

2019

ANNUAL PROGRAM REPORT

January 30, 2020



Oklahoma's Community-Based
Child Abuse Prevention Grant

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CBCAP ANNUAL PROGRAM REPORT - LEAD AGENCY IDENTIFYING INFORMATION

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Lead Agency Name: Oklahoma State Department of Health
Community Health Services/Family Health Services
Family Support and Prevention Service

Mailing Address: 1000 Northeast 10th Street
7th Floor
Oklahoma City OK 73117-1299

E-Mail Addresses: Sheriet@health.ok.gov
Bethm@health.ok.gov

Agency's Employer Identification Number (EIN): 1-73-6017987-C4

Data Universal Numbering System (DUNS) Number: 14-3673015

CBCAP Program Contacts: Sherie Trice, M.S. Beth Martin, MA, CCC
CBCAP Grant Coordinator Director
Family Support and Prevention Service
(405) 271-7611

CBCAP Fiscal Contact: Lytle C. Caldwell Jr. CPA
Grants Reporting Officer
OSDH
(405) 271-4042
LytleC@health.ok.gov

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, is serving as the lead agency responsible for administering the Community-Based Child Abuse Prevention (CBCAP) funds and providing oversight to funded programs. The OSDH is comprised of 68 county health departments and a central office located in Oklahoma City. The OSDH is responsible for protecting, maintaining and improving the public's health status. Because of its size and diverse programming, the 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. Two Major Service branches (Community Health Services and Regulation, Prevention & 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 7.*)

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 late 2019, Family Health Services moved under the Community Health Services (CHS) area with a Deputy Commissioner for CHS along with an Assistant Deputy for CHS and an Assistant Deputy for Family Health Services.

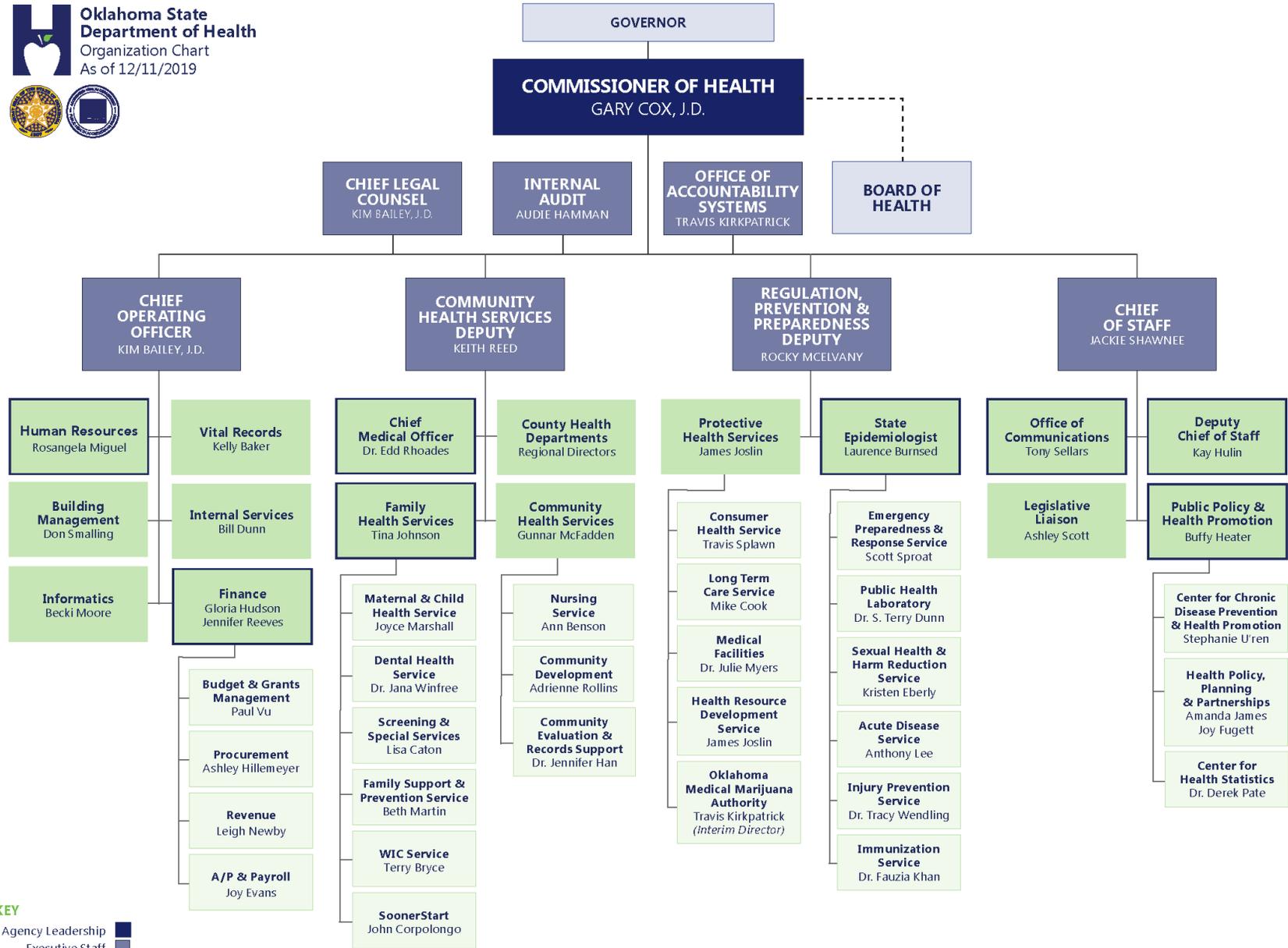
Community Health Services (CHS) continues to be responsible for the oversight of the 68 local county health departments and partners with the two independent city-county health departments¹ in order to serve all 77 counties. Each county health department offers a variety of services such as immunizations, 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*®, *The 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) 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 Health Services and Community Health Services (within OSDH) were combined into one larger service, continuing now as Community Health Services.*



KEY
 Agency Leadership
 Executive Staff
 Senior Leadership
 Service Area

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 Nurse-Family Partnership (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, The Oklahoma State Department of Human Services (DHS) 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 through kindergarten completion; 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 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.
 - *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

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.

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 Website*: A [parentPRO website](http://www.parentpro.org/)³ 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.⁴ 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

³ <http://www.parentpro.org/>

⁴ 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, and 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. PRAMS survey is administered in both English and Spanish languages. 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, maternal mental health 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-up 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. As with PRAMS, the TOTS survey is administered in both English and Spanish languages. 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, childcare, 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 2016-2018, the maternal mortality rate among women aged 10 – 59 years was 24.9⁵ 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 Maternal Mortality Review Committees (MMRC) are 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 MMRC includes individuals from varied organizations and occupations. Through communication and collaboration, the MMRC serves as a continuous

⁵ The CDC National Center for Health Statistics will soon be releasing in December 2019 a revised methodology related to maternal mortality data. This new methodology will exclude use of the pregnancy checkbox when collecting data, and may show significant adjustments to previously reported maternal mortality rates. Therefore, rate listed above is current but subject to change pending release of new reporting methodology.

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 MMRC 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 126 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 55)
- Hypertension
- Diabetes, not gestational diabetes
- Cardiac problems
- Asthma/Pulmonary

Mothers of an advanced maternal age (35 years and older) account for 24.1% of all reviewed cases. The majority of reviewed cases were to women aged 20-24 years. (27.8%)

After initiating a new MMRC decision sheet for committee use in determining preventability of death, most cases suggest (81.8%) some degree of preventability. The committee also determines what the impact potential interventions could have had on preventing the death. This impact to alter outcomes among those cases reviewed, indicate an 86.4% chance of resulting in a better outcome and possibly saving the mother's life.

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 includes providing child passenger safety education and car seats and booster seats to eligible families. There are trained child passenger safety technicians located statewide, including the metropolitan areas as well as 57 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, families who receive other state assistance such as Medicaid,

Supplemental Nutrition Assistance Program, or Temporary Assistance to Needy Families, and/or families 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 following collaborative activities were discussed in detail in subsequent sections:

- *The Child Abuse Prevention (CAP) Action Committee:* (See page 34.)
- *Home Visitation Leadership Advisory Coalition:* (See page 34.)
- *Health Advisory Council:* (See page 20.)
- *The Oklahoma State Plan for the Prevention of Child Abuse and Neglect:* (See page 26.)

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), 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. Planning is currently underway to update the Healthy Oklahoma 2020 plan for 2025. Each of the OHIP flagship issues has its own *state plan* with specific goals and objectives.

The Children’s Health Group (TCHG) is the flagship work group for children’s health. 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 Abstinence Syndrome and trauma-informed interventions, are addressed at quarterly meetings of TCHG.



Oklahoma Partnership for School Readiness (OPSR): In 2003, the Oklahoma legislature signed House Bill 1094, which created the Oklahoma Partnership for School Readiness (OPSR). This legislation recognized more state-level action is required to support families and children from birth to five-years-old. OPSR engages and helps inform the legislature, state agencies and the public on how to improve children’s health and development, and to help all working families with young children.

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 OPR as Oklahoma's State Early Childhood Advisory Council. This 32-member council is comprised of agency heads, community volunteers, and early childhood professionals. The OPR state office provides the staffing support and overall direction for this comprehensive collaborative.

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, including e-cigarettes, 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. Starting in 2019, hospitals were able to choose between two formats for new parents, either a DVD or smart phone application. Both formats were available with the booklet. The application also allows the parents to track information about their new baby, such as sleeping, breastfeeding, and crying behaviors, to assist in multiple caretaking behaviors. Two hospitals implemented apps in 2019, and several more have requested apps for 2020. Currently, the PLI has a PURPLE supply that should reach almost 90% of the births until approximately October 2020.

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. The webinar will be updated in 2020 to include information about the app and how it can be used to promote other public health priorities, such as safe sleep and breastfeeding.

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: “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 2019, the Oklahoma “CLICK for Babies” Project, collected over 1,000 hats, adding to the amount stored from the previous years’ collection. These hats were provided to babies born at participating hospitals during the months of November, December and January. Some surplus hats were shared with other CLICK projects nationwide and the remaining hats were stored for next year’s implementation. For 2019, hats continued to be sent to the project from all over the United States. Over 11,000 hats were distributed in 2019-2020 for November-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 Wood 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 through calendar year 2019 through the 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. In October of 2018 through September 2019, MCH had Memorandums of Understanding with five different entities: 1) the University of Oklahoma, Children's Hospital (which updated their agreement to include all units in February 2019); 2) the OSDH Family Support and Prevention Service; 3) Mercy Hospital in Oklahoma City; 4) Mercy Hospital in Ardmore; and 5) the Oklahoma City Indian Clinic. From October of 2018 through September 2019, MCH distributed 290 portable cribs to families in need of a safe space for their infant to sleep. These families were participating in home visiting services (157), families delivering infants admitted to OU Children's Hospital (50), to families delivering infants admitted to Mercy Hospital in Oklahoma City (37), to families delivering infants admitted to Mercy Hospital in Ardmore (26) and to American Indian families seeking services at the Oklahoma City Indian Clinic (20). In relation to the 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 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.

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-visitation network in the state.

In FY 2019, 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)*: Oklahoma CBCAP funds were utilized to support the NFP Program, known as a “Well-Supported” program through funding contracts for services and also for a variety of materials to support parents in their new role. Many of the items purchased were used to provide anticipatory guidance education to clients on safety, providing a tangible way for parents to apply what they’ve learned. Examples of items include toilet locks, blind cord wind-ups and door knob covers. Children’s books were also purchased to support specific developmental milestones to enhance school readiness and also books for parents as they prepare for pregnancy and birth. (See *Program Assessment Rating Tool, page 40.*)
- *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 40.*)
- *Family Resource Center Network*: CBCAP funds were utilized to continue to develop the efforts for Oklahoma’s FSC Network, including membership and continued training for interested parties in the importance of the Standards of Quality for Family Strengthening and Support.
- *The Oklahoma State Plan for the Prevention of Child Abuse and Neglect, (2019-2023)*: CBCAP funds were utilized to support the ongoing work for the State Plan, coordinating follow-up surveys and hosting biannual meetings with prevention partners and stakeholders.
- *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.
- *Circle of Parents® (COP)*: CBCAP funds were utilized to continue providing COP® groups across the state. These small parent groups are co-facilitated by a Child Development Specialist (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 2019, a total of 631 parents participated in one of the 47 COP groups across the state.
- *The ROAR Program*: The CARE Center is a nationally accredited child advocacy center located in Oklahoma County who is responsible for the ROAR training. 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 68 participants who 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, visit <http://carecenter-okc.org/we-educate/child-education/>.

During FFY 2019, CBCAP funds were utilized to bolster Oklahoma's prevention efforts through supporting the infrastructure. This included co-sponsoring a major prevention child abuse and neglect conference, providing training opportunities to staff and designated partners as well as supporting home visitation coalitions and prevention task forces. Stakeholders were brought together to assist in coordinating the prevention network and the Oklahoma State Plan for the Prevention of Child Abuse and Neglect. CBCAP funds also supported travel to conferences and the annual CBCAP grantee's meeting as well as various contracts and other activities that support primary prevention. Some examples from FFY 2019 include:

- *Co-Sponsoring the 26th Annual Child Abuse and Neglect Conference:* CBCAP funds were utilized to help OSDH co-sponsor the conference, which made available a prevention track with speakers locally as well as from outside the state, known nationally. Thirty scholarships were offered to various OSDH partners to attend the conference that took place April 17 - 19, 2019.
- *Hosting the OSDH/FSPS Annual Meeting* which included staff statewide from various programs, including Child Guidance, Children First, Parents as Teachers, MIECHV and Sexual Risk and Avoidance Education. The purpose of the meeting was to come together for professional development, continuing education, networking and program planning. The meeting took place July 8-9, 2019 at the Moore Norman Technology Center in Norman, OK. The theme was "Resilient Workers – Resilient Families." A total of 185 people attended the two-day meeting.
- *Oklahoma Institute for Child Advocacy Fall Forum:* Eight FSPS staff attended the OICA Fall Forum in Oklahoma City, OK at the Oklahoma State University OKC campus, October 1 – 2, 2018. This 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. (See "Oklahoma Institute for Child Advocacy", page 37.)
- *3rd Annual Early Childhood Symposium hosted by Oklahoma Partnership for School Readiness:* Five FSPS staff attended the symposium January 17, 2019 in Edmond, Oklahoma. (See "Oklahoma Partnership for School Readiness", page 13.)

- Attendance for three representatives to travel and participate in the National Family Support Network/Together for Families National, October 15-17, 2018 in Cleveland, Ohio.
- Attendance for two representatives to travel and participate in the annual CBCAP grantee’s meeting and the 21st National Conference on Child Abuse and Neglect, April 23-26, 2019, both in Washington, DC.
- Attendance for four representatives to travel and participate in the 2nd International Conference on Child Maltreatment, May 16-17, 2019. The conference was hosted by Haruv USA at OU-Tulsa.
- Attendance for one representative to travel and participate in the National Child Welfare Evaluation Summit, August 20-21, 2019 in Washington, DC. The FSPS program evaluator who attended found the conference to have valuable learning with new analysis techniques and an introduction into machine learning. It also showcased innovative approaches to examining different datasets and collaborating with partners.
- *Also one attendee to the CB State Team Meeting held prior to the grantee meeting in Washington, DC, April 23, 2019. The Director of FSPS represented CBCAP on the Oklahoma state team attending this meeting.*

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.⁶ 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 as follows:

- 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;⁷ 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 within the OSDH Family Support and Prevention Service. The

⁶ Title 63 Oklahoma Statutes 1-227.

⁷ Activities related to training multi-disciplinary teams now provided by the Oklahoma Commission on Children and Youth.

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.

The Oklahoma State Plan for the Prevention of Child Abuse and Neglect: (See page 26.)

The Infant and Children’s Health Advisory Council (ICHAC): The Infant and Children’s Health Advisory Council 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 Commissioner 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, Speaker of the House of Representatives and the Commissioner of Health. Individual members are respectively 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 Commissioner of Health on rules on behalf of the Department; 2) making nonbinding written recommendations to the Commissioner 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 and the Department to coordinate rules. The ICHAC periodically reviews and makes recommendations related to the Oklahoma State Plan for the Prevention of Child Abuse and Neglect and serves as the advisory committee to the Oklahoma Parents as Teachers State Office.

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 braiding 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 historically has been funded with state appropriations on an annual basis. All of the CAP Funds must be used for direct services. 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 OCCY Commissioners prior to the awards being made by the Commissioner of Health.

For more than 20 years, the CAP Funds have been used to support community-based organizations in providing home visiting services – most of those years implementing the Healthy Families America (HFA) model. After careful consideration, and in an effort to broaden the home-based parenting services net, the OSDH made the decision to end the HFA Model and implement the Parents as Teachers (PAT) Model. The Parents as Teachers Model has universal access and broad enrollment criteria based on the age of the child, which allows families to access the program during the prenatal period through completion of kindergarten. By implementing the PAT Model, contractors are able to serve the same population, with less administration and training costs. In order to make this transition the Contractors were required to submit a PAT Affiliation Plan and attend the PAT Model Implementation Training. The PAT Affiliation Plans were approved by the PAT National Office, and staff (including supervisors and direct service staff) completed the Model Implementation Training. The Contractors implemented the PAT Model on November 7, 2016. During State Fiscal Year 2018, nine contractors were awarded contracts on September 1. On October 16, the Contractors were given a thirty-day notice of termination due to a budget shortfall at the OSDH. Despite the elimination of funding, Contractors were able to provide at least one home visit to 321 families. The OCAP continued to implement PAT home visitation services in four counties using MIECHV funding. Under new leadership in 2018, the OSDH restored funding to OCAP for \$2,014,668 and nine contracts serving 28 counties were awarded. Contracts to provide PAT home visitation services started in October 2018.

OSDH designated the Parents as Teachers State Lead: The Parents as Teachers state office refers to those agencies or organizations that have been formally identified by the national office as having the capacity and expertise to fulfill the roles and responsibilities outlined in the State Office Essential Responsibilities, providing leadership and support for Parents as Teachers in their respective states and countries. Parents as Teachers state offices are key representatives of Parents as Teachers and the entity closest to affiliates and families, serving as a vital connection with early childhood, home visiting, and family support partners to increase the opportunities for maintenance and expansion of Parents as Teachers.

In July of 2019, The Oklahoma State Department of Health (OSDH) was selected as the official state office for the Parents as Teachers (PAT) affiliates. The office joins twenty-five state and country offices nationally and internationally, which work with the national center to provide support and resources for professionals and organizations in the child development and education continuum.

Suzy Gibson, OSDH PAT Program Manager, will serve as the program's PAT State Office Leader, working directly with state and federally funded child abuse prevention programs throughout the Oklahoma. With more than 25 years of experience in the field of family support and child development, Ms. Gibson has contributed to statewide efforts reducing child abuse and neglect, and strengthening Oklahoma families.

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 2019, attempts to connect specifically on the Child and Family Service Reviews (CFSR) and Program Improvement Plans (PIP) were met with more success than years past. Collaborations with our Oklahoma Department of Human Services (DHS) colleagues are shared below:

- FSPS Service Director, Beth Martin, attended the State Team Planning Meeting held in Washington, DC, April 23-24, 2019. 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. The day and a half meeting focused on reshaping Child Welfare in the United States, and creating a shared vision across a broader child welfare system. Participation in the state team process has allowed for more collaboration at the state level. Representatives from CBCAP have participated in state level Child Family Service Plan development activities as well as the Family First Steering Committee. DHS representatives continue to participate with 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 ongoing efforts of the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect (2019 – 2023)*, providing feedback throughout the process and participating in two biannual meetings per year.
- 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. Representatives were also included in the Family First Steering Committee which was organized by DHS.

The National Family Support Network (NFSN): Oklahoma joined the NFSN with the Oklahoma Family Support Network forming in 2018. The NFSN was founded in 2011 and is comprised of a group of statewide networks, now including Oklahoma. This group of networks represents more than 3,000 family support programs across the United States. The mission of the NFSN is to promote positive outcomes for all children, families, and communities by leveraging the collective impact of statewide networks and championing quality family and support and family strengthening practices and policies.

The OFSN is currently in the assessment phase of the NFSN's Family Support and Strengthening Network Development Continuum. During this phase of the network development, the OFSN is developing a survey to identify existing programs, disseminating and conducting surveys to

identify Family Resource Centers (FRCs), and determining the interest of the existing FRCs in joining the Oklahoma Network and being trained on the Standards of Quality. The OFSN will utilize the results of the survey to inform the network planning process. The OFSN has been represented thus far at the NFSN's Biannual Together for Families Conference in Cleveland, Ohio in the fall of 2018 and again at the NFSN's Annual Member Convening and Forum in Washington, DC in the spring of 2019.

The OFSN hosted the inaugural Standards of Quality for Family Strengthening and Support training in July 2019. The training was full within 24 hours with all 36 participants receiving certification in the NFSN's Standards of Quality. The training was partially sponsored by Arnall Foundation. The organizations that were represented at the training were statewide, including the Oklahoma City Public Schools Parents as Teachers, the Oklahoma City Housing Authority, Positive Tomorrows, Parent Promise, The Oklahoma State Department of Health Family Support and Prevention Service, The YMCA of the Greater Oklahoma City, Smart Start of Central Oklahoma, the Reach out and Read program, the Evolution Foundation, NorthCare, the Potts Family Foundation, the Oklahoma University of Health Science Center's Center of Child Abuse and Neglect, and Safe Families Oklahoma. More trainings are planned for 2020.

The other next steps for the OFSN include the development stage. During this time, there will be an initial Network meeting convening, a mission, vision, and goals will be developed, operating guidelines and leadership determined. The FSPS staff will be participating in the NFSN Annual Member Convening and National Forum in Washington, DC in the spring of 2020 as well as the biannual Together for Families Conference in Seattle, Washington in the fall of 2020.

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,⁸ 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, 2018⁹, 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 latest annual report.

⁸ Pew Trust had previously passed similar legislation in 10 other states and having them share their experiences helped Oklahoma avoid certain challenges.

⁹ <https://www.okschoolreadiness.org/our-cause/home-visiting-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 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/subsequent sections:

- The Child Abuse Prevention Action (CAP) Action Committee (See page 34.)
- Home Visitation Leadership Advisory Coalition (See page 34.)
- 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.)

The Oklahoma State Plan for the Prevention of Child Abuse and Neglect, (2019-2023): The OCAP is charged with creating 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 mandated in statute, but eliminated in November 2013. With fresh leadership in FSPS, the work began over a few years ago to draft a plan that was useful by many statewide and something that could grow over time.

The Journey: Discussion began in late 2017 through early 2018 on strategies and potential partners for developing a meaningful Plan. Throughout the process, a net was cast for all working or having an interest in prevention, requesting and gathering feedback. Through providing electronic media, press releases, community and parent cafés, we had the beginning of our baseline data. Presentations and updates were provided to both the Infant and Child’s Health Advisory Council (ICHAC) and the Oklahoma Commission on Children and Youth (OCCY) with the Plan being approved by OCCY on October 26, 2018. The FSPS staff have continued presenting the Plan to various groups inviting their participation and use of the Plan as a framework for their work in prevention. The Vision of the Plan is “All Oklahoma Children will be healthy and safe.” The four Goals include: Infrastructure, Resources, Community Involvement and Knowledge. All of the Strategies fold into one of these four Goals.

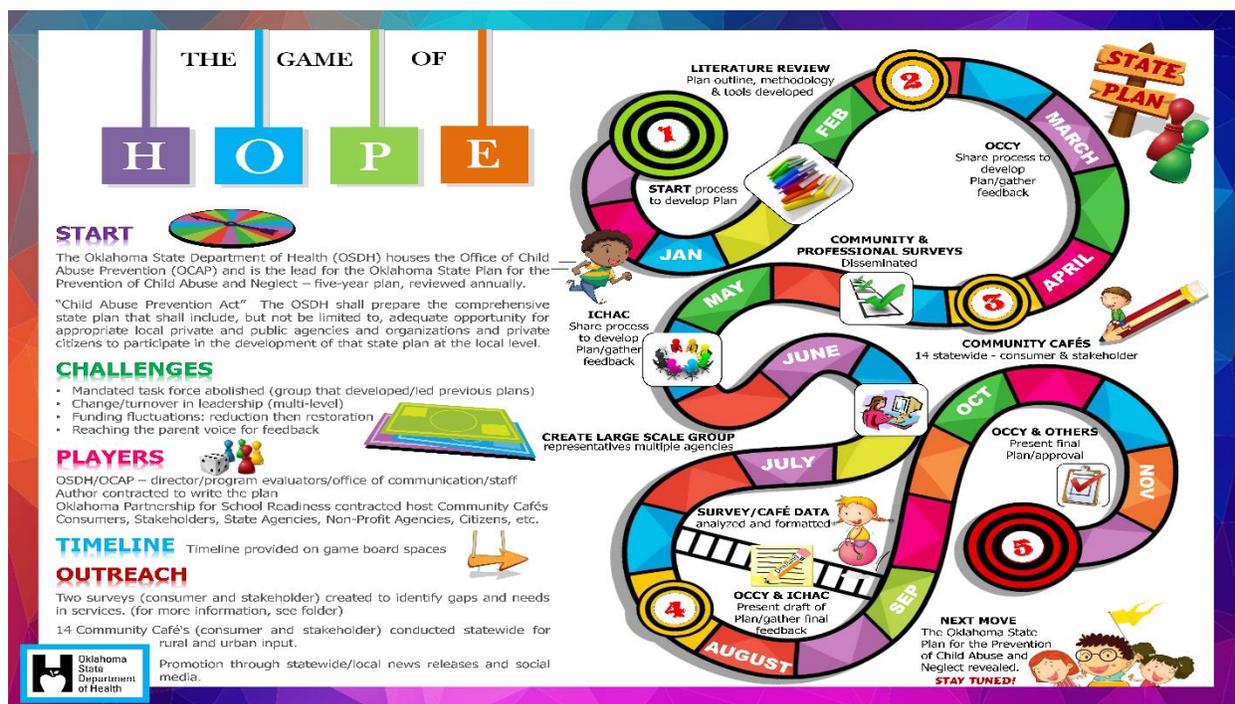


Figure 1: State Plan Timeline

Upon completion of the Plan, the FSPS staff began diligently putting pieces in place to understand the baseline data while trying to connect partners to the Plan. Follow up surveys for both professionals and communities/parents were disseminated in the summer of 2019 with a plan to repeat annually. Two biannual meetings took place in 2019 (April 5 and October 8) bringing stakeholders together to collaborate on improving the Plan. The Plan partners will continue to meet biannually with meetings for 2020 occurring on April 3 and October 10. The FSPS staff presented an update of the Plan to OCCY in July 2019, which will also occur annually. (For a comprehensive look at all surveys, data and survey data comparisons between years one and two, see *Attachments, Folder 4.*)

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 **2019 Oklahoma Domestic Violence Fatality Review Board Annual Report** are shared below:*

- Between 1998 and 2018, the Review Board identified 1,785 victims in Oklahoma who were killed as a result of domestic violence. In 2018 alone, 88 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 88 people who died, 71 were identified as domestic violence homicide victims, and 17 were identified as homicide perpetrators who died because of suicide, law enforcement intervention, or bystander intervention.

- In 2018, 31 out of 77 Oklahoma Counties (40%) 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.

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 over three million dollars.

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 2019 – \$746,095
State Appropriations	SFY – 2019 - \$3,391,746
Medicaid	SFY – 2019 – \$239,799
MIECHV	SFY – 2019 – \$532,562
CBCAP	FFY – 2019 – \$452,313

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 offered in both Oklahoma City and Tulsa with expansion taking place in rural areas. Trainings are supported by state appropriations, MIECHV funds, CBCAP funds and revenues generated from Oklahoma’s Heirloom Birth Certificates. A total of \$50,000 is budgeted for prevention trainings per year with heirloom birth certificate funding.

Child Guidance Service: In **SFY 2019**, the Child Guidance Service’s annual budget was approximately **\$3.6** 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	\$1,027,102
State Appropriation	\$2,561,221
Medicaid	0
CBCAP	\$80,000
Public Health Block Grant	\$117,590
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.



Revitalizing Oklahoma Child Abuse Prevention Specialty License Plates: During this last reporting period, the OSDH/FSPS began working diligently on a facelift for the OCAP specialty license plate that generates funds for the OCAP programs in the state. The OSDH Office of Communications provided the updated design and the Oklahoma Tax Commission will be producing the plate for a launch in April 2020. The plate was last updated in 2008 with a program logo that became extinct. This is the third design for the plate since its inception in the mid-1980’s. Not

only does the revenue from the plate provide additional funds for the prevention programs, but it is also an excellent tool for raising awareness and attention regarding the issue of protecting children.

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 2019, 310 children participated in 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 2019, a total of 631 parents participated in one of the 47 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 68 participants who 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/>.

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 10.)

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 FFY 2019, 126 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 2019 accomplishments include:

- Distributed 765 car seats.
- Provided 141 car seat checks.
- Taught 12 one-day Child Passenger Transport classes to childcare providers throughout the state.
- Taught 7 one-day child passenger safety (CPS) classes to other targeted stakeholders, including the Parents as Teachers staff and Children First nurses (2 classes) and Oklahoma Department of Human Services child welfare workers (5 classes).
- Assisted with or was the lead agency for 3 three-day CPS Technician classes.
- Assisted with car seat check events at Toni Reyes Head Start, Village United Methodist Church, WIC Variety Care Lafayette, Latino Community Development Agency, Jim Dunn State Farm Agency, Battiest Elementary School, and two at the Children's Rehabilitation Center.

- Developed a new partnership with OU Children’s Hospital to provide car seats and technicians for a monthly check event beginning in September 2019.

PARTNERSHIPS AND COLLABORATIONS WITH OTHERS

The Child Abuse Prevention (CAP) Action Committee: The Child Abuse Prevention (CAP) Action Committee has been in existence for 14 years, working together as a collective group of parent leaders and advocates striving to raise awareness and educate others about child abuse prevention. The CBCAP Grant Coordinator leads this effort. After the completion of the most recent Oklahoma State Plan for the Prevention of Child Abuse and Neglect (2019-2023), the group adopted the Vision statement of the Plan, “All Oklahoma children will be healthy and safe.” They also tweaked their mission statement, “The CAP Action 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. A foundation of strong projects have grown into Oklahoma traditions 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 as a mechanism for promoting the various campaigns and the prevention message, while also used as a method to collect data on participant involvement. With that, an accompanying Facebook page and Twitter account are part of the Oklahoma Child Abuse Prevention tools.

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 450 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 8 at-large meetings scheduled during calendar year 2019. (See Attachments, Folder 3.)

Home Visitation Leadership Advisory Coalition (HVLAC): As a number of evidence-based home visitation programs were being implemented across the state in the mid 1990’s, 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. 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 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 2019. Highlights of HVLAC activities during the year include:

1) Special presentations

- a. "Oklahoma Libraries and Outreach" by Adrienne Butler, Youth Services Consultant, Oklahoma State Department of Libraries. Information shared on children's and teen services and adult services including resources and online services for parents and caregivers.
 - b. "Animal Behavior and Animal Neglect" by Lyne Huffman, Oklahoma city Animal Welfare Unit. Tips to deal with negative animal behavior in the homes and how to detect animal neglect.
 - c. "True Colors" by Lisa Hamblin, Oklahoma State University Extension Office, Oklahoma City, Oklahoma. Learning how to use your true color to get along with others, work better together and have relationships that are more productive.
 - d. "Lead Poisoning Prevention" by Susan Quigley, OSDH. An overview of lead poisoning prevention and the problem of lead in Oklahoma. Lead poisoning has no symptoms, but can have devastating long-term effects.
 - e. "Supporting and Engaging Families Living in Poverty" by Lana Beasley, PhD, Associate Professor, Oklahoma State University. Understanding the challenges parents living in poverty face, the impact of adversity and poverty, and trauma-informed approaches.
 - f. "An Introduction to Suicide Prevention" by Shelby Rowe, Oklahoma State Department of Mental Health. This presentative covered the general scope of suicide, who it affects, what we know about it and how we can prevent it.
 - g. "Privacy and the Internet Of Things" by Robert Morey, OSDH. A look at the Internet of things (IOT) and privacy/security issues around smart devices.
 - h. Ongoing discussion and updates on the Family Support Accountability Act, including review of home visiting outcomes from the previous year.
 - i. Ongoing home visitation data updates and discussion with the FSPS Epidemiologist at the end of each meeting.
2. Continued distribution of the Home Visitation Safety Manual¹⁰ – This publication was 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.)

¹⁰ <http://bit.ly/3agtRhb>

Oklahoma Partnership for School Readiness (OPSR): OPSR is a public-private partnership made up of OPSR Board and the OPSR Foundation. OPSR leads public and private partnerships, so that children arrive at school with the knowledge, skills and physical and emotional health to achieve success. This partnership is critical because it allows OPSR to leverage the resources and expertise of stakeholders in private and public sectors to work collaboratively and move early childhood initiatives forward in Oklahoma. OPSR also utilizes data, research and best practices that engage parents, nonprofits, community partners and business leaders to inform recommendations to the Governor and legislature.

In 2018, OPSR developed The Pathway¹¹, 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.

Prevent Child Abuse America - Oklahoma Chapter (PCAOK): The Prevent Child Abuse America - Oklahoma Chapter 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 hosting 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. Sixty-two Oklahoma state flags were planted, representing each of the children killed in Oklahoma in SFY 2016 because of child abuse or neglect. PCAOK also collaborated for the second year with the Oklahoma District Attorney's Council to plant pinwheel gardens on the lawns of numerous courthouses across the state. PCAOK's participation in Child Abuse Prevention Month activities drew the attention of the media and the general citizenry.

PCAOK also participates with FSPS and other community partners in the ongoing efforts to achieve the goals of the Oklahoma State Plan for the Prevention of Child Abuse and Neglect, (2019-2023). The PCAOK staff has taken an active role in working with state legislators, to not only increase the amount of state funding allocated to independent child abuse prevention service providers, but also to protect the funding from being used for purposes other than statewide child abuse prevention strategies. PCAOK has worked with Oklahoma's U.S. Senators and members of Congress to advocate for additional CAPTA funding on the national level.

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 23 faculty and over 260 staff,

¹¹ <https://www.okschoolreadiness.org/the-pathway>

students and volunteers 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 children exposed to trauma. 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 30.*)

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.

OICA's annual Fall Forum, in 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 has created the Oklahoma Youth Parliament, a development program to help participants under the age of 18 learn more about advocacy and the role they can play in state government. 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 over the holidays, at graduation, and for back to school endeavors. For more information, go to <http://oica.org>.

The Early Childhood Comprehensive Systems (ECCS): The Little Dixie Community Action Agency, Incorporated received the ECCS grant in 2016. The focus of the project is developmental health promotion through screening, monitoring and follow-up. The overall goal is a 25% increase in age-appropriate developmental skills among the three-year old population by the end of grant year (2021). Since the beginning of the grant, several projects have been implemented within Choctaw, McCurtain and Pushmataha counties to meet this goal, including:

- As of 2019, Little Dixie ECCS has partnered with 11 childcare centers to implement the Ages & Stages Questionnaires® (ASQ) Developmental Screening Tool within their facility.
- Little Dixie ECCS has incorporated 13 Early Literacy Corners within local health departments, doctor offices, community centers, etc. Each early literacy corner includes early childhood books, developmental toys, and resources that parents may access. The early literacy corners provide a positive family engagement environment while the family waits to receive services.
- In 2018, Little Dixie ECCS created and developed a childhood and family resource bundle. This is a comprehensive resource guide, which includes information about community resources, early childhood development, health care information, Vroom activities, and developmental screenings. These were disseminated throughout the place-based communities at natural family gathering places.
- In 2019, Little Dixie ECCS completed their Early Childhood Integrated Data System Pilot Project for the Oklahoma State Department of Education. Little Dixie successfully connected to the longitudinal data system to incorporate Little Dixie ECCS early childhood data, via Brookes ASQ Application Programming Interface (API).
- In 2017, Little Dixie ECCS made Oklahoma the 29th affiliate state to adopt the Help Me Grow System Model to pilot in Choctaw, McCurtain and Pushmataha counties. Throughout 2018 and 2019, there has been diligent

work to complete the Readiness Assessments to increase their understanding of their communities and state. In 2019, Little Dixie ECCS started the Phase 2 Technical Assistance Contract with the Help Me Grow National Center to continue to guide the implementation process.

The following activity was discussed in detail in a previous section:

The National Family Support Network (NFSN): (See page 23.)

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

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

CBCAP \$ Received: \$ 620,556		
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 <i>(name for Oklahoma NFP)</i> (Oklahoma City / Tulsa contracts) (Statewide incentives)	Funding \$ 452,313	
Overall Totals: \$ 532,313		

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 2018, the Oklahoma population of childbearing age females (15-44 years) numbered 770,736, representing 20% of the total population and 39% of the total female population (1,990,033). The majority of reproductive age females were white (75%), followed by American Indian (12%) and African American (10%). About 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. Currently, as required by Title V legislation, the MCH Service is conducting its five-year needs assessment with submission in July 2020. New MCH population priorities may be identified to direct program efforts for the years 2021-2025.
- 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 2016-2018, there were 152,622 births; 73.9% of the births were to White mothers, 10.7% to African American mothers, 11.8% to American Indian mothers, and 3.6% to Asian/Pacific Island mothers. Hispanics comprised 14.8% 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. New priorities for the perinatal and infant health domain may be identified in the MCH five-year needs assessment presently underway.
 - 6) Child Health: In 2018, approximately 18% (691,500) 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 31.9 per 100,000 in 2018 for children ages one to four, down 37%; from 21.8 to 13.1 per 100,000 for children ages five to nine, down 40%; and from 28.8 to 19.3 per 100,000 children ages 10 to 14, down 33%. 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 priority needs for child health. New priorities for the child health domain may be identified in the MCH five-year needs assessment.
- 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.

The 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 began January 2019 where key staff outlined a work plan to meet the October 2020 deadline. Staff in FSPS has begun to collaborate with MCH Title V staff once again for both needs assessment and participated in listening sessions which are being held across the state. (See Attachments, Folder 1.)

3) *State Plan for the for the Prevention of Child Abuse and Neglect 2019 - 2023*

(See Attachments Folder 4.)

- 4) *The Oklahoma Child Abuse Prevention Network Inventory*: The Oklahoma Child Abuse Prevention Network 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 2019, 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 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:

- Nurse-Family Partnership for rights to utilize the NFP model
- Regents of the University of Colorado to provide training in the use of the Dyadic Assessment of Naturalistic Caregiver Child Experience (DANCE) Bethany Public Schools for PAT services
- Bethany Public Schools for PAT services
- CREOKS Behavioral Health Services for PAT services
- Community Action Project of Tulsa for PAT services
- Great Plains Youth and Family Service, 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
- 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
- Youth & Family Services for Hughes & Seminole Counties for PAT services
- 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 additional examples of families having benefitted from services.

PARENT SUCCESS STORY

Family from the *Children First Program* - NFP

Susan Gonzalez enrolled in the Children First Program in Tulsa, Oklahoma in December of 2017, when she was 25 weeks pregnant with triplets. Susan was ready to start a family with her partner, Luis, but she was very surprised she was carrying triplets. Both Susan and Luis were working full-time during the pregnancy. At 26 weeks gestation, Susan was admitted to the hospital on bed rest until delivery. Susan was concerned about her job, but her extended family was supportive. Susan went into labor at 32 weeks gestation and delivered Sebastian, Mateo and Emmanuel via C-section. The three boys spent 40 days in NICU. Sebastian was the smallest weighing 2 pounds, and Emmanuel was the largest weighing 3 pounds, 5 ounces. Susan pumped breastmilk in the NICU for the infants and supplemented with formula. The Children First nurse home visitor educated Susan on breastfeeding multiples, and referred her to a lactation appointment for assistance. All three children received breastmilk until three months of age. *"I knew getting the breastmilk was important for them. I wish I could have continued longer, but it was challenging pumping, feeding and needing to supplement."*

The Children First nurse home visitor and Susan discussed her plans for the future, and formed a plan to address her goals. Susan, Luis, and the three boys moved into her parent's apartment after the boys were discharged. *"We needed help with the boys, and we wanted to save money to get a two bedroom apartment."* Susan began looking for work when the boys were 4 months old. *"I struggled with the decision to work. I wanted to be with the boys, but I had to help provide for our family."* Susan started working full-time at McDonald's in July 2018.

The Children First nurse home visitor performed a postpartum depression screening (PHQ-9) and discussed results with Susan, a referral was made to counseling services and a letter was sent to her PCP. Susan started taking her anti-depressant medication at this time after experiencing some mild postpartum depression. *"I had a history of depression in the past, so I knew I was at risk. I was so tired all the time. I began feeling better after starting my medication."*

Susan and Luis both were doing well at their jobs and moved into a one-bedroom apartment in the same complex as her parents. *"They were such a big help with the boys, we wanted to live close by."*

Susan began the management training program at McDonald's earning more money and working full-time. The Children First nurse home visitor performed an ASQ:SE-2 screening at six months. After discussing some concerns with the scores in the gross motor and problem solving sections of the screening, the boys began physical and occupational therapy for delays due to their prematurity. *"When the boys turned one, I was so glad they were staying on track with their development. It was challenging taking them to all of their appointments, but I knew it was important."*

The Children First nurse home visitor and Susan began thinking about ways to help the boys with socializing with other children. Susan explored her available resources and began considering early childhood development education for the boys when they were 15 months old. *"I think it would be good for them to be around other children in a positive learning environment. I don't just want them to be with a babysitter, I want them to learn."* Susan was apprehensive about childcare in the past, but when she learned more about Child Abuse Prevention (CAP) Tulsa from her Children First nurse home visitor, she was ready to apply. *"They can also help me and Luis when we are ready to go back to school."* The boys started at CAP Tulsa in August of 2019 at 18 months of age. Susan and Luis saved their money and moved into a two-bedroom apartment. Susan is now working at a healthcare facility as an activities coordinator, leading group activities for the patients. *"I am making more money and am only working part-time."* Susan plans to return to school in the future and is looking into programs for both her and Luis to have a career they love doing. *"We really want to be able to get a house someday, with a yard for the boys to play in and a dog."* Susan and Luis have accomplished a lot in their time with Children First, and will continue to accomplish their heart's desire.



PARENT SUCCESS STORY

Family from the *Parents as Teachers Program*



Crystal Conley and her husband, C.J., learned about home visitation services from the [parentPRO](#) website and were connected to Parent Promise PAT. Kim Berger, a PAT Parent Educator immediately contacted the family and started home visitation services. Upon enrollment, Kim learned that Crystal, C.J. and baby Evander were facing homelessness; they were desperate to find a safe place to live. Kim's first goal with the family was to provide resources, and supported Crystal and C.J. while navigating the system until they were able to secure adequate housing.

After a few home visits, Kim learned that Crystal has been in recovery from substance abuse since May 2018. Crystal stated "I'm able to stay sober by putting Evander and C.J. first and focusing on things I can control." Even though Crystal has been sober since 2018 and made healthy changes to multiple areas of

her life, she still struggled with embracing motherhood; sharing with Kim, "I never wanted to be a mother." Kim took Crystal's cues and began to focus on bonding and attachment between Crystal, C.J. and Evander. Crystal now reports "Evander is our entire world now; this tiny squealing person is the best thing that's ever happened to us!"

The family was making steady progress toward their goals when a devastating tragedy struck the family. C.J. committed suicide.

Crystal's world crumbled, as she was forced to face motherhood alone. Kim was there to support Crystal in her efforts to put Evander's needs first, by remaining sober and continuing home visits. Crystal said "I'm working my way through my grief without losing sight of being a good mom to Evander." Kim referred Crystal to a grief support group where Crystal was able connect with others that are dealing with the death of a loved one. Crystal stated "My support group has helped me so much, and made me realize I can't blame myself for C.J.'s death."

Kim is happy to report that during the course of Crystal's home visitation services, she has enrolled in college classes, working towards a Bachelor's Degree in Psychology, obtaining full time employment and has become financially stable, securing a bright future for herself and baby Evander.

Crystal said "Kim helped me meet my goals by getting into school and find a safe home for Evander when C.J. and I were facing homelessness," adding, "Kim made me feel like I'm doing okay at this mom thing, she has been a strong force in helping me feel like I can help Evander and be a good mom."



DESCRIPTION OF NUMBER OF FAMILIES SERVED FFY 2019

Program	Care-givers	Children	Families	Parents and Children w/ Disabilities	Unstable Housing	Visits for Unstable Housing	Fathers as PCG	Military
NFP	1,443	1,010	1,443	22	36	75	0	22
NFP MIECHV	261	230	261	1	1	7	0	2
PAT (state-funded)	350	460	350	37	3	26	14	3
PAT – MIECHV	629	854	629	38	21	291	11	6
SafeCare – MIECHV	136	211	136	2	5	59	1	1
Child Guidance	16,399 Individual Sessions 368 Events (Outreach, Training, Workshops) 381 Consultation Visits							
The Incredible Years	2 Parenting Groups was provided during FFY 2019 310 Children in Classroom Groups							
Circle of Parents®	631 Total Attendees 47 Parent Groups							
Parent-Child Interaction Therapy (PCIT)	677 Total Therapy Encounters - PCIT without patient – 83 - PCIT with patient – 594							
Parents and Children with Disabilities	Number of children with disabilities						37	
	Number of adults with disabilities						62	

PUBLIC AWARENESS

Blue Ribbon Tree: For the eleventh 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 [2019 CAP Blue Ribbon Slideshow](#)¹² 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 5, 2019 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, they included the following hashtag: #pictureabrighterfuture.

OSDH Internal Wear Blue Day: The FSPS partnered with the OKC Energy Soccer team to raise awareness of child abuse prevention during April within their fellow staff of other OSDH employees. A photo booth was provided; snapshots could be taken with a few of the popular Energy soccer players.

Facebook Page: The Oklahoma Child Abuse Prevention Facebook page continued to garner interest with a current total of 1,109 likes. This page is facilitated by the CAP ACTION Committee.

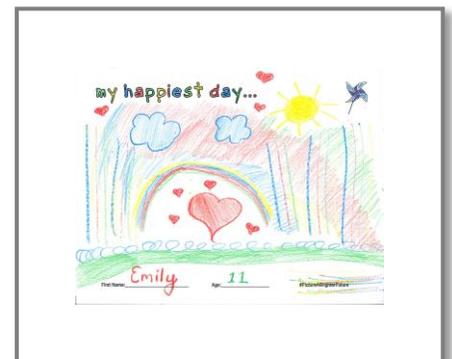
Insights from the OCAP Facebook page (April, 2019):

- An increase in the FB Page “likes” from 1,049 to 1,085.
- An average of approximately 2,900 people accessed the FB Page per week.
- A maximum daily reach of 5,862 people and a maximum weekly reach of 6,767.
- During National Child Abuse Prevention Month, the number of impressions seen with any content associated with the FB Page was 291,460 during a 28-day period.

Facebook Page Event Posts:

- SkyDance Bridge Event reached 7,000
- Outstanding CAP Awards Event reached 1,500
- Wear Blue Day Event reached 1,600
- Blue Sunday Event reached 46

“Happiest Day” Coloring Challenge: OSDH/FSPS and the CAP Action Committee continued their social media campaign with the hashtag #PictureABrighterFuture (Picture a Brighter Future for



¹² https://youtu.be/u6mp2_MPyzU

Oklahoma Children), now in its fifth 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.



OSDH Internal Diaper Drive: During the month of April, the OSDH staff pulled together to collect over 330 pounds of diapers, which were donated to Infant Crisis Services, Inc. in Oklahoma City, Oklahoma. The local media also covered the event.¹³

Other April events included a Blue Sunday Day of Prayer (04/29/19), Sky Dance Bridge Going Blue for Child Abuse Prevention (04/30/19) and a Child Abuse Prevention Month proclamation with the Oklahoma Legislature.

Communications and Social Media: The OSDH Office of Communications staff distributed several media releases announcing April as National Child Abuse Prevention Month, promoting the Blue Ribbon Tree for Kids Campaign, and announcing the nominations and selection of Outstanding CAP Awards, etc.

Commercials: The FSPS arranged for prevention commercials to be aired during the spring of 2019, which also included the month of April. Airtime was purchased on multiple stations covering the Oklahoma City, Tulsa and surrounding markets. In order to reach the far corners of the state.

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.]

¹³ <https://okcfox.com/news/local/donating-diapers-can-help-curb-child-abuse>

SECTION 5 – OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

DESCRIPTION OF OUTREACH ACTIVITIES

Parents of Racial and Ethnic Minorities: Of the 3,943,079 Oklahomans, 10.88% 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 792,582 people and the Hispanic population accounts for 17.79% 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 2018-2019, LCDA offered two different home visiting programs: Parents as Teachers and SafeCare. In total, these two programs served 253 families within Oklahoma County providing a total of 3,744 home visits. Child abuse prevention services are extremely important in Oklahoma. According to the most recent Oklahoma Department of Human Services SFY 2018 Report, in Oklahoma, there were 80,598 reports of alleged child abuse, neglect or both, in which 138,061 children were alleged victims. 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 16,399 individual services were provided from October 1, 2018 to September 30, 2019, and 355 consultation visits.

Homeless Youth and Families: The FSPS funded home visiting programs served “couch homeless”¹⁴ as well as families located in shelters, crisis centers and group homes throughout the state. Completed visits include 82 visits to 37 mothers by NFP; 317 visits to 24 families by PAT; and 59 visits to 4 families by SafeCare.

Below are examples of the ways in which some of the programs served this special population during SFY 2019:

- **The Bethany Public Schools PAT Program (BPS-PAT)** have families that occasionally find the need to stay with other family members or “couch surf.” Resources are given to families including food, rent assistance, shelters, etc. One of the clients who is 20-years-old, and her one-year old daughter were kicked out of her grandmother’s house. She and her daughter moved in with a coworker, but it was only temporary. The Parent Educator immediately helped her sign up for SNAP and WIC and got her into a free driver’s education program and found her a free car. The Parent Educator was able to get the client on waiting lists, including a crisis house at a local church and an apartment owned by the same local church where rent was affordable for her. The Parent Educator found winter clothing for the child at a local clothes closet.

In addition, the **BPS-PAT** give diapers to homeless families at every home visit. The Parent Educator ensures the child has a car seat, clothing, food, diapers, etc. Other referrals given to homeless families include: Be the Change, Bethel Foundation, Brand 15, City Care, City Rescue Mission, Community Action Agency, Grace Rescue Mission, Guild of St. George, Habitat for Humanity, Jesus House, Homeless Alliance, Neighborhood Housing Services, just to name a few.

- **CAP Tulsa** served four families who faced homelessness. **CAP Tulsa** has a high-risk protocol which includes safety guidelines and phone numbers for applicable resources. **CAP Tulsa** is fortunate to have a strong partnership with Family and Children’s Services and have Family Support Specialists that partner when families are facing high needs situations. CAP Tulsa works to provide referrals to area services and follow up to make sure families are connecting to these services.
- **parentPRO Great Plains-PAT (GP-PAT)** provides services to the homeless population by providing charitable resources such as blankets, clothes, diapers, wipes, toiletries. To help the homeless population to seek home establishment, the Parent Educators find out who and what they are familiar with in the community to build a plan for stable housing attainment. The Parent Educators talk to the families about a trusting support system and refer to the PAT Group Connections to have the opportunity to meet other families in the program. From there the Parent Educators provide a wide variety of additional resources.

¹⁴ Persons without a permanent residence, but living with an acquaintance, friend or relative who cannot provide a private space for the guest.

- **The Latino Community Development Agency Parents as Teachers Program (LCDA-PAT)** typically serves families that are “couch homeless.” Most of the families have been mothers living with a family member—her mom, her boyfriend’s family or friends. LCDA had six families who were homeless during FFY 2019. In these cases, LCDA does their best to accommodate the family by working with the family to determine when and where the client would like to be visited. The Parent Educator will offer to visit at the house of the person with whom they are staying, but if for some reason that is not possible or if the family desires privacy from the other family members or friends, then the Parent Educators make arrangements to meet with the families in other places such as the library, park, etc. Parent Educators usually refer families to housing programs and help them apply with the one that fits their needs best. In one case, the family was living with another family member, their goal was to move to a place or buy a home. The Parent Educator referred them to Habitat for Humanity, Government Housing and First Time Home Education Classes. The Parent Educator helped them set a budget to save for a down payment for the house. Within about a year of being in the **LCDA-PAT Program**, the family purchased and moved into their own home. They continued to live there with much stability as the family graduated services.
- **Northern Oklahoma Youth Services – Parents as Teachers program (NOYS-PAT)** has provided services to a handful of clients living in transition. This has varied between clients in a domestic violence shelter, clients who have been evicted from their apartment/house, and also clients who are currently couch hopping living with friends/family. The services the families are connected to vary from food sources, shelters, and finding an appropriate support in their circle that they and their child can stay with while protecting the child. In the last year, there have been approximately ten clients homeless or transitional for various reasons with the number one reason being domestic violence. The second reason is eviction due to cleanliness or lack of ability to pay. One of the current clients has transitioned from an eviction from section 8 housing, to their father’s house to a friend’s house to a new rent house in the six months they have participated in the program.
- **The Northwest Family Services Parents as Teachers Program (NFS-PAT)** began providing services to the Northwest Treatment Center in February 2019. Women and their children are housed in the in-patient facility where case managers work to find adequate permanent housing following the completion of the treatment process. Group connections and individual parenting were provided to the residents during their treatment process. Groups are held every other week and individual parenting is held bi-monthly. For families not involved in the treatment facility, resource information is provided and referrals are made to the following: New Beginnings Domestic Crisis Center, Northwest Domestic Crisis Center and YWCA.

- **The Oklahoma City Public Schools Parents as Teachers Program (OKCPS-PAT)** served three families who were temporarily living with family members. The families received visits at the home address that they were staying and/or at the closest Metropolitan Library location, per family requests. Resources provided to these families included Oklahoma City Housing Authority (Public Housing/Section 8), Habitat for Humanity, Bethel Foundation, Salvation Army, and the Food Bank.
- **Parent Promise PAT** has worked with clients experiencing homelessness. The majority of the homeless clients that participated would be considered couch homeless; staying with friends or family. The Parent Educators educate clients about housing resources that are available and identify what they may qualify for. These include Oklahoma City Housing Authority for section 8 or public housing, Catholic Charities – Holy Family Home, Neighborhood Services Organization (NSO) and Community Action Agency. When working with clients experiencing homelessness, the Parent Educators encourage the clients to look into employment (if they're not employed), start planning and working on a budget, and look into other services that can be beneficial to the family during the transition. **Parent Promise PAT** has an excellent relationship with ReMerge and serves many of their clients. These mothers have case management and housing through ReMerge but **Parent Promise PAT** advocates and helps them find the housing to best fit their needs.

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.

- **BPS-PAT** Families suffering with substance abuse are given a variety of referrals that range from a local AA class, a counseling referral or even an in-patient rehabilitation center. The Oklahoma County Online Resource Binder has many resources available for clients/families struggling with substance abuse including: Addiction Hotline, drugrehab.com, In The Rooms, OKC Metro Alliance, Parents Helping Parents, Reach-Out Hotline and Start Your Recovery to name a few.
- **GP-PAT** has had several families that have obtained a medical card since marijuana was legalized in Oklahoma. **GP-PAT** continues to educate enrolled families of the harmful effects of children being around any type of smoke. **GP-PAT** stresses to parents that even though they feel that it is helping them, they also have to think about the effects on the young children and what example they setting for their children. **GP-PAT** discusses with parents that bathing and changing clothes after they smoke cigarettes or marijuana is helpful in keeping children from being exposed to second hand smoke. In the southwestern part of the state where **GP-PAT** provides services, there is no access to rehab facilities, however, **GP-PAT** refers parents to a variety of rehabilitation facilities in other parts of the state or connecting states. Unfortunately families have to be put on a waiting list for such facilities when the help is needed immediately. For emergency situations, **GP-PAT** has used Red Rock in Oklahoma City. **GP-PAT** stresses to families that they talk to their Primary Care Physician (PCP) if they have one. **GP-**

PAT partners with a variety of counseling facilities in the southwest part of the state and utilize support groups such as AA, NA, Al A-Non, etc.

- **LCDA-PAT** rarely enrolls a primary caregiver (PCG) in the program that has substance abuse issues, however, substance abuse issues with a partner happens on occasion. During FFY 2019, eight PCG's in **LCDA-PAT** had partners with substance abuse issues. Each case is handled differently, for example, the PCG confided with the Parent Educator that in the past she had been separated from her husband for a year due to his drinking problem. He was heavily drinking every single weekend and then he was getting verbally aggressive with her. After a year of separation, she gave him another opportunity to come back home because he promised her that he was going to stop drinking. The PCG had the courage to tell her Parent Educator that her husband has continued drinking and has continued being verbally aggressive towards her. The Parent Educator gave her information about Alcoholics Anonymous and Celebrating Families, a program that helps children and their families live a healthy and productive life, free of alcohol and drugs. The PCG told the Parent Educator that she feared her husband was not going to accept and/or attend these groups. The Parent Educator encouraged her to participate in the Celebrating Families Program with her kids and she did. After her participation in the program she decided to leave her husband. The PCG realized he was not going to change and how much her daughters will be affected if she stay with him. After she left him, her husband would show up at the house unannounced and attempt to physically abuse her. The Parent Educator referred the PCG to Palomar and encourage her to seek counseling. Currently, the PCG is living independently with her daughters, and attending counseling.
- **NOYS-PAT** has a variety of families who deal with substance abuse. **NOYS-PAT** provides a Group Connection once a month to inmates at the detention center where many of them struggle with substance use/abuse. Often, their substance abuse is a target topic of discussion. Many of **NOYS-PAT** families have been open about their medical marijuana cards they are in the process of obtaining or they already have. This is a delicate topic and **NOYS-PAT** Parent Educators are working with clients to understand how their substance use affects their parenting abilities. **NOYS-PAT** has also had a few families, either the PCG, PCG's partner or the father of the baby enter into a rehab facility. The Parent Educators continue to work with these families by providing referrals and additional needed support.

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 are examples of how FSPS funded programs assisted such victims:

- **BPS-PAT** provides referrals to the YWCA, Palomar, La Luz, Family Builders, Oklahoma Safeline, etc. The Parent Educator also helps the client develop a safety plan. The Parent Educators also have access to resources on the Oklahoma County Live Resource Binder online which can be accessed on their cell phone for

convenience. Occasionally, **BPS-PAT** has assisted clients with securing representation and help in filing reports and attending court appointments.

- **Frontline Family Solutions Parents as Teachers (FFS-PAT)** refers all domestic violence cases to counselors within the agency, Women's Resource Center or the Family Crisis Center. During the time of enrollment all families are given safe line numbers. The overall goal of the Parent Educators is to help the families get additional counseling and get the victim to a safe place.
- **GP-PAT** serves families that one or the other has had to take Domestic Violence Classes for either victimizing or being a victim. One client that enrolled in GP-PAT came from Chicago and was a victim of rape at a subway station and had a baby as a result. In order to distance herself from the situation, she moved in with her step-dad that lives in northwest Oklahoma. Once settled, she met a felon through an online dating site who was on work release in a community that GP-PAT serves, and decided to move in order to be closer to him. Once she moved in, he took her social security check and began to emotionally abuse her. Determined not to be victimized again, she saved her money and got out of the relationship and was able to obtain an income based apartment. **GP-PAT** referred her to counseling and for a complete assessment with a mental health provider to regulate her bi-polar medication and helped her establish a medical home. In addition, **GP-PAT** has provided several referrals including the Gifts of Hope Program. With all clients faced with domestic violence, **GP-PAT** works to establish trust and develop a safety plan with all the resources available to them, such as counseling, ACME House (Home Shelter for women in a domestic relationship), escape plan, etc.
- **Youth and Family Services for Hughes & Seminole Counties-Parents as Teachers (H&S-PAT)** served two families during FY 19 who have been in domestic violence situations. The Parent Educators referred each family to the Family Resource Center and to the Seminole Nation Domestic Violence Office. The Parent Educators stated that one family moved out of the area away from the abuser. The other family got a protective order (PO) with the help of the Parent Educator, who helped the client through the process.
- **LCDA-PAT** had nine clients in the program that are experiencing intimate partner violence (IPV) and depending on which stage the client is in, the Parent Educator works with her accordingly. Typically, the Parent Educator develops a safety plan and connects clients to resources. In one case, after the second IPV Evaluation Form, the client shared that she had been in an emotionally and mentally abusive relationship with her ex-husband, who is also the father of her baby. The client shared how he would try to control what she did and would constantly insult her and as a result, she sought help at the Latino Community Development Agency's domestic violence advocate program. The client participated and graduated from the support group and worked with her domestic violence advocate to develop and execute a plan to separate from her husband permanently. After the client shared her story with her Parent Educator, they worked together to come up with

a safety plan to provide a level of support so she could feel safer when having encounters with the father of the baby. The client has continued in the program and shared with her Parent Educator that he has decreased his attempt to control and insult her.

- **NOYS-PAT** serves several families in Kay County who are in domestic violent situations. There is a desperate need for a Batterer's Intervention Program, but the closest one is an hour away. The **NOYS-PAT** Program receives referrals from the local domestic violence shelter. Upon enrollment, the Parent Educators make it a priority to build bonding and attachment with the victim and child that have been affected by the trauma of IPV. **NOYS-PAT** partners with the sexual assault advocate with clients and have referred to the staff counselor. **NOYS-PAT** also discusses healthy relationships during the home visits and group connections. During FFY 19, 15 clients actively engaged in services through the **Northern Oklahoma Youth Services (NOYS)** Domestic Violence Shelter.
- **Parent Promise-PAT** has developed a protocol for Parent Educators to follow in the event that domestic violence is disclosed in a home visit or during a Group Connection. The protocol is available to the Parent Educators to utilize when they need it. The Parent Educators are required to administer an IPV by the fifth home visit or at any time domestic violence is disclosed. The Parent Educators keep a safety plan template in their traveling files if needed during a home visit. Resources to clients who experience domestic violence include the YWCA and Palomar: Oklahoma's Family Justice Center. Parent Promise-PAT has developed a partnership with Palomar which allows Parent Promise to provide an on-site Parent Educator to talk to clients who are either fleeing from a DV situation or are in the planning process. Partnering with Palomar also helps to ensure these clients are receiving the services to best help them at the time.

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.

NFP has a number of materials directly on the dad for different phases of the program (i.e., Pregnancy, Infancy and Toddler phases, etc.)

Below are examples of PAT programs focused on father involvement.

- **BPS-PAT** consistently strives to engage fathers. If possible, visits are scheduled when the father is home. Two families are enrolled where the fathers are the PCG and are at every visit. **BPS-PAT** schedules around the fathers work schedules, for example, one father has Thursday and Friday off work, and another father is off work Mondays, those families are seen on the days that the fathers are off work. Fathers are invited to Group Connections by receiving a letter from their child inviting them and a personal message from the Parent Educator along with the invitation. Each Group Connection has at least one activity that the fathers will enjoy. Many fathers have been given referrals to the Smoking Cessation hotline as well as to the True Dad's program. Some fathers have been given referrals for immigration/citizenship.
- **CAP Tulsa-PAT** has several strategies related to Father Engagement. One is to be available for visits at a time that is convenient for dad. The other is a focus on inviting dads to the Group Connections and ensuring that they feel welcome when they attend. **CAP Tulsa-PAT** have several evening Group Connections that are convenient for working parents. An example of one of the Group Connections that was father-friendly was a Monday night football/soccer event that had many fathers attending and engaging in active play with their young children. Block Fest was another event that was popular with fathers.
- **CREOKS-PAT** has three fathers who are the PCG enrolled in services. **CREOKS-PAT** invites the fathers to Group Connections and supports them by developing goals as most of them are involved with Child Welfare. The three fathers that are involved are single parents as the moms are either in jail or in a rehabilitation facility. **CREOKS-PAT** starts with the basics, by setting goals and encouraging them to continue to provide a safe healthy environment for their children. **CREOKS-PAT** meets the fathers when it is most convenient, even though it is late at times because they all work. The Parent Educators bring the Fatherhood Initiative Curriculum as a supplemental curriculum to the PAT curriculum.
- **Frontline-PAT** provides flexibility when scheduling home visits due to most fathers working full time during the day or in some cases they may work nonstandard hours or shift schedules. To encourage father participation, accommodation to scheduling is taken into consideration and many times visits or Group Connections will have to occur outside of the typical working hours. **Frontline-PAT** tries to schedule Group Connections in the evenings and accommodates the home visit schedules of the family to best allow for father participation. In addition, the Parent Educators convey to the PCG's the benefits of having the father participate. There are many resources for fathers that can be provided during visits. A resource like the website fatherhood.gov can provide fathers with information and tips on how to spend meaningful and intentional time with their children, it provides information on co-parenting and navigating topics like child support and visitation, and furthermore can help fathers find

online support groups through blogs or Facebook that they can use to connect to other fathers. Locally, fathers can be referred to True Dads (truedads.com) where they can work on parenting and relationship skills and get help finding employment if needed. Another resource that is helpful is an app called Parenting2Go that fathers can download onto their cell phone. While it was created initially for service members in the military, it can be very helpful for any parent, especially ones who struggle with switching gears from work life to home life.

- **GP-PAT** has a few fathers enrolled and the home visits occur around their work schedules. **GP-PAT** help the fathers with clothes, blankets, wipes, diapers, and toiletries for their children. The Parent Educators use the supplemental curriculum “24/7 Dad,” and tells them, “Being a father does not start and end when dad goes to work and gets off of work.” Many of the single dads are well acquainted with this belief, for example, **GP-PAT** enrolled a single dad with twins. He couldn’t afford rent and lived in a dangerous neighborhood. In order to help him obtain adequate, affordable housing, the parent educator sought resources through Facebook, social media, buy/sell/trade sites, newspapers, word of mouth and was able to find a more affordable home in a good neighborhood. The parent educator also provided him with diapers and wipes for the baby. This father has a seasonal job, which he does well when the weather is cooperating, but when it is not, money is scarce. Due to his unstable income, he started to look for another job. The Parent Educator supported him in his efforts by bringing him a bi-monthly list of jobs available in the area from the Southwest Workforce Office. **GP-PAT** also helped him through the Gifts of Hope Project where Christmas Gifts are provided for the children, to reduce stress during the holidays. In addition, **Great Plains Youth and Family Services, Inc.**, has hired an Outreach Specialist that informs all of families of charitable events occurring in Southwest Oklahoma.
- **LCDA-PAT** Parent Educators involve fathers by asking the mothers to share the information in the handouts with the fathers and to practice the parent child interactions with fathers when they get home after work. Also in the case that the father arrives in the middle of the home visit, Parent Educators invite them to participate in the parent child interactions as well as sharing the parenting development and family well-being information. **LCDA-PAT** has been successful in attracting fathers to the Group Connections because several of the planned Group Connections are in the afternoon or on Saturdays. Another father-friendly event is providing Block Fest events. The Block Fest is an interactive event which uses five block stations to introduce children eight months to eight years old and their parents to early math and science learning. The fathers love to participate in the Block Fest events. The LCDA-PAT developed a CQI project that focused on increasing the mom’s knowledge of the importance of the role of the father. The Parent Educators are administering a pre-test about fatherhood and giving information about the importance of fathers being involved in their children's lives.

- **NOYS-PAT** has a male Parent Educator who focuses on the fatherhood aspect by working with single dads. NOYS-PAT holds a Group Connection at the Kay County Detention Center for the male inmates to help gain their confidence back in fatherhood activities. **NOYS-PAT** focuses on the fathers by empowering them and their caregiving abilities. During FFY 19, seven fathers enrolled in home visitation services.
- **NW-PAT** utilizes a supplemental Fatherhood Curriculum. The Parent Educators schedule home visits to coincide with fathers' availability. **NW-PAT** has enrolled two fathers as PCG's and in addition two fathers have been actively participating in home visits.
- **OKCPS-PAT** Parent Educators encourage fathers whenever it is possible to participate in the home visits. OKCPS-PAT data indicates that 4-10 fathers were participating regularly in the home visits and a total of six males attended the Group Connections. Resources that are provided for fathers include:
 - Fatherhood: Your role as a Dad/What Moms Should Know About Dads (Parents as Teachers Handouts)
 - English Second Language classes, Citizenship Classes and employment opportunities.
- **Parent Promise-PAT** involves fathers during the home visit when possible. When a father is home during a visit, the Parent Educators encourage the father to participate with their child. Referrals provided to fathers include True Dads, Family Expectations and Work Ready if the father is unemployed and looking for work. **Parent Promise-PAT** offers at least two group connections per year that are on the weekend. Fathers are encouraged to come to all group connections, but the hope is that offering them outside of typical working hours will accommodate their schedules. The Parent Educators sought information from the father's about what developmental topics and activities they would be most interested in. After receiving their responses, the Parent Educator brings the information or activity that the father is interested in to the next visit.
- **PCCT-PAT** have fathers that participate during the home visits. The Parent Educator usually tries to set the home visit on the days where the father is at home during the day. The Parent Educator uses the PAT Handout for fathers and also encourages parent-child interaction with the baby taking turns with the mother. The Parent Educators are very mindful about talking with both parents during the home visit to answer any questions they may have.

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	16	80%
Positive Discipline	15	75%
Parenting a Grandchild	2	10%
Positive Relationships	14	70%
Increasing Communication	12	60%
Parenting a Teenager	9	45%
Financial/Legal	5	25%

Technical Assistance: The FSPS acknowledges and embraces the importance of parent leadership and involvement. During FFY 2019, 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 OUHSC CCAN Parent Partnership Board: When OUHSC CCAN was awarded the Evidence-Based Home Visiting (EBHV) Grant more than eight 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 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 additional resources, parenting tips,

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: 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 OUHSC CCAN Parent Partnership Board has provided some invaluable insights. The OUHSC CCAN 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 OUHSC CCAN'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 four fathers that form a sub-group focused on supporting fathers.

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.

2018-19 Activities: The PPB has continued to extend their work by increasing their voice to improve the quality of evidence-based home visitation programs in Oklahoma and continue their voice in the community and amongst policy makers. The PPB have met with multiple organizations to improve their approach to families, include the Children's State Agency. Workshop, the Early Birds program, the 2019 OICA Fall Forum, the National Family Support Network Parent Advisory Committee Training, and the Early Childhood Research Symposium. The mother's and father's subgroups of the PPB have assisted with the development and presenting of qualitative interview guides to improve father engagement in home-based parenting programs and recruiting fathers to participate in research for home-based parenting programs across the state. Further, the parentPRO website has been updated with additional resources and triage information to improve access to programs that coincide with all the Potts Family Foundation's 25 by 25 goals of family support, health care, child care, and literacy. Team members have participated in panel discussions after the showing of the Resiliency film in

Oklahoma as well as support education of the business communities for Family Positive Workplace efforts. This spring the PPB will be watching the Resilience film and developing a plan to improve community understanding of protective factors by empowering the PPB members to share their stories. PPB members have presented during PPB their application of positive parenting practices and protective factors. There has been a broad impact and reach of the PPB. OUHSC CCAN staff, volunteers, and students from across the metro area coordinate the program. These team members with the parents and children are impacted and share information back into the communities across the state. This reach is having impact with direct contact with individuals of various socioeconomic status, education, disabilities, mental health needs, faith backgrounds, etc.

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 2019, the conference was held on April 17 – 19 at the NCED Hotel and Convention Center in Norman, Oklahoma and OSDH was a co-sponsor for the event. Utilizing CBCAP funds, OSDH sponsored a prevention track during the conference that covered a variety of topics and provided scholarships for 30 OSDH employees to attend. During 2019, the Center on Child Abuse and Neglect also collaborated with the Oklahoma CJA Advisory Task Force on Child Abuse and Neglect. Approximately 386 participants attended all or part of the conference including 58 speakers, and 46 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 2019 conference reviews were very positive, both for individual sessions and the conference as a whole.

Conference participant satisfaction: The attendees were asked to rate their level of knowledge both pre and post session with an average increase in knowledge of 16%. Attendees were also asked if the content of the session provided them with new information or ideas and if the information provided could be applied to practice: regarding new information or ideas the rating was 4.52 and regarding the application to practice the rating was 4.64. The overall rating was 4.5 all on a 5-point scale.

Annual Family Support and Prevention and Child Guidance Meeting: The FSPS hosted this statewide annual meeting which included staff statewide from various programs, including Child Guidance, Children First, Parents as Teachers, MIECHV and Sexual Risk and Avoidance Education. The purpose of the meeting was to come together for professional development, continuing education, networking and program planning. The meeting took place July 8-9, 2019 at the Moore Norman Technology Center in Norman, OK. The theme was “Resilient Workers – Resilient Families.” A total of 185 people attended the two-day meeting.

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 psychosocial 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 next page.)

Model Specific Training for Programs

Model Specific Trainings ¹⁵	
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 (<i>Supervisors only</i>)	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	

¹⁵ SafeCare trainings conducted and monitored by OUCCAN. They also participate in the “Additional Trainings” at bottom of table.

Other Training for Programs

Name of Training Class	Date of Class	# Attended
OK2 – Infant and Toddler Assessment	10/2-4/2018	3
ROAR Child Education	10/8/2018	30
OK1 – Children First Overview/Maternal Health Assessment	10/10-11/2018	3
CAME – Child Abuse Medical Examiner	10/18-19/2018	8
Reflective Supervision	10/24/2018	3
Home Visitor Safety	10/22/2018	8
Breastfeeding	10/29-30/2018	7
Family Domestic Violence	10/31/2018	7
Attachment	11/8/2018	7
Reproductive Health / Maternal Depression	11/7/2018	8
Special Needs	11/9/2018	9
Newborn Screening	11/28/2018	15
OK3 – Motivational Interviewing/Therapeutic Relationships/Crisis Management/Chart Audit	11/27-29/2018	3
CPS Training	11/29/2018	22
Keys to Caregiving	12/4/2018	12
ASQ – Ages & Stages	12/5/2018	20
Motivational Interviewing	12/6/2018	15
Home Visitor Safety	12/10/2018	14
Tobacco Cessation/Substance Abuse/Addictive Behaviors	12/11/2018	11
Mental Health Issues	12/12/2018	9
SOAP Notes	1/24/2019	31
Family/Domestic Violence	1/29/2019	12
OK 2 - Infant and Toddler Assessment	1/29-31/2019	6
Developmental Tasks/Ages and Stages	1/30/2019	18
Special Needs	2/6/2019	18
Mental Health Issues	2/8/2019	19
Attachment	2/28/2019	15
Reproductive Health/Maternal Depression	3/1/2019	17
Breastfeeding	3/4-5/2019	23
ETO	3/6/2019	9
ETO	3/8/2019	20
Adoption	3/12/2019	14
Roar	3/13/2019	33
ETO	3/15/2019	12
Keys to Caregiving	3/14/2019	14
Grief and Newborn Screening	3/26/2019	19
Motivational Interviewing	3/27/2019	19

Tobacco Cessation/Substance Abuse/Addictive Behaviors	3/28/2019	26
Youth Mental Health First Aid	4/1/2019	14
ASQ - Ages & Stages	4/3/2019	22
Home Visitor Safety	4/8/2019	33
SOAP Notes	4/25/2019	7
Motivational Interviewing	4/30/2019	26
The Art of Adding Value	5/1/2019	10
Keys to Caregiving	5/6/2019	3
Special Needs	5/7/2019	5
OK1 - C1 Overview/Maternal Health Assessment	5/8-9/2019	5
Family/Domestic Violence	5/8/2019	7
Reflective Supervision	5/9/2019	13
OK 2 - Infant and Toddler Assessment	5/23-25/2019	9
Grief/Newborn Screening	6/3/2019	5
Mental Health Issues	6/5/2019	6
CAME - Child Abuse Medical Examiner	6/6-7/2019	15
The Art of Adding Value	6/10/2019	8
Reproductive Health/Maternal Depression	6/12/2019	9
Attachment	6/13/2019	9
ASQ - Ages & Stages	6/17/2019	7
Youth Mental Health First Aid	6/18/2019	12
Adoption	6/19/2019	8
OK3 - Motivational Interviewing/Therapeutic Relationships/Crisis Management/Chart Audit	7/16-18/2019	8
OK1 - C1 Overview/Maternal Health Assessment	7/30-31/2019	4
SOAP Notes	7/30/2019	8
Breastfeeding	8/20-21/2019	12
Child Passenger Safety	8/29/2019	15
OK 2 - Infant and Toddler Assessment	8/20-22/2019	6
Motivational Interviewing	8/22/2019	19
Grief/Newborn Screening	9/5/2019	16
Reflective Supervision	9/10/2019	22
Tobacco Cessation/Substance Abuse/Addictive Behaviors	9/13/2019	5
The Art of Adding Value	9/12/2019	28
ASQ - Ages & Stages	9/17/2019	7
Developmental Milestones	9/16/2019	18
Attachment	9/27/2019	21
Reproductive Health/Maternal Depression	9/26/2019	12
Mental Health Issues	9/25/2019	18
Total of 75 trainings	Total Attendees	991*

*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.

The following activity was discussed in detail in a previous section:

The National Family Support Network (NFSN): (See page 23.)

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 2019, 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 19 respondents that participated in COP during the FFY 2019.

Question 1: COP has been helpful to me.

Question 1	Frequency	Percentage
Strongly Disagree	0	0%
Disagree	0	0%
Agree	2	10%
Strongly Agree	17	85%
No Opinion	0	0%

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

Question 2	Frequency	Percentage
Strongly Disagree	0	0%
Disagree	0	0%
Agree	3	15%
Strongly Agree	16	80%
No Opinion	0	0%

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

Question 3	Frequency	Percentage
Strongly Disagree	0	0%
Disagree	0	0%
Agree	4	20%
Strongly Agree	15	75%
No Opinion	0	0%

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

Question 4	Frequency	Percentage
Strongly Disagree	1	1%
Disagree	0	0%
Agree	3	15%
Strongly Agree	16	80%
No Opinion	0	0%

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

Question 5	Frequency	Percentage
Strongly Disagree	0	0%
Disagree	0	0%
Agree	4	20%

Strongly Agree	15	75%
No Opinion	0	0%

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

Question 6	Frequency	Percentage
Strongly Disagree	0	0%
Disagree	0	0%
Agree	4	20%
Strongly Agree	15	75%
No Opinion	0	0%

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

Question 7	Frequency	Percentage
Strongly Disagree	1	5%
Disagree	0	0%
Agree	3	15%
Strongly Agree	15	75%
No Opinion	0	0%

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

Question 8	Frequency	Percentage
Will	12	60%
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 2019 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.)
- 91% of NFP babies were carried to term (more than 37 weeks gestation)
- 92% of NFP children were fully immunized at 24 months
- 92% of NFP mothers initiated breast feeding
- 91% of NFP mothers attended 10 or more prenatal care visits
- 89% of NFP clients did not smoke and never began smoking between intake and 36 weeks of pregnancy
- 46 referrals to early intervention services were made to NFP mothers whose children screened positive for developmental delays on regularly administered Ages & Stages questionnaires
- 1,548 Patient Health Questionnaires (PHQ-9) were administered to 820 mothers; approximately 23% of the screenings indicated signs of depression and required immediate attention by a healthcare or mental health professional
- 78% of NFP fathers spent time with their child
- 89% of NFP clients served in SFY 2019 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 FFY 2019.

- 100% of clients agree or strongly agree that they are satisfied with the activities in which they participate
- 97% 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 2019, the NFP program continued implementing CQI to strengthen and advance the quality of the program. (See Attachments for storyboard example, Folder 1.)

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.

“Efforts to Outcomes” (ETO) Evaluation

FSPS Referrals by the numbers:

A total of 3,844 referrals were sent to the parentPRO programs in FFY 2019, routing through the ETO system. From those referrals, 1,506 did not enroll in services for various reasons as indicated below:

- 901 of the clients could not be located
- 327 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.)

Data quality:

ETO has now been in place for four years with a focus on data quality within the system. Sites now have the ability to run a report at any time to view the number of participants with key missing data and are able to break it out by staff member which has substantially reduced the missing data in some variables by 10 percent or more.

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 26th 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 Oklahoma Health Sciences Center reported that the 2019 conference reviews were very positive, both for individual sessions and the conference as a whole. The attendees were asked to rate their level of knowledge both pre and post session, and there was an average increase in knowledge of 16%. Attendees were also asked if the content of the session provided them with new information or ideas and if the information provided could be applied to practice. Regarding new

information or ideas the rating was 4.52, applied to practice 4.64, and 4.5 for an overall rating, on a 5 point scale.

The Oklahoma State Plan for the Prevention of Child Abuse & Neglect (Data and Methodology):

In late 2018 and early 2019, results from the first Community and Professionals Surveys were used to inform and update the Oklahoma State Plan for Child Abuse and Neglect (2019 – 2023); by incorporating local survey data with broader research on risk and protective factors for child abuse and neglect, the State Plan team was able to determine local, regional, and state level objectives and strategies for the following five year period. In April, 2019, survey results and the suggested objectives and strategies were presented to a group of varied stakeholders to ensure a comprehensive, representative, and plausible State Plan and to brainstorm related metrics. Community and Professionals Surveys were again distributed in July 2019 to continue assessment of family and community needs, awareness and availability of services, and professional capacity to appropriately identify child abuse and neglect.

In an ongoing effort, strategies, action items, and metrics continue to be fine-tuned and streamlined into a workable format for a State Plan. Data will continue to be gathered with follow-up surveys while collaborations with stakeholders will take place via biannual meetings in April and October of each year. The plan will be under constant review to guarantee the necessary flexibility of changing community needs and availability of data sources. Data are to be collected yearly to reflect any progress the state is making toward meeting goals set forth by the State Plan, and to highlight areas where concentrated efforts might benefit. Surveys and distribution methods may be revised in order to better reach the target populations.

So far, data from the past two yearly surveys have been relatively consistent. Professionals were more aware of services than community members and tended to believe that such access was either easier or more difficult than community members, who generally responded more neutrally. Professionals had also referred clients to community resources at a rate much higher than the community members had actually used such services. Community members with lower incomes and lower education had the most trouble finding and accessing resources, and were least knowledgeable about child abuse and neglect and child development. These results help to inform the State Plan by confirming key areas for improvement.¹⁶ (For a comprehensive look at survey data comparisons between years one and two, see *Attachments, Folder 4.*)

¹⁶ <http://bit.ly/30tXlhu>

Blue Ribbon Tree Campaign Evaluation: This was the first year that data was collected for the Blue Ribbon Tree Campaign. The data was stored in the ETO database with descriptive statistics being reported to show location and organization type (see below). A statewide map of the data was produced to view the dispersion of active blue ribbon trees across the state, which has also been instrumental in identifying gaps in participation as well as new areas to focus outreach efforts for the future. (See Attachments, Folder 3.)

Blue Ribbon Tree Counties	# Blue Ribbon Tree Locations	Blue Ribbon Tree Location Type	# Blue Ribbon Tree Displays	What do your blue ribbons represent?	#'s
Canadian	4	Area business	33	No specific # of ribbons	38
Carter	3	Childcare	8	# children served by your program	7
Cherokee	1	Faith-Based	1	# confirmed CAN in your county	5
Cleveland	1	Courthouse	1	Other	10
Comanche	4	Library	1		
Grady	1	Neighborhood	1		
Greer	1	School	13		
Hughes	1	Other	2		
Jackson	1				
Kay	1				
Kiowa	1				
Le Flore	1				
Lincoln	2				
Logan	2				
Marshall	1				
Murray	1				
Muskogee	2				
Oklahoma	20				
Okmulgee	2				
Ottawa	2				
Pittsburg	1				
Seminole	1				
Tillman	1				
Tulsa	4				
Woodward	1				

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 47.)

Blue Ribbon Tree Campaign: (See page 47.)

April Child Abuse and Neglect Prevention Conference: (See page 64.)

April Child Abuse Prevention Commercials: (See page 48.)

Linking with Libraries: For the thirteenth 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 Award Ceremony was presented on Tuesday, April 9, 2019 in the Great Room at the Oklahoma Judicial Center to a packed crowd. 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 **Tiffany Holmes with OSDH/Family Support and Prevention 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 City Public Schools Parents as Teachers Program, Oklahoma City, Oklahoma.**
- 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 **Kyle Moore with the OKC-County Health Department, Oklahoma City, Oklahoma.**
- 4) *The Julie L. Bonner Award*, given to an outstanding nurse, was awarded to **Diane Sammons 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 **Jen Balderas at Bethany Public Schools Parents as Teachers Program, 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 **Representative Carol Bush, Oklahoma Representative District 70, Tulsa, Oklahoma.**

(See Attachments, Folder 3.)

SECTION 10 – CHALLENGES AND BARRIERS

During FFY 2019, revenue increases were noted in Oklahoma after several years of budget shortfalls. While the long-term impact on prevention programs is unknown, the OSDH Office of Child Abuse Prevention did receive welcome news. The previous OCAP funds that were eliminated for statewide prevention programs (which included a loss of contracts), were reinstated. Though due to this interruption of services and the process of reinstating the contracts, much work remains to once again regain the trust with both contractors and the communities in which they serve.

Other potential Challenges and Barriers include:

- Working through all of the obstacles as we are in the beginning phases of implementing the Oklahoma Family Support Network and a new Parent Partnership Board.
- Continued implementation and growth of The State Plan for Child Abuse and Neglect Prevention, (2019-2023). The FSPS has mapped out biannual meetings, provided follow up surveys and continued small internal workgroups to navigate a statewide plan that is both meaningful and useful to all.
- Oklahoma has a new governor and substantial number of new legislators. Educating new stakeholders is difficult to do with limited available staff time and resources.

2019 Oklahoma's CBCAP Program Report

ATTACHMENTS & SUPPORTING DOCUMENTATION Table of Contents

<p><u>FOLDER 1</u> Family Support & Prevention Service PROGRAMS</p>	<ol style="list-style-type: none"> 1. PARENTS AS TEACHERS PROGRAM (OCAP) <ol style="list-style-type: none"> 1) OCAP Annual Report (SFY 2019) 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>Children First in Oklahoma</i>) <ol style="list-style-type: none"> 1) Children First Annual Report (SFY 2019) 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 Forms Manual 7) Children First CQI Project Example 3. PROGRAMS – MISCELLANEOUS <ol style="list-style-type: none"> 1) parentPRO Parent Partnership Board 2) Circle of Parents – 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 Annual Outcomes Report 4) 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 (2019) <ol style="list-style-type: none"> 1) Build a Blue Ribbon Tree Campaign 2) Child Abuse Prevention Awards 3) CAP Meeting Calendar (2019) 4) CAP Month Media Releases 5) CAP Month Coloring Challenge 6) CCAN Conference Information 7) CAP Month Care for Kids - Poster
<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) Ongoing State Plan Work (FFY 2019) 2) State Prevention Plan (2019-2023) 3) State Plan Materials (Timeline, Surveys and Outcomes) 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 2018) & APPLICATION (FFY 2020) 3. OHIP PUBLICATIONS 4. CONTRACTS
<p>See also... APPENDIX A</p>	<p>Oklahoma's Community-Based Child Abuse Prevention Network</p>

**Hard copies of attachments available by request.*