

2018

ANNUAL PROGRAM REPORT

January 30, 2019



Oklahoma's Community-Based
Child Abuse Prevention Grant

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CBCAP ANNUAL PROGRAM REPORT - LEAD AGENCY IDENTIFYING INFORMATION

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SECTION 1 - STATEWIDE CHILD MALTREATMENT PREVENTION LEADERSHIP ACTIVITIES CONDUCTED BY THE OSDH

THE ROLE OF THE OSDH AND ITS ACTIVITIES

The Oklahoma State Department of Health (OSDH), a public entity, served as the lead agency responsible for administering the CBCAP funds and providing oversight to funded programs. OSDH is comprised of 68 county health departments and one central office. It is responsible for protecting, maintaining and improving the public's health status. Because of its



size and diverse programming, OSDH is in a unique position to seek innovative approaches to coordinating funding streams and other resources to enhance the CBCAP funded services and activities.

The OSDH Mission: The mission of the OSDH is “to protect and promote health, to prevent disease and injury, and to cultivate conditions by which Oklahomans can be healthy.” Through its system of local health services delivery, it is ultimately responsible for protecting and improving the public's health status through strategies that focus on preventing disease. Four service branches (Community Health, Family Health, Protective

Health and Prevention and Preparedness) provide technical support and guidance to 68 county health departments as well as guidance and consultation to the two independent city-county health departments in Oklahoma City and Tulsa. (See the *OSDH Organizational Chart*, page 6.)

The OSDH Structure and Activities: In February of 2013, the OSDH was one of 11 public health departments (the first group in the nation), and one of only two state public health departments that was awarded five-year accreditation by the Public Health Accreditation Board (PHAB). This accreditation recognizes the OSDH as a high performing public health department that is able to achieve national standards that foster efficiency and effectiveness, and promote continuous quality improvement for public health. In July 2018, Community and Family Health Services divided the area into Community Health Services and Family Health Services with each area having a Deputy Commissioner.

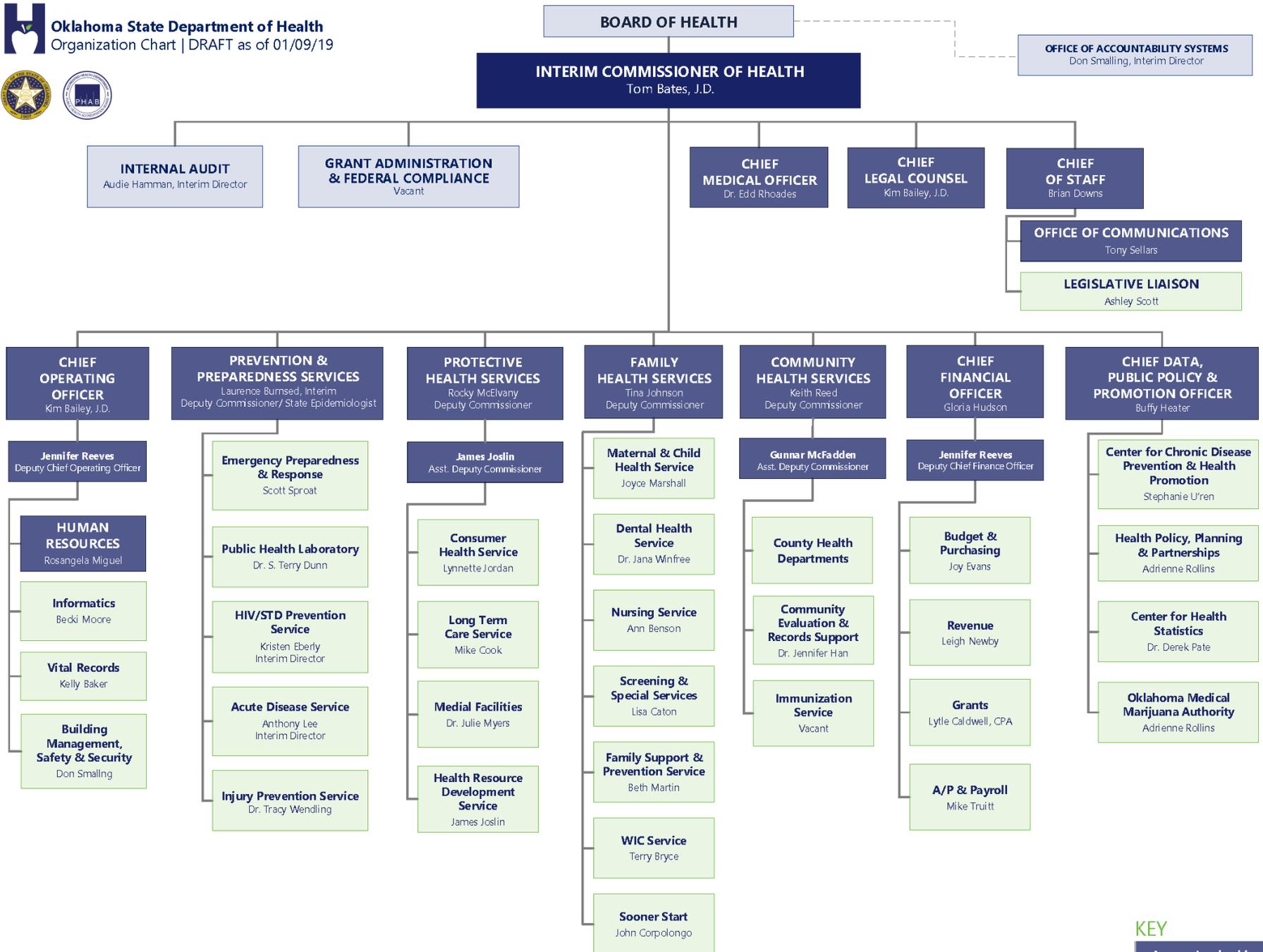
Community Health Services (CHS) continues to be responsible for the oversight of the 68 local county health departments and partners with the two independent city-county health departments¹ in order to serve all 77 counties. Each county health department offers a variety of services such as immunizations, family planning, well-baby clinics, adolescent health clinics, nutrition services, environmental health and early intervention. Child Guidance Program services are available regionally and include child development, behavioral health and speech language pathology.

¹ Oklahoma City and Tulsa

Family Health Services (FHS) is responsible for the programmatic activities that support most of the local health department efforts including policy development, training and evaluation. The following supportive Services are located within FHS:

- 1) Family Support and Prevention Service* – programs that promote the health, safety and well-being of children by educating the public, training professionals and providing direct services, including home visiting, to families; programs designed to promote optimal child development, and healthy interaction for children and those that care for them such as *Circle of Parents, Incredible Years* and direct interventions;
- 2) Maternal and Child Health Service – contains the Title V grant program and provides state leadership to improve the physical and mental health of the Oklahoma maternal and child health population;
- 3) SoonerStart – Oklahoma’s Individuals with Disabilities Education Act Part C program designed to provide early intervention services to infants and children with disabilities and developmental delays;
- 4) Women, Infants, and Children (WIC) – provides nutrition education and food resources to low-income pregnant and postpartum women and their young children;
- 5) Dental Service – provides leadership in oral disease prevention as well as mobilizing efforts that will help protect and promote good oral health;
- 6) Nursing Service – provides optimal public health nursing services, leadership, education, and advocacy;
- 7) Screening and Special Services – provides statewide surveillance, screening, and specialized programs to protect the health of Oklahoma children and their families.

**During this reporting period, the Family Support and Prevention Service and the formerly known Child Guidance Service (both within OSDH) were combined into one service, continuing now as the Family Support and Prevention Service (OSDH).*



KEY
 Agency Leadership

The Family Support and Prevention Service's (FSPS) mission is to promote the health, safety and well-being of children and families by providing education/awareness to the public, training of professionals working within the field of prevention, and support to those providing direct services to families. FSPS best describes the continuum of programs that are provided through Oklahoma's public health system. Those programs are Alternatives-To-Abortion, Children First (Oklahoma's NFP program), Child Guidance, Maternal Infant & Early Childhood Home Visiting grant, Office of Child Abuse Prevention, Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), Sexual Risk Avoidance Education grant, OKDHS Child Care Warm Line. FSPS offers a continuum of services for children and their families to assist them in achieving optimal development. FSPS programmatic efforts and activities include:

- 1) Nurse-Family Partnership – nurse home visitation² services for first time, low-income mothers (known in Oklahoma as *Children First*).
- 2) The Office of Child Abuse Prevention – an office with the FSPS that is statutorily charged with developing “The State Plan for the Prevention of Child Abuse and Neglect”, funding child abuse prevention services, and reporting on the effectiveness of those services.
 - Parents as Teachers – home visiting services provided to pregnant women and/or parents with children under age five years old; program focuses on parent-child interaction and school readiness.
- 3) The Community-Based Child Abuse Prevention Grant (CBCAP) – funds that allow community-based organizations to develop, operate and expand their services, support networks that work towards strengthening families, and foster understanding, appreciation and knowledge of diverse populations.
- 4) The Maternal, Infant and Early Childhood Home Visitation Grant (MIECHV) – funds that support home visiting efforts, strengthen and improve the quality and effectiveness, and improve coordination of services with the early childhood system. Unique features of the Oklahoma efforts include:
 - *Community Connectors*: Individuals working within each MIECHV community that facilitate collaboration and coordination among evidence-based home visitation programs (EBHVPs) and other supportive services for families. They also promote EBHVPs to the community as well as potential referral sources. When appropriate, they directly recruit families into EBHVPs.

parentPRO Referral System: A centralized statewide referral system for home visitation services. The toll-free parentPRO phone line is answered by OSDH/FSPS staff trained to use a simple tool to assess a family's needs and refer the family to the most appropriate home visiting program. Calls are answered in both English and Spanish. Callers are also invited to be immediately transferred to a specially trained nurse, behavioral specialist or child development specialist when any acute needs arise that can be addressed on the phone.

- *parentPRO Marketing*: A collective effort to market home visiting under one recognizable logo, regardless of model, and to simplify the enrollment

² FSPS recognizes the work that the PEW Trust and others have done around the importance of language when promoting home visiting services. However, in this document the terms “home visiting services” and “home visitors” are used for the ease of the reviewer and to distinguish these services from other parenting programs.

process. Mediums include [parentPRO radio and television commercials](#)⁴ as well as a variety of print materials and mass transit advertising.

- *parentPRO Website*: A [parentPRO website](#)⁵ that allows potential home visiting participants to locate a variety of early childhood services as well as parenting information, and local family-friendly activities. The website is independent from any state agency and therefore easier for parents to access. Funding for the website was provided by the Potts Family Foundation.



- *SafeCare* – an Eco behavioral home visitation program that addresses parent-child bonding, home safety and cleanliness and child health.

5) Child Guidance Program: In December 2017, the OSDH Child Guidance Service was organizationally combined with the Family Support and Prevention Service (FSPS) at OSDH.⁶ Through this re-organization, the service area name “Family Support and Prevention Service” was retained and the Programs in the Child Guidance Service were added. FSPS best describes the continuum of programs that are provided through Oklahoma’s public health system. The Child Guidance program is uniquely positioned in public health settings to provide evidence-based programs that enhance protective factors and reduce risk factors for families. Child Guidance teams located in county health departments consist of master’s degree level clinicians in child development, behavioral health and speech/language pathology.

Through a multidisciplinary approach, the Child Guidance Program provides a continuum of services that supports development and parenting of children from birth to age 13 years. Each discipline provides a unique expertise in supporting families with young children. At the core of the Child Guidance Program are evidence-based programs that have been proven effective in changing behavior in the target population. The Child Guidance Program has received training to provide the following programs:

- The Incredible Years® - Parent Program
- The Incredible Years® - Child Program
- The Incredible Years® - Teacher Program
- The Incredible Years® - Small Group Treatment Program
- Parent Child Interaction Therapy
- Circle of Security®
- It Takes Two To Talk® - The Hanen Centre®
- Early Childhood Mental Health Consultation - for child care centers

⁴ <https://vimeo.com/user10001181/review/91752183/706eba609e>

⁵ <http://www.parentpro.org/>

⁶ For the benefit of this report, the FSPS and Child Guidance Service were treated as separate entities since the transition took place in the middle of FFY 2018.

- Trauma Focused Cognitive Behavioral Therapy
 - Circle of Parents®
- 6) Sexual Risk Avoidance Education (SRAE) – ACF grant funds which support abstinence education by giving parents the skills to be their child's first and best educator regarding sex. This program uses the curriculum "Families Talking Together".
 - 7) Infant and Early Childhood Mental Health – is a collaborative effort with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). Provides co-leadership between the two agencies to support Oklahoma's State Plan for Infant Mental Health. This area also contains:
 - The Oklahoma Department of Human Services (OKDHS) Child Care Warmline, a call center which provides web-based and live support to child care providers and is staffed by a Behavioral Consultant and a Nurse Consultant.
 - Early Childhood Mental Health Consultation – an evidence based approach, which is implemented in the childcare setting to address behavior issues with young children.
 - Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) – SAMHSA funding which provides support to implement innovative strategies in Infant Mental Health. This grant is in the last year of a five-year cycle.
 - 8) Training – a coordinated effort to provide model-specific as well as additional trainings deemed necessary for home visitor success.
 - 9) Evaluation – Home visiting data since 1997 is available for analysis. Epidemiologists within Family Support and Prevention Service provide evaluation and oversee the completion of CQI projects, trend analysis, survey development, provide programs with management/performance reports and craft annual reports to share with policymakers, funders and other interested parties.

Other OSDH Related Activities:

OSDH Continuous Quality Improvement Efforts – The OSDH has embraced Continuous Quality Improvement (CQI) as an agency. For this reason, the OSDH established the Partnerships for Health Improvements – Performance Management Service. Under their leadership, most OSDH Services staff has been trained in CQI and most have conducted and/or completed projects, including all MIECHV funded home visiting programs.

The Maternal and Child Health Service (MCH):

- 1) The Oklahoma Pregnancy Risk Assessment Monitoring System: The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, statewide study that collects information about a woman's behaviors and experiences before, during and after pregnancy. Oklahoma PRAMS is funded by the Centers for Disease Control and Prevention (CDC), the Title V Maternal and Child Health Block Grant and the Oklahoma State Department of Health. Fifty-one grantees conduct core PRAMS surveillance across the United States and Puerto Rico. Oklahoma has been a PRAMS participant since the CDC project began in 1988.

The purpose of PRAMS is to discover why some babies are born healthy and why others are not, in an effort to increase the number of babies in Oklahoma who are born healthy. The information is used to help guide programs and health policy in Oklahoma and to help make better use of limited resources.

On a monthly basis, Oklahoma PRAMS randomly samples between 200 and 250 new mothers from Oklahoma birth certificates. Mothers are sent two mail questionnaires, with follow-up phone interviews for women who do not respond to the mailed surveys. All information is kept confidential.

Oklahoma currently collects PRAMS data on the following topics: health insurance, preconception health, prenatal care, breastfeeding, maternal smoking and secondhand smoke exposure, alcohol use, infant safe sleep practices, social support and family planning. The Director of FSPS has participated on the PRAMS/TOTS Steering Committee.

- 2) *The Oklahoma Toddler Survey*: The Oklahoma Toddler Survey (TOTS) is a two-year follow-back survey to the **Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS)**, and was created by Oklahoma in 1994. TOTS re-surveys PRAMS respondents the month the child turns two years old. TOTS is funded by the Title V Maternal and Child Health Block Grant and the Oklahoma State Department of Health. Oklahoma was the first state to begin a follow-back survey to PRAMS. The purpose of TOTS is to learn about the health and well-being of Oklahoma's toddler population and their health experiences from birth to age two.

The information is used to help guide programs and health policy in Oklahoma, and to help make better use of limited resources.

TOTS sends as many as three mail questionnaires to approximately 150 women each month, followed by phone contact for those mothers who have not responded by mail. All information is confidential. Currently, TOTS includes questions about health care, injury, child care, safety, breastfeeding, subsequent pregnancy, maternal depression, secondhand smoke exposure, childhood experiences, and family structure.

- 3) *Maternal Mortality Review Project (MMR)*: Maternal death continues to be the international standard by which a nation's commitment to women's health status can be evaluated. Each year in the state of Oklahoma, women die of complications related to pregnancy. According to vital records provided by Health Care Information (HCI) and reviewed by MCH for years 2015-2017, the maternal mortality rate among women aged 10 – 59 years was 23.8 deaths per 100,000 live births. The goal of Healthy People 2020 is to reduce the maternal mortality rate to no more than 11.4 maternal deaths per 100,000 live births. Through appropriate interventions, prevention of risks, and reduction of racial disparities, these mortality rates can be dramatically decreased. A process must be in place, however, to determine why and how the deaths occur.

The MMR is an essential community process used to enhance and improve services to women, infants and their families. These qualitative, in-depth reviews investigate the causes and circumstances surrounding a maternal death. The MMR Committee includes individuals from varied organizations and occupations. Through communication and collaboration, the MMR serves as a continuous quality improvement system that will result

in a comprehensive understanding of the maternal issues and provide a better future for women, infants and families. The overall goal of MMR is prevention through understanding of causes and risk factors.

The Oklahoma MMR operates through uniform procedures, defined processes and assigned responsibilities with goals to:

- Improve and enhance public health efforts to reduce and prevent maternal death in Oklahoma;
- Improve identification of maternal deaths in order to interpret trends, identify high-risk groups, and develop effective interventions;
- Utilize review information to identify health care system issues and gaps in service delivery and care; and
- Develop action plans and preventive strategies to implement recommendations in communities and provider networks.

Interventions, strategies and the development of systems that increase knowledge and decrease pregnancy-related mortality will serve not only to improve the health of women and children but will provide overwhelming benefits for all Oklahomans. To date, the MMR Committee has reviewed 112 cases. Most cases listed multiple health conditions possibly contributing to the maternal death, but the health conditions most often cited include:

- Obesity (BMI listed has high as 53.5)
- Hypertension
- Diabetes, not gestational diabetes
- Cardiac problems
- Asthma/Pulmonary

The OSDH Injury Prevention Service:

Child Passenger Safety Program: Since 2001, the Injury Prevention Service, Oklahoma Highway Safety Office, and Safe Kids Oklahoma have worked together to implement a car/booster seat program statewide through county health departments that include providing child passenger safety education, car seats and booster seats to eligible families. There are trained child passenger safety technicians located statewide, including the metropolitan areas as well as 53 of the county health department sites, who are available to install car seats. Families may contact a county health department to schedule an appointment to have any car or booster seat checked to determine if it is properly installed. Car seats and booster seats are provided at no cost to families eligible for WIC benefits, those who receive other state assistance such as Medicaid, Supplemental Nutrition Assistance Program, Temporary Assistance to Needy Families and those participating in home visiting programs.

THE INTERDISCIPLINARY, COLLABORATIVE, PUBLIC-PRIVATE STRUCTURE

The entities listed below comprise the diverse structure of the Oklahoma Child Abuse Prevention System. Each of these groups is multi-disciplinary, yet they have a singular leadership mission. Often, these groups work together to accomplish goals and objectives relating to the support of families.

The Child Abuse Prevention Action Committee: The Child Abuse Prevention (CAP) Action Committee has been meeting and working together for the greater good of children and families for 13 years. The CBCAP Grant Coordinator leads this effort. During FFY 2018, the group adopted the vision statement of the Oklahoma State Plan for the Prevention of Child Abuse and Neglect (2019 – 2023), which is “All Oklahoma children will be healthy and safe.” They also worked to redefine their mission statement, “CAP Mission is to prevent child abuse and neglect through public awareness, education and community outreach across Oklahoma.” The group consists of a wide variety of individuals from multiple agencies and programs that steer the prevention efforts in the state including the activities and campaign of National Child Abuse Prevention Month in April. A foundation of strong projects have grown into a mainstay every April (including the “Build a Blue Ribbon Tree for Kids” Campaign, “Wear Blue Day & Take a Selfie” and the “Happiness Project”). Each year, discussion includes how to incorporate one more layer into each project while also generating new ideas.

The participants that make up the committee create a diverse team with a multitude of talents, which enable the group to be creative, innovative and detailed in the ongoing challenge of tackling the issue of fighting child abuse. Social media is utilized and appreciated as a mechanism for assisting with these efforts, while also used as a method for being able to document some of the involvement during the peak period of campaigns. With that, an accompanying Facebook page and Twitter account are part of the Oklahoma Child Abuse Prevention tools used for various activities.

Individuals participating in the committee represent state agencies, non-profit programs, businesses, universities, foster parents, faith-based groups, concerned citizens, etc. The current email distribution list includes approximately 500 participants. The committee meets at the partner agency of the Oklahoma City-County Health Department Northeast Regional Health and Wellness Campus in Oklahoma City. There were 10 meetings scheduled during calendar year 2018. (See Attachments, Folder 3.)

The Home Visitation Leadership Advisory Coalition: Since the mid-1990s, a number of evidence-based home visiting programs have been implemented across the state. As the programs came into being, a competitive atmosphere began to develop at both the local and state levels. For that reason, the Home Visitation Leadership Advisory Coalition (HVLAC) was created in 2002. This dynamic group is open to all home-based services. Participants include staff from all levels ranging from direct service providers to supervisors and administrators. These stakeholders strive for a collaborative environment and routinely gather to share information, work collectively on projects and learn best practices. The HVLAC is supported by staff from the OSDH/FSPS, primarily the CBCAP Grant Coordinator.

There were six meetings scheduled for participants from across the state during FFY 2018. Highlights of HVLAC activities during the year include:

- 1) Special presentations
 - a. “Oklahoma Libraries and Outreach” by Adrienne Butler, Youth Services Consultant, OSDL. Information shared on children’s and teen services (plus

collections and programs), adult services including resources for parents and caregivers and online services.

- b. “I got 99 problems and stress ain’t one” by Amy Huffer, PhD. Life today has many demands and it can be hard to find time for ourselves in all the juggling. Importance of self-care and managing stress differently.
 - c. “Working Towards Understanding and Mitigating the Impact of Adverse Experiences” by Lana Beasley, PhD, Associate Professor, OSU.
 - d. “Oklahoma Mission of Mercy (OKMOM)” by OSDH/Dental Health Services. OKMOMS is a two-day, free dental clinic offering treatment to patients that are either uninsured, under-insured or would normally not have access to dental care.
 - e. Ongoing discussion and updates on the Family Support Accountability Act, including review of home visiting outcomes from the previous year.
 - f. Ongoing home visitation data updates and discussion with the FSPS Epidemiologist at the end of each meeting.
2. Finalizing, continued sharing and distribution of the Home Visitors Safety Guidelines Manual⁷ – This publication was a long-term project developed by several of the HVLAC group members along with other content experts in the field. The focus of the manual is on safety in home visitation. The manual is distributed electronically to various agencies and child abuse prevention programs across the state. The previous version has been replicated by several states outside of Oklahoma. (See Attachments, Folder 2.)

Oklahoma Health Improvement Plan (OHIP): In 2008, the Oklahoma Legislature directed the Board of Health to outline a plan for the “improvement of the physical, social and mental well-being of all people in Oklahoma through a high-functioning public health system.” The current “Healthy Oklahoma 2020: Oklahoma’s Health Improvement Plan” (OHIP) was released on March 10, 2015 by OSDH is guided by four flagship issues – reducing tobacco use, reducing obesity, improving the health of children and improving behavioral health. Each of the OHIP flagship issues has its own *state plan* with specific goals and objectives.

The Healthy Oklahoma 2020 – Children’s Health plan addresses issues ranging from prenatal care and preterm birth to childhood immunizations, teen pregnancy and home visitation. Specific objectives related to child abuse prevention include reducing adverse childhood experiences and provision of evidenced-based home visitation services.

Healthy Oklahoma 2020 is designed to engage the entire state to work collaboratively to achieve progress on issues that can be achieved through private-public and tribal partnerships as well as commitment and involvement of individual Oklahomans. Progress towards OHIP objectives are monitored annually. Timely children’s health topics such as ACEs, Neonatal

⁷ <https://www.ok.gov/health2/documents/Home%20Visitation%20Safety%20Manual%20-%202016%20Revision%20with%20Updated%20Resources.pdf>

Abstinence Syndrome and trauma-informed interventions are presented and discussed at quarterly meetings of The Children’s Health Group (TCHG).

Oklahoma Partnership for School Readiness (OPSR): In 2007, federal law required the Governor of each state to create a new body or designate an existing body as the State's Early Childhood Advisory Council. This council serves in an advisory capacity to the Governor on early childhood system issues relating to workforce, higher education, quality of early childhood programs and services, access to early childhood programs and services, data systems, professional development, and special populations. Through a memorandum of



understanding in 2008 and legislation in 2010, Governor Brad Henry appointed the OPSR as Oklahoma’s State Early Childhood Advisory Council. This 32-member council is comprised of agency heads, community volunteers, and early childhood professionals. The OPSR state office provides the staffing support and overall direction for this comprehensive collaborative.

In the past, OPSR supported a statewide network of 18 community-based organizations to support local efforts in improving school readiness. While state budget cuts have resulted in the elimination of these contracted organizations, OPSR remains connected to communities by hosting focus groups and communicating via social media.

Oklahoma Champions for Early Opportunities (known as the “OKCEOs”): This statewide network of over 60 business and community leaders is dedicated to advocating to Oklahoma’s business community and legislative leaders about the strong link between early childhood development and economic growth. The network was formed in late 2010 and continues to be sponsored by the Oklahoma Business Roundtable, Smart Start Oklahoma and the Potts Family Foundation.

Preparing for a Lifetime, It’s Everyone’s Responsibility Initiative: In 2007, Oklahoma ranked 46th in the U.S. regarding infant mortality. The Commissioner of Health responded by creating the *Preparing for a Lifetime Initiative* (PLI). Led by the Maternal and Child Health Service (MCH), PLI has identified the following areas for concentration and improvement: number of women receiving preconception care and prenatal care, identification/treatment of maternal infections, prevention and reduction of premature births, assessment and referral for maternal mood disorders, prevention and reduction of tobacco use, promotion of infant safe sleep practices, increase in breastfeeding initiation and duration rates, and prevention of infant injuries.

The PLI’s three main objectives are to 1) improve birth outcomes; 2) reduce infant deaths, and 3) decrease racial and ethnic disparities related to maternal and infant outcomes. Through national, state, and community level partnerships, strategies such as public education, policy changes and evidence-based programs are now being implemented. Numerous FSPS staff participate in the planning, implementation and evaluation of these activities.

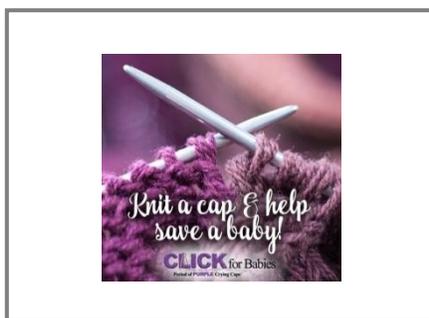
The top three causes of infant mortality in Oklahoma are congenital defects, disorders related to low birth weight and short gestation and Sudden Infant Death Syndrome. Although child abuse and neglect may not be listed as one of the specific top three causes of infant death, some of the same positive parenting practices that often keep parents from being abusive or neglectful are the same behaviors that decrease the likelihood of a child dying during infancy from a variety of causes.



Preparing for a Lifetime - Injury Prevention Workgroup “Period of PURPLE Crying” – Hospital Project: The PLI Injury Prevention Workgroup works with the birthing hospitals in Oklahoma to offer the “Period of PURPLE Crying (PURPLE)” Program. This nationally recognized, researched program includes a short video about preventing abusive head trauma in infants for the parent to view after delivery, but before being discharged from the hospital. It also requires that a trained professional follow up the viewing with a brief educational encounter to reinforce the lessons from the video as well as answer any questions. The parent leaves with a copy of the video so that the infants’ other caregivers can watch and learn the information as well. Currently, the PLI has a PURPLE supply that should reach almost 90% of the births until approximately October 2019.

The Injury Prevention Workgroup has also collected data over the last few years from new mothers receiving the PURPLE education and from hospital staff delivering the education. The goals of collecting this data were to determine 1) if PURPLE was being delivered with fidelity; and 2) if not, what were the barriers to delivering PURPLE in accordance with the program model. One conclusion drawn from the data thus far is that hospital staff needs to be consistently trained in the PURPLE program. Because staff works around the clock, PURPLE training must be offered in a manner that is convenient for their particular schedules. For this reason, the Workgroup developed a PURPLE training webinar that could be easily accessed by hospital staff regardless of their work schedules over the implementation/fidelity barriers issues. The webinars are available for viewing by any new hospital interested in PURPLE or hospital that experiences issues with implementation or that just wants a refresher.

Improving the hospital staff’s ability to discuss the lessons embedded in PURPLE should improve the likelihood that the program will be implemented with fidelity and ultimately reduce abusive head trauma incidents.



CLICK for Babies: Period of PURPLE Crying Caps Campaign: The CAP Action committee took on CLICK as a special project during FY 2017, contributing in ways that surprised everyone with a tremendous response. “CLICK for Babies” is a grassroots public education campaign organized by the National Center on Shaken Baby Syndrome in partnership with hospitals, public health and child abuse prevention groups to create awareness of the leading trigger for infant abuse – frustration with infant crying. During 2017, the

Oklahoma “CLICK for Babies” Project, with the help of the CAP Action Committee, collected over 62,000 hats and filled three offices with new caps arriving each day. A video communication was created to share the success of the project.⁸ These hats were provided to babies born at participating hospitals during the months of November, December and January. Surplus hats were shared with other CLICK projects nationwide and stored for this current year’s implementation. Many of the donors (individually and from groups) provided heartfelt letters on what compelled them to participate with this project; examples have been included in the Attachments Section with this report. For 2018, hats continued to be sent to the project from all over the United States. Over 12,000 hats were distributed in 2018 for December-January distribution by participating hospitals.

Safe Sleep “Crib” Project with Maternal and Child Health: Originally, the Maternal and Child Health Service (MCH) received grants from the Robert Woods Johnson Foundation and the Association of Maternal and Child Health Programs to provide portable cribs, sleep sacks, and culturally specific safe sleep information to families to reduce infant mortality. This successful intervention continued in to calendar year 2018 through Title V Maternal and Child Health Block Grant. An emphasis was placed on providing cribs to Black and American Indian families due to their high infant mortality rate in Oklahoma. MCH developed Memorandums of Understanding with four different entities: 1) the University of Oklahoma, Children’s Hospital, Neonatal Intensive Care Unit; 2) the OSDH Office of Minority Health; 3) the OSDH Family Support and Prevention Service; and 4) the Oklahoma City Indian Clinic. For 2018, MCH has distributed 172 portable cribs to families participating in home visiting services (144) in meeting the requirements outlined in the MOU. MCH also distributed cribs to families delivering infants admitted to OU Children’s Hospital NICU (11) and to American Indian families seeking services at the Oklahoma City Indian Clinic (18).

In relation to the above cribs pilot project, risk factors were greatly improved among the participants, as compared to the general population (through PRAMS data). These improved risk factors included infant sleeping alone; in a crib; on a firm/hard mattress; without pillow, stuffed toys, bumper pads or loose blanket/sheet; and on his/her back.

The Infant and Childhood Health Advisory Council: (See page 20.)

The Oklahoma Infant Mental Health Association:

The FSPS strongly encourages early childhood professionals to become involved with the association because of its longstanding commitment to infants, toddlers and their families in the Oklahoma community and its connection to the Alliance for the Advancement of Infant Mental Health, a national organization. The association provides training and advocacy opportunities; as well as, the Infant Mental Health Endorsement program so professionals can demonstrate their competency in serving this population. It is believed that such an association will assist early childhood professionals in delivering excellent quality, culturally sensitive, relationship-focused services to infants, toddlers, and their caregivers.

⁸ <https://www.facebook.com/oklahomahealth/videos/1187822731317641/>

The Oklahoma Injury Prevention Advisory Committee (OIPAC): The Injury Prevention Service provides the staff support for this multidisciplinary advisory body. The FSPS Director is a current member of OIPAC and routinely participates in related activities.

The purpose of the Committee is to:

- advise the Injury Prevention Service on issues related to injury surveillance and data linkage;
- make recommendations regarding the development or enhancement of specific injury prevention programs;
- review the state health department's injury and violence-related objectives; and
- assist in developing and updating the strategic plan to increase safety behaviors and reduce preventable injuries in Oklahoma.

ACTIVITIES AND SERVICES FUNDED BY CBCAP

Oklahoma utilizes their CBCAP dollars to support evidence-based programs and innovative programs for specific target populations as well as for critical infrastructure for the home-visit network in the state.

In FY 2018, the following activities and programs were supported and/or funded by CBCAP:

- The Nurse-Family Partnership (NFP) Program (referred to as Children First in Oklahoma): More than half (approximately 63 percent) of Oklahoma's CBCAP funds were utilized to support the NFP Program, known as a "Well-Supported" program. (See *Program Assessment Rating Tool*, page 43.)
- The Incredible Years and Parent-Child Interaction Therapy (PCIT) programs within the Child Guidance Service (OSDH): As has been done the past several years, a portion of CBCAP funds were utilized for both of these "Well-Supported" programs. (See *Program Assessment Rating Tool*, page 43.)
- The OUCCAN Parent Partnership Board: For the last few years, CBCAP funds were utilized to support the Parent Partnership Board. (See *Parent Leadership*, page 59.)
- CBCAP funds were also utilized to support and drive the State Plan efforts, contracting with an independent author for the Plan and the Oklahoma Partnership for School Readiness to organize, host and assist with the Community Cafés across the state.
- Behavioral Risk Factor Surveillance System (BRFSS): The BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions and use of preventive services. BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories. The OSDH Center for Health Statistics administers the BRFSS surveys annually. In 2013, Oklahoma began administering the optional module for ACEs. This module is available to survey every other year and alternates with the protective factors

survey. Oklahoma's CBCAP grant supports this effort in collaboration with the Oklahoma Department of Mental Health and Substance Abuse Services.

- *The CARE Center*: The CARE Center is a nationally accredited child advocacy center located in Oklahoma County. Part of their mission is child abuse prevention education and Oklahoma's CBCAP grant provided support for ROAR, their child-based program for children 4-8 years of age. This program is taught in a classroom group setting and includes a lion named Rex and his animal friends who take children on a journey to help Rex find his ROAR. During the reporting period, three ROAR classes were held, including 44 participants; two classes took place in Tulsa, OK and one class took place in Oklahoma City, OK. Each participant who attends the class receives these ROAR materials: Parent Guide; Teaching Guide; pennant, badge, coloring page, certificate of completion; teaching poster and a community poster. For more information, go to <http://carecenter-okc.org/we-educate/child-education/>.

During FFY 2018, CBCAP funds were utilized to bolster Oklahoma's prevention efforts through supporting the infrastructure. These efforts include co-sponsoring a major prevention conference, providing training opportunities to staff and designated partners as well as supporting home visitation coalitions and prevention task forces to assisting with bringing stakeholders together in coordination of the prevention network and the Oklahoma State Plan for the Prevention of Child Abuse and Neglect. CBCAP funds also support travel to some conferences and the annual CBCAP meeting as well as various contracts and other activities that support primary prevention. Some examples from FFY 2018 include:

- *Co-Sponsoring the 25th Annual Child Abuse and Neglect Conference*: Thirty scholarships were offered to various OSDH partners to attend the conference that took place on April 18 - 20, 2018. CBCAP funding helped OSDH co-sponsor the event, enabling a prevention track with speakers locally as well as from outside the state, known nationally.
For fun, a Prevention Photo Booth/Selfie Station was set up at the conference, bringing lots of laughter and good networking
- *Attendance at the Oklahoma Institute for Child Advocacy KIDS COUNT Conference*: Nine FSPS staff attended the KIDS COUNT Conference in Oklahoma City, OK at the State Capitol on November 2, 2017. The conference brings together child advocates from across the state to raise awareness about key issues, share action strategies for meeting the needs of the state's children and youth more effectively, and identify program and policy changes that will improve the health, safety, education and economic well-being of Oklahoma's kids. The conference theme was "2018: Year of the Child." (See "Oklahoma Institute for Child Advocacy", page 38.)
- *Attendance at the Second Annual Early Childhood Symposium hosted by Oklahoma Partnership for School Readiness*: Ten FSPS staff attended the

symposium in Edmond, OK, January 25, 2018. (See “Oklahoma Partnership for School Readiness”, page 13.)

- Attendance for two representatives to travel and participate in the annual CBCAP meeting in Washington, DC, July 19-20, 2018.
- Also one attendee to the CB State Team Meeting held prior to the grantee meeting in Washington, DC, July 17-18, 2018.

DESCRIPTION OF HOW PROGRAMS AND ACTIVITIES WILL OPERATE

The FSPS is the Oklahoma leader in the prevention of maltreatment and often serves as a catalyst or facilitator in collaborative efforts between private and public agencies and other stakeholders. Below is a description of the formal child abuse prevention system, which was created in statute and placed within the public health arena.

History: In 1984, the Oklahoma Legislature passed the Child Abuse Prevention (CAP) Act.⁹ Prior to that time, the focus of child abuse and neglect efforts was on “after-the-fact” intervention (i.e. preventing the reoccurrence of child abuse and neglect in families). The Act declared that the prevention of child abuse and neglect was a priority in Oklahoma. The legislative intent was that:

- a comprehensive approach for the prevention of child abuse and neglect be developed for the state and used as a basis of funding programs and services statewide;
- multi-disciplinary and discipline-specific ongoing training on child abuse and neglect and domestic violence be available to professionals in Oklahoma with responsibilities affecting children, youth, and families;¹⁰ and
- the Office of Child Abuse Prevention (OCAP) within the OSDH be created for the purpose of establishing a comprehensive statewide approach towards the prevention of child abuse and neglect.

The Office of Child Abuse Prevention (OCAP): The CAP Act created the Office of Child Abuse Prevention, which is now part of the OSDH Family Support and Prevention Service. The Commissioner of Health has fiscal and administrative duties to facilitate the implementation of the CAP Act. The duties and responsibilities of the Director of the OCAP are outlined in the CAP Act and include: 1) preparing and implementing a comprehensive “State Plan for the Prevention of Child Abuse and Neglect”; 2) funding, monitoring, evaluating and reviewing the development and quality of services and programs for the prevention of child abuse and neglect; and 3) developing an annual report of its findings related to OCAP-funded programs.

Oklahoma State Plan for the Prevention of Child Abuse and Neglect: The OCAP is charged with crafting the Oklahoma State Plan for the Prevention of Child Abuse and Neglect. In the past, this task largely relied on the shoulders of the Interagency Child Abuse Prevention Task Force (ITF) working in tandem with FSPS. The ITF was also mandated in statute, but eliminated in November 2013. With fresh leadership in FSPS, the work began over one year ago to pull

⁹ Title 63 Oklahoma Statutes 1-227.

¹⁰ Activities related to training multi-disciplinary teams now provided by the Oklahoma Commission on Children and Youth.

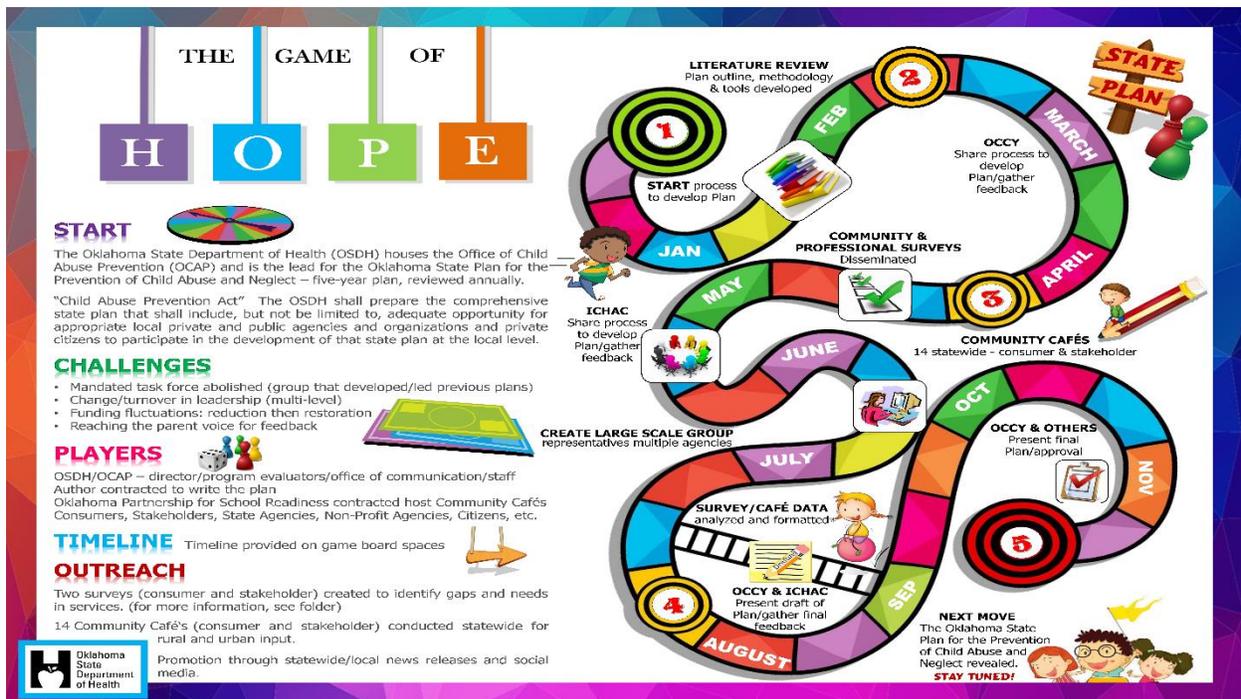
together a plan that was useful, something that could grow and become better over time while also being meaningful.

The first phase included meeting with the OSDH epidemiologists and FSPS staff. We contracted with an independent person to write the plan guided by current models that were successful in other states, which included a literature review. A preliminary outline was developed for the plan. Public input is also imperative so FSPS then contracted with the Oklahoma Partnership for School Readiness to organize, host and assist with Community Cafés across the state. Fifteen Cafés were offered across the state, one to launch the effort with the Home Visitation Leadership Advisory Coalition and then 14 others (seven to community/parents; seven to professionals/stakeholders). The epidemiologists at OSDH also designed surveys for both of those target groups. The Office of Communications (OSDH) helped promote the surveys and cafés with media releases. From the professional surveys, 659 were completed; responses were from 54 of the 77 counties in Oklahoma. From the community surveys, 270 were completed; responses were from 55 of the 77 counties in Oklahoma. There were 929 surveys in all.

The FSPS staff invited other agencies, programs and stakeholders to attend a meeting on July 15, 2018 regarding the State Plan; almost 40 participants attended enthusiastically and will participate in future stakeholder meetings with the next one scheduled on April 5, 2019.

Presentations and updates were provided to both the Oklahoma Commission on Children and Youth (OCCY) and the Infant and Child’s Health Advisory Council (ICHAC) with the plan being approved by the OCCY on October 26, 2018. The FSPS staff are currently presenting to various groups inviting their participation and use of the Plan as a framework.

The State Plan was the object of a poster presentation at the CBCAP Grantee’s Meeting in Washington, D.C., July 19-20, 2018 (see below).



The Infant and Children’s Health Advisory Council: The Infant and Children’s Health Advisory Council (ICHAC) was created in statute in 2013 to streamline and consolidate multiple public health advisory boards, councils and task forces related to children’s health including the Interagency Task Force on Child Abuse Prevention. The jurisdiction of the ICHAC is to advise the Board of Health and the State Department of Health on all issues that arise in the areas of health care for infants and children. The ICHAC consists of eight members appointed by the Governor, Senate Pro Tempore, the Speaker of the House of Representatives and the State Board of Health. Individual members from various prescribed backgrounds are appointed with knowledge or expertise in each of the following eight areas: 1) child abuse; 2) childhood immunizations; 3) newborn screening; 4) vision screening of children; 5) treatment of visual deficiencies in children; 6) pediatrics; 7) genetic counselling; and 8) diagnosis and treatment of childhood injuries in a trauma setting.

The role of the ICHAC includes: 1) making recommendations to the State Board of Health on rules on behalf of the Department; 2) making nonbinding written recommendations to the State Board of Health and/or the Department; 3) providing a public forum for the discussion of issues; 4) providing guidance and approval for State Plans; and 5) cooperating with other advisory councils, the public, the State Board of Health, and the Department to coordinate rules. At the November 5, 2018 meeting, the ICHAC approved the Oklahoma State Plan for the Prevention of Child Abuse and Neglect 2019-2023.

The Oklahoma Commission on Children and Youth: The goal of the Oklahoma Commission on Children and Youth (OCCY) is to help Oklahoma’s most vulnerable children and families navigate a path to safety and well-being by providing independent oversight of the child serving system; assist communities in improving services; testing models and demonstration programs; and providing professional education and training. The OCCY also supports the following entities:

- The state and regional Oklahoma Child Death Review Boards
- The state and local Post Adjudication Review Boards
- The free-standing Multidisciplinary Teams focusing on child abuse and neglect cases
- The Oklahoma Mentoring Children of Incarcerated Parents Program
- The Board of Child Abuse Examiners
- The Child Welfare Review Committee for Death and Near Death of Disabled Children
- The Forensic Evaluators determining Juvenile Competency

In addition to OCCY’s programmatic efforts, the OCCY provides staff support to the “Commission” – a statutorily created body consisting of agency leaders and other stakeholders interested in issues affecting infants, children and youth. The Commissioners meet to consider child specific issues, approve budgets, make appointments to councils and committees, and submit recommendations to the Governor, Legislature, Supreme Court and child-serving agencies.

This past legislative session, the Oklahoma Legislature passed Senate Bill 1081 into law. This bill created the Oklahoma Children’s Endowment Fund (aka children’s trust fund). This fund will be

comprised of private donations and only the earnings can be spent. Earnings generated from the fund will be used to support innovative programs, research/evaluation projects, and gap-filling efforts. The bill also creates the Parent Partnership Board, which along with the Commission determines the best use of the Fund.

The OCCY serves in a collaborative role with the OSDH – in particular, the FSPS and the OCAP. The OCCY Commissioners are statutorily-mandated 1) to review and approve the “Oklahoma State Plan for the Prevention of Child Abuse and Neglect;” and 2) to assure that the Requests for Proposals (RFPs) submitted to OSDH/FSPS/OCAP are in compliance with the State Plan prior to the Commissioner of Health granting contractual awards.

The Child Abuse Prevention Fund: The CAP Act created the Child Abuse Prevention Fund (CAP) as a mechanism for pooling state, federal and private funds for the provision of statewide child abuse prevention services. The CAP Fund was created in lieu of a state trust fund and generally is funded with state appropriations on an annual basis. All of the CAP Funds must be used for direct services. In addition to the provided state funds, a minimal amount of revenue is collected from the “Start Right” specialty license plates. All monies in the CAP Fund are to be distributed by a formula set in statute and via a competitive bid process utilizing RFPs. Proposals are submitted, scored, and presented to the Oklahoma Commission on Children and Youth (OCCY) Commissioners prior to the awards being made by the Commissioner of Health.

For more than 17 years, the CAP Funds have been used to support community-based organizations in providing home visitation services with curriculum such as the Parents as Teachers (PAT) Program. On September 1, 2017, nine contracts were awarded to implement PAT home visitation services across 23 counties. On October 16, 2017, the Contractors were given a 30-day notice of termination due to a budget shortfall at the Oklahoma State Department of Health. Despite the elimination of funding, Contractors were able to provide at least one home visit to 321 families. Families who resided in Oklahoma and Tulsa counties were still able to obtain referrals to other home-based parenting services that were federally funded by contacting the parentPRO hot line. Since then, the child abuse prevention fund has been restored and nine contracts serving twenty-eight counties were awarded to provide PAT home visitation services starting in October 2018. Current accomplishments include the affiliation of five new programs, three Contractors that were accredited and achieved Blue Ribbon Status from the PAT National Center, and an enhanced training schedule including bringing the PAT Model Implementation and Foundational Trainings to Oklahoma. During reporting period, nine contractors were awarded \$2,214,668 to provide PAT services in 23 counties albeit only \$906,728 was expended due to contract elimination.

Operationalizing the Prevention System: The FSPS serves in a leadership role and has the responsibility for directing the prevention network and a wide continuum of prevention services and activities for children and families. The FSPS, along with its many partners and formal structure, continue to explore innovative ways to promote prevention, fund services, evaluate and research implemented strategies, and advocate for policies and practices to improve the lives of Oklahoma families.

SECTION 2 - OSDH'S ACTIONS TO ADVOCATE FOR SYSTEMIC CHANGE

THE OSDH'S INVOLVEMENT IN CHILD AND FAMILY SERVICE REVIEWS AND PROGRAM IMPROVEMENT PLANS

During FFY 2018, attempts to connect specifically on the Child and Family Service Reviews (CFSR) and Program Improvement Plans (PIP) were without success. However, the FSPS did have several other successes in collaborating with Oklahoma Department of Human Services (DHS) colleagues in the following efforts:

- FSPS Service Director, Beth Martin, attended the State Team Planning Meeting held in Washington, DC, July 17-18, 2018. She served as the CBCAP representative for the OSDH along with nine other state representatives from Oklahoma. The meeting was hosted by the Children's Bureau and served as the annual Court Improvement Program Meeting, Child Welfare Directors' convening and a component of the Community-Based Child Abuse Prevention grantee meeting. The purpose of the meeting was to support states in jointly creating the next Child and Family Service Plan due 6-13-19. The day and a half meeting focused on the Children's Bureau's vision of child welfare, with Jerry Milner opening the session with vision of prevention work in the child welfare system. The Oklahoma team was provided several opportunities to discuss how the three systems could better work together to serve families. What it would take to shift to a prevention mindset and how the courts, child welfare and CBCAP could better work towards that end goal. Although the discussion was thought provoking the general feeling was that Oklahoma still encompasses different definitions of prevention depending on which system you are discussing. The majority of the discussion centered around preventing children from entering foster care or preventing further contact with the child welfare system. As opposed to strategies that would enhance primary prevention and strengthen families.
- DHS staff was actively engaged with the FSPS and other home visitation partners in the revision of the Home Visitation Safety Manual - a useful tool for both home visitors and child welfare workers.
- DHS representatives participate on the Child Abuse Prevention (CAP) Action Committee throughout the year as well as the planning of the annual Child Abuse Prevention Day at the Capitol and Mini Conference.
- DHS staff was involved in the creation, implementation, review and update of the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect, 2019 – 2023*.
- Following the State Plan Team Planning Meeting in D.C., DHS reached out to OSDH to include the FSPS Director and the MCH Director in the early planning for their Title IV-E Prevention and Family Services and Programs application with is due in the fall of 2019.

The Family Support Accountability Act: Legislation to create “The Family Support Accountability Act” was backed by early childhood advocates, home visitors, and additional stakeholders (including FSPS staff), but statewide leadership for the legislation came from the Oklahoma Partnership for School Readiness (OPSR). OPSR held stakeholder meetings to gather input and with assistance from Pew Trust,¹¹ held strategy meetings and developed the legislation’s draft language. OPSR secured authors for House Bill 2157: Representative Jon Echols and Senator A.J. Griffin. The bill passed with overwhelming bipartisan support and was signed into law by Governor Mary Fallin on April 28, 2015. The Act was designed to ensure that the state’s home visiting investments are supported with proven records of effectiveness. It requires monitoring and reporting of outcomes such as maternal and infant health, family self-sufficiency, and school readiness on an annual basis. OPSR staff, along with assistance from FSPS and others, developed “The Oklahoma Home Visiting Outcomes Measurement Plan” and submitted it to the Oklahoma Legislature in accordance with the Act on January 1, 2016. The second annual report was completed and turned in December 1, 2018¹², on data collected during the current fiscal year. The various groups met periodically to assure that the information that was needed was being collected. (See Attachments, Folder 2.)

Included below are the recommendations from the annual report.

Implement Targeted Quality Improvement Efforts:

Quality improvement efforts strategically targeted to improve outcomes in the following measures are needed to strengthen the state’s early childhood system:

- Increase the number of caregivers experiencing domestic violence who have an established safety plan in place within six months of reporting abuse.
- Increase the number of referrals given to program participants whose maternal depression screening indicated the need for additional services or treatment.
- Increase the number of children who receive follow-up evaluation and intervention services related to developmental milestones.
- Increase the number of caregivers enrolling in or completing education or vocational training.
- Increase the number of caregivers seeking employment who are working after six months.
- Decrease the number of caregivers using smoking tobacco.
- Decrease the number of caregivers abusing substances.

Such efforts should seek to understand the barriers to improving these outcomes and implement strategies to overcome identified barriers. Quality improvement initiatives should be informed by families’ experiences and respond to their needs. Efforts should also include the exploration of partnerships to improve the above listed outcomes. Examples of collaborative partnerships for quality improvement include training and consultation to increase the

¹¹ Pew Trust had previously passed similar legislation in 10 other states and having them share their experiences helped Oklahoma avoid certain challenges.

¹² https://www.okschoolreadiness.org/uploads/documents/OPSR_Home%20Visiting%20Report_2018.pdf

development of safety plans with victims of domestic violence, as well as the establishment of funding initiatives to decrease exposure of young children to secondhand smoke.

Conversations about the report will continue to jointly address the following:

- How might this report support home visitation programs in the future.
- What was omitted that should be included in the future.
- Given the quality improvement recommendations, what ideas are there to improve these outcomes.

THE OSDH'S INVOLVEMENT WITH OTHER RELATED COLLABORATION ACTIVITIES

The following Collaborative Activities were discussed in detail in previous sections:

- The Child Abuse Prevention Action Committee (*See page 11.*)
- Home Visitation Leadership Advisory Coalition (*See page 12.*)
- The Oklahoma Health Improvement Plan (*See page 13.*)
- The Oklahoma Partnership for School Readiness (*See page 13.*)
- Preparing for a Lifetime Initiative (*See page 14.*)

Oklahoma Child Death Review Board (CDRB): The Oklahoma Child Death Review Board (CDRB) has statutory authority to conduct case reviews of all deaths and near deaths of children less than 18 years of age and has been reviewing deaths since 1993. The mission of the CDRB is to reduce the number of preventable deaths through a multidisciplinary approach to case review. The Board collects statistical data and system failure information through case review in order to develop recommendations to improve policies, procedures, and practices within and between the agencies that protect and serve the children of Oklahoma. These recommendations are mandated to be submitted to the Oklahoma Commission on Children and Youth who then decides what, if any, recommendations will be adopted into the Commission's State Plan for Children's Services. Case specific recommendations are made as well, with those submitted directly to the identified agency/organization.

By statute, there are multiple OSDH positions named as members of CDRB: the Commissioner of Health, the Director of the Office of Child Abuse Prevention, the Director of the Maternal and Child Health Service, the Director of the Injury Prevention Service, and the State Epidemiologist.

Recent accomplishments of the CDRB, with the participation of the Family Support and Prevention Service/Office of Child Abuse Prevention, include:

- During calendar year 2017, there were 63 child maltreatment-related deaths (21 physical abuse and 42 neglect) and 44 child maltreatment-alleged near deaths reviewed and closed by the CDRB.
- Accepted the invite from the Office of Child Abuse Prevention to be a stakeholder resource on the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect (2019-2023)*.

Additionally, the CDRB continued to see more deaths associated with an unsafe sleep environment (58 cases reviewed and closed in 2017) than vehicular deaths (39 cases reviewed and closed in 2017); an alarming trend first noted in 2013.

The CDRB also continued to collaborate with the Domestic Violence Fatality Review Board on cases that are specific to domestic violence/interpersonal violence/family annihilation situations.

While the budget crisis resulted in a loss of resources for the Child Death Review Board, staff was able to remain minimally active only in the Preparing For a Lifetime-Injury Prevention Work Group.

Oklahoma Domestic Violence Fatality Review Board (DVFRB): The mission of the Oklahoma DVFRB is to reduce the number of domestic violence-related deaths in Oklahoma. The DVFRB performs multi-disciplinary case reviews in order to make recommendations to improve policies, procedures and practices within the systems that serve victims of domestic abuse. The Commissioner of Health and the OSDH Chief of Injury Prevention Services are legislated members of DVFRB.

*Findings from the **2018 Oklahoma Domestic Violence Fatality Review Board Annual Report** are shared below:*

- Between 1998 and 2017, the Review Board identified 1,697 victims in Oklahoma who were killed as a result of domestic violence. In 2017 alone, 91 people lost their lives. These deaths included domestic violence victims killed by intimate partners and ex-intimate partners, family members killed by family members, children killed by family members, roommates killed by roommates, and suicide deaths of perpetrators. Of the 91 people who died, 82 were identified as domestic violence homicide victims, and nine were identified as homicide perpetrators who died because of suicide, law enforcement intervention, or bystander intervention.
- In 2017, 22 out of 77 Oklahoma Counties (29%) had at least one domestic violence-related homicide.

MIECHV Innovation Grant: In addition to FSPS's ongoing MIECHV efforts, the FSPS submitted and was awarded an application for "The Maternal, Infant and Early Childhood Home Visiting Innovation Grant." Partners for this application include the OUCCAN, the University of Kansas Center on Public Partnerships and Research, and the Cherokee Nation. The proposed purpose of this project was to test a suite of identified best practices for improving the number of visits completed, retention rates, and ultimately, the active engagement of clients. Oklahoma, like many states, has experienced a decline in home visiting recruitment, enrollment, and retention over the last half-decade. Continuous Quality Improvement (CQI) efforts have improved those conditions; however, descending rates of visit completion and program retention have persisted. This project would address engagement problems as well as the science of how engagement affects parent and child outcomes targeted by home visiting.

The proposal included the following goals and objectives:

- Goal 1. Using Home Visiting Collaborative Improvement and Innovation Network (CoIIN) methods, develop a local learning collaborative to focus on issues of client engagement. *Objective 1.a*. Establish and train a local planning group of faculty advisors. *Objective 1.b*. Create a local Key Drivers Diagram that blends knowledge from past CoIIN and Oklahoma CQI experiences/findings. *Objective*

1.c. Enroll six to eight MIECHV implementing agencies from Oklahoma and Tulsa Counties as well as the Cherokee Nation.

- Goal 2. Implement and test identified “change ideas” for improving the number of completed visits and client retention. *Objective 2.a.* Train providers on change ideas and implement them. *Objective 2.b.* Train providers in “Lemonade for Life,” a trauma-informed approach to addressing adverse childhood experiences and strengthening rapport with clients. *Objective 2.c.* Develop and activate CQI infrastructure and resources. *Objective 2.d.* Evaluate progress through rapid “Plan-Do-Study-Act” cycles and intermediate learning sessions.
- Goal 3. Capture and study the multi-dimensional nature of active client engagement. *Objective 3.a.* Gather ethnographic measures of engagement from a subsample of providers. *Objective 3.b.* Gather standardized, research-based measures of engagement from provider and client perspectives.
- Goal 4. Evaluate the impact of engagement on constructs associated with key MIECHV benchmarks. *Objective 4.a.* Evaluate the relationship between family engagement and the following MIECHV MCH constructs: prenatal and preconception care, parental substance use, inter-birth intervals, parental depression/well-being, breastfeeding, well-child visits, health insurance status, and child maltreatment. *Objective 4b.* Evaluate the relationship between family engagement and MIECHV parenting capacity and child development constructs by using observational and biomarker indicators relating to the parent-child relationship quality.

Oklahoma State Plan for the Prevention of Child Abuse and Neglect, 2019 – 2023 (State Plan):

The current State Plan was organized, created and implemented during the FFY 2018 with final approval from the Oklahoma Commission on Children and Youth (OCCY) on October 26, 2018. The Plan has been an opportunity to focus on efforts that *prevent* child maltreatment. In moving forward and making this plan a functional, fluid document, partnerships will be critical given state and federal fiscal challenges and changes. The FSPS team has worked diligently to ensure it is a plan that will be measured and evaluated at least annually. Each of the 10 strategies include a description, desired outcomes, identified lead organizations, actions and milestones, metrics, and resources needed. See the next page, for the State Plan Vision and Strategies.

VISION

All Oklahoma children will be healthy and safe.



STRATEGIC PRIORITIES –

Oklahoma State Plan for the Prevention of Child Abuse & Neglect (2019-2023)

RATIONALE

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

These ten strategies were identified:

INFRASTRUCTURE STRATEGY: INVESTMENTS	
Advocate for investments in evidence-based family support and child abuse and neglect prevention services, programs and resources.	
DESCRIPTION	A strong, robust prevention system is necessary to support healthy, stable families and safe children. The foundation of that system includes investments in programs and services. Understanding current investments and system gaps are essential to reducing instances of child abuse and neglect.
DESIRED OUTCOMES	<ul style="list-style-type: none"> Fully fund current child abuse and neglect prevention services Increase access to parent support, education and child abuse and neglect prevention programs
ACTIONS AND MILESTONES	<ul style="list-style-type: none"> Publish an annual children’s prevention budget, outlining funding for children and family support services and make recommendations to direct resources to meet state and local needs. Advocate for increases in state, local and private resources and investments based on needs assessments, data, and annual funding report.

INFRASTRUCTURE STRATEGY: POLICY

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

DESCRIPTION	Policies that ensure access to needed family supports are at the heart of a well-functioning child abuse and neglect prevention system. Strategic policies can increase access to services that help parents support their families and care for their children.
DESIRED OUTCOMES	<ul style="list-style-type: none"> • Children are healthy • Children enter school ready to learn • Children grow up in safe, stable and nurturing environments • Communities have the resources necessary for families to thrive
ACTION AND MILESTONES	<ul style="list-style-type: none"> • Advocate for policies that improve access to vital support services, including safe, quality childcare, transportation, and services for children with special needs • Advocate for reasonable eligibility criteria for services that are aligned across agencies and programs as appropriate • Advocate for a common intake system and cross-agency information sharing to improve ease of access to resources and services • Advocate for the implementation of innovative approaches to close workforce gaps to meet local needs • Advocate for trauma-informed policies that prioritize the developmental needs of young children • Advocate for family and juvenile courts to utilize evidence-based/informed processes when considering custody placements

RESOURCES STRATEGY: OPTIMIZE AND DIRECT RESOURCES

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

DESCRIPTION	Identifying cross-agency resources and opportunities for blended funding to maximize resources available for child abuse/neglect prevention programs and services. Utilization of available federal, state, non-profit, faith-based, tribal, and community-based resources to identify and address unique regional/ community needs is an important strategy for supporting families.
DESIRED OUTCOMES	<ul style="list-style-type: none"> • Services are easy to access and cost effective • Collaboration exists among government, non-profit, faith-based and community organizations at the local and state levels to provide needed services • Local communities initiate a needs assessment process which includes child and family well-being
ACTION AND MILESTONES	<ul style="list-style-type: none"> • Support local communities in developing needs assessments to determine resource needs and service gaps • State and local organizations collaborate to direct resources to close identified gaps, reduce duplications, and increase accessibility • State and local organizations prioritize collaborations that increase accessibility of services for children with special needs, early intervention, child development, childcare, mental health treatment, culturally appropriate and bilingual services

COMMUNITY INVOLVEMENT STRATEGY: PARENTAL RESILIENCY & SOCIAL CONNECTIONS

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

DESCRIPTION	Social networks provide emotional support, reduce isolation, increase feelings of community safety, help connect families to resources like concrete supports and assist caregivers with problem solving. Professional and community organizations must collaborate to create more opportunities for parents and caregivers to interact in supportive environments and develop strong relationships.
DESIRED OUTCOMES	<ul style="list-style-type: none"> • Families experience positive relationships within their communities • Families experience less stress related to parenting • Opportunities for free or low-cost family-centered activities are available • Families feel safer in their neighborhoods and communities
ACTIONS AND MILESTONES	<ul style="list-style-type: none"> • Increase the availability of local parental support groups • Encourage development and promotion of free or low-cost local family activities (faith community, childcare, head start, etc.) • Develop and promote a centralized listing of free or low-cost family activities

COMMUNITY INVOLVEMENT STRATEGY: DEVELOP SAFE COMMUNITIES

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

DESCRIPTION	Experiencing violence within a family or community can create toxic stress and long-term impacts on children. Helping families feel safe in their neighborhoods aids in increasing community and social connectedness.
DESIRED OUTCOMES	<ul style="list-style-type: none"> • Families feel connected to public services in their communities • Families feel safe in their neighborhood and communities
ACTIONS AND MILESTONES	<ul style="list-style-type: none"> • Community members work with law enforcement to establish and maintain neighborhood outreach efforts (community policing programs, etc.) • Services are available to prevent juvenile delinquency (evidence-based delinquency prevention programs, behavior management services, bully prevention programs, afterschool programming, etc.) • Trauma-informed evidence-based mental health treatment, assessment and services are available for parents and caregivers

COMMUNITY INVOLVEMENT STRATEGY: IMPROVE MENTAL AND EMOTIONAL WELL-BEING

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

DESCRIPTION	Parents and caregivers must be mentally and emotionally well to ensure safe, stable, nurturing environments for children to grow and thrive. Professional and community organizations must work together to ensure caregivers have access to early screening and treatment services.
DESIRED	<ul style="list-style-type: none"> • Family stability

OUTCOMES	<ul style="list-style-type: none"> • Early identification of maternal mood disorders and connections to services • Access to and utilization of mental health services • Workforce trained in trauma-informed care
ACTIONS AND MILESTONES	<ul style="list-style-type: none"> • Provide information regarding maternal mood disorders to infant caregivers • Awareness education campaigns regarding maternal mood disorders • Availability of trauma-informed, evidence-based mental health treatment, assessment and services for parents and caregivers • Access to concrete supports and respite for caregivers
COMMUNITY INVOLVEMENT STRATEGY: OUTREACH TO HIGH-RISK POPULATIONS	
Professional and community organizations partner to educate high-risk populations about factors that can lead to child abuse and neglect.	
DESCRIPTION	Children represent a vulnerable population susceptible to maltreatment, particularly those too young to understand abusive behaviors, those who have experienced abuse in the past, those born to very young parents, those with special needs, and those who identify as LGBTQ. Organizations must collaborate to expand access to important child abuse and neglect prevention programs targeted to these high-risk populations.
DESIRED OUTCOMES	<ul style="list-style-type: none"> • Access to prevention education programs regarding appropriate and inappropriate touch • Access to sexual risk avoidance programs • Access to services and programs for teen parents (e.g. home visiting)
ACTIONS AND MILESTONES	<ul style="list-style-type: none"> • Ensure the availability of teen pregnancy prevention and sexual health education programs for vulnerable youth, including foster children, juvenile offenders • Ensure the availability of sexual abuse prevention program to young children • Ensure the availability of mentoring and counseling programs for high risk youth • Provide parents the tools necessary to be their child’s first and best resource for sexual education
KNOWLEDGE STRATEGY: EDUCATE CAREGIVERS	
Professional organizations increase the number of child development trainings to community members and professionals who work with children.	
DESCRIPTION	Understanding typical child development is a critical tool for effective caregiving. Inaccurate information regarding the capacity of young children to understand and behave in certain ways, can lead to unrealistic expectations, inappropriate discipline techniques, and neglect. By expanding access to child development training, more caregivers and professionals will have a better comprehension of typical developmental milestones.
DESIRED OUTCOMES	<ul style="list-style-type: none"> • Parents have access to accurate information regarding typical child development and developmental milestones • Parents have access to evidence-based programming regarding positive discipline techniques

	<ul style="list-style-type: none"> • Screening is available for early identification of developmental delays and linkages to services
ACTIONS AND MILESTONES	<ul style="list-style-type: none"> • Promote child development resources through medical, dental and educational organizations • Provide accessible and affordable parent education classes in the community • Educate early childhood workforce regarding risk and protective factors
KNOWLEDGE STRATEGY: EXPAND TRAININGS	
Increase the number of trainings and educational materials available about child abuse and neglect to both professionals and community members.	
DESCRIPTION	Recognizing the signs of child abuse and neglect, as well as risk factors associated with situations that may lead to abuse and neglect, are important strategies for preventing child maltreatment. Educating professionals and community member who regularly interact with children and families about these signs and risk factors will help create more supportive environments and communities for children and families by identifying concerning situations early and intervening with supportive services before abuse or neglect occurs.
DESIRED OUTCOMES	<ul style="list-style-type: none"> • Awareness of the signs of child abuse and neglect • Awareness of situational risk factors that can lead to child abuse and neglect • Connections for families to appropriate supportive services
ACTIONS AND MILESTONES	<ul style="list-style-type: none"> • Educate people about types, causes, and signs of child abuse • Provide formal trainings and outreach materials to community members and professionals about reporting laws and procedures • Utilize child abuse and neglect trainings in a variety of formats (face-to-face, web-based, classroom)
KNOWLEDGE STRATEGY: IMPLEMENT STRATEGIC COMMUNICATIONS	
Implement a strategic communications plan to promote safe, stable and nurturing environments for children and families.	
DESCRIPTION	Culture plays a significant role in creating social norms and influencing individual behaviors. Social marketing has proven to be an effective strategy for influencing behaviors to improve individual lives and communities. Strategic, targeted communications coordinated across all prevention system partner organizations will aid in creating communities and social networks that are supportive of parents, caregivers and their families.
DESIRED OUTCOMES	<ul style="list-style-type: none"> • Families know where to access information when they need help • Families know where to access services in the community • Awareness campaigns are culturally sensitive
ACTIONS AND MILESTONES	<ul style="list-style-type: none"> • Utilize toolkits for community partners to educate and raise awareness of child development, parenting strategies, and preventing child abuse and neglect • Recruit influential messengers to promote messages to targeted audiences • Utilize different communication platforms to reach targeted audiences, including such things as social media promotion, peer-to-peer messaging, op-eds, press releases, etc.

Refer to State Plan document for further specifics on Lead Organizations, Metrics and Resources Needed. (See Attachments, Folder 4.)

Additional information included via the following links.

State Plan Document – <https://go.usa.gov/xP7WF>

State Plan Materials (contents listed below) – <https://go.usa.gov/xEbTj>

- State Plan Methodology
- OCAP State Plan Community Survey
- OCAP State Plan Community Results
- OCAP State Plan Stakeholder Survey
- OCAP State Plan Stakeholder Results
- OCAP State Plan Summary
- State Plan Radio PSA

INNOVATIVE FUNDING STREAMS

Nurse-Family Partnership: In 1995, the Oklahoma Legislature requested that the OCAP explore new approaches to strengthen families and reduce the incidents of child maltreatment. The OCAP staff invited Dr. David Olds of the University of Colorado to present data gathered from his clinical trials involving nurse visited families to members of the legislature. The legislators were impressed and provided \$1.1 million in state appropriations for a pilot of what is now known as “Nurse-Family Partnership.” Since that time, funding of the program has peaked at \$15 million in state appropriations to a current level of approximately \$5.5 million.

Over the years, additional funding has been provided to NFP. By the late 1990s, NFP nurses were billing Medicaid for targeted case management services. Today the majority of Medicaid reimbursement is for nursing assessments. As state funding has been reduced, county health departments have secured local county millage to sustain the program in parts of Oklahoma. Lastly, CBCAP funds are often utilized to partially support NFP work contracted out to the Tulsa County Health Department and the Oklahoma City-County Health Department.

Funding Source	Expenditures
County Millage	SFY 2018 - \$1,372,051
State Appropriations	SFY – 2018 - \$4,610,598
Medicaid	SFY- 2018 -\$272,734
MIECHV	SFY – 2018 - \$ 23,741
CBCAP	FFY – 2018 - \$466,405

Training: The FSPS works to provide exceptional training for prevention professionals – particularly those working within the home visiting field. Efficiencies have been made in the delivery of the trainings including online opportunities, regional offerings and video conference participation. Trainings are supported by state appropriations, MIECHV funds, CBCAP funds and revenues generated from Oklahoma’s Heirloom Birth Certificates. A total of \$37,579 is budgeted for prevention trainings per year with heirloom birth certificate funding.

Child Guidance Service: In **SFY** 2018, the Child Guidance Service’s annual budget was approximately **\$3.9** million. Funding for the program came from a variety of sources including state appropriations, county millage, federal funds and fee collection.

Funding Source	Expenses
County Millage	\$1,365,448
State Appropriation	\$2,332,745
Medicaid	0
CBCAP	\$80,000
Public Health Block Grant	\$114,835
Childcare Block Grant	\$35,000

The OUCCAN Sustainability of Evidence-Based Home Visitation Program Committee: The University of Oklahoma's Center on Child Abuse and Neglect was the awardee for the Administration for Children and Families' "Evidence-Based Home Visiting" (EBHV) Grant more than six years ago. One of the requirements of that grant was to create a committee that would explore future funding opportunities that could sustain the EBHV grant-funded programs after the grant ended.

After OSDH was awarded the MIECHV Grant, the Sustainability Committee graciously took on a broader scope. All home visiting models and home visiting programs, regardless of funding source, are now invited to participate in the Sustainability Committee's meetings and work. The Sustainability Committee includes members from multiple state agencies (e.g., OSDH, DHS, OCHA, OCCY), nonprofit agencies (e.g., NorthCare Center, Parent Child Center), tribes (Choctaw Tribe, Cherokee Tribe), the Oklahoma Institute on Child Advocacy, the University of Oklahoma Health Sciences Center, Oklahoma State University and the Business community. Also included in other areas of this report, the Sustainability Committee collaborated with the Potts Family Foundation to develop and maintain an independent "parentPRO" website dedicated to home visiting and parenting (www.parentpro.org) which is regularly updated with resources and services for families. Further, fact sheets on the home visitation programs and related topics have been developed and distributed. Members of the committee present to educate others about the programs in Oklahoma.

SECTION 3 - COLLABORATION AND COORDINATION

PARTNERSHIPS AND COLLABORATIONS IN PUBLIC HEALTH

Child Guidance Program: Below are the collaborative activities between Child Guidance and partners.

- 1) Introductions to Home Visited Families: All home visited families are provided written information and introduced to Child Guidance services by their home visitor during one of their first home visits. The goal of this partnership is to assure that families know about additional services that could either enhance their home visiting experience or at some point, perhaps replace home visiting once they have graduated from the program or no longer feel that home visiting is a good fit for them. This partnership became formalized with the implementation of the first Oklahoma MIECHV Grant by an internal Memorandum of Intra-agency Cooperation (MIC).
- 2) Multidisciplinary Teams Providing Individual Services: Each Child Guidance Program multidisciplinary team consists of the following disciplines:
 - a. Child Development Specialists (CDS): The CDSs are parent educators who focus on children birth to age eight years. They administer developmental screenings and assessments; provide parent consultation; teach parenting groups; provide early childhood mental health consultation to centers serving young children; and more.
 - b. Speech Language Pathologists (SLP): The SLPs offer screening, diagnosis and treatment for children who are identified as exhibiting speech, language or hearing delays; educate parents on techniques to promote communication development; and consult and train other professionals about communication development.
 - c. Behavioral Health Clinicians: These clinicians screen, assess and evaluate children in order to identify a child's strengths, abilities, and potential needs and if necessary, provide a course of treatment. Treatment may be individual or family counseling. In addition, the clinicians provide consultation to other professionals serving children in a variety of settings such as schools, Head Start, foster care and adoption services.
- 3) Evidence-Based Programming: The following programs are partially supported with CBCAP funding and serves families with young children:
 - a. Incredible Years - Parent Groups: These skill-based groups are designed to prevent and treat behavior problems in young children and promote social, emotional and academic competence. During Calendar Year 2018, 373 children participated in a total of 317 hours of Incredible Years activities.
 - b. Circle of Parents (COP) – These small parent groups are co-facilitated by a CDS and a Parent Leader. Parents who are participating in home visiting programs are highly encouraged to participate as a way to keep from feeling isolated. During State Fiscal Year 2018, a total of 103 parents participated in one of the 17 COP groups across the state.
 - c. Parent-Child Interaction Therapy (PCIT) – This behavioral intervention serves children two to seven years of age and their parents. This model coaches parents in skills that will improve the relationship with their child and in turn, increases the child's social emotional abilities.

- 4) Project LAUNCH (Linking Actions for Unmet Needs in Children's Health): The Child Guidance Program has been awarded a Project LAUNCH Grant from the Substance Abuse and Mental Health Services Administration in FFY 2012. This Project is located in northeast Oklahoma in Rogers County. The Child Guidance Program collaborated with home visiting by incorporating their PAT home visitor into the FSPS home visiting support system including opportunities for training, technical assistance by the FSPS/PAT consultant and program evaluator. The LAUNCH PAT home visitor is also utilizing the FSPS/PAT data collection forms as well as the FSPS electronic case management system.
- 5) Childcare Warmline: Funded by DHS, the Child Guidance Program provides free phone consultation for those working in childcare. The callers can have their issues addressed by a public health nurse, child development or a behavioral health specialist. These same professionals also make themselves available to answer parents and caregivers questions when they call into "parentPRO"- the toll-free number to receive assistance in connecting with home visiting programs. Calls are answered Monday through Friday during work hours only.
- 6) Behavioral Risk Factor Surveillance System (BRFSS): The BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions and use of preventive services. BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories. The OSDH Center for Health Statistics administers the BRFSS surveys annually. In 2013, Oklahoma began administering the optional module for ACEs. This module is available to survey every other year and alternates with the protective factors survey. Oklahoma's CBCAP grant supports this effort in collaboration with the Oklahoma Department of Mental Health and Substance Abuse Services.
- 7) The CARE Center: The CARE Center is a nationally accredited child advocacy center located in Oklahoma County. Part of their mission is child abuse prevention education and Oklahoma's CBCAP grant provided support for ROAR, their child-based program for children 4-8 years of age. This program is taught in a classroom group setting and includes a lion named Rex and his animal friends who take children on a journey to help Rex find his ROAR. During the reporting period, three ROAR classes were held, including 44 participants; two classes took place in Tulsa, OK and one class took place in Oklahoma City, OK.

PREPARING FOR A LIFETIME Initiative: The FSPS staff participates on the various PLI committees and activities that impact pregnant women and young children in an effort to reduce infant mortality. (See page 14.)

PRAMS/TOTS: FSPS staff participates on the PRAMS/TOTS Steering Committee and utilizes PRAMS/TOTS data in making programming decisions and writing grants. (See page 9.)

SOONERSTART/EARLY INTERVENTION: Oklahoma's Early Intervention program is a state and federally mandated program established to meet the needs of families with infants and toddlers that have developmental delays and/or disabilities between the ages of birth to three years old. SoonerStart services may include:

- Visits in the child's natural environment (i.e. home, child care)
- Evaluations
- Case management
- Child Development/Special Instruction
- Psychological/Social Work services
- Nursing services
- Nutrition services
- Occupational Therapy
- Physical Therapy
- Speech-Language Pathology
- Vision services
- Hearing related services

Infants and toddlers, birth to three years of age may qualify for the SoonerStart program with a significant developmental delay. Infants and toddlers who have a diagnosed physical or mental condition (such as Down syndrome, Cerebral Palsy, etc.) which will most likely cause a developmental delay are automatically eligible for SoonerStart services. SoonerStart is funded through various state and federal sources, therefore, services are offered at no cost to families.

All children participating in FSPS home visiting programs are screened for delays. When appropriate, children are referred to SoonerStart for individualized services and treatments. During the FY 2018, 149 clients were referred to SoonerStart by FSPS programs. While a family is NOT allowed to participate in two home visiting programs at the same time, it is allowed for a family to participate in a FSPS-funded home visiting program and SoonerStart. The two programs goals are not duplicative and complement each other. In addition, it is expected, when families give written permission, the professionals providing services will communicate and share information when necessary and in appropriate ways.

INJURY PREVENTION SERVICE: Staff from the FSPS has a strong relationship with the Injury Prevention Service and support the work of their Service (i.e. the previously mentioned car seat program). FSPS participates in several of the Injury Prevention Service grant-driven activities. Lastly, the former FSPS Director has served as an active member of their Oklahoma Injury Prevention Advisory Committee.

Some examples of 2018 accomplishments include:

- Distributed 636 car seats throughout Oklahoma City.
- Provided 99 official car seat checks.
- Taught one-day child passenger safety (CPS) classes to 12 different childcare providers throughout the state and also locally to other target groups such as the Parents as Teachers staff, Children First nurses, and Oklahoma Department of Human Services child welfare workers. Presented on CPS to two schools in Oklahoma County and one for teen mothers in a New Beginnings class.
- Assisted with three 3-day CPS certification classes; served as the lead instructor on one 3-day CPS certification class.

- Assisted with car seat checks at Battiest Elementary School, Will Rogers Head Start, Chesapeake Energy and Latino Community Development Agency, as well as assisted with one special needs seat check.

PARTNERSHIPS AND COLLABORATIONS WITH OTHERS

Oklahoma Partnership for School Readiness (OPSR): OPSR is a public-private partnership made up of two branches: the Oklahoma Partnership for School Readiness Board, and the OPSR Foundation. Under the Oklahoma Partnership for School Readiness Act in 2003, a structure for collaborative planning and decision-making was created to increase coordination between programs, maximize the use of public and private funding, and pursue policies for improving learning opportunities and environments for Oklahoma children under six years. In 2007, federal law required the Governor of each state to create a new body or designate an existing body as the State's Early Childhood Advisory Council. This council serves in an advisory capacity to the Governor on early childhood system issues relating to workforce, higher education, quality of early childhood programs and services, access to early childhood programs and services, data systems, professional development, and special populations. Through a memorandum of understanding in 2008 and legislation in 2010, Governor Brad Henry appointed the OPSR as Oklahoma's State Early Childhood Advisory Council. This 32 member Council is comprised of agency heads, community volunteers, and early childhood professionals.

In the past, OPSR supported a statewide network of 18 community-based organizations to support local efforts in improving school readiness. While state budget cuts have resulted in the elimination of these contracted organizations, OPSR remains connected to communities by hosting focus groups and communicating via social media.

OPSR has recently launched The Pathway¹³, which is a compilation of benchmarks, goals, outcomes and indicators that illustrate how Health, Early Care & Learning and Family Support influence a child's readiness for school. Beginning with birth through school entry, this framework allows OPSR to monitor indicators and outcomes to inform action through policy changes, effective investments and quality improvements. The goal is for an early childhood system that consistently provides services and resources while ensuring equity, economic security and sustainable funding across the state. (*See Attachments, Folder 4.*)

The OPSR has graciously served as the Advisory Council for the OSDH MIECHV Grant. Their diverse membership of early childhood experts and stakeholders make them the obvious choice to guide the MIECHV staff when developing new applications. In addition, their meetings provide an excellent space to share lessons learned, data analysis and more.

FSPS has partnered with OPSR this past year in the following activities:

- 1) In order to garner widespread input into the development of the State Plan for Child Abuse Prevention, OPSR helped OSDH organize, coordinate and host community cafés in seven communities that were selected; providers and parents were invited to participate. (*See Attachments, Folder 4.*)

¹³ <https://www.okschoolreadiness.org/the-pathway>

Prevent Child Abuse America - Oklahoma Chapter: The Prevent Child Abuse America - Oklahoma Chapter (PCAOK) collaborated with the FSPS staff on the CAP Action Committee and April prevention planning. They took the lead on advocacy components throughout the year by directing and leading advocates in common efforts to protect children from child abuse and neglect.

In addition, they added to the child abuse prevention activities during the month of April by bringing back the impactful “Field of Flags” sponsored by the Oklahoma City and Edmond chapters of the National Exchange Club. The “Field of Flags” was located on the south lawn of the Oklahoma State Capitol. Fifty-six Oklahoma state flags were planted, representing each of the children killed in Oklahoma in SFY 2015 as a result of child abuse or neglect. A few feet away, 1,100 American flags also were planted as a solemn reminder of the thousands of children in America that die each year from abuse or neglect. Along with the “Field of Flags”, PCAOK organized an accompanying ceremony that included legislators, prosecutors, prevention experts and various child-serving organizations. PCAOK also partnered for the first time with the Oklahoma District Attorney’s Council to plant pinwheel gardens on the lawns of numerous court houses across the state and delivered pinwheel bouquets to the more than 20 state legislators that have taken an active role in supporting children and families issues and legislation in Oklahoma. PCAOK’s participation in Child Abuse Prevention Month activities drew the attention of the media and the general citizenry.

Home Visitation Leadership Advisory Coalition (HVLAC): The FSPS coordinates the HVLAC by convening, and facilitating their meetings which serve as a networking opportunity for those providing home visiting services and those connected with home visiting in any capacity. Members from various agencies and programs working at all levels, from supervisory roles to the front lines, participate. Membership is comprised of representatives from state agencies, such as counterparts at the DHS and the Oklahoma State Department of Education, and others from the University of Oklahoma, public school districts, youth and family services agencies, PCAOK, parent-child centers and other private non-profits. This coalition allows members to share information, work together to find solutions to common problems and disseminate best practices. Generally, each meeting includes a presentation from a relevant topical expert.

The University of Oklahoma Center on Child Abuse and Neglect (OUCCAN): The OUCCAN was established in the Department of Pediatrics, College of Medicine, at the University of Oklahoma Health Sciences Center (OUHSC) in 1992. Its purpose is to organize the OUHSC’s efforts in the treatment and prevention of child abuse and neglect. OUCCAN has 27 faculty and over 150 staff and students that focus on research, professional and public education, clinical services, and administrative programs in the field of child maltreatment. The Center directs research on child abuse fatalities, children with sexual behavioral problems, clinical interventions with parents/caregivers with drug-exposed infants, family preservation programs, parent-child interaction therapy and a research study in Russia on prevention of fetal alcohol syndrome. Administrative programs include the Oklahoma Advisory Task Force on Child Abuse and Neglect and the National Center on Sexual Behavior of Youth. In addition, the Center coordinates the University of Oklahoma’s Interdisciplinary Training Program on Child Abuse and Neglect.

OUCCAN was engaged in the following activities with the FSPS:

- Provided external evaluation for the MIECHV Grant;
- Directed CQI efforts for MIECHV home visiting programs;
- Received MIECHV funds and subcontracts for SafeCare direct services;
- Facilitated the Parent Partnership Board for home visiting;
- Provided external evaluation for the PAT Pilot; and
- Facilitated the Sustainability Committee (*See page 35.*)

Court Appointed Special Advocates for Children (CASA): The mission of the Oklahoma CASA Association is to provide a statewide voice for abused and neglected children by enhancing the growth and sustainability of CASA programs across Oklahoma. The Association provides technical assistance, training opportunities for both staff and volunteers, and program support to local CASA programs in Oklahoma.

The Oklahoma CASA Association has collaborated with the FSPS for over a decade by participating in annual events, contributing to the CAP Action committee, and most importantly assisting with the development of child abuse prevention social marketing items including social media.

The Potts Family Foundation: The mission of the Potts Family Foundation is to provide support for childhood initiatives and nonprofit capacity building. They are a family foundation, organized as a private foundation with a majority of their board comprised of community leaders. The Potts Family Foundation is a key partner in many early childhood activities.

The Potts Family Foundation has collaborated with the FSPS by serving as conveners, supporters, advocates and cheerleaders for home visiting in particular. They provided funds for an independent, consumer-friendly website, parentPRO, to be developed that now provides information about home visiting programs and other early childhood services. It also includes an activities calendar, parenting tips, product recall information, coupons, and more. For more information, go to www.parentpro.org.

Oklahoma Institute for Child Advocacy (OICA): The OICA is a statewide nonprofit organization, established in 1983, working to deliver data-driven policy to impact the wellbeing of children in the state of Oklahoma. OICA is a partner with multiple state and national foundations and houses the OICA Statistical Daily Desktop Calendar. This publication delivers data points indicating the wellbeing of children in Oklahoma, along with highlighting children's organizations doing good work in our state.

OICA's annual Fall Forum, which FSPS participates, strives to educate key stakeholders, advocates and partners on current policy and topic areas affecting Oklahoma children. Out of the conference, OICA develops an advocacy agenda for the upcoming legislative session and for state agencies.

The work OICA does beneath the capitol dome, and in partnership with organizations and communities across the state, is supported by current data and research on children and families in Oklahoma.

OICA hosts direct service programs such as OK-LEAD, a youth development program pinpointing at-risk youth to attend a symposium to teach leadership and life skills. OICA also runs OK Foster Wishes, a program, which partners with the Oklahoma State Department of Human Services (DHS) and several private partners to fulfill the wish lists for foster kids in all 77 counties in Oklahoma. For more information, go to <http://oica.org>.

SECTION 4 - DESCRIBE THE STATUS OF OKLAHOMA'S PREVENTION SERVICE ARRAY

Program Assessment Rating Tool – The P.A.R.T. Worksheet

CBCAP \$ Received: \$ 734,962		
Well-Supported		
Program Name The Incredible Years & PCIT - Child Guidance (OSDH)	Total Amount of CBCAP Funding \$ 80,000	Supporting Reference https://friendsnrc.org/evidence-based-practice-in-cbcap
Nurse-Family Partnership/ Children First (name for Oklahoma NFP) (Oklahoma City / Tulsa contracts)	Funding \$ 466,405	
Overall Totals: \$ 546,405		

DEMONSTRATE HOW OSDH HAS ASSESSED UNMET NEEDS

Generally, the FSPS relies upon the following four needs assessments or documents when making programmatic decisions:

1) The Title V Needs Assessment – (Highlights Only)

- 1) Maternal Health: In 2017, the Oklahoma population of childbearing age females (15-44 years) numbered 768,751, representing 20% of the total population and 39% of the total female population (1,983,302). The majority of reproductive age females were white (75%), followed by American Indian (12%) and African American (10%). Nearly 12% were of Hispanic origin. Approximately 17% of women of reproductive age were less than 20 years of age.
- 2) The MCH priority needs for Oklahoma's Title V Block Grant cycle 2016-2020 specific to the maternal health population domain include: 1) reduction of infant mortality, 2) reduction of preterm and low birth weight infants; 3) reduction of unplanned pregnancy; 4) reduction in the prevalence of chronic health conditions among women of childbearing age, and 5) reduction of health disparities.
- 3) In addition, the Medicaid State Plan Amendment, SoonerPlan, provides access to reproductive health services for women and men at or below 133% of federal poverty level. Family Planning clinics within the state are focusing on providing information on the most effective method of contraception to prevent unintended pregnancies, assist with reproductive life planning and ensure healthy spacing of pregnancies.
- 4) Perinatal/Infant Health: In Oklahoma for years 2015-2017, there were 155,953 births; 74.4% of the births were to White mothers, 10.4% to African American mothers, 11.6% to American Indian mothers, and 3.5% to Asian/Pacific Island mothers. Hispanics comprised 14.5% of total births during this time.
- 5) The MCH priority needs for the Title V Block Grant cycle 2016-2020 specific to perinatal and infant health include: 1) reduction of infant mortality, 2) reduction of preterm and low birth weight infants; 3) reduction of unplanned pregnancy; 4) reduction in the prevalence of chronic health conditions among women of childbearing age, and 5) reduction of health disparities.

- 6) Child Health: In 2017, approximately 18% (694,513) of the Oklahoma population was under 13 years of age. Fifty-one percent of the Oklahoma children in this age range were male. By race, 71% of the children were White, 14% were American Indian, 12% were African American and 18% were Hispanic. Child death rates have fallen significantly over the past two decades, decreasing from 51.0 per 100,000 in 1997 to 34.0 per 100,000 in 2017 for children ages one to four, down 33%; from 21.8 to 13.8 per 100,000 for children ages five to nine, down 37%; and from 28.8 to 20.5 per 100,000 children ages 10 to 14, down 29%. Unintentional injuries are the number one cause of death among children ages one to 14 years.
- 7) “The Title V Block Grant Cycle 2016-2020 includes the reduction in the incidence of unintentional injuries and reduction of health disparities as one of its priority needs.”
- 2) MIECHV Statewide Needs Assessment: The MCH Service and FSPS collaborated in creating Oklahoma’s comprehensive needs assessment in response to the second phase of the MIECHV Grant. The purpose of conducting the needs assessment was to identify “at-risk” communities across Oklahoma that could be positively impacted by providing home visiting services or expanded existing home visiting services. The variables used to calculate risk were dictated by the grant guidance and included at a minimum:

Premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health;

Poverty;

Crime;

Domestic violence;

High rates of high-school dropouts;

Substance abuse;

Unemployment;

Child maltreatment; and

Domestic violence.

In addition to the individual indicators that were analyzed, the needs assessment also looked at the quality and capacity of existing home visiting programs and other relevant MCH services. The needs assessment also noted if a military base or tribal nation headquarters was located in a county. Furthermore, Oklahoma was interested in assessing the existence and availability of the following services in each county, believing that they needed to be present in order for home visiting to be a success:

Substance abuse treatment services

Mental health treatment services

Domestic Violence Services

Head Start Centers

Educare Center

Three Star Childcare Centers

Public Pre-Kindergarten

Child Guidance Service within a local county health department

Smart Start Oklahoma Community

At the conclusion of the needs assessment, ten counties were identified as “at-risk.” However, it was decided that it would be best to concentrate on counties that had a total population greater than 10,000. Two counties in the initial list of at-risk counties did not have a population above 7,000 (Coal and Greer Counties). For this reason, the list of ten at-risk counties included: Kay, Garfield, Oklahoma, Muskogee, McCurtain, Carter, Adair, Comanche, McClain and Tulsa. Priority was given to counties that had the all or most of the above listed services. In the end, all counties except McCurtain, Adair, and McClain benefitted from MIECHV funding. With the recalculation of the latest MIECHV Formula Grant, MIECHV funding was restricted to Oklahoma, Tulsa, Muskogee and Carter Counties - beginning October 1, 2016. (*See Attachments, Folder 1.*)

The most recent grant award for FY 2018 included a \$200,000 supplemental award to update the statewide needs assessment by the statutory deadline of October 1, 2020. Work on the updated needs assessment will begin January 2019.

- 3) *State Plan for the for the Prevention of Child Abuse and Neglect 2019 - 2023*
(*See Single Attachments.*)
- 4) *The Oklahoma Child Abuse Prevention Network Inventory*: The Oklahoma Child Abuse Prevention Network Inventory is a scan of the prevention services in Oklahoma. Each program description includes funding source, numbers served, measurable outcomes, contact information, etc. The programs and services that were included are not inclusive of every child abuse prevention program or related program in the state; however, the inventory does represent a majority of the larger programs and services that are available. Please note: Information was gathered with due diligence from each of the program’s lead agencies. (*See Appendix A.*)

PROVIDE THE INVENTORY AND DESCRIPTION OF SERVICES

(*See Appendix A.*)

DEMONSTRATE DEVELOPMENT, OPERATION AND EXPANSION OF PROGRAMS AND ACTIVITIES

During FFY 2018, the following agreements were in place to provide programs and activities throughout Oklahoma:

Memorandum of Intragency Collaboration:

- FSPS and Child Guidance Service to assure that home-visiting clients are made aware of Child Guidance programs
- FSPS and Injury Prevention Service to collaborate in order to prevent childhood injuries
- FSPS and Carter and Muskogee County Health Departments to provide Parents as Teachers (PAT) services
- FSPS and Maternal and Child Health Service to reduce infant mortality and morbidity by providing safe sleep education and distributing portable cribs, sleep sacks and educational materials to families participating in home-visiting services (Clients)

Contracts:

Sarah Ashmore, Independent Contractor/Autor of State Plan (2019-2023)
Nurse-Family Partnership for rights to utilize the NFP model DANCE for use training and rights to Dyadic Assessment Tool
Bethany Public Schools for PAT services
Community Action Project of Tulsa for PAT services
Great Plains Youth and Family Service, Inc. for PAT services
Help-in-Crisis, Inc. for PAT services
Latino Community Development Agency for PAT services
McClain-Garvin Youth and Family Center for PAT services
Northern Oklahoma Youth Services for PAT services
Northwest Family Services, Inc. for PAT services
Nurse-Family Partnership for rights to utilize the NFP model
Oklahoma City Public Schools for PAT services
Parents as Teachers National Center for rights to utilize the PAT model
Parent Child Center of Tulsa for PAT services
Parent Promise for PAT services
Smart Start Central Oklahoma for Community Connector
Numerous contracts with trainers, content experts, etc.

Interagency Agreements:

Cherokee Nation for MIECHV Innovation Grant activities
Oklahoma City-County Health Department for NFP services
OUCCAN for external evaluation of MIECHV Grant activities
OUCCAN for SafeCare services
Tulsa Health Department for NFP services
Tulsa Health Department for Community Connector
University of Kansas for MIECHV Innovation Grant activities

SUCCESS STORIES

Children First (NFP) testimonial: <https://youtu.be/oMm1lrazOMA>

The following pages include two other examples of families that have benefitted from services.

PARENT SUCCESS STORY

I didn't expect to get pregnant. Motherhood was the last thing on my mind. My husband and I were both working crummy jobs, barely able to pay our bills and afford to eat when we got the news. He was attending University of Central Oklahoma to get a bachelor's degree in public health and our five-year goal planned for him to finish both his undergrad and graduate degree, as well as have me finally complete my undergraduate degree.

The news of being pregnant hit me straight in the chest because I felt broken and helpless. I was raised by an abusive father who rarely stayed in the country and a mother who is selfish, unloving, and a narcissist. They destroyed my family relations, to the point where I have not spoken to them in years. Therefore, I could not even dream that I was equipped to succeed where they failed.

I have witnessed mothers who have had similar pasts to what I experienced and I witnessed those families fall apart. I was so certain I was going to follow the same path; however, through the Children First program, I was able to receive assistance and guidance that they weren't.

Every visit my nurse would come with information relevant to what I was experiencing in my life, be it about personal issues, my pregnancy, my relationship, or about what to expect and know about my daughter. She encouraged me to ask questions and never made me feel as if the questions were silly. She told me that I knew my body and my child better than anyone. And my questions not only needed to be asked but they *deserved* to be heard.

As the only understanding woman in my life, she easily became a role model to me and hearing her tell me this ignited a spark in me, which my parents stole in my childhood.

My nurse listened to a lonely, broken woman and went above and beyond in her efforts to help connect me with mental health services after I had given up myself after multiple failed attempts. She worked tirelessly finding resources because she wanted me to succeed in my mental health battle.

The therapist she found me was a dream come true.

Every day is a struggle, because *every day* my daughter is shedding light on a shadow from my past. And these shadows try to re-cripple my heart. But because of the



tools and guidance I received from Children First and therapy, I am able to avoid my parent's mistakes.

I grew up believing the only thing I can do is give up and fail. That is what I am good at, but not this time.

This program laid out breadcrumbs for me to follow on the road to success. It is constructed beautifully to help us transition from life without a child, to surviving pregnancy, to having newborns in our lives. But it wasn't just the information, resources, and guidance; it's the fact that they hire people filled with compassion and love.

My hand was held through the most difficult time in my life and that helped me want to succeed.

Today I am a stay at home mom and freelance writer. I am currently composing a self-help book called "Thriving Through Her Toddler Years", which talks about my journey to healing while being a mother, despite challenges with mental and physical health. While I still plan on continuing my education, my focus is educating our daughter and helping her grow in a healthy and loving environment.

My husband graduated in May from the University of Oklahoma Health and Sciences Center with a Master of Public Health in epidemiology. He is able to financially support our family as a research coordinator.

I know without a shadow of a doubt that I wouldn't be where I am today without the help and aid of Children First. This program saved me from my past and helped allow me to be the best version of myself. It helped me to love myself, my husband, my life, and my daughter with all my heart. Children First led me to become a mother my daughter will not only respect, but be proud of.

***Family from Nurse-Family Partnership/
Children First Program***

PARENT SUCCESS STORY

Michael and his wife were referred to the Family Resource Program by the Oklahoma Department of Human Services (DHS) after an investigation for intimate partner violence and drug use resulting in the removal of their children, 10-month old Khyra, and 7-year old Darian. Michael's Parent Educator (PE) arranged supervised visits at the agency with the children, a requirement of DHS.

At the first meeting, Michael and his wife arrived together. Michael did not engage and was not receptive to any information given about the benefits of the program. When they left, the PE felt as though that was the first and last time she would see them.

The next visit arrived and to the PE's surprise, Michael and his wife were present. Michael expressed "I miss my baby girl, Khyra, and my big guy Darian." By the end of the visit, though still unsure if they could trust the PE, the couple enrolled in the program. The PE scheduled supervised visits in coordination with the child welfare worker, where she provided activities that promoted bonding and attachment. Michael got down on the floor, read to Khyra, and played peek-a-boo.

The PE noticed that Michael and Khyra had a bond that was apparent as soon as they saw each other, but Khyra's mother seemed detached and distant. Later, Michael explained "I am the one that takes care of Khyra". When the visit was over and it was time to go, Khyra cried when Michael had to leave, and so did he.

On the next visit, Michael arrived alone and told the PE "My wife and I have separated, but I am willing to do whatever it takes to get my kids back." He continued, "I don't feel like my wife was willing to do the same." Michael reported that he had gotten two jobs to provide for Khyra and Darian, and wanted to continue home visits with the PE. Michael attended every visit, arriving early so as not to miss a minute of time with his children. The PE and Michael were able to put supports in place to help him regain custody of his children. During one visit, Michael became



tearful, explaining "I know that if it had not been for my PE, I would not have truly learned what it meant to be a dad." He said "I learned how to feel confidence in myself as a dad, and as a man when everyone would criticize me for what I had done in the past." He said, "the PE has helped me to realize that I have a choice to get angry about all the things that DHS is requiring me to do, or I can choose to use everything I learn to make me a better person." The PE helped Michael arrange a visitation schedule allowing him to see Khyra and Darian at the same time because Khyra was not brought to supervised visits three weeks in a row. One of the weeks was Khyra's first birthday and Michael came to the visit with a cake, balloons and presents; he waited for two hours. The PE supported Michael during this heartbreaking time by encouraging him to do the right thing, and he continued to report to his child welfare worker. Eventually, due to Michael's persistence and the PE's support, the worker arranged for Khyra to be transported by DHS to eliminate any more missed visits.

Michael continues to comply with his treatment plan, which includes weekly drug tests, parenting and anger management classes, a psychological evaluation, home visits and employment. The PE provided a referral to Northern Oklahoma Youth Services for assistance and Michael was able to secure and maintain adequate housing for his family. The PE and Michael review his treatment plan on a weekly basis and Michael has been successful in meeting all of the requirements with his PE cheering him on.

Family from Parents As Teachers Program

DESCRIPTION OF NUMBER OF FAMILIES SERVED FY 2018

Program	Care-givers	Children	Families	Parents and Children w/ Disabilities	Unstable Housing	Visits for Unstable Housing	Fathers as PCG	Military
NFP	1,669	1,227	1,669	22	13	61	6	42
NFP MIECHV	274	247	274	5	1	3	0	11
PAT (state funded)	291	375	291	74	14	98	3	1
PAT – Pilot*	174	216	174	7	0	0	0	2
PAT – MIECHV	697	928	697	64	29	383	6	4
SafeCare – MIECHV	124	175	124	2	6	46	3	0
Child Guidance	18,215 Individual Sessions 348 Events (Outreach, Training, Workshops) 512 Consultation Visits							
The Incredible Years	1 Parenting Group was provided during FFY 2018 373 Children in Classroom Groups							
Circle of Parents*	93 Total Attendees 17 Parent Groups							
Parent-Child Interaction Therapy (PCIT)	782 Total Therapy Encounters - PCIT without patient – 97 - PCIT with patient – 685							
Parents and Children with Disabilities	Number of children with disabilities						78	
	Number of adults with disabilities						111	

PUBLIC AWARENESS

**The National Circle of Parents Office only asked for one quarter during the reporting period due to the fact the data collection tool was undergoing revisions. Regular quarterly data collection with resume in January 2019.*

Note: Due to budget restraints, the Oklahoma State Department of Health was faced with several difficult financial decisions, including not refilling vacant home visitor positions and the closure of the Pilot Parents as Teachers program. Families were still able to obtain referrals to home-based parenting or other services by contacting the parentPRO hot line.

Blue Ribbon Tree: For the tenth year, Oklahoma turned blue in April with blue ribbon trees everywhere. Participants were encouraged to complete an official “Tree Registry” application along with a photo. All photos were compiled into a video slideshow presentation, which included over 100 photos from various groups. The [2018 CAP Blue Ribbon Slideshow](#)¹⁴ was showcased during meetings, conferences and special events throughout the year.



Wear Blue Day (and take a selfie): The Wear Blue Day has become a popular event in Oklahoma, which took place on Friday, April 6, 2018 during the last FFY. Participants took selfies and posted their photos to the Oklahoma Child Abuse Prevention Facebook page and/or emailed them directly to FSPS. When posting on social media, the hashtag #pictureabrighterfuture was included.



Facebook Page: The Oklahoma Child Abuse Prevention Facebook page continued to garner interest and “likes”. This page is facilitated by the CAP ACTION Committee.

Insights from the OCAP Facebook page during 2018:

- Had increased “likes” from 916 to 1,010.
- Was accessed by an average of approximately 1,500 people per week.
- Had a maximum daily total of 1,231 people and a weekly total impression of 3,636.
- During National Child Abuse Prevention Month, the number of impressions seen with any content associated with the FB Page was 85,318 during a 28-day period with a daily average of 2,844.

“Happiest Day” Coloring Challenge: OSDH/FSPS and the CAP Action Committee continued to expand their social media campaign with the tagline, “Picture a Brighter Future for Oklahoma Kids!”, now in its fourth year. Associated with this campaign was the “coloring challenge” which invites children and families to draw, share and upload their “Happiest Day” picture on any social media platform as well as post it on the Oklahoma Child Abuse Prevention Facebook page. Advocates encouraged participants to take the challenge to the next level by sending their pictures to their legislators.



Commercial: The FSPS arranged for commercials to be aired during the spring of 2018, which also included the month of April. Airtime was purchased on 15 stations covering the Oklahoma

¹⁴ <https://youtu.be/Ay7sfiUdHo>

City, Tulsa and surrounding markets. In order to reach the far corners of the state, time was even purchased in Wichita Falls, Texas.

- parentPRO:¹⁵ MIECHV funds were used to create and purchase airtime for this commercial that promotes home visiting under the one umbrella name “parentPRO.” The commercial features actual Oklahoma home visitors and clients. (See below section for more details about the entire “parentPRO” campaign.)

parentPRO Marketing: The “parentPRO” umbrella brand was developed with MIECHV funding in order to increase the number of families being recruited into home visiting and to normalize the idea that all families need support from time to time. A variety of mediums in addition to the commercials were used and include the following:

Rack Cards and Tear-off Posters: Written promotional material developed were used to inform potential clients about home visiting services. The rack cards and posters featured a single baby (various versions with babies representing different races and ethnicities) and the text was written at a sixth grade level. Following the advice of the Parent Partnership Board members, the word “free” was included as well as the idea that the services were designed, in part, to reduce parents’ stress. [Later we learned that mothers in particular would appreciate promotional material that would feature the parent without a picture of child. Mothers told us that they would like to think that home visitors would concentrate on their needs. They expressed the notion that often they know what they need to be doing with or for their child and if someone would support them, they would perhaps have more energy to devote to their child. For this reason, future printed material will also include some versions with just parents – including teen mothers and single fathers.]

¹⁵ <https://vimeo.com/user10001181/review/91752183/706eba609e>

SECTION 5 – OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

DESCRIPTION OF OUTREACH ACTIVITIES

Parents of Racial and Ethnic Minorities: Of the 3,930,864 Oklahomans, 10.6% are of Hispanic, Latino or Spanish origin. Spanish is the second most commonly spoken language in the state with 226,217 speakers estimated in the 2013-2017 American Community Survey 5-Year Estimates. Oklahoma County is the largest county with 787,958 people and the Hispanic population accounts for 17.5% of the total population living in Oklahoma County. The Hispanic population grew an astonishing 89.3% in Oklahoma County over the past 10 years. About a fifth of all births in Oklahoma County are to Hispanic women. The Hispanic birth rate is expected to increase, as half of the Latinos in Oklahoma City are 21 or under. For this reason, many of the FSPS funded programs strive to employ bilingual providers and work to recruit families from these cultures.

While many of the FSPS funded programs serve Hispanic families, FSPS provided funding to the Latino Community Development Agency (LCDA) so that they can exclusively provide home visiting services to Spanish speaking families. The LCDA was founded in 1991 as a community response to the needs of Hispanic people. The mission of the agency is “to enhance the quality of life of the Latino community through education, leadership, services and advocacy.” Services offered at LCDA are focused on social, educational and economic needs of the community. LCDA serves as a point of contact for and with a number of agencies and Hispanic individuals in need of services. In FY 2017-2018, LCDA offered two different home visiting programs: Parents as Teachers and SafeCare. In total, these two programs served 224 families within Oklahoma County. Child abuse prevention services are extremely important in Oklahoma County. According to the most recent Oklahoma Department of Human Services SFY 2017 Report, in Oklahoma County alone, there were 14,606 reports made to Child Protective Services, of which 6,365 reports were accepted for investigations and 2,610 were substantiated reports. Home-based services can prevent children and families from entering into the system.

Children and Adults with Disabilities: Home visiting programs funded by FSPS provided routine, standardized child development screenings and assessments for participating children. When a possible developmental delay was detected, the families were most often referred to SoonerStart or Child Guidance for further assessment and intervention.

SoonerStart is Oklahoma’s state and federally funded early intervention program for infants and toddlers birth to 36 months who have developmental delays, disabilities or both. SoonerStart provides developmental screenings, evaluation, assessment and early intervention services. Participation in the SoonerStart program is voluntary, and services are provided at no direct cost to the family. Early intervention services are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child’s development.

The Child Guidance Service teams consist of speech-language pathologists, child development specialists and behavioral health clinicians. Services were provided through 15 county health departments and the two metropolitan health departments in Tulsa and Oklahoma City. A total

of 4,524 children received 18,215 individual services from October 1, 2017 to September 30, 2018. There were 348 events (outreach, training and/or workshops) and 512 consultation visits.

Homeless Youth and Families: The FSPS funded home visiting programs served “couch homeless”¹⁶ as well as families located in shelters, crisis centers and group homes throughout the state. Completed visits include 64 visits to 14 mothers by NFP; 481 visits to 43 families by PAT; and 46 visits to 6 families by SafeCare.

Below are examples of the ways in which some of the programs served this special population during SFY 2018:

Parent Promise in Oklahoma City, Oklahoma serves the homeless population, particularly “couch homeless”. Parent Educators often encourage their “couch homeless” clients to apply for public housing or section eight housing regardless of the wait list time. Clients that may be facing eviction or a domestic violence situation and need emergency shelter are referred to the Salvation Army, NSO, YWCA, Catholic Charities – Holy Family Home, Birth Choice- Rose Home by their parent educator. Parent Educators also refer clients to Urban League, Work Ready Oklahoma, Goodwill, and local temporary agencies for employment opportunities.

- McClain-Garvin County Youth and Family Center staff in Pauls Valley utilize Delta, Ministerial Alliance and Shelters in the Norman and Ada area. The staff will contact Delta Transitional Housing to see if a house is available. If no home is available, the next call will be to the Ministerial Alliance to ask for money to pay for a hotel until contact can be made to a shelter. The family is then referred to a shelter. Throughout this process of helping the family find a home, the staff try to help them contact family members to see if it is possible for them to reside with their family until they are able to have a stable home. A visit may be provided at the agency, library, park, and school for the families with no home.
- The Parent Child Center in Tulsa (PCCT) has an MOU with the Tulsa County Homeless Shelter and serves families that are residing there. PCCT also make referrals to them and other homeless shelters in the community in the event that enrolled families no longer have a place to live. PCCT has restricted funding that helps pay for eviction notices or rent when families fall behind. When families are living with other people, they will meet them in those homes, at the park, in the front yard, at McDonalds or any other place that the family feels comfortable having a visit. PCCT recently had a Parent Educator conduct a home visit at LaFortunte Park because the family is residing with friends. The PE packed up a blanket and the activities for the park.

¹⁶ Persons without a permanent residence, but living with an acquaintance, friend or relative who cannot provide a private space for the guest.

Those Struggling with Substance Abuse: Many of the FSPS funded programs struggle to connect parents with addiction issues to the services they need – particularly in rural Oklahoma.

- If a parent educator at Parent Promise in Oklahoma City feels a client is using substances, a call to the child abuse hotline or the police is made if there was imminent danger. Substance abuse among other people living in the home would warrant a safety plan for the client and child(ren). Parent educators would staff with their supervisor about taking further actions. Parent Promise also has an array of resources and brochures to give to families for substance abuse. We would also encourage the primary caregiver to call the addiction hotline.
- The Latino Community Development Agency (LCDA) in Oklahoma City did not serve any clients that are involved in substance abuse, however, eight of the clients are in a relationship with a partner who has substance abuse issues. The Parent Educators (PE's) provided substance abuse referrals from drug use, to alcohol abuse. One client decided to leave her partner due to his drinking problem. The client mentioned to the PE that she followed up with all the referrals she had given her (counseling and Al-anon), but her partner was unwilling to stop drinking so she left him because she wanted the best for her children. The PEs invites any family who is dealing with substance abuse to participate in the "Celebrating Families Program" at LCDA that deals with substance abuse for the entire family.
- The McClain-Garvin Youth and Family Center (MGCYFC) staff in Pauls Valley refers their families who are dealing with substance abuse issues to the Norman Addiction Information and Counseling, which is now called THE VIRTUE. Beginning in January 2019, The Virtue Center will have a staff member housed at MGCYF that will make services more attainable. MGCYF also refer families to Southern Mental Health, Grace Home (mentoring program) and MGCYFC Counselors. Staff will help families with transportation to appointments if needed.
- The Parent Child Center of Tulsa (PCCT) makes referrals to outpatient and inpatient programs in the community. PCCT has many families that use Celebrate Recovery for their support through recovery. PCCT partners with Women in Recovery, a jail diversion program for women. The majority of the women that they help are mothers and they are in need of parent education. We ask about the parents' drug and alcohol history and if they have one we will assist with identifying supports when they feel triggered. In addition, PCCT helps mothers that are in relationships with men that have drug and alcohol histories with safety plans in the event that there is a relapse.

Victims of Violence: According to the 2010 National Intimate Partner and Sexual Violence Survey (NISVS), 49% of Oklahoma women have experienced intimate partner violence at some time in their lives. Below is an example of how a FSPS funded program assisted such victims:

- Parent Promise Parent educators screen for domestic violence, using the Intimate partner violence (IPV) screening tool. If the client scores high then the parent educator will make a safety plan and a referral. Families that disclose domestic violence that is occurring would immediately be encouraged to make a safety plan. If the client and child(ren) are in immediate danger then the parent educator would make a call to the child abuse hotline and/or the police. The parent educator would also encourage the client to contact Palomar or the YWCA for additional help and support.
- During SFY 2018, the Latino Community Development Agency (LCDA) had five families enrolled who experienced domestic violence. The Parent Educators (PE's) worked with the clients to develop a safety plan and referred them to the domestic violence program at LCDA. The families enrolled and participated in the Latinas Unidas Support Group. One of the families was referred to marital counseling and after all the sessions they reinitiated their relationship and her partner has not been violent again. Another client found a job, saved enough money to buy a car, and now is saving money in order to be able to pay the deposit of an apartment. She is planning to leave if the situation does not improve knowing that she will have a safe place to go with her child. The other three clients are living with their partners but they will follow their safety plan in the case that the situation turns violent.
- The Staff at McClain-Garvin in Pauls Valley refer all domestic violence cases to the agency counselors. The staff makes sure that the family receives a shoe card with the safe line numbers, also a family can be referred to the Women's Resource Center or the Family Crisis Center. The staff makes sure that the family is receiving the help that they need and if additional counseling is needed the agency will offer to the family.
- The Parent Child Center of Tulsa uses the Intimate Partner Violence (IPV) screening tool to identify domestic violence in the home. If IPV is identified, referrals to Domestic Violence Intervention Services and The Family Safety Center are made. DVIS will assist with shelter and counseling for the mother, children and the abuser, providing individual and group therapy. DVIS also have a transitional living program once the family is ready to move out of the shelter. The Family Safety Center helps with protective orders and will assist with any legal issues that come up from a domestic violence event. When PCCT works with a mother that is not ready to leave, the Parent Educator talk about the risks and helps her develop a safety plan to keep her and the kids safe. The PE also explains that if there is an IPV event in the presence of a minor, a child welfare report must be made.

The PE stresses the dangers to the children when IPV is in the home and the learned behavior that passes from generation to generation.

Fathers: The OSDH programs continued to strive for improvement in engaging fathers. Some of the programs successfully implemented the following practices:

- Scheduled home visits during a time when the father can be present.
- Supplemented the curriculum with father-focused resources such as “24/7 Dads,” “On My Shoulders,” and educational materials developed specifically for fathers.
- Referred couples to programs that focus on relationship building or communication.
- Provided opportunities for fathers to come together in group settings to create informal networks of support.
- Provided workshops on topics that might appeal to fathers such as family planning and tobacco cessation.
- Referred fathers to “TRUE Dads” to create informal networks of support, learn skills to be a dad, improve relationships and gain access to job skills.

Below are examples of PAT programs focused on father involvement.

- Parent Promise has held group connections on the weekend when working fathers are more available. The staff always tries to plan group connections that are conveniently located to families. The parent educators are encouraged to try and get the fathers involved in visits by asking them questions and getting their input on the information they want to learn. The parent educators also refer families to TRUEW Dads.
- The Latino Community Development Agency (LCDA) works to involve fathers in different ways. The Parent Educators (PE’S) ask the mothers to share the information in the Parents as Teachers handouts provided during the home visits with the fathers and to practice the child interactions with the fathers. There were some fathers who participated in the visits regularly and some that were always present. Five fathers asked to have the home visits after four pm in order to be able to be present in the home visits. One of their mothers had to work late on many an occasion, so FOB is the one that participates in the HVs. The LCDA has also scheduled some group connections in the afternoon and on Saturdays in order to increase the likelihood that the entire family will be able to attend these groups
- The McClain-Garvin staff in Pauls Valley encourages participation from male role models in the home visitation program. Home visits and group times are arranged so that a father could work and after work attend group or a home visit. Brochures and handouts are given to male caregivers that include a picture of a male interacting with a child. Father figure posters are placed at the agency. Parent Educators use the following curriculums for the male role model: Parents as Teachers and Engaging Fathers: Parenting as Partners.

- The Parent Child Center of Tulsa Parent Educators welcome fathers to participate in the home visit. PCCT will adjust the visit time so that the fathers can be present. Many of them work and will request Friday afternoons or later in the day so that they can participate. When they are available, both parents fill out the assessments and answer paperwork questions. This makes both parents feel that they are equally being heard and involved in the parenting process. The Parent Educator encourages both parents to set goals in the program as well.

ACTIVITIES TO PROMOTE CULTURALLY COMPETENT AND RELEVANT PROGRAMS

The OSDH is committed to ensuring access to quality care for all consumers and works to implement strategies for recruiting and retaining a diverse staff. During the process of hiring service providers, consideration is given to education and experience, and also candidate's ability to be supportive, nonjudgmental, and sensitive to other cultures, values and beliefs. An effort is made to hire staff that is bilingual should that skill be relevant for that community.

The OSDH has in place policies, practices, structures, procedures and specific resources to support culturally and linguistically competent services. As part of the performance management system, employees are required to attend annual training in cultural competence. Although policies and procedures are implemented throughout the agency, three divisions work closely with programs to ensure that information, materials and services are delivered in a manner that meets the needs of diverse consumers:

- 1) The Oklahoma Health Equity Campaign works collaboratively with communities to develop "upstream" policies to improve health status for Oklahomans;
- 2) The Office of Minority Health helps develop recommendations for OSDH and other health agencies to eliminate health disparities among Oklahoma's minority and underserved populations. They also develop standards and training for interpreters, provide telephone language services, and assistance in developing educational materials for minority populations as well as interpretation/translation services; and
- 3) The Office of Communications provides services to OSDH programs to help develop educational materials that convey information in a manner that is easily understood by diverse audiences and persons with low literacy skills.

SECTION 6 – OSDH’S PLAN TO ENSURE PARENT LEADERSHIP AND INVOLVEMENT

OSDH’S ACTIVITIES, INCLUDING TRAINING AND TECHNICAL ASSISTANCE, TO ENSURE PARENT LEADERSHIP AND INVOLVEMENT

Services: Coordination of efforts continue to support Child Development Specialists working within various populations (including some high-risk) such as those experiencing homelessness, Hispanic and teen groups, keeping in mind the model’s standards and promoting the philosophy of parent leadership within each *Circle of Parents* group. These supports have allowed opportunities for the CDS to provide a variety of topics. The topics of most interest to participants have included:

COP Topics of Most Interest:

Topics	Frequency	Percentage
Child Development	120	19%
Positive Discipline	117	19%
Parenting a Grandchild	27	4%
Positive Relationships	100	16%
Increasing Communication	99	16%
Parenting a Teenager	36	6%
Financial/Legal	129	21%

Technical Assistance: The FSPS acknowledges and embraces the importance of parent leadership and involvement. During FFY 2018, the FSPS and Child Guidance supported and/or provided technical assistance to the Circle of Parents groups.

Activities: The following activities were conducted by OSDH in order to ensure parent leadership and involvement:

PAT Advisory Council: The PAT national model requires that implementing agencies have a PAT advisory board affiliated with their services. These councils are highly encouraged, if not required, to recruit parents as members of the local councils. However, most councils have struggled to have consistent participation by parents and to truly integrate parents in a purposeful way. For this reason, the FSPS will continue to strive for improvement in this area with an effort to develop new opportunities for parents.

The OUCCAN Parent Partnership Board: When OUCCAN was awarded the Evidence-Based Home Visiting (EBHV) Grant more than seven years ago, they were required to establish a parent advisory group. Years later that group, the Parent Partnership Board, is thriving. Comprised exclusively of parents who are or were SafeCare participants, these parents have been integral in the development of marketing and educational materials. They influenced the design of the parentPRO logo – including the name, colors, look and tag line. They have provided feedback about the parentPRO website and asked that certain features such as coupons and

a calendar of activities be included. Because of their invaluable assistance, the MIECHV Grant now provides a small amount of funding to partially cover the time and expenses of the staff that support the Board's work.

The Parent Partnership Board reputation in the community has grown. They are considered to be a valuable voice for supporting not only home visitation program, but also for better understanding the needs of parents of young children who are living in vulnerable circumstances. This year we have focused on providing mentorship on how to share their stories and opinions to guide important community projects and impact programs for families and early childhood programs. They have met with community groups and shared their voices at conferences. Through this work they have provided input into planning for kinship care, quality child care, early childhood education, and services for families involved in child welfare. They are currently part of a community group developing a grant to enhance community collaboration in high-risk areas of the metropolitan area to support families and prevent child abuse and neglect.

- Local Parent Partnership Boards: As discussed in "Section VIII: Actions to Advocate for Systemic Change", FSPS would like to develop at least six local Parent Partnership Boards. It has been the experience of the FSPS that it is difficult to fully incorporate one or two parents onto an advisory board comprised of service providers. Because the parents are outnumbered, they often feel overwhelmed or somewhat isolated no matter how kind the other members are to them. In addition, the meetings tend to be scheduled during the workday – generally a time when most parents cannot attend because of their work schedules. For those that may be at home with children and are willing to attend the daytime meetings, transportation and/or childcare can be barriers to their engagement.

However, the success of the OUCCAN Parent Partnership Board has provided some invaluable insights. The OUCCAN Parent Partnership Board is comprised of consumers or former consumers of services within Oklahoma County only. The FSPS plans to replicate their model in Tulsa and rural parts of Oklahoma. The goal will be to establish at least four new Parent Partnership Boards outside of Oklahoma County (the state's most populated county). The following features, learned from OUCCAN's experiences, will be included in the development of these new Boards and it is our intention to utilize CBCAP funds to support several of these efforts:

- The Board will be supported by professionals, but will be comprised solely of parents.
- The meetings will be held during times that are most convenient for the majority of parents.

- Assistance will be provided to parents in getting to/from meetings if necessary.*
- Incentives will be provided to parents in order to encourage participation and offset any costs to the family. (gift cards, diapers, books, etc.)*
- Childcare must be available during the meetings.*
- Snacks or meals must be provided.*
- The Board membership should be representative of the community and include fathers, grandparents, foster parents, single parents, teen parents, etc.
- The Board must meet routinely, be provided opportunities to contribute to the child abuse prevention system in meaningful ways, and have social interactions and gatherings that promote trust and informal networking.*

The Mission of the OUCCAN Parent Partnership Board: To support the development of healthy, thriving families by creating and promoting partnerships among parents, service staff and researchers to help meet the challenges of parenting young children.

PPB Membership: The PPB has 15 active members, including 4 fathers that form a sub-group focused on supporting father.

2017-18 Activities: The PPB goal was to focus inform community education, policy, and research, which was successfully completed through extending the work of PPB members to increase their voice within quality improvement of evidence-based home visitation (EBHV) programs in Oklahoma and continue their voice in the community and amongst policy makers. Activities included community outreach on strengthening families, attending key symposium/conferences, and informing community efforts including the quality improvement of Oklahoma EBHV. The PPB met monthly with a focus on training on support in sharing their voice with others. PPB members have provided important guidance for engaging families and supporting parents through sharing their voice to guide important community projects such as Family Tree, Engaging Families in Evidence-Based Home Visiting, Research on Early Childhood, Engaging Father’s in Parenting Services, updating the parentPRO Website, and helping make the process of triaging families to EBHV family friendly.

EVALUATION AND ASSESSMENT OF PARENT LEADERSHIP ACTIVITIES *(if applicable)*

Not applicable.

SECTION 7 – TRAINING, TECHNICAL ASSISTANCE AND EVALUATION ASSISTANCE CONDUCTED BY OSDH

TRAINING

The Annual Oklahoma Child Abuse and Neglect Conference: This three-day conference is organized by the University of Oklahoma’s Center on Child Abuse and Neglect. OSDH utilizes this conference to provide training to staff that work in various family support programs and multidisciplinary teams, as well as local task forces. In 2018, the conference was held on April 18 – 20 at the Tower Hotel in Oklahoma City, Oklahoma and OSHD was a co-sponsor for the event. Utilizing CBCAP funds, OSHD sponsored a prevention track during the conference that covered a variety of topics and provided scholarships for 30 OSDH employees to attend. During 2018, the Center on Child Abuse and Neglect also collaborated with the Oklahoma CJA Advisory Task Force on Child Abuse and Neglect. Approximately 276 participants registered for the conference with over 350 attending all or part of the conference including 57 speakers, and 45 volunteers and staff. A variety of continuing education credits were offered for attorneys, social workers, psychologists, counselors, law enforcement and other disciplines. Attendees included prevention specialists, child development specialists, mental health professionals, multidisciplinary teams, attorneys, child welfare workers, psychologists, counselors, law enforcement and more. The University of Oklahoma Health Sciences Center reported that the 2018 conference reviews were very positive, both for individual sessions and the conference as a whole. (See Attachment, Folder 3.)

Professional Development for Home Visitors: The FSPS learned years ago that training and continuous professional development is critical to a successful home visitor. All home visitors are trained according to the model requirements in order to meet affiliation/accreditation requirements and maintain model fidelity. Additional trainings, primarily focusing on psycho-social topics, are also contractually required. This training regimen was developed in response to home visitors’ needs. With the exception of model-specific trainings, trainings have been consolidated for efficiency and offered to any home visitor free of charge. When appropriate, trainings are offered online. (See page 62.)

Lemonade for Life Trainings: The FSPS (with Innovation Grant funding) sponsored ongoing Lemonade for Life (L4L) trainings in the summer of 2017, two each in Oklahoma City, OK (June 27-28, 2018) and Tulsa, OK (July 11-12, 2018). The L4L target group included professionals working with parents and caregivers and the training was focused on the use of the ACE’s Questionnaire with a goal of helping prevent future exposure to ACE’s while promoting resiliency and hope.

Model Specific Trainings ¹⁷		
Nurse-Family Partnership	Parents as Teachers	
Unit One: Foundational Knowledge	Model Implementation (<i>required</i>)	
Unit Two: Building on Foundational Knowledge	Foundational Training (<i>required</i>)	
Unit Three: Model Elements	Foundational 2 Training (<i>required</i>)	
Unit Four: Supervisor Skills	Partnering with Teen Parents (<i>optional</i>)	
OK1: Perinatal Health	Neurotoxins: Their Effects on Development (<i>optional</i>)	
OK2: Infant /Toddler Physical Assessment	Child Health Assessment (<i>optional</i>)	
OK3: Model Overview	Parents and Children at Play (<i>optional</i>)	
Case Management: Linking and Referrals	Working with Diverse Families (<i>optional</i>)	
DANCE Preparation DANCE Fundamentals DANCE Integration <i>Dyadic Assessment of Naturalistic Caregiver-Child Experiences</i>	Supporting Families of Children with Special Needs (<i>optional</i>)	
Additional Trainings Provided Across All Models		
Name of Training Class	Date of Class	# Attended
Child Abuse Medical Examiner – CAME	10/5-6/2017	7
Children First Continuing Education Training	10/5/2017	69
Adoption	10/12/2017	4
Ages and Stages Questionnaire (ASQ)	10/11/2017	31
Introduction to Protective Factors	10/10/2017	29
Common Sexual Behaviors vs Signs of Sexual Abuse	10/10/2017	37
Special Needs	10/16/2017	9
Breastfeeding	10/17-18/2017	15
Attachment	10/26/2017	6
Reproductive / Maternal Depression	10/27/2017	7
Continuing Education – Regional Training Tulsa	10/26/2017	23
Depression/ Suicide	10/25/2017	10
Reflective Supervision	11/2/2017	10
Home Visitation Safety	11/6/2017	15
Motivational Interviewing	11/7/2017	8
Child Passenger	11/8/2017	3
Family/Domestic Violence	12/4/2017	8

¹⁷ SafeCare trainings conducted and monitored by OUCCAN. They also participate in the “Additional Trainings” at bottom of table.

Mental Health	12/5/2017	10
Ages and Stages Questionnaire (ASQ)	12/6/2017	26
Tobacco/Substance Abuse/Addictive Behaviors	12/12/2017	4
Keys to Caregiving	12/13/2017	8
Reflective Supervision	12/14/2017	6
Adoption	1/18/2018	3
Youth Mental Health First Aid	1/19/2018	10
Reproductive / Maternal Depression	2/8/2018	5
Attachment	2/9/2018	12
Safe Sleep	2/13/2018	19
OK1 – Includes history of Children First (NFP) and related information on assessment, documentation and forms	2/26-27/2018	2
Reflective Supervision	2/27/2018	16
Motivational Interviewing	2/28/2018	12
Home Visitation Safety	4/23/2018	6
C1 CE Training	4/25/2018	59
OK1 – Includes history of Children First (NFP) and related information on assessment, documentation and forms	4/2-3/2018	4
Tobacco/Substance Abuse/Addictive Behaviors	3/14/2018	3
Ages and Stages Questionnaire (ASQ)	3/13/2018	3
OK2 – includes Children First (NFP) related information on how to assess weights/measurements, development, etc.	3/27/2018	4
OK2 – includes Children First (NFP) related information on how to assess weights/measurements, development, etc.	3/28-29/2018	28
Special Needs	4/26/2018	12
Mental Health	4/27/2018	10
Family/Domestic Violence	4/30/2018	9
Compassion Fatigue	5/4/2018	15
Adoption	5/3/2018	2
Safe Sleep	5/8/2018	23
Parents As Teachers Reflective Supervision	5/9/2018	4
Reflective Supervision	5/10/2018	12
Breastfeeding	5/14-15/2018	3
Introduction to Protective Factors	5/16/2018	6
OK3 – includes information on Motivation Interviewing, Reflective Practice, and Therapeutic Relationships.	5/22-24/2018	4

Parents As Teachers Reflective Supervision	6/12/2018	10
Keys to Caregiving	6/12/2018	12
Ages and Stages Questionnaire (ASQ)	6/13/2018	5
Motivational Interviewing	6/14/2018	3
Tobacco/Substance Abuse/Addictive Behaviors	6/15/2018	17
Developmental Tasks / Ages and Stages	6/18/2018	13
Reproductive / Maternal Depression	6/21/2018	8
Attachment	6/22/2018	11
Documenting - Subjective, Objective, Assessment, Plan	6/19/2018	19
Child Abuse Medical Examiner – CAME	6/28-29/2018	9
OK1 – Includes history of Children First (NFP) and related information on assessment, documentation and forms	6/25-26/2018	1
Home Visitor Safety	7/16/2018	29
OK 2 – includes Children First (NFP) related information on how to assess weights/measurements, development, etc.	7/31-8/1/2018	3
OK 2 Ages and Stages/Developmental Tasks	8/2/2018	8
ROAR Child Abuse Prevention Program	8/3/2018	9
Maternal Depression	8/30/2018	5
Learning Session #3	7/19/2018	46
Adoption	8/15/2018	3
Grief Newborn screening	8/16/2018	6
OK 1 - Includes history of Children First (NFP) and related information on assessment, documentation and forms	8/7-8/2018	1
OK 1 - Includes history of Children First (NFP) and related information on assessment, documentation and forms	8/28-29/2018	2
Mental Health	8/27/2018	2
Attachment	8/29/2018	2
Breastfeeding	8/23-24/2018	5
Motivational Interviewing	9/6/2018	5
Documenting - Subjective, Objective, Assessment, Plan	9/14/2018	13
Special Needs	9/25/2018	8
Keys to Caregiving	9/20/2018	5
Total of 76 trainings	Total Attendees	891*

**Duplicated count*

Continuing Education for Home Visitors: Home visitors are required to complete a certain number of hours of continuing education annually. Continuing education requirements during the first twelve months are dictated by national model requirements as well as additional OSDH FSPS requirements. After the first year of employment, continuing education requirements are fulfilled based on model requirements and can be from twelve to twenty hours. Training is provided by OSDH staff in some cases or home visitors can attend pre-approved trainings offered in their local communities. The trainings focus on maternal and child engagement, environmental factors such as home safety, or professional growth topics such as motivational interviewing.

TECHNICAL ASSISTANCE

Home Visiting Technical Assistance: Over the years, FSPS has developed a routine business operation that supports the efforts of a quality evidence-based home visiting system. Consultants, employees of FSPS with model-specific expertise, provide an array of supports to program administrators, supervisors, and home visitors, including:

- Establishing and maintaining relationships with national model developers
- Developing and distributing policies and program guidelines
- Developing “Oklahoma specific” educational materials to be included with model lesson plans and used during home visits
- Assuring that home visitors are trained in their respective model as well as additional trainings on adoption, substance abuse, domestic violence, etc.
- Providing technical assistance to home visitors upon request
- Training home visitors in agency processes such as charting, record keeping, making child abuse/neglect reports, etc.
- Developing and distributing quarterly performance measurement tools and reports
- Assisting with CQI projects
- Conducting annual site visits to assure fidelity to the model and quality of services; site visits include the sharing of data; auditing records; meetings with staff and external partners; and developing correction plans if necessary
- Assisting program evaluators in analyzing programmatic data and producing annual reports
- Ensuring program alignment with federal, state and agency desired outcomes

EVALUATION ASSISTANCE

Program Evaluation Training: During FFY 2018, individual consultation, technical assistance and quarterly training was provided regarding the new “Efforts to Outcomes” (ETO) database utilized by home visitors. Using MIECHV funding, the FSPS was able to have Social Solutions create a customized version of ETO that would serve as the collective database for three home visiting models (NFP, PAT and SafeCare).

SECTION 8 – EVALUATION DATA FOR CBCAP-FUNDED PROGRAMS

DEMONSTRATION OF THE HIGH LEVEL OF SATISFACTION AMONG FAMILIES WHO HAVE USED CBCAP PROGRAMS

Child Guidance services or activities funded by CBCAP:

Circle of Parents* – On a monthly basis, participants are asked to voluntarily complete survey information regarding their perspective when participating in the local COP group facilitated by a Child Development Specialist. The following information represents the data collected from 103 respondents that participated in COP during the FFY 2018. (See Attachments, Folder 1.)

Question 1: COP has been helpful to me.

Question 1	Frequency	Percentage
Strongly Disagree	3	3%
Disagree	0	0%
Agree	32	31%
Strongly Agree	62	60%
No Opinion	6	6%

Question 2: I feel comfortable attending COP hosted at this location.

Question 2	Frequency	Percentage
Strongly Disagree	3	3%
Disagree	0	0%
Agree	34	33%
Strongly Agree	64	62%
No Opinion	1	1%

Question 3: The focus of COP has been interesting to me.

Question 3	Frequency	Percentage
Strongly Disagree	1	1%
Disagree	0	0%
Agree	27	26%
Strongly Agree	71	69%
No Opinion	3	3%

Question 4: COP meets my needs as parent or caregiver of children.

Question 4	Frequency	Percentage
Strongly Disagree	1	1%
Disagree	0	0%
Agree	36	35%
Strongly Agree	63	61%
No Opinion	2	2%

Question 5: COP makes me aware of community resources to help me.

Question 5	Frequency	Percentage
Strongly Disagree	1	1%

* Most current information available.

Disagree	0	0%
Agree	35	34%
Strongly Agree	62	60%
No Opinion	2	2%

Question 6: I feel supported as a result of attending a COP group.

Question 6	Frequency	Percentage
Strongly Disagree	1	1%
Disagree	0	0%
Agree	31	30%
Strongly Agree	68	66%
No Opinion	2	2%

Question 7: COP has helped me find people I can turn to for help.

Question 7	Frequency	Percentage
Strongly Disagree	1	1%
Disagree	0	0%
Agree	33	32%
Strongly Agree	66	64%
No Opinion	2	2%

Question 8: COP will/will not help me change the way I care for my child(ren).

Question 8	Frequency	Percentage
Will	82	80%
Will Not	0	0%

FSPS services or activities funded by CBCAP:

Nurse-Family Partnership (known as Children First in Oklahoma) – Below is a sampling of SFY 2018 outcomes for the state-funded NFP programs. (See Attachments, Folder 1.)

- 91% of NFP babies were born at normal birth weight (more than 5.5 lbs.)
- 88% of NFP babies were carried to term (more than 37 weeks gestation)
- 86% of NFP children were fully immunized at 24 months
- 92% of NFP mothers initiated breast feeding
- 94% of NFP mothers attended 10 or more prenatal care visits
- 88% of NFP clients did not smoke and never began smoking between intake and 36 weeks of pregnancy
- 75 referrals to early intervention services were made to NFP mothers whose children screened positive for developmental delays on regularly administered Ages & Stages questionnaires
- 2,057 Edinburgh Postnatal Depression Scale Screenings or Patient Health Questionnaires were administered to 1,171 mothers; approximately 18% of the screenings indicated signs of depression and required immediate attention by a healthcare or mental health professional
- 76% of NFP fathers spent time with their child
- 89% of NFP clients served in SFY 2018 had at least one working smoke detector in the home

- 98% reported always traveling with their child in a car seat
- 97% of NFP children had never had a confirmed child maltreatment case

Nurse-Family Partnership – Below are statistics for client satisfaction surveys received in FY 2018.
(see Attachments, Folder 1.)

- 100% of clients agree or strongly agree that they are satisfied with the activities in which they participate
- 96% of clients agree or strongly agree that they believe their life has been improved by this program

Nurse-Family Partnership - Continuous Quality Improvement (CQI) Projects:

In 2018, the NFP program continued implementing CQI to strengthen and advance the quality of the program.

Parents as Teachers (PAT): During the reporting period, the state-funded PAT programs do not have any outcomes due to loss of funding. They were restored during the current FFY.

Parents as Teachers (PAT) - Continuous Quality Improvement (CQI): PAT contractors implement CQI projects in order to improve services and evaluate current practices. CQI provides a process for responding to information that comes from monitoring fidelity and quality, evaluation, and the Quality Endorsement and Improvement Process. Through CQI, staff can build on identified strengths and address issues to continually improve program operations and services to families. Examples are included in the attachment section. (See Attachments, Folder 1.)

“Efforts to Outcomes” (ETO) Evaluation

FSPS Referrals by the numbers:

A total of 3,173 referrals were sent to the parentPRO programs in FY 2018, routing through the ETO system. From those referrals, 2,499 did not enroll in services for various reasons as indicated below:

- 811 of the clients could not be located
- 405 were not interested in or felt a need to be in the program
- The other reasons listed were miscellaneous (i.e. ineligible to participate, individual was too busy, etc.)

EVALUATION DATA ON THE EFFECTIVENESS OF FUNDED PROGRAMS, OSDH AND THE NETWORK

In addition to the evaluations associated with the above described CBCAP-funded programs, the following evaluations have been conducted or in part funded or participated in by the FSPS:

The 25th Annual Oklahoma Conference on Child Abuse and Neglect: This three-day conference is held in April to highlight National Child Abuse Prevention Month. The OSDH co-sponsored this event that included evaluation results (found in the attachments section). The University of Health Sciences Center reported that the 2018 conference reviews were very positive, both for individual sessions and the conference as a whole. (See Attachments, Folder 3.)

SECTION 9 – CHILD ABUSE PREVENTION MONTH AND AWARENESS ACTIVITIES

The following CAP Month and awareness activities were discussed in detail in previous sections:

- The Happiest Day Coloring Challenge: (See page 50.)
- Blue Ribbon Tree Campaign: (See page 50.)
- April Child Abuse and Neglect Prevention Conference: (See page 61.)
- parentPRO Commercial: (See page 51.)



Linking with Libraries: For the twelfth year, the Oklahoma Department of Libraries (ODL) joined efforts with FSPS to prevent child abuse during the month of April. Staff at all local libraries were encouraged to get involved by creating bulletin boards devoted to prevention, hosting parenting groups, setting up display tables with useful information for parents and more.

Community Resource Guides: Hundreds of the Community Resource Guides from the Children’s Bureau’s Office on Child Abuse and Neglect (co-sponsored by Child Welfare Information Gateway and the FRIENDS National Resource Center for Community-Based Child Abuse Prevention) were disseminated to networking partners across the state such as school counselors, home-based parenting programs, libraries, schools, county health departments, local task forces and others upon request.

Child Abuse Prevention Awards: The annual Outstanding Child Abuse Prevention Awards were presented on Tuesday, April 17, 2018 in the Governor’s Blue Room at the Oklahoma State Capitol to a standing room only crowd. The ceremony was originally planned for April 10, but was postponed due to the Oklahoma teacher’s strike also at the Capitol. The below awards recognized outstanding commitment and dedication for particular aspects of child abuse prevention:

- 1) *The Marion Jacewitz Award*, given to an individual in Oklahoma who has made significant contributions to the prevention of child abuse on a statewide level, was awarded to **Melissa Gibson with OSDH/Child Guidance Service, Oklahoma City, Oklahoma.**
- 2) *The Outstanding Child Abuse Prevention Program Award*, given to an exceptional community program that has an emphasis on child abuse prevention, was awarded to **Oklahoma CLICK for Babies Campaign/Period of Purple Crying Program with OSDH.**
- 3) *The Mary Ellen Wilson Award*, given to an individual who has demonstrated outstanding commitment and dedication to child abuse prevention activities in his or her community, was awarded to **Patty DeMoraes-Huffine with the Latino Community Development Agency, Oklahoma City, Oklahoma.**

- 4) *The Julie L. Bonner Award*, given to an outstanding nurse, was awarded to **Denise Howard with Children First at the Oklahoma City-County Health Department, Oklahoma City, Oklahoma.**
- 5) *The Outstanding Home Visitor Award*, given to a parent educator who has demonstrated outstanding commitment and dedication to child abuse prevention activities in his or her community, was awarded to **Jo Houston at Parent Promise, Oklahoma City, Oklahoma.**
- 6) *The Outstanding Elected Official Award*, given to an elected official for distinguished service focused on prevention of child maltreatment and/or in support of vulnerable families, was awarded to **Senator A.J. Griffin, Guthrie, Oklahoma.**

(See Attachments, Folder 3.)

SECTION 10 – CHALLENGES AND BARRIERS

During FFY 2018, revenue increases were noted in Oklahoma. However, after several years of budget shortfalls the impact to prevention programs is not known at this time. Fiscal resources are anticipated to be an issue for the near future. Other potential Challenges and Barriers include:

- Implementation of the newly approved “State Plan for Child Abuse and Neglect Prevention”. Keeping the momentum going for engaging partners and continuing to gather baseline data on identified strategic priorities will be an ongoing effort. A decrease in the CBCAP award will impact services and programming.
- Recruiting new staff to fill vacancies in the home visiting programs.
- Oklahoma will have a new governor and a substantial number of new legislators in the upcoming session. Educating new stakeholders is difficult to do with limited available staff time and resources.

**Oklahoma
2018 CBCAP Annual Program Report Attachments**

ATTACHMENTS & SUPPORTING DOCUMENTATION
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<p><u>FOLDER 1</u> Family Support & Prevention Service PROGRAMS</p>	<ol style="list-style-type: none"> 1. OCAP PARENTS AS TEACHERS PROGRAM <ol style="list-style-type: none"> 1) OCAP Annual Report (SFY 2018) 2) Parents As Teachers Logic Model 3) Parents As Teachers RFP 4) Parents As Teachers Program Directory 5) Parents As Teachers Training Plan 2. NURSE-FAMILY PARTNERSHIP PROGRAM <i>(aka Children First in Oklahoma)</i> <ol style="list-style-type: none"> 1) Children First Annual Report 2) Nurse-Family Partnership Model Elements 3) Logic Models: Children First and Nurse-Family Partnership 4) Children First Client Satisfaction Survey 5) Children First Training Record 6) Children First CQI Project Samples 7) Children First Forms Manual 3. PROGRAMS – MISCELLANEOUS <ol style="list-style-type: none"> 1) parentPRO Parent Partnership Board 2) Child Guidance Services – Annual Report and Various Documents 3) Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
<p><u>FOLDER 2</u> Home Visitation Group</p>	<ol style="list-style-type: none"> 1. HOME VISITATION LEADERSHIP ADVISORY COALITION (HVLAC) <ol style="list-style-type: none"> 1) Home Visitation Meeting Calendars 2) Home Visitation Agendas & Minutes 3) Oklahoma Home Visiting Outcomes Measurement Plan 4) Oklahoma Home Visiting Annual Outcomes Report (SFY 2018) 5) OPSR Pathway 6) Home Visitation Safety Manual
<p><u>FOLDER 3</u> Child Abuse Prevention Month & Awareness</p>	<ol style="list-style-type: none"> 2. CHILD ABUSE PREVENTION MONTH & PROMOTIONAL MATERIALS (2018) <ol style="list-style-type: none"> 1) Build a Blue Ribbon Tree Campaign 2) Child Abuse Prevention Awards – Media & Materials 3) CCAN Conference Information 4) Happiness Project / Coloring Challenge
<p><u>FOLDER 4</u> Oklahoma State Plan for Prevention of CAN (2019-2023)</p>	<ol style="list-style-type: none"> 1. OKLAHOMA STATE PLAN FOR THE PREVENTION OF CHILD ABUSE & NEGLECT <ol style="list-style-type: none"> 1) State Prevention Plan (2019-2023) 2) State Plan Materials (Outline, Timeline, Surveys and Outcomes) 3) State Plan Presentations – Next Steps 4) State Plan Media Pieces
<p><u>OTHER IMPORTANT ATTACHMENTS</u></p>	<ol style="list-style-type: none"> 1. CBCAP FEDERAL FINANCIAL REPORT 2. CBCAP ANNUAL PROGRAM REPORT (FFY 2017) & APPLICATION (FFY 2019) 3. OHIP: Oklahoma Health Improvement Plan (OHIP) (2020) & OHIP Healthy Oklahoma (2020) Children’s Health OHIP 4. CONTRACTS
<p><i>See also...</i> APPENDIX A</p>	<p>Oklahoma’s Community-Based Child Abuse Prevention Network</p>

**Hard copies of attachments available by request.*