child. Mothers may enroll up to the 29th week of pregnancy.

NEONATAL INTENSIVE CARE UNIT (NICU) STAYS: The NICU is the department in the hospital that is responsible for treating newborns who are experiencing complications with low birth weight, infections and birthing abnormalities. A high percentage of families who are the identified population for *Start Right* were admitted to the NICU during their child's birthing process. New parents eagerly look forward to bringing their baby home, so it can be frightening if their newborn has to visit or be admitted to the NICU.[30] Mothers can experience increased stress levels, or concerns that they did something wrong during the pregnancy or delivery. Local *Start Right* Programs have established relationships with the hospital NICU nurses, and Family Support Workers visit the mother and baby in the NICU to provide support and referrals and help the mother prepare to bring her newborn home. The Family Support Workers can further equip the family with support and resources for their future needs by engaging them in home visitation services. Nineteen percent of the babies enrolled in *Start Right* prior to birth were admitted into the NICU. This is approximately 71 percent higher than the state average of 7 percent.[31]



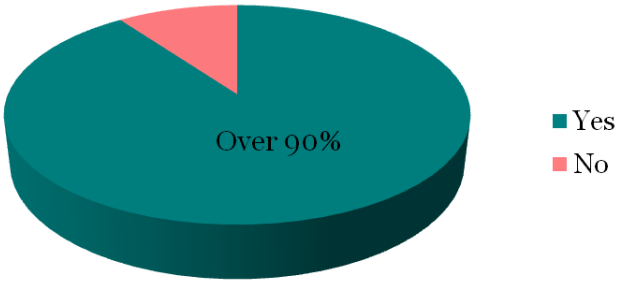
***Note:** Oklahoma State average was derived from preliminary data – subject to change with release.*

[30] *When Your Baby's in the NICU*, Retrieved from http://kidshealth.org/parent/system/ill/nicu_caring.html
[31] Oklahoma Vital Statistics Preliminary Births 2010

IMMUNIZATIONS: One of the best ways to protect children is to make sure they have all of their vaccinations. *Start Right* ensures that families understand the importance of getting their child timely immunizations. Family Support Workers inform parents by providing resources and education including:

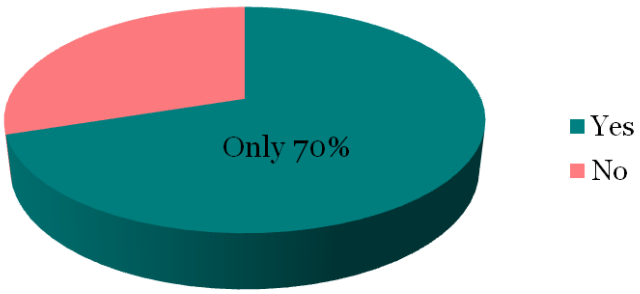
- Immunizations can save a child's life by protecting them against disease;
- Immunizations are safe and effective and are only given to children after a long and careful review by scientists, doctors and healthcare professionals;
- Immunizations protect others by helping to prevent the spread of diseases;
- Immunizations can save time and money. A child with a vaccine-preventable disease can be kept out of schools and daycare facilities. The Vaccines for Children Program provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay;[32] and
- Immunizations protect future generations by reducing or in some cases eliminating many diseases.

START RIGHT CHILDREN RECEIVING IMMUNIZATIONS



OVER 90 PERCENT OF ALL CHILDREN ENROLLED IN START RIGHT HAVE RECEIVED THE RECOMMENDED IMMUNIZATIONS FOR CHILDREN BIRTH THROUGH SIX YEARS OLD.

OKLAHOMA CHILDREN RECEIVING IMMUNIZATIONS



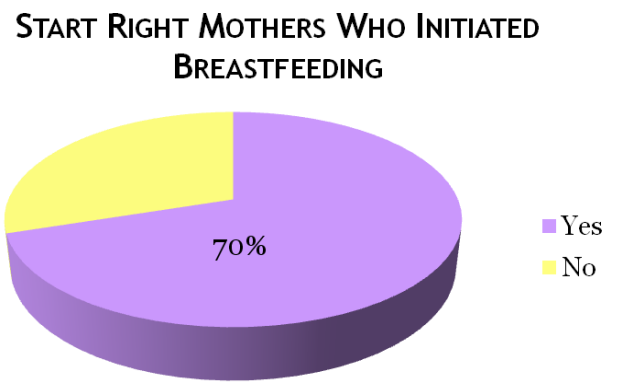
IN OKLAHOMA ONLY 70 PERCENT OF ALL CHILDREN HAVE RECEIVED THE RECOMMENDED IMMUNIZATIONS FOR CHILDREN BIRTH THROUGH SIX YEARS OLD.

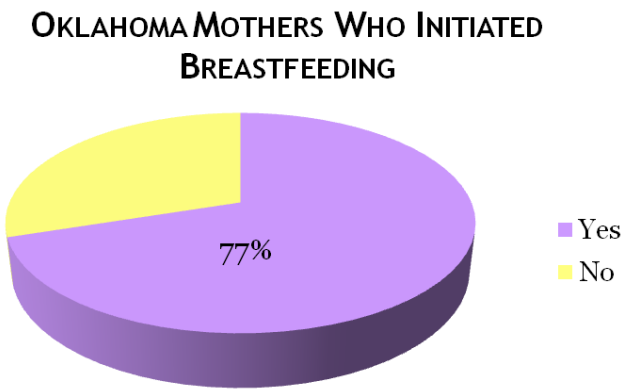
Recommended vaccinations include diphtheria, tetanus, pertusis, hepatitis A and B, influenza, polio, measles, mumps, rubella and varicella.[33] Because of the emphasis *Start Right* Programs put on preventative and effective interventions, there is a decrease in family and community burden of disease.

[32] http://www.cdc.gov/vaccines/programs/vfc/
[33] http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sh-o-6yrs.pdf

BREASTFEEDING: Breastfeeding has been found to improve a child's health and decrease postpartum depression and child maltreatment. Breastfeeding has an important role to play in mothers' postpartum health. Although women experience many stressors in the postpartum period, breastfeeding protects them by inducing calm, lessening stress and increasing nurturing behaviors.[34] *Start Right* supports breastfeeding moms by encouraging the desire to breastfeed, discussing the mother's breastfeeding goals and planning ahead to continue to breastfeed if the mother is returning to school or work.

The rate of breastfeeding initiation in Oklahoma is 77 percent. Among *Start Right* mothers who gave birth, 70 percent initiated breastfeeding (only 9 percent lower than the state average). *Start Right* mothers experience many obstacles including time restraints, lack of social support and limited access to lactation consultants. With all of these factors to consider, it is an immense success to reach a state comparable rate through support and referrals from *Start Right* Programs.



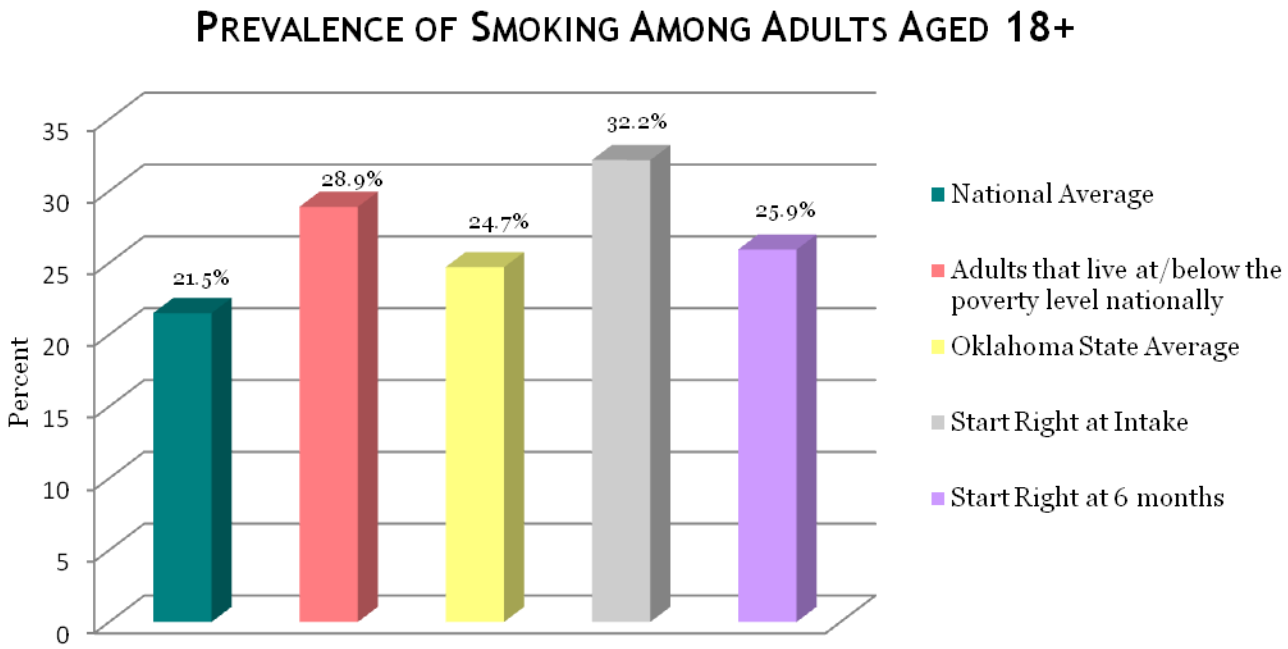


[34] *International Breastfeeding Journal* (2007) 2:6. Retrieved from http://www.internationalbreastfeedingjournal.com/content/2/1/6

PARENT/CAREGIVER HEALTH

TOBACCO USE: In Oklahoma, 24.7 percent of the adults aged 18 and over are current cigarette smokers. This is over 677,000 individuals.[35] The majority of *Start Right* participants fall within the high risk population for smoking, which means this population was successfully targeted. Upon enrolling into *Start Right*, the percentage of mothers reporting smoking was higher than the percentage of smoking for the national average of adults living at or below the poverty level. *Start Right* programs educated participants about the health risks associated with smoking in addition to the dangers of secondhand smoke and what can be done to limit exposure. By receiving referrals and support from *Start Right,* 20 percent of the participants reported that they smoke less after 6 months in *Start Right*.

AFTER 6 MONTHS IN THE PROGRAM, THE PERCENTAGE OF START RIGHT MOTHERS WHO REPORTED SMOKING FELL BELOW THE NATIONAL AVERAGE OF ADULTS THAT LIVE AT OR BELOW THE POVERTY LEVEL.



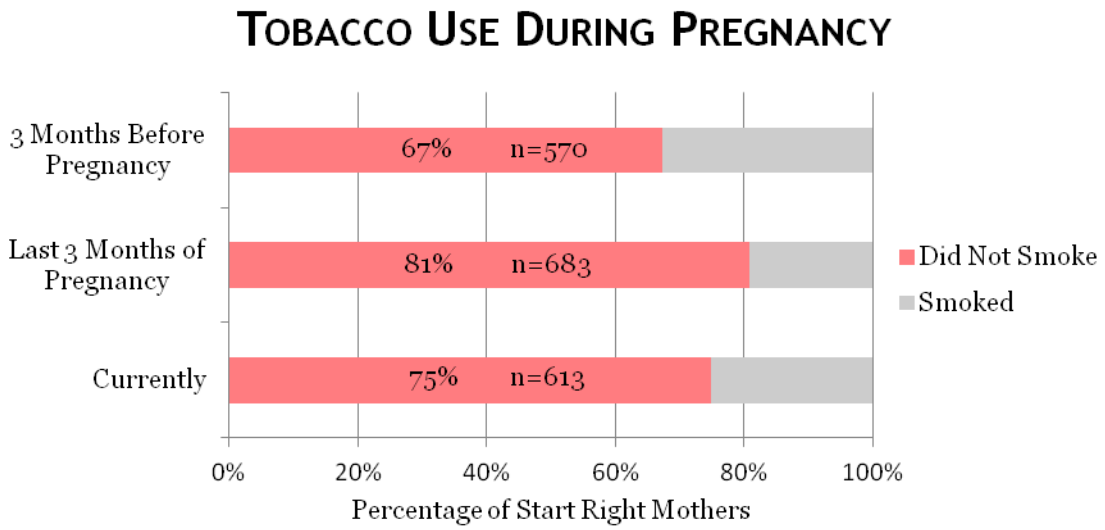
[35] Centers for Disease Control and Prevention, Smoking and Tobacco Use, State Data, Retrieved from http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/states/oklahoma/index.htm

TOBACCO USE DURING PREGNANCY: Tobacco use during pregnancy remains one of the single most preventable causes of poor birth outcomes. Women who use tobacco during pregnancy are more likely to experience pregnancy complications such as placenta previa (Placenta previa is a problem of pregnancy in which the placenta grows in the lowest part of the womb (uterus) and covers all or part of the opening to the cervix), and abruption, miscarriage, ectopic pregnancy, and premature rupture of membranes. The causal link between tobacco use during pregnancy and poor infant outcomes is even stronger.

Poor infant outcomes related to tobacco use during pregnancy include:

- Higher rates of preterm delivery
- Low birth weight
- Stillbirth
- Neonatal and perinatal mortality

TWENTY-ONE PERCENT FEWER START RIGHT MOTHERS SMOKED DURING THE LAST 3 MONTHS OF PREGNANCY THAN THE 3 MONTHS PRIOR TO PREGNANCY.

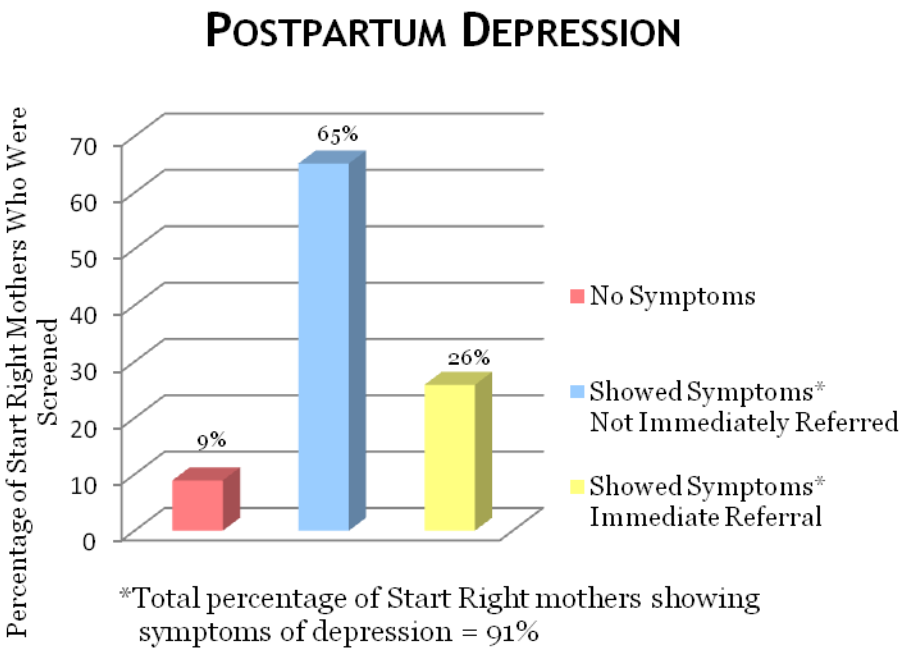


Mothers that are most likely to smoke during pregnancy fit the characteristics of the *Start Right* identified population – less than a high school education and receiving Medicaid-funded maternity services. *Start Right* provides access to smoking cessation resources, such as the Oklahoma Tobacco Helpline, and local resources in an effort to support smoking cessation before, during and after pregnancy. The percentage of *Start Right* mothers reporting current smoking is lower than the percentage reporting smoking 3 months prior to pregnancy indicating that many of the mothers who quit smoking during pregnancy remain non-smokers.

POSTPARTUM DEPRESSION: Depression can occur during the period after childbirth due to hormonal changes and the stress of caring for a new infant. Although many women experience a temporary period of sadness after giving birth, an estimated 10 to 20 percent of women experience a postpartum depression.[36] A mother's depression can hinder attachment with her baby, which is the emotional bond that develops between mother and baby during the first year of life and is the major developmental task of infancy.[37] *Start Right* home visitors are trained to recognize, screen and support mothers experiencing postnatal depression symptoms, including:

- Helping mothers read their baby's cues and temperament;
- Helping mothers develop skills to increase sensitivity and respond appropriately to their baby's cues;
- Helping mothers with depression gain confidence and utilize resources; and
- Helping mothers learn to recognize the situations that may trigger depression and develop coping skills.

In State Fiscal Year 2012, 112 mothers who were enrolled in *Start Right* were screened for postpartum depression. Of these women, 91 percent showed symptoms of depression, 26 percent of which required an immediate referral to their primary care physician for further evaluation. Though a high rate of postpartum depression was reported among participants, these results show that *Start Right* is identifying the need for services among this vulnerable population.

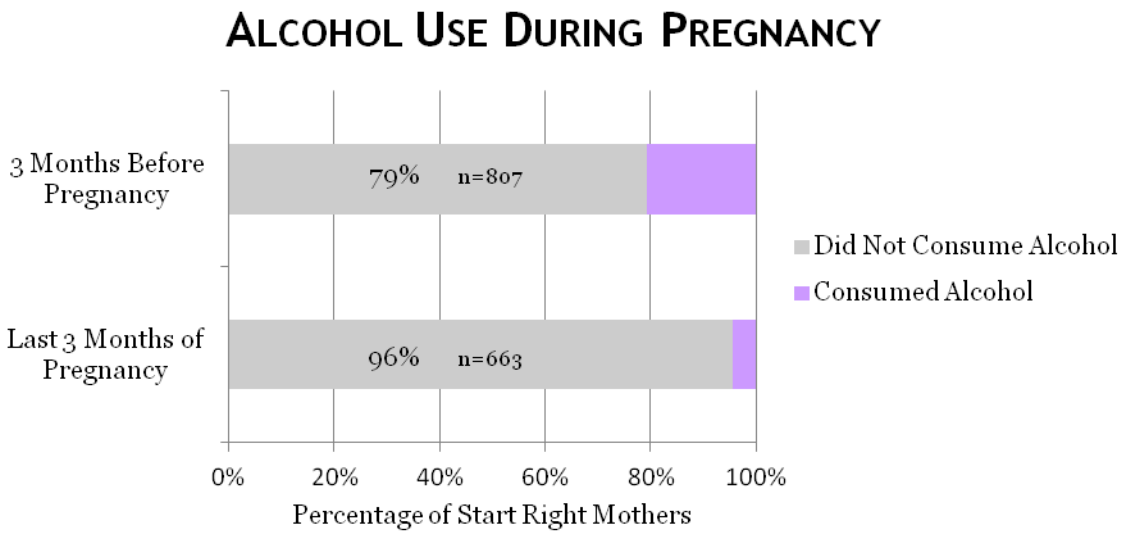


[36] O'Hara, M.W., Zekoski, E.M., Philipps, L.H., & Wright, E.J. (1990), *Controlled Prospective Study of Postpartum Mood Disorders, Comparison of Childbearing and Nonchildbearing Women,* Journal of Abnormal Psychology, 99, (3-15)
[37] Bowlby, J., (1969/1982) *Attachment and Loss*, Vol. I. Attachment. NY: Basic Books

ALCOHOL USE DURING PREGNANCY: Pregnancy is a critical time for the health and well being of a baby. Many health habits of women just before, during and after pregnancy can have lifelong effects on their baby. When a woman is pregnant and chooses to drink, her unborn baby is exposed to the effects of alcohol. Drinking alcohol during pregnancy can cause a miscarriage, stillbirth and a range of lifelong disorders, known as Fetal Alcohol Spectrum Disorders (FASDs).[38] Mothers who are enrolled in a *Start Right* Program are educated and provided resources to make healthy choices during pregnancy. Home visitors help mothers:

- Gauge her own capacity for self-change as a means of abstaining from alcohol use;
- Connect with resources in the community to support a healthy pregnancy such as counseling regarding strategies for alcohol cessation; and
- Provide factual, nonjudgmental information about the maternal and fetal risks of alcohol use.

TWENTY-TWO PERCENT FEWER START RIGHT MOTHERS CONSUMED ALCOHOL DURING THE LAST 3 MONTHS OF PREGNANCY THAN THE 3 MONTHS PRIOR TO PREGNANCY.

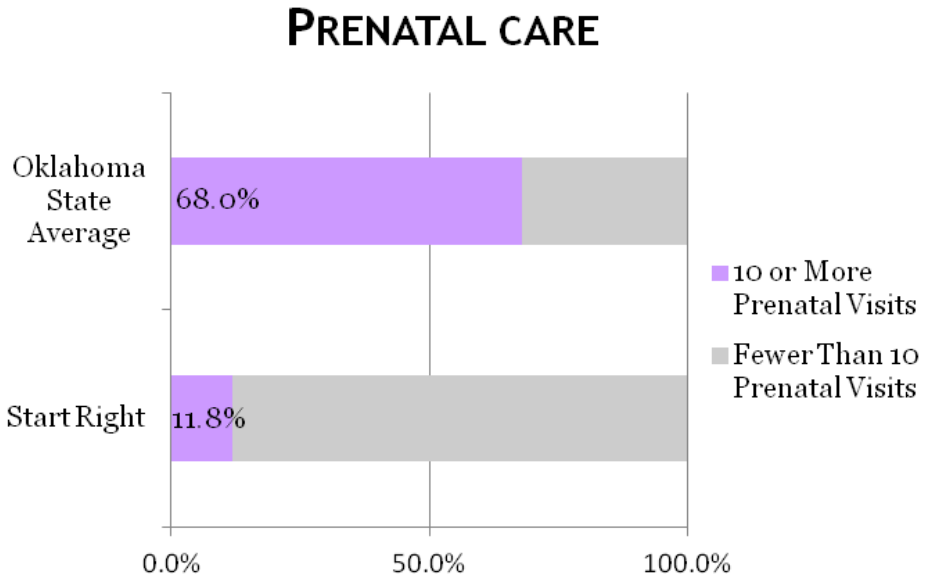


[38] *Alcohol Use During Pregnancy: Why Alcohol is Dangerous*, Retrieved from http://www.cdc.gov/NCBDDD/fasd/alcohol-use.html

LATE OR NO PRENATAL CARE: Prenatal care has been recognized as the cornerstone of our health-care system for pregnant women since the beginning of the twentieth century.[39] If a mother begins prenatal care after the 15th week of gestation, it is considered late. Of Oklahoma's 77 counties, 66 were at or below the 2006 national average of 7.9 percent for late or no prenatal care.[40] Prenatal care is an important way for expectant mothers to increase their knowledge of:

- Habits that can pose a risk to the baby such as drinking alcohol and smoking;
- The importance of prenatal vitamins that contain folic acid, calcium and iron;
- Healthy eating habits;
- Referrals to an OB/GYN that will provide the mother with regular check-ups and care during the pregnancy;
- Programs that can assist with the cost of prenatal care and delivery; and
- Education classes that help mothers know what to expect and how to get ready for delivery.

Oklahoma has a continuum of service that includes the *Children First* Program which serves first time mothers from conception up to the 29th week of pregnancy. The *Start Right* Program enrolls first time mothers after the 29th week of pregnancy, as well as mothers pregnant with a second or other subsequent child from conception. Though enrollment into the *Start Right* Program for first time mothers occurs within the period defined above as late (which is why the average of *Start Right* prenatal visits is below the state average), there is an opportunity to encourage more frequent prenatal visits among mothers pregnant with a second or other subsequent child from conception.



[39] Kiely, J.L., Kogan, M.D., *Reproductive Health of Women,* Retrieved from http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf
[40] Oklahoma State Department of Health, Health Care Information, Vital Records Division

FAMILY STABILITY

Poverty plays a strong role in the health and well-being of families. Being employed is one of the key components to self-sustainability. The *Start Right* program offers many services to help families increase financial stability across Oklahoma through community integration and referrals to employment agencies. The desired result is to decrease unemployment and support productive Oklahoma citizens.

EDUCATION: *Start Right* Family Support Workers meet with the family in their home and not only listen to their concerns but also see dangers and risky behaviors firsthand. Family Support Workers can address these concerns using screenings and referrals to help the family build a safer environment for their children. Providing parents with education and resources is necessary to create healthy changes in families.

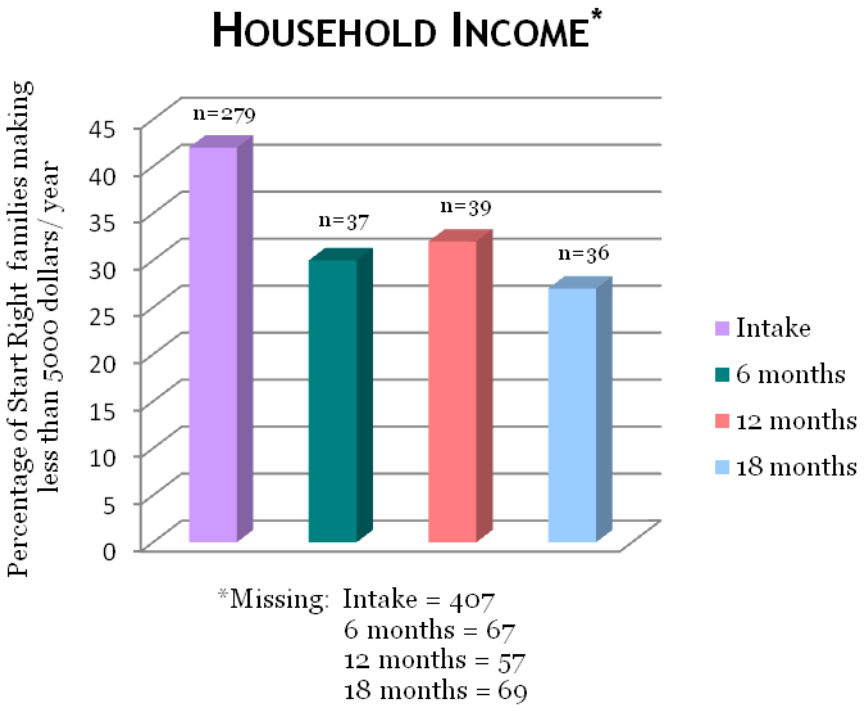
- 39 *Start Right* primary caregivers earned their high school diplomas or GED equivalents while enrolled.
- 23 *Start Right* primary caregivers earned an Associate's or Bachelor's degree, or went beyond Bachelor's level college while enrolled.

OF THE PRIMARY CAREGIVERS ENROLLED IN START RIGHT IN SFY 2012, 62 RECEIVED A DIPLOMA DURING THE COURSE OF THEIR ENROLLMENT.

HOUSEHOLD INCOME: Although the rate of employment increased for participants during enrollment, many of our families are at or below the national poverty guidelines. According to the 2012 Poverty Guidelines the average household income is $23,050 for a family of four.[41] Psychological research has demonstrated that living in poverty has a wide range of negative effects on the physical and mental health and well-being of young children including:[42]

- Low birth weight;
- Poor nutrition;
- Chronic conditions such as asthma, anemia, and pneumonia;
- Exposure to environmental contaminants such as lead paint and toxins; and
- Risky behaviors such as smoking.

AFTER 18 MONTHS IN START RIGHT, THIRTY-EIGHT PERCENT FEWER FAMILIES HAD A HOUSEHOLD INCOME OF LESS THAN 5,000 DOLLARS PER YEAR THAN AT INTAKE.



***Note:** The missing data is due to unknown incomes or refusal of disclosure. As a parent has time to develop a relationship with the Family Support Worker, they are more likely to disclose income information.*

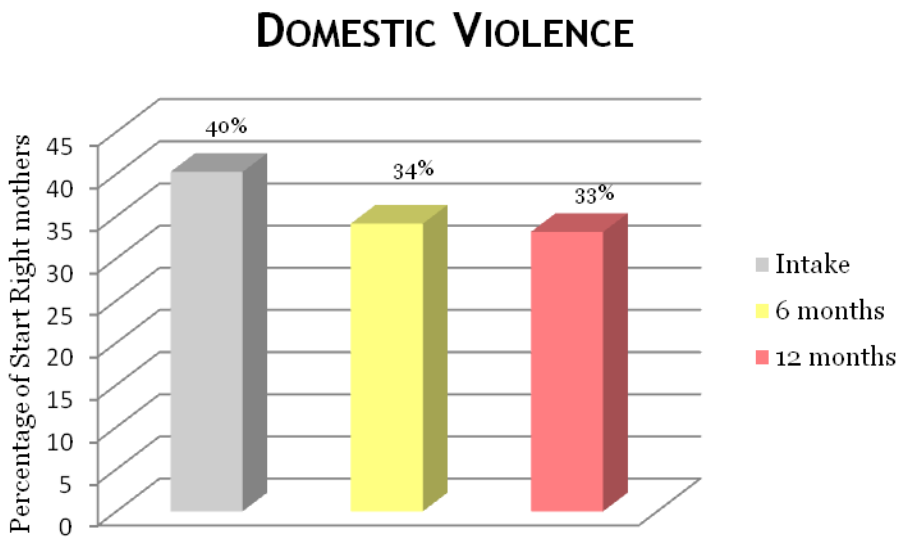
[41] 2012 Poverty Guidelines for the 48 Contiguous States and the District of Columbia, http://aspe.hhs.gov/poverty/12poverty.shtml

[42] American Psychological Association, *Effects of Poverty, Hunger and Homelessness on Children and Youth*, Retrieved from http://www.apa.org/pi/families/poverty.aspx?item=2

FAMILY SAFETY

DOMESTIC VIOLENCE: Domestic violence is directly related to child abuse and neglect, and is a difficult problem to measure due to safety and cultural issues.[43] The National Coalition against Domestic Violence reports that one in every four women will experience domestic violence in their lifetime. The *Start Right* population reports being exposed to physical or emotional abuse nearly 60 percent more than the national lifetime average in the last six months. The graph below shows the decrease in the percentage of *Start Right* participants who report experiencing domestic violence while enrolled in the program.

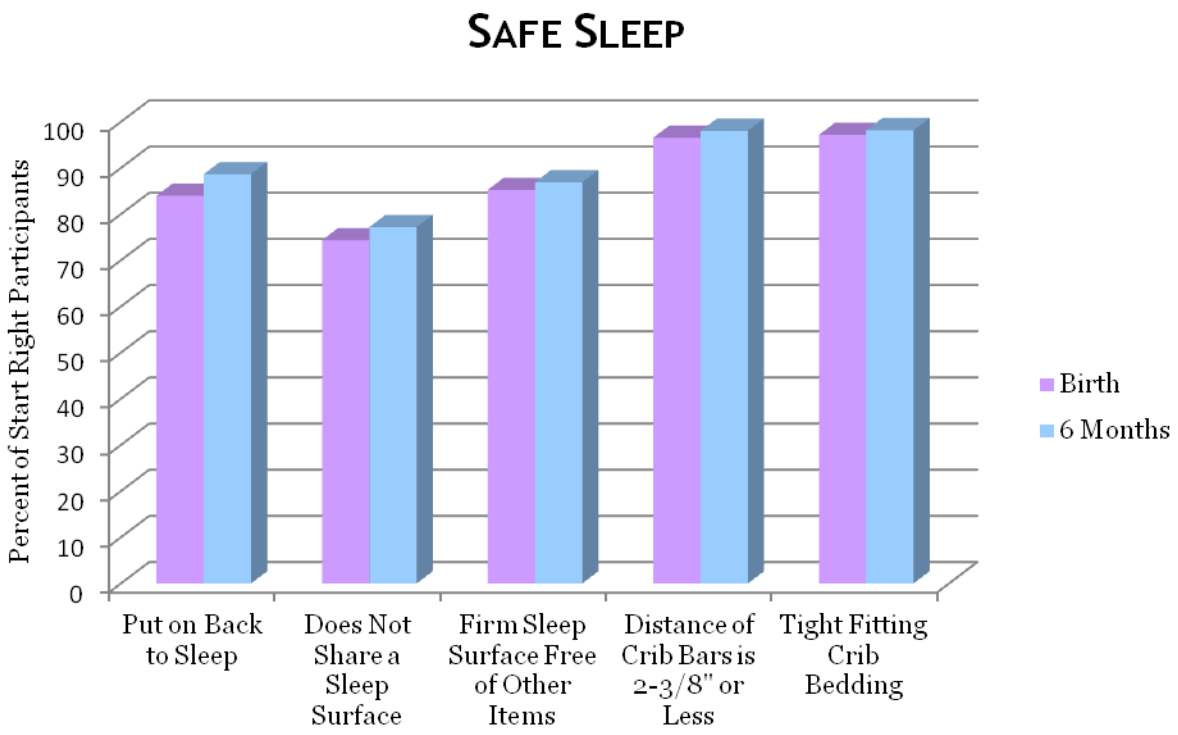
BY OFFERING SUPPORT, EDUCATION AND BUILDING TRUST, START RIGHT SAW A 7 PERCENT DECREASE OF SELF REPORTED DOMESTIC VIOLENCE FROM INTAKE TO 12 MONTHS IN THE PROGRAM ACCORDING TO THE RELATIONSHIP ASSESSMENT SCREENING ADMINISTERED BY THE FAMILY SUPPORT WORKER.



[43] McKay, M. M. (Jan-Feb 199). *The Link Between Domestic Violence and Child Abuse: Assessment and Treatment Considerations*, Child Welfare: Journal of Policy, Practice and Program, Vol. 73(1), 29-39.

SAFE SLEEP: In 2009, Oklahoma ranked 44th in the United States with an infant mortality rate (IMR) of 7.85 according to the National Center for Health Statistics.[44] In order to reduce the risk of infant mortality, *Start Right* Programs present the American Academy of Pediatrics guidelines for infant safe sleep to every participant. After six months in the program, there are marked positive effects of the program guidance especially in the Back2Sleep campaign which promotes placing a baby on his or her back to sleep in order to reduce the incidence of Sudden Infant Death Syndrome (SIDS). To raise awareness Family Support Workers educate:

- That sharing a sleep surface with her baby increases the risk of SIDS and fatal sleep accidents;
- That the sleeping surface must be firm and fit snugly in the crib, and be free of blankets/pillows/stuffed animals or other items that could cover his/her face or block his/her nose and mouth;
- That the distance between crib bars must be no more than 2-3/8 inches to protect infants from falling out and toddlers from trapping their head between the bars; and
- That the crib bedding must fit tightly and the pockets must be deep enough to wrap under the mattress. [45]



[44] Infant Mortality in Oklahoma, Retrieved from http://www.ok.gov/health/Child_and_Family_Health/Improving_Infant_Outcomes/Infant_Mortality_in_Oklahoma/index.html

[45] Cronan, K.M. MD (March 2012). *Choosing Safe Baby Products*, Kids Health. www.kidshealth.org/parent/firstaid_safe/home/products_cribs.html

PROGRAM COSTS PER FAMILY FOR SFY 2012

The average state expenditure per family during SFY 2012 was $2,502. This amount was calculated by dividing the total contract expenditures of $3,070,267 by the total number of unduplicated families participating in *Start Right* services. New and returning clients enrolled in home visitation and new clients enrolled in center-based services equaled 1,227.

START RIGHT PROGRAM STRENGTHS

- The Family Support and Prevention Service (FSPS) strategy of supporting a portfolio of evidence-based home visiting models is sound;
- The use of the Healthy Families America (HFA) model is recognized as a solid policy choice, based on what is currently known about the effectiveness of home visiting program models and the evidence that is emerging regarding the values of such an approach;
- Oklahoma's public health approach to prevention of child abuse and neglect as demonstrated through many productive internal and cross-agency partnerships; and
- Actively reaching out to engage special populations, including current contracts with the Chickasaw Nation (a federally funded *Start Right* Program contract) and the Latino Community Development Agency, are evidence of such work.

FUTURE PROGRAM DIRECTION AND RECOMMENDATIONS

There are three areas of change and improvement that will define the future of the Office of Child Abuse Prevention *Start Right* Program contracts: enhanced program evaluation, a more comprehensive training track for home visitors, and improved collaboration efforts within the OSDH and external home visitation programs.

ENHANCED PROGRAM EVALUATION: *Start Right* has developed a new set of data collection forms that outline specific areas of concern when dealing with high risk populations. Because of this shift, the Oklahoma Child Abuse Prevention Program Application (OCAPPA) Database has been restructured to reflect more meaningful data that aligns with the OSDH Flagship Issues (Tobacco Use Prevention, Obesity Reduction and Children's Health). Developing a new data system is critical in order to improve the *Start Right* Programs internal evaluation/accountability capacity and strengthening confidence in the ability of Oklahoma's home visitation portfolio to deliver desired outcomes.

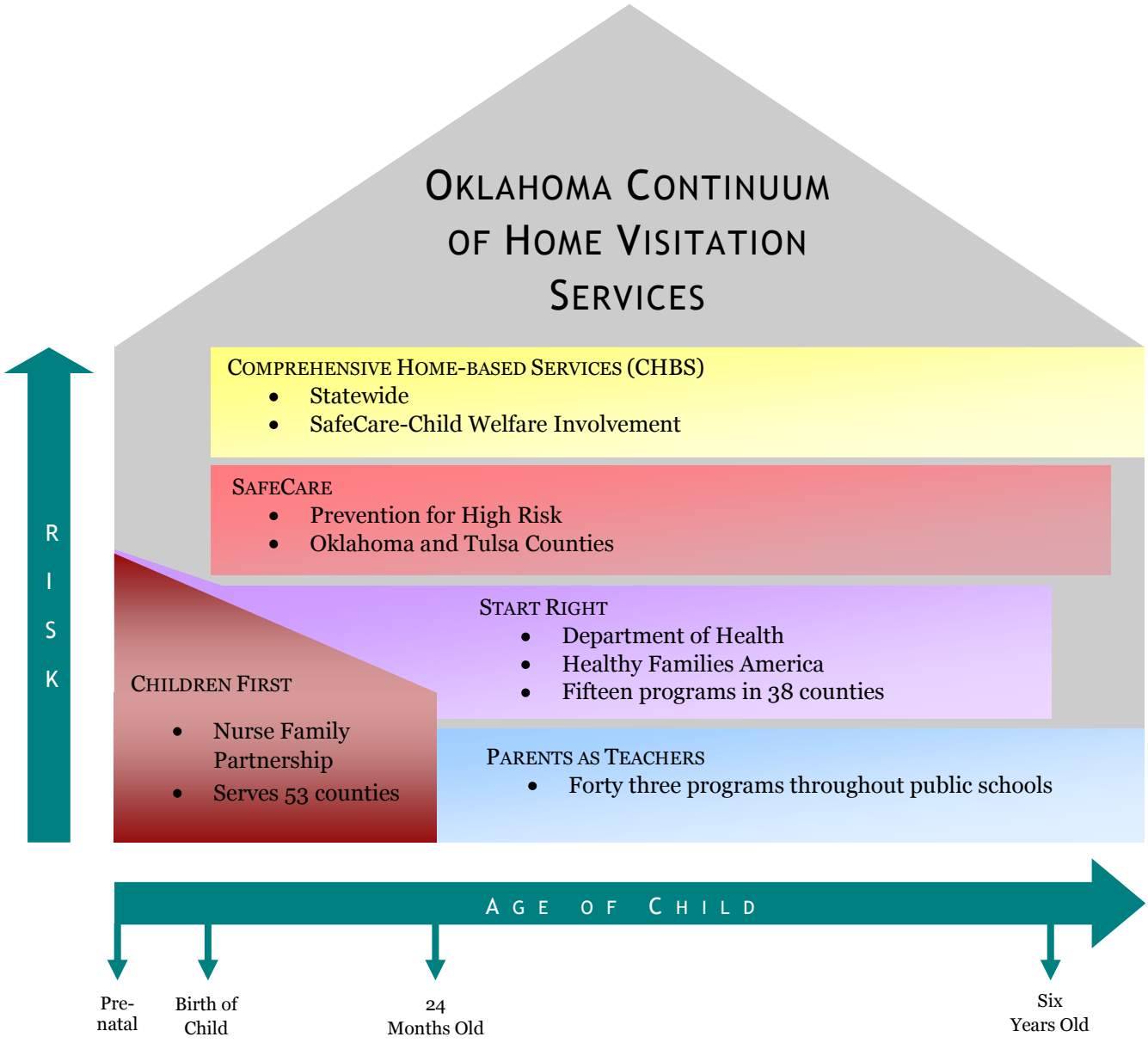
COMPREHENSIVE TRAINING TRACK: The OCAP provides *Start Right* Program contractors with training directly related to family health, child health, child development and child abuse and neglect to better equip home visitors to support higher risk families and provide improved services. In order to offer the most comprehensive up-to-date information to the families, the training track will include the following:

- Child Abuse Medical Examiners Training
- Health and well-being training
- Mental health training
- Safety training
- Domestic violence training
- Protective Factors Training[46]

IMPROVED COLLABORATION EFFORTS: *Start Right* benefits from many external partnerships and is continuing efforts to solidify internal relationships. State agencies, researchers, program developers, advocacy organization and provider agencies are working together to form a Continuum of Home Visitation Services in an effort to strengthen professional development, parent leadership and family engagement. *Start Right* serves as a link to the partnering agencies listed on the following page:

[46] Strengthening Families, *What are the Protective Factors?*, http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors

Programs in the Continuum of Services	Description
Children First	A voluntary family support program that offers home visitation services to mothers expecting their first child. Upon enrollment, a public health nurse works with the mother in order to increase her chances of delivering a healthy baby. In addition, the nurse will educate the mother about child safety and child development. The nurse can also connect the mother to needed services in her community such as childcare, housing and job/educational programs.
http://www.ok.gov/health/Child_and_Family_Health/Family_Support_and_Prevention_Service/Children_First_Program/	
Comprehensive Home-based Services (CHBS)	Provides a variety of services to teach families how to function at their best. Specialists are available 24/7 to help prevent situations that could cause children to be placed in foster or adoptive homes. CHBS works to build a safe, supportive environment and strives for families to reunify. CHBS utilizes the Safe Care Model, which seeks to educate parents about their children's health needs, improve home safety and enhance parent-child interaction.
http://www.fcsok.org/services/kids-counseling-mental-health/comprehensive-home-based-services-chbs/	
Parents as Teachers	Helps organizations and professionals work with parents during the critical early years of their children's lives, from conception to kindergarten.
http://www.parentsasteachers.org/about/what-we-do/visionmission-history	
SafeCare	An evidence-based training curriculum for parents who are at-risk or have been reported for child maltreatment. Parents receive weekly home visits to improve skills in several areas, including home safety, health care, and parent-child interaction.
http://homvee.acf.hhs.gov/document.aspx?rid=1&sid=18	



These early childhood home visitation programs are coordinated, monitored, evaluated and supported through the following interagency committees:

INTERAGENCY CHILD ABUSE PREVENTION TASK FORCE: The State Interagency Child Abuse Prevention Task Force (ITF) was established as part of the Child Abuse Prevention Act and is responsible for the review and evaluation of all prevention program proposals submitted to the Office of Child Abuse Prevention for funding through the Child Abuse Prevention Fund, reporting to the Oklahoma Commission on Children and Youth and making recommendations to the Commissioner of Health. The ITF also assists the Office of Child Abuse Prevention in the development of the State Plan for the Prevention of Child Abuse and Neglect.

HOME VISITATION LEADERSHIP ADVISORY COALITION: In 2003, the Family Support and Prevention Service in collaboration with Debbie Richardson of the OSU Cooperative Extension Office saw the need and potential benefit of bringing home visitation programs together. From that vision the Home Visitation Leadership Coalition (HVLAC) was born. Participants share the common goal of working together and striving to strengthen state and local collaboration. The primary focus is based on early family support and education programs that are preventive in nature and particularly utilize home visitation approaches.

ADDITIONAL COLLABORATING PROGRAMS	DESCRIPTION
Child Abuse Training Coordination Program (CATC)	The CATC Program provides free trainings to professionals throughout the state to assist Oklahoma counties in developing and maintaining multidisciplinary child abuse and neglect teams and provide discipline-specific multidisciplinary child abuse and neglect and domestic violence training for professionals with responsibilities for children. CATC assists professional organizations/associations develop and implement ongoing training programs and encourages professionals to participate in on-going training.
http://www.ok.gov/health/Child_and_Family_Health/Family_Support_and_Prevention_Service/Child_Abuse_Training_and_Coordination_Program/	
Child Guidance	Child Guidance works with parents and children to prevent problems and to help strengthen families. To achieve this mission, the Child Guidance Service provides behavioral health, child development, parent education, and speech-language pathology services to children and families.
http://www.ok.gov/health/Child_and_Family_Health/Child_Guidance_Service/Child_Guidance_Program/	
Early Head Start	This comprehensive child development program serves children from birth to age five, pregnant women, and their families. The program strives to assure that children with disabilities are located and enrolled. A full range of services are provided in the areas of education, early child development, medical, dental, mental health, nutrition and parent involvement.
http://www.ok.gov/abletech/Financing_Activities/OK_Funding_for_AT/public/headstart.html	

Smart Start	Smart Start is Oklahoma's statewide early childhood initiative and serves as the state's Early Childhood Advisory Council. Smart Start Oklahoma seeks to provide better opportunities to the children and families in our state. The mission is to lead Oklahoma in coordinating an early childhood system focused on strengthening families and school readiness for all children.
	http://www.smartstartok.org/about-us
SoonerStart	Oklahoma's early intervention program is designed to meet the needs of infants and toddlers with disabilities and developmental delays.
	http://www.ok.gov/health/County_Health_Departments/Carter_County_Health_Department/SoonerStart_Early_Intervention/index.html