

*AFFORDABLE CARE ACT
MATERNAL, INFANT AND EARLY CHILDHOOD
HOME VISITING PROGRAM*

**Supplemental Information Request for the
Submission of the Statewide Needs Assessment**

OMB Control No. 9015-0333

Oklahoma State Department of Health

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1. STATEWIDE DATA REPORT

Overview

Oklahoma has a diverse geography with a quarter of the state covered by forests and includes four mountain ranges: the Arbuckle, Ouachita, the Ozark Plateau, and the Wichita. Oklahoma is one of only four states with more than 10 distinct ecological regions. To the west, the state has semi-arid plains, while in the central portion of the state transitional prairies and woodlands give way to the Ozark and Ouachita Mountains which stretch out in an eastward direction towards the Arkansas border. The diversity of the geography is matched by the diversity of the state's people and their life experiences. Health care access and availability, transportation options, and employment opportunities are not always consistent and vary by region of the state.

General Demographics

In 2009, Oklahoma had an estimated 3,687,050 residents, an increase of 43,025 (1.1%) from 2008, and ranked as the 28th most populous state. The state's population has increased each year since the year 2000 Census was conducted. Since that time, the population has grown in absolute terms by 236,396 representing relative growth of 6.9 percent. With its 77 counties, the state spans some 69,898 square miles, ranking 20th in land area, with approximately 53 persons per square mile, and ranking 36th among all U.S. states in population density. Roughly positioned in the center of the 48 contiguous states, Oklahoma is bordered by six states: Arkansas, Colorado, Kansas, Missouri, New Mexico, and Texas. Oklahoma, characterized mainly as a rural state, has three larger cities. The largest of which is Oklahoma City, the state's centrally located capitol city, home to 551,789 residents (15.1%). Approximately 100 miles to the northeast is Tulsa, a city that accounts for 385,635 (10.6%) of the state's population. Nearly 90 miles to the southwest along Interstate 44 is the city of Lawton, which has a total population of 90,091, or 2.5 percent of the state's total.

Nearly 60 percent of the Oklahoma population resides in the metropolitan statistical areas of Oklahoma City (1,189,529; 32.9%) and Tulsa (903,868; 25.0%). A much smaller percentage of the Oklahoma population lives in the metropolitan statistical area of Lawton (112,653, 3.1%). The remainder of Oklahomans resides in rural locales, smaller cities, and towns beyond the periphery of the three metropolitan centers. Recent years have seen population shifts to the more urban areas.

Approximately, 25 percent of the Oklahoma population is under 18 years of age. Persons aged 65 years and older make up 13.5 percent, leaving about 61 percent of the population between the ages of 18 and 64 years. The male-female ratio is roughly 1:1. In 2008, females of childbearing age (e.g., 15-44 years) numbered 722,027, or about 20 percent of the Oklahoma population. The white population makes up 78 percent of the total population, while African American/Black and American Indian/Alaska Native citizens both equal about 8 percent. Less than 2 percent of the

population is of Asian descent. As a percentage of the total population, Oklahoma's American Indian/Alaska Native population is about 8 times bigger than the comparable U.S. population. Oklahoma is home to the largest number of federally recognized tribes, 38 American Indian tribal governments with an additional tribe pending federal recognition. The Hispanic or Latino population comprises 7.6 percent of the total Oklahoma population.

Variations exist by race and ethnicity in the primary location of residences. While the white population is spread geographically across the state, the African American population tends to reside in the urban areas of Oklahoma City and Tulsa. The American Indian population has greater presence in the northeast quadrant of the state, a legacy of the U.S. federal government tribe relocation programs of the 19th century. Initially, the Hispanic population growth was isolated in many of the rural farming communities of the state, particularly in the south and southwest regions as well as the panhandle of the state; however, more recent trends show that this population has begun to merge itself into the larger metropolitan areas.

Oklahoma's per capita personal income was \$35,268 in 2009, ranking 34th among all states, and representing about 90% of the national value. For the general population, nearly 16 percent of Oklahomans live below the federal poverty level. The poverty rate rises when considering only females aged 15-44, the principal childbearing age group. For this group, 1 in 5 live at or below 100% of the federal poverty level. For children aged 24 years and younger, 24 percent are at poverty status. Oklahoma is a poor state and despite relatively low unemployment rates, the state estimates that 14 percent of all Oklahomans do not have health coverage. In 2008, 12.6 percent of children under the age of 19 years were reported to be without health care coverage.

Economy

Oklahoma is a major producer of natural gas, oil, and agricultural products. The state's economic base relies on aviation, energy, telecommunications, and biotechnology. The two major metropolitan centers, Oklahoma City and Tulsa, serve as the primary economic anchors for the state. The top employers within the state are the State of Oklahoma (38,000), Tinker Air Force Base (24,000), and the U.S. Postal Service (8,700). From the health care sector, Integris Health (6,200), OU Medical Center (3,250), Mercy Health System of Oklahoma (2,426), and SSM Health Care of Oklahoma (2,355) contribute a sizable number of jobs to the Oklahoma economy.

Oklahoma's gross domestic product (GDP), the output of all goods and services produced by the economy, totaled \$146.4 billion in 2008, up 2.7 percent from 2007 in real dollar terms. As a percentage of the GDP, industry share in the Oklahoma economy was led by trade, transportation, and utilities at 17.6 percent, followed by government at 15.7 percent. Mining, financial services, and manufacturing represented 14.3 percent, 12.0 percent, and 10.8 percent, respectively. Gaming (lotteries and casinos) has become a significant contributor to the Oklahoma economy. Behind California, Oklahoma now has the second largest gaming revenue from American Indian gaming ventures. In 2008, Oklahoma tribal casinos brought in almost \$2.9 billion in gaming revenue, an 18 percent growth from the previous year. Tribal gaming fees have contributed \$107.5 million to the state treasury for fiscal year 2010, with the forecast suggesting the amount to rise to \$120 million by fiscal year end. Most of the tribal gaming fees are directed towards funding for public schools, but \$250,000 per year is provided to the Oklahoma Department of Mental Health and Substance Abuse Services for remediation of gambling

problems. As of June 2010, there were 110 casinos operating in the state.

In general, Oklahoma's economy tends to follow broad national economic trends. According to the National Bureau of Economic Research (NBER), the U.S. economy entered a recession in December 2007. The U.S. economy declined 5.4 percent in the 4th quarter of 2008 and 6.4 percent in the 1st quarter of 2009; these economic contractions represent the largest declines experienced since the early 1980s. More recent data show the national economy expanding with positive growth of 5.6 percent and 3.0 percent in the 4th quarter of 2009 and the 1st quarter of 2010, respectively. State data for GDP lag that of the national economy; therefore it is often not a timely indicator of the current economic conditions. However, it can provide valuable signals of the state's economic growth.

Preliminary data from the U.S. Bureau of Labor Statistics for April 2010 show the Oklahoma unemployment rate at 6.6 percent of the available labor force (1,779,708). The unemployment rate is down from a high of 6.9 percent reported in October 2009. As a percentage, Oklahoma's unemployed labor force is smaller relative to the U.S. In April 2010, there were 608,000 first time claimants for unemployed benefits. Total non-farm employment represents approximately 92 percent of Oklahoma employment with the largest contributor being government jobs, 22 percent or approximately 335,800. Employment in "trade, transportation, and utilities" and "education and health services" represents 18.1 percent (276,300) and 13.6 percent (206,500) of Oklahoma jobs, respectively. Overall, non-farm employment over the 12-month period ending in April 2010 showed a decline of 1.7 percent, a pace that has decelerated over the preceding six months. Oklahoma's two largest counties, Oklahoma and Tulsa, account for roughly 50 percent of the state's total employment. Job loss for 2008-2009 has hit industries relatively hard with all sectors except two (Government and Education and Health Services) experiencing a loss in the number of jobs. The heaviest hit industry was manufacturing with more than 20,000 jobs lost during the period. Professional and business services lost another 17,300 positions in the Oklahoma economy. Government and Education and Health Services added 9,200 and 4,000 jobs, respectively.

Statewide Data Report

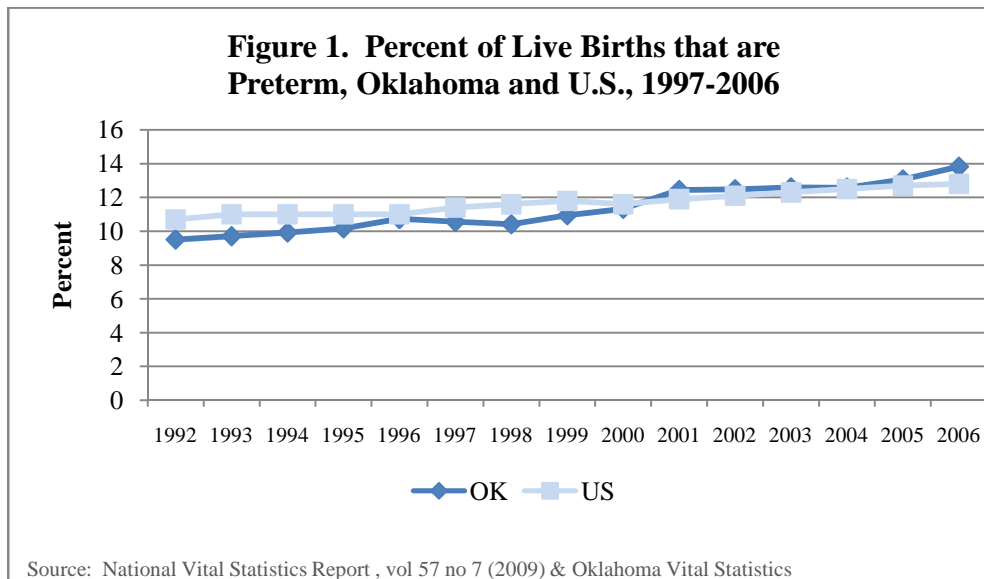
Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Premature birth</u> Percent: # live births before 37 weeks/total # of live births	10.7%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Low birth weight</u> Percent: # live births less than 2,500 grams/total # of live births	8.2%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Infant mortality</u> Rate: # of infant deaths ages 0-1 per 1,000 live births	8.0	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2002-2006
<u>Poverty</u> Percent: # residents below 100% FPL/total # residents	---	---	---	---	15.7%	Source: U.S. Census Bureau, SAIFE, American Community Survey, 2008.
<u>Crime</u> Rate: # reported crimes per 1,000 residents	---	---	---	---	40.5	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>Crime</u> Rate: # crime arrests ages 0-19 per 100,000 youth ages 0-19	---	---	---	---	616.6	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>High school dropouts</u> Percent of high school students grades 9-12 who quit school.	---	---	---	---	3.3%	Source: Oklahoma State Department of Education, 2005/2006-2007/2008
<u>Substance abuse</u> Percent: Binge alcohol used in past month, defined as drinking 5 or more drinks on same occasion on at least 1 day in past 30 days among persons aged 12 or older.	---	---	---	---	21.46%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Substance abuse</u> Percent: Marijuana use in past month among persons aged 12 or older.	---	---	---	---	4.80%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Nonmedical use of pain relievers in past year among persons aged 12 or older.	---	---	---	---	7.32%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Illicit drug use (excluding marijuana) in past month among persons aged 12 or older.	--	---	---	---	4.64%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Unemployment</u> Percent: Seasonally adjusted percent of the labor force without a job.	---	---	---	---	6.8%	Source: Bureau of Labor Statistics, June 2010.
<u>Child maltreatment</u> Rate: Number of child abuse and neglect confirmations per 1,000 children under 18 years of age.	---	---	---	---	14.5	Source: Oklahoma Department of Human Services, FY2006-2008.
<u>Domestic violence</u> Rate: Number of domestic violence offenses (assaults, homicides, and sex crimes) between family and household members per 1,000 population.	---	---	---	---	6.8	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009

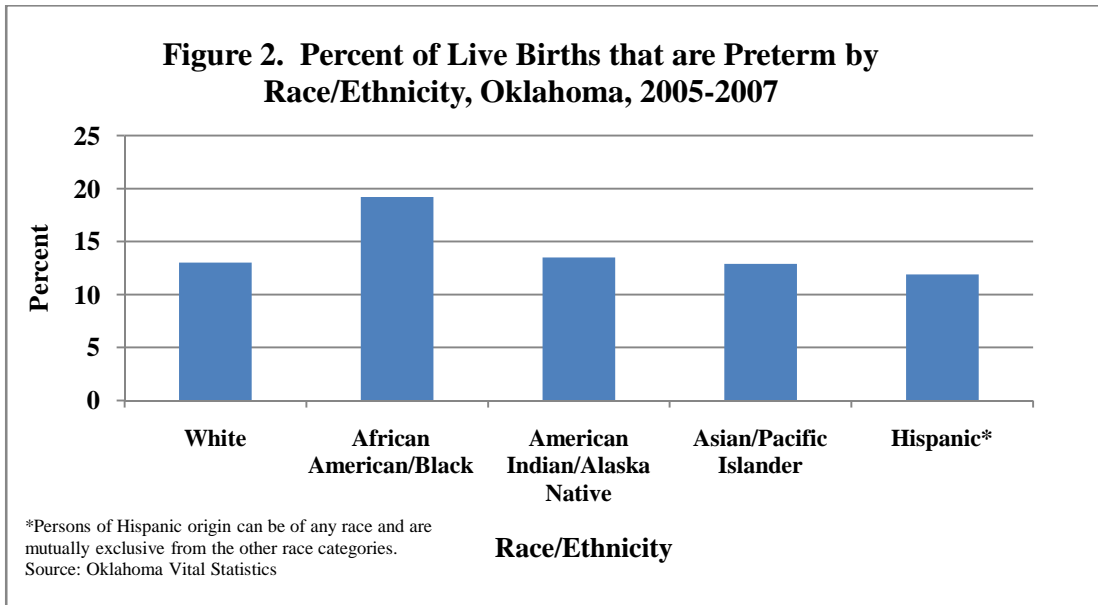
Table 1. Overview of Oklahoma Population Characteristics	
Number of counties	77 (100.0%)
Total population	3,606,200 (100.0%)
Male population	1,781,214 (49.4%)
Female population	1,824,986 (50.6%)
Child population (<5 years)	257,824 (7.1%)
Adult population (18 years and over)	2,707,127 (75.1%)
White population	2,717,431 (75.4%)
Black or African American population	263,492 (7.3%)
American Indian/Alaska Native population	241,908 (6.7%)
Hispanic or Latino population	265,460 (7.4%)
Median household income	\$42,541
Per capita income	\$23,001
Percent of children (<18 years) living in poverty	23.2%
Source: U.S. Census Bureau, American Community Survey, 2006-2008	

Preterm birth

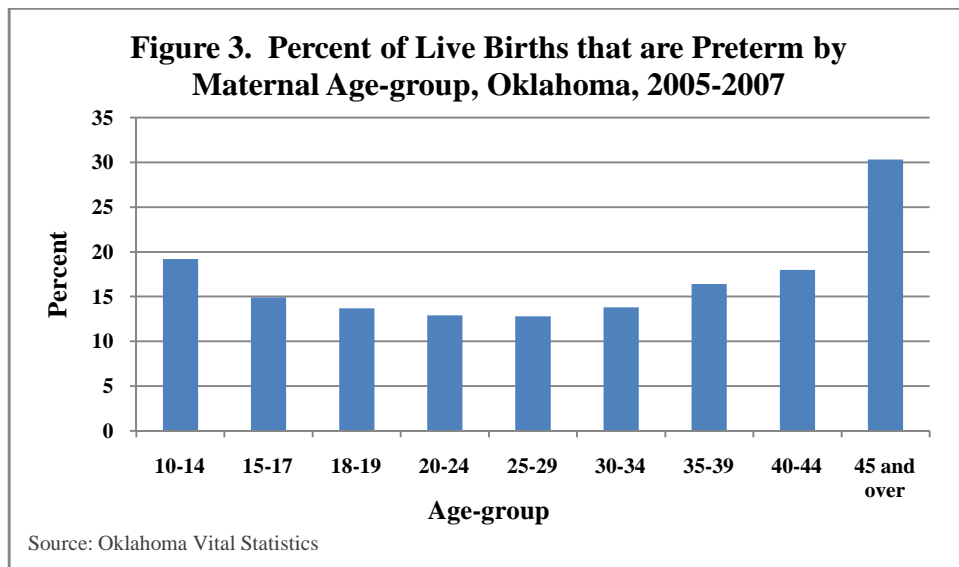
A preterm birth is defined as any live **birth** with a gestational age of less than 37 completed weeks. An important perinatal health problem, preterm births are a determinant of neonatal and infant morbidity, including respiratory problems, neurodevelopment deficiency, and infections. Data from the Oklahoma Hospital Association show the hospital stay for a normal, full-term infant in 2007 cost an average of \$1,844 and had an average length of stay of 2 days. This compares to \$13,006 for an average stay of 5.6 days for a preterm birth without any major problems. The average cost for a preterm birth with major problems was \$57,571 with an average stay of 15.6 days. Infants born with extreme immaturity or respiratory distress syndrome had an average cost of \$113,517 and average length of stay of 30.5 days (Oklahoma Hospital Association, 2009). Over the past 15 years, Oklahoma has seen an increase in the percent of births that are delivered preterm from 9.5% in 1992 to 13.8% in 2006 (Figure 1). Oklahoma's preterm birth rate of 13.8% in 2006 was 7.8% higher than the national average of 12.8%. Oklahoma's 2007 preterm birth rate was 13.4%, an increase of 6.4% from five years earlier.



Racial disparities exist in the percent of infants that are born premature (less than 37 completed weeks gestation) as African American/Black mothers had the highest preterm birth rate at 19.2%, followed by American Indian/Alaska Natives at 13.5%, whites at 13.0%, Asian/Pacific Islanders at 12.9%, and Hispanics at 11.9% (Figure 2). While prematurity is an important concern for all racial groups, with disorders due to short gestation and low birth weight being the number one cause of infant death for African American/Blacks, addressing the high rate of prematurity is paramount for this racial group.

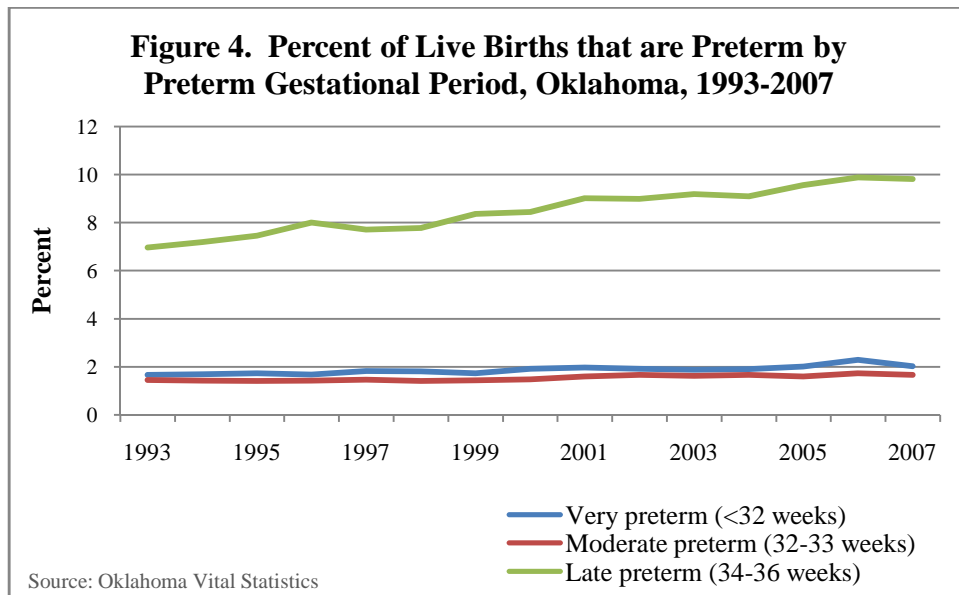


Variation also exists among maternal age for preterm births. While many other indicators follow a bell curve which indicates a normal distribution, preterm births by maternal age follow a bell curve, represented by higher frequencies at each end of the spectrum and lower frequencies toward the center. Mothers aged 25-29 have the lowest preterm birth rate at 12.8%, followed closely by mothers aged 20-24 at 12.9%. The oldest mothers, aged 45 and over, have the highest preterm birth rate at 30.3%, followed by the youngest mothers, aged 10-14, at 19.2% (Figure 3).



Of those births delivered preterm, the majority of increase has been in the later preterm category, which is considered 34-36 completed weeks of gestation. Over the past 15 years late preterm births increased 41.1% from 6.96% of all births in 1993 to 9.82% in 2007 (Figure 4). This compares to an increase in very preterm births by 29.5% and to moderate preterm births by

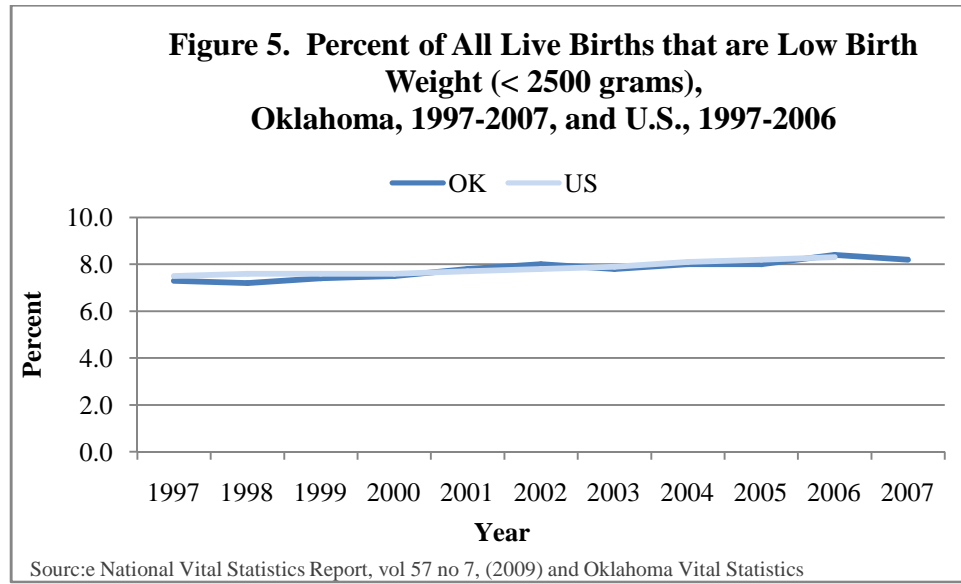
17.8% over the same time frame. Over the past five years the preterm birth rate increased 6.7% from 9.19% in 2003 to 9.82% in 2007.



Low birth weight

Infants born weighing less than 2500 grams are considered Low Birth Weight (LBW). LBW infants are at a higher risk than normal weight babies for experiencing health and developmental problems. LBW infants are born either preterm (less than 37 completed weeks of gestation) or small for gestational age (SGA - less than 10th percentile for gestational age), or both. Some risk factors for low birth weight are late entry into prenatal care, limited access to prenatal care, race, ethnicity, smoking, and age. Improvements in medical care have increased the survivability of very low birth weight infants that would previously have been fetal losses, but it is difficult to assess this overall contribution to low birth weight live births.

Over the last 15 years both Oklahoma and the U.S. have experienced an increase in LBW rates (Figure 5). Oklahoma increased 25% from 6.7% in 1992 to 8.4% in 2006. The U.S. increased 16.9% from 7.1% in 1992 to 8.3% in 2006. Part of the increase is due to the rising number of multiple births each year as more than half of multiple birth infants are delivered at a low birth weight. However, when LBW rates are examined for Oklahoma among singleton births only, a significant increase is still observed for this time frame, rising from 5.6% in 1992 to 6.6% in 2006, a 17.9% increase (data not shown).



From 1998 to 2007, all racial/ethnic groups, except for Asian/Pacific Islanders and those of Hispanic origin, have seen an increase in the percentage of low birth weight deliveries (Table 2). Mothers of Hispanic origin have basically remained unchanged in their low birth weight rates. In 2007, African American/Blacks were almost twice (1.8 times) as likely as mothers of any other racial group to have a low birth weight infant.

Race/Ethnicity	Percent by Year									
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
White	6.7	7.2	7.0	7.4	7.5	7.5	7.8	7.6	7.9	7.9
Black or African American	12.5	11.9	13.2	13.7	13.9	13.7	13.0	14.2	15.4	14.7
American Indian/ Alaska Native	6.4	6.1	6.2	6.7	6.6	6.3	6.8	7.0	7.2	7.4
Asian/Pacific Islander	6.8	5.7	7.2	8.5	8.0	6.5	7.0	7.2	8.3	6.1
Hispanic*	6.1	5.9	6.3	5.9	7.0	5.9	6.6	6.7	6.6	6.1

*Persons of Hispanic origin can be of any race and are mutually exclusive of other race categories
Source: Oklahoma Vital Statistics

Infant mortality

Infant mortality is considered a principle measure of health for a population. Due to Oklahoma’s high infant mortality rate, the OSDH Commissioner’s Action Team on Reduction of Infant Mortality was convened May 2007 with the overarching goal of reducing infant mortality in Oklahoma. This effort has expanded over the past couple of years to a statewide initiative engaging partners at the state, regional, and community levels.

Studies have shown that placing infants in the supine (back) position for sleep can reduce the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the third leading cause of infant death among

Oklahoma's infants (congenital malformations, deformations, and abnormalities are the leading cause and disorders related to short gestation and low birth weight are the second leading cause). The percentage of infants being placed on their back for most sleep episodes, has increased from 2000-2007, increasing from 55.7% to 62.7% (data not shown). The Healthy People 2010 Objective is 70%.

Mothers in Oklahoma least likely to place their infants on their backs for sleep were African American/Black mothers and mothers with more than one child. Mothers, who were older, had more education or were married, were among those most likely to place their infants on their backs for sleep most of the time (PRAMS Working Group, 2007).

Other factors should also be considered when reviewing safe sleep practices: exposure to second hand (and possibly third hand) tobacco smoke; the condition, location, and composition of the sleep environment (firmness of mattress, place in the house, presence of pillows, blankets, temperature, etc.); as well as family co-sleeping and bed sharing practices. Currently no state data are systematically collected on these topics. Data from infant death scene investigations, the Child Death Review Board, and information collected by the two Fetal and Infant Mortality Review projects (Tulsa County and Oklahoma County) provide insight into infant deaths related to sleep. According to the Oklahoma County Fetal and Infant Mortality Review (FIMR) annual report, the issue of safe sleep is far reaching and extends beyond the risk for SIDS. Unsafe sleep circumstances and conditions for infants who have died "appear to outnumber SIDS cases by at least 50%" (Oklahoma Child Death Review Board, 2009).

According to The Oklahoma Child Death Review Board 2008 Annual Report, a total of 78 deaths were reviewed related to unsafe sleeping practices. Of the 78 deaths reviewed, 57 were ruled unknown manner of death, with the pathologist stating unsafe sleep conditions might have contributed to the death, 15 deaths were classified as SIDS, and six were ruled "accidental." Although 39 infants had an unknown sleeping position, 15 were sleeping on their stomachs, three on their sides, and 10 on their backs.

Over half of the sleep related deaths were white (56.4%), one in five were American Indian (20.5%); 14.1% were African American/Black, and 9% were multi-race. Three-fourths of the deaths reviewed occurred by four months of age.

OK Pregnancy Risk Assessment Monitoring System VI (PRAMS), the newest version of the survey (beginning with 2009 births) does ask two new and related questions, one on safe sleep advice during prenatal care and the other on frequency of bed-sharing (sharing any sleep surface with another child or adult). This is an attempt to better outline risk for all Oklahoma infants.

An infant mortality rate (IMR) is defined as the number of infant deaths during the first year of life per 1,000 live births. The U.S.'s IMR has declined significantly throughout the 20th century, from approximately 100 infant deaths per 1,000 live births in 1900 to 29.2 in 1950 then to 12.6 in 1980, which represented an 87% decrease overall. However, since 1980 the decline in infant mortality has been more modest and now stands at 6.7 deaths per 1,000 live births in 2006 (Figure 6). Oklahoma has experienced similar declines in infant mortality; however, Oklahoma's 2006 infant mortality rate of 8.0 was 19% higher than the national average. Oklahoma saw a relative decrease of 1.2% from the 2005 IMR of 8.1 deaths per 1,000 live births to 8.0 deaths per 1,000 live births in 2006.

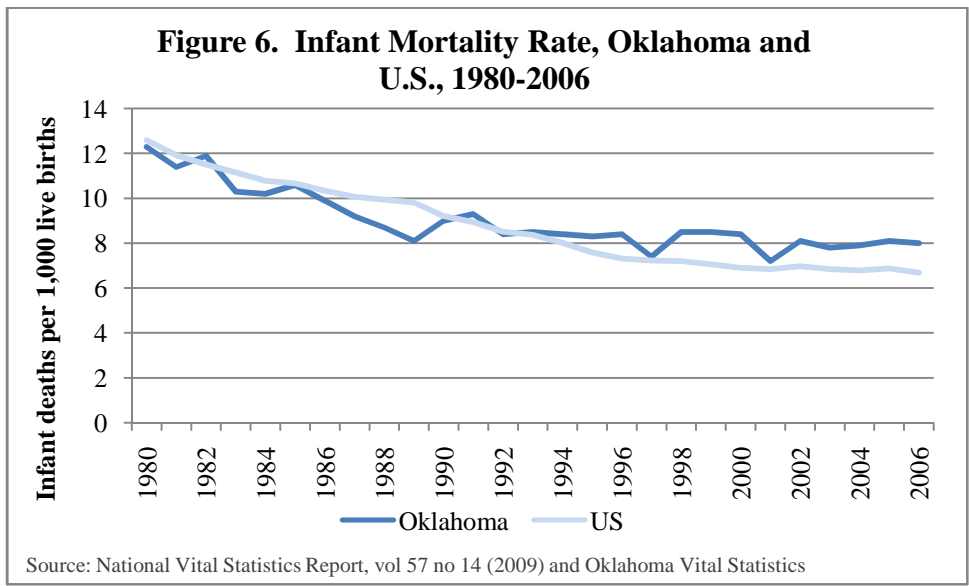
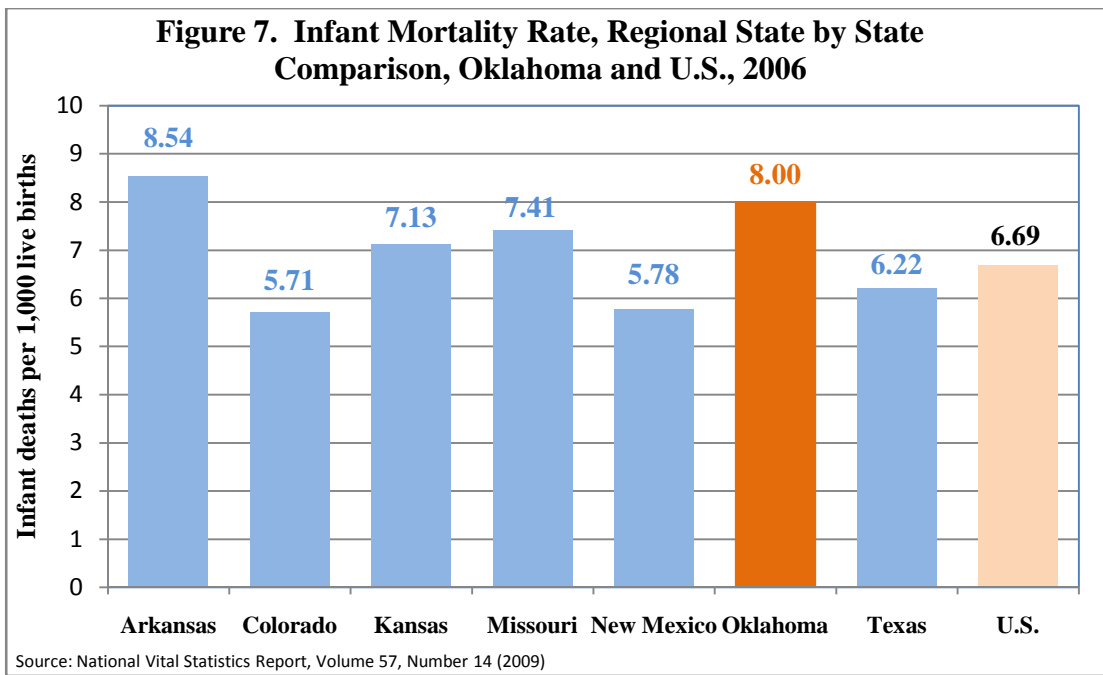


Figure 7, Oklahoma highlighted in orange, shows a regional state by state comparison of infant mortality rates for 2006. Of our neighboring states: Colorado, New Mexico, Texas, and Kansas all have lower rates than Oklahoma, while Arkansas has a higher rate. Oklahoma's 2006 IMR of 8.0 gave it a ranking of 41st in the U.S. Washington state is ranked first, Mississippi is ranked 50th, and the District of Columbia is ranked 51st (data not shown).



Like the U.S., the top three rankable causes of infant death in Oklahoma are congenital malformations, deformations, and abnormalities; disorders related to short gestation and low birth weight; and SIDS (Table 3). However, compared to the U.S., Oklahoma has an excess mortality rate of 40.7 deaths per 100,000 live births for congenital malformations and 4.8 for SIDS. Conversely, Oklahoma’s mortality rate of 106.4 infant deaths per 100,000 live births for short gestation and low birth rate is 7.1 less than the U.S. rate of 113.5. Bacterial sepsis of the newborn, respiratory distress of the newborn, and diseases of the circulatory system occur more frequently than the national average, while accidents, maternal complications of pregnancy, and complications of placenta, cord, and membranes occur less frequently. Since this table only shows rankable causes of death, one important category is not shown and that is “other symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (ICD 10 codes: R00-R53, R55-R94, and R96-R99)”. The Oklahoma mortality rate for this category was significantly higher than the U.S. rate at 73.9 and 22.2 infant deaths per 100,000 live births, respectively (National Center for Health Statistics, 2009). Oklahoma has observed a significant drop in the number of deaths attributed to SIDS with a corresponding increase to the remainder of the R group of deaths of the ICD 10 codes. The primary reason for this shift may be reluctance of the State Medical Examiner’s Office to classify unknown deaths to SIDS. The R group includes “...abnormal results of clinical or other investigative procedures”, and it is used by many pediatricians and medical examiners because of their reluctance to classify deaths as SIDS.

Table 3. Top 10 Rankable Causes of Infant Death Based on the International Classification of Diseases, Tenth Revision (ICD-10), Oklahoma, 2004-2006, and U.S., 2006

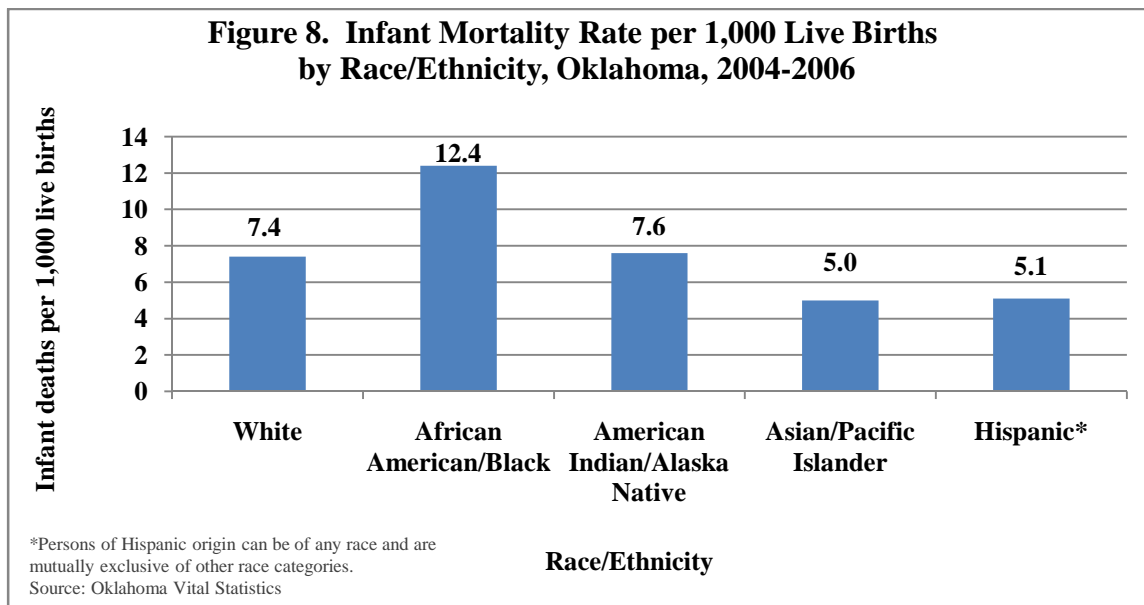
Cause of death	Oklahoma		U.S.		Oklahoma
	Rank	Rate	Rank	Rate	Excess Rate
Congenital malformations (Q00-Q99)	1	177.1	1	136.4	40.7
Disorders related to short gestation and low birth weight (P07)	2	106.4	2	113.5	-7.1
Sudden infant death syndrome(R95)	3	59.3	3	54.5	4.8
Bacterial sepsis of newborn(P36)	4	37.6	8	18.9	18.7
Respiratory distress of newborn(P22)	5	31.9	7	19.3	12.6
Accidents (unintentional injuries)(V01-X59)	6	29.3	5	26.9	2.4
Newborn affected by maternal complications of pregnancy(P01)	7	20.4	4	39.5	-19.1
Diseases of the circulatory system(I00-I99)	8	19.8	10	12.7	7.1
Newborn affected by complications of placenta, cord and membranes(P02)	9	17.2	6	26.7	-9.5
Necrotizing enterocolitis of newborn(P77)	10	13.4	9	12.4	1.0

Rates are infant deaths per 100,000 live births

Source: National Vital Statistics Report, vol 57 no 14 (2009) and Oklahoma Vital Statistics

Using linked birth and death records allows for the use of many additional variables and therefore provides the opportunity for more detailed analyses. The linked file is particularly helpful when calculating mortality rates by race because the race of the mother is used in both the numerator and the denominator thus providing a more accurate representation of infant mortality by race. In addition, studies have shown that using the mother's race from the birth certificate is more reliable than using the infant's race on the death certificate since this field is completed by a funeral director or medical examiner based on information from an informant or personal observation.

Despite significant declines in infant mortality over the last several decades, there continue to be significant disparities among Oklahoma's minority population. Although African American/Blacks experienced similar rates of decline over the last several decades, they have historically had higher rates than other racial groups in the state and that disparity continues today. Figure 8 shows infant mortality rates in Oklahoma by race and ethnicity for 2004-2006. Asian/Pacific Islanders had the lowest infant mortality rate during this period at 5.0 infant deaths per 1,000 live births, followed by Hispanics, whites, American Indian/Alaska Natives, and African American/Blacks at 5.1, 7.4, 7.6, and 12.4, respectively. Although the rate for African American/Blacks using the linked file was lower than when calculating rates from the death file only, the African American/Black rate was still nearly twice that of all other racial/ethnic groups.



The following table shows infant mortality rates by gestational period and the mother's race/ethnicity (Table 4). The infant mortality rate for very preterm (less than 32 weeks completed gestation) births was significantly high for each racial/ethnic group. However, the African American/Black infant mortality rate at 212.0 deaths per 1,000 live births was 30% higher than the next group which was 162.9 infant deaths per 1,000 live births for whites. All other racial/ethnic groups were significantly lower than African American/Blacks in this

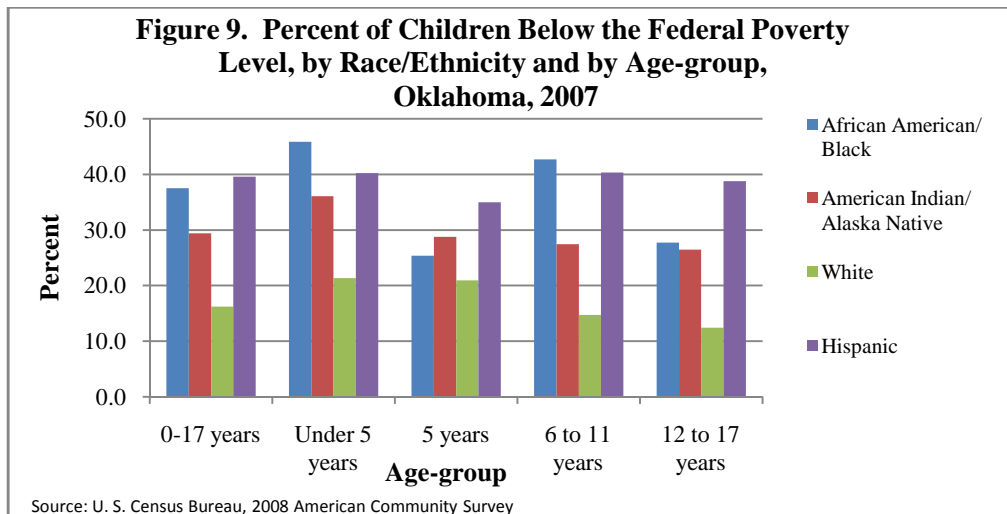
category. Although disparities exist, what is apparent is that all racial/ethnic groups' infant mortality rates decrease as the number of completed weeks of gestation increases.

Gestation in Weeks	Race/Ethnicity				
	White	African American/Black	American Indian/Alaska Native	Asian/Pacific Islander	Hispanic
< 32 (very preterm)	162.9	212.0	138.1	131.6	137.1
33-34 (moderate preterm)	23.3	23.1	15.0	25.3	10.6
34-36 (late preterm)	8.8	8.3	12.2	9.9	8.2
37+ (term plus)	3.8	4.1	4.4	2.2	2.5

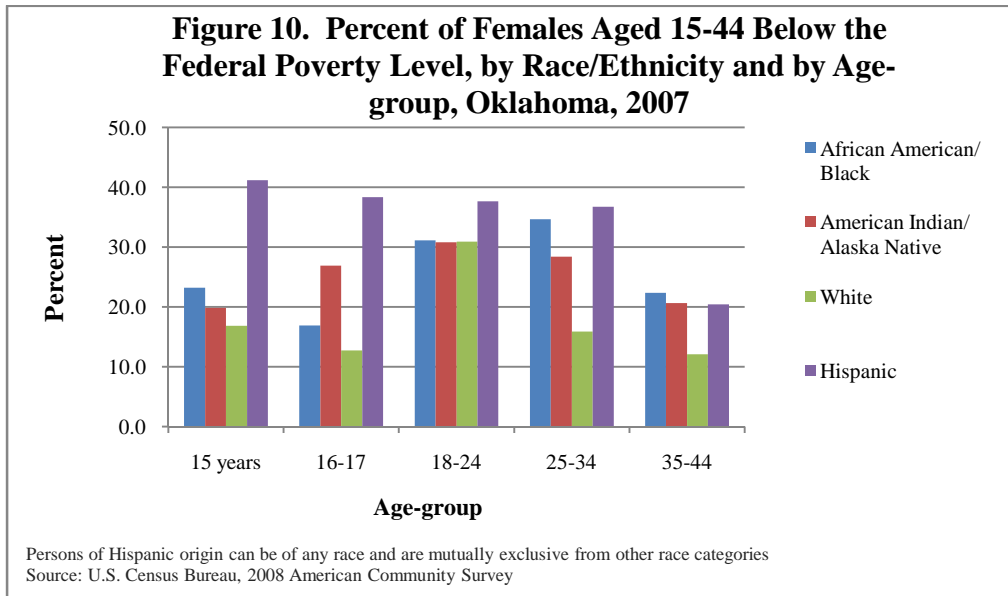
Rates are infant deaths per 1,000 live births
Source: Oklahoma Vital Statistics

Poverty

Data from the 2008 American Community Survey show that the percent of persons below poverty was 21% higher in Oklahoma compared to the national average, at 15.8% and 13.0%, respectively. Poverty was not uniformly distributed among age groups or racial and ethnic groups. On average a higher proportion of Hispanic and African American/Black children were below the poverty level, followed by American Indian/Alaska Native then whites (Figure 9). Except for Hispanics ages 6-11 years, children under 5 years of age for all racial groups had the highest proportion below the poverty level. Almost one-half (45%) of African American/Black children under the age of five were living in poverty in Oklahoma. This rate was 2.6 times that of the white, non-Hispanic children in the same age group. Hispanic and American Indian/Alaska Native children fared only slightly better than African American/Black in this age group (Oklahoma State Department of Commerce, 2008).



Among females of childbearing age (15-44), poverty was again not uniformly distributed by race/ethnicity or by age (Figure 10). Females most likely to live in poverty were those in the 18-24 year old age group. Two potential contributors to this age group's higher rate could be the establishment of new households apart from their families of origin as well as a greater likelihood of attending school which tends to decrease the possibility of full-time employment.



Public assistance programs show a consistent increase in enrollments during the past 26 months. Twenty-three point five percent more people are now receiving benefits from the Supplemental Nutrition Assistance Program than the preceding 12 months and a 43% increase in enrollment since March 2008. Other increases in the state were reflected by enrollments into SoonerCare and the number students receiving school lunches and breakfast. (OKPOLICY.ORG, Oklahoma Policy Institute, August, 2010, issue #21).

Crime

Uniform crime reports obtained from the Oklahoma State Bureau of Investigations show that Oklahoma's total crime rate to be 40.5 arrests per 1,000 residents for the year 2009. The comparable national rate for the same year was 44.8 arrests per 1,000 U.S. population, revealing that the Oklahoma rate was 2.5 percent lower than that for the nation. Among juveniles aged 0-17, the Oklahoma rate was 616.6 arrests per 100,000 population in this specified age group.

High school dropouts

Objective 7-1 of Healthy People 2010 was to increase the high school completion rate to 90 percent. According to the National Center for Education Statistics, Oklahoma was ranked 23rd in the nation with a 2006-2007 school year average freshmen graduation rate of 77.8 percent, which was 5.3 percent higher than the national average of 73.9 percent. Racial and ethnic subgroups show vast discrepancies. For instance, Asian/Pacific Islander graduation rates were 100 percent,

compared to whites at 78.6 percent, American Indian/Alaska Natives at 77.3 percent, Hispanics at 75.0 percent, and African American/Blacks at 70.7 percent. The overall cost to Oklahomans associated to 2008 dropouts, as reported by the Alliance for Excellent Education, will amount to almost \$3.8 billion in lost wages over their lifetimes. Racial minorities have higher rates of quitting school. Reports state that close to 50 percent of African American/Blacks and Hispanics fail to complete high school on time and graduate (U.S. Department of Education, 2006-2007).

It should be noted that accurate and state comparable graduation rates historically have been difficult to ascertain. Examples of this include the 2005-2006 school year in which graduation rates were reported from three separate sources: state-reported No Child Left Behind Act of 2001, 85 percent; U.S. Department of Education, 78 percent; and Education Week, 71 percent. Oklahoma's single year high school dropout rate averages 3.3 percent during the three-year period 2005/2006 to 2007/2008. These data reflect the percent of students 18 years of age or younger dropping out of high school, grades 9-12.

Substance abuse

Substance dependence and abuse negatively impacts the health and well being of individuals, families, and communities. In Oklahoma, substance abuse data are provided by the Department of Mental Health and Substance Abuse Services and through SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health. A gap exists on the collection, reporting, analyzing, and evaluation of mental health/substance abuse issues associated with females of childbearing age, other than tobacco use. For pregnant females this gap widens as data are not readily available to address substance abuse issues at a community or statewide level at this time. Treatment of diagnoses such as substance abuse remains deficient among this population and the Oklahoma Department of Mental Health and Substance Abuse does not currently track this demographic and their service receipt.

Data obtained via the National Survey on Drug Use and Health for the years 2006-2008 indicate that more than one in five (21.46%) persons aged 12 or older reported having five or more drinks on a single occasion within the past 30 days. For use of marijuana and illicit drugs other than marijuana for the same population group, the reported use over the month prior to the survey was 4.8 percent and 4.6 percent, respectively. In the year prior to the survey, approximately 7 percent of Oklahomans aged 12 or older had used pain medication for a nonmedical purpose.

Unemployment

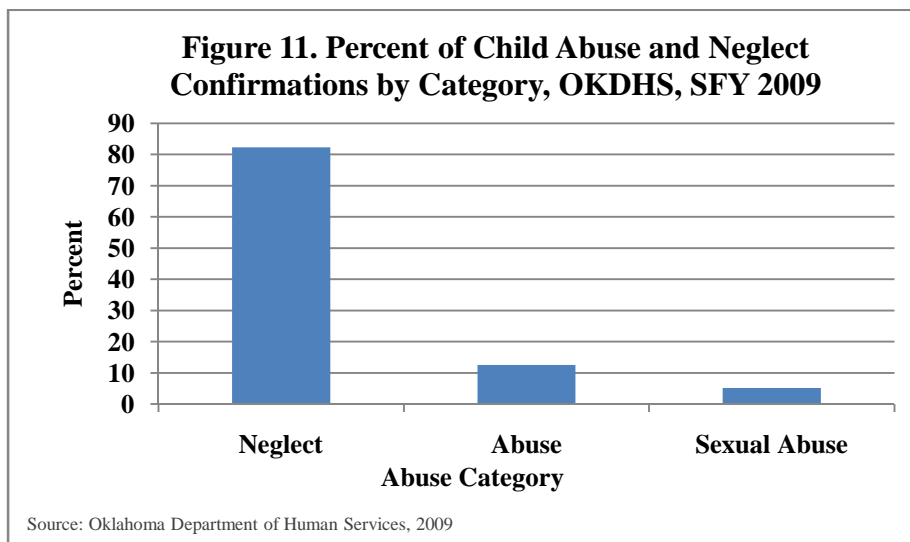
The recent financial crisis in the banking and housing industries has had a devastating toll on the nation. Oklahoma, however, experienced the effects of the current recession later than many other states with issues of state revenue failures beginning late state fiscal year (SFY) 2009 and carrying forward through present SFY 2010. Oklahoma also has a relatively low unemployment rate, 6.6% as of April 2010, giving it a ranking of 6th lowest in the nation, according to the U. S. Department of Labor. However, Oklahoma is still a poor state economically. The two-year average annual household income for the state was \$41,578 from 2006-2007. This figure is 16.7% lower than the national average of \$49,901 with only four other states reporting lower household incomes.

According to Oklahoma Policy Institute (OKPOLICY.org), the current numbers from August, 2010 show that Oklahoma's unemployment is continuing to rise, the month of June indicated an unemployment rate of 6.8%. From December, 2007 through August, 2010, 40,900 jobs were said to have been lost at a rate of 2.6%, compared to the national rate of 5.4%.

Child maltreatment

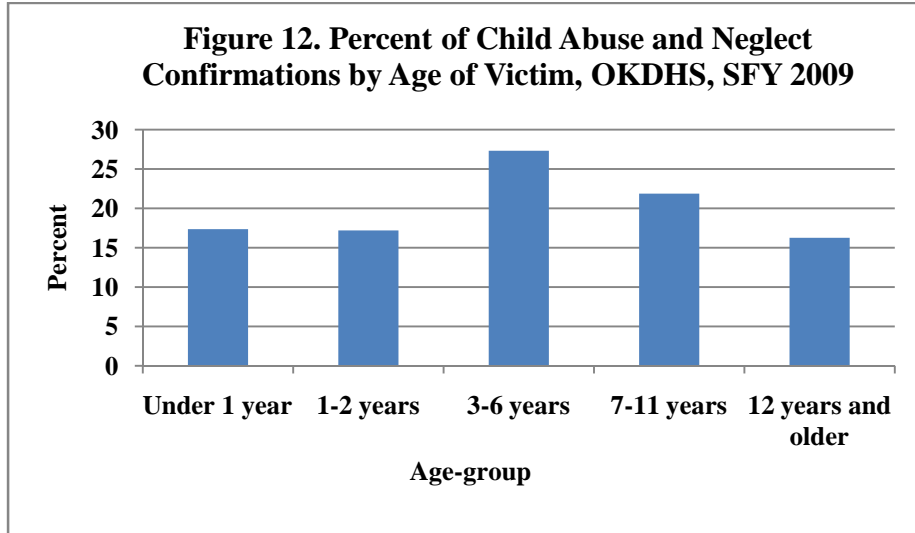
In SFY 2009, there were 8,605 confirmed reports of child abuse and neglect. This was significantly lower than the 11,000 confirmed in SFY 2008, and the 16,000 confirmed in SFY 2007. A review of child welfare in Oklahoma by the Child Health Panel at the Oklahoma Department of Human Services (OKDHS) highlighted key points that may explain the decrease in the number of children experiencing child abuse and neglect. The amount of money distributed for child support services increased three-fold from \$100 million in 1998 to \$325 million in 2009, possibly reducing stress among custodial parents and caregivers. In addition, Oklahoma has experienced record levels of adoptions over the past three fiscal years and had a record high of 1,531 finalized adoptions in SFY 2009. Furthermore, SFY 2009 saw the lowest number of children being removed from their permanent homes to enter foster care in over ten years.

Child abuse and neglect reports are grouped into three categories: neglect, abuse, and sexual abuse. Examples of neglect are failure to protect, threat of harm, and substance abuse by caretaker. Examples of abuse are any abuse which is not sexual, such as beating or hitting, injury from spanking, slapping, and mental injury. Sexual abuse is any type of sexual abuse or exposure to the child. The most reported category was neglect at 82.3%, followed by abuse at 12.6%, then sexual abuse at 5.1% (Figure 11).

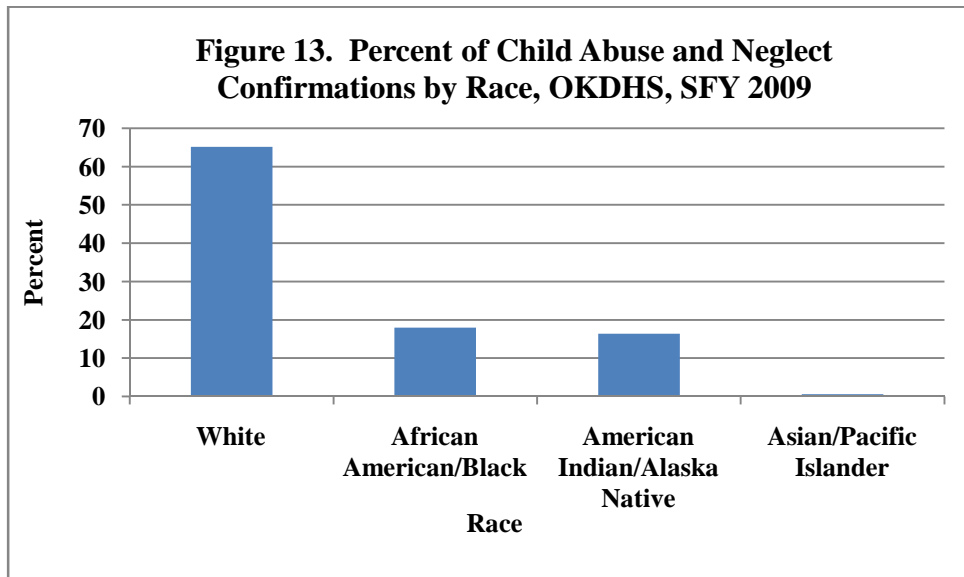


Slight differences were observed among gender as 51.3% of confirmations were female and 48.7% were male (data not shown). Figure 12 shows child abuse confirmations by age-group. Three to six-year-olds comprised the majority of confirmations at 27.3%, followed by 7-11 year-

olds at 21.9%, under one year of age at 17.3%, 1-2 years at 17.2% and 12 years and older at 16.3%.



Significant disparities were observed by race. While whites comprised the majority of cases at 65.1%, African American/Blacks and American Indians/Alaska Natives were disproportionately represented as they comprised 34.3% of cases yet were approximately 24% of the population as a whole during this time frame (Figure 13).



Domestic violence

The Oklahoma State Bureau of Investigation (OSBI) defines domestic violence as: “threatening, causing or attempting to cause serious physical harm between family or household members.” These abuses may include the offense of murder, sex crimes, assault, and assault and battery. A family or household member will also include anyone with whom a person has a dating relationship, which will include courtship and/ or engagement or anyone with whom a person has had a child by. The elderly and handicapped are also classified among the list of family or household member. (Uniform Crime Report, 2009:

http://www.ok.gov/osbi/Publications/Crime_Statistics.html)

In 2009 there were 25,189 reported numbers of offenses (murder, sex crimes, assault, assault and battery) of domestic abuse, a 5.6% increase over reported offenses the previous year. It is estimated for Oklahoma, as a representation of FY 2003 data, that the direct costs associated with domestic violence is \$244 million, along with an economic impact of \$200-244 million. According to the Governor and Attorney General’s Blue Ribbon Task Force on Mental Health, Substance Abuse, and Domestic Violence the true cost of domestic violence and sexual assault is “almost totally attributable to the consequences of child abuse and neglect, which is closely associated with substance abuse.” (Executive Summary February 17, 2005).

2. “COMMUNITY” IDENTIFIED

For the Oklahoma home visitation needs assessment, the geographic area designated to represent a community was the administrative subdivision of a county. This choice was made because many data reporting systems use counties as the principal geographic unit for which data are reported. A second but related consideration is that more refined data are often unavailable due to concerns surrounding the small number of events. Oklahoma is divided into 77 counties, each with its own local government agencies and institutions.

For each county, data were compiled for each of the indicators. Where data were unavailable at the county level, regions were defined and used for reporting on the indicators. For example, infant mortality data for Ellis County, a sparsely populated county in Western Oklahoma, were not available for the five-year period, years 2002-2006, for which data were aggregated on this health indicator. As a result, a region was defined including counties making up the Northwest and Southwest sections of the state. An infant mortality rate for this region was then computed and used to quantify the infant mortality rate for Ellis County. A similar approach was made for other measures used in the needs assessment. The definition of regions was kept consistent across all indicators.

A county level rate was computed for each of the indicators. To form “risk ratios,” these county level rates were divided by the corresponding state level rate for each indicator. Risk ratios greater than 1.0 indicate a risk in excess of that experienced by the state. These risk ratios were then averaged to determine an overall risk at the county level. Risk indicators hold equal weight in computation of the average risk ratio. Differential weighting may be applied when a more detailed needs assessment is submitted in step three of the home visitation grant process. Again, an average risk of 1.0 or greater denotes an elevated risk. These average risks were ranked to reveal the counties relative position among all counties within the state.

3. DATA REPORT FOR “AT RISK” COMMUNITIES

Using the method described in Section Two of this document, “Community Identified,” the Oklahoma needs assessment identified ten counties in which to focus its efforts under the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program. Initially, this top ten list included the following counties:

- 1) Kay
- 2) Garfield
- 3) Oklahoma
- 4) Muskogee
- 5) Coal
- 6) McCurtain
- 7) Carter
- 8) Adair
- 9) Comanche
- 10) Greer

However, it was decided that while resources are scarce, it would be best to concentrate on counties that have a total population greater than 10,000. Neither Coal nor Greer has a population over 7,000. Therefore, a community profile for those two counties is not included. Their removal from the rankings moved McClain and Tulsa Counties into the top ten for consideration.

Kay County

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Premature birth</u> Percent: # live births before 37 weeks/total # of live births	10.3%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Low birth weight</u> Percent: # live births less than 2,500 grams/total # of live births	7.2%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Infant mortality</u> Rate: # of infant deaths ages 0-1 per 1,000 live births	7.8	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2002-2006
<u>Poverty</u> Percent: # residents below 100% FPL/total # residents	---	---	---	---	17.2%	Source: U.S. Census Bureau, SAIPE, American Community Survey, 2008.
<u>Crime</u> Rate: # reported crimes per 1,000 residents	---	---	---	---	40.6	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>Crime</u> Rate: # crime arrests ages 0-19 per 100,000 youth ages 0-19	---	---	---	---	1,962.0	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>High school dropouts</u> Percent of high school students grades 9-12 who quit school.	---	---	---	---	6.7%	Source: Oklahoma State Department of Education, 2005/2006-2007/2008
<u>Substance abuse</u> Percent: Binge alcohol used in past month, defined as drinking 5 or more drinks on same occasion on at least 1 day in past 30 days among persons aged 12 or older.	---	---	---	---	21.63%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008

Kay County, continued

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Substance abuse</u> Percent: Marijuana use in past month among persons aged 12 or older.	---	---	---	---	4.15%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Nonmedical use of pain relievers in past year among persons aged 12 or older.	---	---	---	---	6.83%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Illicit drug use (excluding marijuana) in past month among persons aged 12 or older.	--	---	---	---	4.26%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Unemployment</u> Percent: Seasonally adjusted percent of the labor force without a job.	---	---	---	---	8.4%	Source: Bureau of Labor Statistics, June 2010.
<u>Child maltreatment</u> Rate: Number of child abuse and neglect confirmations per 1,000 children under 18 years of age.	---	---	---	---	26.7	Source: Oklahoma Department of Human Services, FY2006-2008.
<u>Domestic violence</u> Rate: Number of domestic violence offenses (assaults, homicides, and sex crimes) between family and household members per 1,000 population.	---	---	---	---	9.2	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009

Kay County, Oklahoma	
Total population	45,653 (100.0%)
Male population	22,234 (48.7%)
Female population	23,419 (51.3%)
Child population (<5 years)	3,336 (7.3%)
Adult population (18 years and over)	34,085 (74.7%)
White population	37,417 (82.0%)
Black or African American population	835 (1.8%)
American Indian/Alaska Native population	3,817 (8.4%)
Hispanic or Latino population	2,651 (5.8%)
Median household income	\$40,442
Per capita income	\$21,494
Percent of children (<18 years) living in poverty	27.3%

Kay County accounts for 1.2 percent of the Oklahoma population. Compared to the state as a whole, the county has a lower percentage of African American residents (1.8% vs. 7.3%), a higher percentage of American Indian residents (8.4% vs. 6.7%), and a lower percentage of Hispanic residents (5.8% vs. 7.4%). Both median household income and per capita income for Kay County are lower than the state income levels. For seven of the indicators included in the needs assessment, Kay County has rates higher than the comparable state rates. These include poverty; juvenile crime rate; high school dropout rate; binge alcohol use; unemployment rate; child maltreatment; and domestic violence.

Garfield County

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Premature birth</u> Percent: # live births before 37 weeks/total # of live births	11.1%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Low birth weight</u> Percent: # live births less than 2,500 grams/total # of live births	8.0%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Infant mortality</u> Rate: # of infant deaths ages 0-1 per 1,000 live births	10.4	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2002-2006
<u>Poverty</u> Percent: # residents below 100% FPL/total # residents	---	---	---	---	16.7%	Source: U.S. Census Bureau, SAIPE, American Community Survey, 2008.
<u>Crime</u> Rate: # reported crimes per 1,000 residents	---	---	---	---	47.9	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>Crime</u> Rate: # crime arrests ages 0-19 per 100,000 youth ages 0-19	---	---	---	---	809.4	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>High school dropouts</u> Percent of high school students grades 9-12 who quit school.	---	---	---	---	1.6%	Source: Oklahoma State Department of Education, 2005/2006-2007/2008
<u>Substance abuse</u> Percent: Binge alcohol used in past month, defined as drinking 5 or more drinks on same occasion on at least 1 day in past 30 days among persons aged 12 or older.	---	---	---	---	21.81%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008

Garfield County, continued

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Substance abuse</u> Percent: Marijuana use in past month among persons aged 12 or older.	---	---	---	---	4.52%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Nonmedical use of pain relievers in past year among persons aged 12 or older.	---	---	---	---	6.91%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Illicit drug use (excluding marijuana) in past month among persons aged 12 or older.	--	---	---	---	4.84%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Unemployment</u> Percent: Seasonally adjusted percent of the labor force without a job.	---	---	---	---	5.2%	Source: Bureau of Labor Statistics, June 2010.
<u>Child maltreatment</u> Rate: Number of child abuse and neglect confirmations per 1,000 children under 18 years of age.	---	---	---	---	11.4	Source: Oklahoma Department of Human Services, FY2006-2008.
<u>Domestic violence</u> Rate: Number of domestic violence offenses (assaults, homicides, and sex crimes) between family and household members per 1,000 population.	---	---	---	---	21.7	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009

Garfield County, Oklahoma	
Total population	57,623 (100.0%)
Male population	27,868 (48.4%)
Female population	29,755 (51.6%)
Child population (<5 years)	4,330 (7.5%)
Adult population (18 years and over)	43,148 (74.9%)
White population	49,994 (86.8%)
Black or African American population	1,611 (2.8%)
American Indian/Alaska Native population	1,330 (2.3%)
Hispanic or Latino population	3,727 (6.5%)
Median household income	\$41,907
Per capita income	\$23,094
Percent of children (<18 years) living in poverty	27.8%

Garfield County accounts for 1.5 percent of the Oklahoma population. Compared to the state as a whole, the county has a lower percentage of African American residents (2.8% vs. 7.3%), a lower percentage of American Indian residents (2.3% vs. 6.7%), and a lower percentage of Hispanic residents (6.5% vs. 7.4%). The median household income for Garfield County is less than that of the state. For eight of the indicators included in the needs assessment, Garfield County has rates higher than the comparable state rates. These include preterm birth; infant mortality; poverty; overall and juvenile crime rates; binge alcohol and illicit drug use; and domestic violence.

Oklahoma County

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Premature birth</u> Percent: # live births before 37 weeks/total # of live births	10.4%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Low birth weight</u> Percent: # live births less than 2,500 grams/total # of live births	8.9%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Infant mortality</u> Rate: # of infant deaths ages 0-1 per 1,000 live births	8.9	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2002-2006
<u>Poverty</u> Percent: # residents below 100% FPL/total # residents	---	---	---	---	16.1%	Source: U.S. Census Bureau, SAIPE, American Community Survey, 2008.
<u>Crime</u> Rate: # reported crimes per 1,000 residents	---	---	---	---	59.7	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>Crime</u> Rate: # crime arrests ages 0-19 per 100,000 youth ages 0-19	---	---	---	---	910.7	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>High school dropouts</u> Percent of high school students grades 9-12 who quit school.	---	---	---	---	3.1%	Source: Oklahoma State Department of Education, 2005/2006-2007/2008
<u>Substance abuse</u> Percent: Binge alcohol used in past month, defined as drinking 5 or more drinks on same occasion on at least 1 day in past 30 days among persons aged 12 or older.	---	---	---	---	22.78%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008

Oklahoma County, continued

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Substance abuse</u> Percent: Marijuana use in past month among persons aged 12 or older.	---	---	---	---	6.72%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Nonmedical use of pain relievers in past year among persons aged 12 or older.	---	---	---	---	7.93%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Illicit drug use (excluding marijuana) in past month among persons aged 12 or older.	--	---	---	---	4.50%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Unemployment</u> Percent: Seasonally adjusted percent of the labor force without a job.	---	---	---	---	7.0%	Source: Bureau of Labor Statistics, June 2010.
<u>Child maltreatment</u> Rate: Number of child abuse and neglect confirmations per 1,000 children under 18 years of age.	---	---	---	---	18.2	Source: Oklahoma Department of Human Services, FY2006-2008.
<u>Domestic violence</u> Rate: Number of domestic violence offenses (assaults, homicides, and sex crimes) between family and household members per 1,000 population.	---	---	---	---	7.5	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009

Oklahoma County, Oklahoma	
Total population	699,440 (100.0%)
Male population	340,818 (48.7%)
Female population	358,622 (51.3%)
Child population (<5 years)	58,502 (6.9%)
Adult population (18 years and over)	516,227 (73.8%)
White population	489,573 (70.0%)
Black or African American population	98,721 (14.1%)
American Indian/Alaska Native population	18,679 (2.7%)
Hispanic or Latino population	86,188 (12.3%)
Median household income	\$42,699
Per capita income	\$25,540
Percent of children (<18 years) living in poverty	27.3%

Oklahoma County accounts for 19 percent of the Oklahoma population. Compared to the state as a whole, the county has a higher percentage of African American residents (14.1% vs. 7.3%), a lower percentage of American Indian residents (2.7% vs. 6.7%), and a higher percentage of Hispanic residents (12.3% vs. 7.4%). Both median household income and per capita income for Oklahoma County exceeds that of the state. For 11 of the indicators included in the needs assessment, Oklahoma County has rates higher than the comparable state rates. These include low birth weight births; infant mortality; poverty; overall and juvenile crime rates; binge alcohol, marijuana, and nonmedical pain medication use; unemployment rate; child maltreatment; and domestic violence.

Muskogee County

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Premature birth</u> Percent: # live births before 37 weeks/total # of live births	11.3%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Low birth weight</u> Percent: # live births less than 2,500 grams/total # of live births	8.6%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Infant mortality</u> Rate: # of infant deaths ages 0-1 per 1,000 live births	6.2	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2002-2006
<u>Poverty</u> Percent: # residents below 100% FPL/total # residents	---	---	---	---	19.7%	Source: U.S. Census Bureau, SAIPE, American Community Survey, 2008.
<u>Crime</u> Rate: # reported crimes per 1,000 residents	---	---	---	---	42.0	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>Crime</u> Rate: # crime arrests ages 0-19 per 100,000 youth ages 0-19	---	---	---	---	601.4	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>High school dropouts</u> Percent of high school students grades 9-12 who quit school.	---	---	---	---	3.7%	Source: Oklahoma State Department of Education, 2005/2006-2007/2008
<u>Substance abuse</u> Percent: Binge alcohol used in past month, defined as drinking 5 or more drinks on same occasion on at least 1 day in past 30 days among persons aged 12 or older.	---	---	---	---	19.33%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008

Muskogee County, continued

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Substance abuse</u> Percent: Marijuana use in past month among persons aged 12 or older.	---	---	---	---	4.27%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Nonmedical use of pain relievers in past year among persons aged 12 or older.	---	---	---	---	7.85%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Illicit drug use (excluding marijuana) in past month among persons aged 12 or older.	--	---	---	---	4.81%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Unemployment</u> Percent: Seasonally adjusted percent of the labor force without a job.	---	---	---	---	8.3%	Source: Bureau of Labor Statistics, June 2010.
<u>Child maltreatment</u> Rate: Number of child abuse and neglect confirmations per 1,000 children under 18 years of age.	---	---	---	---	19.9	Source: Oklahoma Department of Human Services, FY2006-2008.
<u>Domestic violence</u> Rate: Number of domestic violence offenses (assaults, homicides, and sex crimes) between family and household members per 1,000 population.	---	---	---	---	11.7	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009

Muskogee County, Oklahoma	
Total population	71,412 (100.0%)
Male population	34,339 (48.4%)
Female population	18,371 (51.6%)
Child population (<5 years)	5,011 (7.1%)
Adult population (18 years and over)	53,665 (75.6%)
White population	45,386 (64.0%)
Black or African American population	8,635 (12.2%)
American Indian/Alaska Native population	10,443 (14.7%)
Hispanic or Latino population	2,898 (4.1%)
Median household income	\$36,183
Per capita income	\$18,618
Percent of children (<18 years) living in poverty	25.7%

Muskogee County makes up roughly 1.9 percent of the Oklahoma population. Compared to the state as a whole, the county has a higher percentage of African American residents (12.2% vs. 7.3%), a higher percentage of American Indian residents (14.7% vs. 6.7%), and a lower percentage of Hispanic residents (4.1% vs. 7.4%). Both median household income and per capita income for the county are less than those of the state. For nine of the indicators included in the needs assessment, Muskogee County has rates higher than the comparable state rates. These include preterm and low birth weight birth, poverty, overall crime rate, high school dropout rate, nonmedical pain medication use, unemployment rate, child maltreatment, and domestic violence.

McCurtain County

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Premature birth</u> Percent: # live births before 37 weeks/total # of live births	12.8%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Low birth weight</u> Percent: # live births less than 2,500 grams/total # of live births	8.4%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Infant mortality</u> Rate: # of infant deaths ages 0-1 per 1,000 live births	7.8	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2002-2006
<u>Poverty</u> Percent: # residents below 100% FPL/total # residents	---	---	---	---	25.6%	Source: U.S. Census Bureau, SAIPE, American Community Survey, 2008.
<u>Crime</u> Rate: # reported crimes per 1,000 residents	---	---	---	---	37.1	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>Crime</u> Rate: # crime arrests ages 0-19 per 100,000 youth ages 0-19	---	---	---	---	851.8	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>High school dropouts</u> Percent of high school students grades 9-12 who quit school.	---	---	---	---	1.5%	Source: Oklahoma State Department of Education, 2005/2006-2007/2008
<u>Substance abuse</u> Percent: Binge alcohol used in past month, defined as drinking 5 or more drinks on same occasion on at least 1 day in past 30 days among persons aged 12 or older.	---	---	---	---	20.90%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008

McCurtain County, continued

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Substance abuse</u> Percent: Marijuana use in past month among persons aged 12 or older.	---	---	---	---	3.65%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Nonmedical use of pain relievers in past year among persons aged 12 or older.	---	---	---	---	7.00%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Illicit drug use (excluding marijuana) in past month among persons aged 12 or older.	--	---	---	---	4.42%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Unemployment</u> Percent: Seasonally adjusted percent of the labor force without a job.	---	---	---	---	11.6%	Source: Bureau of Labor Statistics, June 2010.
<u>Child maltreatment</u> Rate: Number of child abuse and neglect confirmations per 1,000 children under 18 years of age.	---	---	---	---	28.2	Source: Oklahoma Department of Human Services, FY2006-2008.
<u>Domestic violence</u> Rate: Number of domestic violence offenses (assaults, homicides, and sex crimes) between family and household members per 1,000 population.	---	---	---	---	3.7	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009

McCurtain County, Oklahoma	
Total population	33,462 (100.0%)
Male population	16,087 (48.1%)
Female population	17,375 (51.9%)
Child population (<5 years)	2,348 (7.0%)
Adult population (18 years and over)	24,703 (73.8%)
White population	23,645 (70.7%)
Black or African American population	3,064 (9.2%)
American Indian/Alaska Native population	5,542 (16.6%)
Hispanic or Latino population	1,478 (4.4%)
Median household income	\$41,719
Per capita income	\$17,923
Percent of children (<18 years) living in poverty	38.7%

McCurtain County makes up less than 1 percent of the Oklahoma population. Compared to the state as a whole, the county has a higher percentage of African American residents (9.2% vs. 7.3%), a much higher percentage of American Indian residents (16.6% vs. 6.7%), and a lower percentage of Hispanic residents (4.4% vs. 7.4%). Both median household income and per capita income for McCurtain County trail those for the state. For five of the indicators included in the needs assessment, the county experiences rates higher than the comparable state rates. These include preterm birth, low birth weight, juvenile crime rate, and child maltreatment. McCurtain County had lower rates for all other measures.

Carter County

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Premature birth</u> Percent: # live births before 37 weeks/total # of live births	12.4%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Low birth weight</u> Percent: # live births less than 2,500 grams/total # of live births	10.4%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Infant mortality</u> Rate: # of infant deaths ages 0-1 per 1,000 live births	6.2	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2002-2006
<u>Poverty</u> Percent: # residents below 100% FPL/total # residents	---	---	---	---	16.4%	Source: U.S. Census Bureau, SAIPE, American Community Survey, 2008.
<u>Crime</u> Rate: # reported crimes per 1,000 residents	---	---	---	---	48.2	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>Crime</u> Rate: # crime arrests ages 0-19 per 100,000 youth ages 0-19	---	---	---	---	731.3	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>High school dropouts</u> Percent of high school students grades 9-12 who quit school.	---	---	---	---	4.2%	Source: Oklahoma State Department of Education, 2005/2006-2007/2008
<u>Substance abuse</u> Percent: Binge alcohol used in past month, defined as drinking 5 or more drinks on same occasion on at least 1 day in past 30 days among persons aged 12 or older.	---	---	---	---	20.90%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008

Carter County, continued

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Substance abuse</u> Percent: Marijuana use in past month among persons aged 12 or older.	---	---	---	---	3.65%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Nonmedical use of pain relievers in past year among persons aged 12 or older.	---	---	---	---	7.00%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Illicit drug use (excluding marijuana) in past month among persons aged 12 or older.	--	---	---	---	4.42%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Unemployment</u> Percent: Seasonally adjusted percent of the labor force without a job.	---	---	---	---	5.7%	Source: Bureau of Labor Statistics, June 2010.
<u>Child maltreatment</u> Rate: Number of child abuse and neglect confirmations per 1,000 children under 18 years of age.	---	---	---	---	21.8	Source: Oklahoma Department of Human Services, FY2006-2008.
<u>Domestic violence</u> Rate: Number of domestic violence offenses (assaults, homicides, and sex crimes) between family and household members per 1,000 population.	---	---	---	---	10.4	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009

Carter County, Oklahoma	
Total population	47,503 (100.0%)
Male population	23,042 (48.5%)
Female population	24,461 (51.5%)
Child population (<5 years)	3,262 (6.9%)
Adult population (18 years and over)	35,468 (74.7%)
White population	37,436 (78.8%)
Black or African American population	3,651 (7.7%)
American Indian/Alaska Native population	4,510 (9.5%)
Hispanic or Latino population	1,848 (3.9%)
Median household income	\$48,487
Per capita income	\$20,651
Percent of children (<18 years) living in poverty	24.9%

Carter County makes up roughly 1.3 percent of the Oklahoma population. Compared to the state as a whole, the county has a higher percentage of American Indian residents (9.5% vs. 6.7%), and a lower percentage of Hispanic residents (3.9% vs. 7.4%). The median household income for Carter County is greater than the state's. For nine of the indicators included in the needs assessment, the county has rates higher than the comparable state rates. These include preterm birth, low birth weight, poverty, overall and juvenile crime rates, high school dropout rate, illicit drug use, child maltreatment, and domestic violence. All other rates were lower than the corresponding state rates.

Adair County

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Premature birth</u> Percent: # live births before 37 weeks/total # of live births	11.9%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Low birth weight</u> Percent: # live births less than 2,500 grams/total # of live births	8.1%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Infant mortality</u> Rate: # of infant deaths ages 0-1 per 1,000 live births	7.5	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2002-2006
<u>Poverty</u> Percent: # residents below 100% FPL/total # residents	---	---	---	---	22.9%	Source: U.S. Census Bureau, SAIPE, American Community Survey, 2008.
<u>Crime</u> Rate: # reported crimes per 1,000 residents	---	---	---	---	17.9	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>Crime</u> Rate: # crime arrests ages 0-19 per 100,000 youth ages 0-19	---	---	---	---	259.9	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>High school dropouts</u> Percent of high school students grades 9-12 who quit school.	---	---	---	---	8.4%	Source: Oklahoma State Department of Education, 2005/2006-2007/2008
<u>Substance abuse</u> Percent: Binge alcohol used in past month, defined as drinking 5 or more drinks on same occasion on at least 1 day in past 30 days among persons aged 12 or older.	---	---	---	---	19.33%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008

Adair County, continued

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Substance abuse</u> Percent: Marijuana use in past month among persons aged 12 or older.	---	---	---	---	4.27%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Nonmedical use of pain relievers in past year among persons aged 12 or older.	---	---	---	---	7.85%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Illicit drug use (excluding marijuana) in past month among persons aged 12 or older.	--	---	---	---	4.81%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Unemployment</u> Percent: Seasonally adjusted percent of the labor force without a job.	---	---	---	---	8.2%	Source: Bureau of Labor Statistics, June 2010.
<u>Child maltreatment</u> Rate: Number of child abuse and neglect confirmations per 1,000 children under 18 years of age.	---	---	---	---	24.0	Source: Oklahoma Department of Human Services, FY2006-2008.
<u>Domestic violence</u> Rate: Number of domestic violence offenses (assaults, homicides, and sex crimes) between family and household members per 1,000 population.	---	---	---	---	4.3	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009

Adair County, Oklahoma	
Total population	21,830 (100.0%)
Male population	10,631 (48.7%)
Female population	11,199 (51.3%)
Child population (<5 years)	1,804 (8.3%)
Adult population (18 years and over)	15,436 (70.7%)
White population	10,207 (48.5%)
Black or African American population	38 (0.2%)
American Indian/Alaska Native population*	8,938 (42.5%)
Hispanic or Latino population*	657 (3.1%)
Median household income	\$29,682
Per capita income	\$12,791
Percent of children (<18 years) living in poverty	34.7%

Adair County makes up less than 1 percent of the Oklahoma population. Compared to the state as a whole, the county has a much lower percentage of African American residents (0.2% vs. 7.3%), a much higher percentage of American Indian residents (42.5% vs. 6.7%), and a lower percentage of Hispanic residents (3.1% vs. 7.4%). Both median household income and per capita income for Adair County are much less than those for the state. For seven of the indicators included in the needs assessment, Adair County has rates higher than the comparable state rates. These include preterm birth, poverty, high school dropout rate, nonmedical pain medication and illicit drug use, unemployment rate, and child maltreatment. Adair County reports lower rates for low birth weight, infant mortality, crime rates, binge alcohol and marijuana use, and domestic violence.

Comanche County

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Premature birth</u> Percent: # live births before 37 weeks/total # of live births	10.8%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Low birth weight</u> Percent: # live births less than 2,500 grams/total # of live births	8.5%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Infant mortality</u> Rate: # of infant deaths ages 0-1 per 1,000 live births	7.6	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2002-2006
<u>Poverty</u> Percent: # residents below 100% FPL/total # residents	---	---	---	---	18.3%	Source: U.S. Census Bureau, SAIPE, American Community Survey, 2008.
<u>Crime</u> Rate: # reported crimes per 1,000 residents	---	---	---	---	57.7	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>Crime</u> Rate: # crime arrests ages 0-19 per 100,000 youth ages 0-19	---	---	---	---	826.2	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>High school dropouts</u> Percent of high school students grades 9-12 who quit school.	---	---	---	---	2.6%	Source: Oklahoma State Department of Education, 2005/2006-2007/2008
<u>Substance abuse</u> Percent: Binge alcohol used in past month, defined as drinking 5 or more drinks on same occasion on at least 1 day in past 30 days among persons aged 12 or older.	---	---	---	---	21.81%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008

Comanche County, continued

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Substance abuse</u> Percent: Marijuana use in past month among persons aged 12 or older.	---	---	---	---	4.52%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Nonmedical use of pain relievers in past year among persons aged 12 or older.	---	---	---	---	6.91%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Illicit drug use (excluding marijuana) in past month among persons aged 12 or older.	--	---	---	---	4.84%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Unemployment</u> Percent: Seasonally adjusted percent of the labor force without a job.	---	---	---	---	6.5%	Source: Bureau of Labor Statistics, June 2010.
<u>Child maltreatment</u> Rate: Number of child abuse and neglect confirmations per 1,000 children under 18 years of age.	---	---	---	---	9.0	Source: Oklahoma Department of Human Services, FY2006-2008.
<u>Domestic violence</u> Rate: Number of domestic violence offenses (assaults, homicides, and sex crimes) between family and household members per 1,000 population.	---	---	---	---	13.7	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009

Comanche County, Oklahoma	
Total population	112,653 (100.0%)
Male population	57,572 (51.1%)
Female population	55,081 (48.9%)
Child population (<5 years)	9,203 (8.2%)
Adult population (18 years and over)	81,127 (72.0%)
White population	74,057 (65.7%)
Black or African American population	19,320 (17.2%)
American Indian/Alaska Native population	5,539 (4.9%)
Hispanic or Latino population	10,920 (9.7%)
Median household income	\$42,150
Per capita income	\$20,195
Percent of children (<18 years) living in poverty	27.8%

Comanche County accounts for 3 percent of the Oklahoma population. Compared to the state as a whole, the county has a higher percentage of African American residents (17.2% vs. 7.3%), a lower percentage of American Indian residents (4.9% vs. 6.7%), and a higher percentage of Hispanic residents (9.7% vs. 7.4%). The white population makes up less of the Comanche County population (65.7% vs. 75.4%). Both median household income and per capita income for Comanche County are less than that of the state. For eight of the indicators included in the needs assessment, the county experiences rates higher than the comparable state rates. These include preterm birth, low birth weight, poverty, overall and juvenile crime rates, binge alcohol and illicit drug use, and domestic violence. Comanche County reports lower rates for infant mortality, high school dropouts, marijuana use, nonmedical pain medication use, unemployment, and child maltreatment.

Tulsa County

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Premature birth</u> Percent: # live births before 37 weeks/total # of live births	11.4%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Low birth weight</u> Percent: # live births less than 2,500 grams/total # of live births	8.2%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Infant mortality</u> Rate: # of infant deaths ages 0-1 per 1,000 live births	8.0	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2002-2006
<u>Poverty</u> Percent: # residents below 100% FPL/total # residents	---	---	---	---	13.6%	Source: U.S. Census Bureau, SAIPE, American Community Survey, 2008.
<u>Crime</u> Rate: # reported crimes per 1,000 residents	---	---	---	---	53.9	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>Crime</u> Rate: # crime arrests ages 0-19 per 100,000 youth ages 0-19	---	---	---	---	732.8	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>High school dropouts</u> Percent of high school students grades 9-12 who quit school.	---	---	---	---	4.5%	Source: Oklahoma State Department of Education, 2005/2006-2007/2008
<u>Substance abuse</u> Percent: Binge alcohol used in past month, defined as drinking 5 or more drinks on same occasion on at least 1 day in past 30 days among persons aged 12 or older.	---	---	---	---	20.92%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008

Tulsa County, continued

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Substance abuse</u> Percent: Marijuana use in past month among persons aged 12 or older.	---	---	---	---	4.75%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Nonmedical use of pain relievers in past year among persons aged 12 or older.	---	---	---	---	7.08%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Illicit drug use (excluding marijuana) in past month among persons aged 12 or older.	--	---	---	---	4.89%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Unemployment</u> Percent: Seasonally adjusted percent of the labor force without a job.	---	---	---	---	7.7%	Source: Bureau of Labor Statistics, June 2010.
<u>Child maltreatment</u> Rate: Number of child abuse and neglect confirmations per 1,000 children under 18 years of age.	---	---	---	---	9.4	Source: Oklahoma Department of Human Services, FY2006-2008.
<u>Domestic violence</u> Rate: Number of domestic violence offenses (assaults, homicides, and sex crimes) between family and household members per 1,000 population.	---	---	---	---	9.2	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009

Tulsa County, Oklahoma	
Total population	584,096 (100.0%)
Male population	285,886 (48.9%)
Female population	298,210 (51.1%)
Child population (<5 years)	46,872 (8.0%)
Adult population (18 years and over)	430,609 (73.7%)
White population	433,797 (74.3%)
Black or African American population	63,001 (10.8%)
American Indian/Alaska Native population	23,492 (4.0%)
Hispanic or Latino population	55,238 (9.5%)
Median household income	\$59,513
Per capita income	\$26,775
Percent of children (<18 years) living in poverty	22.5%

Tulsa County makes up roughly 16 percent of the Oklahoma population. Compared to the state as a whole, the county has a higher percentage of African American residents (10.8% vs. 7.3%), a lower percentage of American Indian residents (4.0% vs. 6.7%), and a higher percentage of Hispanic residents (9.5% vs. 7.4%). Both median household income and per capita income for Tulsa County exceeds that of the state. For seven of the indicators included in the needs assessment, Tulsa County has rates higher than the comparable state rates. These include preterm birth, overall and juvenile crime rates, high school dropout rate, illicit drug use, unemployment rate, and domestic violence. Tulsa reports lower rates for poverty, binge alcohol use, marijuana use, nonmedical pain medication use, and child maltreatment. Rates for low birth weight and infant mortality for Tulsa County were the same as those for the state of Oklahoma.

Choctaw County

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Premature birth</u> Percent: # live births before 37 weeks/total # of live births	14.0%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Low birth weight</u> Percent: # live births less than 2,500 grams/total # of live births	8.5%	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2005-2007
<u>Infant mortality</u> Rate: # of infant deaths ages 0-1 per 1,000 live births	7.6	---	---	---	---	Source: Oklahoma Vital Statistics, Center for Health Statistics, Oklahoma State Department of Health, birth data 2002-2006
<u>Poverty</u> Percent: # residents below 100% FPL/total # residents	---	---	---	---	18.3%	Source: U.S. Census Bureau, SAIPE, American Community Survey, 2008.
<u>Crime</u> Rate: # reported crimes per 1,000 residents	---	---	---	---	57.7	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>Crime</u> Rate: # crime arrests ages 0-19 per 100,000 youth ages 0-19	---	---	---	---	826.2	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009 for total crime and 2004-2008 for juvenile crime reports.
<u>High school dropouts</u> Percent of high school students grades 9-12 who quit school.	---	---	---	---	3.9%	Source: Oklahoma State Department of Education, 2005/2006-2007/2008
<u>Substance abuse</u> Percent: Binge alcohol used in past month, defined as drinking 5 or more drinks on same occasion on at least 1 day in past 30 days among persons aged 12 or older.	---	---	---	---	20.90%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008

Choctaw County, continued

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
<u>Substance abuse</u> Percent: Marijuana use in past month among persons aged 12 or older.	---	---	---	---	3.65%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Nonmedical use of pain relievers in past year among persons aged 12 or older.	---	---	---	---	7.00%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Substance abuse</u> Percent: Illicit drug use (excluding marijuana) in past month among persons aged 12 or older.	--	---	---	---	4.42%	Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008
<u>Unemployment</u> Percent: Seasonally adjusted percent of the labor force without a job.	---	---	---	---	7.7%	Source: Bureau of Labor Statistics, June 2010.
<u>Child maltreatment</u> Rate: Number of child abuse and neglect confirmations per 1,000 children under 18 years of age.	---	---	---	---	20.7	Source: Oklahoma Department of Human Services, FY2006-2008.
<u>Domestic violence</u> Rate: Number of domestic violence offenses (assaults, homicides, and sex crimes) between family and household members per 1,000 population.	---	---	---	---	4.8	Source: Oklahoma State Bureau of Investigations, Uniform Crime Reporting System, 2009

Choctaw County, Oklahoma	
Total population	14,890 (100.0%)
Male population	7,071 (47.5%)
Female population	7,819 (52.5%)
Child population (<5 years)	3,681 (24.7%)
Adult population (18 years and over)	11,209 (75.3%)
White population	10,148 (68.2%)
Black or African American population	1,591 (10.7%)
American Indian/Alaska Native population	2,316 (15.6%)
Hispanic or Latino population	332 (2.2%)
Median household income	\$27,774
Per capita income	\$25,855
Percent of children (<18 years) living in poverty	35.3%
Source: U.S. Census Bureau, Population Estimates Program and SAYPE, 2008	

Less than 1 percent of the total Oklahoma population resides in Choctaw County. Compared to the state as a whole, the county has a higher percentage of African American residents (10.7% vs. 7.3%), a higher percentage of American Indian residents (15.6% vs. 6.7%), and a lower percentage of Hispanic residents (2.2% vs. 7.4%). The median household income for Choctaw County is \$14,767 less (34% lower) than that for the state. For seven of the indicators included in the needs assessment, Choctaw County has rates higher than the comparable state rates. These include preterm and low birth weight birth; infant mortality; poverty; high school dropout rate; unemployment rate; and child maltreatment. The county reports lower rates for crime, substance use, and domestic violence.

Oklahoma Home Visitation Needs Assessment - Indicator Rates

County	Preterm birth	Low birth weight	Infant mortality	Poverty	Total crime	Juvenile crime	HS dropouts	Binge drinking	Marijuana use	Nonmedical pain med use	Illicit drug use	Unemployment	Child abuse	Domestic violence
State	10.7	8.2	8.0	15.7	40.5	616.6	3.3	21.46	4.80	7.32	4.64	6.8	14.5	6.8
Adair	11.9	8.1	7.5	22.9	17.9	259.9	8.4	19.33	4.27	7.85	4.81	8.2	24.0	4.3
Alfalfa	9.8	8.5	7.9	17.0	8.4	60.1	0.6	21.81	4.52	6.91	4.84	5.6	14.9	1.3
Atoka	16.6	10.1	10.8	20.8	17.7	174.9	2.0	20.90	3.65	7.00	4.42	8.6	21.3	4.0
Beaver	7.7	7.5	7.9	10.9	14.0	108.4	0.5	21.81	4.52	6.91	4.84	3.8	9.5	2.1
Beckham	9.7	8.5	6.0	15.8	18.1	401.9	5.3	21.81	4.52	6.91	4.84	5.4	25.2	3.5
Blaine	12.2	10.7	9.7	22.6	13.6	99.8	0.8	21.81	4.52	6.91	4.84	8.4	24.2	5.0
Bryan	11.6	8.3	8.6	20.3	32.4	535.2	3.5	20.90	3.65	7.00	4.42	5.9	26.4	7.7
Caddo	10.0	8.4	8.0	21.3	18.4	598.2	3.0	21.81	4.52	6.91	4.84	7.1	11.3	2.3
Canadian	10.5	7.2	7.2	8.5	27.9	607.5	2.7	22.23	4.75	7.55	4.80	6.1	14.3	4.1
Carter	12.4	10.4	6.2	16.4	48.2	731.3	4.2	20.90	3.65	7.00	4.42	5.7	21.8	10.4
Cherokee	13.5	7.7	9.3	25.3	29.4	156.9	3.6	19.33	4.27	7.85	4.81	5.9	14.7	6.3
Choctaw	14.0	10.8	12.6	24.7	26.8	198.1	3.9	20.90	3.65	7.00	4.42	7.7	20.7	4.8
Cimarron	8.3	5.9	7.9	16.3	4.8	504.2	2.2	21.81	4.52	6.91	4.84	4.6	6.9	4.8
Cleveland	9.6	7.3	6.3	11.4	39.2	840.2	2.3	22.23	4.75	7.55	4.80	6.2	6.5	3.0
Coal	12.7	8.5	26.8	22.2	17.8	143.6	2.4	20.90	3.65	7.00	4.42	7.9	23.7	4.1
Comanche	10.8	8.5	7.6	18.3	57.7	826.2	2.6	21.81	4.52	6.91	4.84	6.5	9.0	13.7
Cotton	11.5	9.3	8.1	16.8	6.0	145.5	1.3	21.81	4.52	6.91	4.84	5.2	18.3	2.2
Craig	13.3	10.1	6.4	19.2	19.4	500.6	2.1	21.63	4.15	6.83	4.26	6.0	19.8	3.8
Creek	11.0	7.6	8.6	12.7	23.5	606.9	2.3	19.33	4.27	7.85	4.81	8.9	8.4	4.1
Custer	10.9	7.5	4.8	18.0	30.4	443.1	2.5	21.81	4.52	6.91	4.84	5.1	9.2	4.6
Delaware	12.9	8.0	4.8	19.9	17.9	317.4	3.8	21.63	4.15	6.83	4.26	6.8	13.4	5.4
Dewey	8.5	4.4	10.8	12.9	6.6	295.5	0.6	21.81	4.52	6.91	4.84	4.6	13.4	1.4
Ellis	5.4	5.4	7.9	12.4	11.3	61.7	1.9	21.81	4.52	6.91	4.84	5.0	5.0	4.3
Garfield	11.1	8.0	10.4	16.7	47.9	809.4	1.6	21.81	4.52	6.91	4.84	5.2	11.4	21.7
Garvin	11.3	8.3	8.4	15.6	33.2	623.1	3.8	20.90	3.65	7.00	4.42	6.4	23.0	7.0
Grady	11.6	9.3	7.8	16.3	31.5	338.5	3.1	22.23	4.75	7.55	4.80	7.1	10.7	5.7
Grant	6.2	6.2	7.9	13.6	17.3	504.2	0.9	21.81	4.52	6.91	4.84	4.4	11.6	5.8
Greer	14.1	12.4	12.7	23.2	13.8	243.3	1.7	21.81	4.52	6.91	4.84	8.9	31.7	2.7
Harmon	10.7	8.6	14.9	27.5	25.6	193.9	5.4	21.81	4.52	6.91	4.84	5.8	10.9	1.4
Harper	6.0	7.1	13.1	10.3	5.2	79.3	1.6	21.81	4.52	6.91	4.84	4.5	5.1	3.0
Haskell	9.4	6.3	9.8	20.3	17.0	264.4	2.5	20.90	3.65	7.00	4.42	7.8	12.2	3.5
Hughes	9.7	7.4	7.8	24.3	22.4	300.0	3.7	20.90	3.65	7.00	4.42	10.6	25.1	4.5
Jackson	11.2	10.6	10.2	17.2	29.5	466.6	3.6	21.81	4.52	6.91	4.84	5.9	20.7	5.0
Jefferson	9.3	8.1	9.8	22.3	10.0	174.2	2.3	21.81	4.52	6.91	4.84	8.5	14.1	3.2
Johnston	11.8	8.2	5.8	20.3	13.6	120.3	2.4	20.90	3.65	7.00	4.42	7.5	33.0	6.1
Kay	10.3	7.2	7.8	17.2	40.6	1962.0	6.7	21.63	4.15	6.83	4.26	8.4	26.7	9.2
Kingfisher	8.4	6.3	3.1	11.8	8.8	97.5	0.7	21.81	4.52	6.91	4.84	5.2	8.0	9.2
Kiowa	11.4	11.3	8.5	19.2	20.1	388.0	3.5	20.90	3.65	7.00	4.42	6.6	17.9	4.9
Latimer	8.6	5.2	14.0	17.5	18.3	99.2	2.2	20.90	3.65	7.00	4.42	11.2	20.1	7.0
Leflore	9.2	6.8	8.2	21.0	21.1	240.0	3.3	20.90	3.65	7.00	4.42	10.2	14.1	4.3

Oklahoma Home Visitation Needs Assessment - Indicator Rates, Continued

County	Preterm birth	Low birth weight	Infant mortality	Poverty	Total crime	Juvenile crime	HS dropouts	Binge drinking	Marijuana use	Nonmedical pain med use	Illicit drug use	Unemployment	Child abuse	Domestic violence
Lincoln	10.7	8.0	9.9	14.2	17.4	119.5	2.0	19.33	4.27	7.85	4.81	7.6	12.4	4.7
Logan	9.7	7.1	8.7	13.9	15.4	281.8	0.9	21.81	4.52	6.91	4.84	6.3	11.3	1.8
Love	13.1	11.5	5.2	14.2	14.6	136.9	2.4	20.90	3.65	7.00	4.42	5.5	12.6	6.6
Major	9.3	7.8	7.4	9.8	24.6	17.6	1.4	21.81	4.52	6.91	4.84	4.8	12.4	5.4
Marshall	10.1	6.8	5.1	17.1	21.8	155.4	1.4	20.90	3.65	7.00	4.42	7.2	10.8	7.3
Mayer	12.3	6.9	6.1	17.3	19.5	552.0	2.5	21.63	4.15	6.83	4.26	8.6	19.2	3.2
McClain	11.7	8.6	8.0	10.0	27.8	1786.1	2.0	22.23	4.75	7.55	4.80	6.8	17.6	3.1
McCurtain	12.8	8.4	7.8	25.6	37.1	851.8	1.5	20.90	3.65	7.00	4.42	11.6	28.2	3.7
McIntosh	10.7	9.4	15.3	20.8	31.7	81.9	3.0	19.33	4.27	7.85	4.81	9.0	26.9	3.6
Murray	11.6	9.1	6.1	16.8	18.0	256.1	1.9	20.90	3.65	7.00	4.42	4.3	13.1	3.8
Muskogee	11.3	8.6	6.2	19.7	42.0	601.4	3.7	19.33	4.27	7.85	4.81	8.3	19.9	11.7
Noble	9.2	5.4	5.6	13.7	18.6	237.2	1.1	21.63	4.15	6.83	4.26	6.5	17.0	2.6
Nowata	6.6	4.5	4.7	17.1	19.4	227.2	1.0	21.63	4.15	6.83	4.26	9.3	22.9	4.6
Okfuskee	10.4	8.0	5.5	23.7	20.9	248.7	3.3	19.33	4.27	7.85	4.81	9.5	17.3	5.4
Oklahoma	10.4	8.9	8.9	16.1	59.7	910.7	3.1	22.78	6.72	7.93	4.50	7.0	18.2	7.5
Okmulgee	10.5	8.4	9.5	20.3	26.1	367.3	1.7	19.33	4.27	7.85	4.81	10.6	13.2	4.6
Osage	10.7	8.2	8.8	13.1	18.6	138.3	1.7	21.63	4.15	6.83	4.26	8.5	8.9	5.6
Ottawa	10.3	8.1	7.4	19.6	26.0	570.3	2.1	21.63	4.15	6.83	4.26	6.4	10.1	4.0
Pawnee	12.6	7.7	1.9	15.8	20.5	146.2	1.5	21.63	4.15	6.83	4.26	9.8	14.0	4.6
Payne	9.6	6.2	7.1	18.7	30.4	458.6	4.1	21.63	4.15	6.83	4.26	6.9	14.3	4.9
Pittsburg	11.2	8.9	7.6	17.2	33.6	324.8	3.5	20.90	3.65	7.00	4.42	6.6	31.8	5.4
Pontotoc	11.7	8.8	8.3	19.4	35.7	641.2	4.3	20.90	3.65	7.00	4.42	5.8	15.5	6.7
Pottawatomie	8.4	7.2	7.3	16.5	41.3	582.8	3.0	20.90	3.65	7.00	4.42	6.9	13.1	8.0
Pushmataha	11.0	7.8	7.3	25.8	21.9	347.2	3.9	20.90	3.65	7.00	4.42	8.8	17.8	4.6
Roger Mills	8.4	5.1	13.1	11.5	14.3	504.2	1.2	21.81	4.52	6.91	4.84	4.7	5.0	3.8
Rogers	10.1	6.9	6.3	10.0	16.6	160.1	3.4	21.63	4.15	6.83	4.26	7.6	12.0	3.6
Seminole	10.7	8.4	9.5	22.0	34.7	337.1	3.3	20.90	3.65	7.00	4.42	8.9	24.4	6.2
Sequoyah	12.0	8.6	7.6	20.7	23.8	512.4	2.8	19.33	4.27	7.85	4.81	10.2	8.9	4.2
Stephens	8.7	6.6	8.4	13.0	34.8	459.1	5.3	21.81	4.52	6.91	4.84	7.4	16.8	6.5
Texas	9.5	7.1	5.7	12.2	19.8	578.5	3.0	21.81	4.52	6.91	4.84	6.7	6.8	3.9
Tillman	10.8	8.1	10.4	21.9	22.5	806.1	3.2	21.81	4.52	6.91	4.84	6.3	19.1	4.7
Tulsa	11.4	8.2	8.0	13.6	53.9	732.8	4.5	20.92	4.75	7.08	4.89	7.7	9.4	9.2
Wagoner	11.5	8.1	5.4	11.0	22.8	235.7	5.2	19.33	4.27	7.85	4.81	7.3	8.8	4.7
Washington	8.4	7.5	7.7	13.2	32.7	477.1	3.2	21.63	4.15	6.83	4.26	6.1	15.2	10.1
Washita	9.8	5.9	6.5	14.9	12.2	172.8	1.1	21.81	4.52	6.91	4.84	5.5	16.6	6.3
Woods	10.4	5.4	7.9	16.6	20.0	200.6	3.1	21.81	4.52	6.91	4.84	4.9	14.9	1.5
Woodward	10.2	7.7	9.3	12.8	37.5	858.8	2.5	21.81	4.52	6.91	4.84	6.1	16.8	9.1

Oklahoma Home Visitation Needs Assessment – Indicator Ratios

County	Preterm birth	Low birth weight	Infant mortality	Poverty	Total crime	Juvenile crime	HS dropouts	Binge drinking	Marijuana use	Nonmedical pain med use	Illicit drug use	Unemployment	Child abuse	Domestic violence
Adair	1.116	0.993	0.935	1.459	0.442	0.421	2.545	0.901	0.890	1.072	1.037	1.206	1.655	0.632
Alfalfa	0.916	1.036	0.988	1.083	0.206	0.097	0.182	1.016	0.942	0.944	1.043	0.824	1.028	0.188
Atoka	1.555	1.234	1.351	1.325	0.437	0.284	0.606	0.974	0.760	0.956	0.953	1.265	1.469	0.588
Beaver	0.715	0.910	0.988	0.694	0.345	0.176	0.152	1.016	0.942	0.944	1.043	0.559	0.655	0.307
Beckham	0.907	1.036	0.746	1.006	0.447	0.652	1.606	1.016	0.942	0.944	1.043	0.794	1.738	0.515
Blaine	1.144	1.310	1.212	1.439	0.337	0.162	0.242	1.016	0.942	0.944	1.043	1.235	1.669	0.735
Bryan	1.083	1.015	1.069	1.293	0.800	0.868	1.061	0.974	0.760	0.956	0.953	0.868	1.821	1.139
Caddo	0.933	1.027	0.996	1.357	0.455	0.970	0.909	1.016	0.942	0.944	1.043	1.044	0.779	0.334
Canadian	0.977	0.880	0.894	0.541	0.689	0.985	0.818	1.036	0.990	1.031	1.034	0.897	0.986	0.607
Carter	1.157	1.263	0.780	1.045	1.189	1.186	1.273	0.974	0.760	0.956	0.953	0.838	1.503	1.528
Cherokee	1.257	0.935	1.158	1.611	0.726	0.254	1.091	0.901	0.890	1.072	1.037	0.868	1.014	0.933
Choctaw	1.304	1.312	1.579	1.573	0.661	0.321	1.182	0.974	0.760	0.956	0.953	1.132	1.428	0.712
Cimarron	0.779	0.717	0.988	1.038	0.118	0.818	0.667	1.016	0.942	0.944	1.043	0.676	0.476	0.706
Cleveland	0.896	0.892	0.791	0.726	0.968	1.362	0.697	1.036	0.990	1.031	1.034	0.912	0.448	0.448
Coal	1.185	1.031	3.351	1.414	0.440	0.233	0.727	0.974	0.760	0.956	0.953	1.162	1.634	0.603
Comanche	1.014	1.042	0.954	1.166	1.425	1.340	0.788	1.016	0.942	0.944	1.043	0.956	0.621	2.011
Cotton	1.075	1.133	1.014	1.070	1.148	0.236	0.394	1.016	0.942	0.944	1.043	0.765	1.262	0.328
Craig	1.242	1.226	0.801	1.223	0.478	0.812	0.636	1.008	0.865	0.933	0.918	0.882	1.366	0.563
Creek	1.032	0.932	1.079	0.809	0.579	0.984	0.697	0.901	0.890	1.072	1.037	1.309	0.579	0.601
Custer	1.015	0.911	0.596	1.146	0.749	0.719	0.758	1.016	0.942	0.944	1.043	0.750	1.324	0.683
Delaware	1.201	0.981	0.604	1.268	0.441	0.515	1.152	1.008	0.865	0.933	0.918	1.000	0.924	0.787
Dewey	0.797	0.539	1.349	0.822	0.163	0.479	0.182	1.016	0.942	0.944	1.043	0.676	0.924	0.200
Ellis	0.502	0.655	0.988	0.790	0.278	0.100	0.576	1.016	0.942	0.944	1.043	0.735	0.345	0.637
Garfield	1.033	0.972	1.296	1.064	1.183	1.313	0.485	1.016	0.942	0.944	1.043	0.765	0.786	3.184
Garvin	1.055	1.015	1.046	0.994	0.820	1.010	1.152	0.974	0.760	0.956	0.953	0.941	1.586	1.031
Grady	1.080	1.136	0.977	1.038	0.777	0.549	0.939	1.036	0.990	1.031	1.034	1.044	0.738	0.834
Grant	0.580	0.756	0.988	0.866	0.426	0.818	0.273	1.016	0.942	0.944	1.043	0.647	0.800	0.852
Greer	1.313	1.516	1.587	1.478	0.341	0.395	0.515	1.016	0.942	0.944	1.043	1.309	2.186	0.404
Harmon	1.001	1.045	1.856	1.752	0.631	0.314	0.636	1.016	0.942	0.944	1.043	0.853	0.752	0.207
Harper	0.561	0.865	1.638	0.656	0.128	0.129	0.485	1.016	0.942	0.944	1.043	0.662	0.352	0.435
Haskell	0.881	0.774	1.222	1.293	0.419	0.429	0.758	0.974	0.760	0.956	0.953	1.147	0.841	0.510
Hughes	0.904	0.899	0.973	1.548	0.553	0.487	1.121	0.974	0.760	0.956	0.953	1.559	1.731	0.660
Jackson	1.042	1.294	1.276	1.096	0.727	0.757	1.091	1.016	0.942	0.944	1.043	0.868	1.428	0.730
Jefferson	0.869	0.989	1.220	1.420	0.247	0.282	0.697	1.016	0.942	0.944	1.043	1.250	0.972	0.465
Johnston	1.101	1.006	0.724	1.293	0.335	0.195	0.727	0.974	0.760	0.956	0.953	1.103	2.276	0.899
Kay	0.967	0.880	0.976	1.096	1.001	3.182	2.030	1.008	0.865	0.933	0.918	1.235	1.841	1.349
Kingfisher	0.786	0.774	0.391	0.752	0.217	0.158	0.212	1.016	0.942	0.944	1.043	0.765	0.552	0.460
Kiowa	1.064	1.380	1.061	1.223	0.495	0.629	1.061	0.974	0.760	0.956	0.953	0.971	1.234	0.727
Latimer	0.808	0.633	1.754	1.115	0.451	0.161	0.667	0.974	0.760	0.956	0.953	1.647	1.386	1.025
Leflore	0.861	0.828	1.025	1.338	0.521	0.389	1.000	0.974	0.760	0.956	0.953	1.500	0.972	0.628

Oklahoma Home Visitation Needs Assessment – Indicator Ratios, Continued

County	Preterm birth	Low birth weight	Infant mortality	Poverty	Total crime	Juvenile crime	HS dropouts	Binge drinking	Marijuana use	Nonmedical pain med use	Illicit drug use	Unemployment	Child abuse	Domestic violence
Lincoln	0.999	0.970	1.241	0.904	0.430	0.194	0.606	0.901	0.890	1.072	1.037	1.118	0.855	0.685
Logan	0.911	0.872	1.082	0.885	0.381	0.457	0.273	1.016	0.942	0.944	1.043	0.926	0.779	0.269
Love	1.228	1.406	0.652	0.904	0.360	0.222	0.727	0.974	0.760	0.956	0.953	0.809	0.869	0.967
Major	0.869	0.945	0.926	0.624	0.608	0.028	0.424	1.016	0.942	0.944	1.043	0.706	0.855	0.798
Marshall	0.947	0.824	0.642	1.089	0.537	0.252	0.424	0.974	0.760	0.956	0.953	1.059	0.745	1.075
Mayer	1.153	0.838	0.758	1.102	0.482	0.895	0.758	1.008	0.865	0.933	0.918	1.265	1.324	0.468
McClain	1.091	1.045	0.998	0.637	0.685	2.896	0.606	1.036	0.990	1.031	1.034	1.000	1.214	0.450
McCurtain	1.192	1.025	0.979	1.631	0.915	1.381	0.455	0.974	0.760	0.956	0.953	1.706	1.945	0.549
McIntosh	1.003	1.141	1.913	1.325	0.781	0.133	0.909	0.901	0.890	1.072	1.037	1.324	1.855	0.529
Murray	1.083	1.104	0.765	1.070	0.445	0.415	0.576	0.974	0.760	0.956	0.953	0.632	0.903	0.556
Muskogee	1.057	1.045	0.775	1.255	1.038	0.975	1.121	0.901	0.890	1.072	1.037	1.221	1.372	1.720
Noble	0.864	0.653	0.702	0.873	0.460	0.385	0.333	1.008	0.865	0.933	0.918	0.956	1.172	0.389
Nowata	0.620	0.550	0.586	1.089	0.480	0.368	0.303	1.008	0.865	0.933	0.918	1.368	1.579	0.670
Okfuskee	0.969	0.974	0.684	1.510	0.515	0.403	1.000	0.901	0.890	1.072	1.037	1.397	1.193	0.794
Oklahoma	0.974	1.081	1.114	1.025	1.472	1.477	0.939	1.062	1.400	1.083	0.970	1.029	1.255	1.105
Okmulgee	0.977	1.019	1.185	1.293	0.645	0.596	0.515	0.901	0.890	1.072	1.037	1.559	0.910	0.674
Osage	1.002	0.999	1.098	0.834	0.459	0.224	0.515	1.008	0.865	0.933	0.918	1.250	0.614	0.823
Ottawa	0.962	0.982	0.926	1.248	0.641	0.925	0.636	1.008	0.865	0.933	0.918	0.941	0.697	0.595
Pawnee	1.181	0.943	0.239	1.006	0.506	0.237	0.455	1.008	0.865	0.933	0.918	1.441	0.966	0.672
Payne	0.895	0.761	0.889	1.191	0.749	0.744	1.242	1.008	0.865	0.933	0.918	1.015	0.986	0.714
Pittsburg	1.048	1.085	0.946	1.096	0.830	0.527	1.061	0.974	0.760	0.956	0.953	0.971	2.193	0.797
Pontotoc	1.096	1.070	1.037	1.236	0.882	1.040	1.303	0.974	0.760	0.956	0.953	0.853	1.069	0.982
Pottawatomie	0.788	0.880	0.911	1.051	1.019	0.945	0.909	0.974	0.760	0.956	0.953	1.015	0.903	1.180
Pushmataha	1.024	0.947	0.910	1.643	0.540	0.563	1.182	0.974	0.760	0.956	0.953	1.294	1.228	0.672
Roger Mills	0.784	0.625	1.638	0.732	0.353	0.818	0.364	1.016	0.942	0.944	1.043	0.691	0.345	0.561
Rogers	0.941	0.844	0.782	0.637	0.409	0.260	1.030	1.008	0.865	0.933	0.918	1.118	0.828	0.534
Seminole	1.002	1.019	1.185	1.401	0.857	0.547	1.000	0.974	0.760	0.956	0.953	1.309	1.683	0.908
Sequoyah	1.120	1.053	0.947	1.318	0.587	0.831	0.848	0.901	0.890	1.072	1.037	1.500	0.614	0.621
Stephens	0.815	0.800	1.049	0.828	0.859	0.745	1.606	1.016	0.942	0.944	1.043	1.088	1.159	0.954
Texas	0.890	0.870	0.717	0.777	0.490	0.938	0.909	1.016	0.942	0.944	1.043	0.985	0.469	0.571
Tillman	1.012	0.985	1.302	1.395	0.556	1.307	0.970	1.016	0.942	0.944	1.043	0.926	1.317	0.698
Tulsa	1.063	1.001	0.998	0.866	1.330	1.188	1.364	0.975	0.990	0.967	1.054	1.132	0.648	1.347
Wagoner	1.074	0.982	0.676	0.701	0.562	0.382	1.576	0.901	0.890	1.072	1.037	1.074	0.607	0.691
Washington	0.784	0.909	0.966	0.841	0.807	0.774	0.970	1.008	0.865	0.933	0.918	0.897	1.048	1.491
Washita	0.912	0.716	0.809	0.949	0.301	0.280	0.333	1.016	0.942	0.944	1.043	0.809	1.145	0.934
Woods	0.971	0.656	0.988	1.057	0.493	0.325	0.939	1.016	0.942	0.944	1.043	0.721	1.028	0.227
Woodward	0.952	0.945	1.159	0.815	0.926	1.393	0.758	1.016	0.942	0.944	1.043	0.897	1.159	1.341

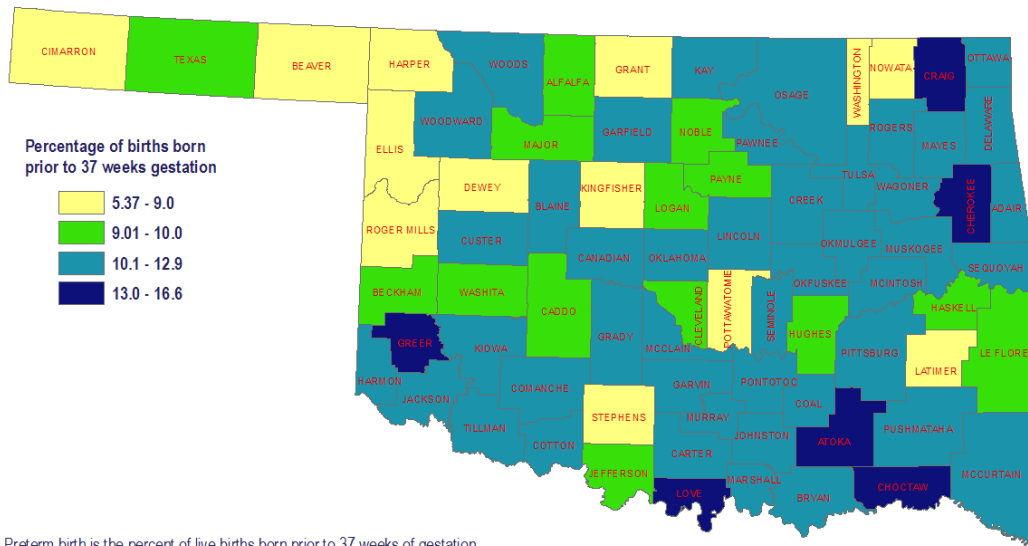
Oklahoma Home Visitation Needs Assessment – Average Risk Ratios and County Ranks

Alphabetic County Listing						Rank Order Listing					
County	Average Ratio	Rank	County	Average Ratio	Rank	County	Average Ratio	Rank	County	Average Ratio	Rank
Adair	1.093	7	Lincoln	0.850	56	Kay	1.306	1	Craig	0.925	41
Alfalfa	0.749	72	Logan	0.770	70	Garfield	1.145	2	Payne	0.922	42
Atoka	0.983	26	Love	0.842	57	Oklahoma	1.142	3	Caddo	0.911	43
Beaver	0.675	76	Major	0.766	66	Muskogee	1.106	4	LeFlore	0.907	44
Beckham	0.957	31	Marshall	0.888	48	Coal	1.102	5	Custer	0.900	45
Blaine	0.959	30	Mayes	0.950	35	Carter	1.100	6	Delaware	0.900	46
Bryan	1.047	12	McClain	1.025	15	Adair	1.093	7	Creek	0.893	47
Caddo	0.911	43	McCurtain	1.016	20	Comanche	1.090	8	Marshall	0.888	48
Canadian	0.883	49	McIntosh	1.020	18	Greer	1.071	9	Canadian	0.883	49
Carter	1.100	6	Murray	0.800	63	Tulsa	1.066	10	Jefferson	0.883	50
Cherokee	0.982	27	Muskogee	1.106	4	Choctaw	1.061	11	Ottawa	0.877	51
Choctaw	1.061	11	Noble	0.751	71	Bryan	1.047	12	Cleveland	0.874	52
Cimarron	0.781	68	Nowata	0.810	62	Seminole	1.040	13	Wagoner	0.873	53
Cleveland	0.874	52	Okfuskee	0.953	33	Tillman	1.030	14	Pawnee	0.854	54
Coal	1.102	5	Oklahoma	1.142	3	McClain	1.025	15	Haskell	0.851	55
Comanche	1.090	8	Okmulgee	0.948	37	Garvin	1.021	16	Lincoln	0.850	56
Cotton	0.812	60	Osage	0.824	59	Woodward	1.021	17	Love	0.842	57
Craig	0.925	41	Ottawa	0.877	51	McIntosh	1.020	18	Texas	0.826	58
Creek	0.893	47	Pawnee	0.854	54	Jackson	1.018	19	Osage	0.824	59
Custer	0.900	45	Payne	0.922	42	McCurtain	1.016	20	Cotton	0.812	60
Delaware	0.900	46	Pittsburg	1.014	22	Pontotoc	1.015	21	Woods	0.811	61
Dewey	0.720	73	Pontotoc	1.015	21	Pittsburg	1.014	22	Nowata	0.810	62
Ellis	0.682	75	Pottawatomie	0.946	38	Hughes	1.006	23	Murray	0.800	63
Garfield	1.145	2	Pushmataha	0.975	28	Harmon	1.000	24	Washita	0.795	64
Garvin	1.021	16	Roger Mills	0.775	69	Stephens	0.989	25	Rogers	0.793	65
Grady	0.943	40	Rogers	0.793	65	Atoka	0.983	26	Major	0.792	66
Grant	0.782	67	Seminole	1.040	13	Cherokee	0.982	27	Grant	0.782	67
Greer	1.071	9	Sequoyah	0.953	32	Pushmataha	0.975	28	Cimarron	0.781	68
Harmon	1.000	24	Stephens	0.989	25	Kiowa	0.963	29	Roger Mills	0.775	69
Harper	0.704	74	Texas	0.826	58	Blaine	0.959	30	Logan	0.770	70
Haskell	0.851	55	Tillman	1.030	14	Beckham	0.957	31	Noble	0.751	71
Hughes	1.006	23	Tulsa	1.066	10	Sequoyah	0.953	32	Alfalfa	0.749	72
Jackson	1.018	19	Wagoner	0.873	53	Okfuskee	0.953	33	Dewey	0.720	73
Jefferson	0.883	50	Washington	0.944	39	Johnston	0.950	34	Harper	0.704	74
Johnston	0.950	34	Washita	0.795	64	Mayes	0.950	35	Ellis	0.682	75
Kay	1.306	1	Woods	0.811	61	Latimer	0.949	36	Beaver	0.675	76
Kingfisher	0.644	77	Woodward	1.021	17	Okmulgee	0.948	37	Kingfisher	0.644	77
Kiowa	0.963	29				Pottawatomie	0.946	38			
Latimer	0.949	36				Washington	0.944	39			
Leflore	0.907	44				Grady	0.943	40			

County Maps of Risk Indicators

Preterm Birth

Percentage of Births Born Prior to 37 Weeks Gestation, Oklahoma, 2005-2007



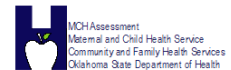
Notes: Preterm birth is the percent of live births born prior to 37 weeks of gestation.
Data Source: Oklahoma State Department of Health, Vital Records

Created: 09.01.2010

Projection/Coordinate System: USGS Albers Equal Area Conic

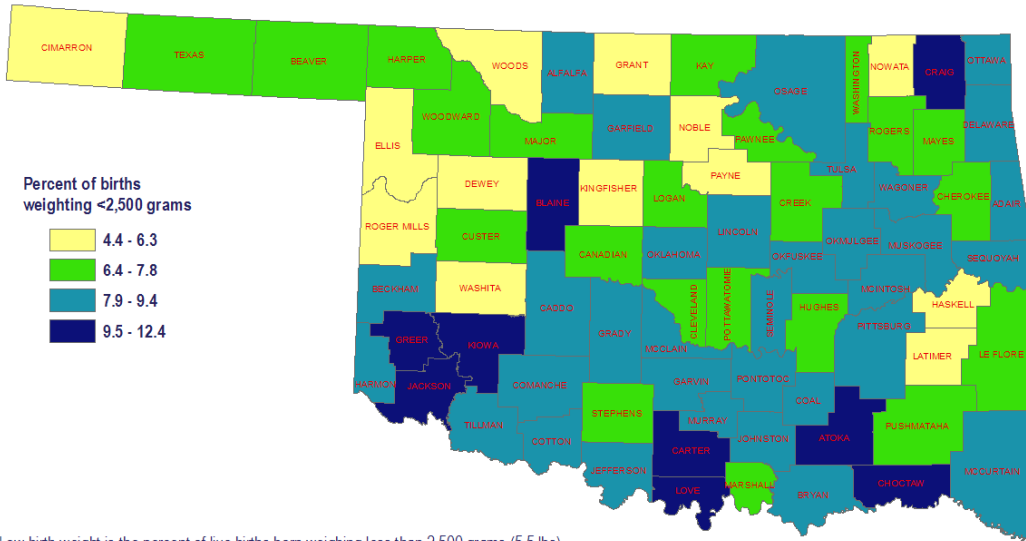


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Low Birth Weight

Percentage of Births Born Weighing Less than 2,500 grams, Oklahoma, 2005-2007



Notes: Low birth weight is the percent of live births born weighing less than 2,500 grams (5.5 lbs).

Data Source: Oklahoma State Department of Health, Vital Records

Created: 09.01.2010

Projection/Coordinate System: USGS Albers Equal Area Conic



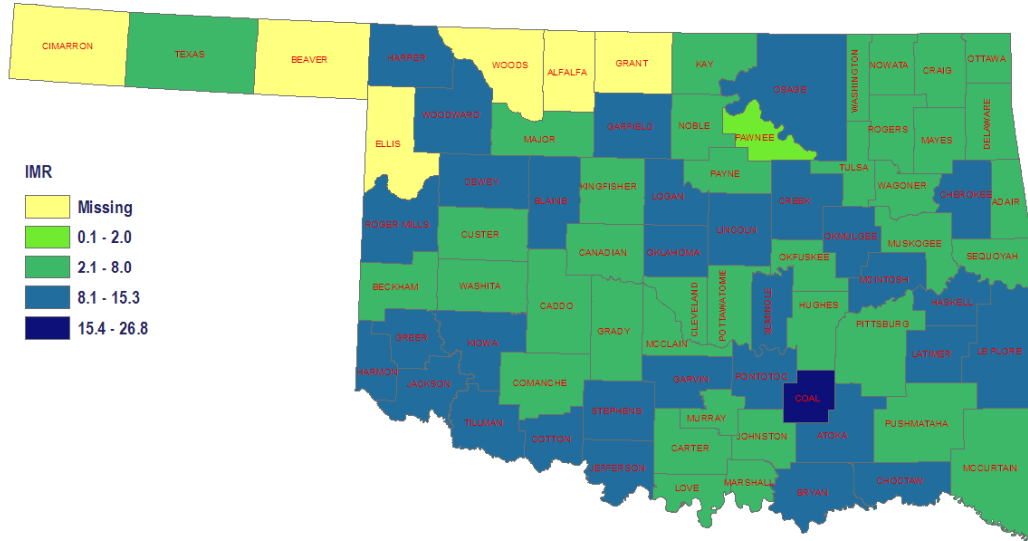
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Infant Mortality

Infant Mortality Rate (IMR), Oklahoma, 2002-2006



Notes: Infant mortality is the number of deaths to children less than 1 year of age per 1,000 live births.

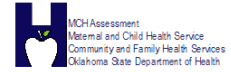
Data Source: Oklahoma State Department of Health, Vital Records

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Projection/Coordinate System: USGS Albers Equal Area Conic

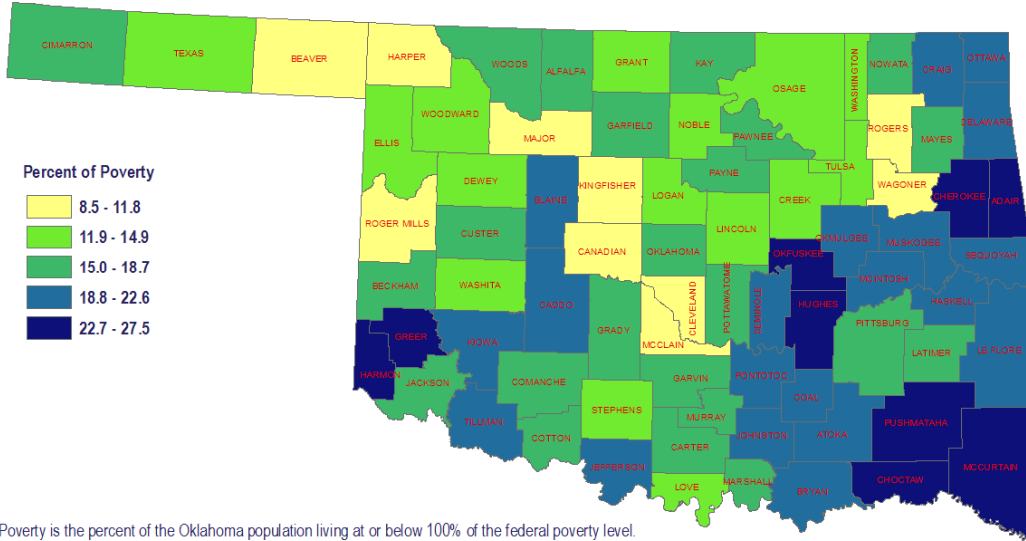


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Poverty

Percent of Population Living at or Below 100% Federal Poverty Level (FPL), Oklahoma, 2008.



Notes: Poverty is the percent of the Oklahoma population living at or below 100% of the federal poverty level.

Data Source: U.S. Census Bureau, SAIPE, 2008

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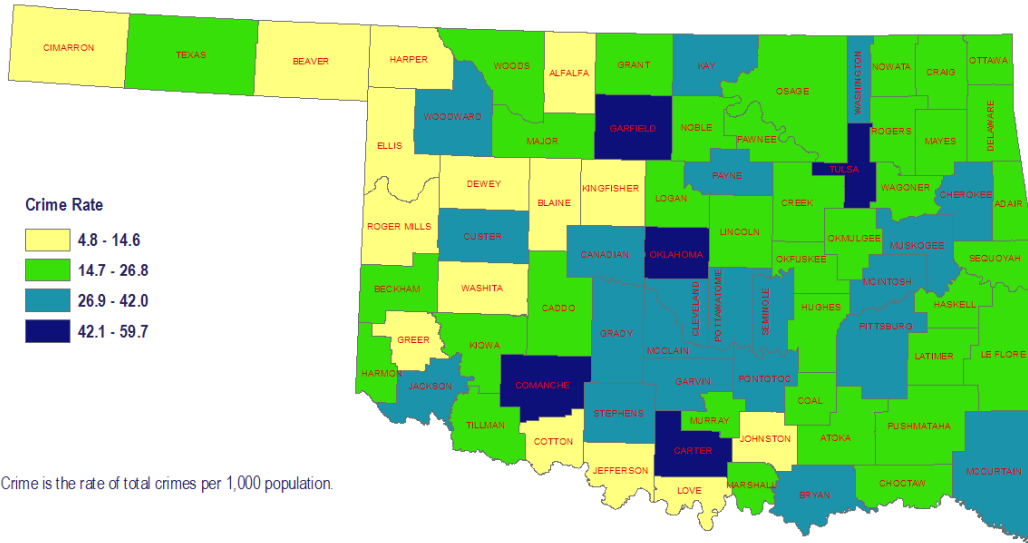
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Total Crime

Rate of Crime per 1,000 Population, Oklahoma, 2009.



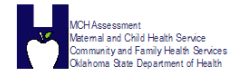
Data Source: Data reflect OSBI 2009.

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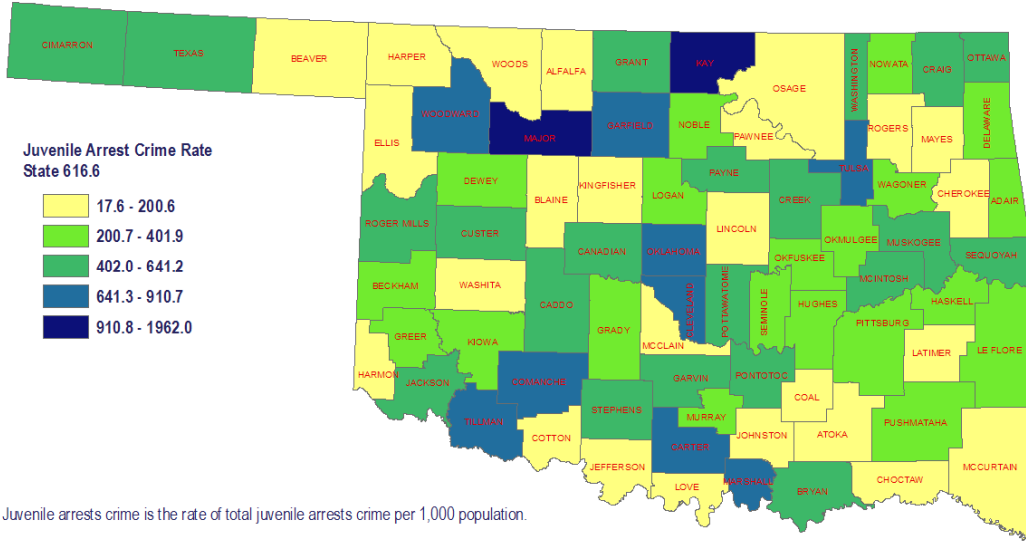


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Juvenile Crime

Rate of Juvenile Crime Arrests per 1,000 Population, Oklahoma, 2009.



Notes: Juvenile arrests crime is the rate of total juvenile arrests crime per 1,000 population.

Data Source: Data reflect OSBI 2009.

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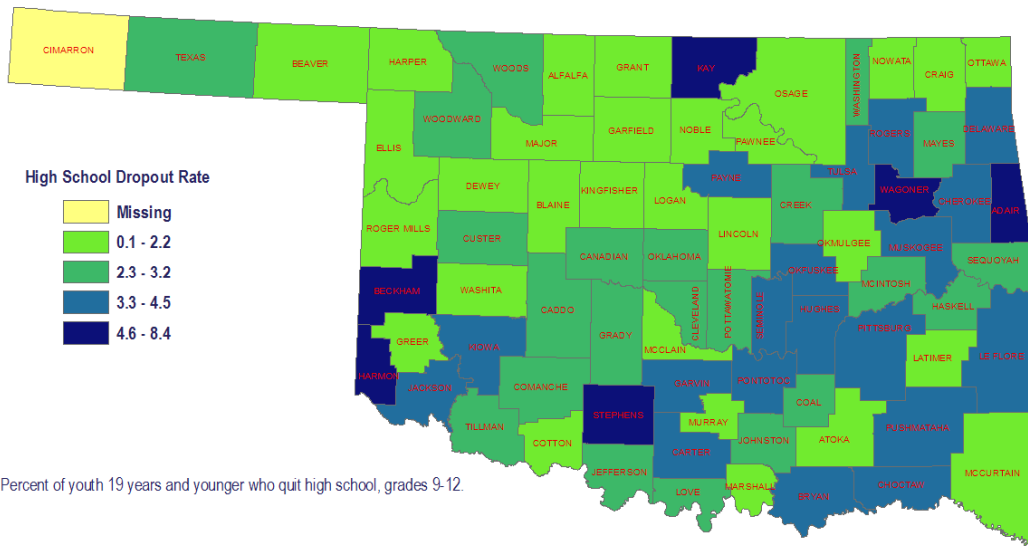
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High School Dropouts

High School Dropout Rate per 1,000 Population, Oklahoma, 2005/2006-2007/2008.



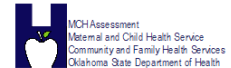
Data Source: Oklahoma State Department of Education

Created: 09.01.2010

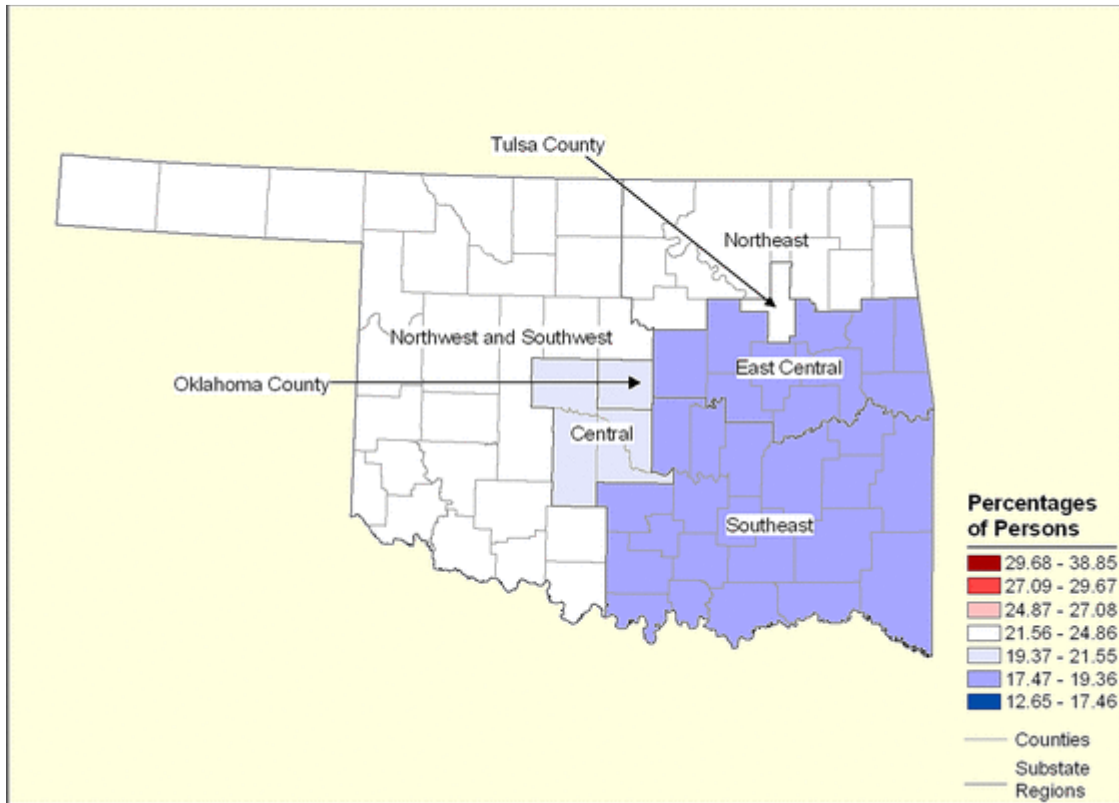
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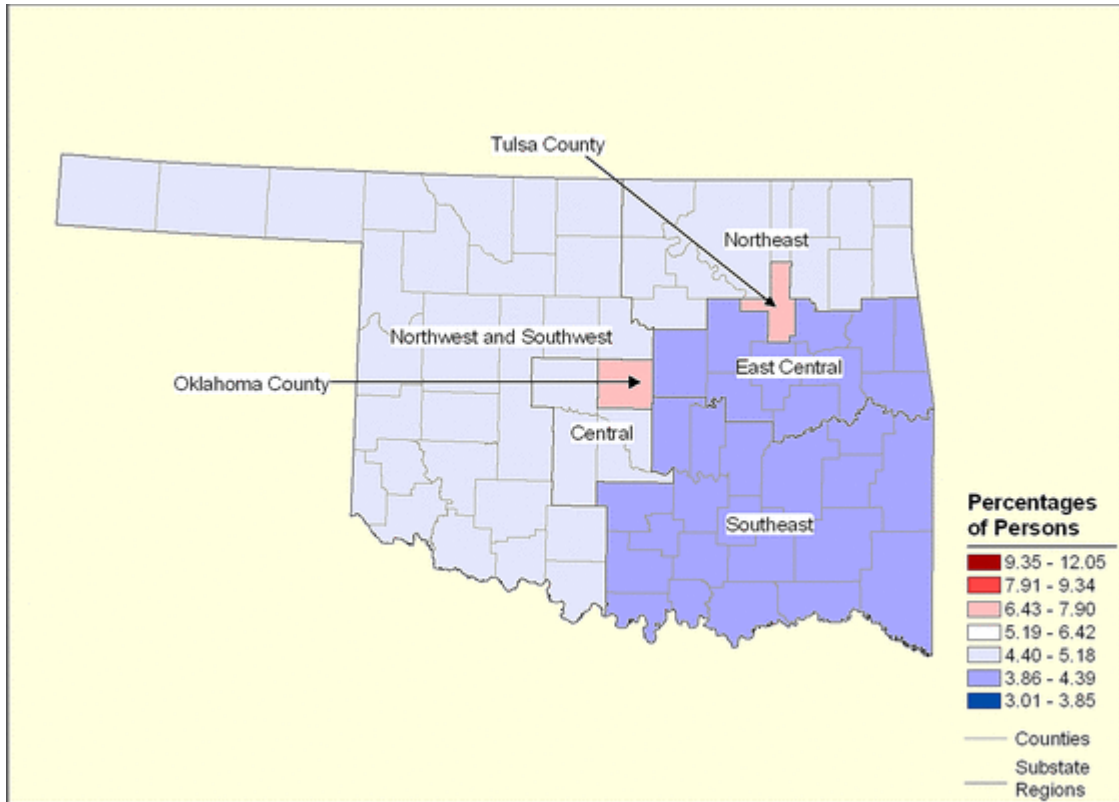
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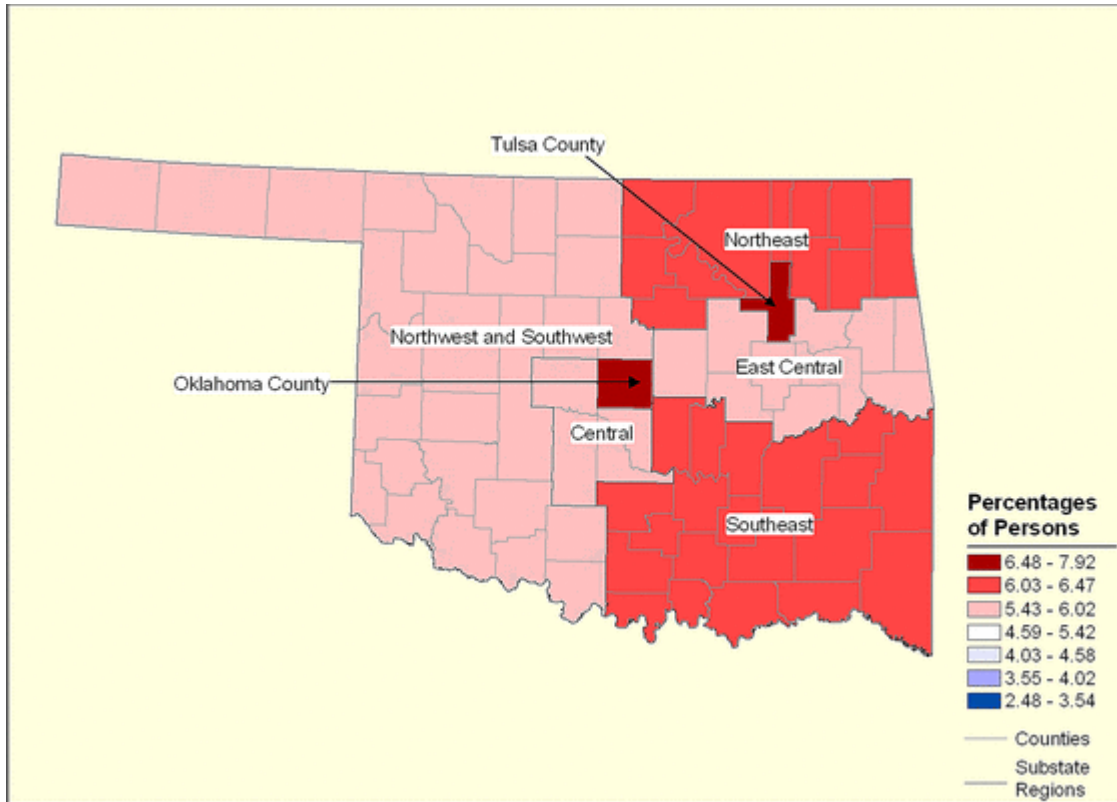
***Binge Alcohol Use in Past Month* among Persons Aged 12 or Older in Oklahoma, by Sub-state Region: Percentages, Annual Averages Based on 2004, 2005, and 2006 NSDUHs**



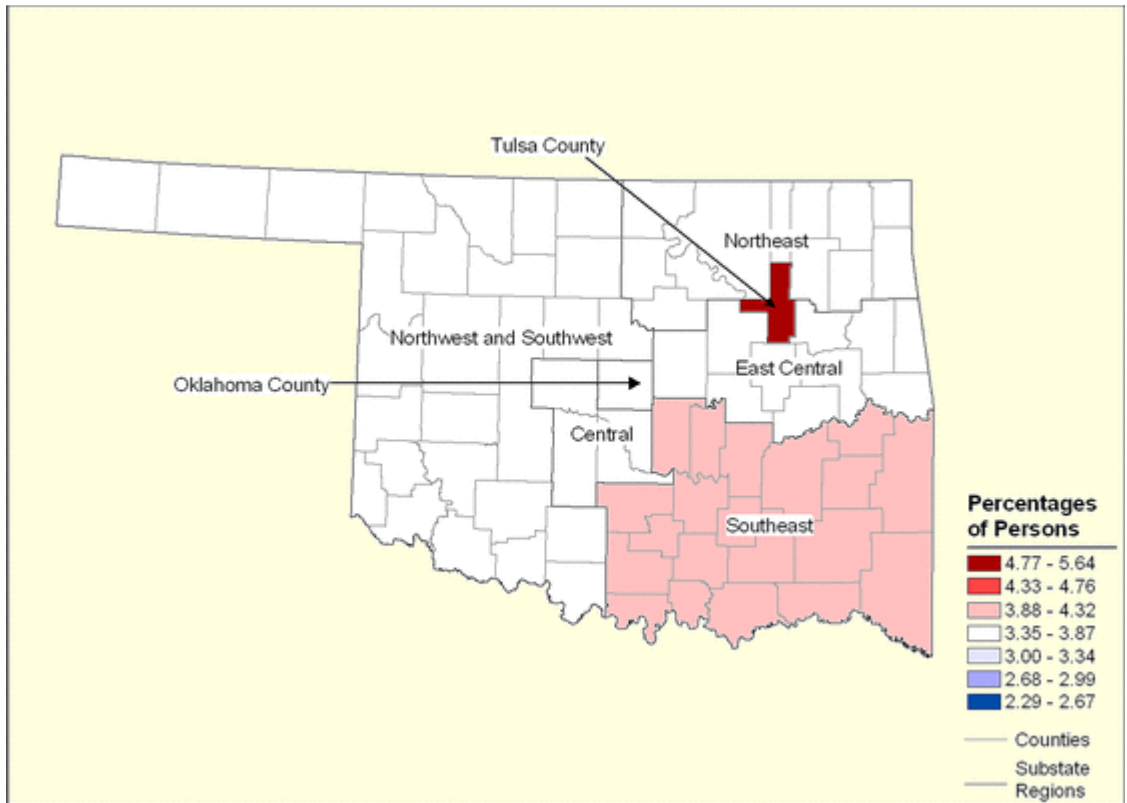
***Marijuana Use in Past Month* among Persons Aged 12 or Older in Oklahoma, by Sub-state Region: Percentages, Annual Averages Based on 2004, 2005, and 2006 NSDUHs**



Nonmedical Use of Pain Relievers in Past Year among Persons Aged 12 or Older in Oklahoma, by Substate Region: Percentages, Annual Averages Based on 2004, 2005, and 2006 NSDUHs

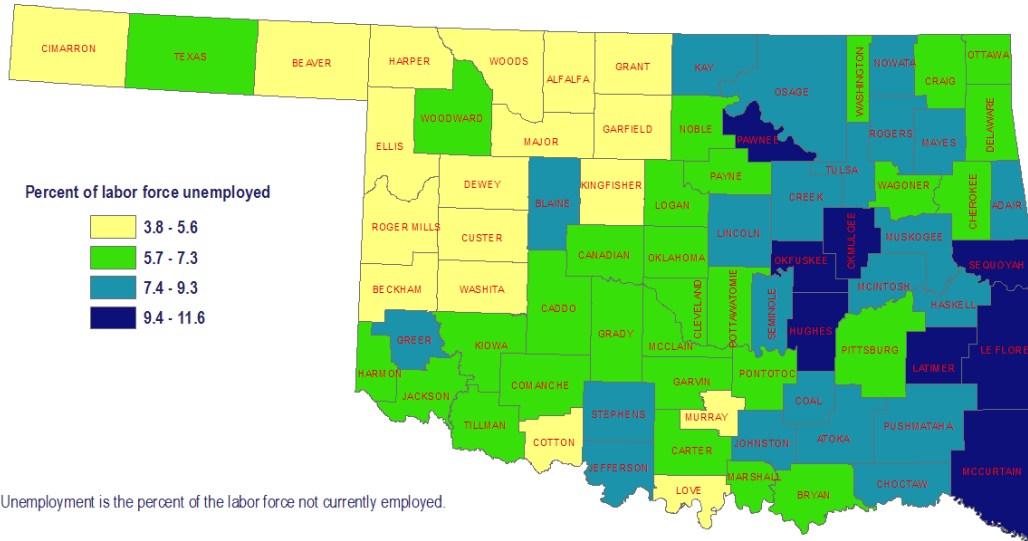


Illicit Drug Use Other Than Marijuana in Past Month among Persons Aged 12 or Older in Oklahoma, by Substate Region: Percentages, Annual Averages Based on 2004, 2005, and 2006 NSDUHs



Unemployment

Percent of Labor Force Without a Job, Oklahoma, 2010.



Created: 09.01.2010

Projection/Coordinate System: USGS Albers Equal Area Conic



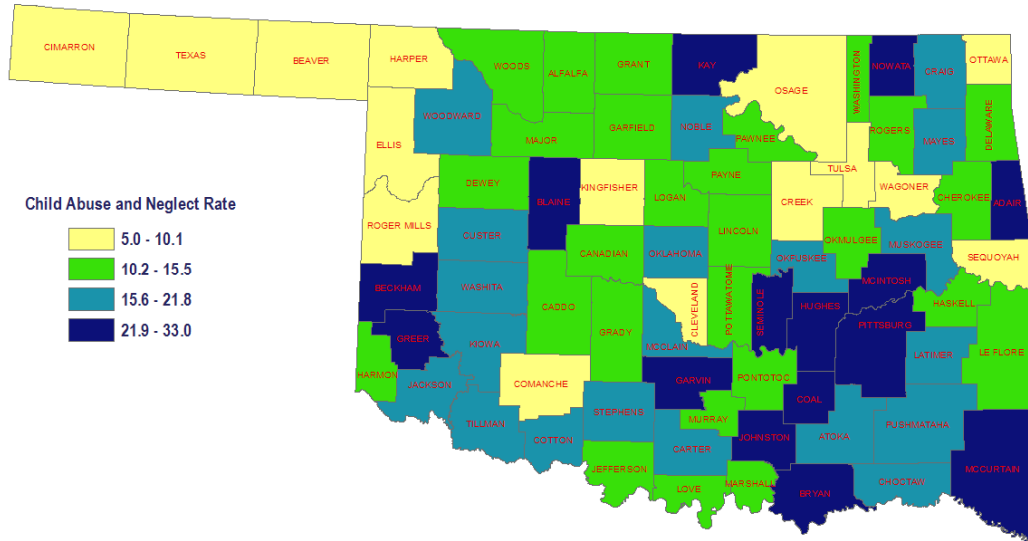
Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.



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Child Maltreatment

Rate of Child Abuse and Neglect Confirmations per 1,000 Population, Oklahoma, FY 2006-2008.



Data Source: Oklahoma Department of Human Services

Created: 09.01.2010

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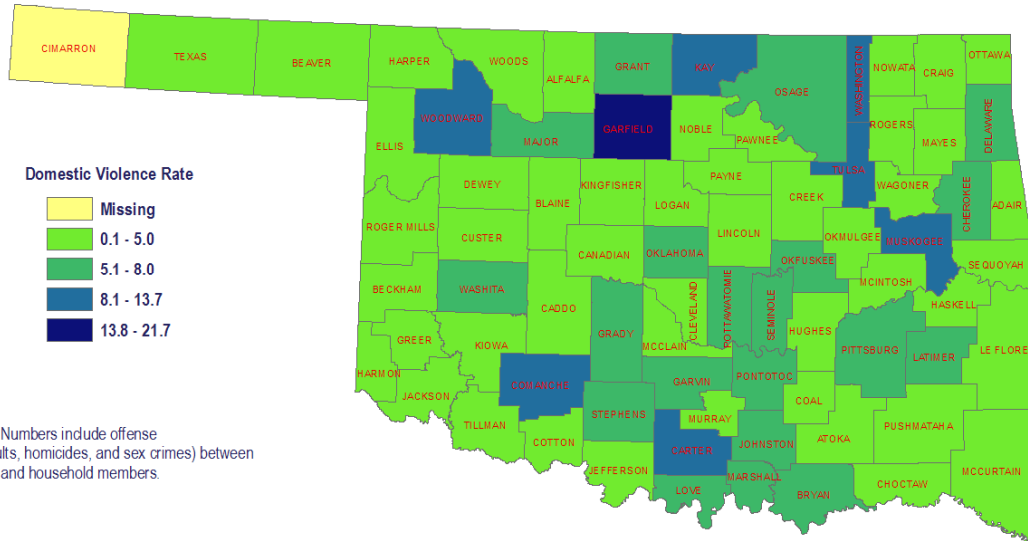
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Domestic Violence

Rate of Domestic Violence per 1,000 Population, Oklahoma, 2009.



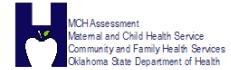
Data Source: County level data obtained from OSBI, Information Services Division, Uniform Crime Reporting System.

Created: 09.01.2010

Projection/Coordinate System: USGS Albers Equal Area Conic



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4. QUALITY AND CAPACITY OF EXISTING HOME VISITATION SERVICES

History of Home Visiting

Home visiting has existed in the United States since the late 1800's, when it was first endorsed by nurse Florence Nightingale. Early on, it was recognized that "social conditions could be wonderfully improved if, to every family in distress, could be sent a volunteer visitor, who would seek out and, with patience and sympathy, strive to remove the causes of need."¹ With this in mind, Lillian Wald established the first public health nursing unit in 1895 to address the needs of immigrant families living in settlement houses in New York. These settlement house programs were the beginning of the United States' family support movement. In the early 20th century, focus moved away from family support to parent education, in which experts taught parents how to raise successful children.² Today we recognize the parent as the expert of his or her own child and that by partnering with parents through home visitation programs, we can provide much needed support.

Today, home visitation programs and curriculums have been developed to address a myriad of family needs. Although the goals may moderately differ, effective home visitation programs share a focus on the importance of the early years of childhood, the great impact parents have in shaping their children's lives and the value of meeting families in their home environment. Home visits allow providers a unique opportunity to assess the family setting, gain a better understanding of the family's needs, tailor interventions to meet their needs and enlist all family members in the nurturing of the children. In 1993, *The Future of Children* examined the practice, policy and research underlying effective home visitation services for parents with young children and concluded that the results were promising enough to suggest that an expansion of such services was warranted.

Recent History of Home Visiting in Oklahoma

The Oklahoma Office of Child Abuse Prevention (OCAP) was created in 1984 by the Oklahoma Child Abuse Prevention Act.³ The Act declared that the prevention of child abuse and neglect was a priority. In accordance with the Act, OCAP was placed within the Oklahoma State Department of Health to emphasize *prevention* as the focus rather than "after-the-fact" intervention.

The Act declared that OCAP was charged with the following responsibilities:

- 1) In collaboration with the Interagency Child Abuse Prevention Task Force and the Oklahoma Commission on Children and Youth, develop the State Plan for the Prevention of Child Abuse and Neglect;

¹ Mary E. Richmond. (1899) Friendly Visiting Among the Poor: A Handbook for Charity Workers. New York: The MacMillian Company.

² Carol S. Klass. (1996) Home Visiting: Promoting Healthy Parent and Child Development. Baltimore, MA: Paul H. Brookes Publishing Company, 3.

³ Title 63 Oklahoma Statute Section 1.227.

- 2) Utilizing monies from the Child Abuse Prevention Fund, assure that child abuse prevention services are provided by awarding contracts through a competitive grant process;
- 3) Provide multi-disciplinary and discipline-specific training to those working in the areas of child abuse prevention, investigation, intervention and treatment; and
- 4) Provide technical assistance and quality assurance for the State's free-standing multi-disciplinary teams.

In the early years, OCAP provided small grants to organizations and agencies for individual projects related to the prevention of child maltreatment. Like many in the 80's and early 90's, much of the efforts focused on identifying child abuse and neglect, educating the public about making child abuse reports and promoting the issue in general.

However with the advent of home visitation and the promise of positive outcomes, OCAP made significant changes in their bid process for child abuse prevention contracts. In 1995, a relationship was established with Drs. Anne and Rex Culp at Oklahoma State University. With their assistance, a home visitation model, based on the Healthy Families America approach, was developed and evaluation was conducted. Because of the benefits for families associated with home visitation, all monies from Child Abuse Prevention Fund since that time have been directed towards home visitation. Today these programs are collectively known as "Start Right."

While the Culpes were assisting OCAP with the development and implementation of a new home visitation, the Oklahoma State Legislature was seeking new methods for reducing child abuse and neglect. The Legislature charged the OCAP to scan the country for "evidenced-based models" that were effective in reducing child maltreatment. OCAP contacted Dr. David Olds at the University of Colorado and asked if he could present his findings regarding nurse home visitation to interested members of the Legislature. He agreed and that was the beginning of a long-term relationship with Nurse-Family Partnership.

The Nurse-Family Partnership Program in Oklahoma is known as "Children First." In February 1997, the Children First Program began with 19 nurses in four counties: Garfield, Garvin, Muskogee and Tulsa. By October 1998, the funding increased, 125 additional nurses were hired and services were available in all 77 counties of Oklahoma. At the Program's peak, Children First had over 250 nurses and served over 8,500 families. Unfortunately, appropriations dedicated to Children First have declined since 2001 and the number of nurses available to serve families has decreased accordingly.

While the Oklahoma State Department of Health has played a significant role in implementing home visitation programs over the years, Children First and Start Right are certainly not the only home visitation programs working to improve the lives of children and families in our state. The Oklahoma State Department of Education provides Parents as Teachers home visitation services to families in many school districts throughout the state and early intervention services through SoonerStart. The Oklahoma Department of Human Services has devoted a great of effort to implementing and evaluating home visitation services for those at the highest of risk for abusing or neglecting their children (families dealing with substance abuse, untreated mental illness, domestic violence and/or having already been reported to child welfare).

In order to better coordinate services and assure that home visitation efforts are not duplicative, the Home Visitation Leadership Advisory Coalition (HVLAC) was formed. Members from various agencies and programs working at all levels, from supervisory roles to the front lines, participate in this dynamic group that strives to promote best practices in home visitation. Members benefit from sharing resources, learning about each of the programs, listening to guest speakers and collaborating on various projects.

Review of Home Visitation System: Strengths and Challenges

In 2009, Smart Start Oklahoma's⁴ evaluation staff interviewed numerous staff affiliated with Oklahoma's home visitation program. Below are the results of the information gathered and summarized in Smart Start Oklahoma's "Home Visitation Issue Brief."

"The system is structured so that it benefits families with diverse and complex needs. These needs require specialization among home visitation professionals and a well designed delivery system that is flexible and can be tailored to meet each family's unique circumstances. Programs work together to offer a comprehensive array of services recognizing that basic needs must be met to ensure families are strong and equipped to deal with parenting challenges. Home visitation professionals utilize research and evidence-based models with a strong track record of improving the lives of children and families and offering opportunity for future success.

Despite the success of the current system, more can be done to enhance the capacity of programs to effectively meet the needs of families. A primary concern is the lack of adequate funding to ensure quality services are available to serve all those in need. In response to a recent survey, one program representative indicated the lack of funding can be especially problematic in rural areas where they have to travel greater distances to serve families, resulting in additional travel costs. Additional funding is also critical for staff training and professional development. Research suggests that "visitors need more skills, knowledge and flexibility than ever before in order to tailor services to the needs of the families they serve." Funding should also be available for evaluating program implementation and measuring outcomes. As policymakers and investors pay careful attention to accountability and results, the use of evidence-based visitation models that produce positive outcomes extending beyond participating families to the broader community must receive adequate financial support.

Another challenge for home visitors is the lack of adequate community resources. One program representative suggests the needs of families in some areas of the state may require services that are not available in that community or the programs that are available are already at maximum capacity. Heather Weiss, founder and director of the Harvard Family Research Project, argues that the effectiveness of program "rests, in part, on the availability and quality within the community of other services for families as well as on the capacity of the families to connect with such services." Without the proper supports, families do not have equal opportunity for success. Home visitors must have available and accessible programs in proximity to the families they serve in order to provide effective service and create lasting change.

⁴ A public-private entity dedicated to early childhood issues with a primary focus of assuring that all children are ready for kindergarten.

State leaders, home visitation program staff and legislators must come together with families and advocates and commit to seeking solutions and providing sufficient resources to support proven strategies for change and progress. Adequate funding for program implementation and evaluation, as well as a commitment to ensuring adequate resources to support strong families at the local level, is necessary for continued success. Investment in home visitation programs has the potential for long-term economic benefits as improved outcomes for children and families result in future cost savings.

Another opportunity for strengthening the system is to build on existing collaboration among programs and other service providers, including training, outreach and service delivery. One expert notes that it is important to “encourage the coordination and consolidation of training activities with local communities . . . [to] serve as a bridge for interaction among different home visiting programs, as well as provide home visitors with a broader and more in-depth training experience than they may have been able to obtain otherwise.” The American Academy of Pediatrics has also identified opportunities for medical professionals to support and improve the system: 1) ‘recognize that home-visitations programs are complimentary to office-based practice and part of a continuum of care: and 2) support referral of high-risk parents to home visitation programs as early as possible, ideally before or at the time of the prenatal visit to the pediatrician.’ Broad-based collaboration provides an opportunity for individual programs and stakeholders to have an even greater impact on the lives of Oklahomans.”

Existing Home Visitation Programs in Oklahoma

The following early childhood home visitation services include programs supported by State or Federal government funds, are voluntary and serve pregnant women and/or children from birth to kindergarten entry. All programs utilize home visitation as the primary service delivery system and not as a supplemental service.

For more information about each home visitation service, please refer to Appendix A.

Program: Oklahoma Parents as Teachers

Model or Approach: Parents as Teachers

Specific Services: Both home visitation services and monthly group meetings are designed to strengthen the capacity of parents to be effective first teachers. The services are also intended to foster an early partnership between home and school so that parents take a far more active role during their children’s formal years of schooling. Services may be provided until the child turns three years of age.

Intended Recipients: All families with children, birth to 36 months of age, who reside in participating school districts.

Targeted Goals/Outcomes:

- Increase parental knowledge of child development
- Strengthen parent-child relationships
- Connect parents with local school systems and services
- Reduce developmental delays in children

Number of Individuals or Families Served: During the 2008 – 2009 school year, OPAT parent educators served 4,388 families with 5,027 children.

Geographic Area Served: Services were provided in 76 school districts within 37/77 counties.

Program: Healthy Start

Model or Approach: Healthy Start

Specific Services: Services include case management, client advocacy, referrals to health care and other services, direct outreach from trained community members, health education to address risk factors and plan development. Services may continue until the child turns three years of age.

Intended Recipients: Medically/socially, high-risk, pregnant women.

Targeted Goals/Outcomes:

- Reduction of infant mortality
- Reduction of low birth weight and premature infants
- Increase the number of pregnant women entering into prenatal care during the first trimester

Number of Individuals or Families Served: During State Fiscal Year 2009, Tulsa Healthy Start served 702 clients as well as 700 community participants. During State Fiscal Year 2009, Oklahoma City Healthy Start served 252 clients and 4,041 community participants.

Geographic Area Served: Oklahoma and Tulsa Counties

Program: Early/Head Start Home Visiting

Model or Approach: Head Start

Specific Services: Services include both home and center-based education, comprehensive health and mental health services for women before, during and after pregnancy, nutrition education and family support services.

Intended Recipients: Low income (100% of Federal Poverty Level) pregnant women and families with infants and toddlers less than three years of age.

Targeted Goals/Outcomes:

- Improve prenatal outcomes
- Enhance the development of children
- Improve family functioning

Number of Individuals or Families Served: During Federal Fiscal Year 2009, a total of 1,856 children and 58 pregnant women were served by Early/Head Start in Oklahoma.

Geographic Area Served: Services were provided in 22/77 counties including five Tribal Nation areas.

Program: Start Right

Model or Approach: Healthy Families America Approach and Parents as Teachers Curricula

Specific Services: Services include both home and center-based education, comprehensive health and mental health services for women before, during and after pregnancy, including nutrition education and family support services. Services may continue until the child's sixth birthday.

Intended Recipients: First-time, pregnant women beyond their 28th week of pregnancy; women pregnant with a child other than their first (regardless of gestational age); and any parents with a child less than one year of age that assess positively on the Kempe Stress Scale.

Targeted Goals/Outcomes:

- Improve the health of the primary caregiver and child
- Enhance healthy child growth and development
- Enhance family functioning
- Promote positive parent-child relationships
- Promote safe practices and reduce the risk of deaths

Number of Individuals or Families Served: During State Fiscal Year 2009, a total of 1247 families were served by home visitation.

Geographic Area Served: Services were provided in 40/77 counties.

Program: Children First: Oklahoma's Nurse-Family Partnership

Model or Approach: Nurse-Family Partnership

Specific Services: Services include brief health assessments, child growth and developmental evaluations, nutrition education, parenting and relationship information and links to other community resources. Services may continue until the child's second birthday.

Intended Recipients: Low-income, pregnant women who are expecting to parent for the first time. Women must enroll prior to the 29th week of pregnancy and the family's household income must be at or below 185% of the Federal Poverty Level.

Targeted Goals/Outcomes:

- Improve pregnancy outcomes
- Improve child health and development
- Improve families' economic self-sufficiency

Number of Individuals or Families Served: During State Fiscal Year 2009, a total of 4,590 families were served.

Geographic Area Served: Services were provided in 69/77 counties.

Program: Child Maltreatment Prevention in High Risk Families Pilot Project

Model or Approach: SafeCare+

Specific Services: Services include direct skill training in child behavior management using planned activities training, home safety training and teaching child health care skills. SafeCare has been augmented to address risk factors, teach healthy relationship skills (Healthy Relationship Module), and improve motivation to change risky situations for the SafeCare+ program. Services can be completed in six months.

Intended Recipients: Parents/caregivers at high risk are targeted and must have at least one of the following conditions: an active substance abuse disorder; a history of domestic violence; a mental health diagnosis; a physical or developmental disability resulting in impaired parenting; or a combination of any of the above conditions. Families can have multiple children with at least one child five years or younger. Parents must not have a history of more than two prior child abuse or neglect referrals or have an open child welfare case.

Targeted Goals/Outcomes:

- Families are much more likely to enroll in services and successfully complete services than the comparison services.
- Improves referral and access to services for basic needs and to address risk factors.

- Families and providers report young children have reduced exposure to hazards, parents are more able to address health care needs, and parenting improved.

Number of Individuals or Families Served: 39

Geographic Area Served: Oklahoma County (Funding for Payne County ended in FY2010)

Program: Evidence-Based Home Visitation Federal Grant

Model or Approach: Safe Care+

Specific Services: Services include direct skill training in child behavior management using planned activities training, home safety training and teaching child health care skills. SafeCare has been adapted for Latino families. SafeCare has also been augmented to address risk factors, teach healthy relationship skills (Healthy Relationship Module), and improve motivation to change risky situations for the SafeCare+ program. Services can be completed in six months.

Intended Recipients: Latino families with at least one child five years of age or younger. Families will be screened for risk level, with high risk factors including an active substance abuse disorder; a history of domestic violence; a mental health diagnosis; a physical or developmental disability resulting in impaired parenting; or a combination of any of the above conditions. Parents must not have a history of more than two prior child abuse or neglect referrals or have an open child welfare case.

Targeted Goals/Outcomes:

- To prevent child physical abuse and neglect of young children (birth – 5 years).
- To prevent need for removal of young children from their primary caregivers' custody for child protective services reasons.
- To improve protective factors with reduced children's exposure to hazards and improved caregiver responses to health and developmental needs, and improved parenting.
- To reduce decrease parental risk factors (substance abuse, Intimate Partner Violence, family violence, community violence, and/or depression).

Number of Individuals or Families Served: 25 (only the feasibility study has been conducted. Recruitment for the full study anticipated to start October, 2010)

Geographic Area Served: Oklahoma County

Program: Sooner Start Early Intervention Program

Model or Approach: Discipline specific interventions based on the child's needs developed through an individualized family service plan

Specific Services: Services include assistive technology services; audiology-hearing; child development; early identification with screening, evaluation and assessment services; family training and counseling; service coordination; nutrition services; occupational therapy; physical therapy; special instruction; psychological services, speech-language pathology; social work services; vision services and nursing services. Services may continue until the child is three years of age.

Intended Recipients: Infant and toddlers who exhibit delay in their developmental age compared to their chronological age of 50% or score two standard deviations below the mean in one of the following domains: cognitive, physical, communication, social/emotional, or adaptive development; or exhibit a delay in their developmental age compared to their chronological age of twenty-five percent or score 1.5 standard deviations below the mean in two or more of the

above reported areas; or have a diagnosed physical or mental condition that has a high probability of resulting in delays.

Targeted Goals/Outcomes:

- Minimize the adverse impact of developmental delays
- Increase developmental outcomes in social-emotional skills, early language/communication and appropriate behaviors
- Strengthen capacity of families to support their children
- Improve transition to preschool special education programs
- Reduce long-term special education costs

Number of Individuals or Families Served: During State Fiscal Year 2009, SoonerStart provided screening, evaluation and services to 13,534 infants and toddlers.

Geographic Area Served: All 77 counties.

*StartRight county numbers are estimations: the total is actual

Home Visiting Programs and Capacity

Counties	Eligible Population Data		Existing Home Visiting Capacity Data																
			OPAT		Healthy Start		Early/Head Start		Start Right		Children First - NFP		SafeCare+ Pilot		EBHV: SafeCare+		Sooner Start		
	# of births	# of 1 st time births	# of families served	% of eligible families served	# of families served	% of eligible families served	# of families served	% of eligible families served	# of families served	% of eligible families served	# of families served	% of eligible families served	# of families served	% of eligible families served	# of families served	% of eligible families served	# of families served	% of eligible families served	
Adair	399	146	95	24%					19*	5%								N/A	N/A
Alfalfa	56	25							7*	14%									
Atoka	152	67									21	19%							
Beaver	55	16									3	11%							
Beckham	351	134					6		14*	4%	28	13%							
Blaine	157	54	40	25%							25	28%							
Bryan	581	258	77	13%							131	30%							
Caddo	411	167	67	15%			10				34	12%							
Canadian	1558	619							48	3%	81	8%							
Carter	690	240	85	12%					24*	3%	61	15%							
Cherokee	652	254	106	16%					30*	5%	81	19%							
Choctaw	237	96	52	22%							19	12%							
Cimarron	32	9																	
Cleveland	2696	1280	191	7%					45	2%	263	12%							
Coal	69	27							0		19	42%							
Comanche	2106	851							58*	3%	85	6%							
Cotton	83	37							2*	3%	16	30%							
Craig	182	76									32	25%							
Creek	875	330	161	18%					66	7%	52	9%							
Custer	435	158							17*	4%	31	12%							
Delaware	473	173							86	17%	38	13%							
Dewey	69	25																	
Ellis	46	16									1	4%							
Garfield	950	351	137	14%							127	22%							
Garvin	402	166							21*	5%	42	15%							
Grady	676	270	80	12%			6				30	7%							
Grant	56	18							9*	14%	4	13%							
Greer	65	22					6		4*	6%	10	27%							
Harmon	48	27					2				8	18%							
Harper	17	23									2	5%							
Haskell	189	64	22	12%							15	14%							
Hughes	164	53							13*	7%	18	20%							
Jackson	471	194	37	8%			10		30*	7%	62	19%							
Jefferson	90	35							3*	3%	7	12%							
Johnston	182	66									30	27%							
Kay	712	269							101	14%	36	8%							
Kingfisher	222	80	15	7%							54	40%							
Kiowa	113	47	33	29%					7*	6%	11	14%							
Latimer	107	48									16	20%							
LeFlore	778	283	137	10%							125	27%							
Lincoln	404	142	25	6%							62	27%							
Logan	476	193	85	18%							115	36%							
Love	130	51							4*	3%	9	11%							
Major	86	34							11*	13%	16	28%							
Marshall	205	88									43	29%							

Meeting the Needs of Eligible Families

While all parents could benefit from home visitation services, even if for a brief time, the resources are just not available to provide universal home visiting. The majority of Oklahoma's home visitation programs have chosen to develop eligibility criteria in order to provide services. For some programs financial criteria are in place while others utilize screening and assessment tools to determine what services are appropriate.

With over 50,000 births each year within the state of Oklahoma and approximately 60% of those deliveries paid for by Medicaid, there is an abundance of families eligible for and needing home visiting services. In addition to just the sheer numbers, there are two contributing factors that may be contributing to an increasing need for home visitation services:

- 1) The downturn in the economy has greatly impacted families in Oklahoma like the rest of the Nation. Parents' stress levels have certainly increased. Employment is more difficult to find. Many social services have been reduced or eliminated. The number of homeless and transient, especially with young children, has increased. The risk factors most often associated with child abuse and neglect are increasing.
- 2) The Oklahoma Department of Human Services, Child Welfare Division, is in the process of implementing a new practice model. The new practice model focuses on the immediate safety of the involved child(ren). Consequently, situations that may have been investigated under the old policies and procedures might now be referred to traditional child abuse prevention services such as home visitation services – particularly if the child appears to not be in a severely threatening environment. More referrals than ever are now being made from child welfare to home visiting programs.

Unfortunately, not all demands for services can be met. One third of the population lives in Oklahoma's two largest metropolitan areas: Oklahoma City and Tulsa. A variety of home visitation programs can be found in both cities. However, all programs could easily add more staff and serve more families.

In the rural parts of the state, the need is great as well. The western portion of the state is sparsely populated and community services are sometimes scarce. Home visitors often become a lifeline to isolated families with few options for services of any kind. While a home visitor in the western part of the state might have to travel great distances to make visits, the outcomes make the invested time worthwhile.

Much of the eastern part of the state is also considered rural, but the population is more dense than on the western side of the state. Home visitors often travel through winding hills, forests and behind chicken trucks. Directions to a family's home often include landmarks such as the abandoned *Tastee Treat* or the third trailer past the big red barn. Families tend to be poorer on this side of the state. Social services may be more plentiful in eastern Oklahoma, but opportunities to escape poverty may not be. For certain portions of southeastern Oklahoma, generational poverty is quite common. These families are typically very accepting of home visitation services. For these reasons, more home visitation services are needed.

Gaps and/or Duplication of Home Visitation Services

The various home visitation programs have attempted to create either local or state practices that reduce the chances of two or more programs from providing similar services to a family. During the early years of home visitation implementation, there would be occasions where a family would have two programs vying for their participation - hence, the creation of the Home Visitation Leadership Advisory Coalition (HVLAC). HVLAC was instrumental in developing the differing enrollment criteria for the Start Right and Children First programs.

Today, it is standard for the Start Right contracts to require that mothers delivering their first child should be referred to Children First as long as the mothers qualify financially and are not beyond the 29th week of pregnancy. Likewise, Children First referred women to other home visitation programs when they do not meet the Children First enrollment criteria.

Other Services that Assist in Preventing Child Abuse (other than Substance Abuse)

Mental Health Treatment

Located within each of the 17 mental health service areas in Oklahoma is at least one publicly supported community mental health center. These centers provide emergency intervention, assessment, counseling, psychosocial rehabilitation, case management and community support services designed to assist adult mental health clients in living as independently as possible and to provide therapeutic services for children who are demonstrating symptoms of emotional disturbance.

For clients who need inpatient treatment, the Oklahoma Department of Mental Health & Substance Abuse Services operates a psychiatric hospital for adults and a facility for children under the age of 18 years. Additionally, the Department provides funding for social and recreational services for individuals with mental illness who live in residential care facilities, as well as support for other community-based services such as assistance for mentally ill individuals who are homeless.

For more information, please refer to Appendix B.

Domestic Violence and Sexual Assault Services

The Oklahoma Attorney General – Victim Services Unit serves as the State’s lead agency for matters related to domestic violence and sexual assault. Domestic violence and sexual assault programs funded by the AG’s Office report information on client demographics and services. Additional data regarding domestic violence and sexual assault crimes is collected by the Oklahoma State Bureau of Investigation.

On September 25, 2007, 30 out of 33, or 91% of identified domestic violence programs in Oklahoma participated in the 2007 National Census of Domestic Violence Services. The

following figures represent information from the 30 participating programs about services they provided during the 24-hour survey period.

- 850 Victims served in one day
 - 350 domestic violence victims found refuge in emergency shelters or transitional housing provided by local domestic violence programs.
 - 460 adults and children received non-residential services, including individual counseling, legal advocacy and children's support groups.
 - 90% of local programs provided individual counseling or advocacy, but only 27% were able to provide transitional housing.
- 67 Unmet Requests for Services
 - Due to a lack of resources, many programs in Oklahoma reported a critical shortage of funds and staff to assist victims in need of services, such as housing, childcare, mental health and substance abuse counseling as well as legal representation.
- 335 Hotline Calls Answered
 - Domestic violence program staff answered more than 14 hotline calls every hour, providing support, information, safety planning and resources.

In Federal Fiscal Year 2008, there were 29 certified domestic violence programs offering services to victims and their children. They provided assistance to 13,333 women, 4,754 dependent children and 597 male victims (not including victims served by Native American Tribes). The specific services offered may include individual and/or counseling for adults and children; emergency shelter; advocacy with social services; assistance with the legal system; childcare; and/or transitional housing.

In addition to the service centers and shelters, there are also the following victim services:

- Safeline: Safeline is a toll-free accessible 24-hour hotline for individuals seeking help or information. Assistance is available in 150 languages.
- Victim Information and Notification Everyday (VINE) Program: VINE allows crime victims to obtain timely and reliable information about criminal cases and the custody status of offenders 24 hours a day. Victims and other concerned citizens can also register to be notified by phone, email, text message, or TTY devices when an offender's custody status changes.
- Oklahoma Address Confidentiality Program (ACP): This program provides victims who have moved to a new location unknown to their abuser with a substitute address for use when interacting with state and local agencies.

For more information, please refer to Appendix B.

Child Guidance Services

Child Guidance Services are provided through the county health departments and are fee-based services that fall into four general categories:

- Services to individual children and families;
- Educational services to the general population;
- Services to professionals; and

- Community Development.

The Child Guidance Program has three professional components designed to build healthy family relationships and promote optimum child development:

- Behavioral health services;
- Child development/parent education services; and
- Speech & Language services.

Services are located in 16 county health departments. One does not have to be a resident of the county in which the Child Guidance Program is located in order to receive services.

For more information, please refer to Appendix B.

Head Start Centers

For over 40 years, Head Start has functioned as a family antipoverty program. Head Start provides a comprehensive program of health, education, parent involvement social services and services for children with disabilities, all of which are coordinated with community-based service systems.

For more information, please refer to Appendix B.

Educare Centers

Research shows that children in low-income homes start school behind their more affluent peers. Unfortunately, when a child starts behind, they often stay behind. Educare serves at-risk children ages birth to five. Educare Centers help young children grow up safe, healthy and eager to learn, providing the highest quality outcome-based learning environments for families and their children who are at-risk for school failure.

Tulsa Educare opened as a state-of-the art community center in the Kendal Whittier neighborhood in August 2006. The first of its kind in Oklahoma, Tulsa Educare has served as the premier facility upon which other Educare centers in the state have been modeled. The second Tulsa Educare facility, located next door to Hawthorne Elementary School, opened in February 2010. Its completion gives Oklahoma the unique distinction of being only one of two communities in the entire country with two Educare centers.

Tulsa Educare's mission is to help break the cycle of poverty through a flagship very early childhood education program and through transfer of best practices to other Tulsa programs. Serving 200 low-income children and their families with education and family support services (including medical care and mental health support), Tulsa Educare prepares children to enter kindergarten ready to succeed.

Oklahoma City Educare opened its doors in July 2009 and serves 200 disadvantage children, ages birth to five years old, with year-round childhood education programs. Oklahoma City Educare is located adjacent to the new Cesar Chavez Elementary School where many of the children will transition once school age. Oklahoma City Educare is committed to providing the

most comprehensive mental health services to infants, young children and families. Components of Oklahoma City Educare’s mental health services include traditional Play Therapy; Diagnostic Nursery (a thorough assessment conducted in partnership with the Oklahoma University Health Science Center); Parent-Child Interactive Therapy; Infant Massage; Parent Education and Support; and extensive training and education for staff, teachers, interns from local universities, and community members. This comprehensive mental health model serves is based on best practices and makes Oklahoma City Educare a standout in the Educare system.

For more information, please refer to Appendix B.

Three-Star Quality Rated Childcare Centers

In Oklahoma, a variety of initiatives have been implemented to improve the level of child care quality. A tiered system of quality and reimbursement known as “Reaching for the Stars” provides incentives for programs that meet the “star” criteria. The Program has four levels of rating facilities in which specified criteria must be met:

- One-Star programs meet minimum licensing requirements.
- One-Star Plus programs meet additional quality criteria which includes additional training, reading to children daily, parent involvement and program assessment.
- Two-Star programs meet additional quality criteria or are nationally accredited.
- Three-Star programs meet additional quality criteria and are nationally accredited.

For purposes of this document, we have included only Three-Star level programs assuming that all parents desire the highest quality of care for their children.

Publicly Funded Pre-Kindergarten Classes

Oklahoma’s Early Childhood Programs, administered by the Oklahoma State Department of Education, is considered a model for the Nation. In 2007, 97% of the Oklahoma school districts offered Pre-Kindergarten programs through the public schools. Over 35,000 children attended either full-day or half-day Pre-K during the 2007-2008 school year. The number of children participating in Pre-K is impressive – approximately 70% of those that will enter kindergarten the following year.

The early childhood curriculum is designed to attend to the needs and individual differences among young children. Through themes of interest, all areas of the curriculum are integrated. Students experience an active learning environment arranged in learning centers which include art, science, reading, dramatic play, blocks, technology and math.

Smart Start Oklahoma

Established under the Oklahoma Partnership for School Readiness Act in 2003, Smart Start Oklahoma is charged with increasing the number of children who are ready to succeed by the time they enter kindergarten. In 2008, the Partnership Board was designated by the Governor as the State’s Early Childhood Advisory Council, as required by each state under the 2007 Head

Start Reauthorization Act. As a public-private partnership, Smart Start Oklahoma pursues strategies for improving learning opportunities and environments for children birth to age six.

State legislation requires the Partnership to promote and enhance community collaboration for early childhood programs and services. To accomplish its goals, Smart Start Oklahoma has an 18 member community-based network serving 52 counties across the state and reaching 88% of children under the age of six years. At the state level, Smart Start Oklahoma supports communities with grants, technical assistance and fiscal management. In addition, Smart Start Oklahoma partner's with the Oklahoma State Department of Health's Early Childhood Comprehensive System (ECCS) Project in order to carry out the ECCS.

Smart Start Oklahoma focuses on four key areas:

- Community Development;
- Public Engagement;
- Public Policy and Systems Development; and
- Resource Development.

Military Bases

Tinker Air Force Base: Tinker AFB is located in Oklahoma City. The base was built in 1941 and is currently home to the 72nd Air Base Wing and the AFMC Oklahoma City Air Logistics Center. The Base is home to 26,000 military and civilian personnel.

Vance Air Force Base: Vance AFB is the home of the 71st Flying Wing. The mission of Vance is to provide pilot training for the U.S. Air Force officers so that they can perform combat and support duties for our national defense. Pilot training is also provided to the Navy and Marine students under the joint specialized undergraduate pilot training program. Students from several foreign countries receive pilot training at Vance under the U.S. Military Assistance and Sale program. The Base employs 2,450 people of whom 1,050 are military, 200 are civilians and 1,200 are contractors.

Altus Air Force Base: Altus Air Force Base is operated by the Air Education and Training Command located in Altus. The base was built in 1942 and is currently home to the 97th Air Mobility Wing. This Wing is tasked to train C-17 Globemaster and KC-135 Stratotanker crews in advanced specialty programs for over 3,000 students yearly. Altus AFB hosts 3,500 military personnel and 550 civilian employees. There are approximately 300 – 400 students being trained at the Base at any given time.

Fort Sill: Fort Sill is a major US Army post located in southwestern Oklahoma near Lawton. Fort Sill is one of the five locations in the country for Army Basic Combat Training.

American Indian/Alaskan Native Population Overview

According to the U.S. Census Bureau there are 4.4 million American Indian/Alaska Natives (AI/AN) residing in the United States (alone or in combination with another race). While four out of 10 Indians live in western states, every state in the nation has a measurable AI/AN

population.⁵ The Urban Indian Health Institute estimates that 66% of the AI/AN population lives in metropolitan areas.

The American Indian and Alaska Native population in California as of July 2004 was 687,400, which is the highest total of any state. California was followed by Oklahoma (398,200) and Arizona (233,200). Approximately 11% of Oklahoma's population is American Indian/Alaskan Native.

In the August 9, 2009 edition (Volume 74, Number 153 of the Federal Register, the Department of the Interior and the Bureau of Indian Affairs published notice of 564 federally recognized tribal entities. The Delaware Tribe of Indians of Oklahoma was listed among those federally recognized tribal entities after a reorganization of tribal government pursuant to a Memorandum of Agreement between the Delaware Tribe of Indians and the Cherokee Nation. With this notice, Oklahoma is now home to 38 federally recognized tribal nations.

It is estimated that approximately 86,118 urban Indians live in Tulsa; 71,926 live in Oklahoma City; 6,660 live in Norman; and 6,801 live in Muskogee.⁶ It should be noted that Tulsa has the highest proportion of American Indians, second only to Anchorage, Alaska.⁷ Oklahoma City ranks third on the list. The largest tribal grouping in Oklahoma is the Cherokee Nation. The Cherokee Nation's tribal headquarters sits in northeastern Oklahoma in the town of Tahlequah.

Thirty-six Oklahoma tribes operate their own health programs ranging from large scale hospitals to smaller preventive and behavioral health programs. The Indian Health Service operates ten facilities in the state with two Indian clinics providing ambulatory outpatient health care to urban communities.⁸

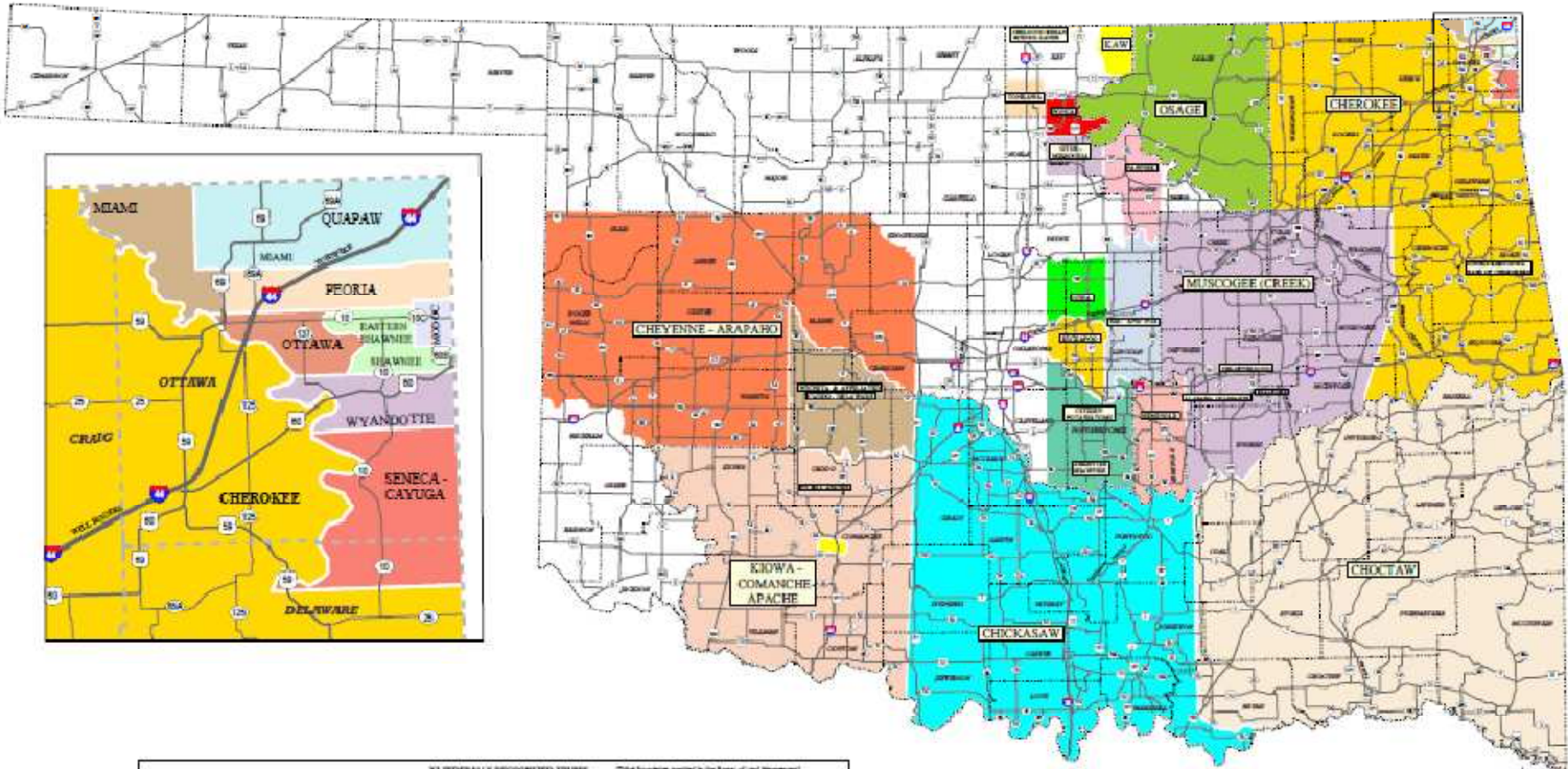
⁵ *The American Indian and Alaska Native Population: 2000 Census Brief. Issued February 2002. US Census Bureau.*

⁶ *Urban Indian Health Issue Brief. By Ralph Forquera for the Henry J. Kaiser Foundation, November 2001.*

⁷ www.census.gov/population/www/cen2000/brief.html.

⁸ *Indian Health Service (IHS) Oklahoma City Area office website. Retrieved January 9, 2010 at www.ihs.gov/facilitiesServices/Areaoffices/Oklahoma.*

TRIBAL JURISDICTIONS IN OKLAHOMA



OKLAHOMA DEPARTMENT OF TRANSPORTATION
 400 NORTH BRIDGEMAN AVENUE
 OKLAHOMA CITY, OKLAHOMA 73102
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37 FEDERALLY RECOGNIZED TRIBES					
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Counties	Substance Treatment Services	Mental Health Treatment Services	Domestic Violence Services	Head Start Center	Educare Center	Three Star Childcare Center	Public Pre K	Military Base	Tribal Headquarter	Child Guidance	Smart Start Communities
Adair	26	625	X	X			X				X
Alfalfa	5	80					X				
Atoka	106	137	X				X				
Beaver	13	42					X				
Beckham	217	377	X				X				
Blaine	89	231	X				X				
Bryan	448	671	X			201	X		X	X	X
Caddo	153	247				169	X		X		
Canadian	328	931	X			233	X			X	X
Carter	328	960	X				X			X	
Cherokee	220	716	X	X		154	X		X		X
Choctaw	141	161	X	X			X				X
Cleveland	1007	3234	X	X		629	X			X	X
Coal	28	56					X				
Comanche	547	1,486	X	X		748	X	X	X	X	X
Cotton	28	58					X				X
Craig	219	512	X	X		34	X				
Creek	309	1,417	X	X		69	X		X		X
Custer	162	452	X			12	X				
Delaware	121	299	X			61	X		X		
Ellis	16	96					X				
Garfield	437	978	X			125	X	X		X	X
Garvin	101	409	X				X				X
Grady	327	498	X			56	X				
Grant	9	29					X				
Greer	57	47					X				
Harmon	10	14					X				X
Harper	4	57					X				
Haskell	71	206					X				X
Hughes	122	210					X		X		
Jackson	120	192	X			82	X	X			X
Jefferson	21	59					X				X
Johnston	63	125	X				X				X
Key	228	970	X			78	X		X	X	X
Kingfisher	19	204					X				X
Kiowa	48	54					X				
Latimer	57	116					X				X
LeFlore	257	515	X				X			X	X
Lincoln	327	444		X			X		X		X
Logan	259	487		X		105	X				X

Counties	Substance Treatment Services	Mental Health Treatment Services	Domestic Violence Services	Head Start Center	Educare Center	Three Star Childcare Center	Public Pre-K	Military Base	Tribal Headquarter	Child Guidance	Smart Start Communities
Love	30	95					X				
Major	11	225					X				
Marshall	85	154	X			120	X				
Mayes	118	664	X	X			X				
McClain	138	338					X				X
McCurtain	425	354	X	X		256	X				X
McIntosh	139	262					X				X
Murray	52	186					X				X
Muskogee	585	1,668	X	X		7	X			X	X
Noble	28	129					X		X		X
Okfuskee	212	606	X				X		X		
Oklahoma	5498	9943	X	X	X	5986	X	X		X	X
Okmulgee	372	956	X	X			X		X		X
Osage	40	305	X	X			X		X		X
Ottawa	165	387	X			90	X		X		
Pawnee	47	110					X		X		X
Payne	373	994	X	X		432	X		X	X	X
Pittsburg	488	902	X			46	X			X	X
Pontotoc	513	926	X				X		X		X
Pottawatomie	794	927	X	X		54	X		X	X	X
Pushmataha	47	102	X	X			X				X
Roger Mills	18	28	X				X				
Rogers	407	994	X	X		51	X			X	X
Seminole	308	453	X	X		12	X		X		X
Sequoyah	158	442	X				X		X		X
Stephens	227	419	X				X				X
Texas	21	323	X				X				
Tillman	33	60					X				X
Tulsa	3496	10,031	X	X	X (2 centers)	3329	X		X	X	X
Wagoner	187	460	X	X		140	X				
Washington	296	686	X			147	X				X
Woods	33	239	X				X				
Woodward	77	270	X				X			X	

*Child Guidance HUBs are marked above—services are provided to anyone regardless of where they reside

5. CAPACITY TO PROVIDE SUBSTANCE ABUSE TREATMENT AND COUNSELING

The Substance Abuse Treatment and Counseling System

Oklahoma, like most states across the Nation, has had to make significant adjustments due to the downturn in the economy. Oklahoma state agencies have struggled with declining revenues for several years. Any reserves that were present are more than likely spent. In many cases, staff and services have been reduced to the bare minimum and in some situations eliminated. The Oklahoma Department of Mental Health and Substance Abuse Services (Department) is certainly no exception and has been forced to cut services.

This past January, the Department had to adjust their budget to accommodate budget shortfalls – an extremely difficult situation considering that many believe the Department was considerably underfunded prior to the shortfall. There were significant repercussions for communities across the state – including those in areas outside of the Oklahoma City and Tulsa metropolitan areas where treatments facilities were few and far between.

The Department’s Commissioner, Terri White, warned of the consequences of not being able to treat those with mental and addictive disorders. She stressed that the budget cuts would impact other state systems. Individuals that were left untreated would remain in their communities, perhaps becoming more ill and destructive to themselves and others. Hospitals, particularly emergency room departments, would be expected to provide more care for such individuals. Unfortunately, the cost of treating such persons in the ER setting is much greater than treating them in community mental health center. In addition, law enforcement officials predicted an increase in their workload when dealing with those with mental health or substance abuse issues. Commissioner White cited an increase of 1,167 new cases of confirmed “substance involved” child and neglect in Oklahoma County alone. Again, additional costs incurred by systems not well equipped to deal with the mentally ill or addicted.

In April 2010, towards the end of Oklahoma’s Legislative Session, Commissioner White presented information to the Oklahoma House Appropriations and Budget Subcommittee on Health. The picture of the State’s mental health status was bleak. During State Fiscal Year 2010, the Department had sustained cuts in excess of \$20 million. The state budget cuts were deeply felt due to the fact that 63% of the Department’s budget comes from the State. In order to bring the Department’s budget back into alignment, the following actions were taken:

- 28 inpatient beds eliminated at Griffin Memorial Hospital (instituting a “census cap” of 120 beds);
- Reduced state-operated adult residential substance abuse beds by more than 60 in city of Norman and 20 in the town of Tahlequah;
- Eliminated approximately 35 children’s mental health beds;
- Eliminated 24 co-occurring beds in Tulsa;
- Closed a 26 bed-enhanced residential treatment center;

- Reduced contracts for all private providers of mental health, substance abuse and prevention services, curtailing access to early intervention and other community-based services;
- Reduced budgets at state-operated community mental health centers resulting in one satellite facility closure, restructuring of services and other reduction measures; and
- Reduced the Department's workforce by over 10% through voluntary buyouts, reduction-in-force actions and leaving vacancies unfilled.

All of these setbacks were disappointing – particularly considering the strides the Department had made in several areas:

Jail Diversion Programs: Investment in criminal justice programs continued to provide great value to Oklahoma taxpayers. For example, for Oklahomans receiving treatment through drug court as opposed to spending time in a correctional facility, they were 63% less likely to be re-arrested than successful standard probation offenders and 131% less likely to be arrested than released prison inmates. They experienced an 86.2% decrease in unemployment and a 48.8% increase in participants who had children living with them as opposed to placement in the child welfare system.

Quality and Efficiency: The agency won multiple awards at the state's quality team day, including recognition for developing protocols to maximize Medicaid participation delivered by ODMHSAS providers and implementation of an online resource center available to Oklahomans.

Improvements according to the 2009 National Association for the Mentally Ill Report: Oklahoma's mental health system received a "B" in the 2009 report. The grade represented a two grade improvement from the "D" received in 2006 – the largest improvement made by any state. Oklahoma was only one of six states to receive a "B", the highest grade awarded in the report.

Continuation of Drug Courts: The results of Oklahoma's drug courts have been compelling. The re-arrest rate after four years for drug court graduates is 23.5% as opposed to traditional probationers with a rate of 38.2% and prison parolees at 54.3%. In addition, drug court costs are dramatically less than that of incarceration (\$5,000 per person/\$19,000 per person each year).

At the end of the Oklahoma Legislative Session in May 2010, the state had appropriated a total of 3.7% less state funds than the previous year. However, it would not be accurate to say that each agency's appropriated amount was also reduced by 3.7%. In fact, agency budgets varied from an 87% decrease (Governor's Office) to a 42% increase (Commissioners of Land Office). Generally though, agency budgets were reduced between 6 – 7%. With this in mind, the Department fared well with only a 0.5% reduction.

While Oklahoma does have a number of private substance abuse treatment facilities, such facilities generally do not serve a large portion of the indigent population with addiction

disorders. It is critical for the success of Oklahoma's home visitation programs to have a publically-supported, high quality, accessible substance abuse treatment system.

Such a system resides with the Department's Substance Abuse Recover Division (SARD). SARD's goal is to provide persistent, incremental improvements in the quality and effectiveness of substance abuse treatment which results in better recovery for more people. SARD believes that "recovery is a reality" and that recovery gives back to individuals, families and community what addiction has taken.

SARD contracts with 84 substance abuse treatment providers, operates five state residential treatment facilities and partners with three advocacy organizations throughout the state. Services are designed to meet an individual's needs by provision of assessments, referrals, detoxification, outpatient counseling, residential treatment, substance abuse education, transitional living and aftercare services. SARD also offers programs that are designed for special populations such as those involved in the criminal justice system, women with children, adolescents, Hispanics and Native Americans.

Substance Abuse in Oklahoma

The Oklahoma State Epidemiological Outcomes Workgroup (SEOW) was created August 3, 2006 and modeled after the National Institute on Drug Abuse (NIDA) community epidemiological work group. The SEOW is housed at the Department and is funded through a federal grant from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. The Department contracted with the Southern Plains Inter-Tribal Epidemiology Center to complete the work for the federal grant.

The goals of the Oklahoma SEOW are twofold:

- 1) Promote systematic and analytical thinking to produce data and accurately assess the causes and consequences of the use of alcohol, tobacco and other drugs; and
- 2) Develop data-drive decision methods to effectively and efficiently utilize prevention resources throughout the state.

Recently the Oklahoma SEOW published The 2009 Oklahoma State Epidemiology Profile. The following information related to alcohol/drug use has been pulled from the Profile.

Youth Alcohol Consumption

Alcohol consumption by youth is a significant problem in Oklahoma and across the United States. It is not only dangerous due to the risks associated with the impairment that results from alcohol consumption, but also from the social and economic costs. In 2005, it was estimated that underage drinking cost the citizens of Oklahoma \$778 million (Pacific Institute for Research & Evaluation 2006).

In general, fewer Oklahoma youth consume alcohol compared to the U.S. as a whole. In 2003, 48% of Oklahoma youth in grades 9 through 12 reported any alcohol use in the past 30 days. In 2007 that percentage decreased to 43% (Youth Risk Behavior Survey). The national trend also decreased from 45% in 2003 to 43% in 2005 and back to 45% in 2007. According to Behavioral

Risk Factor Surveillance System data, current alcohol use among Oklahomans age 18 to 20 was greater than the national average in both 2004 and 2005. The national average surpassed current alcohol use among Oklahomans in 2006. The Uniform Crime Report reported 1,661 juvenile arrests for alcohol-related incidents, which included driving under the influence, liquor law violations and drunkenness (Oklahoma State Bureau of Investigation 2007).

Forty-eight percent of Oklahoma Prevention Needs Assessment (OPNA) survey participants in grades 6, 8, 10 and 12 had taken more than a sip of alcohol before the age of 13. Overall, male OPNA participants reported a slightly greater tendency to try alcohol at an earlier age than female OPNA participants. Fifty-four percent of males reported their first use before age 13 compared to 43% females.

In 2008, 26% of OPNA participants in grades 6, 8, 10 and 12 reported drinking an alcoholic beverage in the past 30 days (OPNA). Forty-six percent of 12 graders OPNA participants reported drinking an alcoholic beverage in the past 30 days and 76% reported drinking an alcoholic beverage during their lifetime. More Oklahoma youth have consumed at least one drink of alcohol during their lifetime than the national average. The percent of Oklahoma youth who reported having had at least one drink of alcohol during their lifetime has been decreasing since 2003 (YRBS).

When OPNA participants were asked how they obtained alcohol, 19% said they obtained it from someone over the age of 21; 10% said they obtained it from someone under the age of 21; 7% said they obtained it from home with their parents' permission; 6% said they obtained it from home without their parents permission; and 5% said they obtained it from another relative.

Episodic heavy drinking by youth is associated with outcomes such as death and disability due to injury. Youth binge drinking is also associated with poor academic performance and other risk behaviors such as increased number of sexual partners and use of illegal drugs (CDC 2006). Sixteen percent of OPNA participants in grades 6, 8, 10 and 12 reported binge drinking in the past two weeks (OPNA 2008). Young male OPNA participants were more likely to report engaging in binge drinking than young female OPNA participants. Seventeen percent of male OPNA participants and 14% of female OPNA participants reported binge drinking. OPNA participants in 12th grade were more likely to report binge drinking within the past two weeks than OPNA participants in lower grades. Seventeen percent more OPNA participants in 12th grade reported binge drinking within the past two weeks than 8th grade OPNA participants.

When compared to high school students across the United States, Oklahoma high school students were more likely to report driving after drinking alcohol. Drinking and driving was more common among males than females and was less common among White youth than among Black, American Indian or Hispanic youth. Twelfth grade students were more likely to report drinking and driving than other high school students (YRBS 2007).

In 2008, 20% of the OPNA participants in 12th grade reported that within the past 30 days they had driven after drinking alcohol. Twenty-nine percent reported that within the past 30 days they had been a passenger in a vehicle with a drinking driver. Nearly 25% of both males and female

OPNA participants reported riding in a vehicle with someone who had been drinking alcohol (OPNA 2008).

Adult Alcohol Consumption

Oklahoma is ranked 39th in the Nation for current drinking (adults who have had at least one drink of alcohol within the past 30 days). Fewer Oklahoma adults reported current drinking than in the U.S. as a whole. While over half (55%) of U.S. adults reported drinking in the past 30 days, only 41% of Oklahoma adults reported this behavior (BRFSS 2007). More adult males than females in Oklahoma reported drinking alcohol in the past 30 days (49% vs. 33%). These percentages were similar to the U.S. percentages for males and females. The age groups with the highest percentage of current drinking were 21 to 29 year-olds and 30 to 34 year-olds at 56% and 50% respectively (OSBI 2007).

Alcohol-related arrests, which consists of driving under the influence, drunkenness and other liquor law violations, accounted for 32% of all arrests in 2007. This percentage represents 45,226 arrests.

Adult binge drinking (defined as having five or more drinks of alcohol on a single occasion for males and four or more drinks of alcohol for females) is associated with significant rates of alcohol-related injury deaths and disabilities. According to the 2007 BRFSS, adult binge drinking was slightly less common in Oklahoma than the rest of the nation. While 16% of adults across the entire U.S. reported binge drinking in the past 30 days, only 13% of Oklahoma adults reported this behavior. In 2007, Oklahoma was ranked 31st in the Nation for binge drinking. Binge drinking was more prevalent among younger age groups with 23% of adults age 21 to 29 reported past-month binge drinking in 2007, compared to only 2% of adults age 65 and older (BRFSS).

Oklahoma men were almost three times more likely to report binge drinking than women (19% vs. 7%). Hispanics reported higher rates of binge drinking than other racial/ethnic groups (BRFSS 2007).

Adult heavy drinking (defined as males having more than two alcoholic drinks per day and females having more than one alcoholic drink per day) is associated with significant rates of alcohol-related chronic diseases (CDC 2006). According to 2007 BRFSS data, adult chronic drinking was less commonly reported in Oklahoma than in the rest of the Nation. While 5% of U.S. adults reported heavy drinking, only 4% of Oklahoma adults reported this behavior. In 2007, Oklahoma was ranked 29th for chronic/heavy drinking. Chronic drinking was more prevalent among younger age groups compared to older age groups. Oklahoma men were more likely to report chronic drinking than women.

Alcohol Treatment

In State Fiscal Year 2008, 7,672 persons were served in Oklahoma Department of Mental Health & Substance Abuse Services-funded treatment facilities for alcohol; a slight increase since State Fiscal Year 2006.

Of the 7,672 persons served, 69% were males and 31% were females. Seventy-one percent of those served were White followed by 13% American Indian, 12% Black and 2% Multi-Race. The largest age group entering the treatment facilities for alcohol were the 36 to 64 year olds (48%) followed by 26 to 35 year olds (26%), 18 to 25 year olds (16%) and 13 to 17 year olds (4%).

The average age of first alcohol use for persons in treatment were as follows: 48% first used between ages 14 and 17; 21% first used between ages 11 and 13; 20% first used between ages 18 and 25; 9% first used when they were under 10 years of age; and 3% first used at 26% years of age or older.

In Oklahoma, alcohol is the most commonly abused substance for persons seeking treatment during SFY 2008.

Youth and Adult Drug Use

Youth drug use is associated with suicide, violence, early/unwanted pregnancy, school failure, delinquency and transmission of sexually transmitted diseases. Fifty-seven percent of youth said they had talked to their parents about the dangers of alcohol, tobacco and other drug use in the past year according to the 2008 OPNA.

Illicit drug used among Oklahomans age 12 and older was slightly less than or equal to the U.S. population as whole (National Survey on Drug Use & Health 2004). Lifetime use of non-medical prescription medications in Oklahoma was greater than in the U.S. However, use of marijuana, hallucinogens and ecstasy was slightly lower in Oklahoma compared to the national data. The most commonly used drug was marijuana. Thirty-nine percent reported using marijuana at least once during their lifetime and 9% reported using during the past year. The second most commonly reported illegal drug was cocaine. Fourteen percent reported using cocaine at least once during their lifetime and 2% reported using during the past year (NSDUH 2004).

Drug Treatment

In State Fiscal Year 2008, 12,682 persons entered into Department-funded substance abuse treatment facilities for drug abuse (excludes alcohol). Seventy-one percent of those served were White; 16% Black; 10% American Indian; and 3% Multi-Racial. Fifty-six percent of those served were male and 44% were female. Those served fell into the following categories: 10% were under the age of 18; 26% were ages 18 to 25; 32% were ages 26 to 35; and 32% were ages 36 to 64.

Marijuana

In 2008, 17% of OPNA participants in grades 6, 8, 10 and 12 reported they had used marijuana at least once during their lifetime. Male OPNA participants reported a slightly higher use (17%) than female OPNA participants (16%). Thirty-three percent of OPNA participants in 12th grade reported they had used marijuana at least once during their lifetime. As with alcohol-related behaviors, marijuana use was more prevalent among OPNA participants in higher grades than in lower grades. Approximately 51% of OPNA participants in 12th grade reported that their friend had smoke marijuana in the past year.

Methamphetamine

Methamphetamine use among Oklahoma high school students in 2007 was greater than the U.S. average. Both males and females in Oklahoma reported slightly higher rates of methamphetamine use than in the U.S. (YRBS 2007). Oklahoma male high school students were more likely to report any use of methamphetamine than Oklahoma female students. According to OPNA participants, 4% of Oklahoma 12th graders reported using methamphetamine at least once in their lifetime – much higher than other grades.

Prescription Drugs

The non-medical use of prescription drugs like opioids, central nervous system (CNS) depressants and stimulants can lead to abuse and addiction, characterized by compulsive drug seeking and use. Twenty-three percent of OPNA participants in 12th grade, 21% of OPNA participants in the 10th grade, 13% of OPNA participants in 8th grade and 6% of OPNA participants in 6th grade reported taking prescription drugs at least once during their lifetime without a doctor's prescription. In 2006, Oklahoma had the highest percentage (7%) of persons age 12 or older using pain relievers for non-medical purposes in the past year. Eleven percent of Oklahoma youth aged 12 to 17 reported past year non-medical use of prescription psychotherapeutic drugs compared to 9% of all the 12 to 17 year-olds in the U.S. (NSDUH 2004).

Youth Consequences

In 2007, the State of Oklahoma Uniform Crime Report (UCR) reported 2,023 juvenile arrests for drug-related violations. Drug-related crimes are arrests reported as selling, manufacturing or possessing any drug. Possession of marijuana constituted 77% of the total drug-related arrests, while sale of marijuana accounted for 6% of these arrests.

Adult Consequences

The 2007 UCR reported 20,301 adult arrests for drug-related violations in Oklahoma. Possession of marijuana constituted 51% of the total drug violation arrest, while the sale of marijuana accounted for 6% of these arrests. Possession of opium, cocaine and their derivatives comprised 13% of the total drug violation arrests; sale of opium, cocaine and their derivatives equaled 2% of the total drug violation arrests.

Special Population – American Indians

In 2000, the American Indians totaled 266,801 which made up 8% of the State's population. Oklahoma had the second highest population of American Indians/Alaskan Natives in the country.

Alcohol consumption is a significant problem for Oklahoma American Indians. According to 2006 BRFSS data, more American Indian adults reported binge drinking (17%) compared to all races combined (13%). However, there was no difference between American Indians and all other races regarding heavy drinking (4% for both).

An overall increase in rates of persons served by treatment facilities for substance abuse can be seen for American Indians between years 2001 through 2008. American Indians had a higher

rate of persons served in treatment for methamphetamine use compared to all races between years 2001 through 2008.

Special Population – Incarcerated Women

According to the Oklahoma Department of Corrections (ODOC), Oklahoma has the highest rate of female incarceration in the Nation (131/100,000 vs. 69/100,000). As of 2006, there were 2,213 women incarcerated in the state of Oklahoma. The Oklahoma female inmate population is growing more rapidly than that of the male inmate population.

Analogous to this rise in incarcerated females is the rise in the number of women incarcerated for personal drug use as well as drug-related crimes. Of all the offenses listed for incarcerated women between 2001 and 2007 in Oklahoma, approximately 70% were associated with a controlled substance, alcohol or both. [A controlled substance is defined as a drug or chemical substance whose possession and use are controlled by law.]

The most common controlling offense in Oklahoma for female admissions to prison from 2001 to 2007 was possession of a controlled substance (23% of all admissions). This offense is followed by distribution of a controlled substance (9%), uttering forged instruments (7%), possession of stolen property (4%), and driving under the influence of drugs or alcohol (3%). According to the ODOC, 59% of the female inmate population is incarcerated for non-violent crimes.

6. Summary of Needs Assessment

To carry out the needs assessment, data for the indicators targeted by the Home Visiting Program were compiled from the best sources available. Rates, using the metrics described in the needs assessment guidance, were tabulated for the state and each county (i.e., community) in the state. These tabulated rates were then used to form ratios at the county level. These ratios are calculated by simply dividing the county rate by the state rate. A ratio above 1.0 indicates a rate above the state's rate, thus, a higher risk. A ratio of less than 1.0 suggests a risk below that of the state. A final calculation is done to arrive at an overall measure of county risk. To do this, the ratios for each of the indicators were averaged across all indicators. This average was then ranked and sorted to produce an ordered listing of counties at risk for adverse outcomes.

By using the methods described above, Oklahoma was able to identify at-risk communities to target for the Maternal, Infant and Early Childhood Home Visiting Program. It is important to recognize that this approach is just one of many that could be undertaken for this purpose. Given the time constraints, the simplicity of the "risk ratio" method made it preferable and easy to use. One limitation to this method is the outsize pull that large ratios may have on the average. It is likely that during step three of the Home Visiting Program that the method will be reexamined. In particular, the weighting scheme used in the current ranking process should be given close examination. At present, each risk indicator is given an identical weight and treated as having equal influence on the assessment of community risk. This is likely an untenable position. A more in-depth review of the literature and ranking methods will be undertaken to ensure analysis weights are properly assigned to the indicators.

A state level narrative was written to address each of the risk indicators, highlighting key points revealed by data review. Supplemental information was provided where necessary to emphasize certain issues. A challenge to the process was recognizing when to limit secondary information and when to include for enhancing the needs assessment. Much of the supplemental information – that outside the list of indicators spelled out in the guidance – comes from the Title V MCH Needs Assessment, which was completed by Oklahoma in July 2010. An updated needs assessment for step three of the Home Visiting Program would likely expand the scope of indicators included for investigation.

The data elements included in the guidance of the needs assessment were a mix in terms of the quality of their properties and the availability of database sources. Preterm birth, low weight birth, and infant mortality were easily accessed via state birth and death registries. These data have been recorded and tabulated for many years. Their properties are well known. However, these data were not available for years closer to the present time. For Oklahoma birth data, the latest year for final data was 2007, and for Oklahoma death data, the latest year of final data was 2006. This fact makes it impossible to assess data for timely information that may more accurately reflect conditions of the present. Other information systems have similar issues related to timely release of data. Data addressing high school dropouts, child maltreatment, and domestic violence are problematic in relation to quality. There are concerns surrounding the definition of terms used to enumerate events. These issues must be addressed and qualifications applied to ensure proper interpretation of data.

Another important consideration is the availability of data at the micro-level. Oklahoma is a largely rural state. For some measures (e.g., substance abuse indicators), it is exceedingly

difficult to produce data at the county level. As a result, regional data must be employed to provide an estimate. Regional data may not accurately reflect the risk pattern of a county, which is geographically a part of the region. For the larger metropolitan areas (i.e., Oklahoma City and Tulsa), it may be important to drill down to micro-levels to tease out at-risk areas below that of the county. Yet data reporting systems do not always have these data included in their databases. As such, opportunities are then missed to explore small area problems that may be masked by use of data at a “higher” level. A related issue is that data may be available at the micro-level but because of the extremely small number of events calculated rates may be suppressed due to rate instability. For Oklahoma, child abuse and neglect data have been aggregated over all subtypes of child maltreatment.

To address these issues, in the period for which states can update the needs assessment, Oklahoma will seek to incorporate additional sources of information in an effort to provide a richer, more comprehensive measurement of community risk.





Appendix A:
Home Visitation Programs

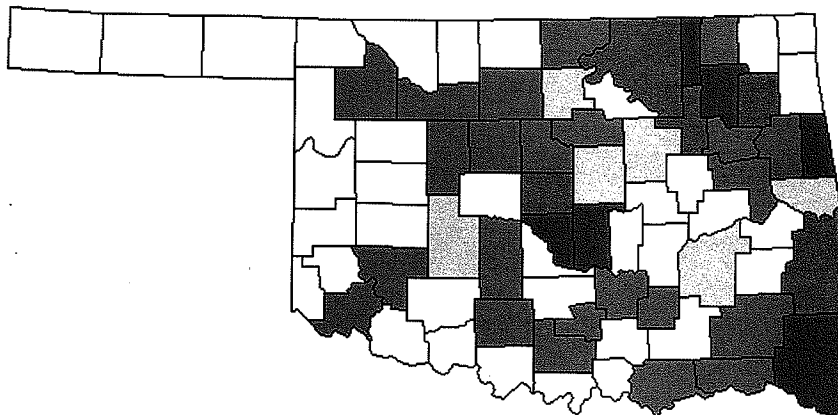
OKLAHOMA CHILD ABUSE PREVENTION NETWORK

Primary Prevention

Oklahoma Parents As Teachers (OPAT)

Agency	Description & Target Population
<p>Oklahoma State Department of Education Administered at the School District level through competitive grants.</p>	<p>OPAT is a parent education program based on the philosophy that parents are their children's first and most important teachers. It is a voluntary monthly home visitation program for parents with children birth to age three. OPAT is affiliated with the nationally validated Parents As Teachers Program. Through home visits and monthly group meetings, OPAT is designed to strengthen the capacity of parents to be effective first teachers and to foster an early partnership between home and school so that parents take a far more active role during their children's formal years of schooling.</p> <p>Target Population: All families with children, birth to 36 months of age, who reside in participating school districts.</p>
Funding Source	
<p>For 2009 - 2010 school year: \$1,795,064 (in grant funds before cuts) \$1,653,237 (after cuts) For 2010 - 2011 school year: \$1,795,064</p>	
Program Model	
Parents as Teachers	
Numbers Served	
<p>In the 2008-2009 school year, Parent Educators made 33,775 personal visits with 4,388 families and 5,027 children, for the average cost per child at \$384.</p>	
Evaluation	
<p>National evaluation showed that PAT children were significantly more advanced at three years in language, social development, problem solving, and other intellectual activities and at first grade in reading and math. Other positive results were demonstrated.</p>	
Outcomes	
<ol style="list-style-type: none"> 1. Reduced risk levels for participating children (Oklahoma Technical Assistance Center, 2010) 2. Increased parental knowledge of child development (Parents as Teachers National Center) 3. Participating parents are more likely to read to their children and enroll them in a pre-school program (Parents as Teachers National Center) 	
Map	

-  1 district program located in county
-  2 district programs located in county
-  3 district programs located in county
-  4 or more district programs located in county



Oklahoma Parents as Teachers Grant Program Locations

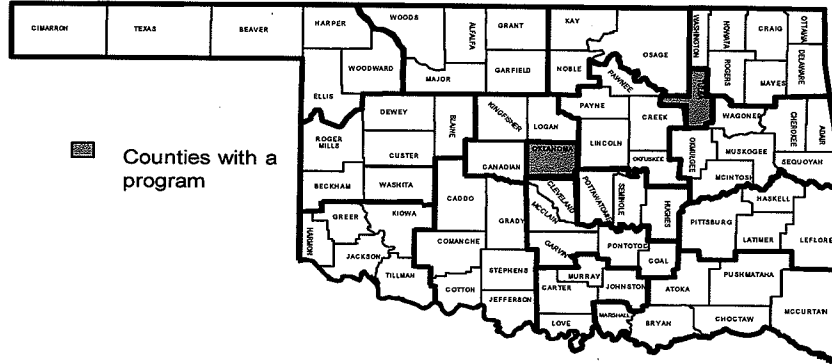
County	District	Funded Amount (in dollars)
Adair	Maryetta	\$ 13,500
Adair	Watts, Peavine	\$ 13,500
Adair	Westville	\$ 21,000
Blaine	Geary, Maple	\$ 13,500
Bryan	Durant	\$ 21,000
Caddo	Anadarko	\$ 21,000
Caddo	Binger-Oney, Gracemont	\$ 13,500
Canadian	El Reno*	\$ 21,000
Carter	Ardmore	\$ 35,000
Cherokee	Hulbert*	\$ 13,500
Cherokee	Tahlequah	\$ 21,000
Choctaw	Hugo City	\$ 21,000
Cleveland	Little Axe	\$ 13,500
Cleveland	Noble	\$ 21,000
Cleveland	Norman	\$ 48,500
Coal	Coalgate	\$ 13,500
Creek	Bristow	\$ 21,000
Creek	Sapulpa	\$ 21,000
Garfield	Enid	\$ 35,000
Garfield	Pioneer-Pleasant Vale*	\$ 13,500
Grady	Minco	\$ 13,500
Jackson	Altus	\$ 21,000
Kingfisher	Kingfisher	\$ 21,000
Kiowa	Hobart	\$ 13,500
Leflore	Heavener	\$ 13,500
Leflore	Pocola, Arkoma	\$ 21,000
Leflore	Poteau	\$ 21,000
Lincoln	Meeker	\$ 13,500
Logan	Guthrie	\$ 35,000
Major	Fairview	\$ 13,500
Mayes	Chouteau-Mazie	\$ 21,000
Mayes	Locust Grove	\$ 21,000
Mayes	Pryor	\$ 21,000
Mayes	Salina	\$ 13,500
McCurtain	Haworth	\$ 13,500
McCurtain	Idabel	\$ 21,000
McCurtain	Swink,* Fort Towson, Forest Grove	\$ 13,500
McCurtain	Wright City, Glover	\$ 13,500
Murray	Sulphur	\$ 21,000
Muskogee	Porum	\$ 13,500
Noble	Morrison	\$ 13,500
Noble	Perry	\$ 21,000

County	District	Funded Amount (in dollars)
Oklahoma	Bethany	\$ 21,000
Oklahoma	Midwest City-Del City	\$ 42,500
Oklahoma	Oklahoma City	\$ 84,000
Oklahoma	Putnam City	\$ 63,000
Osage	Avant, Bowring, Osage Hills, South Coffeyville	\$ 13,500
Osage	Newkirk	\$ 13,500
Osage	Pawhuska	\$ 13,500
Osage	Shidler, Frontier	\$ 13,500
Osage	Wellston	\$ 13,500
Osage	Woodland, Kaw City, Wynona	\$ 13,500
Osage	Hominy	\$ 13,500
Payne	Perkins-Tryon	\$ 21,000
Pittsburg	McAlester	\$ 21,000
Pittsburg	Quinton	\$ 13,500
Pontotoc	Ada	\$ 21,000
Pottawatomie	Grove, South Rock Creek	\$ 13,500
Pottawatomie	Shawnee	\$ 35,000
Pottawatomie	Tecumseh	\$ 21,000
Rogers	Claremore	\$ 21,000
Rogers	Verdigris	\$ 21,000
Sequoyah	Muldrow	\$ 21,000
Sequoyah	Vian	\$ 13,500
Stephen	Comanche	\$ 13,500
Tulsa	Bixby*	\$ 35,000
Tulsa	Broken Arrow	\$ 48,500
Tulsa	Glenpool	\$ 21,000
Tulsa	Jenks	\$ 35,000
Tulsa	Sand Springs	\$ 21,000
Tulsa	Skiatook	\$ 21,000
Tulsa	Tulsa	\$ 84,000
Tulsa	Union	\$ 48,500
Wagoner	Okay	\$ 13,500
Washington	Bartlesville	\$ 35,000
Washington	Caney Valley, Copan	\$ 21,000
Contact Information	Erin Nation <Erin_Nation@sde.state.ok.us> Oklahoma State Department of Education (405) 521-3346	
Website	http://www.sde.state.ok.us	

Healthy Start Initiative

Agency	Description & Target Population
Private and Public Organizations	<p>Healthy Start programs are focused on reducing infant mortality and related pregnancy and women's health problems in communities with high infant mortality. Services are provided for the expectant mothers through the time that their infants are two years of age or through the next pregnancy. The infants are also served. The services include case management, client advocacy, referrals to health care and other services, direct outreach from trained community members, health education to address risk factors, and plan development. The plan describes how the community-based organizations and local, state, public and private providers identify and address barriers to quality, family-centered services.</p> <p><u>Target Population:</u> Medically/socially high-risk pregnant women.</p>
Funding Source	
Federal (\$700,000 for Oklahoma City and \$1,075,000 for Tulsa) for SFY 10.	
Counties Served	
Tulsa and Oklahoma Counties	
Program Model	
Healthy Start Initiative using the Life Continuum Model (Lu)	
Numbers Served	
<p>In SFY 2009: Healthy Start (Tulsa) served 702 clients as well as 700 program and community. Healthy Start (Oklahoma City) served 252 program participants and 4041 community participants.</p>	
Tulsa Outcomes	
<ol style="list-style-type: none"> 1. Reduction in infant mortality in the target areas of service. In 2009, the IMR for Tulsa Healthy Start was 5.6 the county rate was 8.2 in 2008. 2. Reduction of low birth weight and premature infants. In 2009, the LBW was 7.6% for Tulsa Healthy Start; the county rate was the same. 3. Increase in entry into prenatal care. In 2009, the number of high risk women getting into prenatal care in the first trimester improved 50% over 2008 for Tulsa Healthy Start women. 	
Oklahoma City General Outcomes	
<ol style="list-style-type: none"> 1. Reduction in infant mortality in the target areas of service. 2. Reduction of low birth weight and premature infants. 3. Increase in entry into prenatal care. 	

Healthy Start Programs, Oklahoma, SFY 2009



Source: United States Department of Health and Human Services

Contact Information	<p><u>TULSA</u></p> <p>Corrina Jackson, Tulsa Health Department Tulsa Healthy Start cjackson@tulsa-health.org Telephone: (918) 595-4220</p>	<p><u>OKLAHOMA CITY</u></p> <p>LaWanna Porter, Community Health Centers, Inc. Central Oklahoma Healthy Start Initiative lporter@okh4b.org Telephone: (405) 427-3208</p>
	Website	<p>http://www.csctulsa.org/family%20health.htm#Tulsa_Healthy_Start_Initiative</p>

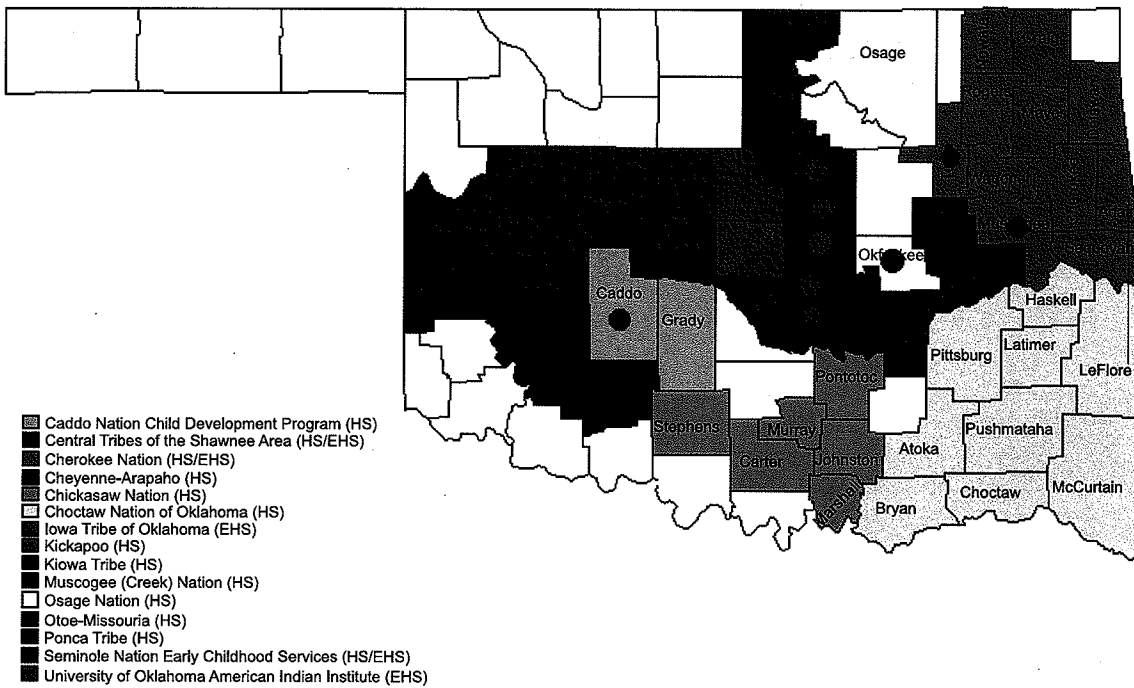
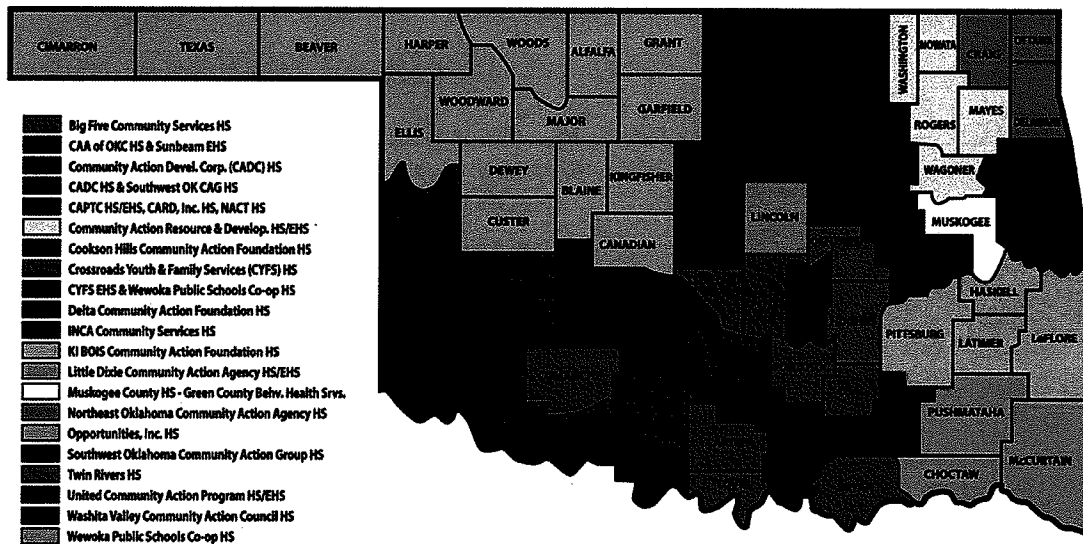
OKLAHOMA CHILD ABUSE PREVENTION NETWORK

Primary Prevention

Early Head Start Program

Agency	Description & Target Population
<p>Early Head Start is administered by the Head Start Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.</p> <p>Local community-based organizations and American Indian Tribes are local program providers through grant funds issued directly from the federal government.</p>	<p>Early Head Start is a federal program established in 1994 for low-income families with infants and toddlers and pregnant women. At least 90 percent of enrolled children must be from families at or below the poverty line, and at least 10 percent of program enrollment must be children with disabilities. The mission is to promote healthy prenatal outcomes for pregnant women, enhance the development of eligible very young children, and promote healthy family functioning. Services provided by Early Head Start include:</p> <ul style="list-style-type: none"> • Quality early education both in and out of the home • Parent education • Comprehensive health and mental health services, including services to women before, during, and after pregnancy • Nutrition education • Family support services <p>Early Head Start offers income-eligible children (ages 0-3) and their families comprehensive child development services through center-based, home-based, and combination program options.</p> <p><u>Target Population:</u> Low income (100% of Federal Poverty Level) pregnant women and families with infants and toddlers less than 3 years of age.</p>
<p>Funding Source</p> <p>The Early Head Start grantees received \$9,187,267 in federal funds in FFY 2009.</p> <p>\$11,562,194 additional funding was received from the American Recovery and Reinvestment Act to serve an additional 854 children for the first year. \$11,056,944 of ARRA funds were received for the second year. This was funding for two years only.</p>	
<p>Program Model</p>	
<p>Early Head Start</p>	
<p>Numbers Served</p>	
<p>A total of 1,856 children and 58 pregnant women were served by Early Head Start in Oklahoma in FFY-09.</p>	
<p>Outcomes</p>	
<ol style="list-style-type: none"> 1. Parents/families learn how to ensure infant/toddler medical screenings are performed at appropriate ages. 2. Assistance is provided in accessing mental health services for both mothers and children. 3. Counseling and assistance in obtaining adult education (GED, college) is provided. 	
<p>Grantees and Counties Served</p>	
<p><u>Oklahoma Early Head Start Grantee and Counties Served:</u> Community Action Resource & Development -Mayes, Rogers, Tulsa, and Wagoner Community Action Project of Tulsa County - Tulsa Crossroads Youth & Family Services - Cleveland, Comanche, Pottawatomie and Seminole Green Country Behavioral Services - Muskogee Little Dixie Community Action Agency - Choctaw, McCurtain and Pushmataha Sunbeam Early Head Start - Oklahoma United Community Action Program - Creek, Logan, Okmulgee, Osage, Payne, and West Tulsa</p> <p><u>American Indian Early Head Start Grantees and Counties Served:</u> Central Tribe of the Shawnee Area - Pottawatomie Cherokee Nation Early Head Start -Cherokee, Adair, Craig, Mayes Iowa Tribe of Oklahoma - Payne, Lincoln, Logan Seminole Nation of Oklahoma - Seminole University of Oklahoma (American Indian Institute) - Pottawatomie, Cleveland, Oklahoma</p>	

Head Start Grantees in Oklahoma



Contact Information

Kay C. Floyd, State Director of Head Start Collaboration
 Oklahoma Association of Community Action Agencies
 2800 NW 36th Street, Suite 221
 Oklahoma City, OK 73112
 Telephone: (405) 949-1495 Fax: (405) 949-0955
kfloyd@okacaa.org

Website

www.okacaa.org

OKLAHOMA CHILD ABUSE PREVENTION NETWORK

Secondary Prevention

Start Right Programs (OCAP)

Agency	Description & Target Population
<p>Oklahoma State Department of Health Office of Child Abuse Prevention</p> <p>Funding Source</p> <p>State Appropriations (\$2,854,778 in SFY11); Local Match Funds (approximately 11% match in SFY 11); CBCAP Funds (\$115,000 in FFY 10); and the Child Abuse Prevention License Plate Fund (nominal amount)</p> <p>Counties Served</p> <ul style="list-style-type: none"> Adair, Alfalfa, Beckham, Canadian, Carter, Cherokee, Cleveland, Comanche, Cotton, Creek, Custer, Delaware, Garvin, Grant, Greer, Hughes, Jackson, Jefferson, Kay, Kiowa, Love, Major, McClain, McCurtain, Murray, Nowata, Oklahoma, Okmulgee, Pittsburg, Pontotoc, Roger Mills, Seminole, Stevens, Texas, Tillman, Tulsa, Wagoner, Washington, Washita, Woods <p>(40 total, 39 with state appropriated funding)</p>	<p>Start Right provides 4 basic individual and community services: home visitation, center-based services, assessments and referrals, 2 annual community awareness events.</p> <p>The Office of Child Abuse Prevention programs teach positive parenting skills, and connect families with resources helping reduce the risk of child abuse and neglect by providing home visitation and center-based services.</p> <p>Target Population: First-time mothers after the 29th week of pregnancy, pregnant women expecting a subsequent child, and parents who have a baby less than one year of age. Families are served up to the child's 6th birthday. The Kemp Family Stress Checklist is used to determine the appropriateness of the program for the family.</p>
<p>Program Model</p>	
<p>Structure based on the Healthy Families America® model; utilizes the Parents as Teachers® and other nationally recognized, evidence-based curricula for delivering services; includes a center-based component.</p>	
<p>Numbers Served</p>	
<p>During SFY 2009, 2,910 adults were contacted and screened for program participation. 2,671 families screened positive and were potential candidates for the Start Right program. 1,858 individuals were referred for further assessment, and 878 individuals were offered home visitation services in addition to those already participating. A total of 17,317 home visits were completed during SFY 2009. 720 center-based parent education or support activities were completed, and 123 Circle of Parents® meetings were held.</p>	
<p>Evaluation</p>	
<p>OCAP is authorized by Oklahoma Statute (Title 63, Section 1-227.2) to monitor, review and evaluate child abuse prevention programs. Evaluation activities consist of OCAP programs collecting data from families during home visits. On a weekly basis, the data is entered at programmatic level into the OCAPPA database. OCAP program evaluator provides day-to-day technical assistance, consultation and training to OCAP programs for database and evaluation. Program performance reports are provided on a monthly and quarterly basis along with an annual program outcomes report produced at the end of each SFY. Performance reports are reviewed by OCAP program consultants (central office staff) along with conducting on-site visits to ensure contractors' compliance.</p> <p>In SFY 2008, evaluation activities focused on refining the program theory through development of the OCAP logic model and defined new measures for program outcomes. Revisions to the standardized evaluation forms and the statewide database (OCAPPA) were implemented in February 2008.</p>	

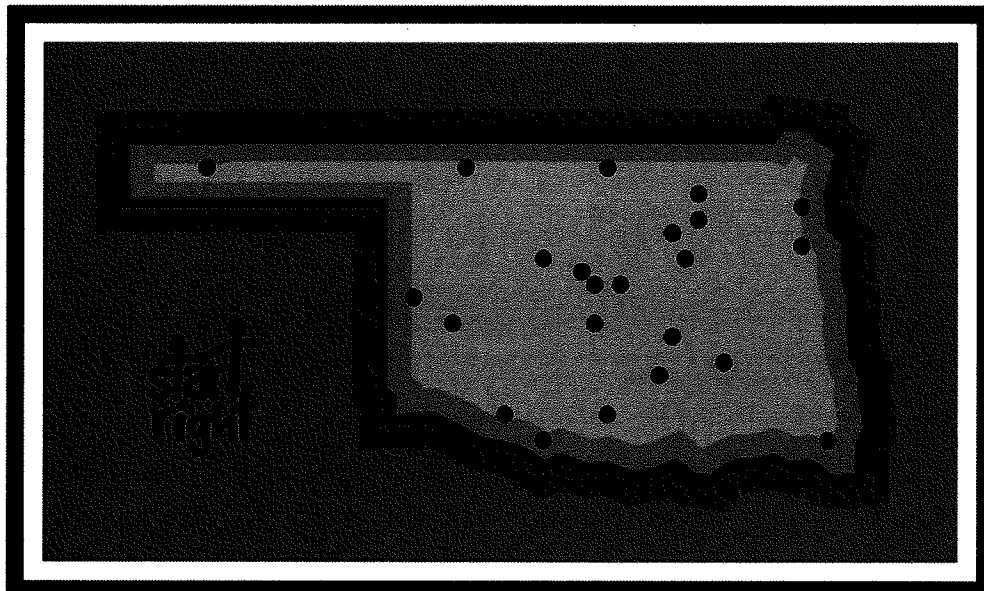
Outcomes

1. During SFY 2009, 30% of newly enrolled primary caregivers smoked. Six months post-enrollment, 57% quit or reduced smoking.
2. During SFY 2009, 90 mothers were assessed for post-partum depression, 7% of which were referred for more intense treatment.
3. During SFY 2009, 91.5% of Start Right children were current with their immunizations. The state rate is 78.5%.
4. Of the 78% of children participating in Start Right that assessed for lead poisoning in high risk areas, 92% were referred to their health care provider for actual lead testing.

OCAP Home Visit Logic Model

The OCAP logic model defines OCAP home visitation programs, related activities and outcomes (see attachment: OCAP Home Visitation Program Logic Model for details). In SFY 2008, the OCAP logic model was introduced. Throughout 2009, the model was presented at multiple events to provide an opportunity for program staff and the Interagency Task Force (performance review and oversight entity) to become familiar with tracking program outcomes and successfully adopting activities that would help to achieve the defined targets. The OCAP will, by year's end 2010, assess in greater detail short and long-term outcomes (i.e. changes in tobacco use, providing for adequate prenatal care, stable housing and transportation, linking families to health care, educational and economic resources, and monitoring program integrity). Further, the new evaluation components will measure changes in frequency of hospital care and emergency room use, families becoming involved with the child welfare system, exercise and nutritional habits, utilization of quality child care, and improved home safety conditions.

OCAP Map



Contact Information

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ChrisF@health.ok.gov

Website

<http://ocap.health.ok.gov>

OKLAHOMA CHILD ABUSE PREVENTION NETWORK

Secondary Prevention

Children First

Agency	Description & Target Population
Oklahoma State Department of Health Administered through local county health departments	Children First Program, Oklahoma's Nurse-Family Partnership, is a statewide public health nurse home visitation service offered through local health departments. Services are provided at no cost to families expecting to deliver and/or to parent their first child and include brief health assessments, child growth and developmental evaluations, nutrition education, parenting and relationship information and links to other community resources. The program encourages early and continuous prenatal care, personal development, and promotes the involvement of fathers, grandparents and other supporting persons in parenting.
Funding Source State Appropriations (\$11,550,000 in SFY 09 & 10) Federal Medicaid Reimbursement (\$2,357,027 in SFY 09); and CBCAP Funds (\$337,746 in SFY 09)	
Counties Served Services were available in 69 Oklahoma counties in SFY 2009; Counties not receiving C1 services include: Adair, Alfalfa, Cimarron, Dewey, Mayes, Nowata, Osage and Washita.	
Program Model	
Nurse-Family Partnership	
Numbers Served	
During SFY 2009, the Children First Program served 4,590 Oklahoma families.	
Evaluation	
Children First (C1) program evaluation is multi-faceted, and consists of activities on the county and state level, as well as monitoring by the National Nurse-Family Partnership Service Office (www.nursefamilypartnership.org). On the county level, data are collected on forms and entered into the Public Health Oklahoma Client Information System (PHOCIS). Day-to-day monitoring and feedback is provided to counties from central office staff, which includes an epidemiologist. Nurse caseload data are disseminated in report format on a monthly basis. Annually, the national Nurse-Family Partnership Service Office provides an Evaluation Study which examines 1) characteristics of participants at the time of entry into C1, 2) the extent to which C1 is implemented with fidelity to the Nurse-Family Partnership (NFP) model, 3) information on program outcomes, and 4) comparisons of the C1 program to selected other dissemination sites and to the Denver clinical trial. In addition, C1 Nurse Program Consultants conduct biannual site audits to ensure quality program delivery.	
Outcomes	
<ul style="list-style-type: none"> • Recent program evaluation findings indicated the infant mortality rate among C1 infants between 2001 and 2004 is half that of other first-time births in the state. • Of children born into C1 in SFY 2009, 96% were normal birth weight and 92% were normal gestational age. • During SFY 2009, nearly 82% of C1 mothers initiated breastfeeding. • A recent study of parents participating in the program between 2002 and 2006 found that while C1 babies are at higher risk for abuse and neglect and are reported more often, fewer confirmations of maltreatment are found among participating families. 	

County Health Department and Satellite Clinic Locations

Adair County Health Department - Stilwell
 Atoka County Health Department - Atoka
 Beaver County Health Department - Beaver
 Beckham County Health Department - Sayre & Elk City
 Blaine County Health Department - Watonga
 Bryan County Health Department - Durant
 Caddo County Health Department - Anadarko
 Canadian County Health Department - El Reno & Yukon
 Carter County Health Department - Ardmore & Healdton
 Cherokee County Health Department - Tahlequah
 Choctaw County Health Department - Hugo
 Cleveland County Health Department - Norman & Moore
 Coal County Health Department - Coalgate
 Comanche County Health Department - Lawton
 Cotton County Health Department - Walters
 Craig County Health Department - Vinita
 Creek County Health Department - Sapulpa, Drumright & Bristow
 Custer County Health Department - Clinton & Weatherford
 Delaware County Health Department - Jay
 Garfield County Health Department - Enid
 Garvin County Health Department - Pauls Valley & Lindsey
 Grady County Health Department - Chickasha
 Grant County Health Department - Medford & Pond Creek
 Greer County Health Department - Mangum
 Harmon County Health Department - Hollis
 Harper County Health Department - Laverne & Buffalo
 Haskell County Health Department - Stigler
 Hughes County Health Department - Holdenville
 Jackson County Health Department - Altus
 Jefferson County Health Department - Waurika
 Johnston County Health Department - Tishomingo
 Kay County Health Department - Ponca City & Blackwell
 Kingfisher County Health Department - Kingfisher
 Kiowa County Health Department - Hobart
 Latimer County Health Department - Wilburton

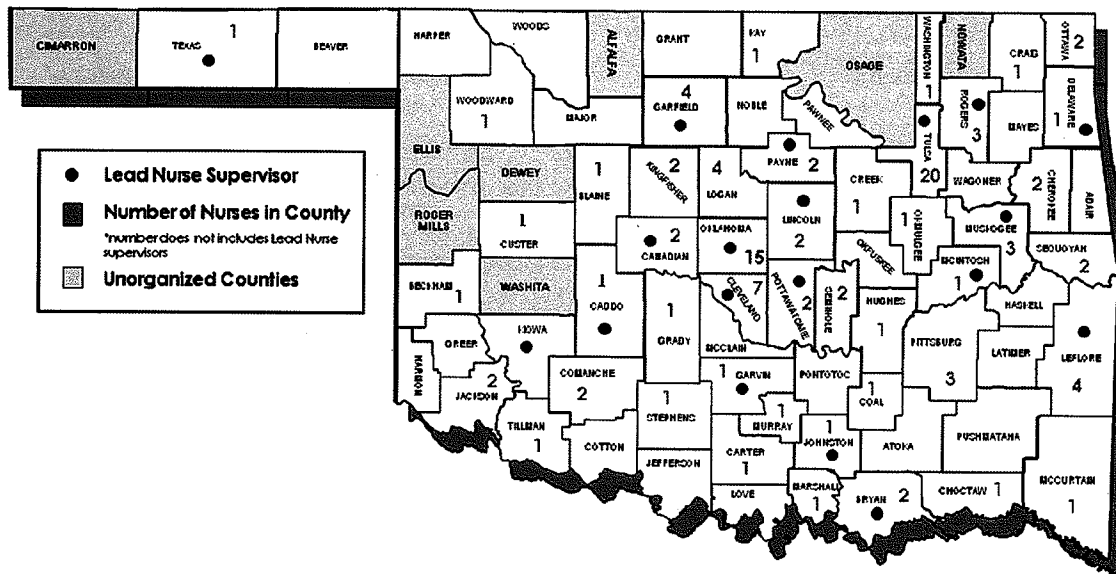
LeFlore County Health Department - Poteau & Tahihina
 Lincoln County Health Department - Chandler
 Logan County Health Department - Guthrie
 Love County Health Department - Marietta
 McClain County Health Department - Purcell & Blanchard
 McCurtain County Health Department - Idabel
 McIntosh County Health Department - Eufaula & Checotah
 Major County Health Department - Fairview
 Marshall County Health Department - Madill
 Mayes County Health Department - Pryor
 Murray County Health Department - Sulphur
 Muskogee County Health Department - Muskogee
 Noble County Health Department - Perry
 Okfuskee County Health Department - Okemah
 Oklahoma City-County Health Department - Oklahoma City
 Okmulgee County Health Department - Okmulgee, Henryetta & Beggs
 Ottawa County Health Department - Miami
 Pawnee County Health Department - Pawnee & Cleveland
 Payne County Health Department - Stillwater & Cushing
 Pittsburg County Health Department - McAlester
 Pontotoc County Health Department - Ada
 Pottawatomie County Health Department - Shawnee
 Pushmataha County Health Department - Antlers & Clayton
 Rogers County Health Department - Claremore
 Seminole County Health Department - Wewoka & Seminole
 Sequoyah County Health Department - Sallisaw
 Stephens County Health Department - Duncan
 Texas County Health Department - Guymon
 Tillman County Health Department - Frederick
 Tulsa City-County Health Department - Tulsa
 Wagoner County Health Department - Wagoner & Coweta
 Washington County Health Department - Bartlesville
 Woods County Health Department - Alva
 Woodward County Health Department - Woodward

Contact Information

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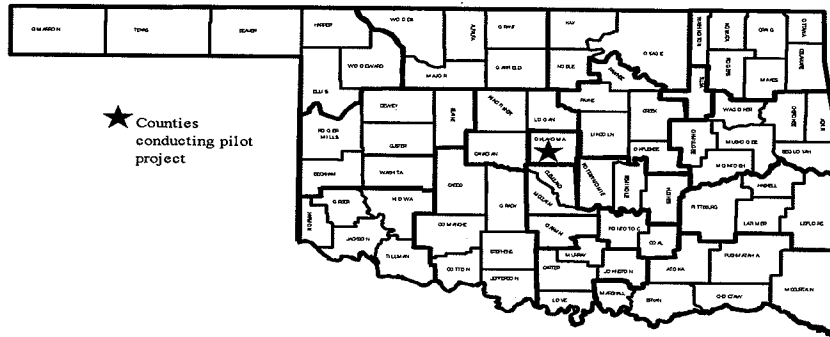
<http://cf.health.ok.gov>



Child Maltreatment Prevention High Risk Urban Pilot Project (SafeCare +) "Oklahoma County"

Agency	Description & Target Population
Oklahoma State Department of Human Services	<p>SAFECARE – An echobehavioral program model developed by John Lutzker, PH.D, that addresses parent-child bonding, home safety and cleanliness and child health.</p> <p>SAFECARE+ an enhanced version of SAFECARE which includes problem solving, motivational interviewing, conflict resolution skills, violence prevention and safety planning to address risk factors.</p>
Funding Source	
State appropriation of \$250,000 annually.	<p><u>Target Population:</u> Families with children 0-18 years of age, with at least one child under the age of six years and who do not have a history or more than two prior child abuse or neglect referrals or have an open child welfare case. Client families have at least one of the following conditions: an active substance abuse disorder; a history of domestic violence; a mental health diagnosis; a physical or developmental disability resulting in impaired parenting; or a combination of any of the above mentioned conditions.</p> <p>A recent five year grant awarded by the Children's Bureau is designed to improve the SafeCare+ model by enhancing the service model to address conflict resolution skills and violence prevention more broadly; and expands the program to include the Oklahoma Latino Community.</p>
Program Model	
	Project SafeCare, a program developed by Dr. John Lutzker and his colleagues, replicating an Ecobehavioral Model of Child Maltreatment Prevention.
Numbers Served	
	As of July 1, 2010, 1113 families have been referred to the Oklahoma County project.
Evaluation	
	A pilot randomized controlled study of traditional home-based services and the SafeCare+ is on-going. The evaluation is being conducted by researchers from the Center on Child Abuse and Neglect at the University of Oklahoma Health Sciences Center.
Outcomes	
	<ol style="list-style-type: none"> Between 2002-2010, families randomized to SafeCare were much more likely to enroll in services and remain engaged through to completion than the Services as Usual group (such as, enroll 79% vs. 48%; SC vs. SAU respectively). Between 2002-2010, SafeCare participants reported improved competence in (a) meeting children's basic health needs (96%), (b) managing behavioral problems (93%), (c) parent-child interaction (96%), (d) increased knowledge of home safety hazards (97%) and (e) problem solving (91%). Between 2002-2010, improvements were also observed in overall Safecare program specific targets areas of: a) Parent-child interaction (70%), b) Infant-child health (85%), and c) Home safety (85%).
Map	

**Child Maltreatment Prevention High Risk Urban Pilot Project
(SafeCare+), SFY 2008**



Counties Served
Oklahoma County

**Contact
Information**

Nelda Ramsey, M.Ed.
Programs Manager,
OKDHS, Children & Families Services Division,
PO Box 25352, Oklahoma City, OK 73125
(405) 521.4266

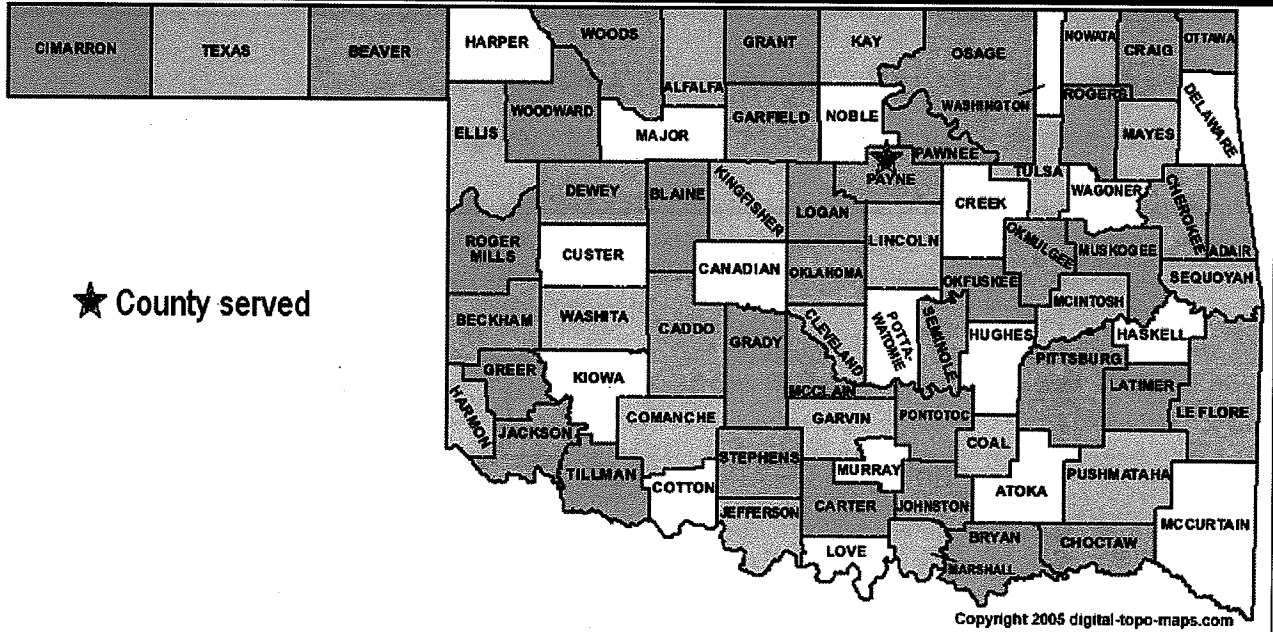
Website

www.oumedicine.com/highriskprevention

Child Maltreatment Prevention High Risk Rural Pilot Project (SafeCare +) "Payne County"

Agency	Description & Target Population
Center on Child Abuse and Neglect (CCAN) Section of Behavioral and Developmental Pediatrics Department of Pediatrics Oklahoma University Health Sciences Center	<p>Safe Care (SC) is an in-home eco-behavioral model emphasizing the importance of the socio-cultural context in which child abuse occurs.</p> <p><u>Services.</u> One on one service within a family's natural environment. Safe Care provides direct skill training to parents in child behavior management using planned activities training, home safety training, and teaching child health care skills to prevent child maltreatment.</p> <p>The service model for this project is an enhancement of SafeCare (SafeCare+) that includes problem solving, motivational interviewing, conflict resolution skills, violence prevention and safety planning to address risk factors with in a Rural community setting.</p> <p><u>Target Population.</u> Highest-risk populations, such as families with parental substance use disorders, intimate partner violence (IPV), parental depression and/or other multiple risk factors with children from birth to five years.</p>
Funding Source	
No current funding. Previously funded by OKDHS and by the Office of Juvenile Justice and Delinquency Prevention.	
Program Model	
Safe Care+ (Safe Care developed by Dr. Lutzker, chhs.gsu.edu/safecare) Adapted to fit Rural Communities and augmented to address risk factors of Family Violence, Substance Abuse and Mental Health Issues.	
Numbers Served	
As of September 1, 2009, 105 families had been enrolled and served in the Payne County area. The project has ended prematurely due to funding cuts.	
Evaluation	
<p>Process/Implementation and Program Fidelity. The process/implementation evaluation has examined the feasibility and acceptability of the SafeCare+ curriculum (augmented to address Healthy Relationships/Violence Prevention within a Rural community setting).</p> <p>Family and Child Outcomes. For the family and child outcomes evaluation, OUHSC has examined future reports to child maltreatment and foster care placement, and changes on protective factors and risk factors proximal to child maltreatment. SafeCare+ adapted model was evaluated utilizing a randomized clinical trial design. Two service models were provided through NorthCare Center: (a) <i>community mental health services</i> (Services as Usual: SAU) and <i>SafeCare+</i> (SC: based on an eco-behavioral model).</p> <p>Cost Evaluation. The cost evaluation examined the time, effort, and resources used to deliver program services, including fixed and variable service costs. Cost analysis was facilitated by closely tracking all categorical funding streams for the varying population risk groups served at both program and participant levels.</p>	
Outcomes	
<ol style="list-style-type: none"> Between 2007-2009, families randomized to SafeCare were much more likely to enroll in services and remain engaged through to completion than the Services as Usual group (e.g., service enrollment: 83% vs. 33% for SC vs. SAU, respectively). Between 2007-2009, SafeCare participants reported improved competence (Satisfaction survey) in (a) meeting children's basic health needs (99%), (b) managing behavioral problems (99%), (c) parent-child interaction (96%), (d) increased knowledge of home safety hazards (97%) and (e) problem solving (90%). Between 2007-2009, improvements were observed in participants in the Safecare program specific targets areas of: a) Parent-child interaction (88%), b) Infant-child health (90%), and c) Home safety (69%). 	

Site Map



Counties Served
Payne County

Contact Information	Nelda Ramsey, M.Ed. Programs Manager, OKDHS, Children & Families Services Division, PO Box 25352, Oklahoma City, OK 73125 (405) 521.4266
Website	www.oumedicine.com/highriskprevention

Evidence-Based Home Visitation Federal Grant

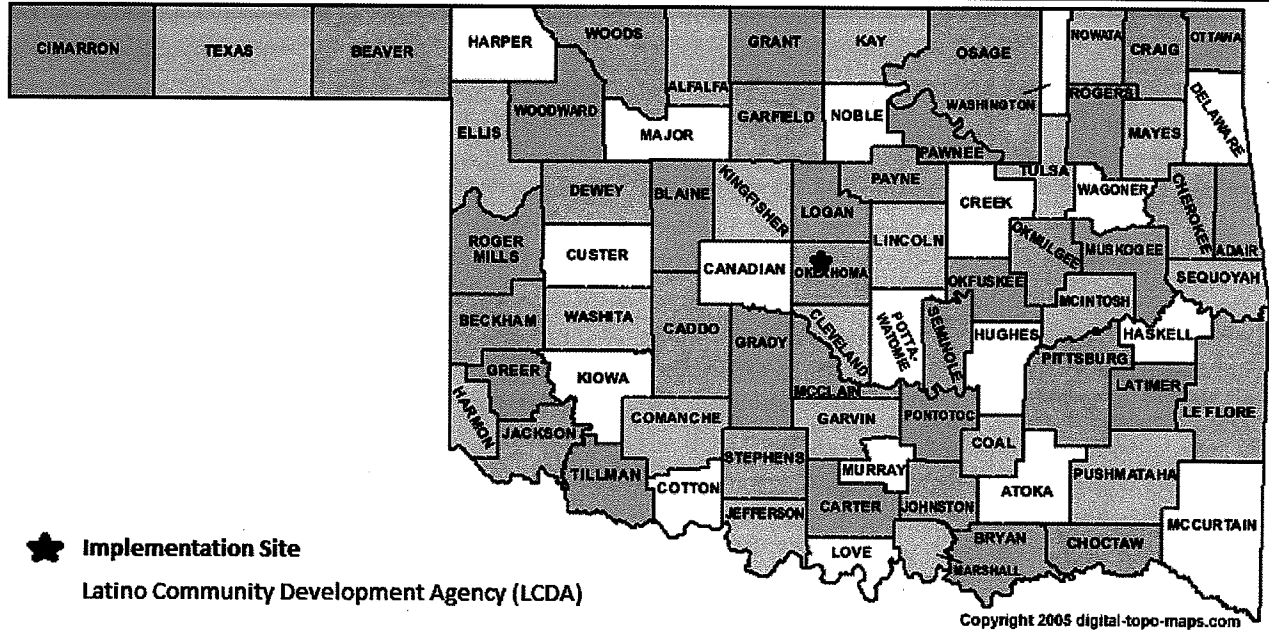
Agency	Description & Target Population
Center on Child Abuse and Neglect (CCAN) Section of Behavioral and Developmental Pediatrics Department of Pediatrics Oklahoma University Health Sciences Center	<p><i>Evidence-Based Child Maltreatment Prevention for High Risk Families: Expanding to Latino Communities, Enhancing Family Violence Prevention, and Sustaining Prevention Programs.</i></p> <p>Safe Care (SC) is an in-home eco-behavioral model emphasizing the importance of the socio-cultural context in which child abuse and neglect occurs.</p>
Funding Source	<p><u>Services.</u> One on one service within a family's natural environment. Safe Care is designed to prevent child maltreatment in high risk families by providing direct skill training to parents in parent child bonding and parenting skills using planned activities training, home safety training, and teaching child health care skills to prevent child maltreatment.</p>
Children's Bureau Administration on Children, Youth and Families U.S Department of Health and Human Services	<p>The service model for this project is an adaption of SafeCare (SafeCare+) augmented to address risk factors (through problem solving, motivational interviewing, conflict resolution skills, violence prevention, and safety planning) and adapted for our Latino communities.</p>
Counties Served	<p><u>Target Population.</u> Highest-risk populations, such as families with parental substance use disorders, intimate partner violence (IPV), parental depression and/or other multiple risk factors with children birth to five years.</p>
Oklahoma County (specific to Latino Communities)	
Program Model	<p>Safe Care+ (Safe Care developed by Dr. Lutzker, chhs.gsu.edu/safecare) Adapted for Latino Communities and Augmented to address risk factors of Family Violence, Substance Abuse and Mental Health Issues</p>
Numbers Served	<p>We anticipate serving 360 families from 2010 through to 2013 as part of the outcomes evaluation.</p>
Evaluation	<p>Process/Implementation and Program Fidelity. The process/implementation evaluation will examine the feasibility and acceptability of the modified SafeCare curriculum (augmented to address Healthy Relationships/Violence Prevention and adapted for Latino communities). Trainings in SafeCare+ curriculum will be evaluated by OUHSC through service providers report. Implementation of services will be directly observed to evaluate fidelity. The local evaluation team will collect data on fidelity, as well as data on participants and service providers, including written evaluations and assessments, direct observation, interviews, and monthly reports.</p> <p>Family and Child Outcomes. For the family and child outcomes evaluation, OUHSC will examine future reports to child maltreatment and foster care placement, and changes on protective factors and risk factors proximal to child maltreatment. SafeCare+ adapted model will be evaluated utilizing a hybrid design which merges aspects of the simple regression discontinuity (RD) design with aspects of the simple randomized clinical trial design. Two prevention service models will be provided through the LCDA: (a) El Programa de Familias Seguras which is SafeCare+ adapted for the Latino community and designed for highest risk families and (b) Nuestras Familias, funded through the Department of Health's Oklahoma Child Abuse Prevention (OCAP) programs, utilizes Parents as Teachers as well as other curricula and is designed for low to moderate risk families. Using a risk classification tree, families will be screened for risk with the highest risk group being assigned to SafeCare+, the lowest risk group to OCAP, and the moderate risk group being randomized to SafeCare+ or OCAP. OUHSC will collect data on demographics, child maltreatment, risk factors, protective factors, and services. Self-report and home observational data will be collected prior to randomization, at 6 months, and at 12 months.</p> <p>Cost Evaluation. The cost evaluation will examine the time, effort, and resources used to deliver program services, including fixed and variable service costs. Cost analysis will be facilitated by closely tracking all categorical funding streams for the varying population risk groups served at both program and participant levels.</p>

Outcomes

Outcomes to be evaluated:

1. Decreased likelihood of child maltreatment (e.g., future child welfare report, out of home placements).
2. Increased protective factors (e.g., family resources, knowledge of parenting and child development).
3. Reduced risk factors (e.g., depression, substance abuse, family violence).

Site Map



Implementation Site

Latino Community Development Agency (LCDA)

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Counties Served

Oklahoma County

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SoonerStart Program

Agency	Description & Target Population
Oklahoma State Department of Education Administered out of 28 sites based in county health departments with the exception of Grady, Oklahoma, and Tulsa County.	SoonerStart is Oklahoma's early intervention program. The program provides services to infants and toddlers (birth to 36 months) with developmental delays and their families under PL 99-457 Part C of the Individuals with Disabilities Education Act (IDEA) as amended by PL 108-446, Part C of the Individual with Disabilities Education Improvement Act (IDEIA) of 2004, and the Oklahoma Early Intervention Act of 1989. SoonerStart is a collaborative interagency effort of the Oklahoma Departments of Education, Health, Human Services, Mental Health and Substance Abuse Services and the Oklahoma Health Care Authority and the Oklahoma Commission on Children and Youth.
Funding Source	<p><i>Target Population:</i> Infants and toddlers, age birth to 36 months, who are developmentally delayed. Developmentally delayed means children of the chronological age group (birth through two) who exhibit a delay in their developmental age compared to their chronological age of fifty-percent or score two standard deviations below the mean in one of the following domains/sub-domains: cognitive, physical, communication, social/emotional, or adaptive development; or exhibit a delay in their developmental age compared to their chronological age of twenty-five percent or score 1.5 standard deviations below the mean in two or more of the above reported domains/sub-domains; or have a diagnosed physical or mental condition that has a high probability of resulting in delays.</p>
SFY 2011	
State \$13,761,397 Federal \$9,879,859 Total of \$23,641,256 A reduction of \$2,617,593.00 compared to beginning of SFY 2010.	
Counties Served	<p>SoonerStart services are available statewide across all 77 Oklahoma counties.</p>
SoonerStart services are available statewide across all 77 Oklahoma counties.	
Services	<p>Depending on individual needs, SoonerStart offers one or a combination of the following services:</p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">• Assistive technology services <li style="display: inline-block; width: 45%;">• Nutrition services <li style="display: inline-block; width: 45%;">• Audiology- hearing <li style="display: inline-block; width: 45%;">• Occupational therapy <li style="display: inline-block; width: 45%;">• Child development <li style="display: inline-block; width: 45%;">• Physical therapy <li style="display: inline-block; width: 45%;">• Early Identification with screening, evaluation and assessment services <li style="display: inline-block; width: 45%;">• Special instruction <li style="display: inline-block; width: 45%;">• Family training, counseling and home visits <li style="display: inline-block; width: 45%;">• Psychological services <li style="display: inline-block; width: 45%;">• Medical services (only for diagnostic or evaluation purposes) <li style="display: inline-block; width: 45%;">• Speech-language pathology <li style="display: inline-block; width: 45%;">• Service coordination for toddlers and their families <li style="display: inline-block; width: 45%;">• Social work services <li style="display: inline-block; width: 45%;">• Vision services <li style="display: inline-block; width: 45%;">• Nursing services
Program Model	Services are provided in the family's home or other natural environments through an Individualized Family Service Plan (IFSP) based on the child's delay, family priorities, resources and concerns.
Numbers Served	In State Fiscal Year 2009, SoonerStart provided screening, evaluation, and services to 13,534 infants and toddlers.

Evaluation

In accordance with Part C of the Individuals with Disabilities Education Act, Oklahoma has in place a state performance plan that evaluates the state's efforts to implement the requirements and purposes of Part C and describes how the state will improve such implementation.

The SoonerStart Early Intervention Program uses a quality assurance process to monitor federal and state compliance. The Oklahoma State Department of Education must report annually to the public on the performance of each SoonerStart site located in the state on the 14 federal indicators, such as timely services, child find, child and family outcomes and transition.

Outcomes

1. In FFY2008, SoonerStart services were provided to 1.79% of infants and toddlers (0-3).
2. In FFY2008, 78.53% of eligible infants and toddlers with IFSPs had an evaluation, assessment, and initial IFSP meeting within Part C's 45-day timeline.
3. In FFY2008, 94.41% of records reviewed indicated that SoonerStart services were provided within 15 working days from the date of parent consent for services (i.e., the date on the initial IFSP).

Locations

SoonerStart Region 1:	Garfield County Health Department, Enid Payne County Health Department, Stillwater Texas County Health Department, Guymon Woodward County Health Department, Woodward
SoonerStart Region 2:	Canadian County Health Department, El Reno Custer County Health Department, Clinton Kingfisher County Health Department, Kingfisher Logan County Health Department, Guthrie
SoonerStart Region 3:	Oklahoma County SoonerStart, Oklahoma City
SoonerStart Region 4:	Carter County Health Department, Ardmore Comanche County Health Department, Lawton Grady County Health Department, Chickasha Jackson County Health Department, Altus
SoonerStart Region 5:	Cleveland County Health Department, Norman Pontotoc County Health Department, Ada Pottawatomie County Health Department, Shawnee
SoonerStart Region 6:	Creek County Health Department, Sapulpa Tulsa County SoonerStart, Tulsa
SoonerStart Region 7:	Cherokee County Health Department, Tahlequah Craig County Health Department, Vinita Muskogee County Health Department, Muskogee Okmulgee County Health Department, Okmulgee Rogers County Health Department, Claremore Washington County Health Department, Bartlesville
SoonerStart Region 8:	Bryan County Health Department, Durant LeFlore County Health Department, Poteau McCurtain County Health Department, Idabel Pittsburg County Health Department, McAlester

**Appendix B:
Other Services that Prevent
Child Abuse**

OKLAHOMA CHILD ABUSE PREVENTION NETWORK

Tertiary Prevention

Substance Abuse Services (Prevention)

Agency	Description & Target Population
<p>Oklahoma State Department of Mental Health and Substance Abuse Services (ODMHSAS)</p> <hr/> <p>Funding Source</p> <p>Substance Abuse and Mental Health Services Administration (SAMHSA), Substance Abuse Prevention and Treatment (SAPT) Block Grant, Administration on Children and Families (ACF), Office of Juvenile Justice and Delinquency Prevention (OJJDP), District Attorneys Council, Tobacco Settlement Endowment Trust (TSET) and U.S. Department of Education Office of Safe and Drug Free Schools</p>	<p>The DMHSAS supports prevention initiatives such as: the Oklahoma Prevention Resource Center, 17 Area Prevention Resource Centers (APRCs) Youth Suicide Prevention Contracts, Methamphetamine Prevention, Substance Abuse Prevention for Children in Substance Abusing Families, Enforcing Underage Drinking Laws (EUDL)/2Much2Lose (2M2L), Strategic Prevention Framework State Incentive Grant (SPF-SIG), State Epidemiological Outcomes Workgroup (SEOW), Justice Assistance Grant (JAG) and Safe and Drug Free Schools and Communities - Governor's Discretionary Portion to name a few.</p> <p>Substance Abuse Prevention initiatives focus on successful implementation of evidence-based strategies - with a focus on environmental strategies - that are proven to be effective in alcohol, tobacco and other drug (ATOD) prevention. Providers create and sustain partnerships with community stakeholders to develop and implement environmental prevention strategies for their Oklahoma communities. Programs are based on an environmental prevention approach and may also offer education and assistance to schools, parents, agencies and community groups.</p> <p><u>Target Population:</u> Oklahomans across the lifespan.</p>
Program Model	
<p>The Strategic Prevention Framework (SPF) model is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, State/tribal and community levels.</p> <p>The SPF requires States and communities to systematically:</p> <ol style="list-style-type: none"> 1. Assess their prevention needs based on epidemiological data, 2. Build their prevention capacity, 3. Develop a strategic plan, 4. Implement effective community prevention programs, policies and practices, and 5. Evaluate their efforts for outcomes. 	
Services	
<p>Community based services which aim to enhance the ability of the community to provide more effective prevention services such as organizing, planning, interagency collaboration, coalition building and networking.</p>	
Numbers Served	
<p>Not Provided</p>	

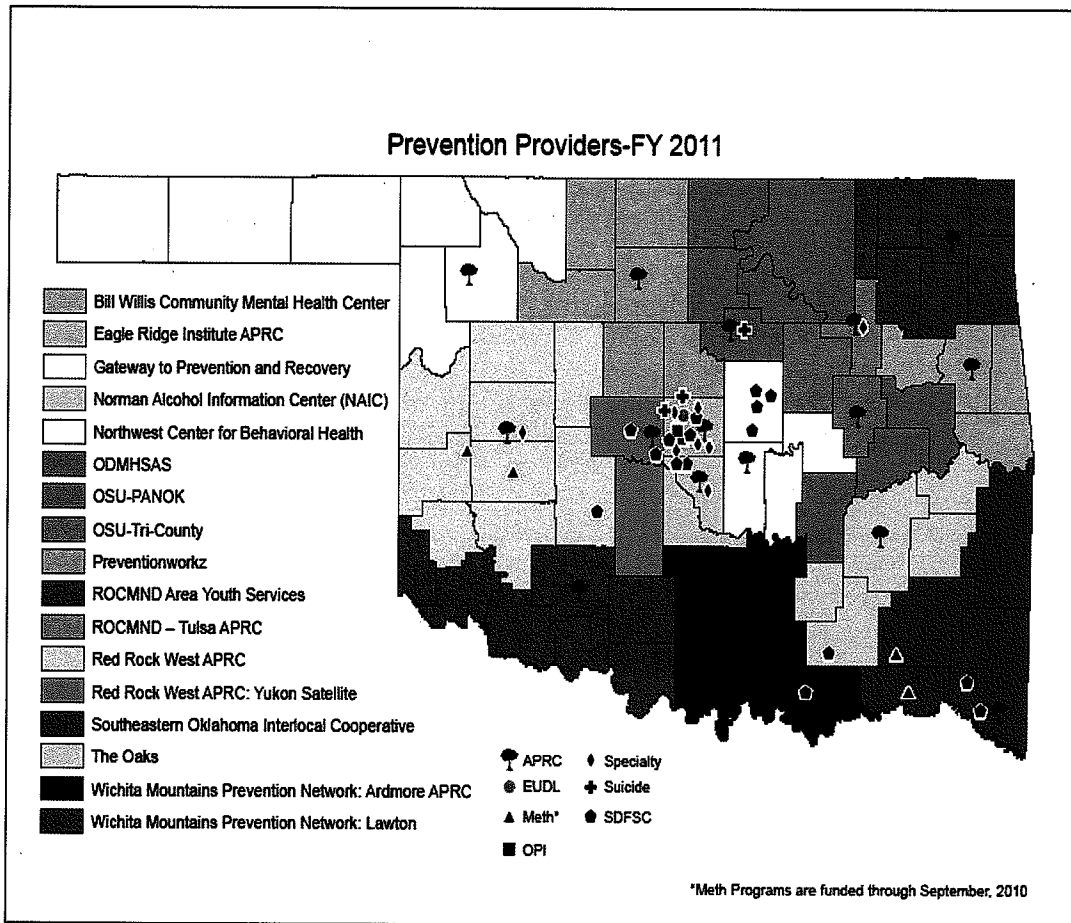
Outcomes

1. There was a 13% decrease in methamphetamine treatment admissions between FY2006 to FY2008.
2. Over 40% of Oklahoma Partnership Initiative's Strengthening Families Program Graduates reported "NO" current use of alcohol or drugs at time of post-testing.
3. Through an innovative collaboration with Mercy Hospital and ODMHSAS, over 4,000 medical staff were trained in suicide prevention and how to refer a patient for follow-up care. The referrals to mental health centers has more than doubled since the implementation of trainings.

Evaluation

All of the Substance Abuse Prevention initiatives focus on the implementation of evidenced-based environmental strategies that are proven to be effective in ATOD prevention.

Map



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OKLAHOMA CHILD ABUSE PREVENTION NETWORK

Tertiary Prevention

Substance Abuse Services (Treatment)

Agency	Description & Target Population
<p>Oklahoma Department of Mental Health and Substance Abuse Services</p>	<p>ODMHSAS operates or contracts with substance abuse treatment centers across Oklahoma, many with satellite offices, to provide services for individuals in need. Facilities are located statewide, and offer a variety of services including: assessment and referral, detoxification, outpatient counseling, residential treatment, substance abuse education, transitional living, and aftercare services. Some programs are designed to meet the needs of specific populations, such as criminal justice, women with children, adolescents, Hispanics and Native Americans.</p>
<p>Funding Source</p> <p>ODMHSAS receives funding from a variety of sources. For FY 2009, substance abuse funding totaled \$85,296,372. Sources: 45% state, 43% federal government, and 12% other.</p>	<p>State-funded services are available for adult Oklahomans in need of mental health and substance abuse treatment who are 200% of poverty or below and have no other means of pay. However, because of limited resources, there are illness severity criteria that must be met for adults to receive services. Eligibility requirements for children include those with no other means of payment. Individuals are free to seek services in any locale they prefer, regardless of service area of residence.</p>
<p>Program Model</p>	
<p>ODMHSAS provides a comprehensive, therapeutic approach to the delivery of substance abuse services targeting individual need and focused on the use of evidence based practices to offer an appropriate continuum of care. Individuals are actively engaged in all processes, with attention also given to behavior modification and development of healthy life skills.</p>	
<p>Services</p>	
<p>While the majority of services delivered by ODMHSAS are center based, there are some home based services provided. Services are provided at state-operated and/or contracted service facilities, however, specialized community-based services for targeted at-risk populations are utilized (such as with PACT, children/family centered wrap around services, targeted outreach, etc.) and have become an integral part of the department's service delivery network.</p>	
<p>Numbers Served</p>	
<p>In State Fiscal Year 2009, there were 22,226 persons served by ODMHSAS funded substance abuse services.</p>	
<p>Outcomes</p>	
<p>ODMHSAS monitors program effectiveness based on a variety of outcome measures. Specifically, the department collects information related to changes in at-risk behavior, wellness status and recovery progression of individuals who have received treatment services. Comparisons are made between pre-admission and post-admission history. Significant outcomes related to ODMHSAS substance abuse treatment services include:</p> <ol style="list-style-type: none"> 1. Percent of customers reporting a reduction in substance use: 54% 2. Percent of customers reporting a reduction in number of arrests: 75% <p>Percent of customers NOT readmitting to Detox within 30 days: 96%</p>	

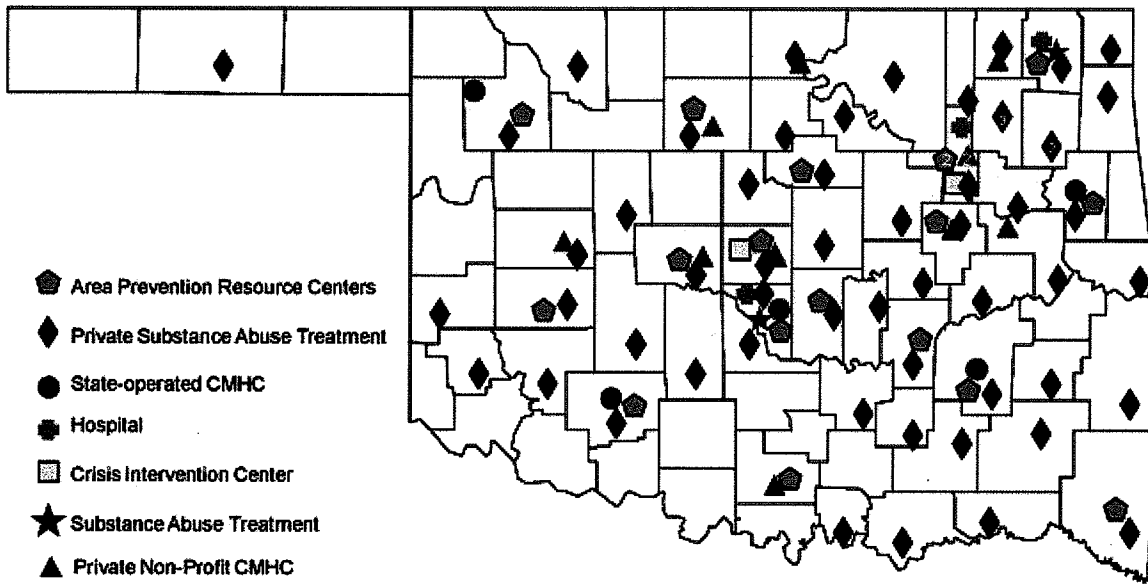
Evaluation

ODMHSAS maintains a comprehensive evaluation system of all processes and programs, involving a variety of data collection methods and statistical reports. Access to this information is available through the ODMHSAS website at www.odmhsas.org, or by calling the department's decision support services division at 405-522-3908.

Map

Oklahoma Department of Mental Health
and Substance Abuse Services

Statewide Treatment Delivery System



Note: Agencies in Oklahoma, Tulsa, and Cleveland counties have been grouped together.

11/20/2011/11/20/2011

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jdismukes@odmhsas.org

Website

<http://www.odmhsas.org>

OKLAHOMA CHILD ABUSE PREVENTION NETWORK

Tertiary Prevention

Mental Health Services

Agency	Description & Target Population
<p>Oklahoma Department of Mental Health and Substance Abuse Services</p>	<p>ODMHSAS mental health services encompass a broad range of needs. The department operates a psychiatric hospital for adults, a facility with specific services for children and adolescents, along with a specialty center devoted to forensic services. In addition, ODMHSAS provides a variety of community mental health services through a statewide network of Community Mental Health Centers (CMHCs). Residential care services, housing and access to benefits are just some of the other related support services available. For individuals in crisis, the department provides emergency assessment, mobile crisis, community-based crisis stabilization and inpatient hospitalization. Specialized programs in partnership with law enforcement (CIT) and the criminal justice system (Mental Health Court) have been highly successful, as have other targeted programs related to children and family services (SOC) and community response (Project Heartland). ODMHSAS also provides funding for social and recreational services for individuals with mental illness who live in residential care facilities, as well as support for certain other community-based services such as assistance for mentally ill individuals who are homeless.</p> <p>State-funded services are available for adult Oklahomans in need of mental health and substance abuse treatment who are 200% of poverty or below and have no other means of pay. However, because of limited resources, there are illness severity criteria that must be met for adults to receive services. Eligibility requirements for children include those with no other means of payment. Individuals are free to seek services in any locale they prefer, regardless of service area of residence.</p>
<p>Funding Source</p> <p>ODMHSAS receives funding from a variety of sources. For FY 2009, mental health funding totaled \$208,992,628. Sources: 74% state, 6% federal government, and 20% other.</p>	
<p>Program Model</p>	
<p>ODMHSAS is dedicated to funding best practice models such as Programs of Assertive Community Treatment (PACT), Illness Management and Recovery, Systems of Care for children and support other nationally recognized supportive programs such as case management, jail diversion programs, psychiatric rehabilitation services and services provided by persons in recovery.</p>	
<p>Services</p>	
<p>While the majority of services delivered by ODMHSAS are center based, there are some home based services provided. Services are provided at state-operated and/or contracted service facilities, however, specialized community-based services for targeted at-risk populations are utilized (such as with PACT, children/family centered wrap around services, targeted outreach, etc.) and have become an integral part of the department's service delivery network.</p>	
<p>Numbers Served</p>	
<p>In State Fiscal Year 2009, there were 52,226 individuals served with mental health services from DMHSAS-funded agencies.</p>	
<p>Outcomes</p>	
<p>ODMHSAS monitors program effectiveness based on a variety of outcome measures. Specifically, the department collects information related to changes in at-risk behavior, wellness status and recovery progression of individuals who have received treatment services. Comparisons are made between pre-admission and post-admission history. Significant outcomes related to ODMHSAS mental health treatment services include:</p> <ol style="list-style-type: none"> 1. Percent of customers receiving a medication visit within 14 days of admission: 60% 2. Percent of customers receiving a follow up service within 7 days after an inpatient discharge: 70% 3. Percent of customers who receive four services within 45 days of admission: 58% 	

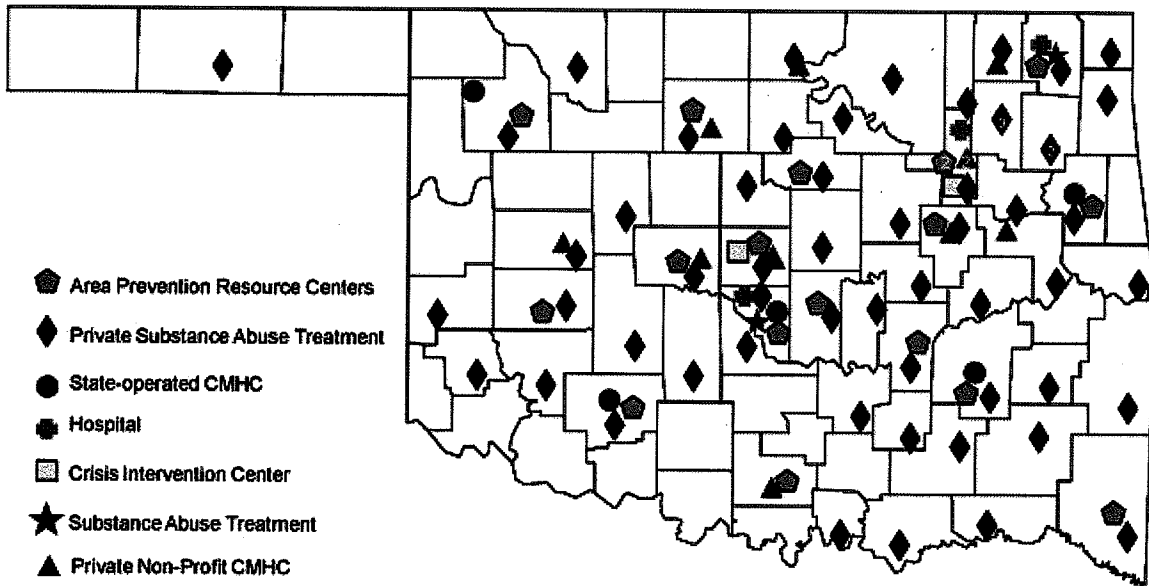
Evaluation

ODMHSAS maintains a comprehensive evaluation system of all processes and programs, involving a variety of data collection methods and statistical reports. Access to this information is available through the ODMHSAS website at www.odmhsas.org, or by calling the department's decision support services division at 405-522-3908.

Map

Oklahoma Department of Mental Health
and Substance Abuse Services

Statewide Treatment Delivery System



Note: Agencies in Oklahoma, Tulsa, and Cleveland counties have been grouped together

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OKLAHOMA CHILD ABUSE PREVENTION NETWORK

Tertiary Prevention

Domestic Violence Services

Agency	Description & Target Population
Office of Attorney General	<p>The Office of Attorney General contracts with twenty nine community-based programs, to provide services for victims of domestic violence, sexual assault and stalking. At a minimum, they provide crisis intervention, safety planning and temporary shelter in a safe environment. Shelter stay traditionally is 30 days, although extensions are granted. Additionally these programs help battered women and their children navigate the court system, obtain protective orders, find legal counsel, seek jobs, childcare, new living arrangements, and locate additional community resources.</p> <p><u>Target Population:</u> Victims of domestic violence, sexual assault and stalking.</p>
<p>Funding Source</p> <p>Funding for the domestic violence programs comes from state appropriations and federal funding through the Family Violence Prevention Services Act (FVPSA)</p>	
Program Model	
<p>The intervention strategies for the DVSA agencies working with adult domestic violence/sexual assault /stalking victims is to provide SAFETY from physical, emotional, financial, and psychological harm with the ultimate goal of eliminating violence from their lives and their children. These strategies are based on an empowerment model, actively supporting each victim's right to self-determination. Additionally DVSA agencies recognize and promote partnerships with community resources such as law enforcement and the courts in order to reduce violence within our society, promote victim safety, reinforce abuser accountability and to advance the ethic of zero tolerance for domestic violence, sexual assault, and stalking in our communities.</p>	
Numbers Served	
<p>In federal fiscal year 2008 (according to the Oklahoma Victim Information System (OVIS) managed by the Oklahoma Coalition Against Domestic Violence and Sexual Assault, and other domestic violence agencies as reported (that are not on OVIS) DVSA programs provided assistance to 13,333 women and 4,754 dependent children and 597 male victims. There are currently 29 programs certified by the Office of Attorney General offering services to domestic violence victims and their children.</p> <p><u>Please note:</u> These numbers do not reflect the domestic violence/sexual assault victims served by the Native American Tribes.</p>	
Outcomes	
<p>The contracted certified programs are required to survey clients. The surveys examine changes that have occurred as a result of a services being provided. The outcomes examined are:</p> <ol style="list-style-type: none">1. Clients know more ways to plan for their safety.2. Clients know more about community resources.	

Evaluation

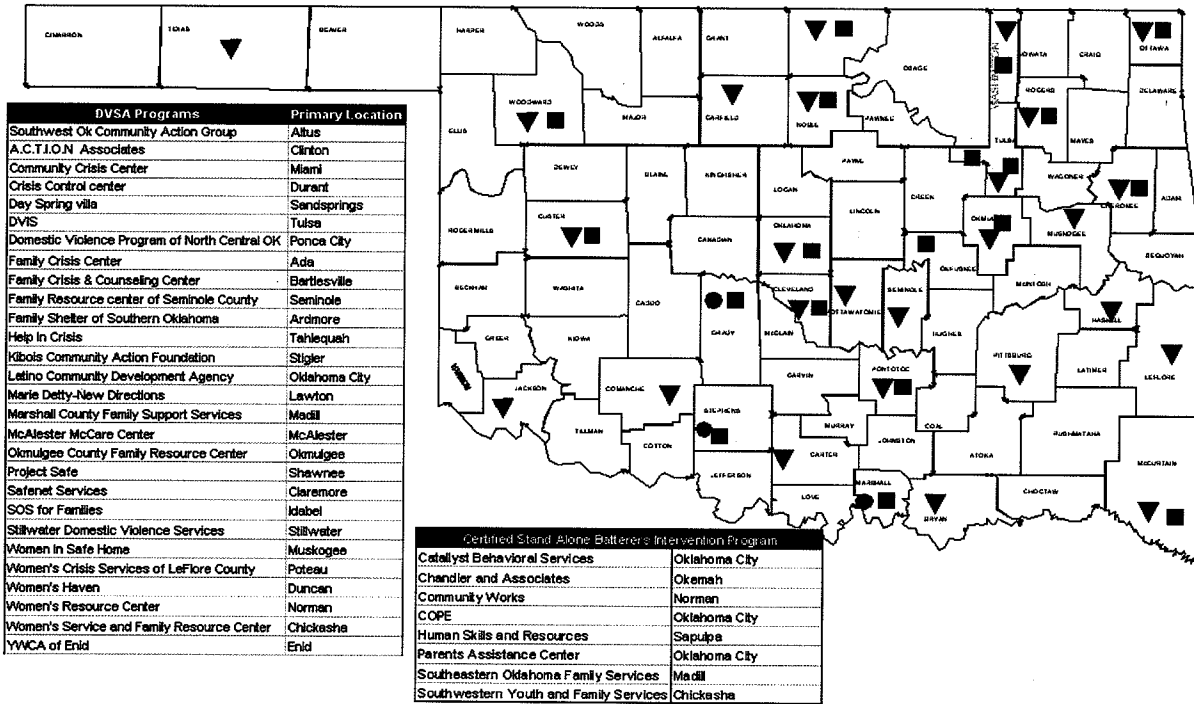
Surveys are collected in four program areas: shelter, support services, advocacy and counseling. Therefore a client may be asked to fill out multiple surveys. The results of the surveys for reporting period October 1, 2008 to September 30, 2009 are:

Survey Type	Number of Surveys Completed	Number of Yes Responses to Resource Outcome	Number of Yes Responses to Safety Outcome
Shelter Survey	1588	1519	1536
Support Services and Advocacy Survey	1913	1798	1812
Counseling Survey	1207	1057	1163
Support Survey	1244	1109	1207
Total	5952	5483	5718

Map

OKLAHOMA OFFICE OF ATTORNEY GENERAL

- ▼ Certified Domestic Violence/Sexual Assault Programs with shelter
- Certified Domestic Violence/Sexual assault Program with no shelter
- Certified batterers intervention programs



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OKLAHOMA CHILD ABUSE PREVENTION NETWORK

Primary Prevention

Child Guidance Services

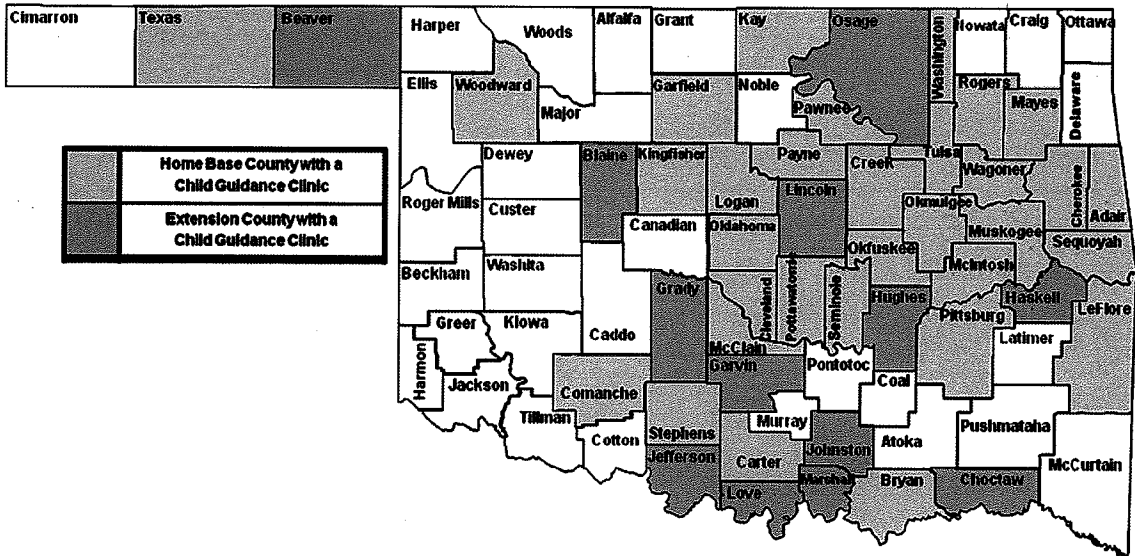
General Services

Agency	Description & Target Population
<p>Oklahoma State Department of Health Administered at the County and City-County Health Department levels</p> <p>Funding Source</p> <p>Child Guidance State Appropriations and Local Millage (\$6.1 million in SFY 09); CBCAP Funds (\$80,000 in FFY 09)</p>	<p>Child Guidance services focus on strengthening families by promoting positive parent-child relationships and optimal child development. Child development specialists, speech language pathologists, psychologists, social workers, and audiologists provide screening, assessment and intervention for developmental, communication, hearing, and behavioral concerns and assist families in accessing resources.</p> <p><u>Target Population:</u> Families with children birth to 13 years.</p>
<p>Program Models ~ Two Specialized Programs within Child Guidance</p>	
<p><u>The Incredible Years:</u> Parents, Teachers, and Children Training Series is a comprehensive set of curricula designed to promote social competence and prevent, reduce, and treat aggression and related conduct problems in young children (ages 4 to 8 years). The interventions that make up this series - parent training, teacher training, and child training programs are guided by developmental theory concerning the role of multiple interacting risk and protective factors (child, family and school) in the development of conduct problems.</p> <p><u>Parent-Child Interaction Therapy (PCIT):</u> PCIT is an empirically-supported treatment for conduct-disordered young children that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's prosocial behavior and decreasing negative behavior. This treatment focuses on two basic interactions: Child Directed Interaction (CDI) is similar to play therapy in that parents engage their child in a play situation with the goal of strengthening the parent-child relationship; Parent Directed Interaction (PDI) resembles clinical behavior therapy in that parents learn to use specific behavior management techniques as they play with their child.</p> <p><u>Child Care Mental Health Consultation:</u> The Child Care Mental Health Consultation Network provides onsite child care consultation to address issues surrounding behavioral challenges in the classroom. The Network is staffed by behavioral health and child development specialists in Child Guidance, Community Mental Health Centers and private consultants through the Center for Early Childhood Professional Development. Requests for referrals are obtained through the Oklahoma Child Care Warmline. This initiative is provided in collaboration with the Oklahoma Department of Human Services and the Oklahoma Department of Mental Health and Substance Abuse Services.</p> <p><u>Child Care Warmline:</u> The Warmline for Oklahoma Child Care Providers offers free telephone consultation to child care providers on numerous topics of concern. Consultants can also refer providers to appropriate services and resources within their communities. In addition to a personalized phone consultation, an automated topic library with 1,500 topics on pre-recorded messages (including topics on child care, health, behavior and guidance, and development) are available on the Warmline 24 hours per day. Child Care Mental Health consultation is coordinated through this project. This initiative is provided in collaboration with the Oklahoma Department of Human Services.</p>	
<p>Numbers Served</p>	
<p>In SFY 2009, approximately 52,402 individual sessions were conducted for screening, assessment, evaluation, or treatment services. Guidance clinicians provided workshops, training, consultations, or community outreach activities to approximately 42,759 individuals. There were 828 mental health consultation visits provided to childcare providers.</p>	

1. For SFY 2009, 36.2% of children being seen for services due to concerns about communication showed good or very good progress toward reaching treatment goals.
2. For SFY 2009, 45.7% of children being seen for services for behavior problems showed good or very good progress toward reaching treatment goals.
3. For SFT 2009, 44.7% of children being seen for services due to concerns about development showed good or very good progress toward reaching treatment goals.

Map

Child Guidance Clinics in Oklahoma County Health Departments – SFY 2009



Updated March 25, 2009, AEF

Educare

Oklahoma City

Agency	Description & Target Population
Sunbeam Family Services - OKC Educare	<p>Educare is a comprehensive early education service for children and families. OKC Educare serves 200 children in a full-day, year round program. Services are provided at no cost to the family.</p> <p><u>Target Population:</u> Educare (Okc) serves Oklahoma County children birth to five years and their families (must qualify under federal poverty line). Can be in the program from birth to five, or can enroll based on availability at any time before the child turns 5 years old.</p>
Funding Source	
Federal Head Start/Early Head Start Grant, OKCPS Funding for Pre-K classes, private funds, United Way	
Counties Served	
Oklahoma	
Program Model	
Head Start/Early Head Start, OKCPS Pre-K. Full-year, full-day program model. High teacher-child ratio, intensive family support, strong mental health componet.	
Numbers Served	
200 is the current enrollment of children and the capacity for the program. During FY-09, 264 children were served at the Oklahoma City Educare Center (an approximate count of parents and enrolled children would be 650).	
Evaluation	
Extensive evaluation component. Several different methods utilized, part of a national research project.	
Outcomes	
<ol style="list-style-type: none"> 1. In 2009, 87% of enrolled children demonstrated growth in all areas of development, such as social-emotional, cognitive, and gross motor skills. 2. In 2009, 98% of children enrolled in the program were completely up-to-date on all required immunizations. 3. In 2009, 85% of enrolled parents participated in parenting classes or other adult education classes (like GED and ESL classes). 4. In 2009, 100% of enrolled pregnant mothers received prenatal and postpartum care, including breastfeeding education and postpartum depression screeners. 	
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Website	www.okceducare.org

Educare

Tulsa

Agency	Description & Target Population
Tulsa Educare I Tulsa Educare II	Educare is a comprehensive early education service for children and families. In Tulsa, Educare 1 opened in 2006; Educare 2 opened in 2010. Services are provided at no cost to the family.
Funding Source	
George Kaiser Family Foundation, Dept. of Education, State Pilot Project, Early Head Start, Head Start, Department of Human Services, Private Pay	State of the art early childhood centers that provide education and care of 364 children (from birth to age five) and their families with full day, year round early childhood education, family support services and ongoing medical care.
Counties Served	<u>Target Population:</u> Educare (Tulsa) serves Tulsa County children birth to five years and their families (must qualify under federal poverty line). Can be in the program from birth to five, or can enroll based on availability at any time before the child turns 5 years old.
Tulsa County	
Program Model	
Bounce Learning Network, Early Head Start, Head Start	
Numbers Served	
200 children at Educare 1; 164 children at Educare 2.	
Evaluation	
Bayley Cognitive and Language Scores, Peabody Picture Vocabulary Test, and Bracken School Readiness.	
Outcomes	
<ol style="list-style-type: none"> 1. Early entry into the program results in more positive outcomes. In 2007 - 2009, two year old children at Educare sites scored 96.0 on the Bayley Cognitive and Language test compared to 89.9 for the control group children 2. Scores on vocabulary for three year olds at Educare in 2007 - 2009 indicated 93.0 compared to 81.1 for the control group. 3. 2007- 2009 scores for school readiness of Kindergarten bound children again indicated that the earlier entry into the program, the better outcome for children. Children who entered the program at 2 yrs. of age or less scored 105.1 (English speaking) and 104.4. for non-English speaking children compared to children who entered the Educare program at age 4 plus years with scores of 95.5 (English speaking) and 88.7 (non-English speaking), respectively. 	
Contact Information	Caren Calhoun, Executive Director 3420 N. Peoria Tulsa, Ok 74106 (918) 508-2255
Website	Educaretulsa.org

OKLAHOMA CHILD ABUSE PREVENTION NETWORK

Primary Prevention

Pre-Kindergarten Programs

Agency	Description & Target Population
Oklahoma State Department of Education	<p>Children, who are age four on or before September 1, are eligible for the voluntary public school pre-kindergarten program. Currently, nearly 75% of Oklahoma's four-year-olds attend public school and have access to:</p> <ul style="list-style-type: none"> • an Early Childhood Certified Teacher, • a 10:1 child to teacher ratio, • comprehensive school services, and • full-day or half-day programs, • state adopted curriculum standards, • school readiness program.
Funding Source	
State funding through the school funding formula.	
<p>Countries Served</p> <p>All school districts have the option of having a Pre-Kindergarten program. In 2008-2009, 97% of school districts offered a Pre-Kindergarten program.</p>	
Program Model	
<p>Half-day/full-day option</p> <p>Voluntary participation</p> <p>A bachelor-degreed, early childhood certified teacher</p> <p>Adult/child ratio of 1:10</p> <p>Priority Academic Student Skills (PASS) designed to be appropriate to age development</p>	
Numbers Served	
<p>In 2008-2009, a total of 36,042 children were enrolled in a public school Pre-Kindergarten program. 16,166 in a half-day program and 19,522 in a full-day program.</p>	
Evaluation	
<p>The Effects of Universal Pre-Kindergarten on Cognitive Development, Georgetown University (2003)</p> <p>http://www.crocus.georgetown.edu/publications.html</p>	
Outcomes	
<ol style="list-style-type: none"> 1. Increased readiness for reading and academic learning (Georgetown study, 2003-2004) 2. Easy transition to Kindergarten 3. 52% increase in Letter-word identification; 27% increase in Spelling; and 21% increase in Applied Problems (Georgetown University, 2004) 	
Contact Information	<p>Dr. Ramona Paul, <Ramona_Paul@sde.state.ok.us> Oklahoma State Department of Education (405) 521-4311</p> <p>Erin Nation, <Erin_Nation@sde.state.ok.us> Oklahoma State Department of Education (405) 521-3346</p>
Website	<p>http://www.sde.state.ok.us</p>

Appendix C:
Letters from Collaborating Partners



Oklahoma State Department of Health
Creating a State of Health

September 14, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
18A-39
Rockville, Maryland 20857

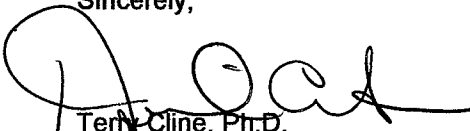
Dear Ms. Yowell:

As the Commissioner of the Oklahoma State Department of Health (OSDH), the state's health agency responsible for administering the Maternal and Child Health Services Title V Block Grant Program, I am providing this letter of support for the statewide needs assessment submitted as the second phase of the grant application by the OSDH, Family Support and Prevention Service (FSPS), for the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program (CDFA #93.505).

While the FSPS has the capacity and experience to effectively coordinate the services needed to implement quality early childhood home visiting programs as required by the grant, the Maternal and Child Health Service (MCH) has utilized its expertise in directing the construction of a viable statewide needs assessment through information gathering, data collecting, and collaboration that was imperative to this grant process. Many identified key partners participated and provided input to this process.

MCH believes that the positive outcomes expected through MCH services will be significantly enhanced with the expansion of quality home visitation services provided through the FSPS.

Sincerely,



Terry L. Cline, Ph.D.
Commissioner



Oklahoma State Department of Health
Creating a State of Health

September 14, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
18A-39
Rockville, Maryland 20857

Dear Ms. Yowell:

As the Commissioner of the Oklahoma State Department of Health (OSDH), I am responsible for oversight of the funds allocated to Oklahoma per Title II of the Child Abuse Prevention and Treatment Act (CAPTA). I fully support the statewide needs assessment submitted as the second phase of the grant application by the OSDH, Family Support and Prevention Service (FSPS), for the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program (CDFA #93.505).

As one of nine services in the OSDH Community and Family Health Service administrative area, the FSPS administers the Community-Based Child Abuse Prevention Grant (CBCAP); directs statewide child abuse prevention efforts; and provides training and support to twenty-five state multidisciplinary child abuse and neglect teams through the Child Abuse Training and Coordination Program. Additionally, the FSPS provides oversight and staff support for the entities created by the 1984 Oklahoma Child Abuse Prevention (CAP) Act. These include the Office of Child Abuse Prevention (OCAP), which provides oversight and support for the implementation of local *Start Right* family resource and support programs, and the Interagency Child Abuse Prevention Task Force (ITF), which is composed of representatives from state agencies, the business sector, parent participants, and child abuse prevention providers as well as other professionals from the medical, legal and mental health fields. The ITF and OCAP work collaboratively to prepare the "Oklahoma State Plan for the Prevention of Child Abuse and Neglect" and to review and fund community-based family resource and support programs. The FSPS also provides oversight for the statewide implementation of the *Nurse-Family Partnership*® Program, *Children First*. The FSPS activities carried out under the CBCAP Grant support the ITF, OCAP, *Children First* and the Home Visitation Leadership Advisory Coalition. Members of the HVLAC work together to identify and develop best practice standards in home visitation.

The preparation, planning, and compilation of the statewide needs assessment have been coordinated by OSDH with the participation and collaboration of many identified key partners. It has been through due diligence that every agency and entity involved with home visitation be invited to participate in this process, providing data, input, and direction as we seek to identify at risk communities and unmet needs of the state of Oklahoma. A vital foundation was initially formed by utilizing information gleaned from the existing 2010 CBCAP Grant Application and Annual Report, utilizing the report's child abuse prevention statewide network and current needs assessment. Regular and collaborative ongoing meetings have taken place in an effort to provide a meaningful, rich, and useful statewide needs assessment.

With over twenty years of experience providing community-based family resource and support programs through a statewide network, I feel the OSDH, FSPS and its partners are in an excellent position to identify appropriate target populations and at risk communities to enable the administration of the ACA Maternal, Infant and Early Childhood Home Visiting Program Grant. I welcome this opportunity for continued collaboration and partnership to improve health and developmental outcomes for at-risk children in Oklahoma through evidence-based home visiting programs.

Sincerely,

Terry L. Cline, Ph.D.
Commissioner

Commissioner of Health
Terry L. Cline, PhD

Barry L. Smith, JD, President
Michael D. Anderson, PhD
Alfred Baldwin, Jr

Board of Health
Jenny Alexopoulos, DO, Vice President
Cris Hart-Wolfe
Kenneth R. Miller, MD

R. Murali Krishna, MD, Secretary-Treasurer
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OKLAHOMA DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

September 13, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
18A-39
Rockville, Maryland 20857

Dear Ms. Yowell:

The Department of Mental Health and Substance Abuse Services (ODMHSAS) supports the statewide needs assessment that is required as the second phase of this grant application process submitted by the Oklahoma State Department of Health (OSDH) for the Affordable Care Act Maternal, Infant, and Early Childhood Visiting Program.

As the Secretary of Health for the State of Oklahoma and the Commissioner of the ODMHSAS, I am a committed partner in seeking information to further identify at-risk communities and the unmet needs as it pertains to home visitation across the state of Oklahoma in an effort to improve outcomes, resources, and services for Oklahoma families and communities. Through the ODMHSAS publications and website, data and service information has been incorporated into this phase of the application's statewide needs assessment with the knowledge that substance use and abuse is a major consideration as unmet needs are being examined.

Our agency appreciates the opportunity to participate and collaborate on this grant in each phase of development. We look forward to this as we continue to support enhancing programs and services through a new, comprehensive early childhood home visiting program that would include screening, referral and linkage to substance abuse treatment as needed.

Sincerely,



Terri White, M.S.W.
Commissioner and
Secretary of Health

Oklahoma
Association of
Community
Action
Agencies

2800 NW 36th Suite 221 Oklahoma City, Oklahoma 73112
405-949-1495 Web Site: okacaa.org Fax: 405-949-0955
Head Start State Collaboration Office
Kay C. Floyd, M.A. Director

September 13, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
18A-39
Rockville, Maryland 20857

Dear Ms. Yowell:

As the State Director of Head Start Collaboration, it is my pleasure to write this letter in support of the Oklahoma State Health Department (OSDH), Family Support and Prevention Service statewide needs assessment as the second phase of the application for the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program (CDFA #93.505).

The Head Start State Collaboration Office works with all Early Head Start and Head Start grantees in the state to ensure that they have input into and receive information about state level initiatives, policies, and activities related to the early care and education field and services to income-eligible children and families. Since the Head Start and Early Head Start programs have a strong home visiting component, funding awarded through this grant to the OSDH would support Head Start and Early Head Start grantees to better serve families enrolled in their programs as well as link to other programs that provide home visitation services. Head Start home visiting models can also be a resource for other home visiting programs.

The preparation, planning, and compilation of the statewide needs assessment, thus far, has been done in concert with varying identified significant and related partners, including Head Start. Head Start grantees have provided their Head Start Community Needs Assessments to further enhance and shape the statewide needs assessment being provided for this application. Additionally, it has been through due diligence that every agency and entity involved with home visitation in the state of Oklahoma be invited to participate and collaborate, providing data, input, and direction, in this phase of the application. I have served, along with OSDH and other partner agencies, as a team member meeting on a regular basis, seeking to identify at risk communities and unmet needs related to home visitation in the state of Oklahoma.

I serve on the board of the State Early Childhood Advisory Council established in accordance with the Head Start Act of 2007, and I co-chair the advisory board of the Head Start State Collaboration Office. Both of these statewide partner groups focus on developing a comprehensive, high-quality early childhood system that includes home visiting. They work closely with the OSDH, and their work will be coordinated with the proposed home visiting program. I look forward to the opportunity to improve home visiting services for young children in Oklahoma.

Sincerely,



Kay C. Floyd, M.A.

