The Oklahoma State Plan
For the Prevention of Child Abuse and Neglect

2006 –2008

State Interagency Child Abuse Prevention Task Force
Office of Child Abuse Prevention, Oklahoma State Department of Health

Acknowledgements

The development of a comprehensive State Plan for the prevention of child abuse and neglect was an enormous endeavor and was a collaborative effort. Gratitude is expressed to those who so graciously gave of their time and expertise to review the Plan and to provide guidance. Their commitment to the prevention of child abuse and neglect is deeply appreciated.

Opportunity for comment was provided statewide. Recognition is expressly given here to the leading organizations. However, we are very grateful for the number of individuals that provided written comment or attended public hearings to express their views.

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In 2004, 51 children died from child maltreatment in Oklahoma.

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Executive Summary

The Oklahoma State Department of Health has developed this State Plan for the Prevention of Child Abuse as a practical plan of action. Staff from the Family Support and Prevention Service collected information from the local District Tasks Forces, the Interagency Child Abuse Prevention Task Force, and held 16 public hearings across the state.

Oklahoma is currently implementing some of the Nation's most researched and recognized family support models. The Oklahoma state legislature should be applauded for their efforts to fund evidence-based programs and should continue in this direction. However, the area of child abuse and neglect prevention is ever evolving and clearly, improvements can be made.

This Plan identifies not only the elements that will guide the implementation of the next phase of the Child Abuse Prevention programs funded by the Oklahoma Child Abuse Prevention Fund, but also those efforts that are implemented on a more population-based level within communities. The Plan identifies five significant strategies that will further reduce child abuse and neglect:

1. Strengthen the infrastructure that creates prevention partnerships.

2. Continue the use of evidence-based prevention models and make changes in implementation when best-practice standards have changed.

3. Provide quality, on-going training to professionals working in child abuse prevention.

4. Improve efforts regarding prevention program evaluation by utilizing standardized tools and outcome measures.

5. Establish more roles for parent leadership in both the planning and implementation of prevention programs and activities.

6. Extend public education and outreach activities.

With a renewed focus on these strategies,
The Oklahoma's prevention partners can make a difference!

Overview of the Planning Process

During the summer of 2006, each of the 17 District Task Force Coordinators were asked to coordinate a public hearing for the purpose of gathering information to be included in the next State Plan and utilized in the SFY 2007 – 2012 Child Abuse Prevention Fund Grant Process. Both professionals and program participants were invited to attend the public hearings.

The following Public Hearings were conducted:

District	Location	Date
District I	McAlester	July 25
District II	Muskogee	June 20
District III	Norman	July 17
District IV	Yukon	June 19
District V	Shawnee	June 12
District IV	Lawton	June 13
District VII	Oklahoma City	June 12
District VIII	Altus	July 13
District IX	Weatherford	July 11
District X	Woodward	July 17
District XI	Stillwater	July 18
District XII	Tulsa	July 6
District XIII	Bartlesville	June 13
District XIV	Enid	June 29
District XV	Ardmore	July 17
District XVI	Idabel	June 23[1]
District XVII	Ponca City	June 19

There was also an opportunity for individuals to submit their suggestions in writing. Over 85 written submissions were sent to the Office of Child Abuse Prevention.

The Interagency Child Abuse Prevention Task Force (ITF) also provided input for this State Plan. The ITF included numerous individuals representing a variety of agencies, organization and perspectives. See page two for a listing of ITF members.

This Plan is to remain dynamic and responsive to the changing needs of our communities as well the evolving practices in the area of prevention. Successful implementation of these strategies will require the coordinated and cooperative efforts among many governmental agencies, the business communities, nonprofit organizations, local service organizations and most importantly parents.

[1] Although staff from the Office of Child Abuse Prevention was present for the hearing, no one from the local community attended possibly due to a local funeral and severe weather. Altogether twenty-four written submissions were collected from District Task Force XVI.

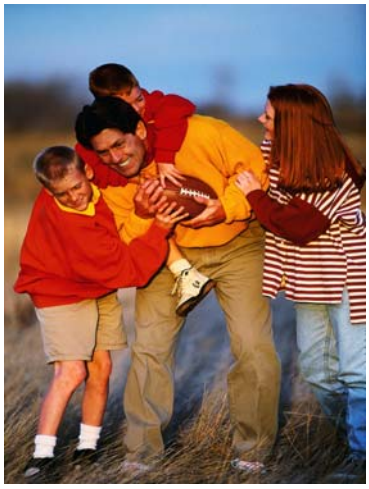
Needs Identified

General Themes Heard at the Public Hearings

- There are increased needs for services for the Hispanic population
- There is a need for greater emphasis on the father's role in prevention program activities
- There is a need for services for families with children over the age of five
- There is a need for marketing of child abuse prevention/family support programs
- There is an increased need for respite services for families with young children.
- There is a lack of safe and adequate housing, public transportation, quality childcare, substance abuse services and accessible healthcare – particularly in the rural areas

Recommendations Made by the Interagency Child Abuse Prevention Task Force

- Support the development of district task force county subcommittees
- Continue to implement evidence-based models within the Child Abuse Prevention Fund Programs
- When possible, raise the minimum award for OCAP contracts
- Be flexible in requiring center-based services due to travel in the rural areas
- Continue to require the screening of children served in OCAP programs
- Implement a parent leadership component with OCAP programs
- Place special emphasis on fatherhood within OCAP programs
- Improve OCAP evaluation by measuring more outcomes
- Contingent upon funding, allow OCAP programs to hire an individual to coordinate center-based services and promote child abuse prevention activities within the community
- Contingent upon funding, contract with local organizations to provide services to families with children over five years of age
- Contingent upon funding, contract with local organization to provide sexual abuse prevention programs with the community
- Contingent upon funding, contract with local organizations to provide child abuse prevention services to special populations such as teen parents and culturally specific populations
- When possible, partner with child care by utilizing principles from the *Strengthening Families* approach
- Partner with other services and agencies in order to move toward universal access for parent education or resources
- Contingent upon funding, develop a Parent Warmline



The Structure Within the Oklahoma State Department of Health…

(Created by the Oklahoma Child Abuse Prevention Act)

Prior to 1984, the focus of child abuse and neglect services was on intervention - an "after the fact" approach designed to prevent the recurrence of abuse in families. However with child abuse and neglect rates continually rising, Oklahomans began looking toward preventing the abuse before it ever occurred.

In 1983, a small group of concerned child advocates had the vision of child abuse prevention and turned that vision into action. They worked to see that the *Child Abuse Prevention Act* (hereafter called the Act) was passed in 1984. Prevention would now become a priority.

The Act called for the development and funding of primary and secondary prevention services. Primary and secondary prevention, in conjunction with intervention and tertiary prevention, create a comprehensive approach to child abuse prevention. This approach serves as the basis for the funding of statewide child abuse and neglect prevention programs and services.

The Act created the Office of Child Abuse Prevention (OCAP) within the Oklahoma State Department of Health. The OCAP provides staff support for the other entities created by the Act such as the state level Interagency Child Abuse Prevention Task Force (ITF), the 17 local District Child Abuse Prevention Task Forces (DTF) and the local community-based child abuse prevention programs funded with state appropriations.

Both the ITF and the DTF are composed of representatives from state agencies, the business sector, parent participants and child abuse prevention service providers as well as other professionals from the medical, legal and mental health fields. The ITF and DTF work collaboratively with OCAP to prepare the biannual "Oklahoma State Plan for the Prevention of Child Abuse and Neglect" – a compilation of findings, recommendations and plan for the continuum of comprehensive child abuse services across the state.

The ITF and DTF work jointly with the OCAP to review and fund the community-based child abuse prevention program proposals. Once approved and awarded, the local agencies sign contracts with the Oklahoma State Department of Health to provide services to families. These services consist of home visitation and center–based services.

The OCAP assures:

1) Service providers are well trained;
2) Quality improvements are ongoing by conducting annual site visit and assisting with peer reviews; and
3) Local programs are productive and effective by evaluating program data.

A report on the efforts of these programs is submitted annually.

In 1990, the Act was modified to establish the Child Abuse Training and Coordination Program (CATC). CATC is charged with providing state-of-the-art training on child abuse and neglect to professionals. The Act called for multidisciplinary and discipline-specific training on child abuse and neglect and domestic violence for professionals with responsibilities affecting children, youth, and families. Professionals such as district attorneys, judges, lawyers, medical professionals, law enforcement, school personnel, child welfare workers, youth services agencies, and court-appointed special advocates are to be accommodated with ongoing general and extensive training opportunities. Such trainings have been provided at little or no cost to participants.

Although not a formal part of the Act, the Children First Service (Oklahoma's Nurse-Family Partnership) and the Child Guidance Service – are also considered part of the Oklahoma State Department of Health's child abuse prevention efforts. Children First provides nurse home visitation services to first-time parents. Specially - trained public health nurses provide home visits in any county across the state. Child Guidance professionals provide a myriad of services to individuals and families, but in particular, the child development specialists hold parent education classes and screen children for delays.

In addition, the Oklahoma State Department of Health serves as the lead agency for the Federal Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP).[2] The OSDH is allowed to leverage all of its state appropriations directed toward child abuse prevention in order to maximize its grant award. These federal funds are not to supplant state funds, but are to provide additional direct services to families as well as support networks and initiatives aimed at prevention.

[2] The Child Abuse Prevention and Treatment Act (Pub.L. 104-235), Title II, as amended by Pub.L. 108-36.

Unless someone like you
Cares a whole awful lot,

Nothing is going to get
Better. It's not.

-The Lorax by Dr. Seuss

Magnitude of Child Abuse and Neglect

Most of Oklahoma's children grow to be healthy and happy. Sadly, some do not due to emotional, physical or sexual mistreatment. Others may have been neglected by their caretakers – never having felt safe, secure or nurtured.

The personal and societal consequences of child maltreatment are severe. It is a problem that can affect any family regardless of race, ethnicity or socioeconomic status. Determining and understanding the etiology of child abuse and neglect provides the scientific basis for prevention. It is clear there is no one scenario or risk factor that initiates incidents of abuse. The issue is extraordinarily complex. However, researchers have identified different risk that should be considered.

Child Abuse and Neglect Risk Factors

- A population-based study has shown that, compared to children without disabilities, children with disabilities were 3.4 times more likely to have experienced maltreatment.[3]
- Children living in single parent homes were twice as likely to be neglected than children living with both parents, and birth parents were most often the perpetrators of child abuse and neglect.[4]
- Low maternal self-esteem was identified as a risk factor for child neglect, although not a strong predictor of physical abuse.[5]
- Teenage mothers living apart from related adults have been indicated as a risk factor for child maltreatment.[6]
- The lack of social support, young maternal age, substance abuse, and family history of violence have all been defined as risk factors.[7]
- Unrealistic child developmental expectations, parent-child role reversal, and parenting style can also contribute to the problem.[8]
- Demographically, caregivers that abuse or neglect were more likely to be less educated, poor, and unemployed than caregivers that do not abuse or neglect.[9]
- Poverty has been associated with child maltreatment, with neglect having the most powerful association.[10]
- The parents' negative view of their child has been recently shown a determinant of child abuse among families that experience domestic violence.[11]

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[3] Sullivan PM and Knutson JF. Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse and Neglect.* 2000 Oct; 24(10):1275-88.

[4] Office of Juvenile Justice and Delinquency Prevention. Children as victims. *1999 National Report Series, Juvenile Justice Bulletin,* May 2000.

[5] Christensen MJ, et. al. The prospective assessment of self-concept in neglectful and physically abusive low income mothers. *Child Abuse and Neglect* 1994 Mar;18(3):225-32.

[6] Flanagan P, et. al. Predicting maltreatment of children of teenage mothers. *Arch Pediatr Adolesc Med* 1995 Apr;149(4):451-5.

[7] Briere J, et al, eds. *The APSAC Handbook on Child Maltreatment.* Thousand Oaks, CA: Sage Publications, 1996.

[8] Ibid.

[9] Drake B and Pandey S. Understanding the relationship between neighborhood poverty and specific types of child maltreatment. *Child Abuse and Neglect* 1996 Nov; 20(11):1003-8.

[10] Ibid.

[11] Grupe B, ed. Cognition, not just prior behavior, predicts the risk of child abuse. *Child Protection Report.* May 2001;27(11): 84.

Child Abuse and Neglect Consequences

Most recently, the child advocates are utilizing data from the Adverse Childhood Experiences (ACE) Study conducted by Vincent Felitti and colleagues. The ACE Study reveals a powerful relationship between the emotional experiences of children and their future physical and mental health as adults. The ACE Study assesses the total amount of stress (an ACE Score) during childhood due to abuse, neglect or other traumatic events. As the number of ACE increases, the risk for the following health problems increases in a strong and graded fashion[12]:

* Alcoholism and alcohol abuse
* Chronic obstructive pulmonary disease
* Depression
* Fetal death
* Health-related quality of life
* Illicit drug use
* Ischemic heart disease
* Liver disease
* Risk for intimate partner violence
* Multiple sexual partners
* Sexually transmitted diseases
* Smoking
* Suicide attempts
* Unintended pregnancies

Coincidently, as the number of ACE increases the number of co-occurring or "co-morbid" conditions increases.

Oklahoma Child Abuse and Neglect Statistics

In the development and implementation of child abuse prevention programs and activities, the documentation of the magnitude of child abuse and neglect is warranted. Because resources are so very limited, it is important to use data to determine if services should be focused on certain target populations.

The Oklahoma Department of Human Services (DHS) is the state agency charged with accepting and investigating allegations of child abuse and neglect. Each state fiscal year the Division of Children and Family Services, Child Welfare Services publishes *Child Abuse and Neglect Statistics*. The document presents data on child abuse and neglect reports received by DHS, reports accepted for investigation or assessment, and confirmed investigations and assessments. Report data from state fiscal years 2000, 2001, 2002, 2003 and 2004 were compiled to determine five- year trends.[13, 14, 15, 16, 17] In reviewing the following data, it is important to note that each report could have involved more than one child. One child could have been the subject of more than one investigation or assessment; therefore, calculated child abuse and neglect rates reflect incidents and not individual children.

Child Abuse and Neglect, Oklahoma, 2000-2004

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[12] Felitti VJ, Anda RF, Nordenberg D, Williamson DR, Spitz AM, Edward V, Koss MP, et al JS. The relationship of adult health status to childhood abuse and household dysfunction. American Journal of Preventive Medicine. 1998; 14:245-258.

[13] Oklahoma Department of Human Services. *Child Abuse and Neglect Statistics, 2000*. Oklahoma State Department of Human Services, Division of Children and Family Services, Child Welfare Services, Oklahoma City OK, 2001.

[14] Oklahoma Department of Human Services. *Child Abuse and Neglect Statistics, 2001*. Oklahoma Department of Human Services, Division of Children and Family Services, Child Welfare Services, Oklahoma City OK, 2002.

[15] Oklahoma Department of Human Services. *Child Abuse and Neglect Statistics, 2002*. Oklahoma Department of Human Services, Division of Children and Family Services, Child Welfare Services, Oklahoma City OK, 2003.

[16] Oklahoma Department of Human Services. *Child Abuse and Neglect Statistics, 2003*. Oklahoma Department of Human Services, Division of Children and Family Services, Child Welfare Services, Oklahoma City OK, 2004.

[17] Oklahoma Department of Human Services. *Child Abuse and Neglect Statistics, 2004*. Oklahoma Department of Human Services, Division of Children and Family Services, Child Welfare Services, Oklahoma City OK, 2005.

State Fiscal Year	Reports Received	Reports Accepted*	Acceptance Rate	Investigated/ Assessed	Confirmed	Confirmation Rate
2000	53,548	35,477	66%	62,023	14,273	23%
2001	53,460	35,560	66%	50,683	13,394	26%
2002	56,562	38,077	67%	62,795	13,903	22%
2003	57,383	36,967	64%	62,626	12,971	21%
2004	59,329	36,232	61%	60770	12,347	20%

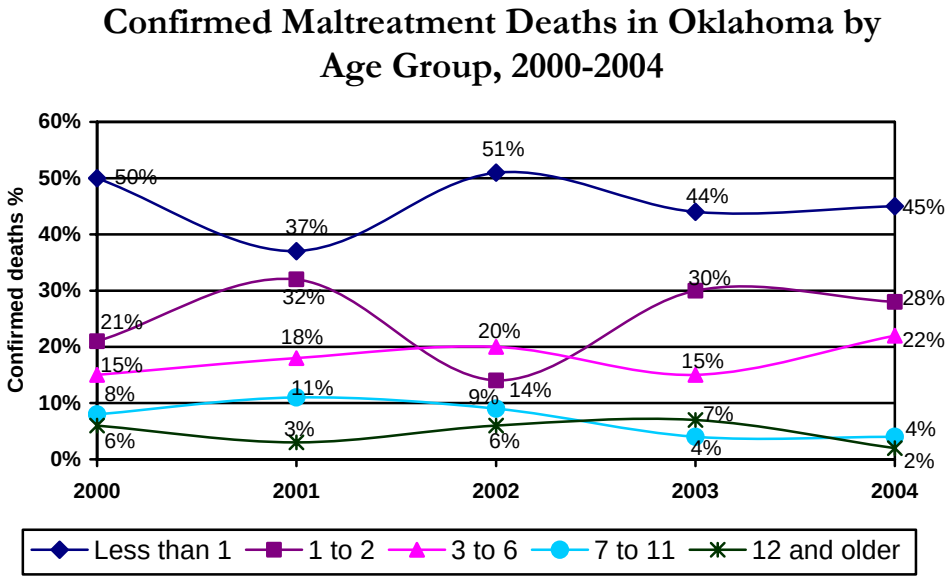
* Each report is screened to determine if it meets the legal definition of child abuse and neglect and is within the jurisdiction of DHS.

There is great debate about the best way in which to measure the success of child abuse prevention services. At first blush, it would seem that if there were a decrease in the incidents of child abuse and neglect, than the rates of reports and subsequently confirmations would decrease.

Yet some researchers have seen that when a child abuse prevention program is implemented within a community, the number of reports actually increases. This could be due to "observation bias" - service providers being involved with at-risk families, noticing early signs of maltreatment and thus making reports. It could also be that when a community embraces their child abuse prevention program, the citizenry becomes more aware that they, too, have legal obligations to make child abuse and neglect reports when they believe that a child is being harmed. For this reason, it is often suggested that child abuse confirmation rates or child death rates due to maltreatment be part of the analysis when evaluating child abuse and neglect programs. [18]

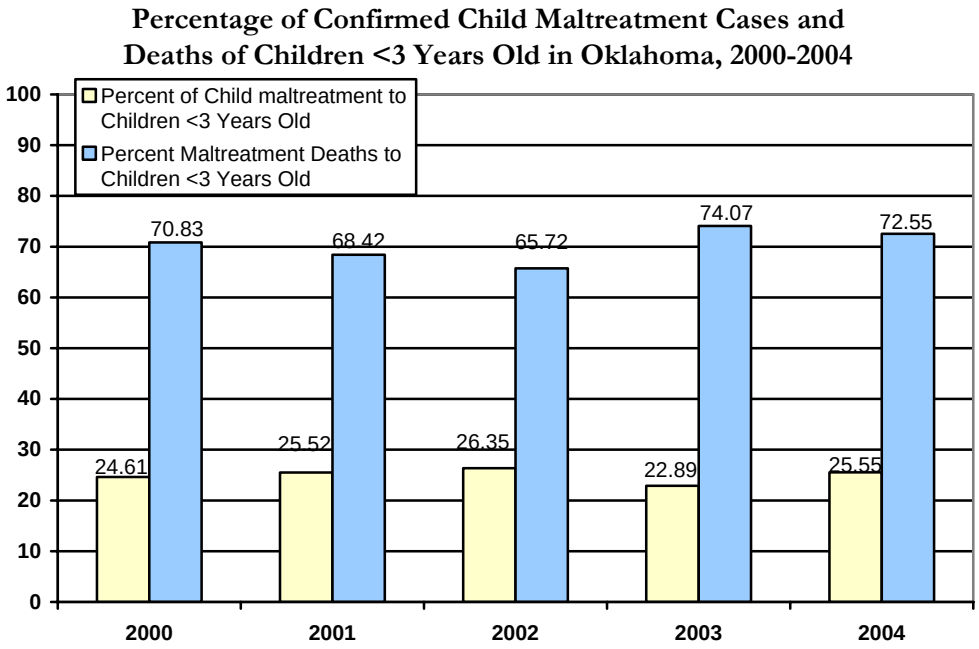
The Victims of Child Deaths in Oklahoma

Children less than one year of age accounted for the greatest percentage of all child abuse and neglect deaths for the last five years. The gap between children less than one year of age and children one to two years of age has oscillated from year to year within the 5-year period. During 2002, 3-6 year age group had higher percent of maltreatment deaths than 1-2 age group while for the rest of the years deaths in children aged less than 3 years remained higher than any other age group.



Highest proportions of confirmed child maltreatment cases and deaths are observed for children less than 3 years of age. This has remained relatively constant in the last five years.

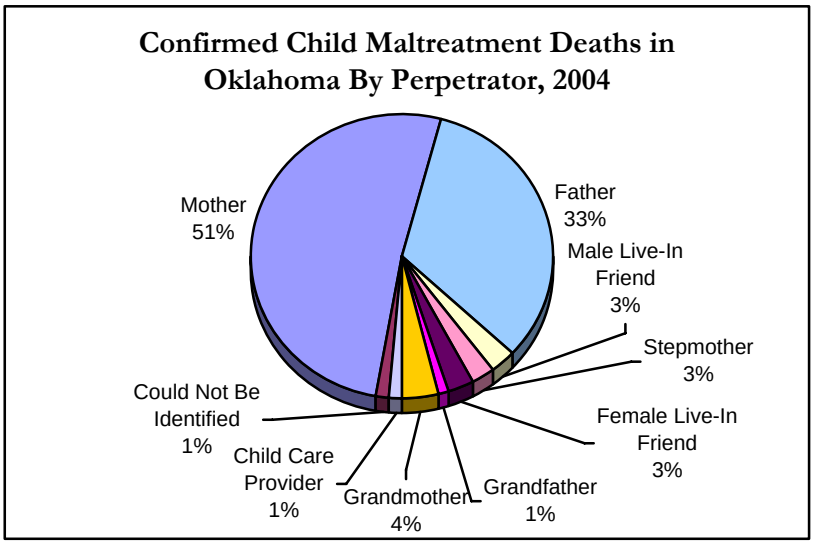
[18] Source: Oklahoma Department of Human Services, Children and Family Services Division.



In 2004, data showed that white children accounted for 80% of the deaths while African American (8%), Native American (6%), Hispanic (4%) and "unknown race" (2%) children accounted for the remainder. Among the confirmed child abuse and neglect deaths in 2004, 45% were females and 55% were males.

Perpetrators

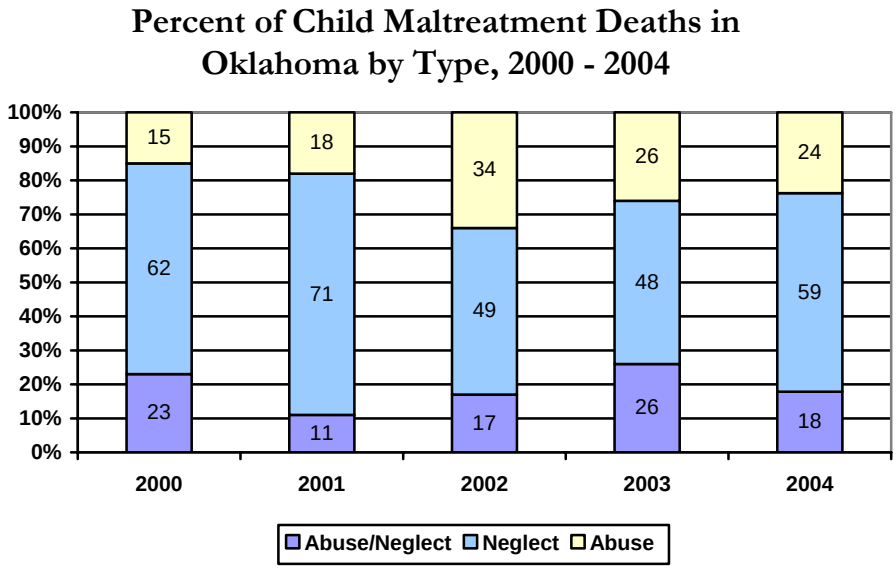
Mothers were identified as the perpetrator of the abuse or neglect in 51% of the child death cases in 2004. The percentage was down from 60% in 2003. Fathers were identified as the perpetrator of 33% of the child death cases, which was also down from 2003 (36%). A stepparent or live-in friend ties as the next highest category of perpetrator at 2.63% in 2004 and which is slightly higher than the 2003 percent of 2.38%.



In 2004, the largest age category of perpetrators were the 22 – 25 year olds (36%), followed by those 30-35 years (17%), 18-21 years (15%), 40 + years and those 26-29 years (12%), 36-39 years (8%) and those that could not be identified (1%).

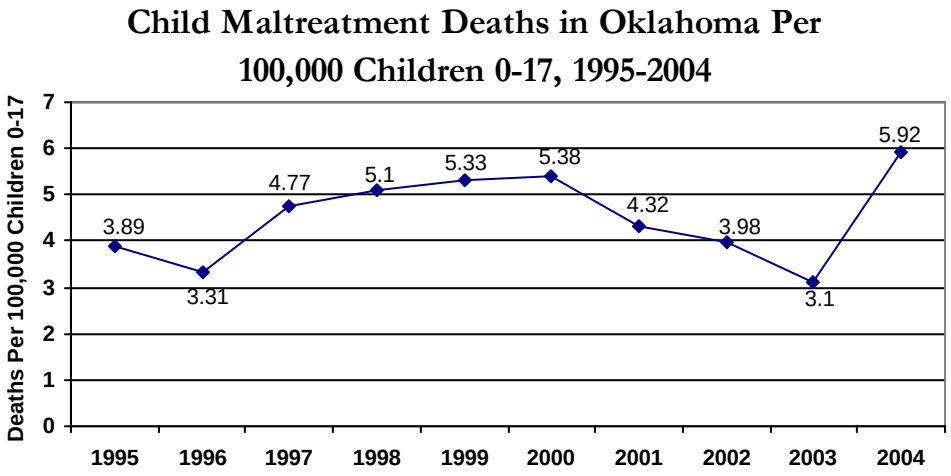
Types and Rate of Maltreatment Deaths

Neglect accounted for the majority of the confirmed cases over the past five years. The percent of maltreatment deaths due to neglect has remained almost the same from 2000 (62%) to 2004 (59%) while percent of maltreatment deaths due to abuse have increased from 15% in 2000 to 24% in 2004.



In the last ten years the rate of child maltreatment deaths has increased by 52% from 3.89/100,000 in 1995 to 5.92/100,000 in 2004. Since 2000, a gradual decline in the confirmed maltreatment death rates

was observed but it increased significantly in 2004 (5.92/100,000) by approximately 91% as compared to the maltreatment death rate in 2003 (3.1/100,000).



In 2004, approximately 36% of deaths that occurred due to lack of supervision could have been prevented. The causes of deaths is listed as follows:

Category	#	%	Category	#	%
Head Trauma	1	26%	Shaken Baby Syndrome	2	4%
Drowning – Lack of Supervision	9	18%	Drowning – Intentional	1	2%
Smoke Inhalation – Lack of	8	16%	Gunshot Wound– Lack of	1	2%
Environmental Neglect	6	12%	Gunshot Wound-Homicide	1	2%
Body Trauma	5	10%	Medical Neglect	1	2%
Heat Exposed/Hyperthermia	3	6%	Vehicular Accident/Subst. Abuse by Parent	1	2%

Source: Oklahoma Department of Human Services, Children and Family Services Division.
Percentages may not equal 100% due to rounding.

Where the Deaths Occurred

There were no maltreatment deaths identified from 27 counties of Oklahoma State. From the rest of the 50 counties, Marshall County ranked first with the highest annualized rate (12.82/100,000) in the last 5 years. Wagoner County ranked lowest (50th rank) with an annualized rate of 1.24/100,000 for the past 5 years.

Confirmed Child Abuse and Neglect Deaths, Total Number and Annualized Rate by County, Oklahoma, 2000- 2004 The highest annual rate is ranking 1 and the lowest annual rate is ranking 77.

County	Total Deaths	Rate/100,000 Children	Ranking
Adair	1	3.17	41
Alfalfa	0	-	-
Atoka	2	12.51	3
Beaver	0	-	-
Beckham	2	8.65	9
Blaine	1	7.31	17
Bryan	1	2.24	47
Caddo	2	4.88	28
Canadian	4	3.31	39
Carter	4	6.84	21
Cherokee	2	3.64	37
Choctaw	2	10.20	5
Cimarron	0	-	-
Cleveland	13	5.19	26
Coal	0	-	-
Comanche	7	4.42	33
Cotton	0	-	-
Craig	0	-	-
Creek	4	4.44	31
Custer	2	6.98	19
Delaware	2	4.43	32
Dewey	0	-	-
Ellis	0	-	-
Garfield	5	7.09	18
Garvin	0	-	-
Grady	6	10.10	6
Grant	0	-	-
Greer	0	-	-
Harmon	0	-	-
Harper	0	-	-
Haskell	0	-	-
Hughes	2	12.72	2
Jackson	1	2.51	43
Jefferson	0	-	-
Johnston	1	7.83	13
Kay	1	1.63	49
Kingfisher	0	-	-
Kiowa	1	8.50	11
Latimer	1	7.78	14
LeFlore	3	4.81	30
Lincoln	1	2.37	46
Logan	1	2.40	45
Love	0	-	-
McClain	1	2.80	42
McCurtain	2	4.26	34
McIntosh	0	-	34
Major	0	-	-
Marshall	2	12.82	1
Mayes	4	8.03	12
Murray	1	6.87	20
Muskogee	6	6.82	22
Noble	0	-	17
Nowata	1	7.50	16
Okfuskee	0	-	18
Oklahoma	50	5.84	25
Okmulgee	2	3.85	36
Osage	0	-	-
Ottawa	2	4.85	29
Pawnee	0	-	-
Payne	4	6.40	24
Pittsburg	1	2.01	48
Pontotoc	1	2.40	44
Pottawatomie	3	3.58	38
Pushmataha	0	-	-
Roger Mills	0	-	-
Rogers	5	4.90	27
Seminole	3	9.48	7
Sequoyah	4	7.58	15
Stephens	2	3.95	35
Texas	0	-	-
Tillman	1	8.62	10
Tulsa	24	3.22	40
Wagoner	1	1.24	50
Washington	4	6.75	23
Washita	0	-	20
Woods	1	12.37	4
Woodward	2	8.94	8
State	**199**	**4.52**	-

Source: Oklahoma Department of Human Services, Children and Family Services Division.

We must not, in trying to think about how we can make a big difference, ignore the small daily differences we can make…

-Marian Wright Edelman

Programs and Services by District

There are many programs and services available in Oklahoma that impact child maltreatment risk factors. Few programs were designed with the prevention of child abuse and neglect as the primary outcome, yet several are now showing promising outcomes in the area. Most programs were designed to increase school-readiness or improve the health outcomes of mother and baby, but national evaluations found that they also decreased risk factors related to child abuse and neglect.

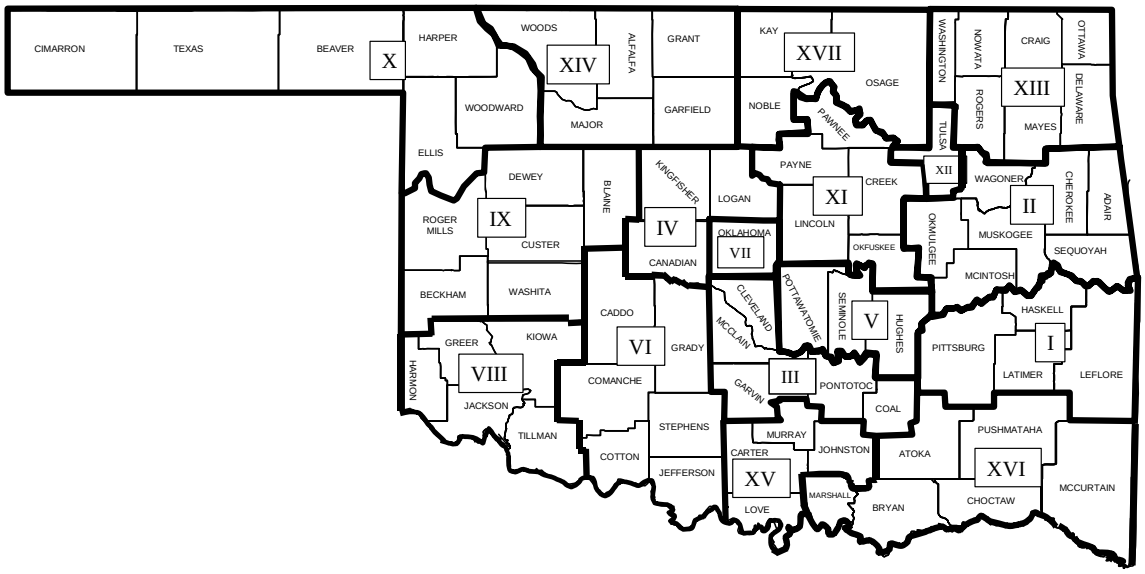
Many of the programs and services contain home visitation components. Other programs and services described reflect the tertiary prevention (intervention and treatment) of child abuse and neglect or associated risk factors as mandated by the Child Abuse Prevention Act to provide a view of available programs and services for the continuum of child abuse prevention. A limited set of information for each program and service is presented with more detailed information presented on certain programs and services. The shading of a county on the state program map indicates that the program or service is available in that county either at the city/town level or at the county level. Shading does not indicate that the full need of the county is being met. Map icons representing program sites are not positioned to indicate exact geographic location of the program within the county.

In compliance with the Child Abuse Prevention Act, child abuse prevention districts map programs and services. Additional information such as District Child Abuse Prevention Task Force and Multidisciplinary Child Abuse Team coordinators, State Interagency Child Abuse Prevention Task Force and Child Abuse Training and Coordination Council membership lists, and child abuse prevention program contact persons are provided in the appendix. The programs and services represented are not inclusive of every child abuse prevention or related program available in the state; however, they represent a majority of large programs and services that are available.

District Child Abuse Prevention Task Forces

The Child Abuse Prevention Act mandates the implementation of district child abuse prevention task forces. These task forces are responsible for the development of district plans for the prevention of child abuse and for reviewing and making recommendations regarding child abuse prevention program proposals. The Child Abuse Prevention Fund, administered by the Oklahoma State Department of Health, Office of Child Abuse Prevention, is allocated by district, according to a formula. Because there are so many counties included in most Districts, a number of Districts have created county-based subcommittees of the District Task Force. This allows individuals within a county to gather to address issues specific to their particular county.

Child Abuse Prevention Districts, Oklahoma, 1986 to Present.

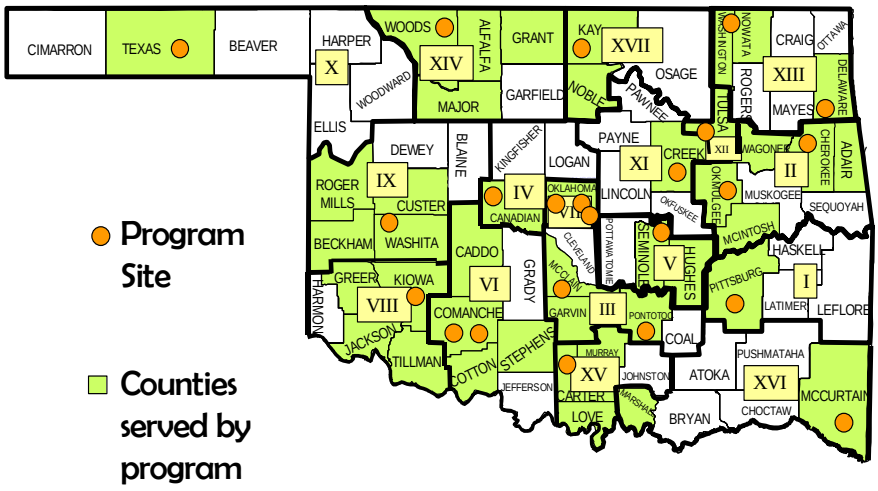


District I: *Haskell, LeFlore, Latimer, Pittsburg*
District II: *Adair, Cherokee, McIntosh, Muskogee, Okmulgee, Sequoyah, Wagoner*
District III: *Cleveland, Coal, Garvin, McClain, Pontotoc*
District IV: *Canadian, Kingfisher, Logan*
District V: *Hughes, Pottawatomie, Seminole*
District VI: *Caddo, Comanche, Cotton, Grady, Jefferson, Stephens*
District VII: *Oklahoma*
District VIII: *Greer, Harmon, Jackson, Kiowa, Tillman*
District IX: *Beckham, Blaine, Custer, Dewey, Roger Mills, Washita*
District X: *Beaver, Cimarron, Ellis, Harper, Texas, Woodward*
District XI: *Creek, Lincoln, Okfuskee, Pawnee, Payne*
District XII: *Tulsa*
District XIII: *Craig, Delaware, Mayes, Nowata, Ottawa, Rogers, Washington*
District XIV: *Alfalfa, Garfield, Grant, Major, Woods*
District XV: *Carter, Johnston, Love, Murray*
District XVI: *Atoka, Bryan, Choctaw, Marshall, McCurtain, Pushmataha*
District XVII: *Kay, Noble, Osage*

Child Abuse Prevention Fund Programs

Agency: Oklahoma State Department of Health, Office of Child Abuse Prevention
Program Model: Healthy Families America; Parents as Teachers and in the SFY 2007 – 2012 a parent leadership model
Funding Source: State Appropriations ($3.3m FY07) and Local Match Funds (10% match)
Target Population: Families expecting a baby or having a baby less than six months of age. Assessments are used to determine the appropriateness of the program for the family. Voluntary services continue until the child is five years of age.
Numbers Served: During State Fiscal Year 2006, the programs served 1,009 families with 19,482 home visits. Center-based parent education and/or support groups were attended by 833 families and 1,200 center-based activities were provided to them. Approximately 25% of families who received home visits also received center-based education and support. Approximately 49% of the families receiving center-based parent education and/or support services were not being served by any other programs.
Evaluation: Data collection began April 2000 and with electronic data entry beginning October 2002. An improved evaluation system will be integrated within the 2007 – 2012 child abuse prevention contracts.
Quality Assurance: Site visits with incorporated peer reviewers and parent advocate are an important part of the evaluation process.

Child Abuse Prevention Fund, Community-Based Child Abuse Prevention Programs, Oklahoma, SFY 2006



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

Child Abuse Prevention Funded Programs SFY 2007

District Agency and Program Name	Program $
District I	
Pittsburg County Health Department, Healthy Beginnings/Healthy Families	$ 108,404
District II	
Help-In-Crisis, Inc., HUG Program/Family Resource Program	$ 143,516
Okmulgee-Okfuskee County Youth Services, Inc., Okmulgee County Family Resource and Support Program	$ 132,476
District III	
McClain-Garvin County Youth and Family Center, Inc., Healthy Beginnings	$ 105,460
Crossroads Youth & Family Services, Inc.	$ 158,191
District IV	
OSU Cooperative Extension Services, Canadian County Healthy Families	$ 132,612
District V	
Youth and Family Services for Hughes and Seminole Counties, Inc., Great Beginnings	$ 103,208
District VI	
Marie Detty Youth and Family Services Center, Inc., Kids Are Special	$ 0[19]
OSU Cotton & Jefferson County Cooperative Extension	$ 234,870
District VII	
Mary Mahoney Memorial Health Center – Positive Parents	$ 105,830
Exchange Club Center for the Prevention of Child Abuse of Oklahoma, Inc., Community-Based Family Resource and Support Program	$ 293,974
Latino Community Development Agency, Inc., Nuestras Familias Program	$ 188,143
District VIII	
Great Plains Youth and Family Services, Inc., Growing in Family Training	$ 101,500
District IX	
Great Plains Youth and Family Services, Inc., Growing in Family Training	$ 101,500
District X	
OSU Cooperative Extension Services, Texas County Healthy Families	$ 101,5000
District XI	
Sapulpa Public Schools, Sapulpa Area Family Education (SAFE) Resource Center	$ 169,658
District XII	
Parent Child Center of Tulsa, Inc., Community-Based Family Resource Program	$ 490,293
District XIII	
Bartlesville Public Schools, Healthy Families & Babies Program	$ 135,438

[19] Marie Detty chose not to continue their contract for State Fiscal Year 2007.

OSU Cooperative Extension Services, Delaware County Healthy Families	$ 101,500	
District XIV		
Northwest Family Services, Inc., Family Building Blocks	$ 101,500	
District XV		
Community Children's Shelter, Inc., The Family Resource Program	$ 101,500	
District XVI		
McCurtain County Health Department, Bright Beginnings	$ 121,734	
District XVII		
Northern Oklahoma Youth Services Center & Shelter, Inc., Northern Oklahoma Family Resource Program	$ 103,673	
Total Funding for SFY 2007		**$3,336,480**
Federal Funded Programs		
Comanche Nation of Oklahoma		$150,000
The Chickasaw Nation		$150,000

Children First Program

The *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. The program encourages early and continuous prenatal care, personal development, and promotes the involvement of fathers, grandparents and other supporting persons in parenting.

Agency: Oklahoma State Department of Health
Administered through local county health departments

Program Model: Nurse-Family Partnership

Funding Source: State Appropriations (SFY 06-State Appropriations $10.1m with an estimated $550,000 in Medicaid reimbursement)

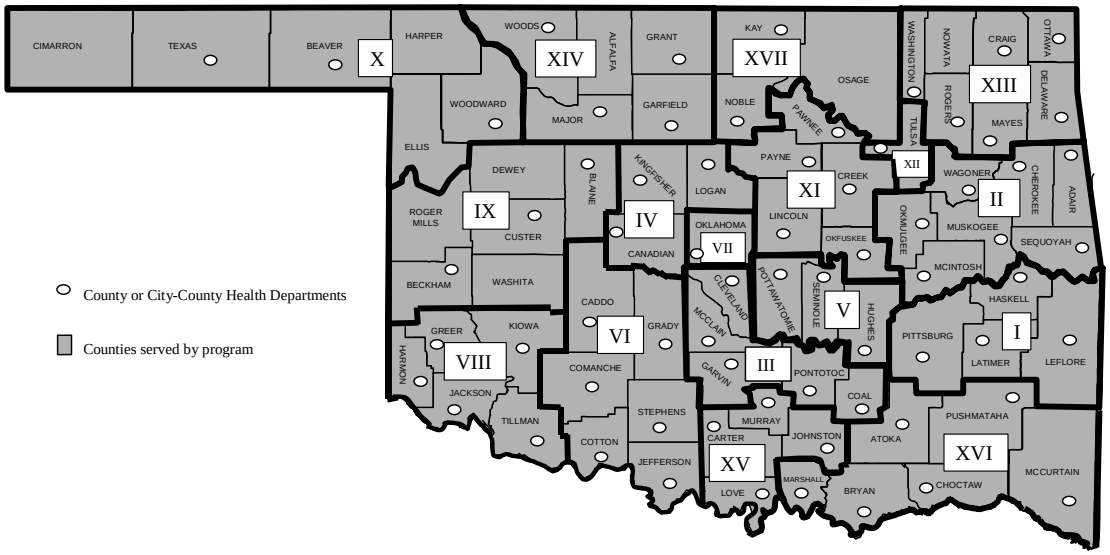
Target Population: Low income pregnant women who are expecting to parent for the first time and enroll prior to the 29th week of pregnancy. The family's income must be at or below 185% of the federal poverty level. Services continue until the child is two years of age.

Numbers Served: During SFY 2006, the Children First Program made 45,893 home visits to 5,008 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 Center for Children, Families, and Communities (NCCFC) at the University of Colorado Health Sciences Center.

Quality Assurance: Site visits with incorporated peer reviewers and parent advocate are an important part of the evaluation process.

Children First Program by Service Area and Program Site, Oklahoma, State Fiscal Year 2006



Source: Oklahoma State Department of Health, Children First Program

Child Guidance Services

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 services including detection of developmental, communication, hearing, and behavioral concerns and assists families in accessing resources.

Agency: Oklahoma State Department of Health
Administered at the County and City-County Health Department level

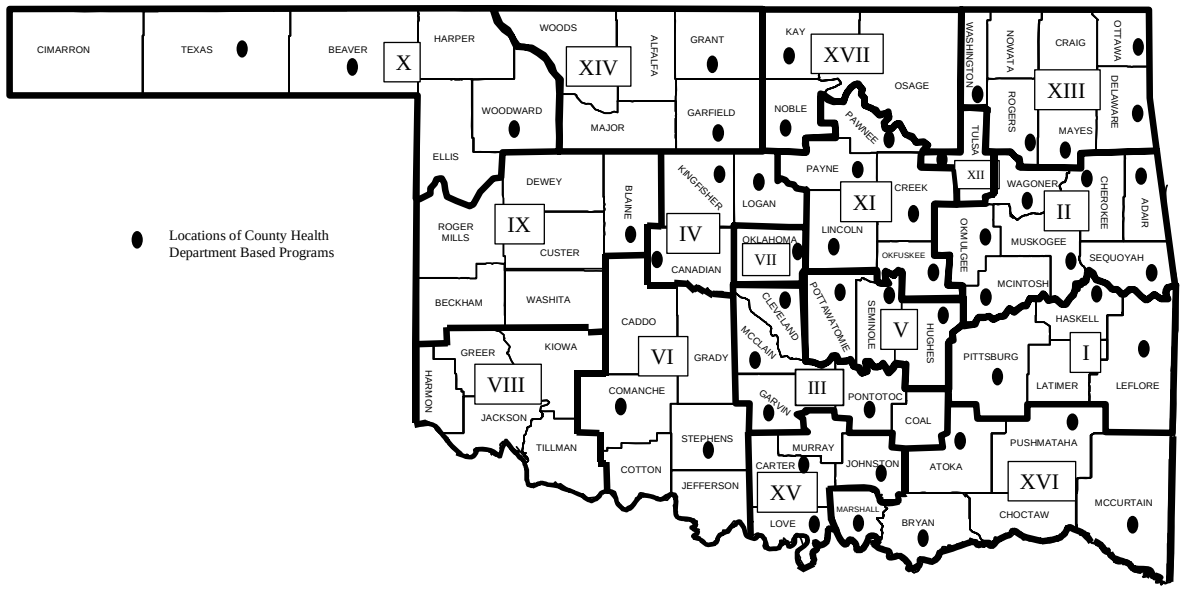
Program Model: Child Guidance

Funding Source: General Child Guidance State Appropriations and Local Fees ($4.6 million SFY06)

Target Population: Families with children birth to 18 years, with emphasis on families with children under age 12.

Numbers Served: In SFY 2006, approximately 38,347 individuals were seen for screening, assessment, evaluation, or treatment services. Guidance clinicians provided workshops, training, consultations, or community outreach activities to approximately 89,788 individuals.

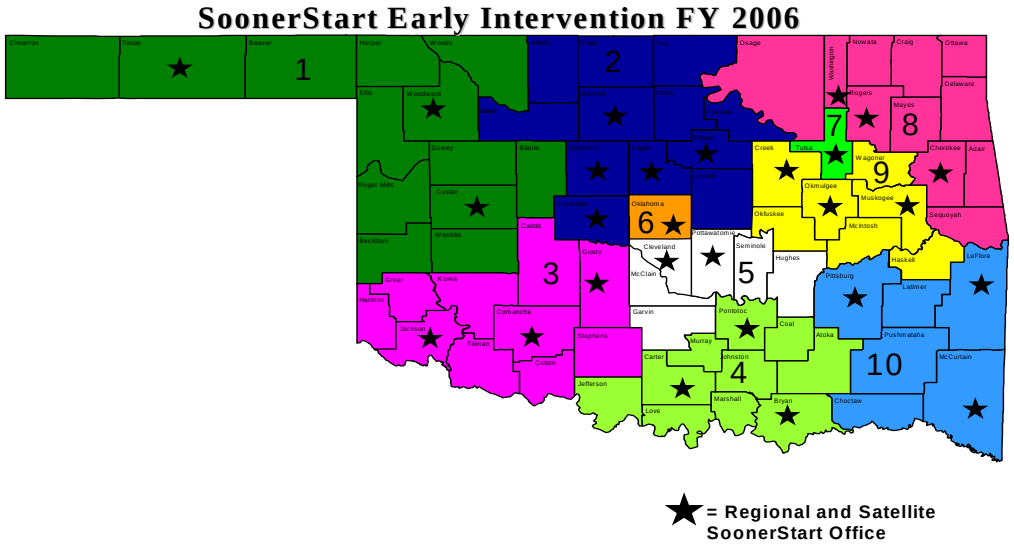
Child Guidance Services, Oklahoma, SFY 2006



Source: Oklahoma Department of Health, Child Guidance Service

SoonerStart Early Intervention

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 Part C of the Individuals with Disabilities Education Act (IDEA) 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.
Agency: Oklahoma State Department of Education - Administered in 10 regional offices and 16 satellite offices based in county health departments.
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.
Funding Source: State Appropriations and Federal Funds ($22,849,753 in SFY 06)
Target Population: 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.
Numbers Served: In State Fiscal Year 2006, 11,782 individual children received services.



SoonerStart Early Intervention Services

Depending on individual needs, SoonerStart offers one or a combination of the following services:

- service coordination
- family training, counseling, and home visits
- nursing services
- occupational therapy
- speech-language therapy
- special instruction
- vision and hearing services
- psychological services
- child development
- audiology services
- early identification with screening, evaluation, and assessment services
- medical services (only for diagnostic or evaluation purposes)
- nutrition services
- physical therapy
- assistive technology services
- vision educators
- social work services

Locations

SoonerStart Region 1:	Woodward County Health Department, Woodward
Satellite:	Texas County Health Department, Guymon
	Custer County Health Department, Clinton
SoonerStart Region 2:	Garfield County Health Department, Enid
Satellite:	Kingfisher County Health Department, Kingfisher
	Canadian County Health Department, El Reno
	Logan County Health Department, Guthrie
	Payne County Health Department, Stillwater
SoonerStart Region 3:	Comanche County Health Department, Lawton
Satellite:	Jackson County Health Department, Altus
	Grady County Health Department, Chickasha
SoonerStart Region 4:	Pontotoc County Health Department, Ada
Satellite:	Carter County Health Department, Ardmore
	Bryan County Health Department, Durant
SoonerStart Region 5:	Cleveland County Health Department, Norman
Satellite:	Pottawatomie County Health Department, Shawnee
SoonerStart Region 6:	Oklahoma County SoonerStart, Oklahoma City
SoonerStart Region 7:	Tulsa County SoonerStart, Tulsa
Satellite:	
SoonerStart Region 8:	Cherokee County Health Department, Tahlequah
Satellite:	Rogers County Health Department, Claremore
	Washington County Health Department, Bartlesville
SoonerStart Region 9:	Creek County Health Department, Sapulpa
Satellite:	Muskogee County Health Department, Muskogee
	Okmulgee County Health Department, Okmulgee
SoonerStart Region 10:	LeFlore County Health Department, Poteau
Satellite:	McCurtain County Health Department, Idabel
	Pittsburg County Health Department, McAlester

Oklahoma Parents As Teachers (OPAT)

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 program for all parents with children birth to age three. OPAT is affiliated with the nationally validated Parents As Teachers Program. 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.

Agency: Oklahoma State Department of Education, Administered at the School District Level through competitive grants.

Program Model: Parents As Teachers

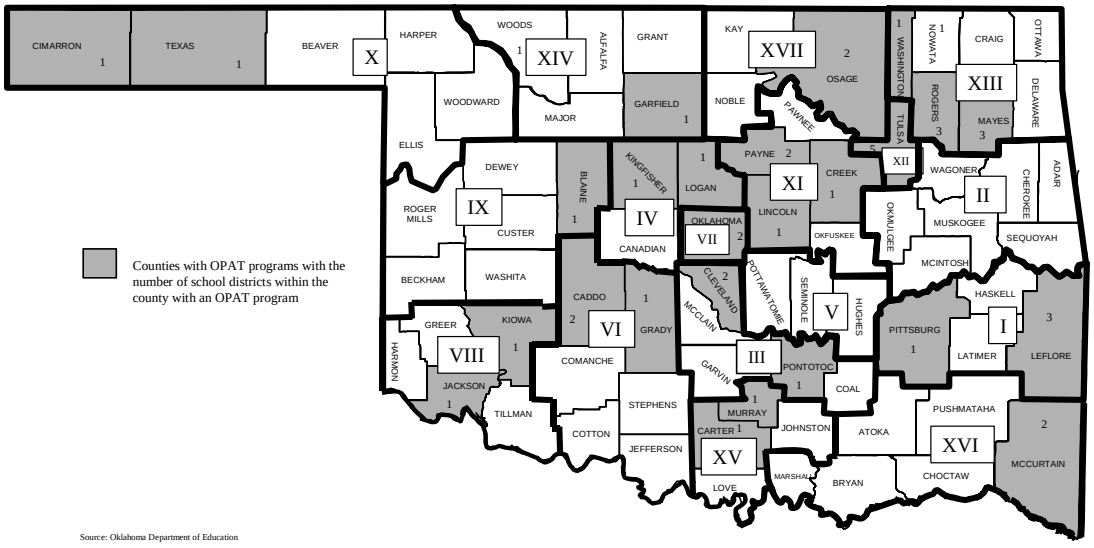
Funding Source: State Appropriations ($1.8 million in FY06)

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

Numbers Served: In the 2004–2005 school year, Parent Educators made 29,368 personal visits with 4,235 families and 4,501 children. Data is not yet available for the 2005–2006 school year; early estimates indicate that nearly 5,000 families were served.

Evaluation: 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.

Oklahoma Parents As Teachers, Oklahoma, SFY 2006



Oklahoma Parents As Teachers Grant Program Locations

Note: There are numerous programs, including Child Abuse Prevention Fund programs, across the State that use the Parents As Teachers curriculum and have certified PAT educators. Only Oklahoma Parents As Teachers programs are listed in the following table.

School District	County	OPAT Grant Funding
1. Ada	Pontotoc	$21,000
2. Altus	Jackson	$21,000
3. Anadarko	Caddo	$21,000
4. Antlers	Pushmataha	$21,000
5. Ardmore	Carter	$35,000
6. Avant	Osage	$13,500
7. Bartlesville	Washington	$35,000
8. Bethany	Oklahoma	$21,000
9. Binger-Oney	Caddo	$13,500
10. Bristow	Creek	$21,000
11. Broken Arrow	Tulsa	$48,500
12. Caney Valley	Washington	$21,000
13. Catoosa	Rogers	$21,000
14. Chouteau-Mazie	Mayes	$21,000
15. Claremore	Rogers	$35,000
16. Clinton	Custer	$21,000
17. Comanche	Stephens	$21,000
18. Commerce	Ottawa	$13,500
19. Crescent	Logan	$13,500
20. Coalgate	Coal	$13,500
21. Dewey	Washington	$21,000
22. Durant	Bryan	$35,000
23. Enid	Garfield	$35,000
24. Fairview	Major	$13,500
25. Frontier-Shidler	Noble	$13,500
26. Glenpool	Tulsa	$21,000
27. Grove	Pottawatomie	$13,500
28. Guthrie	Logan	$13,500
29. Guymon	Texas	$21,000
30. Heavener	LeFlore	$13,500
31. Hobart	Kiowa	$13,500
32. Hominy	Osage	$13,500
33. Hugo	Choctaw	$21,000
34. Idabel	McCurtain	$21,000
35. Jenks	Tulsa	$35,000
36. Kingfisher	Kingfisher	$21,000
37. Little Axe	Cleveland	$13,500
38. Locust Grove	Mayes	$21,000
39. Maryetta	Adair	$13,500
40. McAlester	Pittsburg	$21,000
41. Mid-Del	Oklahoma	$42,500
42. Minco	Grady	$13,500
43. Muldrow	Sequoyah	$21,000
44. Newkirk	Kay/Osage	$13,500
45. Noble	Cleveland	$21,000
46. Nowata	Nowata	$21,000
47. Oklahoma City	Oklahoma	$84,000

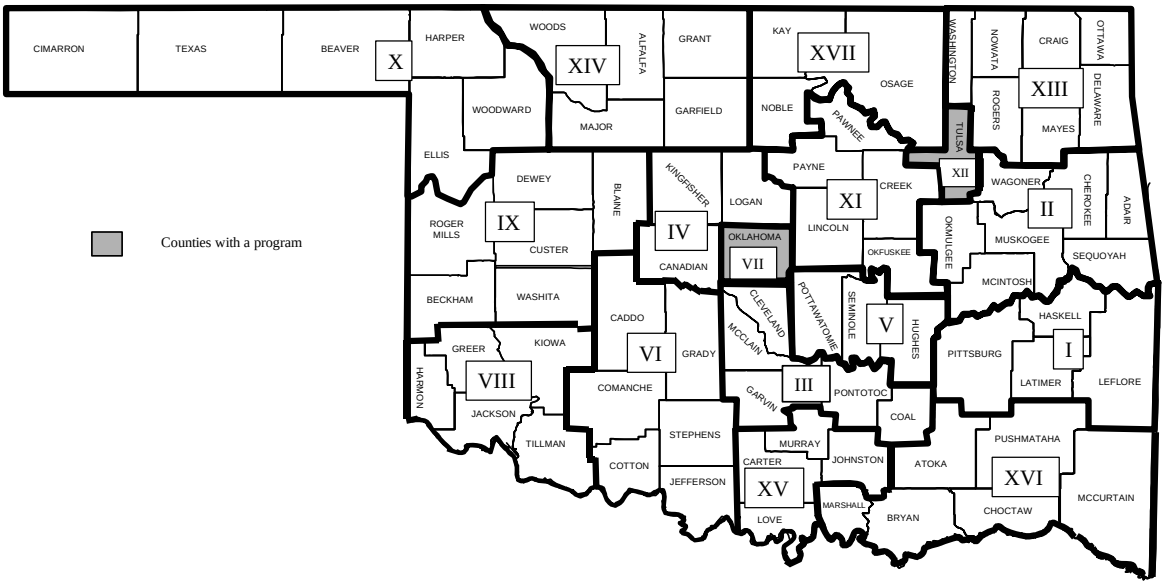
48. Quinton	Pittsburg	$13,500
49. Pawhuska	Osage	$13,500
50. Perkins-Tryon	Payne	$21,000
51. Pocola	LeFlore	$21,000
52. Poteau	LeFlore	$21,000
53. Pryor	Mayes	$21,000
54. Putnam City	Oklahoma	$63,000
55. Salina	Mayes	$13,500
56. Sand Springs	Tulsa	$35,000
57. Sapulpa	Creek	$21,000
58. Shawnee	Pottawatomie	$35,000
59. Skiatook	Tulsa	$21,000
60. Spiro	LeFlore	$13,500
61. Stigler	Haskell	$21,000
62. Sulphur	Murray	$21,000
63. Tahlequah	Cherokee	$35,000
64. Tecumseh	Pottawatomie	$21,000
65. Tulsa	Tulsa	$84,000
66. Union	Tulsa	$48,500
67. Valliant	McCurtain	$21,000
68. Verdigris	Rogers	$21,000
69. Vian	Sequoyah	$13,500
70. Watts	Adair	$13,500
71. Wellston	Lincoln/Osage	$13,500
72. Westville	Adair	$21,000
73. Woodland	Osage	$13,500
74. Woodward	Woodward	$21,000
75. Wright City	McCurtain	$21,000
76. Yale	Payne	$13,500

Healthy Start

Healthy Start programs are focused on reducing infant mortality and related pregnancy and women's health problems in communities with high infant mortality. Services begin prenatally and continue until the child is two years of age or 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, and health education to address risk factors. In addition, Healthy Start develops a plan to address how community-based organizations and local, state, public and private providers can identify and remove barriers to quality, family-centered services.

Agency: Private and Public organizations
Program Model: Healthy Start
Funding Source: Federal ($700,000 for Oklahoma City and $1,075,000 for Tulsa)
Target Population: Medically high-risk pregnant women
Location: Community Health Center, Inc., Oklahoma City and Tulsa City-County Health Department, Tulsa
Numbers Served: In SFY 2005, 545 women in Tulsa and 284 women in Oklahoma City were served.

Healthy Start Programs, Oklahoma, SFY 2006



Source: United States Department of Health and Human Services

Early Head Start

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:

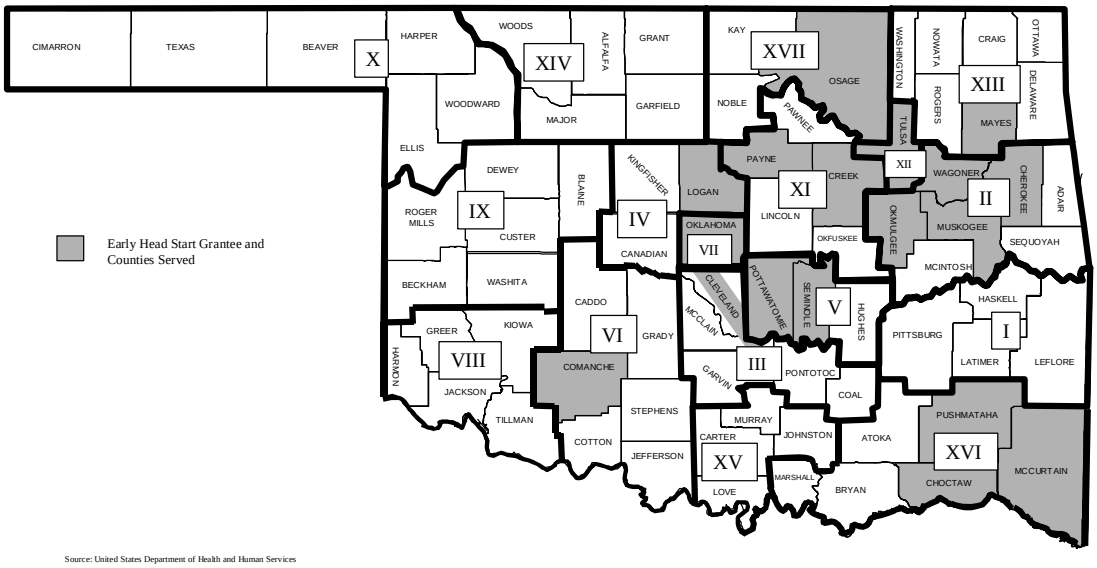
- Quality early education both in and out of the home;
- Parent education;
- Comprehensive health and mental health services, including services to women before, during, and after pregnancy;
- Nutrition education; and
- Family support services.

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.
Agency: Early Head Start is administered by the Head Start Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Local community-based organizations and American Indian Tribes are local program providers through grant funds issued directly from the federal government.
Program Model: Early Head Start
Funding Source: The Early Head Start grantees received $15,462,885 in federal funds in SFY 2006.
Target Population: Low income (100% of Federal Poverty Level) pregnant women and families with infants and toddlers less than 3 years of age.
Numbers Served: A total of 1,741 children and 149 pregnant women were served by Early Head Start in Oklahoma.
Evaluation: The national evaluation found the Early Head Start children have higher scores on standardized assessments of cognitive development.

Oklahoma Early Head Start Grantee and Counties Served:
Community Action Resource & Development –Mayes 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 and Payne

American Indian Early Head Start Grantees and Counties Served:
Central Tribe of the Shawnee Area – Pottawatomie
Cherokee Nation Early Head Start –Cherokee
Iowa Tribe of Oklahoma – Payne
Seminole Nation of Oklahoma - Seminole
University of Oklahoma (American Indian Institute) – Pottawatomie

Early Head Start Programs, Oklahoma, SFY 2006

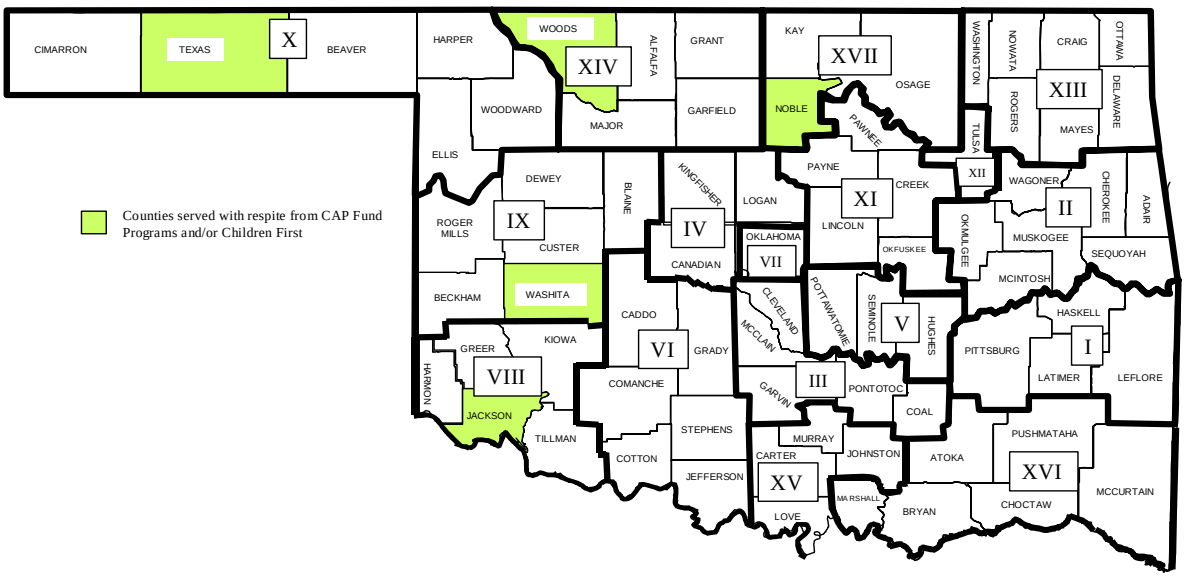


Source: United States Department of Health and Human Services

Oklahoma Respite Resource Network (ORRN)

Respite, a temporary relief for families and caregivers, is recognized as a method to reduce the stress in families and to reduce child abuse and neglect.
Agency: Oklahoma Department of Human Services and Oklahoma Department of Health—as well as a host of other state agencies depending on the population served.
Target Population: For OSDH purposes, Children First and OCAP are the families targeted to receive these services.
Funding Source: Community-Based Child Abuse Prevention funds expended approximately $65,000 in FFY 2005.
Expansion of Target Population: All of the OCAP Programs and Children First Program sites received respite program training and fund allocations in FFY05. The respite care program at the health department is coordinated within the Office of Child Abuse Prevention using funds from the Federal Community-Based Family Resource and Support Grant.
Numbers Served: For the Oklahoma State Department of Health, 683 families have received respite services in Federal Fiscal Year 2005.

Oklahoma State Department of Health Programs with Respite Care, Oklahoma, FFY 2006

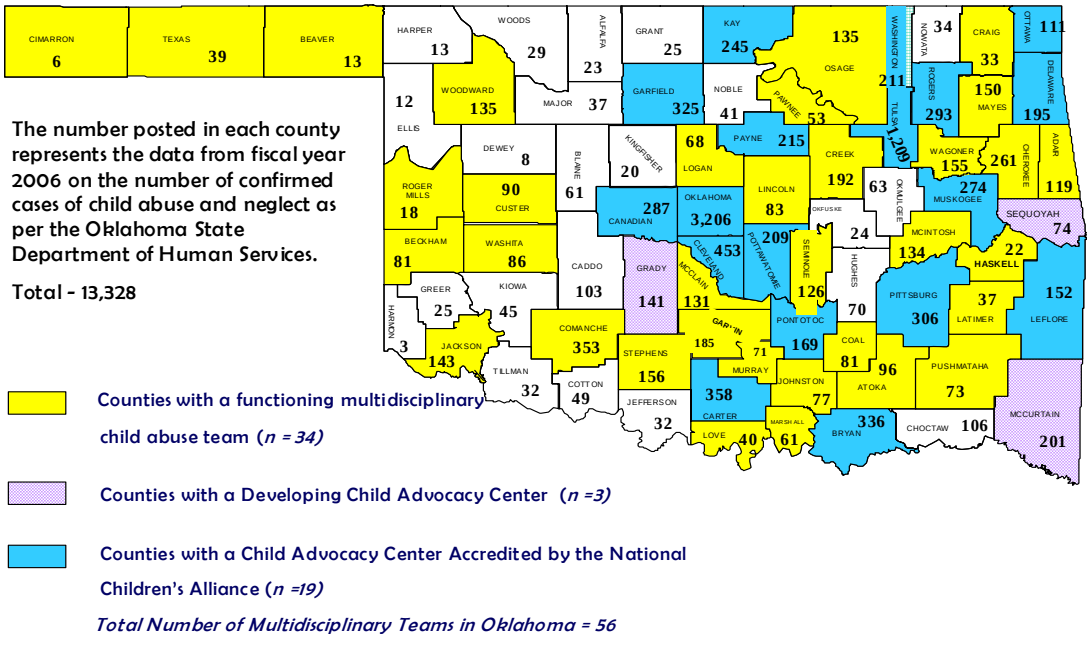


Source: Oklahoma State Department of Health, Office of Child Abuse Prevention

Multidisciplinary Child Abuse Teams (MDT)

A multidisciplinary team is a group of professionals from various organizations and agencies that work toward providing a more coordinated, effective child protection system within a community. MDTs work to minimize the number of interviews necessary for a child victim of sexual abuse, physical abuse, or neglect and coordinate the response to child maltreatment. Oklahoma legislation calls for the establishment of teams in every county and the funding of functional MDTs. As of SFY 2006, there are 56 functioning multidisciplinary teams. Recent legislation expanded the scope of MDTs by adding the responsibility for cases of neglect.
Agency: Oklahoma Department of Human Services (funds), Oklahoma State Department of Health (training, standards development, and assessment), and District Attorney Offices (county level development)
Program Model: Minimum standards are set by the Child Abuse Training and Coordination Council (CATCC), Office of Child Abuse Prevention at the Oklahoma State Department of Health. MDTs submit annual, numerical, and membership reports to the Child Abuse Training and Coordination Program.
Funding Source: Child Abuse Multidisciplinary Account (CAMA). Only functioning teams receive CAMA funds (Over $555,122 for teams in FY 2006; $2,035,508 for centers; totalling $2,590,630))
Numbers Served: In SFY 2006, common data on cases reviewed was provided by 48 MDT's. During this period, 5,244 cases of child abuse and neglect were reviewed. A case was usually reviewed once (60%) while 35% were reviewed twice and 5% were reviewed more than twice.

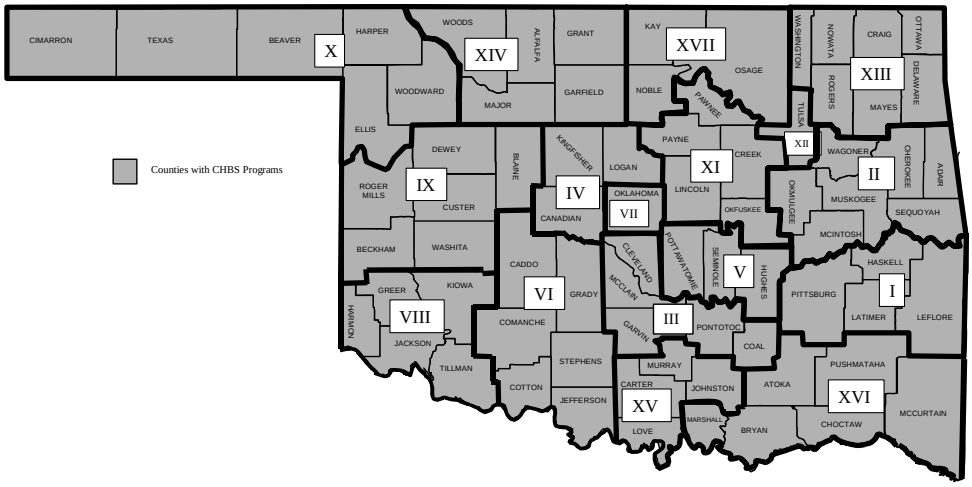
Multidisciplinary Child Abuse and Neglect Teams, Oklahoma – SFY 2006



Comprehensive Home-Based Services

Comprehensive Home-Based Services (CHBS) offers specific services to help ensure and enhance, or ameliorate obstacles that impede, the safety, well being and social functioning of children and their families. CHBS incorporates existing community services and resources with needs-driven, family-focused treatment through a partnership of contract case management and child welfare staff. CHBS is the primary component of the Oklahoma Children's Services (OCS); a contracted community based service delivery system.
Agency: Oklahoma Department of Human Services
Program Models: Traditional CHBS service model and SafeCare/ECHO Behavioral Model
Funding Source: State appropriation ($4 million in SFY06) and Federal ($3.3 million in SFY06)
Target Population: Families with children 0-18 years of age who are at risk of being removed due to child abuse and neglect and/or exposure to parental drug/alcohol abuse. Approximately 45% of the families served were court ordered with the remaining families being voluntary. Families served have reported histories of alcohol and drug problems, medical conditions, and mental health issues.
Numbers Served: Over 2,500 families were served by CHBS during SFY '06.
Evaluation: A pilot comparison study of the traditional CHBS service model and the SafeCare ecobehavioral model by Dr. John Lutzker is in its last year. The evaluation is being conducted by researchers from the Center on Child Abuse and Neglect at the University of Oklahoma Health Sciences Center. The reseachers were awarded a 5-year grant from the National Institute of Mental Health to support the comparative study.

Comprehensive Home-Based Services, Oklahoma, SFY 2006



Source: Oklahoma Department of Human Services

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

During the 2001 legislative session, Oklahoma established a pilot project for special needs families, those with drug or alcohol abuse, a diagnosed mental illness, mental and physical disabilities and domestic violence – characteristics that place families at the highest of risk for child abuse and neglect.

Agency: Oklahoma Department of Human Services

Program Models: SAFECARE – An echobehavioral program model which addresses parent-child bonding, home safety and cleanliness and child health. SAFECARE was developed by John Lutzker, Ph.D. SAFECARE+ an enhanced version of SAFECARE which includes problem solving, motivational interviewing, and safety planning to address risk factors.

Funding Source: State appropriation of $250,000 SFY's 2001 - 2004. Center for Disease Control (CDC) $300,000 for FFY's 2004-2007.

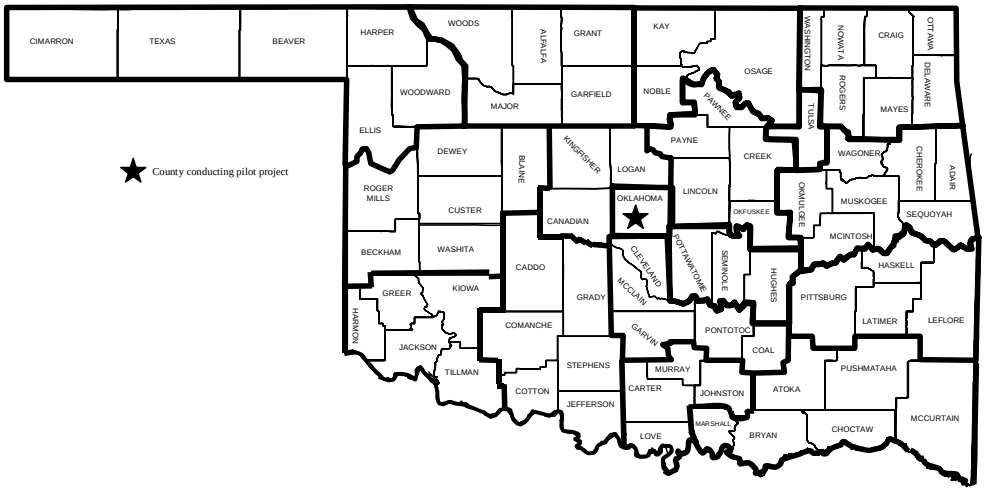
Target Population: Families with children 0-18 years of age, with at least one child under the age of six years and who do not have a history or more than two prior child abuse or neglect referrals or have an open child welfare case. Client families have at least one of the following conditions: an active 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.

County Served: Oklahoma

Numbers Served: As of August 31, 2006, 664 families were referred with 303 families being successfully recruited for this program.

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.

Child Maltreatment Prevention High Risk Urban Pilot Project (SafeCare+) , SFY 2006



The Plan is meant to remain dynamic and responsive to changing needs and evolving opportunities.

STRATEGIES AND ACTION PLAN

Six strategies are identified to guide actions in the future:

1. Strengthen the infrastructure that creates prevention partnerships.

2. Continue the use of evidence-based prevention models and make changes in implementation when best-practice standards have changed.

3. Provide quality, on-going training to professionals working in child abuse prevention.

4. Improve efforts regarding prevention program evaluation by utilizing standardized tools and outcome measures.

5. Establish more roles for parent leadership in both the planning and implementation of prevention programs and activities.

6. Extend public education and outreach activities.

The next State Plan will be due January 1, 2008. At that time, the Oklahoma State Department of Health will be in the midst of the second year of a five-year contract period with local community organizations to provide child abuse and neglect prevention services. These contracted organizations will carry out their efforts according to this Plan and the specifics in their contract.

Many of the strategies, though, will involve entities that are not contractors of the Oklahoma State Department of Health. Their activities regarding prevention may change according to the next State Plan.

The following pages outline specific actions to be taken to further these strategies. It should be noted that many of the actions, once initiated, would be ongoing.

Strategy #1: Strengthen the infrastructure that creates prevention partnerships

Strategy #2: Continue the use of evidence-based prevention models and make changes in implementation when best-practice standards have changed

- continuing to provide annual DTF Coordinator Orientation - attending local DTF meetings in order to provide technical assistance - continuing to annually survey DTFs regarding their needs - provide training related to the 2007 OCAP Proposal Reviews to be conducted by the DTFs - facilitating and funding an annual retreat for the ITF and DTFs for planning purposes - promote the development of county-based subcommittees of the DTFs in order to foster more community participation		
Continue efforts to revitalize and strengthen the ITF by - assuring that vacancies on the ITF are filled as soon as possible - organizing and funding an annual retreat for the ITF and DTFs for planning purposes - provide training related to the 2007 OCAP Proposal Reviews to be conducted by the ITF - develop a survey to assess the ways to improve the ITF - increase parent participation on the ITF - paying for travel expenses associated with ITF meetings/events as funding is available	OSDH	Federal
Continue efforts to facilitate collaboration between the Oklahoma Child Death Review Board and the Oklahoma Domestice Violence Fatality Review Board - When funding is available, provide an annual retreat or training opportunity in order for for members of both boards to gather and discuss common issues related to child abuse and neglect - Assure that OCAP is represented on both Boards	OSDH	Federal
Continue efforts related to the Home Visitation Leadership Advisory Committee - Increase membership on HVLAC in order to have more agencies represented - Provide funds when available for HVLAC activities - Assure that the HVLAC Safety Training Guidelines are printed, distributed and available on the web - Provide a newsletter specifically designed for home visitors with Oklahoma programs	OSDH	Federal
Participate on National Boards/Coalitions/Work Groups - Continue affiliation with The National Alliance of Children's Trust Funds - Continue affiliation with Prevent Child Abuse America - Continue affiliation with the Western Regional Advisory Group - Continue affiliation with the National Service Office of the Nurse-Family Partnership Determine if being accredited by HFA is beneficial	OSDH	Federal
Determine how linkages with other community-based organizations, i.e., Smart Start Oklahoma, OCCY's community partnership boards, can enhance services for families.	OSDH	Federal

Action Steps	Responsible Party(ies)	Funding
Award OCAP Contracts with the following criteria: - Continue to require OCAP Contractors to utilize the evidence-based model, Healthy Families American (HFA) and its 12 Critical Elements. - Continue to require OCAP Contractors to utilize the evidence-based curriculum from Parents as Teachers - Implement a parent-leadership model into the OCAP Programs in order to increase enhance center-based services - Require OCAP Contractors to collaborate with local service providers in the following areas: domestic violence, substance abuse, mental health, child welfare, early intervention, county health department, etc. - Continue to require that OCAP Contractors establish a local interagency program advisory council that includes parent participants. - Continue the requirement of weekly reflective supervision. - Continue to require OCAP Contractors to screen all participating children for delays. - Require that efforts be made to strengthen father involvement when possible.	OSDH and OCAP Contractors	State
Support OCAP Programs in the following ways: - Reexamine and determine the appropriate cutoff age of the child for enrollment purposes. - Seek to increase funding for the Child Abuse Prevention Fund in order to increase services. - Determine if being accredited by HFA is beneficial. - Seek state accreditation by HFA if deemed beneficial and funding is available. - If possible, consider the differences between the travel needs of staff in rural and urban areas when delivering services/attending required trainings and fund accordingly.	OCAP, OCAP Contractors and ITF	State and Federal
Promote the Increase of existing evidenced-based programs such as: - Children First (utilizing the Nurse-Family Partnership Model) - Project Safe Care - Parents as Teachers - Strengthening Families - The Incredible Years	OCAP, DHS, DOE, ITF and DTFs	State and Federal
Create and distribute a flexible parent curriculum based on the "Seven Challenges" reseach: - Place curriculum on OSDH website for easy and free access - Continue to add modules to the curriculum and distribute	OCAP	State

Strategy #2: Continue the use of evidence-based prevention models and make changes in implementation when best-practice standards have changed

Strategy #3: Provide quality, on-going training to professionals working in child abuse prevention

Support Child Abuse Prevention Programs that serve special populations: - When funds are available, contract with Indian Tribes in order to assure that their population is provided child abuse prevention services. - When funds are available, contract with agencies that serve special populations such as teen parents, physically and mentally challenged parents and racial and ethnic minority parents. - Allow OCAP Contractors to incorporate culturally-specific curriculums if supported by research.	OCAP	State and Federal
Create a Parent Warmline - When funds are available, expand the existing Child Care Warmline to assist parents. - When funds are available, expand service hours for up to 24 hour coverage.	OCAP and Child Guidance	State and Federal
Create a "Parent Tool Kit" - When funds are available and in partnership with Smart Start Oklahoma. - Provide Tool Kits to all parents with a newborn. - Incorporate an evaluation component of the outcomes associated with distribution of the parent kits.	OCAP, ITF and Smart Start	Federal and Private
Implement an evidence-based Sexual Abuse Prevention Program: - When funds are available, contract with local community-based organizations to provide sexual abuse prevention services such as "Darkness to Light."	OCAP and OCAP Contractors	Federal or State

Strategy #4: Improve efforts regarding prevention program evaluation by utilizing standardized tools and outcome measures

Action Steps	Responsible Part y(ies)	Funding
Continue to Sponsor and Promote the following state conferences: - The Annual Child Abuse and Neglect and Healthy Families Oklahoma Conference - The Family Matters Conference	OCAP	Federal
Continue to provide model specific trainings such as: - Healthy Families America: Family Support Worker - Healthy Families America: Assessment Worker - Parents as Teachers: Born to Learn - Parents as Teachers: Prenatal Curriculum - Nurse-Family Partnership Trainings 1 – 4 - Ages and Stages	OCAP and Children First	State and Federal
Provide training for data entry clerks related to the following database systems: - OCAP - Children First	OCAP	State and Federal
Continue to provide trainings for professionals working within child abuse and neglect through CATC	CATC	State and Federal

Strategy #5: Establish more roles for parent leadership in both the planning and implementation of prevention programs and activities

Action Steps	Responsible Party(ies)	Funding
Implement evidence–based, parent leadership model such as within the OCAP Programs. - Encourage parents from all types of home visit programs or other center-based services to participate in the parent leadership program. - Develop a survey instrument to identify parent needs, knowledge and attitudes regarding child abuse and neglect and positive parenting.	OCAP	Federal
Increase parent participation on the ITF. - Amend ITF Bylaws so that as many as three parents can participate on the ITF. - Provide the parent participants with an ITF mentor. - Reimburse the parent participants for their travel expenses related to ITF meetings and activities.	OCAP	Federal
Continue to require parent participation on the local OCAP interagency program advisory council that includes parent participants.	OCAP	Federal

Strategy #6: Extend public education and outreach activities

Action Steps	Responsible Party(ies)	Funding
Promotion and Community Involvement of Child Abuse Prevention Month (every April): - Coordinate Child Abuse Prevention Day at the Capitol - Provide DTFs with a uniform public awareness campaign such as "Pinwheels for Prevention" - Provide DTFs with Child Abuse Prevention Month promotional items such as wristbands, lapel pins, hotline cards, pens, posters, etc. - Provide DTSs with funding so that they may purchase items for their local CAP month activites - Partner with at least one new professional/civic/faith-based organizations each year in order to promote Child Abuse Prevention Month to new audiences	OCAP, ITF, DFT and Private organizations	Federal and Private
Revise and/or Continue to Provide the following educational materials upon request when funding is available: - Identification and Reporting of Child Abuse and Neglect Brochures - Child Abuse Hotline Cards - For Parents' Sake Volume II (English and Spanish) - For Kids' Sake: A Child Abuse Prevention and Reporting Kit - Posters of varying types - Other materials that may be purchased addressing child abuse and neglect topics	OCAP	Federal
Maintain and provide the following items to various lending libraries, including parent resource centers and the child care resource and referral agencies' libraries: - videos/dvds on related topics - books on related topics	OCAP	Federal and State
When funding is available, develop a statewide campaign that: - promotes specific child abuse prevention programs (as family support programs) - promotes positive parenting practices utilizing television, radio, billboard and/or other print mediums and reframing principles - is coordinated with Smart Start Oklahoma's public engagement campaign.	OCAP and ITF	State, Federal or Private

Abuse and neglect of children occurs across all socioeconomic, religious and ethnic groups.

Put a Stop to Child Abuse.

Prevention Starts With You.

Find Ways to Get Involved.