

OKLAHOMA

Community-Based

Child Abuse Prevention Grant

Application

June 14, 2019

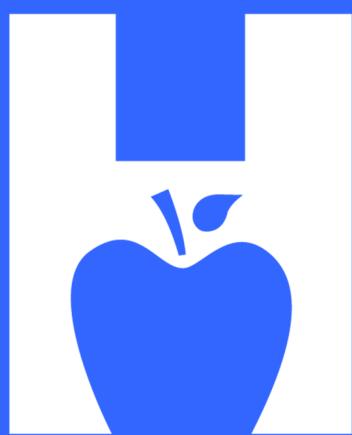


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Oklahoma State Department of Health
Creating a State of Health

June 14, 2019

Jerry Milner, D.S.W.
Associate Commissioner
Children's Bureau
330 C Street SW, 3rd Floor, Room 3046
Washington, D.C. 20201

RE: Community-Based Grants for the Prevention of Child Abuse and Neglect or
Community-Based Child Abuse Prevention
Log No. ACYF-CB-PI-19-05; Issuance Date: 3-25-19

Dear Dr. Milner:

Enclosed please find the Oklahoma State Department of Health (OSDH) application for the FFY 2019 Community-Based Child Abuse Prevention (CBCAP) grant. The state and designated lead agency meet all eligibility requirements specified by Part II of the Program Instructions and will be responsible for the administration of funds and oversight of programs funded through a statewide network of community-based, prevention-focused family resource and support programs.

The OSDH is a public entity comprised of 68 county health departments and a central office serving all 77 counties in Oklahoma. The mission of OSDH is:

To protect and promote health,
to prevent disease and injury, and
to cultivate conditions by which Oklahomans can be healthy.

The OSDH has four distinct programmatic administrative areas. The *Family Health Services* (FHS) Division is responsible for the care of women, children and families. The Division's mission is:

Family Health Services protects and promotes the health of Oklahoma's women, children and families by assessing health status, establishing evidence-based priorities and providing leadership to assure availability of individual, family and population-based services.

Within the FHS there are seven separate services – one of which is the *Family Support and Prevention Service* (FSPS). The FSPS is directed to establish a comprehensive statewide approach toward the prevention of child abuse and neglect. The FSPS mission is:

To promote the health, safety and wellness of Oklahoma's children and families by reducing child abuse and neglect through the funding of direct services; training professionals that work in the child abuse prevention and protection arenas; and conducting activities that educate the public about child maltreatment and enhance the infrastructure that supports prevention efforts.

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Tom Bates, JD
Interim Commissioner of Health

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One of the programs historically located within the FSPS is the *Office of Child Abuse Prevention* (OCAP). The OCAP was legislatively created in 1984 by the Oklahoma Child Abuse Prevention Act. The OCAP has provided staff support for the other entities created by the CAP Act including local family resource and support programs.

The OCAP has worked collaboratively with networking partners to prepare the "Oklahoma State Plan for the Prevention of Child Abuse and Neglect" – a compilation of findings, recommendations and the plan for the continuum of comprehensive child abuse prevention services across the state.

The Family Support and Prevention Service has been ground central for many of the home visitation programs in the state, including the Nurse-Family Partnership Program (referred to in Oklahoma as the *Children First Program*), Parents-As-Teachers (PAT), and the *Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program*. Children First provides nurse home visitation to first-time parents throughout the state. Public health nurses from OSDH county health departments and contracts with Oklahoma and Tulsa counties provide C1 services statewide. The PAT program is administered through FSPS through contractual agreements with private non-profit agencies across the state. The *MIECHV Program* is a federally-funded initiative designed to increase and enhance home visiting services being provided to pregnant women, infants, and young children who are at risk. The goals of the program include promoting maternal, infant and early childhood health, safety, and development, as well as strong parent-child relationships.

The mission, structure and activities of the FSPS within the OSDH are in alignment with the requirements of the CBCAP grant. For this reason, we look forward to continuing our efforts in preventing child maltreatment while joining forces with the Administration on Children, Youth and Families.

Sincerely,



Tom Bates, J.D.
Interim Commissioner of Health

SECTION II - LEAD AGENCY IDENTIFYING INFORMATION

In Response: Log No: **ACYF-CB-PI-19-05**

Date of Issuance: **03/25/2019**

Lead Agency Name: Oklahoma State Department of Health
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., CCPS 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
(405) 271-4042
LytleC@health.ok.gov

**OSDH will provide timely notification to the Federal program officer if there are any changes in the lead agency information during the grant award period.*



J. Kevin Stitt
Office of the Governor
State of Oklahoma

April 4, 2019

Jerry Milner, D.S.W.
Associate Commissioner
Children's Bureau
330 C Street SW, 3rd Floor, Room 3046
Washington, D.C. 20201

Dear Mr. Milner:

After giving full and equal consideration to the capacity and expertise of all entities desiring to be the lead agency, I hereby designate the Oklahoma State Department of Health (OSDH) as the lead agency to receive the federal funds allocated to Oklahoma through the Community-Based Grants for the Prevention of Child Abuse and Neglect created by Title II of the Child Abuse Prevention and Treatment Act (CAPTA) as amended by Public Law (P.L.) 111-320.

Because prevention is highly emphasized in the arena of public health, the OSDH is the most appropriate entity to accomplish the goals of the Community-Based Child Abuse Prevention (CBCAP) Program. The OSDH has over 20 years of experience providing community-based family support services through a statewide network of prevention programs funded by Oklahoma's Child Abuse Prevention Fund.

I am confident that OSDH will continue to make great strides in preventing child maltreatment. Their work will create a healthier and safer Oklahoma for our children and families.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Kevin Stitt".

J. Kevin Stitt
Governor

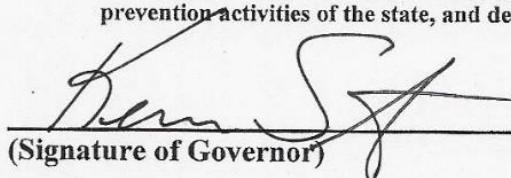
Enclosure: State Chief Executive Officer's Assurance Statement OMB Control #0970-0155

**COMMUNITY-BASED GRANTS FOR THE PREVENTION OF
CHILD ABUSE AND NEGLECT PROGRAM
(TITLE II OF THE CAPTA AMENDMENTS OF 2010 (P.L. 111-320))**

GOVERNOR'S ASSURANCE STATEMENT

As Governor of the state of Oklahoma, I am providing the following assurance that I have designated to be the lead agency, administer the funds, and assume the obligations imposed by the terms and conditions of the Community-Based Grants for the Prevention of Child Abuse and Neglect award. I further assure that the lead agency will provide or will be responsible for providing--

- (A) Community-based child abuse and neglect prevention programs and activities designed to strengthen and support families to prevent child abuse and neglect composed of local, collaborative, public-private partnerships directed by interdisciplinary structures with balanced representation from private and public sector members, parents, and public and private nonprofit service providers and individuals and organizations experienced in working in partnership with families with children with disabilities;
- (B) Direction to an interdisciplinary, collaborative, public-private structure with balanced representation from private and public sector members, parents, and public sector and private nonprofit sector service providers;
- (C) Direction and oversight to the network through identified goals and objectives, clear lines of communication and accountability, the provision of leveraged or combined funding from federal, state and private sources, centralized assessment and planning activities, the provision of training, technical assistance, evaluation assistance and reporting and evaluation functions.
- (D) A demonstrated commitment to parental participation in the development, operation, and oversight of the community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect;
- (E) A demonstrated ability to work with state and community-based public and private nonprofit organizations to develop a continuum of preventive, family-centered, comprehensive services for children and families;
- (F) The capacity to provide operational support (both financial and programmatic) and training, technical assistance, and evaluation assistance to community-based child abuse and neglect prevention programs and activities designed to strengthen and support families to prevent child abuse and neglect, through innovative, interagency funding and inter-disciplinary service delivery mechanisms; and
- (G) Integration of its efforts with individuals and organizations experienced in working in partnership with families with children with disabilities, parents with disabilities and with the child abuse and neglect prevention activities of the state, and demonstrate a financial commitment to those activities.


Kevin Stitt
(Signature of Governor)

April 4, 2019
(Date)

**COMMUNITY-BASED GRANTS FOR THE PREVENTION OF
CHILD ABUSE AND NEGLECT PROGRAM
(TITLE II OF THE CAPTA AMENDMENTS OF 2010 (P.L. 111-320))**

STATE LEAD AGENCY ASSURANCE STATEMENT

STATE: Oklahoma	LEAD AGENCY: Oklahoma State Department of Health
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On behalf of the above named agency, which has been designated by the Governor of the state to be the lead agency responsible to administer the funds and assume the obligations imposed by the terms and conditions under the Community-Based Grants for the Prevention of Child Abuse and Neglect award, the following assurances are provided:

- (A) A description of the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the state, will be included with the Annual Performance Report (and subsequent year's reports);
- (B) Funds received under this title will supplement, not supplant, other state and local public funds designated for the start-up, maintenance, expansion, and redesign of community-based and prevention-focused programs and activities to strengthen and support families to prevent child abuse and neglect;
- (C) The state has the capacity to ensure the meaningful involvement of parents who are consumers and who can provide leadership in the planning, implementation, and evaluation of the programs and policy decisions of the applicant agency in accomplishing the desired outcomes for such efforts; and
- (D) The lead agency will provide the Secretary with reports at such time and containing such information as the Secretary may require (and every year on the same date for the life of the grant).



(Signature of Responsible Lead Agency Administrator)

Tom Bates, J.D. Interim Commissioner of Health
(Typed Name and Title of Administrator)

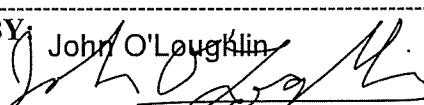
June 10, 2019

(Date)

LEVERAGED FUNDS WORKSHEET for FY 2019 APPLICATION

STATE: Oklahoma **LEAD AGENCY:** Oklahoma State Department of Health

AMOUNT OF CLAIM	DATE(S) FUNDS WERE RECEIVED AND BUDGETED BY LEAD AGENCY ----- BUDGETED/SPENT	SOURCE OF FUNDS BEING CLAIMED	PURPOSE FOR WHICH FUNDS WERE BUDGETED AND SPENT
\$ 577,422	Jul-17	Monthly Oct 17 – Jun 18	State Appropriation County Millage <i>Parents as Teachers</i> (PAT)
\$ 236,430	Jul-18	Monthly Jul 18 – Sept 19	State Appropriation
\$ 102,624	Jul-17	Monthly Oct 17 – Jun 18	State Appropriation
\$ 19,067	Jul-18	Monthly Jul 18 – Sep 19	State Appropriation
\$ 2,773,621	Jul-17	Monthly Oct 17 – Jun 18	State Appropriation County Millage
\$ 707,095	Jul-18	Monthly Jul 18 – Sep 19	State Appropriation County Millage
\$ 3,603,367	Jul-17	Monthly Oct 17 – Jun 18	State Appropriation County Millage <i>Nurse-Family Partnership</i> <i>(known as Children First in Oklahoma)</i>

AMOUNT OF CLAIM	DATE(S) FUNDS WERE RECEIVED AND BUDGETED BY LEAD AGENCY ----- BUDGETED/SPENT	SOURCE OF FUNDS BEING CLAIMED	PURPOSE FOR WHICH FUNDS WERE BUDGETED AND SPENT
\$ 742,704	Jul-18 Monthly Jul 18 – Sep 19	State Appropriation County Millage	Nurse-Family Partnership <i>(known as Children First in Oklahoma)</i>
\$ 680,139	Jul-17 Monthly Oct 17 – Jun 18	State Appropriation	PAT Pilot* <i>*Pilot was discontinued in this funding cycle</i>
\$ 14,595	Jul-17 Monthly Oct 17 – Jun 18	Fee-Based	Heirloom Birth Certificates
\$ 5,275	Jul-18 Monthly Jul 18 – Sep 19	Fee-Based	Heirloom Birth Certificates
INCENTIVE CLAIM ASSURANCE: All amounts figured into this claim are non-federal monies that have been leveraged by the state, directed through the CBCAP lead agency submitting the application, and budgeted and spent in FY 2018 (i.e., 10/1/17 – 9/30/18) to support community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect, as defined in the legislation, that coordinate resources among a range of existing public and private organizations for the purposes defined under this Title. No funds claimed here have been claimed to leverage any other source of federal funds. State and non-federal funds that are being used to meet the maintenance of effort, match or other cost-sharing requirements for other federal funding are <u>not</u> eligible to be claimed.			
TOTAL CLAIM \$ 9,462,339	PREPARED BY (Fiscal Agent) SUBMITTED BY: (Lead Agency Authority) (Date)	 John O'Loughlin Lytle C. Caldwell Jr. (Date) 06/10/2019	(Date) 6/12/2019

OMB Control # 0970-0155 (Expires 03/31/2021)

Lytle C. Caldwell Jr.

Digitally signed by Lytle C. Caldwell Jr.
DN: cn=Lytle C. Caldwell Jr., o=Oklahoma Dept. of Health, ou=Financial Services, email=lytce@health.ok.gov, c=US
Date: 2019.06.11 09:34:09 -05'00'

Documentation of Leveraged Funds for Federal Matching Funds

- The leveraged funds submitted were state funds appropriated for the preceding fiscal year (October 1, 2017 – September 30, 2018) and directed by the Oklahoma State Department of Health, the CBCAP lead agency.
- These leveraged funds were used to support community-based and prevention-focused programs and activities designed to strengthen and support families while reducing the risk factors associated with child abuse and neglect.
- These state funds have not been used as leverage for any other federal fund grant program.

Clarification of the Leveraged Funds Worksheet:

1. The “**Amount of Claim**” column only contains monies spent between 10/01/17 and 9/30/18.
2. The “**Received**” column indicates which state fiscal year the money was appropriated. However, the entire fiscal year’s appropriation was not included in the “Amount of Claim” column.
3. **Parents as Teachers (PAT)** refers to the Parents as Teachers home visiting programs. State appropriations were used to support PAT parent educators, supervisors and supportive staff.
4. **The Family Support and Prevention Service (FSPS) - Administration:** State appropriations allowed FSPS staff from the OSDH central office to provide model specific training, technical assistance, evaluation/assessment, quality assurance/improvement and affiliation/accreditation guidance to all home visiting programs.
5. **OSDH Child Guidance Program:** State appropriated dollars, county millage, service fees and Medicaid reimbursements make up 100% of the Child Guidance Program budget. Program funds supported staff salaries, travel, training and supplies of Child Guidance personnel. Child development specialists, speech language pathologists and behavioral health clinicians provided multi-disciplinary services including detection, education, support, and treatment of developmental, communication, hearing and behavioral concerns and assist families in accessing resources. Staff also provided evidence-based and evidence-informed programming such as *The Incredible Years, Circle of Parents, Parent Child Interaction Therapy* and the *Hanen Program for Parents*.
6. **Nurse-Family Partnership (NFP) Program** (known in Oklahoma as *Children First*): The NFP Program is a statewide public health nurse home visitation program offered through local health departments. The monies included on the Leveraged Funds Worksheet include staff salaries and travel of those nurses delivering the service as well as the staff salaries and travel of those in the OSDH central office that provide training, technical assistance, evaluation/assessment and quality assurance.

7. **Heirloom Birth Certificates:** The OSDH offers Heirloom Birth Certificates for purchase. These funds help support child abuse prevention efforts across the state by providing free state-of-the-art, prevention-related training and technical assistance for home visitors and other prevention professionals.

SECTION VI - BUDGET

EXPENDITURES	FEDERAL DOLLARS	NON-FEDERAL DOLLARS	TOTAL \$
Administration (Including Child Sexual Abuse Prevention; ROAR Safety Program for Children; etc.)	\$ 57,369	\$ 11,474	\$ 68,843
Community Grants / Needs Assessment	\$ 45,000	\$ 9,000	\$ 54,000
Innovative Programs (Including Child Sexual Abuse Prevention; ROAR Safety Program for Children; etc.)	\$ 40,000	\$ 8,000	\$ 48,000
Outreach to Special Populations (Including Parents of Children with disabilities; etc.)	\$ 10,000	\$ 2,000	\$ 12,000
Parent Leadership (Including Circle of Parents; Parent Partnership Boards; etc.)	\$ 24,475	\$ 4,895	\$ 29,370
Home Visiting Services (Nurse-Family Partnership and Concrete Supports)	\$ 40,000	\$ 8,000	\$ 48,000
Network Coordination	\$ 15,000	\$ 3,000	\$ 18,000
Travel (Including funding for two persons to attend CBCAP Grantee meeting)	\$ 8,000	\$ 1,600	\$ 9,600
Public Awareness (Including Child Abuse Prevention Month Materials)	\$ 7,000	\$ 1,400	\$ 8,400
Training and Technical Assistance (Including Protective Factors Training of Trainers)	\$ 40,000	\$ 8,000	\$ 48,000
TOTALS	\$ 286,844	\$ 57,369	\$ 344,213

Budget Notes

- This budget reflects the allowable 20% for administrative purposes.
- This budget total represents an award amount based upon the “population-based portion” of the formula and the 20% state match. It does not include leveraged funds.
- The budget for the development, operation, and expansion of the community-based and prevention-focused programs and activities verifies that the state will spend an amount equal to or more than 20% of Federal funds received for Oklahoma’s award.
- The budget includes sufficient funds to send two staff members to attend a two to five day federally mandated CBCAP Grantees meeting, a requirement of the grant.
- An amended budget will be submitted within 30 days of the grant award letter to reflect a 20% match of the grant award. The activities and programs proposed in the application are contingent upon the State receiving a grant award comparable to previous years’ awards.

SECTION VII – DESCRIPTION OF THE OSDH LEADERSHIP ROLE IN OKLAHOMA

HEALTH DEPARTMENT ROLE IN CHILD MALTREATMENT

According to the Centers for Disease Control and Prevention (CDC), state health departments are well positioned to advance state child maltreatment prevention efforts.¹

Early childhood exposure to adversities such as child abuse or neglect increases the risk of lifetime physical and mental health consequences. A recent CDC commentary in the Journal of the American Medical Association suggests that progress in preventing the nation's worst health problems – such as obesity, diabetes and heart disease – can be made by investing in programs that promote raising infants and young children in healthy, safe, stable, and nurturing surroundings.² In Creating a Healthier Future Through Early Interventions for Children³, the authors suggest investments in programs that are effective in promoting the important aspects of children's surroundings can counter adverse experiences in childhood, promote optimal development, and reduce disparities in health.

In addition to public health focusing on primary prevention, state health departments also provide expertise in:

- population-based interventions and integrated systems of care,
- implementing evidence-based strategies, and
- assessment and surveillance of public health problems.

These strengths have led to successes in other areas that affect the public's health – such as immunization, tobacco and motor vehicle safety. These skills are needed to effectively address child maltreatment, which makes OSDH a good fit as a leader in prevention.

THE ROLE OF THE OSDH AND ITS PREVENTION 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. Four major service

¹ https://vetoviolence.cdc.gov/apps/phl/health_department.html

² https://www.cdc.gov/ViolencePrevention/pub/healthy_infants.html

³ <https://jamanetwork.com/journals/jama/fullarticle/183991>

branches ([Community Health Services](#), [Family Health Services](#), [Protective Health Services](#) and [Prevention and Preparedness](#)) provide technical support and guidance to 68 [county health departments](#) as well as guidance and consultation to the two independent city-county health departments in Oklahoma City and Tulsa. (See the *OSDH Organizational Chart, page 18.*)

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 5-year accreditation by the Public Health Accreditation Board (PHAB). This accreditation recognizes the OSDH as a high performing public health department that is able to achieve national standards that foster efficiency and effectiveness, and promote continuous quality improvement for public health. In July 2018, Community and Family Health Services divided the area into Community Health Services and Family Health Services with each area having a Deputy Commissioner.

Community Health Services (CHS) continues to be responsible for the oversight of the 68 local county health departments and partners with the two independent city-county health departments⁴ 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.

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

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

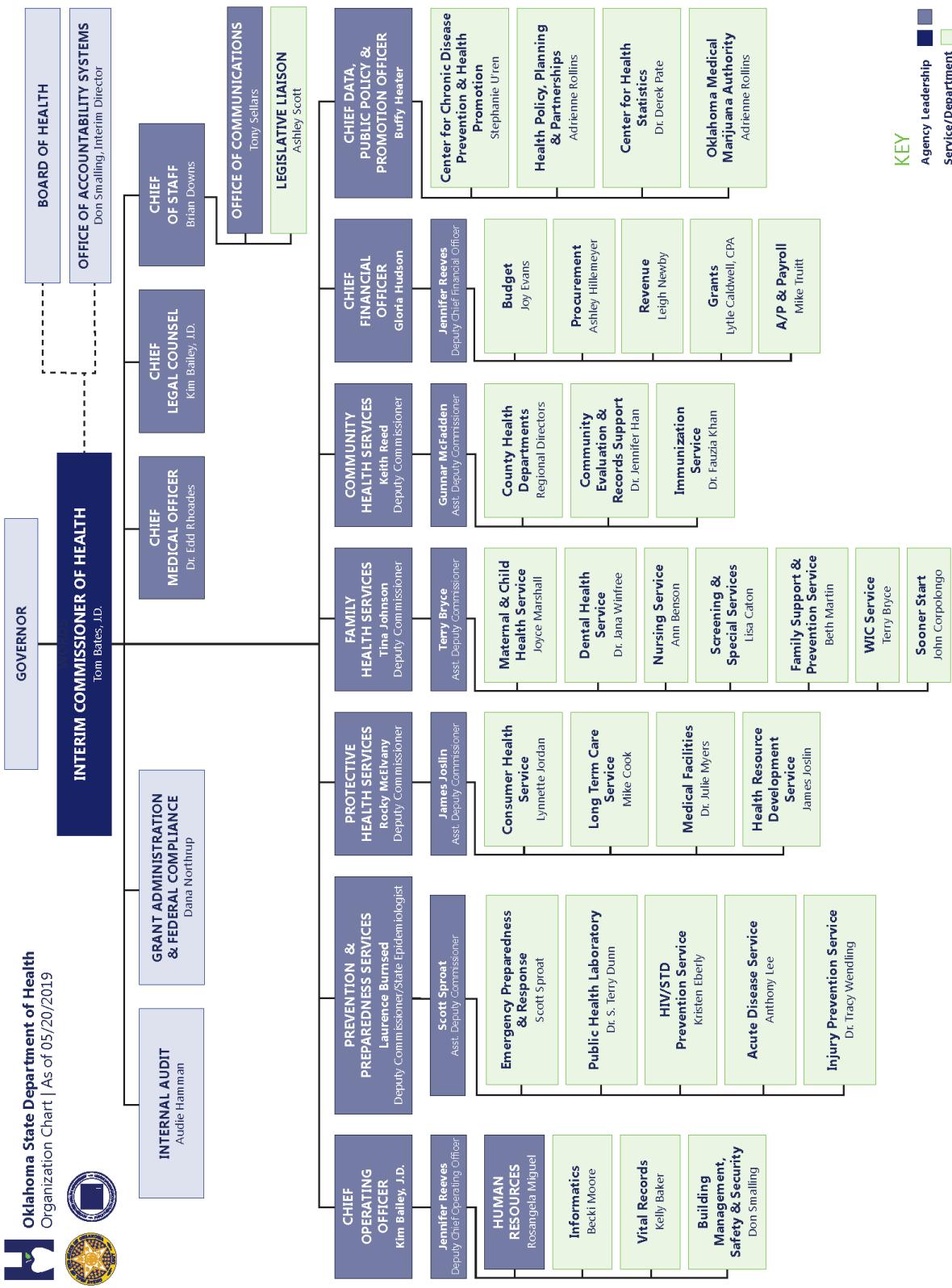
⁴ Oklahoma City and Tulsa

- 6) Nursing Service – provides optimal public health nursing services, leadership, education, and advocacy;
- 7) Screening and Special Services – provides statewide surveillance, screening, and specialized programs to protect the health of Oklahoma children and their families.



Oklahoma State Department of Health Organization Chart | As of 05/20/2019

— 10 —



KEY

Agency Leadership
Service/Department

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

- 1) Nurse-Family Partnership – nurse home visitation⁵ services for first time, low-income mothers (known in Oklahoma as *Children First*).
- 2) The Office of Child Abuse Prevention – an office with the FSPS that is statutorily charged with developing “The State Plan for the Prevention of Child Abuse and Neglect”, funding child abuse prevention services, and reporting on the effectiveness of those services.
 - Parents as Teachers – home visiting services provided to pregnant women and/or parents with children under age five years old; program focuses on parent-child interaction and school readiness.
- 3) The Community-Based Child Abuse Prevention Grant (CBCAP) – funds that allow community-based organizations to develop, operate and expand their services, support networks that work towards strengthening families, and foster understanding, appreciation and knowledge of diverse populations.
- 4) The Maternal, Infant and Early Childhood Home Visitation Grant (MIECHV) – funds that support home visiting efforts, strengthen and improve the quality and effectiveness, and improve coordination of services with the early childhood system. Unique features of the Oklahoma efforts include:
 - Community Connectors: Individuals working within each MIECHV community that facilitate collaboration and coordination among evidence-based home visiting 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 visiting 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

⁵ 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 website⁶ 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. 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
- Trauma Focused Cognitive Behavioral Therapy
- Circle of Parents®



⁶ <http://www.parentpro.org/>

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

Braiding Funding with Other Programs to Meet Goals: Oklahoma's CBCAP Program enhances community-based prevention programs in ways that are designed to maximize state, private and federal dollars. CBCAP supports continuing education and training efforts of home visitors, nurses, clinicians and parent educators working with families across the state. These efforts are supported through securing meeting space for trainings, reimbursing for participants for registration, travel and lodging fees and paying speaker fees for Oklahoma based trainings. Further supports for training efforts include printing of training materials and paying of membership fees (Circle of Parents annual membership). CBCAP supports families enrolled in Children First (Oklahoma's Nurse Family Partnership) with concrete supports for families such as books, parent guides and manipulables. CBCAP supports family support programs and networking initiatives involving marketing programs such as ParentPRO, Child Guidance and Home Visiting through funding exhibit space at local conferences, printing program specific outreach materials and supporting the ParentPRO website. (Other website funding comes from the Potts Family Foundation and OUHSC). CBCAP supports two multi-partner initiatives that also receive additional support from several partners, non-profits and state agencies. Those two initiatives are Child Abuse Prevention Month activities and the State Plan for the Prevention of Child Abuse and Neglect.

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 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 2015-2017, the maternal mortality rate among women aged 10 – 59 years was 23.8 deaths per 100,000 live births. The goal of Healthy People 2020 is to reduce the maternal mortality rate to no more than 11.4 maternal deaths per 100,000 live births. Through appropriate interventions, prevention of risks, and reduction of racial disparities, these mortality rates can be dramatically decreased. A process must be in place, however, to determine why and how the deaths occur. The 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 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 118 cases. Most cases listed multiple health conditions possibly contributing to the maternal death, but the health conditions most often cited include:

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

Mothers of an advanced maternal age (35 years and older) account for 20.3% of all reviewed cases. The majority of reviewed cases were to women aged 20-24 years. (28.0%)

After initiating a new MMRC decision sheet for committee use in determining preventability of death, most cases suggest (57.1%) 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 a 78.6% 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 include providing child passenger safety education, car seats and booster seats to eligible families. There are trained child passenger safety technicians located statewide, including the metropolitan areas as well as 55 of the county health department sites, who are available to install car seats. Families may contact a county health department to schedule an appointment to have any car or booster seat checked to determine if it is properly installed. Car seats and booster seats are provided at no cost to families eligible for WIC benefits, those who receive other state assistance such as Medicaid, Supplemental Nutrition Assistance Program, Temporary Assistance to Needy Families and those participating in home visiting programs.

THE INTERDISCIPLINARY, COLLABORATIVE, PUBLIC-PRIVATE STRUCTURE

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

Child Abuse Prevention Action Committee: The Child Abuse Prevention (CAP) Action Committee begins its fourteenth year of operation, facilitated by the CBCAP Grant Coordinator. This group continues to be an excellent example of collaboration, consisting of a wide variety of individuals from multiple agencies/programs and the faith community that steer the prevention efforts in the state including the activities and campaigns promoting National Child Abuse Prevention Month. Changes were made to the organizational leadership of the CAP Action Committee in the past year. Co-chairs were appointed from the membership in order to bring in more ownership of committee activities and facilitate new ideas. The CBCAP grant staff provide organizational and technical support to the co-chairs. In the upcoming year, more emphasis will be placed on reaching out to new membership and strategically planning for future activities.

The group continues to build on a foundation of strong projects (such as the “Build a Blue Ribbon Tree for Kids”, “Wear Blue and Take a Selfie” and the “Happiest Day Coloring Challenge” campaigns), adding new layers each year.

The participants that make up the committee also bring with them a vast array of skill sets, which enable the group to be creative, functional and far-reaching in their ongoing quest for raising awareness in the community. Social media is utilized as a mechanism for assisting with these efforts, making it easy to track involvement during the peak period of April campaigns. An accompanying Facebook Page and Twitter account are utilized as a part of the Oklahoma Child Abuse Prevention promotional 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 five hundred participants while the Facebook page has more than 1,100 likes. The committee meets at a partner agency, the Oklahoma City-County Health Department Northeast Regional Health and Wellness Campus in Oklahoma City.

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

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

The role of the ICHAC includes: 1) making recommendations to the State Board of Health on rules on behalf of the Department; 2) making nonbinding written recommendations to the State Board of Health and/or the Department; 3) providing a public forum for the discussion of issues; 4) providing guidance and approval for State Plans; and 5) cooperating with other advisory councils, the public, the State Board of Health, and the Department to coordinate rules.

At the November 5, 2018 meeting, the ICHAC approved the Oklahoma State Plan for the Prevention of Child Abuse and Neglect 2019-2023.

Oklahoma Health Improvement Plan (OHIP): In 2008, the Oklahoma Legislature directed the Board of Health to outline a plan for the “improvement of the physical, social and mental well-being of all people in Oklahoma through a high-functioning public health system.” The current “Healthy Oklahoma 2020: Oklahoma’s Health Improvement Plan” (OHIP) was released on March 10, 2015 by OSDH is guided by four flagship issues – reducing tobacco use, reducing obesity, improving the health of children and improving behavioral health. 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 2007, federal law required the Governor of each state to create a new body or designate an existing body as the State's Early Childhood Advisory Council. This council serves in an advisory capacity to the Governor on early childhood system issues relating to workforce, higher education, quality of early childhood programs and services, access to early childhood programs and services, data systems, professional development, and special populations. Through a memorandum of understanding in 2008 and legislation in 2010, Governor Brad Henry appointed the OPSR as Oklahoma's State Early Childhood Advisory Council. This 32-member council is comprised of agency heads, community volunteers, and early childhood professionals. The OPSR state office provides the staffing support and overall direction for this comprehensive collaborative.

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



Oklahoma Champions for Early Opportunities (known as the "OKCEOs"): This statewide network of over 60 business and community leaders is dedicated to advocating to Oklahoma's business community and legislative leaders about the strong link between early childhood development and economic growth. The network was formed in late 2010 and continues to be sponsored by the Oklahoma Business Roundtable, the Oklahoma Partnership for School Readiness 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. 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.

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 2018, the Oklahoma "CLICK for Babies" Project, collected over 1,500 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 were stored for next year's implementation. For 2018, hats continued to be sent to the project from all over the United States. Over 12,000 hats were distributed in 2018-2019 for November-January distribution by participating hospitals.

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 the population. It is believed that such an organization 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 has a designated seat and routinely participates in the OIPAC 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.

DESCRIPTION OF HOW PROGRAMS AND ACTIVITIES WILL OPERATE

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. The FSPS 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.⁷ Prior to that time, the focus of child abuse and neglect efforts was on “after-the-fact” intervention (i.e. preventing the reoccurrence of child abuse and neglect in families). The Act declared that the prevention of child abuse and neglect was a priority in Oklahoma. The legislative intent was that:

- a comprehensive approach for the prevention of child abuse and neglect be developed for the state and used as a basis of funding programs and services statewide;
- multi-disciplinary and discipline-specific ongoing training on child abuse and neglect and domestic violence be available to professionals in Oklahoma with responsibilities affecting children, youth, and families;⁸ and
- the Office of Child Abuse Prevention (OCAP) within the OSDH is created for the purpose of establishing a comprehensive statewide approach towards the prevention of child abuse and neglect.

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

The Oklahoma State Plan for the Prevention of Child Abuse and Neglect: The Office of Child Abuse Prevention (OCAP) is located within the FSPS (OSDH) and is charged with creating the State Prevention Plan in compliance with Title 63. Public Health and Safety §63-1-227.3. The current Plan (2019 – 2023) went through final approvals with the Oklahoma Commission on Children and Youth (OCCY) and the Infant and Children’s Health Advisory Council (ICHAC) last fall (2018). Further details about the development of the current State Plan and ongoing process to collaborate with stakeholders, coordinate with other Plans and invite interested parties to join these efforts are described in “Section VIII. Actions to Advocate for Systemic Change” of this application. (See page 32.)

The Infant and Children’s Health Advisory Council: (See page 25.)

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;

⁷ Title 63 Oklahoma Statutes 1-227.

⁸ Activities related to the training of multi-disciplinary teams are now provided by the Oklahoma Commission on Children and Youth.

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. The program anticipates serving approximately 635 families during SFY 2019.

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.

Expanding Partnership Roles: In an effort to meet the needs of Oklahoma families within the current budget constraints as well as making our five-year State Prevention Plan functional, FSPS will be continuing to collaborate with partners in different and perhaps broader manners. While Oklahoma has had a formal statutory structure to guide the collection of input, State Plan development and distribution of funds, it is necessary to expand those efforts and recruit those outside of this formal structure to assist the work. For more details, please see the description of our future work in the following section.

SECTION VIII - OSDH ACTIONS TO ADVOCATE FOR SYSTEMIC CHANGE

WORKING THE STATE PLAN (2019 – 2023)

Oklahoma State Plan for the Prevention of Child Abuse and Neglect, 2019 – 2023 (State Plan): The current State Plan was organized, created and implemented during FFY 2018 with final approval from the Oklahoma Commission on Children and Youth (OCCY) on October 26, 2018. The Plan has been an opportunity to focus on efforts that prevent child maltreatment, informed by literature review and information gathered from the private and public sector. The OSDH partnered with the Oklahoma Partnership for School Readiness (OPSR) to assist with conducting 15 Community Cafés across the state with a target group of both parents/community members and professionals/stakeholders. Additionally, staff from FSPS engaged OSDH epidemiologists for assistance in crafting, disseminating and evaluating both parent/consumer surveys and professional/stakeholder surveys. A combined total of 929 surveys were completed by both the professional target group and the community target group (659 professional surveys obtained and 270 community surveys obtained).

In moving forward and making this plan a functional, fluid document, partnerships will be critical given state and federal fiscal challenges and changes. The FSPS team has worked diligently to ensure it is a plan that will be measured and evaluated at least annually. Each of the 10 strategies include a description, desired outcomes, identified lead organizations, actions and milestones, metrics, and resources needed.



To ensure the Plan stays relevant, meaningful and measurable, the surveys will be repeated at least annually with the first follow up survey during the summer (2019). The FSPS will convene two meetings per year to review and gather input. The first review meeting took place April 5, 2019 with the second meeting scheduled for October 10, 2019. During the first review, participants met in large and small groups; each completed worksheets based on the strategic plan (10 strategies), identifying key partners, resources and metrics. The FSPS director has also

been busy attending other staff meetings, coalitions and workgroups to enlist support and active participation in not only implementing the Plan in their practice, but also exploring other Plans that exist and how shared vision and goals can be woven together.

Refer to State Plan document for further specifics on Lead Organizations, Metrics and Resources Needed. (*See Attachments, Folder 3.*)

Additional information included via the following links.

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

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

- State Plan Review Materials (04/05/19)
- State Plan Methodology
- OCAP State Plan Community Survey
- OCAP State Plan Community Results
- OCAP State Plan Stakeholder Survey
- OCAP State Plan Stakeholder Results
- OCAP State Plan Summary
- State Plan Radio PSA

FAMILY RESOURCE CENTERS

In 2017 the OSDH Maternal & Child Health (MCH) Division received a grant from the Pregnancy Assistance Fund to fund the *Family Resource Center* model in Oklahoma. The *Family Resource Center* model has documented success across multiple states and is available for consultation and standards of quality implementation training. Many states have reported positive outcomes from establishing similar *Family Resource Centers* to include significant improvements in family self-sufficiency, particularly parent employment. Almost twice as many parents (43%) were employed one year after participating in services from Maryland Family Resource Centers. Massachusetts reported that before attending parent education series, 29% of participants felt that they knew parenting skills appropriate for the age of their child. After attending the parenting education series that number increased to 87%. Ohio reported pre-posttest gains on protective factors survey, individual goal attainment, gains on self-sufficiency indicators, and school readiness scores compared to control group. By collaborating with MCH, the ongoing plan is to add the Family Resource Centers to the existing *parentPRO* referral system to promote the *Family Resource Centers* to the expectant and parenting teen and young adult population. The proposed design has been researched so as not to duplicate existing efforts and could establish a sustainable resource for the expectant and parenting population in Oklahoma. The PAF grant was funded for only one year instead of three, which limited the ability to fully implement the *Family Resource Center* concept. Oklahoma's CBCAP program will fund continued efforts to develop the FRC Network in the state as well as continue to train interested parties in the importance of the *National Family Support Network's Standards of Quality for Family Strengthening and Support*. This initiative is tied to the CBCAP Community Grants as a tool for providing a quality framework for local communities.

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

Representatives from FSPS attended a Development Meeting for the new Child and Family Services Plan (2020-2024) on May 9, 2019. Also present were stakeholders from across the state. Input was requested on the current Program Improvement Plan (PIP) as well as ways to increase the reach in current priority areas. Input was provided on outcomes and strategies that are outlined in the PIP. DHS/Child Welfare initiated a steering committee to address the intricacies related to implementing the Family First Prevention Services Act (FFPSA). The CBCAP agency was invited to participate. Oklahoma has requested a delay in implementing FFPSA and has until October 1, 2021 to complete the process. Completing the CFSP is one of the initial steps in moving forward. The Children's Bureau (CB) invited states to participate in State Team planning meetings to address each state's unique needs in implementing FFPSA. Each team is made up of representatives from Child Welfare, Courts and the CBCAP agency. Two meetings have been held so far and Oklahoma has had full participation in both meetings. Work is being done around developing a vision statement that encompasses the collaboration between the agencies. Oklahoma's vision, "*Together We Build Strong Families*".

The OCAP plans to continue to build upon the State Plan for the Prevention of Child Abuse (2019-2023). The state mandated document was approved in October 2018 by the Oklahoma Commission on Children and Youth Board of Directors. Collaborative partners reconvened during April as part of Child Abuse Prevention Awareness month, to further refine and enhance the roles and responsibilities outlined in the plan. The process of reviewing the document and updating the plan as new initiatives develop, is designed to keep the planning process and collaborations fresh for each participant and will benefit the implementation of goals and objectives. Each year new data will be collected through a combination of electronic surveys and focus groups to deepen our understanding of the needs of Oklahoma in preventing child maltreatment.

Systemic Change through Policy Realignment

In 2018 the Oklahoma Legislature passed a bill creating a task force on Trauma-Informed Care to study and make recommendations to the Legislature on best practices with respect to children and youth who have experienced trauma. The Director of FSPS is the OSDH representative on this task force, and will serve for three years.

So far, during the 2019 Legislative session two bills will affect the Annual OCAP report. SB833 was signed by the Governor on April 10, 2019 and will require that OKDHS report to the OSDH the names of parents who have had their parental rights terminated and whether are children currently living in the home. The second bill, SB742, requires the District Attorney to report the names of persons who have been prosecuted for truancy to the Oklahoma State Department of Education (OSDE) and OSDE must report those numbers to OCAP for inclusion in the Annual Report. In both cases, these persons are to be referred for services if available in their area.

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,⁹ 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, 2018¹⁰, 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.

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

⁹ Pew Trust had previously passed similar legislation in 10 other states and having them share their experiences helped Oklahoma avoid certain challenges.

¹⁰ https://www.okschoolreadiness.org/uploads/documents/OPSR_Home%20Visiting%20Report_2018.pdf

THE OSDH'S INVOLVEMENT WITH OTHER RELATED COLLABORATION ACTIVITIES

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

- The Child Abuse Prevention Action Committee (*See page 24.*)
- Home Visitation Leadership Advisory Coalition (*See page 24.*)
- The Oklahoma Health Improvement Plan (*See page 25.*)
- The Oklahoma Partnership for School Readiness (*See page 26.*)
- Preparing for a Lifetime Initiative (*See page 26.*)

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.
- Continued participation as a stakeholder resource on the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect* (2019-2023).

The CDRB continues to see a high number of deaths associated with an unsafe sleep environment, an alarming trend first noted in 2013. Reduction in resources has prevented the Board in actively participating in prevention activities around this topic but are able to stay in touch with coordinators of those programs. Staff for the Board is still able to actively participate in the Preparing For a Lifetime-Injury Prevention Work Group, which has remained focused on abuse head trauma prevention. 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.

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.

SECTION IX - COLLABORATION AND COORDINATION

DESCRIBE OSDH'S EXISTING AND FUTURE PARTNERSHIPS AND COLLABORATIONS

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

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

OPSR has recently launched The 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.

The OPSR has graciously served as the Advisory Council for the OSDH MIECHV Grant. Their diverse membership of early childhood experts and stakeholders make them the obvious choice to guide the MIECHV staff when developing new applications. In addition, their meetings provide an excellent space to share lessons learned, data analysis and more. (*See Attachments, Folder 2.*)

Sexual Abuse Prevention Collaboration (preventing youth from acting out on other children): As many as 40% of children who are sexually abused are abused by older, or more powerful children.¹² The OSDH will utilize CBCAP funding to contract with the University of Oklahoma Health Sciences Center (OUHSC) to develop, implement and evaluate services targeting sexual abuse prevention, specifically preventing youth from acting out on other youth. The National Center on the Sexual Behavior of Youth (NCSBY) is a part of the Center on Child Abuse and Neglect (CCAN) in the Department of Pediatrics of the University of Oklahoma Health Sciences, which

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

¹² Finkelhor, D. (2012). Characteristics of crimes against juveniles. Durham, NH: Crimes against Children Research Center.

makes them a natural fit for this project. The OUHSC will convene a Preventing Sexual Behaviors (PBS) interagency workgroup, which will identify sexual abuse programs already in place, examine existing curriculum and integrate materials to address prevention of children and youth demonstrating problematic sexual behavior, prevention of electronic and online sexual behavior and also building healthy relationships with peers, caregivers and others as needed. Additionally, OSDH and OUHSC will join forces with the Oklahoma Partnership for School Readiness (OPSR) who received the Preschool Development Grant Birth through Five (titled Oklahoma's Future Begins with Children – OKFutures)¹³. Topical questions will be integrated into OPSR's current needs assessment to determine what is available and what is needed across the state.

An example of topics to be explored include:

- Child sexual abuse prevention programs available (regions of state, targeted age child groups, school and/or parent based, curriculums used);
- If there are child sexual abuse prevention programs that target addressing children's behavior, such as, children's boundaries, healthy relationships, good decision-making, parental guidance and supervision, and other strategies focused on preventing harmful sexual behavior of youth;
- Are there programs that are targeting use and access to technology – and addressing electronic and online sexual behavior, such as access to pornography, risk to sexual exploitation through apps and other devices, and sexting;
- Perceived need for child sexual abuse prevention programming – focus, age group, format, school/parent/other; and
- Impact of Emily's Law on accessibility and distribution of child sexual abuse.

The Preventing Sexual Behaviors (PSB) interagency workgroup will meet monthly and include Children's Advocacy Centers (e.g., the CARE Center), child sexual abuse treatment centers with prevention focus (e.g., Bethesda), the Oklahoma Partners for School Readiness, the Oklahoma Department of Education, and other agencies addressing child sexual abuse prevention. A representative from OSDH will also participate in the workgroup.

PSB workgroup tasks will include:

- a) Inventory evidence-based and promising practices for curriculum on child sexual abuse prevention and evaluation strategies;
- b) Examine best options to integrate programing to address prevention of problematic and harmful sexual behavior of youth with specific attention to development of health relationship skills and addressing electronic and online sexual behavior;
- c) Consult with national experts;
- d) Inventory provision of child sexual abuse prevention education and healthy relationship building program services to teachers and students in Oklahoma;
- e) Inventory child sexual abuse prevention education curriculum provided in Oklahoma schools, youth service centers, faith-based programs, and other related programs;

¹³ <https://www.okschoolreadiness.org/okfutures>

- f) Examine process and outcome data available on programs provided in Oklahoma; and
- g) Propose and pilot application of child sexual abuse prevention programs integrating strategies to address problematic and harmful sexual behavior.

The OSDH will provide support for piloting the application of the prevention curriculum while OUHSC will examine the process and outcome of the application.

The Oklahoma State Department of Human Services (OKDHS): The FSPS staff collaborates with DHS in a multitude of ways, considering them a valued prevention partner. (See page 34.)

Prevent Child Abuse America - Oklahoma Chapter: The Oklahoma Chapter of Prevent Child Abuse America (PCA-OK) collaborates with the FSPS staff by taking a lead role as one of the chairs of the CAP Action Committee and helps plan April prevention activities. Depending on the legislative year and current issues regarding children and families, they take the lead on advocacy components by directing other like-minded advocates in common efforts to protect children from child abuse and neglect. Most recently, PCA-OK has been named a lead organization or collaborating partner in several of the strategic priorities of the five-year Oklahoma State Plan for the Prevention of Child Abuse and Neglect published by the Oklahoma State Department of Health, Child Abuse Prevention Office in 2019.

Specifically, they add to child abuse prevention activities during the month of April by bringing the impactful “Field of Flags” sponsored by the Oklahoma City and Edmond chapters of the National Exchange Clubs. The “Field of Flags” typically is located on the south lawn of the Oklahoma State Capitol. Sixty-three Oklahoma flags were planted in April 2019, representing each of the children killed in Oklahoma (SFY 2017) as a result of child abuse or neglect. PCA-OK also partners with the Oklahoma District Attorney’s Council to plant pinwheel gardens on the lawns of numerous courthouses across the state. PCA-OK’s participation in Child Abuse Prevention Month often draws the attention of the media and general citizenry.

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

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 25 faculty and over 150 staff and students that focus on research, professional and public education, clinical services, and

administrative programs in the field of child maltreatment. The Center directs research on child abuse fatalities, children with sexual behavioral problems, clinical interventions with parents/caregivers with drug-exposed infants, family preservation programs, and parent-child interaction therapy. 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.

CARE Center (Child Abuse Response & Evaluation): The OSDH is negotiating a new contract with the CARE center to provide more extensive Child Abuse and Neglect Reporting (for adults) trainings, including enhanced materials and more trainings at locations throughout the state. Participants who enroll are provided with tools to recognize the symptoms and long-term effects of child abuse, how to respond to suspected abuse in a safe way and the steps to take when reporting any concerns of child abuse. The training is interactive and includes a question and answer portion with an experienced presenter.

ROAR is the CARE Center's education program for children (ages 4 to 8). It can be taught in a classroom or other group setting. Individuals who attend the Child Abuse and Reporting training are given the tools to teach the education program for children. A book accompanies the program and is available through Amazon, *Rex Finds His Roar*. The primary principles of ROAR include:

Remember, privates and private

Always talk about secrets

Okay to say no

Raise your voice and tell someone

ROAR is designed to help teachers, parents and caregivers talk to their children about staying safe. For more information on the program, visit <http://carecenter-okc.org/education/>.

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

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

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

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

The Department of Libraries (ODL): The OSDH/FSPS and the ODL have more than a dozen years of collaboration focusing on April messaging during National Child Abuse Prevention promotion. The ODL communicates with libraries across the state, encouraging promotion of child abuse prevention during the month of April. Local libraries are invited to participate by creating prevention-focused bulletin boards, building blue ribbon trees, hosting parent groups, setting up display tables with parent/caregiver resources and more.

Behavioral Risk Factor Surveillance System (BRFSS): The Oklahoma CBCAP grant will continue to provide funding for the Adverse Childhood Experience BRFSS survey module. This module is included in the Oklahoma survey on a bi-annual basis. Costs for surveying the ACEs modules is a collaborative effort between the OSDH CBCAP grant and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) Prevention Service area.

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.

Community Grants to Assess Needs (proposed for 2020): (see page 47.)

Family Resource Centers: (see page 33.)

PARTNERSHIPS AND COLLABORATIONS IN PUBLIC HEALTH

Child Guidance Program: The missions of FSPS and the Child Guidance Program often overlap and find themselves collaborating. Below are the past collaborative activities:

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 2015, 377 parents/caregivers participated in a total of 161 hours of Incredible Years activities (most current data available).
 - b. **Circle of Parents (COP)** – These small parent groups are co-facilitated by a CDS and a Parent Leader. All parents who are participating in child guidance and/or home visiting programs are highly encouraged to participate as a way to keep from feeling isolated. During Calendar Year 2018, 462 parents participated in one of the 26 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. This Project is located in northeast Oklahoma in Rogers County. FSPS partners with Child Guidance 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. *Early Childhood Mental Health Consultation (ECMHC) to childcare facilities*: The Childcare Warmline serves as a referral point for childcare facilities to request ECMHC. This evidence-based practice is provided by mental health providers and child development specialists to childcare classrooms who are at risk of expelling a child. Up to 16 hours of consultation may be provided to DHS subsidized childcare facilities to prevent expulsions and improve the quality of the childcare setting. Through the Preschool Development Grant award to OPSR, OSDH will be able to expand the reach of this program to non-subsidized childcare facilities.

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 26.)

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 FSPS Director is an active member of their Oklahoma Injury Prevention Advisory Committee.

FSPS's most recent effort to collaborate with the Injury Prevention Service is related to their Core State Violence and Injury Prevention Program (Core SVIPP) cooperative agreement from the CDC. During the application process, FSPS submitted a support letter on their behalf – believing that the mission of the grant is consistent with the FSPS mission to promote the health and safety of children and families in addition to reducing child abuse and neglect. One of the four focus areas of Core SVIPP is child abuse and neglect and partnering to implement evidence-based strategies to reduce risk factors related to violence and increase protective factors.

Currently the Injury Prevention Service Core SVIPP funding is in its third of five years. An Injury Fatality Surveillance System has been developed and all injury-related deaths among children 0-19 years (all intents) starting with CY 2016 are being tracked. The goal is to collect as many details as possible (demographics, circumstances, causes of death, etc.); the main data sources are medical examiner reports and death certificates. The data's intent is to help support programs with this target population and to develop materials with timely statistics and prevention messaging. There will be opportunity in the next fiscal year for the Injury Prevention Service and

the Family Support and Prevention Service to strengthen their collaboration on identifying ways to use the data and in disseminating information, as well as collaborating on other projects that emerge from the work across programs.

Safe Sleep "Crib" Project with Maternal and Child Health: Originally, the Maternal and Child Health Service (MCH) received grants from the Robert Woods Johnson Foundation and the Association of Maternal and Child Health Programs to provide portable cribs, sleep sacks, and culturally specific safe sleep information to families to reduce infant mortality. This successful intervention continued through calendar year 2018 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 2018, MCH had Memorandums of Understanding with three different entities: 1) the University of Oklahoma, Children's Hospital, Neonatal Intensive Care Unit; 2) the OSDH Family Support and Prevention Service; and 3) the Oklahoma City Indian Clinic. For 2018, MCH distributed 172 portable cribs to families participating in home visiting services (144), families delivering infants admitted to OU Children's Hospital NICU (11), and to American Indian families seeking services at the Oklahoma City Indian Clinic (18). In relation to the 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.

SOONERSTART/EARLY INTERVENTION: Oklahoma's Early Intervention program is a 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
- Nursing services
- Psychological/Social Work services
- Nutrition services
- Child Development/Special Instruction
- 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. 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.

SECTION X – NEEDS ASSESSMENT AND CRITERIA FOR FUNDED PROGRAMS

DESCRIBE CURRENT INVENTORY OF NEEDS AND HOW THEY WILL BE USED

The FSPS will continue to rely upon the following needs assessments, RFP's or documents when making programmatic decisions while also including a few new projects that include a needs assessment:

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

- 1) Maternal Health: In 2017, the Oklahoma population of childbearing age females (15-44 years) numbered 768,751, representing 20% of the total population and 39% of the total female population (1,983,302). The majority of reproductive age females were white (75%), followed by American Indian (12%) and African American (10%). Nearly 12% were of Hispanic origin. Approximately 17% of women of reproductive age were less than 20 years of age.
- 2) The MCH priority needs for Oklahoma's Title V Block Grant cycle 2016-2020 specific to the maternal health population domain include: 1) reduction of infant mortality, 2) reduction of preterm and low birth weight infants; 3) reduction of unplanned pregnancy; 4) reduction in the prevalence of chronic health conditions among women of childbearing age, and 5) reduction of health disparities.
- 3) In addition, the Medicaid State Plan Amendment, SoonerPlan, provides access to reproductive health services for women and men at or below 133% of federal poverty level. Family Planning clinics within the state are focusing on providing information on the most effective method of contraception to prevent unintended pregnancies, assist with reproductive life planning and ensure healthy spacing of pregnancies.
- 4) Perinatal/Infant Health: In Oklahoma for years 2015-2017, there were 155,953 births; 74.4% of the births were to White mothers, 10.4% to African American mothers, 11.6% to American Indian mothers, and 3.5% to Asian/Pacific Island mothers. Hispanics comprised 14.5% of total births during this time.
- 5) The MCH priority needs for the Title V Block Grant cycle 2016-2020 specific to perinatal and infant health include: 1) reduction of infant mortality, 2) reduction of preterm and low birth weight infants; 3) reduction of unplanned pregnancy; 4) reduction in the prevalence of chronic health conditions among women of childbearing age, and 5) reduction of health disparities.
- 6) Child Health: In 2017, approximately 18% (694,513) of the Oklahoma population was under 13 years of age. Fifty-one percent of the Oklahoma children in this age range were male. By race, 71% of the children were White, 14% were American Indian, 12% were African American and 18% were Hispanic. Child death rates have fallen significantly over the past two decades, decreasing from 51.0 per 100,000 in 1997 to 34.0 per 100,000 in 2017 for children ages one to four, down 33%; from 21.8 to 13.8 per 100,000 for children ages five to nine, down 37%; and from 28.8 to 20.5 per 100,000 children ages 10 to 14,

down 29%. Unintentional injuries are the number one cause of death among children ages one to 14 years.

- 7) The Title V Block Grant Cycle 2016-2020 includes the reduction in the incidence of unintentional injuries and reduction of health disparities as priority needs for child health.
- 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. (See Attachments, Folder 1.)

- 3) *State Plan for the Prevention of Child Abuse and Neglect 2019 – 2023*
(See Attachments, Folder 3.)
- 4) *The Oklahoma Child Abuse Prevention Network Inventory*: The Oklahoma Child Abuse Prevention Network Inventory is a scan of the prevention services in Oklahoma. Each program description includes funding source, numbers served, measurable outcomes, contact information, etc., updated annually. The programs and services included are not inclusive of every program or related program in the state; however, the inventory does represent a majority of the larger programs and services available. Information is gathered with due diligence from each of the program's lead agencies. (See Appendix A.)
- 5) *The OSDH current Parents as Teachers (PAT) Home Visitation Services Request for Proposals.*
(See Attachments, Folder 1.)
- 6) *(New) Community Grants to Assess Needs (proposed for 2020)*: The Oklahoma CBCAP grant will provide three (3) community grants through an RFP process to fund local needs assessments to address the needs of children and families in the designated geographic area/community. Requirements will include 1) A collaborative approach with representatives from a variety of child serving agencies and non-profit organizations, local government, health care, education, faith-based organizations, business partners, early childhood organizations (i.e., childcare, Head Start, etc.) and other local groups as deemed appropriate by the applicant. 2) An identified method for gathering information/data (surveys, focus groups, community cafés). 3) Evaluate, prioritize and develop an implementation plan that will enhance and support families with children. The OCAP will provide technical assistance around the needs assessment process; as well as training in the *Strengthening Families Protective Factors Framework*. Other possible training includes the *National Family Support Network's Standards of Quality for Family Strengthening & Support*. These community grants will enhance the methods already in place.
- 7) *Sexual Abuse Prevention Collaboration (preventing youth from acting out on other children)*:
(See page 37.)
- 8) *OKFutures Needs Assessment*: Oklahoma was awarded a Preschool Development Grant through the OPSR. This project has been named OKFutures. In its first year of operation, OKFutures is required to complete a statewide needs assessment for children birth to five. The OPSR has contracted with the Urban Institute (Washington D.C.) to complete this needs assessment by August 1, 2019. OSDH programmatic staff are closely involved with this project and will have access to all information gathered. This data will also be utilized to inform CBCAP services and programs as we move forward.

DESCRIBE THE CRITERIA THAT OSDH WILL USE TO DEVELOP, SELECT AND FUND PROGRAMS AND ACTIVITIES

Oklahoma has a long-standing history of providing programs to support children and their families and at the same time reduce the incidents of child abuse and neglect. When choosing to implement a model or activity, the following criteria are generally required:

- OSDH prefers to implement evidence-based models based on sound research that has been replicated in a variety of settings.
- It should be possible for the service to be offered at no cost to the consumers with low household incomes. If a fee must be charged, it should be based on a sliding scale.
- Prior to the service being delivered, professional, standardized training must be available to Oklahoma providers. If possible, the capability to develop trainers within the state is preferred.
- Services must be strengths-based, voluntary, and recognize that parents are the experts of their children.
- Services should be flexible to meet the individual needs of children and/or parents.
- Services should have professionals that can act as consultants to those in the field. In addition to national consultants, the service must allow for Oklahoma-based consultants as well.
- Services should be adaptable so that they can be delivered in a culturally sensitive and relevant manner.

Evaluation Conclusion: The information shared in this section not only identifies existing child abuse prevention services on the continuum, but also demonstrates the Oklahoma effort to ascertain community input from a variety of target populations and use the data to determine gaps and additional resources needed.

SECTION XI – OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

DESCRIPTION OF OUTREACH ACTIVITIES

Parent Partnership Board: The OSDH will collaborate with the Oklahoma Commission on Children and Youth (OCCY) to develop a statewide Parent Partnership Board and provide support and resources to organized groups who work with special populations as defined by the CBCAP grant. Special populations may include: youth and families representing racial and ethnic minorities, youth and families who are tribal members, homeless youth and families, children in foster care, fathers, children of incarcerated parents and military families.

Lemonade 4 Life (L4L): L4L was originally implemented through the Maternal Infant & Early Childhood Home Visiting (MIECHV) Program as part of a MIECHV Innovation award from the Health Resource Service Administration (HRSA). This innovative training was implemented with home visitors as a way to identify and address adverse childhood experiences in both families and home visitors with the hope of building stronger relationships and increasing a family's longevity in the program. CBCAP will continue this effort by providing L4L training for Oklahoma's SoonerStart early intervention home visitors (Part C).

OSDH OUTREACH FOR SPECIAL POPULATIONS

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 candidate's ability to be supportive, nonjudgmental, and sensitive to other cultures, values and beliefs. An effort is made to hire staff that are bilingual should that skill be relevant for the identified 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.

Reductions in programs serving special populations: In this next year, FSPS plans to review services needed while relying on work and information gleaned from the State Plan that will identify gaps. With the information garnered, we will be able to proceed accordingly with thoughtful intent on how to fill those holes.

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

SoonerStart is the Oklahoma 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 Program teams consist of speech-language pathologists, child development specialists and behavioral health clinicians. Services are provided through 15 county health department locations, Tulsa City-County Health Department and Oklahoma University Child Study Center.

Homeless Youth and Families: The FSPS funded home visiting programs serve "couch homeless"¹⁴ as well as families located in shelters, crisis centers and group homes throughout the state.

Children in Foster Care: Between the years 2014 and 2017, the percentage of foster children receiving Child Guidance services increased by 20%. If the population of grandparents raising grandchildren is included, the percentage increase is 20%.

Fathers: The OSDH programs will continue to make every effort to engage fathers. Some of the programs have experienced success with 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.

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

MIECHV Formula Grant: Two special populations were noted in Oklahoma's FFY 2018 MIECHV Formula Grant application:

- Incarcerated Women: Oklahoma leads the nation in incarcerating women.¹⁵ Many of these women are mothers. The state is working to make significant reforms to our corrections system. New alternative sentencing programs as well as reintegration programs are growing and improving. For this reason, a special emphasis will be placed on women that are or have previously been involved with the justice system. Both counties have multiple programs (institutions, community correction or work centers, halfway houses) from which to recruit participants.
- Military Families: The members of the military are another population that deserves the attention of service providers. The armed forces in the United States have built a number of military installations in the state of Oklahoma. The largest is Tinker Air Force Base, located on the eastern edge of Oklahoma City. This Air Force Base is the largest single-site employer in the state and is home to 26,000 military and civilian personnel. Due to Oklahoma's flat terrain and open skies, four other Air Force Bases are located within the state as well as units of the Army, National Guard, Navy, Marines and Coast Guard. The parents associated with these posts are often displaced from extended family, may be acting as a single parent because a spouse or partner is deployed or in training, or may have an active military member working to reintegrate into civilian life.

In addition, cultural and social diversity are considered when developing, implementing and evaluating FSPS-funded programs. The Parent Partnership Board as well as local home visiting coalitions have previously and will continue to be critical partners in assuring that services are delivered in a culturally sensitive manner. FSPS and its partners will rely heavily on these groups and others to sanction and improve services and future innovations.

FSPS's external evaluation partner, OUCCAN, has extensive experience adapting services for diverse cultures. Drs. Jane Silovsky and David Bard currently serve as investigators on an ACYF-funded controlled trial testing a Latino cultural adaption of the SafeCare home-based child abuse prevention model. The trial has received positive feedback from parents and providers regarding the cultural congruency of the adapted model, and the project has relied on the Parent Partnership Board to inform recruitment processes, services and evaluation.

¹⁵ <http://www.thenation.com/article/why-are-so-many-women-behind-bars-in-oklahoma/>

SECTION XII – PLANS FOR PARENT LEADERSHIP AND INVOLVEMENT

OSDH'S ACTIVITIES AND TRAINING TO ENHANCE PARENT PARTICIPATION AND LEADERSHIP

ACTIVITIES: The following activities will be conducted by OSDH in order to ensure parent leadership and involvement:

- **PAT Advisory Councils:** One of the PAT model requirements is to establish a local PAT Advisory Council for each of its affiliates. These councils are highly encouraged to recruit parents as members of the local councils. However, most councils have struggled to have consistent participant by parents and to truly integrate parents in a purposeful way.
- **Circle of Parents Groups:** CBCAP funds will continue to support Child Development Specialists facilitating Circle of Parents groups. Currently, the OSDH has two Circle of Parents Trainers. The OCAP anticipates enhancing and expanding Circle of Parent by training more clinicians and community partners including home visitors. The model's standards will be emphasized in an effort to strengthen the roles of parent leadership.
- **Parent Partnership Board:** The OSDH will utilize CBCAP funding to contract with the Oklahoma Commission on Children and Youth (OCCY) to develop, implement and train parents to participate in a statewide Parent Partnership Board (PPB) to serve in an advisory capacity for initiatives pertaining to children and families. The OCCY will provide participating parents opportunities to learn about parent leadership, develop parent leadership skills, learn how to participate and engage with stakeholders in a meaningful way. Requirements of Parent Board participants are outlined in Folder 1 (i.e., Parent Partnership Board). The PPB will be utilized to inform activities related to federal grant applications, legislative processes, program development and other initiatives that further the goals of the CBCAP and related initiatives. The OCCY and the PPB will report annually by November 15 on the number and type of initiatives that received parent input, the number and type of trainings that they received as parent participants of the board, a detailed accounting of how funds were dispersed by object code and other pertinent information as requested.

Trainings: The following trainings will be conducted by OSDH in order to ensure parent leadership and involvement:

- **FRIENDS Consultation:** Oklahoma will continue to utilize FRIENDS for trainings and/or technical assistance targeting both professional staff involved with facilitating parent support or advisory bodies as well as the parent participants.
- **Circle of Parents Training:** Two representatives from OSDH (the CBCAP Grant Coordinator and the OCAP Program Manager) have been trained to be trainers for the *Circle of Parents*. Both trainers are equipped to provide high level of *Circle of Parents*

consultation that complies with the model's standards and promotes the philosophy of parent leadership within each *Circle of Parents* group.

- *Expansion of the Protective Factors (PF) Framework Training:* In 2017, 39 Oklahoma participants (19 funded by CBCAP) attended a three-day PF Training of Trainers presented by the National Alliance of Children's Trust. In the next year, OSDH plans to expand and re-establish a network of trainers and continue to grow the program. Participants in the training would be expected to carry on the work in their communities across the state. The OSDH/FSPS looks forward to continued creation of a common PF language throughout the prevention networks.

SECTION XIII – PLANS FOR SUPPORT, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION ASSISTANCE

DESCRIPTION OF THE TRAINING AND TECHNICAL ASSISTANCE TO BE PROVIDED BY OSDH

Expansion of the Protective Factors (PF) Framework Training: In 2017, 39 Oklahoma participants (19 funded by CBCAP) attended a three-day PF Training of Trainers presented by the National Alliance of Children's Trust. In the next year, OSDH would like to expand and re-establish a network of trainers and continue to grow the program. Participants in the training would be expected to carry on the work in their communities across the state. The OSDH/FSPS looks forward to continued creation of a common PF language throughout the prevention networks.

The 26th Oklahoma Child Abuse and Neglect Conference: The OSDH/FSPS and the Oklahoma University Health Sciences Center (OUHSC) partnered again in 2019 on the April conference after a successful collaboration in 2018. CBCAP dollars were utilized to provide a prevention track and to sponsor speakers relevant to child abuse prevention. Thirty scholarships were also made available to OSDH staff and vital networking partners who otherwise would not have had the funding to attend. OUCCAN is once again looking for sponsors for the 27th Oklahoma Child Abuse and Neglect Conference to be held in April 2020, which OSDH is planning to participate. The conference will provide a day of four 6-hour pre-conference institutes, providing in-depth information on one selected topic, a plenary to start the full conference on day two and 1.5 to 3 hour workshops throughout the rest of day two and three. Through CBCAP funding, CBCAP funding, there will be an all-day pre-conference institute focused on an identified prevention-focused topic and an appropriate trainer selected. The workshops provided through this funding will also include a variety of topics and appropriate trainers for the scheduled prevention track throughout days two and three of the meeting. The focus of the overall conference will be on providing quality, interdisciplinary, skill-based information through evidence-based training in the areas of child abuse and neglect, including child trafficking, child development and substance abuse exposure. Local, state and national experts will provide the trainings. The OUCCAN is seeking partners such as FSPS, the Oklahoma Drug Endangered Children Alliance, the Oklahoma District Attorney's Council, the Oklahoma Department of Human Services and tribal nations for sponsorships, which proves for a nice mix of collaborative partners.

Lemonade 4 Life (L4L): (see page 49.)

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

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

TECHNICAL ASSISTANCE

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

- Establishing and maintaining relationships with national model developers
- Developing and distributing policies and program guidelines
- Developing and distributing financial and evaluation 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
- Providing comprehensive technical assistance to supervisors including a monthly supervisors’ call, an annual meeting and monthly capacity reports
- 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
- Train home visitors in the Strengthening Families Protective Factors and assist in implementation across all services
- 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
- Assist in the PAT National Center Quality Endorsement and Improvement Process as required by the model

Model specific training details are included in the attachments section for both PAT and Nurse-Family Partnership. (See Attachments, Folder 1.)

EVALUATION ASSISTANCE

Program Evaluation Training: Individual consultation, continuous quality improvement, technical assistance and quarterly training is an ongoing process 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 four home visiting models (NFP, HFA, PAT and SafeCare).

SECTION XIV – EVALUATION PLANS

Home Visiting Evaluation: The FSPS has a 22-year history of collecting data related to evidence-based home visiting. With MIECHV funding, the agency was able to create a centralized database for all home visiting programs regardless of model. Social Solutions customized their “Efforts to Outcomes” program for Oklahoma programs. Today, data from NFP, PAT, SafeCare and historical Healthy Families America can be pulled and analyzed from one system.

The data is used for MIECHV benchmark reporting, model fidelity, day-to-day management as well as annual reports provided to the Oklahoma legislature and Governor.

MIECHV Formula Grant External Evaluation Plan (conducted by OUCCAN): The below evaluation uses a mixed-method (quantitative/qualitative) approach to inform and evaluate parent engagement in home visiting (HV) and associated outcomes across the following three aims:

- 1) Evaluate the effectiveness of new HV promotional messages developed from principles of behavioral economics.
- 2) Characterize scope of father engagement in HV and its impact on child and family service outcomes.
- 3) Qualitatively identify strengths and weaknesses of current Lemonade for Life practices informing and motivating client engagement through the use of Adverse Childhood Experiences (ACEs) and hope and resiliency science.

The research questions and hypotheses for the plan are:

- 1) Effectiveness of using behavioral economic elements in HV promotional materials.
 - Question a. Will use of loss aversion and urgency messaging elements increase potential client willingness to enroll in HV?
 - i. This question also applied to the 2016 Formula evaluation, but due to changes in the data sharing policies at OSDH, evaluators were unable to recruit from the a priori target roster of potential clients, i.e., the OSDH WIC client roster. Evaluators are currently completing data sharing requirements that would reopen access to this roster. The current proposal plans to use the new agreement to open recruitment and reach the original sample size goals.
- 2) Characterize father engagement in services and evaluate the impact of this engagement.
 - Question a. How many fathers and in what capacity do fathers participate in HV.

- i. Surveys of fathers whose child is being served by HV will provide a descriptive window into fathers experiences with HV services. These surveys will examined type of father engagement (direct and indirect HV involvement), perceived and realized benefits of HV involvement (e.g., accession of parenting resources and community referrals), perceived or realized barriers of engagement, alliance of fathers and home visitors, satisfaction and willingness to participate in HV, fathers' expectations and desires for programs, fathers' perspective on effective recruitment and engagement strategies.

Question b. How effective are the HV programs when fathers participate relative to a comparison sample of non-HV clients?

- i. A streamlined set of benchmark indicators will be utilized as we accrue and follow a cohort of HV clients (currently enrolled) and a comparison sample of families who are eligible but not receiving services. This proposed activity addresses a current gap in the literature¹⁶ providing a rigorous examination (with a comparison group) of father engagement impact on client outcomes.

Question c. How different do father-engaged and father- unengaged HV clients look on key benchmark indicators?

- i. The father-engaged HV families will also be compared to the father-engaged families who are surveyed.

3) Qualitatively evaluate the acceptability and receptivity of Lemonade for Life components.

Question a. How receptive are clients to the ACEs and resiliency messages of the LFL program as implemented by our Oklahoma HV providers?

A series of qualitative interviews with clients and providers will be used to address this question.

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 Circle of Parents group facilitated by a Child Development Specialist (CDS). There are currently 11 Circle of Parents groups in five counties with a total of 386 parents served.

Canadian County

Yukon Schools, Spanish only

El Reno Public Schools, Spanish only

¹⁶ Osborne, C., Workgroup, R. F., Austin, J., Dion, M. R., Dyer, J., Fagan, J., ... & Scott, M. E. Framing the Future of Responsible Fatherhood. Evaluation Research for the Fatherhood Research and Practice Network. Responsible Fatherhood Workgroup.

Oklahoma County

Emerson Alternative High School

Rogers County

Lakeshore Apartments (Section 8 housing)

Pottawatomie County

McCloud Public Library

Tecumseh Public Library

Shawnee Public Library

Seminole Workforce TANF Group

Tulsa County

Tulsa Women and Children's Center, women in recovering populations

Indian Health Resource Center, at-risk parents

James Goodwin Health Center, parents of preschoolers

Types of Groups

Open to All: 5

Substance Abuse Recovery: 1

Spanish-Speaking: 2

Shelters: 1

Fathers: 1

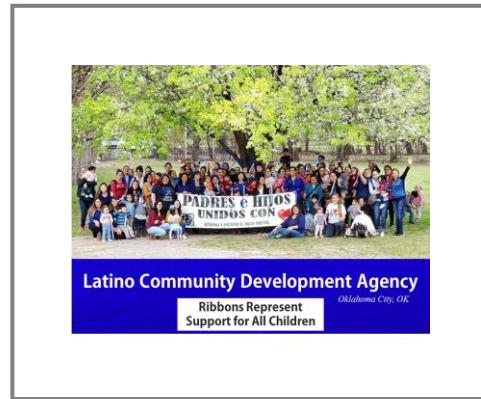
Adoptive/Foster: 1

Child Abuse Prevention Month Campaigns: For 2019 - 2020, the OSDH/FSPS will evaluate efforts from the CAP Month Campaigns, including all activities, materials and events during the month of April. More specifically, baseline data for the blue ribbon tree postcard campaign will be analyzed to look at totals and geocoded to show a map of efforts across the state. The Oklahoma Child Abuse Prevention Facebook Page will continue to be a good resource for assessing interest and peak activities. Social messaging has become helpful in not only promoting, but also evaluating activities. Gathering feedback on the outcome of the month will assist in planning for the following year.

Evaluation Conclusion: The information shared in this section not only identifies existing child abuse prevention services on the continuum, but also demonstrates the Oklahoma effort to ascertain community input and use data to determine gaps and additional resources needed.

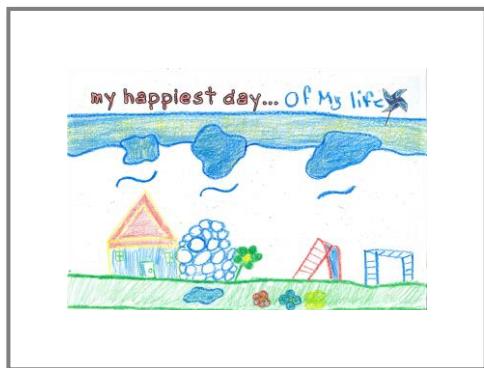
SECTION XV – PLAN FOR CHILD ABUSE PREVENTION MONTH AND AWARENESS ACTIVITIES, 2020

The CAP Action Committee, in its 14th year, has worked diligently to create successful campaigns that continue to grow adding layers over time. This diverse group proves to be popular year after year with steady attendance and a passion for the mission of child abuse prevention. National Child Abuse Prevention Month is a primary focus although other activities and campaigns are considered throughout the year. Some of the campaigns during CAP Month have grown to be Oklahoma tradition, such as, the Build a Blue Ribbon Tree for Kids campaign. Social messaging has also been incorporated into many of the projects, proving helpful in tracking numbers and peak levels of involvement. The FSPS plans to continue to build on promotional campaigns into 2020 with detailed information on campaigns included in this section. (*See also page 24.*)



PUBLIC AWARENESS AND CAP MONTH

Blue Ribbon Tree Campaign: Each year, blue ribbon trees sprout across the state during the month of April, as they will in 2020. Participants are encouraged to complete an official “Tree Registry” application along with submitting one to two photos. Photos are compiled into a Blue Ribbon Tree Slideshow, coupled with brief clips of live action adorning the trees. The 2019 Blue Ribbon Tree Slideshow¹⁷ was shared with a large distribution list, on the OSDH website and via social media. Additionally the slideshow will be shared in various upcoming meetings across the state by members of the CAP Action Committee, as they choose.



"Happiest Day" Coloring Challenge: Going into its sixth year, FSPS and the CAP Action Committee will continue to build the April social media campaign, “Happiest Day - Coloring Challenge” with the tagline, #pictureabrighterfuture, abbreviated from “Picture a Brighter Future for Oklahoma Kids!” Children and families are invited 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.

Wear Blue and Take a Selfie Day: 2020 plans are underway to repeat the popular Wear Blue Day (and take a selfie) typically the first Friday of the month. Everyone is encouraged to post their group photos on social media with the hashtag, #pictureabrighterfuture.

¹⁷ https://youtu.be/u6mp2_MPyzU

Blue Ribbon Selfie Station at OSDH: The OSDH staff enjoyed the internal Wear Blue Selfie Station so much the last two years that it will be rolled out again in 2020.

Linking with Libraries: For the 14th year, FSPS will collaborate with the Oklahoma Department of Libraries (ODL) to promote child abuse prevention during the month of April 2020. Staff at all local libraries will be encouraged to participate by creating prevention-focused bulletin boards, building blue ribbon trees, hosting parent groups, setting up display tables with parent/caregiver resources and more.

The 27th Oklahoma Child Abuse and Neglect Conference: The FSPS and the Oklahoma University Health Sciences Center (OUHSC) plan to collaborate again in 2020 on the April conference after a successful collaboration from 2017 through 2019. CBCAP dollars will be used to provide a primary prevention track, scholarships for participants and to support speaker costs in the areas relevant to trending prevention topics.

Child Abuse Prevention Awards: The annual Outstanding Child Abuse Prevention Awards are presented at a special ceremony held at the State Capitol during the month of April each year as they will be in 2020. The below awards are recognized each year for outstanding commitment and dedication to child abuse prevention:

- 1) *The Marion Jacewitz Award* is presented to an Oklahoma individual who has made significant contributions to the prevention of child abuse on a statewide level.
- 2) *The Outstanding Child Abuse Prevention or Strengthening Families Program Award* is presented to an exceptional community program that has an emphasis on child abuse prevention.
- 3) *The Mary Ellen Wilson Award* is presented to an individual who has demonstrated outstanding commitment and dedication to child abuse prevention activities in his or her community.
- 4) *The Julie L. Bonner Award* is presented to an outstanding nurse in home visitation that empowers parents to care for themselves while creating safe, healthy, nurturing relationships and environments for children.
- 5) *The Outstanding Home Visitor Award* is presented to a professional working as a home visitor that has demonstrated a high commitment to quality service and tremendous dedication to those served.
- 6) *The Outstanding Elected Official Award* is presented to an Oklahoma elected official for distinguished service focused on the prevention of child maltreatment and/or support of vulnerable families.

The OSDH Diaper Drive: After the success of the second internal OSDH CAP Month Diaper Drive, plans are underway to continue this tradition in 2020. Employees donated generously to a campaign that was easy and free to promote. Proceeds were donated to Infant Crisis Services in Oklahoma City with over 330 pounds of diapers and wipes collected.

Community Resource Guides: FSPS looks forward to continued dissemination 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). Distribution includes 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.

PUBLIC AWARENESS – NOT ALWAYS CONNECTED TO CAP MONTH

Facebook Page: The CAP Action Committee also created their own [Oklahoma Child Abuse Prevention Facebook Page](#)¹⁸, utilized in promoting activities, connecting with community partners and tracking peak level of activity during campaigns. With almost 1,200 followers, growth is expected to continue into the next fiscal year.

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 are used with this parentPRO commercial¹⁹, including the following:

- ***Rack Cards and Tear-off Posters:*** Written promotional material was developed 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.]

¹⁸ <https://www.facebook.com/OKChildAbusePrevention/>

¹⁹ <https://vimeo.com/user10001181/review/91752183/706eba609e>

SECTION XVI – AREAS FOR TECHNICAL ASSISTANCE

Things have calmed down in Oklahoma with new leadership getting established and the budget crisis having greatly improved. The OSDH is in a good position to expand prevention in new and more thoughtful ways, increasing the intentionality of both short and long term goals/activities. Thus we will be spreading our wings in 2020 by both building a new parent partnership board structure and creating/establishing family resource centers within communities. These are both examples of where we would benefit from some additional technical assistance.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Lytle C. Caldwell Jr.

Digitally signed by Lytle C. Caldwell Jr.
DN: cn=Lytle C. Caldwell Jr., o=Oklahoma Dept. of Health,
ou=Financial Services, email=lytlec@health.ok.gov, c=US
Date: 2019.06.11 08:47:16 -05'00

Signature and Date

Lytle C. Caldwell Jr.

Printed Name

Grants Reporting Officer

Title

Oklahoma State Department of Health (OSDH)

Organization

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input checked="" type="checkbox"/> b. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application, <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:	
Congressional District, if known:		Congressional District, if known:
6. Federal Department/Agency: U.S. Department of Health and Human Services	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Lytle C. Caldwell Jr.</u> <small>Printed and signed by Lytle C. Caldwell Jr. Dkt crm/Lytle C. Caldwell Jr., on/Oklahoma Dept. of Health, ourFinancial Services. email:lytlec@health.ok.gov, crmUS Date 2019-06-11 08:46:45 -05'00'</small> Print Name: <u>Lytle C. Caldwell Jr</u> Title: <u>Grants Reporting Officer</u> Telephone No.: <u>405-271-4042</u> Date: <u>6/12/2019</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity by signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.

Lytle C. Caldwell Jr.

Digitally signed by Lytle C. Caldwell Jr.
DN: cn=Lytle C. Caldwell Jr., o=Oklahoma Dept. of Health,
ou=Financial Services, email=lyttec@health.ok.gov, c=US
Date: 2019.06.11 08:46:08 -05'00'

Signature and Date
Lytle C. Caldwell Jr.

Printed Name
Grants Reporting Officer

Title
Oklahoma State Department of Health (OSDH)

Organization

2019 CBCAP Grant Application Attachments (Oklahoma)

ATTACHMENTS & SUPPORTING DOCUMENTATION

Table of Contents

<u>FOLDER 1</u> Family Support & Prevention Service PROGRAMS	<ol style="list-style-type: none"> 1. OCAP PARENTS AS TEACHERS PROGRAM <ol style="list-style-type: none"> 1) OCAP Annual Report (2018) 2) Parents As Teachers Logic Model 3) Parents As Teachers RFP 4) Parents As Teachers Program Directory 5) Parents As Teachers Training Plan 2. NURSE-FAMILY PARTNERSHIP PROGRAM (aka Children First in Oklahoma) <ol style="list-style-type: none"> 1) Children First Annual Report (2018) 2) Nurse-Family Partnership Model Elements 3) Logic Models: Children First and Nurse-Family Partnership 4) Children First Forms Manual 5) Children First Training Record (2018) 3. PROGRAMS – MISCELLANEOUS <ol style="list-style-type: none"> 1) Parent Partnership Board 2) Circle of Parents 3) Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
<u>FOLDER 2</u> Home Visitation Group	<ol style="list-style-type: none"> 1. HOME VISITATION LEADERSHIP ADVISORY COALITION (HVLAC) <ol style="list-style-type: none"> 1) Home Visitation Meeting Calendars (2019-2020) 2) Oklahoma Home Visiting Outcomes Measurement Plan 3) Oklahoma Home Visiting Annual Outcomes Report (2018) 4) OPSR Pathway 5) Home Visitation Safety Manual
<u>FOLDER 3</u> Oklahoma State Plan for Prevention of CAN (2019-2023)	<ol style="list-style-type: none"> 1. OKLAHOMA STATE PLAN FOR THE PREVENTION OF CHILD ABUSE & NEGLECT <ol style="list-style-type: none"> 1) State Prevention Plan (2019-2023) 2) State Plan Materials (Timeline, Surveys and Outcomes) 3) State Plan Presentations – Next Steps 4) State Plan Media Pieces 5) State Plan Review Materials (04/05/19)
<u>FOLDER 4</u> MISCELLANEOUS DOCUMENTS	<ol style="list-style-type: none"> 1. CBCAP FEDERAL FINANCIAL REPORT 2. CBCAP ANNUAL PROGRAM REPORT (2018) 3. CBCAP GRANT APPLICATION (2018) 4. OHIP: Oklahoma Health Improvement Plan (OHIP) (2020) & OHIP Healthy Oklahoma (2020) Children's Health OHIP
<i>See also...</i> APPENDIX A	Oklahoma's Community-Based Child Abuse Prevention Network

*Attachment hard copies available upon request.