STATE PLAN FOR THE

PREVENTION
OF
CHILD ABUSE
& NEGLECT

2019 - 2023

**Oklahoma State
Department of Health**

THE OKLAHOMA STATE PLAN FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT

2019 - 2023

The Office of Child Abuse Prevention is located within the Family Support and Prevention Service of the Oklahoma State Department of Health (OSDH) in compliance with 63 O.S. §1-227.3. This report is also available on the OSDH website at fsps.health.ok.gov. For more information, contact the Family Support and Prevention Service at (405) 271-7611.

ABOUT THE FAMILY SUPPORT AND PREVENTION SERVICE

The Family Support and Prevention Service promotes the health, safety and wellness of Oklahoma's children and families by:

- providing funding, training, technical assistance and oversight to local organizations/agencies that serve families with young children;
- providing training to professionals that work in the area of child maltreatment prevention and intervention;
- providing information and educational materials upon request; and
- providing infrastructure to family support/child maltreatment prevention efforts.

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

Preventing child abuse and neglect has been recognized by the Centers for Disease Control and Prevention (CDC) as a public health priority. One reason for this is the large number of children who experience maltreatment every year. Data reveal more than 15,000 Oklahoma children were victims of abuse and neglect during State Fiscal Year (SFY) 2017.[1] That is enough to fill 211 school buses to capacity. When compared to national rates, Oklahoma is among the highest in the country, ranking 41st out of 50 states for rates of confirmed child abuse and neglect (15.9/1,000 in OK vs. 9.0/1,000 in U.S.).[2] The impacts of maltreatment are costly and long lasting. Oklahoma must work to detect and prevent instances of child abuse and neglect early and implement effective intervention strategies to ensure all children are safe and healthy.

Oklahoma's public health system is uniquely positioned to address this growing epidemic. The public health system provides the kind of broad-based prevention strategies that encompass not only direct services to families, but also includes public education efforts to change social norms and behaviors, family and community engagement, as well as the policies and institutions that help create a strong prevention system. Such a public health approach to the prevention of child abuse and neglect addresses the risk factors that lead to maltreatment before incidents ever occur. Public health and prevention system partners collaborate to identify and implement strategies to support safe and healthy children and families. Together, these partners have created the Oklahoma State Plan for the Prevention of Child Abuse and Neglect and will collaborate to ensure its goals are met.

The process for creating the 2019-2023 Oklahoma State Plan for the Prevention of Child Abuse and Neglect began by gathering numerous stakeholders to provide feedback regarding the needs of children, families, and professionals serving Oklahomans. This process served as a tool for identifying system gaps and barriers, assessing geographical needs, recommending improvement strategies, and gathering input from parents and professionals in order to carry out actions to ensure a system that is responsive to their needs. Data were gathered through surveys and Community Café style focus groups centered on parents and professionals across the state. Combined with secondary research, the results were used to develop the vision, goals and strategies for the plan. A summary of the resulting strategic plan is as follows on the next page.

VISION

All Oklahoma children will be healthy and safe.

Infrastructure
Ensure Oklahoma has sufficient infrastructure to support a strong child abuse and neglect prevention system.

Resources
Ensure Oklahoma has sufficient resources to deliver services that promote healthy families and prevent child abuse and neglect.

Community Involvement
Collaborate to ensure safe and healthy social, physical, and mental and emotional environments for community members.

Knowledge
Educate Oklahomans about child development, effective parenting strategies, and child abuse and neglect.

GOALS

INTRODUCTION

When people think of child maltreatment, they often think of cuts, bruises, and broken bones, but the injuries children experience go far beyond physical symptoms. Child maltreatment can impact short- and long-term health outcomes, mental health, social and cognitive development, and even the types of risky behaviors in which adolescents, teens and adults engage, including sexual behaviors, substance abuse, and delinquency.[3] In fact, stress and trauma during a child's earliest years can permanently alter his or her brain's size, chemistry, and development.[4]

Child maltreatment is a frequent occurrence and has been on the rise in Oklahoma in recent years. The number of Oklahoma children confirmed to be victims of abuse and neglect in SFY 2017 was more than double that of confirmed victims in SFY 2010, increasing from 7,248 to 15,289.[6,7] The majority (58 percent) of these victims were under the age of 6 years-old and more than three-fourths (88 percent) experienced neglect.[8] The most common perpetrator of these instances of maltreatment is a biological or step-parent (79 percent).[9] That suggests many of these instances might be prevented through family-centered prevention and intervention services that help caregivers understand the needs of young children and appropriate discipline techniques, link caregivers to resources and concrete supports to lessen stress, decrease Adverse Childhood Experiences (ACEs), and reduce instances of neglect.

What is child maltreatment?

Child maltreatment occurs when a child under the age of 18 experiences harm, or threatened harm, to their health or safety by a caregiver, including parents, grandparents, family members, or trusted adults in a custodial role (such as a coach or teacher). The most common types of child maltreatment include physical abuse, sexual abuse, neglect, and emotional or psychological abuse. Causes of maltreatment vary and may be the result of an intentional act, accident, or negligence. In Oklahoma, child maltreatment includes:

- **Physical abuse** is any real or threatened physical injury to the body of a child under 18 years of age that is not an accident.
- **Sexual abuse** includes rape, incest, and lewd or indecent acts or proposals made to a child by a person responsible for the health, safety, or welfare of a child.
- **Neglect** is a failure or omission to provide adequate food, water, shelter, medical care, or supervision.
- **Emotional or psychological abuse** includes any real or threatened mental, or emotional injury or damage to the mind that is not accidental.[5]

Victims of Child Abuse and Neglect, SFY 2007-2017

Year	Investigated/Assessed	Substantiated
2017	62,828	15,289
2016	64,437	15,187
2015	66,868	15,252
2014	69,410	14,159
2013	57,088	11,418
2012	44,232	9,842
2011	48,393	8,110
2010	45,811	7,248
2009	53,394	8,605
2008	61,327	11,714
2007	62,559	13,191
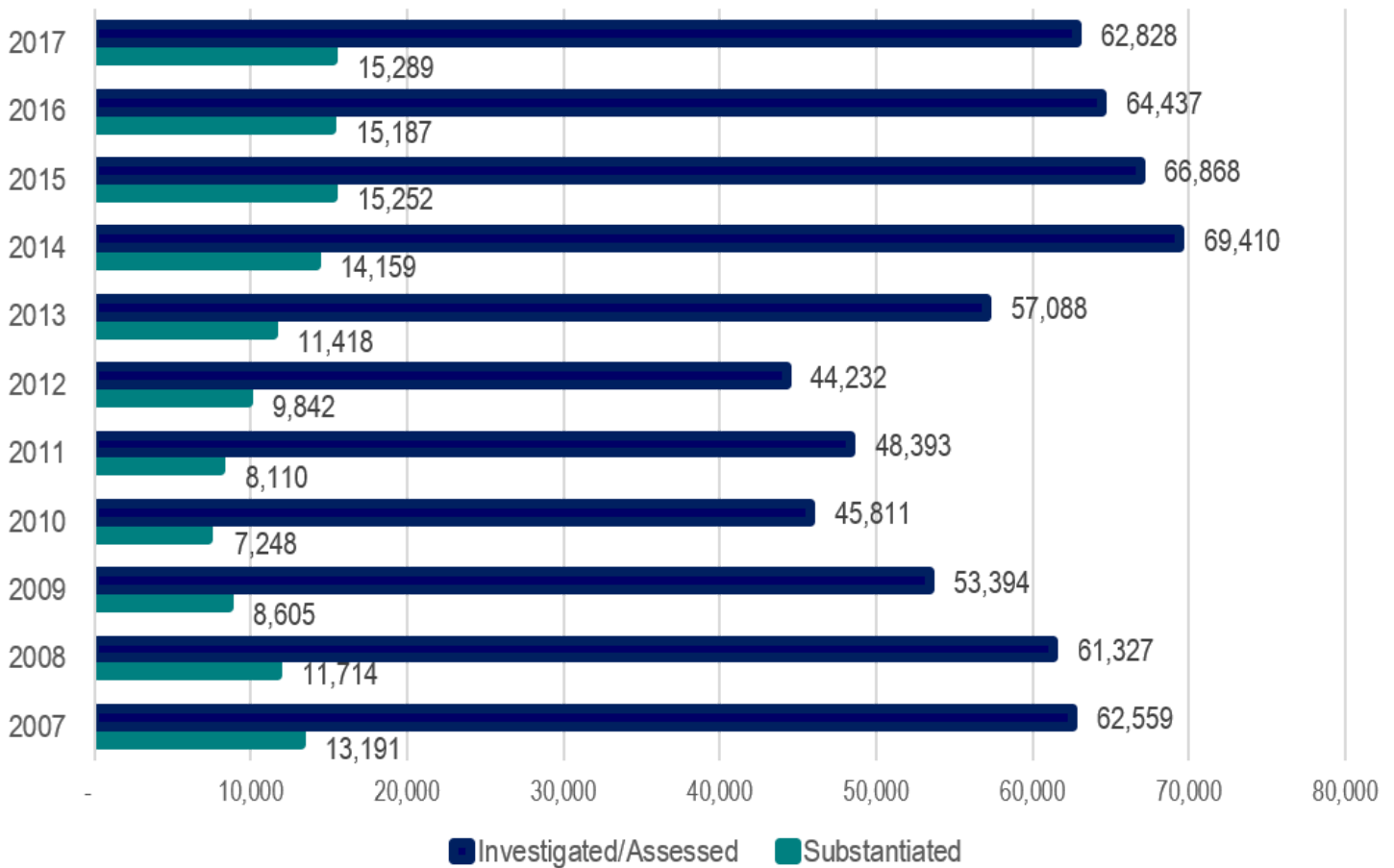
Source: Oklahoma Department of Human Services, Child Welfare Services.
NOTE: Numbers are a duplicated count of children since a child could be the subject of more than one investigation or assessment.

Adverse Childhood Experiences (ACEs) occur frequently among Oklahomans and accumulate over time, contributing to short- and long-term personal, familial, and societal outcomes, including early death. ACEs include such things as family and neighborhood violence, mental illness and substance abuse in the family, divorce, incarceration of a family member, death of a parent/guardian, poverty, and being the victim of abuse. Such experiences cause stress responses in a child's developing brain, including extreme fear and helplessness. Continued stress responses over a prolonged period creates a buildup of high levels of stress hormones in the body, interrupting normal physical and mental development – even changing the brain's architecture.[10]

The cumulative effects of ACEs are undeniable. Individuals who have experienced three or more ACEs are much more likely to abuse alcohol or drugs, experience depression, and attempt suicide.[11,12] According to Oklahoma's 2016 Behavioral Risk Factor Surveillance System (BRFSS) survey, 15 percent of adults have experienced four or more ACEs. Many of these individuals reported having

Prevalence ACEs Reported by Adults Residing in Oklahoma, 2016
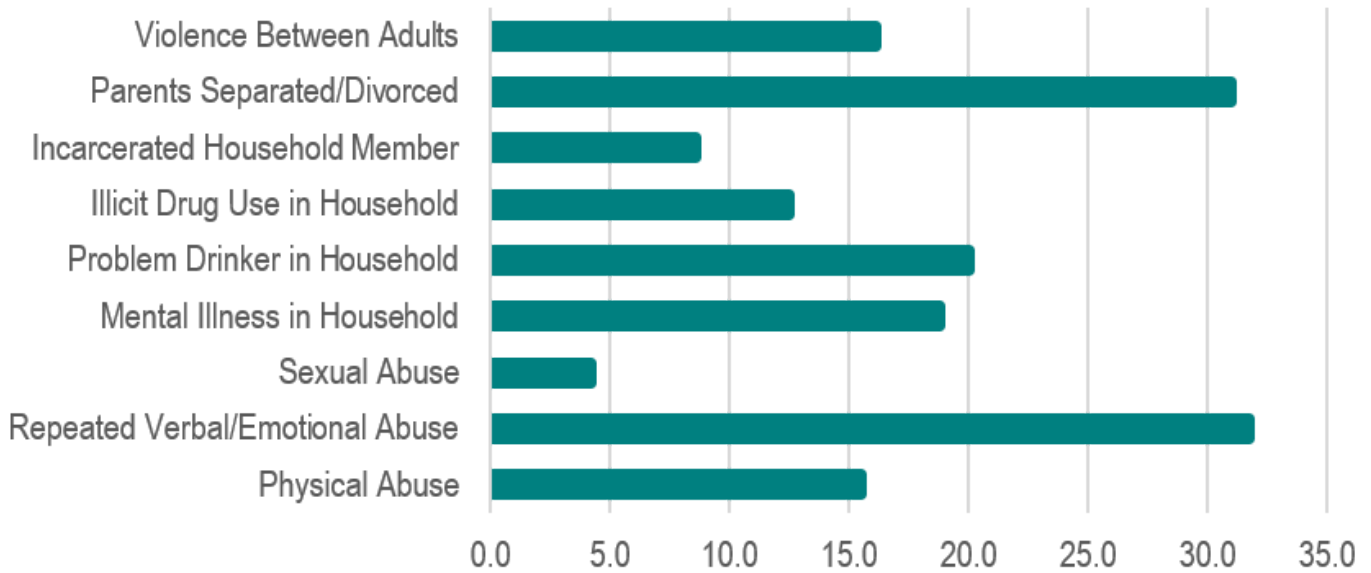
Category	Value
Violence Between Adults	~16
Parents Separated/Divorced	~31
Incarcerated Household Member	~9
Illicit Drug Use in Household	~12.5
Problem Drinker in Household	~20
Mental Illness in Household	~19
Sexual Abuse	~4
Repeated Verbal/Emotional Abuse	~32
Physical Abuse	~16

Source: Oklahoma Behavioral Risk Factor Surveillance System (BRFSS), Oklahoma State Department of Health

experienced physical, sexual and emotional abuse. These individuals are five times as likely to misuse prescription drugs than those with zero ACEs, twice as likely to be a heavy/chronic drinker and/or report binge drinking, and are more likely to be obese, smoke cigarettes, and/or suffer from chronic illness (e.g., asthma, chronic obstructive pulmonary disease (COPD), kidney disease, physical disability).[13] These consequences of adverse experiences are costly and can severely impact a person's quality of life and that of his or her children and family.

Child maltreatment is a costly public health issue. A recent study found the total lifetime cost of just one year of new confirmed cases of child abuse and

Number of Adverse Childhood Experiences (ACEs) Reported by Oklahomans
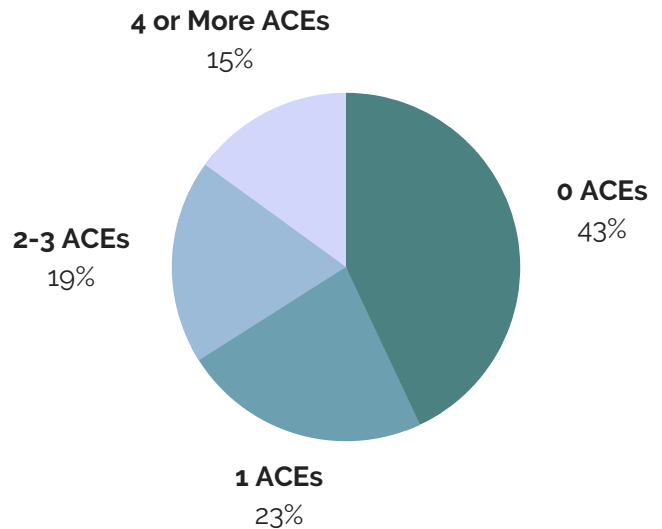
4 or More ACEs 15%

0 ACEs 43%

2-3 ACEs 19%

1 ACEs 23%

Source: Oklahoma Behavioral Risk Factor Surveillance System (BRFSS), Oklahoma State Department of Health.

neglect in the U.S. was as much as $124 billion.[14] This includes long-term expenses associated with fatal and non-fatal abuse, including childhood and adult medical expenses, child welfare costs, special education costs, criminal justice expenses, and lost productivity. The same study estimated the average lifetime cost for just one victim of non-fatal child maltreatment to be $210,012. In SFY 2017, 15,289 Oklahoma children were confirmed victims of child abuse and neglect. That means, Oklahoma can expect more than $3.2 billion of lifetime costs associated with only those children identified as maltreatment victims during SFY 2017 alone.

States withstand the worst of these child welfare expenses. A recent Child Trends survey revealed during SFY 2014 more than half (56 percent) of costs associated with child welfare came from state and local dollars.[15] While the number of Oklahoma children placed in out-of-home care has declined over the last three years, too many children find themselves being cared for in foster homes, group homes, or kinship care arrangements. During SFY 2016, the Oklahoma Department of Human Services (DHS) reported a 16.1 percent increase in expenditures from the previous fiscal year for child welfare services, reaching $457.7 million.

Oklahoma Children in Out-of-Home Placements SFY 2009-2017
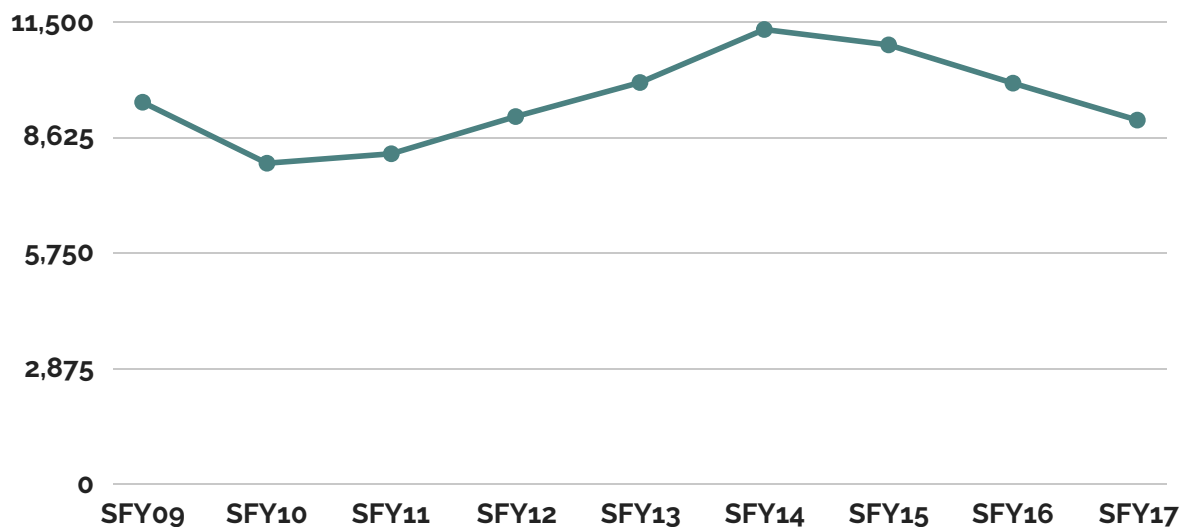
Source: Oklahoma Department of Human Services.

THE CHALLENGE

While child abuse and neglect are preventable, many challenges remain to implementing and sustaining the kind of system, services, and culture change necessary to support families.

State funding has shifted investments away from prevention services to address the growing need for intervention through child welfare services. Early on, the state invested in creating the infrastructure to implement the evidence-based program models necessary to provide a continuum of services to expecting parents, infants, toddlers and children prior to kindergarten entry, which comprises the majority of confirmed victims of maltreatment in Oklahoma. However, diminishing resources over the years have caused the number and availability of services to dwindle. Instability in funding in recent years has come at a cost to the state's overall child abuse and neglect prevention system. Decreases in funds not only mean less resources for direct services, it also creates inefficiencies in maintaining a statewide system. Things like ongoing budgetary threats and unmanageable caseloads have caused uncertainty among service providers and burnout, creating costly turnover considering the amount of specialized training required for effective service delivery. Additionally, the more funds required to recruit and train new workers due to turnover, means even fewer funds available to serve families, provide quality assurance and quality improvement, and deliver

technical assistance and supervision – all of which are vital to a well-functioning family support system. When compared to the long-term costs associated with child welfare services and child abuse and neglect, prevention services offer a less costly method to address maltreatment.

Many common family characteristics increase the risk of maltreatment. Child abuse and neglect may result from a number of situational risk factors common among families. One contributor is family economic instability.[16] Loss of employment and incomes at or below poverty levels create parental stress, cause strain on relationships, and limit access to safe child care and basic necessities like food and shelter. In 2015, nearly half of children in the state (49 percent) lived in low-income families.[17]

Of those children in low-income families, 17 percent (75,450) did not have an employed parent compared to 2 percent (10,649) of children in families with higher incomes.[18] Access to safe, affordable child care is another common challenge facing caregivers. Since SFY 2003, the number of licensed child care centers and homes declined by nearly half, dropping from 6,267 to 3,359.[19,20] Limited access to child care can lead to a parent's inability to work or choosing to place children in unlicensed care which can lead to maltreatment. In 2016, 135,000 parents were without health insurance and 70,000 Oklahoma children were uninsured, making access to treatment even more challenging.[21] Parents who are in good physical, mental, and emotional health are better able to care for children and ensure their safety and well-being.

Common risk factors associated with child maltreatment include:
- Lack of understanding of children's needs, child development and parenting skills;
- History of child maltreatment in the family;
- Substance abuse and/or mental health issues in the family;
- Parental characteristics such as young age, low education, and single parenthood;
- Lack of access to quality child care, health care, and concrete supports (e.g. diapers, food, etc.);
- Social isolation or lack of a family/friend support network;
- Family disorganization, dissolution, and violence, including intimate partner violence;
- Nonbiological, transient caregivers in the home (e.g., mother's male partner);
- Parenting stress, poor parent-child relationships, and negative interactions; and
- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, community violence, and high density of alcohol outlets).[22]

Oklahoma caregivers experience difficulties accessing needed supports and services. A recent survey conducted by the Oklahoma State Department of Health shows parents, regardless of income, have trouble finding affordable, quality child care, mental health screening and treatment, services to address child development, and services that are appropriate for their culture or language.[23] Additionally, the survey revealed low-income caregivers are less likely to: know how to help their child learn; know what to expect from their child's development; and believe their child misbehaves just to upset them. Parental age also impacts the likelihood a caregiver knows about available resources, the types of services they need, and how easily they can access such services and resources. Teenage parents experience more challenges accessing prenatal care and child education resources than older parents in their 30s or 40s. Older parents are more likely than young parents to have a positive view of the safety and support of their community, more easily find community resources when needed, and were more likely to have used parent support programs and disability resources. Caregivers struggle to access health care and mental health treatment as well. The Oklahoma Department of Mental Health and Substance Abuse Services estimates between 700,000 and 950,000 adult Oklahomans are not getting the mental health or substance abuse treatment they need.[24] When caregivers lack access to needed support and services, families can experience stress that may lead to child abuse and neglect, as well as potential long-term consequences for children.

PREVENTION WORKS

The good news is child abuse and neglect are preventable. While child maltreatment is a complex problem rooted in poor relationships and environments, research suggests effective intervention strategies are targeted at all levels of societal culture, community involvement, relationships among families and neighbors, and individual behaviors. Such effective prevention strategies focus on modifying policies, practices, and societal norms to create safe, stable, nurturing relationships and environments.[25] A strong public health approach to prevention requires an understanding of risk factors that lead to maltreatment, as well as an understanding of the protective factors that help buffer children from risk and adversity.

Protective factors instilled in families and communities can insulate children from the long-term effects of ACEs and prevent child maltreatment. That is why Oklahoma must ensure the strong infrastructure, resources and policies are in place to support strategies that build protective factors among families. Research has shown protective factors to be associated with lower rates of child abuse and neglect and with optimal child development. Protective factors help parents and caregivers find resources, supports and coping strategies that allow them to parent effectively, even when under stress.[26] Useful protective factor frameworks may have a broad or

targeted focus, including:

- Centers for the Study of Social Policy, Strengthening Families™ Protective Factors;[27]
- Administration on Children, Youth and Families, Protective Factors for Victims of Child Abuse and Neglect; and
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

For the purpose of this document, the Strengthening Families™ Protective Factors Framework has been utilized.

When in place, protective factors help mitigate the risk factors that contribute to maltreatment. These protective factors include:

- Parental Resilience: No one can eliminate all stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. 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.

- Social Connections: Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and offer opportunities for people to "give back", an important part of self-esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.

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

Multi-generational approaches, or those strategies that address the needs of children and the adults in their lives, are necessary to effectively prevent child abuse and neglect.

"Decades of scientific research shows evidence-based programs can improve outcomes for children and families, but those interventions only go so far. To make the greatest impact toward reducing the long-term effects of toxic stress, we must address the larger issue: adults and caregivers must have the skills necessary to overcome the cumulative burden of stress factors over time, including abuse, neglect, poverty, substance abuse, and family dysfunction and violence. Individuals must have strong executive functions and critical thinking skills to be successful in life, such as planning and problem-solving skills, discipline, and teamwork. These foundational skills lead to adults with the ability to create stable home and school environments, achieve successful employment, and build a healthy population. Such skills may be developed early in a child's life based on the environment in which the child lives, but they can also be learned well into adulthood. That is why there is a need for prevention and intervention programs that teach active skill building to parents and adult caregivers rather than programs that simply provide passive information. Programs that actively teach skill building in adults through coaching, training, and practice not only strengthen the capacity for healthy child development, evidence shows they improve the long-term outcomes for families."

- Harvard University, Center on the Developing Child. (2013). Building Adult Capabilities to Improve Child Outcomes: A Theory of Change.[28]

- <u>Knowledge of Parenting and Child Development</u>: Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children in a positive light and promote healthy development. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.

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

STRATEGIC PRIORITIES

Rationale

If strategic priorities and plans across state and local government, non-profit, faith-based, and community organizations are coordinated, parents, caregivers, and families will have access to the resources, services, programs and supportive networks to ensure safe, stable, nurturing relationships and environments for children and prevent instances of child maltreatment. The Family Support and Prevention Service at the Oklahoma State Department of Health, state prevention system partners and stakeholders will collaborate to achieve this goal.

INFRASTRUCTURE STRATEGY: INVESTMENTS

Advocate for investments in evidence-based family support and child abuse and neglect prevention services, programs and resources.

DESCRIPTION	A strong, robust prevention system is necessary to support healthy, stable families and safe children. The foundation of that system includes investments in programs and services. Understanding current investments and system gaps is essential to reducing instances of child abuse and neglect.
DESIRED OUTCOMES	• Fully fund current child abuse and neglect prevention services • Increase access to parent support, education and child abuse and neglect prevention programs
LEAD ORGANIZATIONS	• Oklahoma Chapter of Prevent Child Abuse America (Parent Promise)
ACTIONS AND MILESTONES	• Publish an annual children's prevention budget outlining funding for children and family support services and make recommendations to direct resources to meet state and local needs • Advocate for increases in state, local and private resources and investments based on needs assessments, data, and annual funding report
METRICS	• Increase in funding for child abuse and neglect prevention services (state agency budgets) • Increase in the number of parent support, education and child abuse and neglect prevention programs

	ORGANIZATION OR RESOURCE	ROLE
RESOURCES NEEDED	• Oklahoma Commission on Children and Youth (OCCY) • Oklahoma Institute for Child Advocacy (OICA) • Oklahoma Chapter of Prevent Child Abuse America (Parent Promise) (PCA) • Oklahoma State Department of Health (OSDH)/Family Support and Prevention Service (FSPS) • Oklahoma Partnership for School Readiness (OPSR)	• Collect funding information and distribute Children's Prevention Budget • OICA, PCA, OSDH, OPSR, and other organizations will advocate for strategic, targeted investments to close gaps in the prevention system

INFRASTRUCTURE STRATEGY: POLICY

Advocate for policies that support healthy families and prevent child abuse and neglect.

DESCRIPTION	Policies that ensure access to needed family supports are at the heart of a well-functioning child abuse and neglect prevention system. Strategic policies can increase access to services that help parents support their families and care for their children.
DESIRED OUTCOMES	• Children are healthy • Children enter school ready to learn • Children grow up in safe, stable and nurturing environments • Communities have the resources necessary for families to thrive
LEAD ORGANIZATIONS	• OICA • OCCY • OSDH • Tobacco Settlement Endowment Trust (TSET)
ACTIONS AND MILESTONES	• Advocate for policies that improve access to vital support services, including safe, quality childcare, transportation, and services for children with special needs • Advocate for reasonable eligibility criteria for services that are aligned across agencies and programs as appropriate • Advocate for a common intake system and cross-agency information sharing to improve ease of access to resources and services • Advocate for the implementation of innovative approaches to close workforce gaps to meet local needs • Advocate for trauma informed policies that prioritize the developmental needs of young children • Advocate for family and juvenile courts to utilize evidence-based/informed processes when considering custody placements
METRICS	• Increase the number of children who receive developmental screening, monitoring and referral to needed services (NSCH) • Increase the number of children who have medical coverage (NSCH, OHCA) • Increase in the number of child care positions available that meet the Oklahoma Quality Rating and Improvement System (QRIS) of 1,2 or 3 stars (DHS) • Increase in new legislation that addresses child and family well-being • Increase in the number of communities that participate in efforts to improve community health (TSET, OSDH) • Increase in the number of child serving state agencies who participate in data sharing agreements (OPSR)

INFRASTRUCTURE STRATEGY: POLICY

Advocate for policies that support healthy families and prevent child abuse and neglect.

RESOURCES NEEDED	ORGANIZATION OR RESOURCE	ROLE
	• DHS Child Care • Resource and Referral Agencies • OICA • OCCY • OPSR • OSDH Certified Healthy Program • Local Community Groups • OHCA • State and District Courts	• Child Care funding • Provide information regarding services • Advocate for family well-being legislation • Improve data sharing agreements across agencies • Supporting health care coverage • Supporting evidence-based practices for family reunification

RESOURCES STRATEGY: OPTIMIZE AND DIRECT RESOURCES

Optimize resources across prevention system partners and make recommendations to direct resources to meet state and local needs.

DESCRIPTION	Identifying cross-agency resources and opportunities for blended funding to maximize resources available for child abuse and neglect prevention programs and services. Utilization of available federal, state, non-profit, faith-based, tribal, and community-based resources to identify and address unique regional and community needs is an important strategy for supporting families.
DESIRED OUTCOMES	• Services are easy to access and cost effective • Collaboration exists among government, non-profit, faith-based and community organizations at the local and state levels to provide needed services • Local communities initiate a needs assessment process which includes child and family well-being
LEAD ORGANIZATIONS	• OSDH/Family Support and Prevention Service (FSPS) and Center for the Advancement of Wellness • Oklahoma Chapter of Prevent Child Abuse America (Parent Promise)
ACTIONS AND MILESTONES	• Support local communities in developing needs assessments to determine resource needs and service gaps • State and local organizations collaborate to direct resources to close identified gaps, reduce duplications, and increase accessibility • State and local organizations prioritize collaborations that increase accessibility of services for children with special needs, early intervention, child development, childcare, mental health treatment, culturally appropriate and bilingual services
METRICS	• Increase in number of persons 'have used service' OCAP Community Survey 2018 (Q4) • Increase in perception of access ease OCAP Community Survey 2018 (Q5) • Increase in the number of community needs assessments completed

RESOURCES NEEDED	ORGANIZATION OR RESOURCE	ROLE
	• OSDH • DHS • Community Organizations • Parent Promise • Faith Based and Non-Profit Organizations • Tribal partners	• Survey annually • Report to OCCY Board annually • Provide seed grants to communities to assist in identifying gaps in services (needs assessment) • Provide TA regarding needs assessment to local communities

COMMUNITY INVOLVEMENT STRATEGY: PARENTAL RESILIENCY & SOCIAL CONNECTIONS

Professional and community organizations partner to increase the availability of local parent support groups and other community networking events.

DESCRIPTION	Social networks provide emotional support, reduce isolation, increase feelings of community safety, help connect families to resources like concrete supports, and assist caregivers with problem solving. Professional and community organizations must collaborate to create more opportunities for parents and caregivers to interact in supportive environments and develop strong relationships.
DESIRED OUTCOMES	• Families experience positive relationships within their communities • Families experience less stress related to parenting • Opportunities for free or low-cost family-centered activities are available • Families feel safer in their neighborhoods and communities
LEAD ORGANIZATIONS	• DHS • OSDH • Local Organizations • Faith Based and Community Initiatives
ACTIONS AND MILESTONES	• Increase the availability of local parental support groups • Encourage development and promotion of free or low-cost local family activities (faith community, child care, head start, etc.) • Develop and promote a centralized listing of free or low-cost family activities
METRICS	• Increase in the number of parent support groups • Increase in protective factors as surveyed by the OCAP Community Survey 2018 (Q7,8) • Increase in trained workforce to facilitate parent support groups • Increase in the number of free or low-cost family-centered activities

	ORGANIZATION OR RESOURCE	ROLE
RESOURCES NEEDED	• DHS • OSDH • Faith Based Community • Tribal partners	• Ensure availability of low cost/free family activities in communities • Assist with community initiatives • Workforce development

COMMUNITY INVOLVEMENT STRATEGY: DEVELOP SAFE COMMUNITIES

Professional and community organizations collaborate to mitigate the effect of violence within families and communities.

DESCRIPTION	Experiencing violence within a family or community can create toxic stress and long-term impacts on children. Helping families feel safe in their neighborhoods aids in increasing community and social connectedness.
DESIRED OUTCOMES	• Families feel connected to public services in their communities • Families feel safe in their neighborhoods and communities
LEAD ORGANIZATIONS	• Law Enforcement Agencies • Office of Juvenile Affairs (OJA) • Faith-Based Organizations • Community Organizations (formal & informal, neighborhood watch
ACTIONS AND MILESTONES	• Community members work with local law enforcement to establish and maintain neighborhood outreach efforts (community policing programs, etc.) • Services are available to prevent juvenile delinquency (evidence based delinquency prevention programs, behavior management services, bully prevention programs, afterschool programming, etc.) • Trauma-informed, evidence based mental health treatment, assessment and services are available for parents and caregivers
METRICS	• Increase in positive neighborhood safety responses (NSCH) • Increase in 'I have used this' responses to OCAP Community Survey (Q4)

	ORGANIZATION OR RESOURCE	ROLE
RESOURCES NEEDED	• Office of Juvenile Affairs • Oklahoma Coalition Against Domestic Violence and Sexual Assault • Law Enforcement • Faith-based Organizations • Tribal partners • Office of the Attorney General	• Support community implementation of violence prevention programs • Support community neighborhood outreach programs • Educate on the role of Protective Factors in mitigating adverse experiences • Provide family friendly social opportunities

COMMUNITY INVOLVEMENT STRATEGY: IMPROVE MENTAL AND EMOTIONAL WELLBEING

Professional and community organizations partner to improve mental and emotional wellbeing of families.

DESCRIPTION	Parents and caregivers must be mentally and emotionally well to ensure safe, stable, nurturing environments for children to grow and thrive. Professional and community organizations must work together to ensure caregivers have access to early screening and treatment services.
DESIRED OUTCOMES	- Family stability - Early identification of maternal mood disorders and connections to services - Access to and utilization of mental health services - Workforce trained in trauma informed care
LEAD ORGANIZATIONS	- ODMHSAS - Oklahoma Health Care Authority (OHCA) - OSDH
ACTIONS AND MILESTONES	- Provide information regarding maternal mood disorders to infant caregivers - Awareness education campaigns regarding maternal mood disorders - Availability of trauma-informed, evidence-based mental health treatment, assessment and services for parents and caregivers - Access to concrete supports and respite for caregivers
METRICS	- Change in percent of mentally healthy days (BRFSS) - Increase in number of screenings for maternal mood disorders - Decrease in number of 'overwhelmed by stress' responses (OCAP survey 2018) - Decrease in the number of inpatient hospital mental illness/substance abuse discharges (OK2SHARE) - Decrease in suicide rate (OK2SHARE) - Increase in the number of professionals trained in trauma-informed care

	ORGANIZATION OR RESOURCE	ROLE
RESOURCES NEEDED	- OSDH/Maternal & Child Health - ODMHSAS - OHCA - Private Mental Health Providers	- Ensure availability of mental health screening and treatment - Ensure trauma-informed training is available for professionals - Educate general population in trauma-informed care, respite and concrete supports

COMMUNITY INVOLVEMENT STRATEGY: OUTREACH TO HIGH-RISK POPULATIONS

Professional and community organizations partner to educate high-risk populations about factors that can lead to child abuse and neglect.

DESCRIPTION	Children represent a vulnerable population susceptible to maltreatment, particularly those too young to understand abusive behaviors, those who have experienced abuse in the past, those born to very young parents, those with special needs, and those who identify as LGBTQ. Organizations must collaborate to expand access to important child abuse and neglect prevention programs targeted to these high-risk populations.
DESIRED OUTCOMES	• Access to prevention education programs regarding appropriate and inappropriate touch • Access to sexual risk avoidance programs • Access to services and programs for teen parents (e.g. home visiting)
LEAD ORGANIZATIONS	• OSDH • ODMHSAS • Community Organizations • University Research Programs
ACTIONS AND MILESTONES	• Ensure the availability of teen pregnancy prevention and sexual health education programs for vulnerable youth, including foster children, juvenile offenders • Ensure the availability of sexual abuse prevention programs to young children • Ensure the availability of mentoring and counseling programs for high risk youth • Provide parents the tools necessary to be their child's first and best resource for sexual education
METRICS	• Increase in number of sexual abuse prevention programs • Increase in number of sexual education programs • Increase in number of parenting teens enrolled in home visiting programs

RESOURCES NEEDED	**ORGANIZATION OR RESOURCE**	**ROLE**
	• OSDH/MCH/FSPS • Community Organizations • Public/Private Schools • The CARE Center • Prevention programs across state • Tribal partners • Oklahoma State Department of Education (OSDE)	• Support local communities in implementing sexual risk avoidance programs and teen pregnancy prevention programs • Support education efforts on protective factors at the community level • Provide training on Reporting Child Abuse and Neglect • Provide ROAR program to children

KNOWLEDGE STRATEGY: EDUCATE CAREGIVERS

Professional organizations increase the number of child development trainings to community members and professionals who work with children.

DESCRIPTION	Understanding typical child development is a critical tool for effective caregiving. Inaccurate information regarding the capacity of young children to understand and behave in certain ways, can lead to unrealistic expectations, inappropriate discipline techniques, and neglect. By expanding access to child development training, more caregivers and professionals will have a better comprehension of typical developmental milestones.
DESIRED OUTCOMES	• Parents have access to accurate information regarding typical child development and developmental milestones • Parents have access to evidence-based programming regarding positive discipline techniques • Screening is available for early identification of developmental delays and linkages to services
LEAD ORGANIZATIONS	• OSDH/FSPS/Early Intervention • Public/Private Schools • Head Start
ACTIONS AND MILESTONES	• Promote child development resources through medical, dental and educational organizations • Provide accessible and affordable parent education classes in the community • Educate early childhood workforce regarding risk and protective factors
METRICS	• Increase in number of positive responses to 'know how to help child learn/believe child misbehaves/know what to expect from development' on OCAP Community Survey (Q7) • Increase in number of trainings/parent classes

RESOURCES NEEDED	ORGANIZATION OR RESOURCE	ROLE
	• OSDH • Pre-K Programs • Head Start • OSDE	• Provide opportunities for workforce development regarding child development

KNOWLEDGE STRATEGY: EXPAND TRAININGS

Increase the number of trainings and educational materials available about child abuse and neglect to both professionals and community members.

DESCRIPTION	Recognizing the signs of child abuse and neglect, as well as risk factors associated with situations that may lead to abuse and neglect, are important strategies for preventing child maltreatment. Educating professionals and community members who regularly interact with children and families about these signs and risk factors will help create more supportive environments and communities for children and families by identifying concerning situations early and intervening with supportive services before abuse or neglect occurs.
DESIRED OUTCOMES	• Awareness of the signs of child abuse and neglect • Awareness of situational risk factors that can lead to child abuse and neglect • Connections for families to appropriate supportive services
LEAD ORGANIZATIONS	• OSDH • OCCY • DHS
ACTIONS AND MILESTONES	• Educate people about types, causes, and signs of child abuse • Provide formal trainings and outreach materials to community members and professionals about reporting laws and procedures • Utilize child abuse and neglect trainings in a variety of formats (face-to-face; web-based; classroom)
METRICS	• Increase in the number of and variety of trainings taken OCAP Stakeholder survey 2018 (Q5) • Increase in "Very Confident" responses on the OCAP Stakeholder survey 2018 (Q7) • Increase in the number of child abuse and neglect trainings for parent's/community members

	ORGANIZATION OR RESOURCE	ROLE
RESOURCES NEEDED	• OSDH • OCCY • DHS	• Ensure availability of child abuse and neglect training for schools and community • Ensure availability of child abuse and neglect training on identification and reporting • Ensure educational opportunities are available on risk and protective factors

KNOWLEDGE STRATEGY: IMPLEMENT STRATEGIC COMMUNICATIONS

Implement a strategic communications plan to promote safe, stable and nurturing environments for children and families.

DESCRIPTION	Culture plays a significant role in creating social norms and influencing individual behaviors. Social marketing has proven to be an effective strategy for influencing behaviors to improve individual lives and communities. Strategic, targeted communications coordinated across all prevention system partner organizations will aid in creating communities and social networks that are more supportive of parents, caregivers and families.
DESIRED OUTCOMES	• Families know where to access information when they need help • Families know where to access services in their community • Awareness campaigns are culturally sensitive
LEAD ORGANIZATIONS	• OICA • CAP Action Committee • OSDH/Parent Pro
ACTIONS AND MILESTONES	• Utilize toolkits for community partners to educate and raise awareness of child development, parenting strategies, and preventing child abuse and neglect • Recruit influential messengers to promote messages to targeted audiences • Utilize different communications platforms to reach targeted audiences, including such things as social media promotion, peer-to-peer messaging, op-eds, press releases, etc.
METRICS	• Increase in number of people accessing online resources like Parent Pro (website analytics) • Increase in the number of people who have heard of and/or utilized parent support services OCAP Community survey 2018 (Q4) • Increase in under-represented survey participants, OCAP Community Survey 2018 (Q14,15, 16)

	ORGANIZATION OR RESOURCE	ROLE
RESOURCES NEEDED	• OICA • CAP Action Committee • Community Initiatives • OSDH/Parent Pro Website • Tribal partners	• Recognize successful prevention programs and influential people who have contributed to the awareness of child abuse and neglect • Produce and distribute messages, in a variety of formats, regarding risk and protective factors

NEXT STEPS FOR IMPLEMENTATION

The Office of Child Abuse Prevention (OCAP) within the Oklahoma State Department of Health (OSDH) will work with prevention system partners to achieve the goals of the Oklahoma State Plan for the Prevention of Child Abuse and Neglect (State Plan). The FSPS will form a State Plan workgroup, made up of representatives from the state's core prevention system partners, to:

- Refine and implement the included action plan, including specific activities and necessary evaluation of progress;
- Share information about resources, program requirements and policies, outcomes measures, and other relevant information required to improve prevention activities;
- Annually review progress toward meeting State Plan goals and revise the State Plan as needed;
- Report to partners, policymakers and the public about the effectiveness of the plan in preventing child abuse and neglect; and
- Implement actions for continuous quality improvement.

The State Plan workgroup will meet regularly to ensure ongoing progress is made.

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APPENDIX A: COMMUNITY SURVEY

Oklahoma Child Abuse Prevention
Community Survey

> **Purpose:** The Oklahoma State Department of Health has partnered with other state and non-profit agencies in order to learn more about awareness and use of community supports and resources to help parents care for their children. Responses to this survey are **anonymous** and will be used to identify areas of service where improvements are needed, which will inform the five-year Oklahoma Child Abuse Prevention Plan. Survey completion will take about 10 minutes. By continuing on, you acknowledge that you have read this information and agree to participate in this research. You are free to withdraw your participation at any time without penalty.

1. **My home ZIP Code is:** _____

2. **My child(ren) are aged:** *(check all that apply)*

   ☐ Less than 1 year   ☐ 6 – 13 years
   ☐ 1 – 2 years   ☐ 14 – 18 years
   ☐ 3 – 5 years   ☐ Older than 18 years

3. **I am my child's:**

   ☐ Mother   ☐ Foster parent
   ☐ Father   ☐ Legal guardian
   ☐ Grandparent   ☐ Other: _____

4. **Please indicate if you are <u>aware of or have used</u> the following:**

	I have not heard of this	I know of it, but have not used it	I have used this
Home-Based Services (Sooner Start, ParentPro programs: Children First [C1], Parents as Teachers, Safe Care, etc.)	☐	☐	☐
Parent Support Programs (Incredible Years, Circle of Security, Infant Massage, Positive Solutions, Child Guidance Services, Circle of Parents, etc.)	☐	☐	☐
Food, Housing, and Clothing Resource Programs (SNAP, WIC, TANF, food & resource centers, food banks, clothing closets, etc.)	☐	☐	☐
Employment and Education Resource Programs (Job training, job placement, temp agency, GED/HSE, ESL, FAFSA, GI Bill, interview resources, etc.)	☐	☐	☐
Insurance / Health Care Resource Programs (SoonerCare, Variety Care, community health centers, tribal health clinics, veteran centers, etc.)	☐	☐	☐
Disability Resource Programs (Sooner Success, ADA DDS Waiver, OK Department of Veterans Affairs, etc.)	☐	☐	☐
Mental Health Resource Programs (Community mental health centers: Red Rock, Grand Lake, CREOKS, etc.)	☐	☐	☐
Child Care Resources Programs (DHS child care licensing, local resource and referral agencies, etc.)	☐	☐	☐

APPENDIX A: COMMUNITY SURVEY

Oklahoma Child Abuse Prevention
Community Survey

5. How would you describe your experience accessing the following services for yourself or your child?

	Very easy	Easy	No opinion	Difficult	Very difficult	Not applicable (have not needed this)
Prenatal health care						
Mental health screening & treatment						
Services to address concerns for my child's social, emotional, and/or behavioral development						
Affordable, quality child care						
Affordable, quality child education (pre-K, grade school, etc.)						
Affordable, quality adult education (GED/HSE, ESL, career and technical education, etc.)						
Parenting education (classes, training, or groups to learn parenting skills)						
Sufficient food, housing, and clothing						
Sports/recreational programs for children (Little League, scouting, music/dance, etc.)						
Services that are appropriate for your culture and language						

6. Please indicate your agreement with the following questions:

	Strongly disagree	Disagree	No opinion	Agree	Strongly agree
Basic Material Resources: *I know where to get help if…*					
… I was having trouble providing food for my family					
… I was having trouble providing clothing for my children					
… I was having trouble with housing					
… I was having trouble finding a job					
… I needed affordable child care					
… I needed health care for myself or my child					
Mental Health Resources: *I know where to get help if…*					
… I (or my partner) was feeling very sad					
… I (or my partner) was using drugs or alcohol					
… my child's behavior became more than I could handle					
… I was concerned about my or my partner's physical or emotional behavior toward my child					
… I was concerned about my partner's physical or emotional behavior toward me					
Parenting Resources: *I know where to get help if…*					
… I wanted to know more about my child's development					
… I wanted to learn more about parenting					
… I wanted home-based services to help my family					
… I wanted to find quality child care					

APPENDIX A: COMMUNITY SURVEY

Oklahoma Child Abuse Prevention
Community Survey

7. Please indicate your agreement with the following questions:

	Strongly disagree	Disagree	No opinion	Agree	Strongly agree
I feel safe in my neighborhood					
I am satisfied with my neighborhood as a place to live					
People can depend on each other in this community					
I have friends or family nearby that I can count on for help					
	Strongly disagree	Disagree	No opinion	Agree	Strongly agree
Sometimes it is necessary to physically discipline my child (spanking, restraining, hitting, etc.)					
Sometimes it is necessary to physically hurt my partner					
I know how to help my child learn					
I believe my child misbehaves just to upset me					
I know what to expect from my child as s/he grows and develops					
I know how to report child abuse/neglect to the appropriate authorities					

8. Please indicate how often you experience the following:

	Rarely	Sometimes	Most of the time
In my family, we talk about problems			
In my family, we take time to listen to each other			
My family is able to solve our problems			
My family can consistently meet our basic material needs (food, clothing, shelter)			
My family enjoys spending time together			
My family is able to find resources in the community when we need them			
I feel overwhelmed by stress			

9. Does your child(ren) currently live with both biological parents?   YES   NO

10. If no, how many days each week does your child(ren) spend with his/her other biological parent? ☐

11. Have you ever reported child abuse/neglect?   YES   NO

12. Are you familiar with the laws in Oklahoma for reporting child abuse and neglect?   YES   NO

13. Are you currently concerned that a child you know is being abused/neglected?   YES   NO

APPENDIX A: COMMUNITY SURVEY

Oklahoma Child Abuse Prevention
Community Survey

Please tell us a little about yourself to help us better understand the diverse needs of families in your community.

14. What is your gender?   Female   Male   **15. How old are you?**

16. Which race/ethnicity best describes you?   White – non-Hispanic
Black
Hispanic/Latino
American Indian or Alaska Native
Asian, Native Hawaiian, or other Pacific Islander
Other: (please specify) _____

17. What is your highest level of education?   Less than high school
High school graduate/GED
Some college/post-secondary school/technical school
College graduate
Graduate degree(s)

18. What is your household income?   Under $10,000
$10,000 - $29,999
$30,000 - $49,999
$50,000 - $74,999
More than $75,000

19. What is your employment status?   Full-time (40+ hours/week)
Part-time (20 hours/week)
Not employed, but looking for work
Not employed, but not looking for work
Retired
Disabled, not able to work
Student

20. What is your marital/housing status?   Married
Unmarried, but living with partner
Unmarried, single parent
Divorced, sharing custody
Divorced, single parent
Widow

21. Have you or your partner ever served in the U.S. military?   YES   NO

Thank you for your time!

If you need immediate assistance in obtaining resources in Oklahoma, please call 2-1-1
If you suspect child abuse/neglect, please call the Oklahoma Child Abuse Hotline (24 hours, statewide): 1-800-522-3511
For ADA accessible surveys, please contact Child Guidance Services: (405) 271-4477

APPENDIX B: PROFESSIONAL SURVEY

Oklahoma Child Abuse Prevention
Professional Survey

Purpose: The Oklahoma State Department of Health has partnered with other state and non-profit agencies in order to learn more about awareness and use of community supports and resources to help parents care for their children. Responses to this survey are **anonymous** and will be used to identify areas of service where improvements are needed, which will inform the five-year Oklahoma Child Abuse Prevention Plan. Survey completion will take about 10 minutes. By continuing on, you acknowledge that you have read this information and agree to participate in this research. You are free to withdraw your participation at any time without penalty.

1. What county do you work in? _____

2. What type of organization are you employed with?
   - ☐ Government
   - ☐ Non-profit
   - ☐ Faith-based
   - ☐ Other: _____

3. What is your role in your company?
   - ☐ Direct client services
   - ☐ Administration (no client contact)
   - ☐ Child advocate (minimal or no client contact)
   - ☐ Other: _____

4. Please indicate your awareness of the following community services:

	I have not heard of this	I know of it, but have not referred clients to this	I have referred clients to this
Home-Based Services (Sooner Start, ParentPro programs: Children First [C1], Parents as Teachers, Safe Care, etc.)	☐	☐	☐
Parent Support Programs (Incredible Years, Circle of Security, Infant Massage, Positive Solutions, Child Guidance Services, Circle of Parents, etc.)	☐	☐	☐
Food, Housing, and Clothing Resource Programs (SNAP, WIC, TANF, food & resource centers, food banks, clothing closets, etc.)	☐	☐	☐
Employment and Education Resource Programs (Job training, job placement, temp agency, interview resources, GED/HSE, ESL, FAFSA, GI Bill, child care subsidy, etc.)	☐	☐	☐
Insurance / Health Care Resource Programs (SoonerCare, Variety Care, community health centers, tribal health clinics, veterans centers, etc.)	☐	☐	☐
Disability Resource Programs (Sooner Success, ADA DDS waiver, OK Department of Veterans Affairs, etc.)	☐	☐	☐
Mental Health Resource Programs (Community mental health centers: Red Rock, Grand Lake, CREOKS, etc.)	☐	☐	☐
Child Care Resources Programs (DHS child care licensing, local resource and referral agencies, etc.)	☐	☐	☐

APPENDIX B: PROFESSIONAL SURVEY

Oklahoma Child Abuse Prevention
Professional Survey

5. **In the past 5 years, I have taken a class/training on the following child abuse/neglect topics:** *(check all that apply)*

☐ Victimization   ☐ Risk factors for maltreatment   ☐ Trauma-informed care
☐ Detection   ☐ ACEs   ☐ Intimate partner violence
☐ Reporting procedures   ☐ Protective factors

6. **Does your agency provide classes/training in child abuse/neglect, or provide access to a class outside of the agency?**   YES   NO

7. **How confident are you in your ability to do the following?**

	Not at all confident	Somewhat confident	Very confident
Accurately identify child abuse/neglect			
Accurately identify intimate partner violence			
Quickly and successfully report suspected child abuse/neglect to the appropriate authorities			
Refer clients to resources that best meet their needs			

8. **How knowledgeable are you of ACEs (Adverse Childhood Experiences)?** *(circle one)*
   Not at all familiar   I know a little   I know a good amount   I am well-informed

9. **How knowledgeable are you of Protective Factors?** *(circle one)*
   Not at all familiar   I know a little   I know a good amount   I am well-informed

10. **On average, how easily are your clients able to access the following services?**

	Very easy	Easy	No opinion	Difficult	Very difficult
Prenatal health care					
Mental health screening & treatment					
Services to address concerns for the child's social, emotional, and/or behavioral development					
Affordable, quality child care					
Affordable, quality child education (pre-K, grade school, etc.)					
Affordable, quality adult education (GED/HSE, ESL, career and technical education, etc.)					
Parenting education (classes, training, or groups to learn parenting skills)					
Sufficient food, housing, and clothing					
Sports/recreational programs for children (Little League, scouting, music/dance, etc.)					
Services that are appropriate for their culture and language					

APPENDIX B: PROFESSIONAL SURVEY

Oklahoma Child Abuse Prevention
Professional Survey

11. **When you think about your clients, what do you think are the most significant barriers to accessing** <u>concrete resources</u> **(food, clothing, shelter)?** *(select all that apply)*

- ☐ Cost
- ☐ Transportation
- ☐ Work schedule
- ☐ Location
- ☐ Waiting lists
- ☐ They don't know what's available
- ☐ Lack of available facilities/providers in the community
- ☐ Finding facilities/providers that speak language/understand culture
- ☐ Other (please specify) _____

12. **When you think about your clients, what do you think are the most significant barriers to accessing** <u>mental health resources</u>**?** *(select all that apply)*

- ☐ Cost
- ☐ Transportation
- ☐ Work schedule
- ☐ Location
- ☐ Waiting lists
- ☐ They don't know what's available
- ☐ Lack of available facilities/providers in the community
- ☐ Finding facilities/providers that speak language/understand culture
- ☐ Other (please specify) _____

13. **When you think about your clients, what do you think are the most significant barriers to accessing** <u>parent resources</u> **(home-visiting services, parent education groups, etc.)?** *(select all that apply)*

- ☐ Cost
- ☐ Transportation
- ☐ Work schedule
- ☐ Location
- ☐ Waiting lists
- ☐ They don't know what's available
- ☐ Lack of available facilities/providers in the community
- ☐ Finding facilities/providers that speak language/understand culture
- ☐ Other (please specify) _____

14. **When you think about your clients, what do you think are the most significant barriers to accessing** <u>quality childcare</u>**?** *(select all that apply)*

- ☐ Cost
- ☐ Transportation
- ☐ Work schedule
- ☐ Location
- ☐ Waiting lists
- ☐ They don't know what's available
- ☐ Lack of available facilities/providers in the community
- ☐ Finding facilities/providers that speak language/understand culture
- ☐ Other (please specify) _____

15. **When you think about your clients, what do you think are the most significant barriers to accessing** <u>quality healthcare</u>**?** *(select all that apply)*

- ☐ Cost
- ☐ Transportation
- ☐ Work schedule
- ☐ Location
- ☐ Waiting lists
- ☐ They don't know what's available
- ☐ Lack of available facilities/providers in the community
- ☐ Finding facilities/providers that speak language/understand culture
- ☐ Other (please specify) _____

APPENDIX B: PROFESSIONAL SURVEY

16. What is the biggest strength/resource in your community to help prevent child abuse/neglect?

_____

_____

_____

_____

17. In your community, what do you think is the least effective resource or tool in preventing child abuse/neglect?

_____

_____

_____

_____

> _Please tell us a little about yourself to help us better understand the diverse needs of families in your community._

18. What is your gender?   Female   Male

19. How long have you worked directly with children and families? _(check one)_
- [ ] I have not worked directly with children and families
- [ ] < 1 year
- [ ] 1 – 5 years
- [ ] 6 – 10 years
- [ ] 11 – 20 years
- [ ] > 20 years

20. Have you ever reported child abuse and/or neglect?   YES   NO

21. Are you currently concerned a child you know is being abused/neglected?   YES   NO

22. Which race/ethnicity best describes you?   White – non-Hispanic
Black
Hispanic/Latino
American Indian or Alaska Native
Asian, Native Hawaiian, or other Pacific Islander
Other: (please specify) _____

23. What is your highest level of education?   High school graduate
Some college/post-secondary school/technical school
College graduate
Graduate certificate/post-college certificate
Master's degree
Doctoral degree

Thank you for your time!

Please contact Child Guidance Services if you need further assistance: (405) 271-4477
If you suspect child abuse/neglect, please call the Oklahoma Child Abuse Hotline (24 hours, statewide): 1-800-522-3511
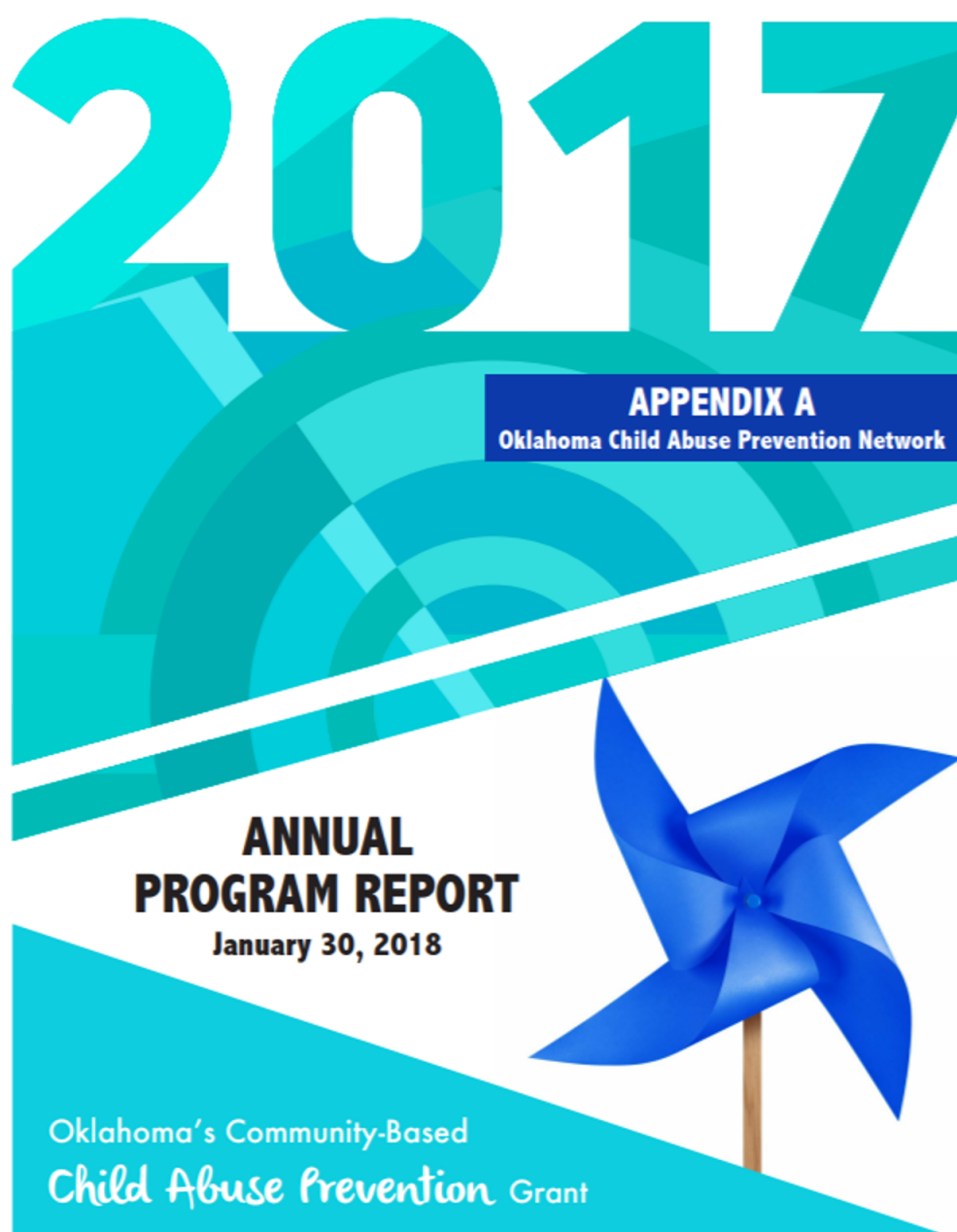
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APPENDIX C: SURVEY & COMMUNITY CAFE RESULTS

As part of the process for developing the Oklahoma State Plan for the Prevention of Child Abuse and Neglect, surveys and community cafes were conducted with parents and professionals across the state. Access summary results, methodology and all materials at the following link: **https://go.usa.gov/xPZYB**

APPENDIX D: OKLAHOMA CHILD ABUSE PREVENTION NETWORK

The Oklahoma Child Abuse Prevention Network is a statewide directory outlining the majority of programs and services available in the areas of infrastructure, primary, secondary, and tertiary prevention. Access the directory at the following link: **https://go.usa.gov/xP9Hv**