

*Oklahoma's
Community-Based
Child Abuse Prevention*

**FY 2013 Annual Report
FY 2015 Application Submission**

OKLAHOMA STATE DEPARTMENT OF HEALTH

June 3, 2014

Family Support & Prevention Service

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

TABLE OF CONTENTS		
	Introduction	3
Section I	Submission Letter	4
Section II	Lead Agency Identifying Information	6
Section III	Governor Documentation and Assurances	7
Section IV	Lead Agency Assurances	9
Section V	Leveraged Claim Form	10
Section VI	Budget	14
Section VII	Description of the Lead Agency	16
Section VIII	Actions to Advocate for Systemic Change	36
Section IX	Collaboration and Coordination	55
Section X	Criteria for Funded Programs <i>Includes - Parent Stories (pages 68, 71)</i>	63
Section XI	Outreach Activities for Special Populations	72
Section XII	Plans for Parent Leadership and Involvement	79
Section XIII	Plan for Support, Training, Technical Assistance and Evaluation Assistance	83
Section XIV	Evaluation Plans	95
Section XV	Child Abuse Prevention Month, 2013	104
	Plan for Child Abuse Prevention Month and Public Awareness Activities, 2015	108
Section XVI	Areas for Technical Assistance	109
Section XVII	Certifications	110
Section XVIII	Attachments (see next page)	
Appendix A	Oklahoma's Community-Based Child Abuse Prevention Network	



Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

TABLE OF CONTENTS - ATTACHMENTS	
Attachments Related to Programs and CBCAP Activities (available by request)	
<u>FOLDER 1</u> CBCAP REQUIRED DOCUMENTS	Office of Management and Budget Program Assessment Rating Tool (PART) Forms
<u>FOLDER 2</u> FAMILY SUPPORT & PREVENTION SERVICE PROGRAMS	<ol style="list-style-type: none"> 1. START RIGHT PROGRAM <ol style="list-style-type: none"> 1) Start Right Annual Report (SFY 2013) 2) Start Right Program Catalogue (SFY 2013-2014) 3) Start Right Logic Model 4) Start Right ITB (SFY 2008-2012) & RFP Amendment & Solicitation (SFY 2013-2017) 5) Start Right Procedures Manual (SFY 2013-2014) 2. CHILDREN FIRST PROGRAM <ol style="list-style-type: none"> 1) Children First Annual Report (SFY 2013) 2) Children First Logic Model 3) Nurse-Family Partnership Logic Model 3. PROGRAMS – MISCELLANEOUS <ol style="list-style-type: none"> 1) Child Guidance Programs 2) Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) 3) Child Abuse and Training Coordination (CATC) Training Calendar
<u>FOLDER 3</u> INTERAGENCY CHILD ABUSE PREVENTION TASK FORCE	OKLAHOMA STATE INTERAGENCY CHILD ABUSE AND PREVENTION TASK FORCE (ITF) <ol style="list-style-type: none"> 1) ITF Business: Meeting Calendars, Agendas & Minutes 2) ITF Outstanding Child Abuse Prevention Awards – Media & Materials (2013) 3) ITF Retreat (Agenda and Evaluation Summary)
<u>FOLDER 4</u> HOME VISITATION GROUP	HOME VISITATION LEADERSHIP ADVISORY COALITION (HVLAC) <ol style="list-style-type: none"> 1) Home Visitation Business: Meeting Calendars, Agendas & Minutes 2) Oklahoma Home Visitation Services Directory
<u>FOLDER 5</u> MISCELLANEOUS ITEMS	MISCELLANEOUS ITEMS <ol style="list-style-type: none"> 1) Evaluation Components 2) Conference Information 3) Plans: Oklahoma Health Improvement Plan (OHIP) Child Health (2011-2014) & OHIP Oklahoma Health Improvement (2010-2014)
<u>FOLDER 6</u> CAP MONTH AND PUBLIC AWARENESS	CHILD ABUSE PREVENTION (CAP) MONTH AND PROMOTIONAL MATERIALS (2013) <ol style="list-style-type: none"> 1) CAP Month & CAP Day Tool Kit/Materials 2) Build A Blue Ribbon Tree Campaign 3) Miscellaneous Campaign Materials
<u>SINGLE ATTACHMENTS</u> SUPPORTING DOCUMENTS	<ol style="list-style-type: none"> 1. CBCAP FEDERAL FINANCIAL REPORT 2. CBCAP ANNUAL REPORT AND APPLICATION (FFY 2013) 3. STATE PLAN FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT (2014 – 2018)

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

INTRODUCTION

The Oklahoma State Department of Health (OSDH), a public entity, has a rich history in the prevention arena and serves as the hub for state prevention activities as well as the lead agency responsible for administering the Community-Based Child Abuse Prevention (CBCAP) funds. The OSDH has provided oversight to funded programs for multiple years. Oklahoma is currently only one of two state health departments (the other one being Hawaii) serving as the lead for CBCAP, although it looks like the landscape may be changing with the recent direction and new funding provided by the Centers for Disease Control and Prevention (CDC).

The CDC is making inroads to combat child maltreatment by increasing the number of public health systems that work in this area. With this new direction, child maltreatment is being recognized as a public health problem that can not only impact and harm a child, but also have long-lasting effects on a person's health into adulthood in addition to being an economic burden on the nation. Oklahoma was one of five states that served as a model for this new work. On September 10, 2013, the CDC awarded cooperative agreements to five state health departments for its new initiative, *Essentials for Childhood: Safe, Stable, Nurturing Relationships and Environments to Prevent Child Maltreatment*. The difference in this approach is that more emphasis is placed on community-wide efforts to prevent child maltreatment before abuse or neglect occurs by offering a continuum of services that promote the health of the population as a whole. While Oklahoma did not apply for the funding, there is great enthusiasm and respect for the methodology with plans for our state to emulate and borrow from the *Essentials for Childhood* structure in cooperation with our networking partners.¹

CBCAP funds are directed by the Family Support and Prevention Service within the OSDH and are used in part to support direct services with two evidence-based home visitation programs, Children First (Oklahoma's Nurse Family Partnership) and Start Right Programs (Healthy Families America affiliate) through a tribal contract. Other programs/activities supported include the Respite Program, Circle of Parents and a portion of The Incredible Years and Parent Child Interaction Therapy through the Child Guidance Service (also at OSDH), and infrastructure for the prevention network. It has been a busy time for prevention in Oklahoma which is reflected throughout this document. In addition to home visitation services, child abuse prevention campaigns were conducted, and training and technical support were provided. The planning and creation of the new Oklahoma State Plan for the Prevention of Child Abuse and Neglect, 2014 – 2018, was concluded in July 2013 despite challenges with changes in the law eliminating in statute the task force that oversees this project.

Looking ahead, Oklahoma plans to continue with the programs that are evidence-based and evidence-informed while also building a new task force around the *Essentials for Childhood* structure (including work around the Adverse Childhood Experiences Study/Vincent Felitti and Parent Involvement/Parent Leadership) as well as making strides in reaching the goals set forth in the Oklahoma State Plan for the Prevention of Child Abuse and Neglect.

We enthusiastically submit this CBCAP FY 2013 annual report and FY 2015 application.

¹http://vetoviolence.cdc.gov/childmaltreatment/phl/health_department.html



Oklahoma State Department of Health
Creating a State of Health

June 3, 2014

Mr. Mark Greenberg
Acting Commissioner
Administration on Children, Youth and Families
1250 Maryland Ave., S.W.
Washington, DC 20024

RE: Community-Based Grants for the Prevention of Child Abuse and Neglect
or Community-Based Child Abuse Prevention (Log No. ACYF-CB-PI-14-02)

Dear Mr. Greenberg:

Enclosed please find the Oklahoma State Department of Health (OSDH) application for the FY 2015 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. 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 administrative areas. The *Community and Family Health Service* (CFHS) is responsible for the care of women, children and families. The mission of CFHS is:

To protect and promote the health of the citizens of Oklahoma by assessing health status, establishing evidence-based priorities and providing leadership to assure the availability of individual and population-based health services.

Within the CFHS there are eight 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 mission of the FSPS is:

To promote the health and safety of children and families by reducing violence and child maltreatment through public education, multidisciplinary training of professionals and the funding of community-based family resource and support programs.

Terry L Cline, PhD
Commissioner of Health
Secretary of Health
and Human Services

R Murali Krishna, MD
President
Jenny Alexopoulos, DO
Terry R Gerard, DO

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1000 NE 10th Street
Oklahoma City, OK 73117-1299
www.health.ok.gov
An Equal Opportunity Employer



One of the programs 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 provides staff support for the other entities created by the CAP Act including local family resource and support programs.

The OCAP works 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 services across the state.

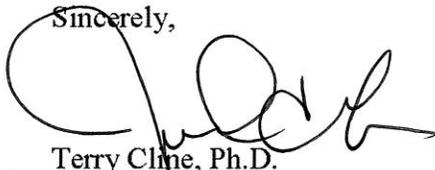
The OCAP works with networking partners to review and fund the community-based family resource and support programs. Once approved and awarded, the local agencies sign contracts with the OSDH to provide child abuse prevention services to families. These services consist of home visitation and center-based services. The OCAP assures 1) service providers are well trained, 2) quality improvements are ongoing by conducting annual site visits and assisting with peer reviews and 3) local programs are productive and effective by evaluating program data.

In addition to the services provided through the OCAP contracts, the Family Support and Prevention Service also includes the *Children First* services and the *Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program*. *Children First*, Oklahoma’s Nurse-Family Partnership Program, provides nurse home visitation to first-time parents throughout the state. Public health nurses from our county health departments provide the services. 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 Family Support and Prevention Service also provides training to the 25 multidisciplinary child abuse and neglect teams across the state through our *Child Abuse Training and Coordination Program (CATC)*. The 22 members of the CATC’s Council help direct the work.

The mission, structure and activities of the OCAP 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 partnering with the Administration on Children, Youth and Families.

Sincerely,



Terry Cline, Ph.D.
Commissioner

Secretary of Health and Human Services

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

LEAD AGENCY IDENTIFYING INFORMATION

In Response: Log No: **ACYF-CB-PI-14-02**

Date of Issuance: 02/27/2014

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

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

E-Mail Address: Sheriet@health.ok.gov or Annettej@health.ok.gov

Fax Number: (405) 271-2936

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 Annette Wisk Jacobi, JD
CBCAP Grant Coordinator Director

Family Support and Prevention Service
(405) 271-7611

CBCAP Fiscal Contact: Grace E. Brown, CPO
Agency Controller
(405) 271-4042

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



Mary Fallin
Office of the Governor
State of Oklahoma
April 22, 2014

Mr. Mark Greenberg
Acting Commissioner
Administration on Children, Youth and Families
1250 Maryland Ave., S.W.
Washington, DC 20024

Dear Mr. Greenberg:

After giving full consideration to the capacity and expertise of the Oklahoma State Department of Health (OSDH), I hereby designate OSDH as the lead agency to receive the federal funds allocated to Oklahoma through the Federal Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP), as per the Child Abuse Prevention and Treatment Act (Pub.L. 104-235), Title II, as amended by Pub.L. 108-36.

Because prevention is highly emphasized in the arena of public health, the OSDH is the most appropriate entity to accomplish the goals of the CBCAP Program. The OSDH has over 20 years of experience providing community-based family resource and support program services through a statewide network of prevention programs funded by Oklahoma's Child Abuse Prevention Fund. In addition, the OSDH has demonstrated its ability to leverage and blend state, federal and private funds to support prevention efforts, provide training and technical assistance to professionals delivering services, and monitor and evaluate programs.

I am confident the 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 that reads "Mary Fallin".

Mary Fallin
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 the Oklahoma State Department of Health 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 interdisciplinary 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.



(Signature of Governor)

April 22, 2014

(Date)

OMB Control # 0970-0155 (Expires 10/31/2014)

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

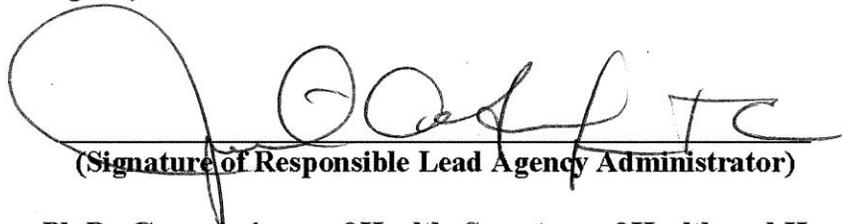
STATE LEAD AGENCY ASSURANCE STATEMENT

STATE:
Oklahoma

LEAD AGENCY:
Oklahoma State Department of Health

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)

Terry Cline, Ph.D., Commissioner of Health, Secretary of Health and Human Services
(Typed Name and Title of Administrator)

10/31/14
(Date)

LEVERAGED FUNDS WORKSHEET for FFY 2013 APPLICATION

STATE: Oklahoma LEAD AGENCY: Oklahoma State Department of Health Page 1 of 2

AMOUNT OF CLAIM	DATE(S) FUNDS WERE RECEIVED AND BUDGETED BY LEAD AGENCY		SOURCE OF FUNDS BEING CLAIMED	PURPOSE FOR WHICH FUNDS WERE BUDGETED AND SPENT
		BUDGETED/SPENT		
\$1,849,148	Jul-12	Monthly Oct 12- June 13	State Appropriation	Office of Child Abuse Prevention (OCAP)
\$389,203	Jul-13	Monthly Jul 13- Sept 13	State Appropriation	OCAP
\$201,101	Jul-12	Monthly Oct 12- Jun 13	State Appropriation	OCAP Administration
\$ 72,943	Jul-13	Monthly Jul 13- Sept 13	State Appropriation	OCAP Administration
\$166,131	Jul-12	Monthly Oct 12- Jun 13	State Appropriation	Child Abuse Training & Coordination (CATC)
\$ 34,787	Jul-13	Monthly Jul 13- Sept 13	State Appropriation	CATC
\$2,351,705	Jul-12	Monthly Oct 12 - Jun 13	State Appropriation County Millage	Child Guidance

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
\$714,979	Jul-13	Monthly Jul 13- Sept 13	State Appropriation County Millage	Child Guidance
\$ 5,675,195	Jul-12	Monthly Oct 12- Jun 13	State Appropriation County Millage	Children First
\$ 1,454,837	Jul-13	Monthly Jul 13- Sept 13	State Appropriation County Millage	Children First
\$ 28,252	Jul-12	Monthly Oct 12- Jun 13	Fee-Based	Heirloom - Birth Certificate
\$1,916	Jul-13	Monthly Jul 13- Sept 13	Fee-Based	Heirloom - Birth Certificate
<p><u>INCENTIVE CLAIM ASSURANCE:</u> 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 <u>budgeted and spent</u> in FFY 2013 (i.e. 10/1/12 – 9/30/13) 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 eligible</u> to be claimed.</p>				
<p><u>TOTAL CLAIM</u></p> <p>\$ 12,940,197</p>	<p>PREPARED BY: <i>[Signature]</i> (Fiscal Agent) (Date) 5-30-14</p> <p>SUBMITTED BY: <i>[Signature]</i> (Lead Agency Authority) (Date) 05-05-14</p>			

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Documentation of Leveraged Funds for Federal Matching Funds

- The leveraged funds submitted are state funds appropriated for the preceding fiscal year (October 1, 2012 – September 30, 2013) that were directed through the CBCAP lead agency (OSDH).
- These funds were used to support community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect.
- The state funds claimed as leveraged funds for this program have not been used to leverage additional federal funds under any other program.

Clarification of the Leveraged Funds Worksheet:

1. The “**Amount of Claim**” column only contains monies spent between 10/01/12 and 9/30/13.
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. The “**OCAP**” refers to the Office of Child Abuse Prevention which was derived from the Child Abuse Prevention Fund (CAP Fund). The money used to support the OCAP Start Right Programs comes from the Child Abuse Prevention Fund (CAP Fund). The CAP Fund was created by the Oklahoma Child Abuse Prevention Act as a mechanism for pooling state, federal and private funds for the development and implementation of community-based family resource and support programs. Program proposals that meet the guidelines and recommendations specified in the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect*, receive a multi-layer multidisciplinary review. The current requirements for the contractors are included in Attachment Section of this Grant Application. Approved proposals are awarded contracts by the Commissioner of Health and receive funding through the CAP Fund. The contractors then provide home visitation services utilizing the *Healthy Families* “critical elements” and the *Parents as Teachers* curriculum.
4. “**Office of Child Abuse Prevention Administration (OCAP Admin)**”: State appropriations allow the Office of Child Abuse Prevention staff from the OSDH central office to provide training, technical assistance, evaluation/assessment, quality assurance/improvement and affiliation/accreditation guidance to the contractors funded by the CAP Fund and contractors funded by the CBCAP Grant.
5. “**Child Guidance**”: State appropriated dollars and county millage supports the staff salaries and travel of the Child Guidance Program. The Child Guidance Program is an OSDH program that focuses on strengthening families by promoting positive parent-child relationships and enhancing child development. Child development specialists, speech language pathologists and behavioral health clinicians provide multi-disciplinary services including detection, education, support, and treatment of developmental, communication, hearing and behavioral concerns and assists families in accessing resources. Staff are trained in evidence-based and evidence-informed practices such as *Incredible Years*, *Circle of Parents*, *Parent Child Interaction Therapy* and the *Hanen Program for Parents*. Services are provided on a sliding scale basis to families; no one is declined due to inability to pay. Medicaid is billed when appropriate.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

6. “**Children First**”: The Children First Service is a statewide public health nurse home visitation program offered through local health departments. The model utilized is the Nurse-Family Partnership Model. Services are provided at no cost to families expecting to deliver and/or to parent their first child. Services are initiated before the 29th week of pregnancy and continue until the child turns two years of age. 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. “**Child Abuse Training and Coordination Program (CATC)**”: This Child Abuse Training and Coordination Program (CATC) is mandated to make available multidisciplinary and discipline-specific training on the identification, reporting, investigation and treatment of child abuse and neglect and domestic violence. CATC is advised by a 22-member council (CATCC). CATCC provides guidance to the CATC Program and does the annual review of the multidisciplinary teams. The funding listed on the Leveraged Funds Worksheet reflects the state dollars appropriated for OSDH central office staff salaries and travel that support CATC.
8. “**Heirloom Birth Certificates**”: The OSDH offers Heirloom Birth Certificates for purchase. These funds help support child abuse prevention efforts across the state. This program develops statewide capacity, based on best practices, to provide effective investigations through Multidisciplinary Child Abuse and Neglect Teams at the local level. This program also increases access to multidisciplinary and discipline-specific training on the investigation, prosecution, and treatment of child abuse and neglect and domestic violence. The Child Abuse Training and Coordination Program provides free state-of-the-art, discipline specific training and technical assistance for professionals such as: prosecutors, judges, private attorneys, law enforcement, medical and mental health providers, school personnel, child welfare workers, youth services workers, and court appointed special advocates. This training and assistance helps advance services available for addressing the needs of children in abusive situations by increasing the expertise of Oklahoma professionals.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

BUDGET

FY 2015 CBCAP GRANT APPLICATION

ACTIVITY	FEDERAL DOLLARS	NON-FEDERAL DOLLARS
Administration	\$ 58,986*	\$ 11,797
Community-Based Services Non-Home Visitation (including Child Guidance Services – Incredible Years, Parent Child Interaction Therapy, Circle of Parents)	\$ 50,000	\$ 10,000
Community-Based Services Home Visiting Service	\$ 50,000	\$ 10,000
The Essentials of Childhood Backbone Foundation & Social Norms Change	\$ 80,000	\$ 16,000
Community Engagement	\$ 10,000	\$ 2,000
Network Coordination	\$ 5,945	\$ 1,189
Public Awareness (Including Child Abuse Prevention Month materials)	\$ 10,000	\$ 2,000
Respite Services	\$ 5,000	\$ 1,000
Training and Technical Assistance	\$ 25,000	\$ 5,000
TOTAL	\$ 294,931	\$ 58,986

**This figure reflects the allowable 20% for administrative purposes.*

Award amount and 20% state match based upon population-based portion of the formula.
See Leveraged Funds Worksheet for supporting documentation.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Budget

- 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 the Federal funds received for Oklahoma's grant award.
- The budget includes sufficient funds to send two representatives from Oklahoma to attend the annual three to five day federally initiated CBCAP Grantees Conference, 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.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

DESCRIPTION OF THE LEAD AGENCY AND THE LEADERSHIP ROLE IN STATE PREVENTION ACTIVITIES

Yes, there have been changes in the prevention process in Oklahoma compared to previous years.

OKLAHOMA STATE DEPARTMENT OF HEALTH

The Oklahoma State Department of Health (OSDH), a public entity, is the lead agency responsible for administering the CBCAP funds and providing oversight to funded programs. OSDH is comprised of 68 county health departments and one central office. It is responsible for protecting, maintaining and improving the public's health status. Because of its size and diverse programming, OSDH is in a unique position to seek innovative approaches to coordinating funding streams and other resources to enhance the CBCAP funded services and activities.

Community and Family Health Services

Community and Family Health Services (CFHS) is one of the primary service areas within the OSDH. The mission is to protect and promote the health of the citizens of Oklahoma by assessing health status, establishing evidence-based priorities and providing leadership to assure the availability of individual and population-based health services. Oklahoma currently has 68 county health departments and two independent city-county health departments serving 77 counties. Each department offers a variety of services such as immunizations, family planning, maternity education, well-baby clinics, adolescent health clinics, hearing and speech services, child developmental services, environmental health, the early intervention program and community development activities.

Located within Community and Family Health Services are the following distinct services:

- 1) **Child Guidance Services** – programs designed to promote optimal child development, healthy behavior and effective interaction for families and children as well as those who work with young children.
- 2) **Maternal and Child Health** – programs that provide state leadership to improve the physical and mental health, as well as safety and well-being of the Oklahoma maternal and child health population.
- 3) **SoonerStart Early Intervention Services** – is a program designed to meet the needs of infants and children with disabilities and developmental delays.
- 4) **Women, Infants, and Children (WIC)** – a program to provide nutrition education and food resources to low-income pregnant and postpartum women and their young children.
- 5) **Dental Health Services** – provides leadership in oral disease prevention, anticipates needs and mobilizes efforts that will help protect and promote good oral health.
- 6) **Family Support and Prevention Service** – programs that promote the health and safety of children by reducing violence and child maltreatment through public education, multidisciplinary training of professionals and the funding of community-based family support programs.
- 7) **Nursing Service** – to promote, protect, and preserve the health of our citizens through optimal public health nursing services, leadership, education, and advocacy.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

- 8) **Records Evaluation and Support Division** – provides support services to county health department administrators, including the Forms Committee, quality assurance chart reviews and technical support with OSDH developed software, such as the Public Health Oklahoma Client Information System (PHOCIS), clinic management system and financial reporting software.

OSDH ORGANIZATIONAL CHART NEXT PAGE

County Health Departments

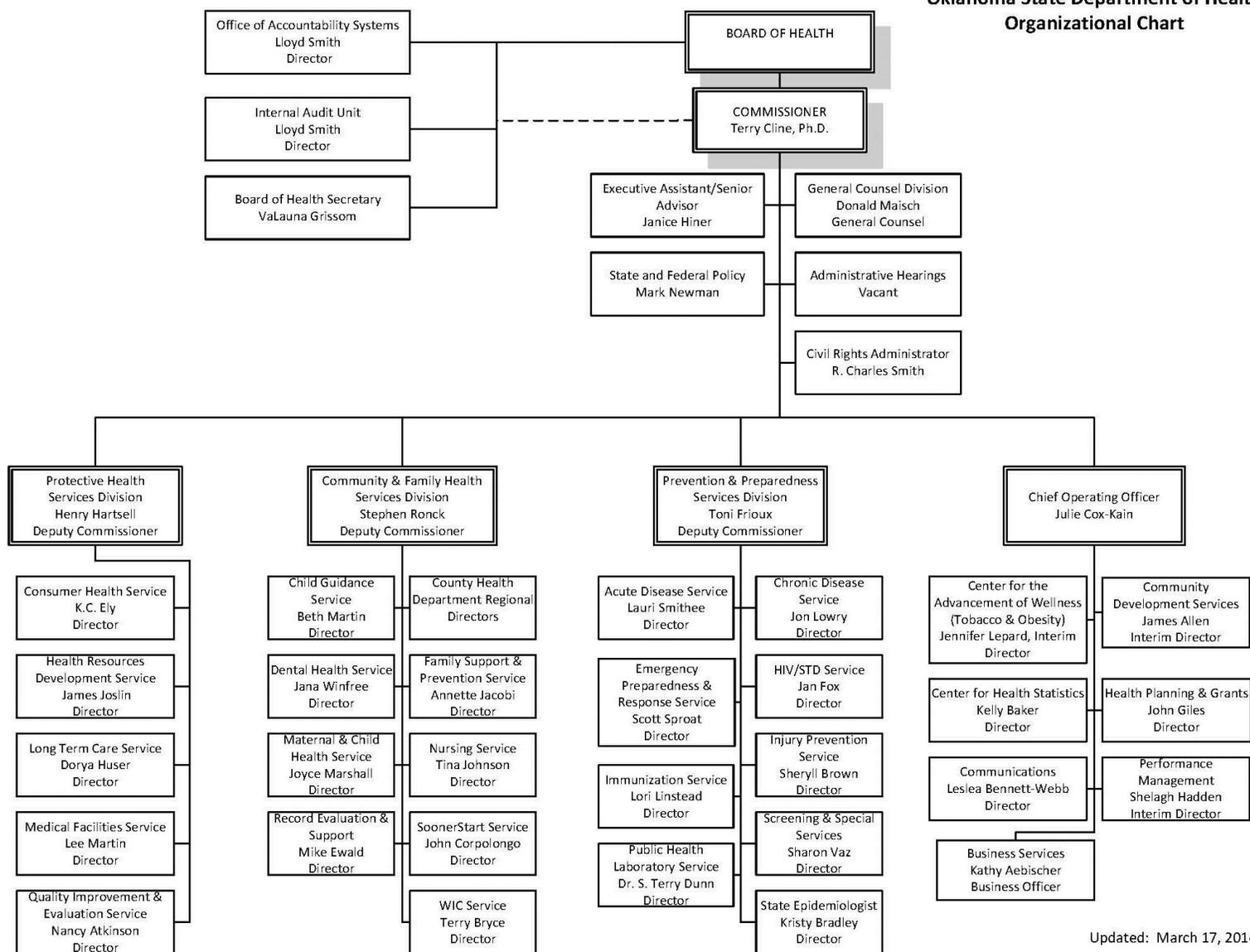
There are 68 county health departments with 19 additional satellite service clinics and two city-county health departments. McCurtain County Health Department was the only county health department that received CAP Fund monies in SFY 2013 for child abuse prevention programs. County health departments provide health services such as early intervention, family planning, maternity clinics, acute disease, sexually transmitted disease, Women, Infants, and Children (WIC) services, nurse home visitation services (Children First, Oklahoma's Nurse-Family Partnership - NFP) and child guidance services. The county health departments refer families to the child abuse prevention programs in the area. Conversely, the OCAP-funded programs make referrals to the county health departments for families to receive needed services. Several county health departments provide leadership, participation, and support for the promotion of child abuse prevention and activities related to strengthening families. Initiatives with the county health departments include the Child Abuse Prevention Month activities and networking during the local program site visits.

Four health department programs, Children First (NFP), Child Guidance, SoonerStart, and WIC are an integral part of the prevention of child abuse and neglect. See the following sections for more information about these programs. Federal funds and other state funds provide collaborative efforts in training, education and service delivery. Examples include sponsoring scholarships for personnel to attend the Oklahoma Annual Child Abuse and Neglect Conference, child abuse and neglect identification and reporting training sessions, the annual CAP Day Mini Conference and other networking opportunities.

Community-Based Child Abuse Prevention (CBCAP)

FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

**Oklahoma State Department of Health
Organizational Chart**



Updated: March 17, 2014

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Family Support and Prevention Service

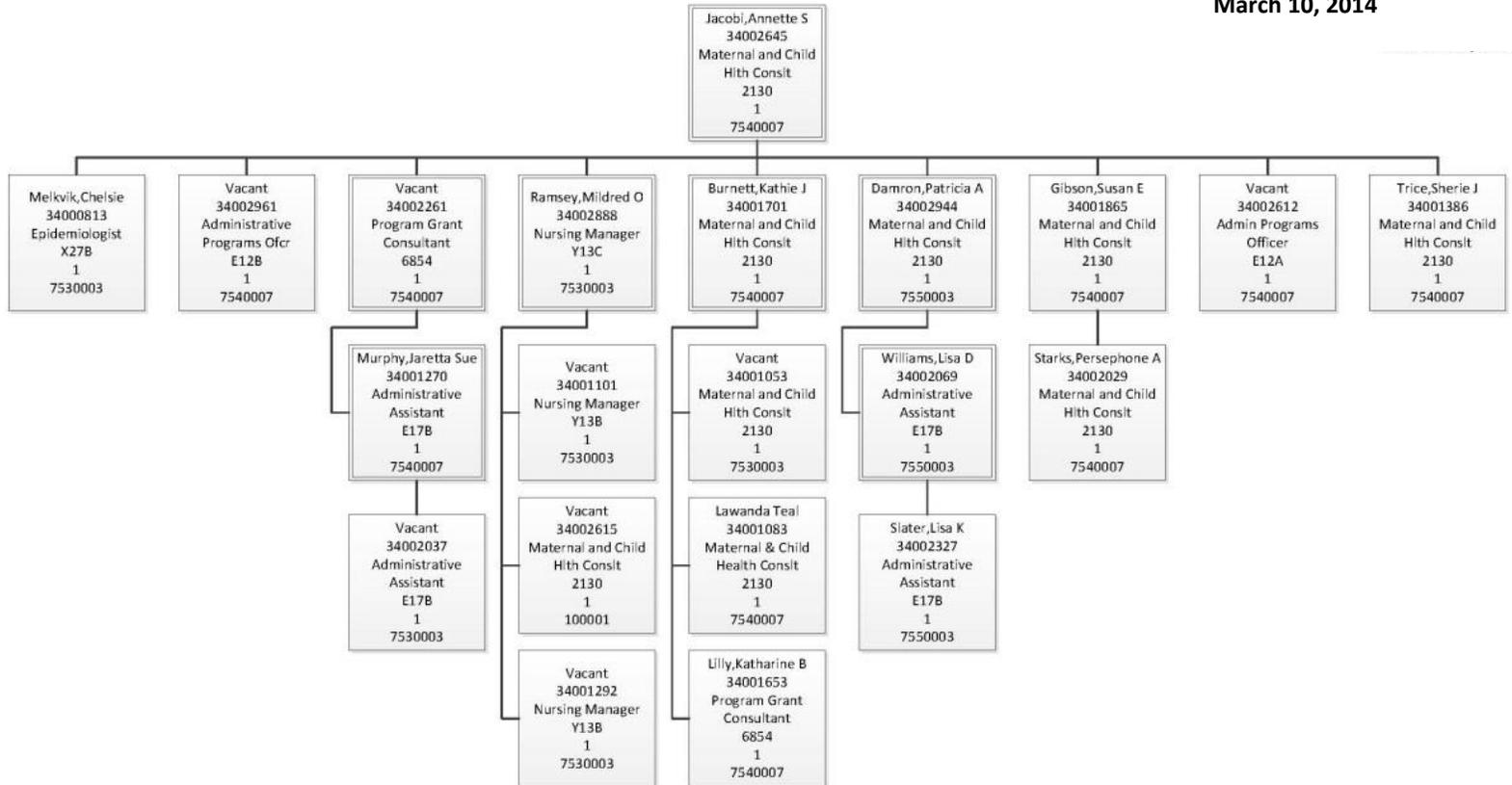
The Family Support and Prevention Service mission is to promote health, safety and wellness by reducing violence and child maltreatment through public education, multidisciplinary training of professionals and the funding of technical assistance and oversight to local organizations/agencies that serve families with young children. Located within the Family Support and Prevention Service are six major programmatic areas:

- 1) **Children First (NFP)** – a public health nurse home visitation program utilizing the Nurse-Family Partnership Model; serves first-time, low-income mothers.
- 2) **Child Abuse Training and Coordination Program** – a program to facilitate multidisciplinary and discipline-specific training.
- 3) **The Office of Child Abuse Prevention/Start Right Programs** – a home visitation program utilizing the Healthy Families America Model and the Parents As Teachers Curriculum; serves first time mothers after the 29th week of pregnancy, or at a time during a subsequent pregnancy.
- 4) **Community-Based Child Abuse Prevention Grant** – funds that allow community-based organizations to develop, operate and expand their services; funds that support networks that work towards strengthening families; and funds that foster understanding, appreciation and knowledge of diverse populations.
- 5) **Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program** – 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.
- 6) **Evaluation** – examines the operations of each program area within the Family Support and Prevention Service by creating and utilizing a system of measurement to ensure program fidelity, and discovers outcomes created by the processes of the programs. Program strengths and areas which need improvement can be identified.

FAMILY SUPPORT AND PREVENTION SERVICE ORGANIZATIONAL CHART NEXT PAGE

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

**Family Support and Prevention Service
Organizational Chart
March 10, 2014**



Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

HISTORY

OKLAHOMA CHILD ABUSE PREVENTION NETWORK

✦ Annual Report Narrative

The Oklahoma State Department of Health (OSDH)/Family Support and Prevention Service (FSPS) is a leader in the prevention arena in Oklahoma and a major participant in the collaborative efforts between private and public agencies on issues and actions related to prevention, regularly coordinating and collaborating with other stakeholders statewide.

The Oklahoma Child Abuse Prevention Act and the Supportive Structure of Child Abuse Prevention Services and Activities

In 1984, the Oklahoma Legislature passed the Child Abuse Prevention (CAP) Act, Title 63 O.S. Section 1-227. 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; and
- the Office of Child Abuse Prevention (OCAP) within the Oklahoma State Department of Health (OSDH) was created for the purpose of establishing a comprehensive statewide approach towards the prevention of child abuse and neglect.

The CAP Act created the Child Abuse Prevention (CAP) Fund for the provision of community-based child abuse prevention programs. The Act established the Interagency Child Abuse Prevention Task Force (ITF) and statewide District Child Abuse Prevention Task Forces (DTF) to work collaboratively with the OCAP and with local community-based, prevention-focused, child abuse prevention programs from the prevention network.

The Office of Child Abuse Prevention

The CAP Act created the Office of Child Abuse Prevention (OCAP) within the OSDH (which is currently part of the Family Support and Prevention Service) and defined the mechanisms by which the OCAP would fulfill its duties and thereby created a statewide network of child abuse prevention programs (currently called Start Right) along with other related activities. 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. The OCAP staff have formal education, training and/or expertise in the areas of prenatal health, child health and development, child safety, adult education, parent advocacy, local social service resources, respite systems, program evaluation, family assessment, family support, Healthy Families America®

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

approach, early childhood education, professional development, public awareness, child abuse and neglect prevention, and intervention. The Start Right program provides primary (statewide promotion of child abuse prevention), secondary (community-based family resource and support programs), and tertiary (training of professionals on identifying, reporting, investigating and prosecuting child abuse and neglect) prevention services by: 1) providing family support services through contracting agencies; 2) providing training to professionals working within family support programs and/or the child welfare system; and 3) technical assistance and reviews for the multidisciplinary teams across the state. In addition, the OCAP was charged with developing the *Oklahoma State Plan for the Prevention of Child Abuse*.

The Interagency Child Abuse Prevention Task Force

The Interagency Child Abuse Prevention Task Force (ITF) and statewide District Child Abuse Prevention Task Forces (DTF) that were put in place by the CAP Act have been eliminated with updates and changes in the law. In July 2007, the district task forces were eliminated as being a mandatory requirement although an emphasis on local input has remained a priority via pre-existing community networks, local partnerships, and local task force initiatives. In May 2013, the ITF was eliminated entirely (beginning November 1, 2013) although it was completely operational during the FY 2013 program reporting period.

The Interagency Child Abuse Prevention Task Force (ITF) was composed of a mandated membership of representatives from: 1) public agencies with responsibilities for children and families, such as the Department of Health, Department of Education, Department of Human Services, Department of Mental Health and Substance Abuse Services, Office of the Attorney General and Judiciary/Law Enforcement agency; 2) private organizations such as the American Academy of Pediatrics and the Oklahoma Partnership for School Readiness Board; 3) private agencies and programs that specialize in the identification and intervention of child abuse and neglect; 4) local government or business community; and 5) parents participating in a family resource and support program. The Task Force was staffed by the OCAP/FSPS.

As directed by the CAP Act, the ITF has been responsible for reviewing and evaluating all prevention program proposals submitted to the OCAP for funding through the CAP Fund, reporting findings to the Oklahoma Commission on Children and Youth and making recommendations to the Commissioner of Health, the final authority for contract awards. The ITF, with its broad representation and expertise, also assisted the OCAP in the development of the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect*. ITF members including parent representatives, service providers, child advocates and program participants participated in the creation of the *State Plan* with a new plan being submitted on a five-year cycle and reviewed annually.

House Bill 1467: Elimination of the ITF

In an effort to streamline government and reduce costs, in 2013 House Bill 1467 collapsed, eliminated or relocated over 40 different public health, statutorily-created advisory boards, councils and task forces. Three of these advisory groups were associated with the Family Support and Prevention Service: 1) the Interagency Child Abuse Prevention Task Force (ITF); 2) the Child Abuse Training and Coordination Council (CATCC); and 3) the Shaken Baby Prevention Education Initiative Task Force (SBTF).

The ITF was eliminated. Instead, a seven member “Infant and Children’s Health Advisory Council” is in the process of being appointed by the Governor, Senate Pro Tempore, the Speaker of the House of Representatives and the State Board of Health. The members shall consist of the following:

- One who works for the state or for a political subdivision on child abuse issues;
- One member who is knowledgeable about childhood immunizations;

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

- One who is knowledgeable about newborn screening issues;
- One who is licensed by the state as an optometrist who has knowledge of vision screening for children;
- One who is licensed by the state as a physician and works as a pediatrician;
- One who is licensed by the state as a genetic counselor; and
- One who is a physician licensed by the state who specializes in the diagnosis and treatment of childhood injuries in a trauma setting.

While the ITF had shared responsibilities with staff from the OSDH Office of Child Abuse Prevention relating to the development of the State Plan for the Prevention of Child Abuse and the granting of awards for child abuse prevention services, the newly created *Infant and Children's Advisory Council* will have limited involvement in the OCAP activities. This body will be addressing numerous issues for the OSDH – not only those that relate to child abuse prevention.

Oklahoma Commission on Children and Youth

The Oklahoma Commission on Children and Youth (OCCY) is an independent state agency authorized by the legislature to develop and improve services to children and youth. The OCCY established and maintains the Office of Planning and Coordination (P&C). The OCCY facilitates joint planning and service coordination among public and private agencies that provide services to children and youth; enters into agreements or contracts for the development of test models or demonstration programs; and prepares the Oklahoma State Plan for Services to Children and Youth.

The OCCY is mandated to ensure that the provisions of the CAP Act are implemented which includes but is not limited to: 1) the review and approval of the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect*; 2) the appointment of CATCC members; and 3) the assurance that the child abuse prevention proposals are in compliance with program proposals for funding to the Commissioner of Health.

Office of Planning and Coordination

Community Partnership Boards

The Office of Planning and Coordination (P&C) under the auspices of the OCCY, is responsible for the development and fiscal support for Community Partnership Boards (CPB's) that coordinate the development of local action plans aimed at strengthening services to children and youth. Currently, P&C provides technical assistance to forty-five (45) CPBs across the state. CPBs are local community coalitions that are composed of local citizens, key stakeholders, and providers that are concerned with children's issues and aim to improve the services offered to children and youth in the local community. CPBs can be a mechanism that supports local communities with identifying gaps, strengths, and needs in services to children, youth, and families in communities.

CPBs annually participate in a systemic issues² survey process to assist with the identification of systemic issues to be addressed in the Oklahoma State Plan for Services to Children and Youth. Goals and objectives are developed in the Oklahoma State Plan for Services to Children and Youth to address identified systemic issues.

² Systemic issue can be defined as an internal or external problem that frequently occurs in the service delivery system and impedes the intended outcome.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Freestanding Multidisciplinary Child Abuse Team

The Office of Planning and Coordination in accordance with HB1467 coordinates with district attorneys to establish freestanding multidisciplinary child abuse teams in each county of the district attorney's district. Freestanding Multidisciplinary Child Abuse Teams are composed of the district attorney, or assistant district attorney, law enforcement, child protective services, victim advocate, medical personnel, licensed mental health professionals, and other local first responders responsible for responding to allegations of child maltreatment. There are twenty-eight (28) child abuse teams across the state. These teams play a critical role and are a significant support system to achieving a coordinated response to allegations of child maltreatment and ultimately decrease the level of trauma experienced by children and youth during and after the investigation of child maltreatment.

Oklahoma State Plan for the Prevention of Child Abuse and Neglect

Historically, the *State Plan* has been written by the ITF and the OCAP and is a compilation of findings, recommendations and efforts spanning the continuum of child abuse and neglect prevention in Oklahoma. It is written with the acknowledgment that the prevention of child abuse and neglect requires collaboration, coordination and commitment of public agencies, private agencies, private citizens, prevention and intervention professionals and the legal system. With this community approach for the prevention of child abuse and neglect, a draft of the *State Plan* is distributed statewide for comments to public and private service providers, child advocacy agencies and private citizens.

Child Abuse Training and Coordination Council

The Child Abuse Training and Coordination Council (CATCC) is a 22 member council that provides guidance to the Child Abuse Training and Coordination (CATC) Program on training topics and trends in the child abuse and neglect field.

The Child Abuse Prevention Fund

The CAP Act created the CAP Fund as a mechanism for pooling state, federal and private funds to provide for statewide child abuse prevention services although this fund is predominantly supported with state appropriated dollars. At this time, the only monies being deposited into the CAP Fund other than state appropriations come from minimal revenues collected from specialty license plates.

Program proposals for contracts go through a multi-layer, multidisciplinary review. Approved proposals are awarded contracts by the Commissioner of Health and receive funding through the CAP Fund. The OCAP funds Start Right/Health Families America (HFA) and is responsible for providing training, technical assistance, evaluation and assessment to the CAP Fund community-based family support prevention programs, including programs funded by CBCAP dollars.

In SFY 2013, the CAP funded programs, Start Right, constituted a large part of the statewide network of community-based, family support programs. The Start Right Programs provide home visitation services to expectant families after the 29th week of pregnancy or any time during a subsequent pregnancy or families with a newborn through 12 months of age and allowing families to remain active in the program until the child's sixth birthday. Services are provided by local community organizations which utilize the Healthy Families America model and the goals are similar to Children First (Oklahoma's Nurse Family Partnership). Currently, there are 15 contractors providing services in 38 counties including Chickasaw Nation via an intergovernmental agreement which is funded entirely (100%) by CBCAP dollars. The OCAP budget is \$2,850,164 funded by state appropriations.

The CAP Fund will continue to be distributed by a formula set in statute utilizing both the percentage of children under the age of 18 and percentage of child abuse and neglect reports per county. A multi-level review process specified in the CAP Act is prescribed in statute as well to assure that equity and fairness are part of the award process.

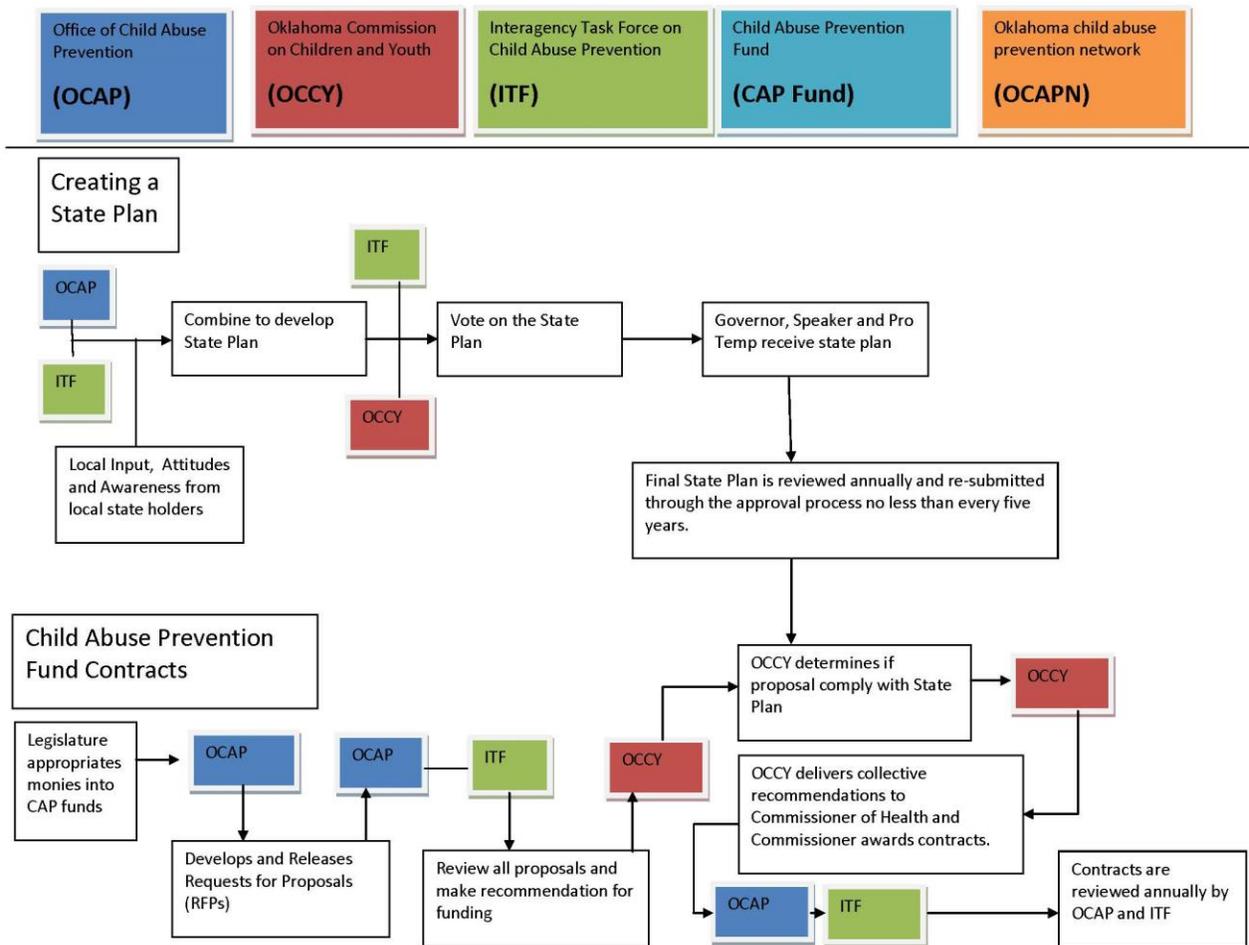
Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

CBCAP Funded Program

In SFY 2013, the OSDH utilized CBCAP funds to continue their intergovernmental agreement with the Chickasaw Nation (as mentioned above). Through this agreement, the same services provided by the Start Right Programs are provided to Chickasaw tribal members. In FY 2013, the OSDH continued to utilize CBCAP funds in support of the Chickasaw Nation’s efforts related to home visitation services and center-based services. The FSPS/OCAP provides training, technical assistance, evaluation and assessment to the Start Right Programs, including the program funded by CBCAP dollars.

HOW THE STRUCTURE HAS DIRECTED THE PREVENTION NETWORK

An illustration of the structure is presented, followed by descriptions of each segment of the structure.



Description of How Programs and Activities Have Operated and Integrated

The OCAP has been in the leadership position, having the responsibility for directing the network of partnerships and continuum of prevention services for children and families. The OCAP with its partners in the prevention network of community-based, prevention-focused child abuse prevention programs coordinates resources with many programs within OSDH, other agencies, and organizations, both public and private, including faith-based to maximize resources and to reach unduplicated populations in need. The OCAP will promote collaborative efforts by state and community agencies through formal and

Community-Based Child Abuse Prevention (CBCAP)

FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

informal networking opportunities and efforts. The state legislative purpose for creating the OCAP was to develop and promote a collaborative, comprehensive approach to the continuum of child abuse and neglect prevention services and programs.

There are many programs and services available in Oklahoma that in some way impact upon child abuse and neglect and associated risk factors. Few programs were designed with the prevention of child abuse and neglect as the primary outcome. More programs were designed to increase school-readiness or improve the health outcomes of mother and baby, but national evaluations found that they also decreased risk factors related to child abuse and neglect. Many of the programs and services contain home visitation components. OCAP seeks to build partnerships with the various programs, services, and organizations that will promote a comprehensive and collaborative continuum of child abuse prevention. OCAP has many partners in the prevention network. Partners and examples of the collaborative efforts, commenced and planned, are presented throughout this report.

Current CAP Funded and CBCAP Funded Programs

SFY 2013 – Start Right Programs

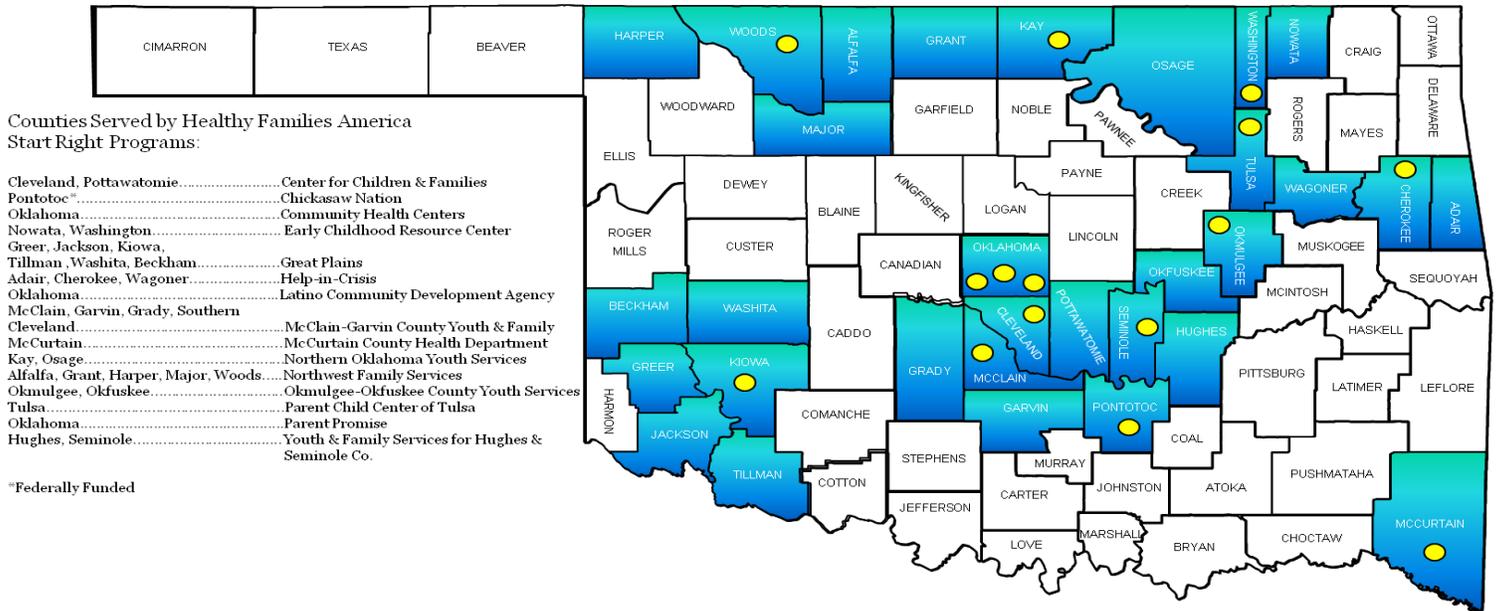
DISTRICT NAME AND COUNTIES WITHIN THE DISTRICT AREA	
Agency Name	Contract Award \$
District I: Pittsburg, Haskell, LeFlore, Latimer Counties	
<i>(no programs available)</i>	
District II: Adair, Cherokee, McIntosh, Muskogee, Okmulgee, Sequoyah, Wagoner Counties	
Help-In-Crisis, Inc.	\$200,000
Okmulgee-Okfuskee County Youth Service, Inc.	\$150,000
District III: Cleveland, Coal, Garvin, McClain, Pontotoc Counties	
Center for Children and Families	\$193,575
McClain-Garvin County Youth and Family Center, Inc.	\$150,000
Chickasaw Nation	\$150,000
District IV: Canadian, Kingfisher, Logan Counties	
<i>(no programs available)</i>	
District V: Hughes, Pottawatomie, Seminole Counties	
Youth and Family Services for Hughes and Seminole Counties, Inc.	\$150,000
Center for Children and Families	\$193,575
District VI: Caddo, Comanche, Cotton, Grady, Jefferson, Stephens Counties	
McClain-Garvin Youth and Family Center, Inc.	\$150,000
District VII: Oklahoma	
Community Health Centers, Inc.	\$150,000
Parent Promise	\$258,329
Latino Community Development Agency, Inc.	\$199,193
District VIII: Greer, Harmon, Jackson, Kiowa, Tillman Counties	
Great Plains Youth and Family Services, Inc.	\$175,000

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

District IX: Beckham, Blaine, Custer, Dewey, Roger Mills, Washita Counties	
Great Plains Youth and Family Services, Inc.	\$175,000
District X: Beaver, Cimarron, Ellis, Harper, Texas, Woodward Counties	
Northwest Family Services, Inc.	\$150,000
District XI: Creek, Lincoln, Okfuskee, Pawnee, Payne Counties	
Okmulgee-Okfuskee County Youth Services, Inc.	\$150,000
District XII: Tulsa County	
Parent Child Center of Tulsa, Inc.	\$424,067
District XIII: Craig, Delaware, Mayes, Nowata, Ottawa, Rogers, Washington Counties	
Early Childhood Resource Center	\$150,000
District XIV: Alfalfa, Garfield, Grant, Major, Woods Counties	
Northwest Family Services, Inc.	\$150,000
District XV: Carter, Johnston, Love, Murray Counties	
<i>(no programs available)</i>	
District XVI: Atoka, Bryan, Choctaw, Marshall, McCurtain, Pushmataha Counties	
McCurtain County Health Department	\$200,000
District XVII: Kay, Noble, Osage Counties	
Northern Oklahoma Youth Services Center and Shelter, Inc.	\$150,000
Federally Funded Programs [Pottawatomie County]	
The Chickasaw Nation	\$150,000
<i>Map of Services (included on next page)</i>	

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

State Fiscal Year 2014 Start Right Programs



Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

RELATED NETWORKS AND ACTIVITIES

The Interagency Child Abuse Prevention Task Force

For complete makeup and responsibilities of the Task Force, see previous section. During this reporting period, the body of work of the ITF (together with the OCAP staff) included the creation of the State's Child Abuse Prevention Plan, the distribution of the Oklahoma Child Abuse Prevention Funds, and guiding all of the child abuse prevention efforts across the state. ITF meetings took place (during FY 2013) on October 30, 2012 (Joint Meeting/Retreat), January 18, March 22, May 3, June 26 and August 9 in the calendar year of 2013. This group worked diligently throughout the year (along with networking partners) developing a new Oklahoma State Plan for the Prevention of Child Abuse and Neglect including a full day retreat with Jeff Linkenbach, sharing his important work on increasing positive community norms and reducing child maltreatment on October 30, 2012. The group faced the challenge of completing the State Plan at a time when the task force itself was facing elimination.

Highlighting ITF Activities:

1. Helped with coordinating FY 2013 Child Abuse Prevention (CAP) Month events, CAP Day at the Capitol activities and the CAP Day Mini Conference.
2. During the annual review of OCAP Start Right Programs, the ITF worked with OCAP staff to assess progress of programs and make recommendations for plans to improve and/or plans to continue funding.
3. Facilitated the planning and direction of the comprehensive Oklahoma State Plan for the Prevention of Child Abuse and Neglect as was required by statute. Ongoing meetings/discussions to build the Plan, contracted with an author to write the Plan, and gathered data and research from stakeholders.
4. Participated in a full day retreat with Jeff Linkenbach to further work on content and direction for the Plan (10-30-12).
5. Three staff from the Oklahoma State Department of Human Services attended the May 3, 2013 meeting to update the ITF on changes and improvements with their department and shared in a discussion on possible future collaboration.

Outstanding Child Abuse Prevention Awards

The ITF (along with the Family Support and Prevention Service staff) sponsors the annual Outstanding Child Abuse Prevention Awards, seeking nominations for worthy candidates who have demonstrated outstanding commitment and dedication to child abuse prevention in Oklahoma. These awards are presented in conjunction with the Annual Child Abuse Prevention Day at the Capitol Press Conference during National Child Abuse Prevention Month in April.

The four awards recognized:

1. **Outstanding Elected Official Award**, which is given to recognize an elected official for distinguished service on behalf of children and families in Oklahoma.
2. **Marion Jacewitz Award**, which is given to recognize an individual in Oklahoma who has made significant contributions to the prevention of child abuse on a statewide level.
3. **Outstanding Child Abuse Prevention Program Award**, which is given to recognize an exceptional community program that has an emphasis on child abuse prevention.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

4. **Mary Ellen Wilson Award**, which is given to recognize an individual who has demonstrated outstanding commitment and dedication to child abuse prevention activities in his or her community.

Home Visitation Leadership Advisory Coalition

The Family Support and Prevention Service (FSPS) steers the efforts of the Home Visitation Leadership Advisory Coalition (HVLAC) by convening, hosting, and facilitating home visitation meetings and providing this as a networking opportunity. Members from various agencies and programs working at all levels, from supervisory roles to the front lines, participate in this dynamic group that strives for best practice in home visitation. Comprised of representatives from state agencies, such as the University of Oklahoma Health Sciences Center, public school districts, youth and family services agencies, Prevent Child Abuse Oklahoma, parent-child centers and other private non-profits, the committee provides recommendations to improve services. This group coordinates efforts throughout the year on various activities related to child abuse prevention (for child abuse prevention month and advocacy, for example) and best use of funds for those involved in home visitation for child abuse prevention, school-readiness, child abuse intervention and early intervention. They also address other critical issues as they relate to home visitation. Members benefit from sharing resources, learning about each other's programs, special speaker presentations, and collaborating on various projects. There were five meetings attended by over one hundred participants from across the state during 2013. HVLAC meetings took place on January 16, May 15, July 17, September 18, and November 20, 2013. Membership recruitment targets community-based, family support programs with a home visitation component.

Highlights of HVLAC activities:

1. Special presentations from experts that provide services related to and important to home visitation programs. Topics/presenters in FY 2013 included:
 - a. Importance of Children's Oral Health – OSDH/Dental Health Services;
 - b. Birth Defects and Ways to Reduce the Risk of Birth Defects – OSDH/Screening and Special Services/Oklahoma Birth Defects Registry;
 - c. Overview of Circle of Parents and The Incredible Years Programs – OSDH/Child Guidance;
 - d. Childhood Hearing Loss – OSDH/Newborn Hearing Screening Program; and
 - e. The Period of Purple Crying Hospital Project – Oklahoma Child Death Review Board.
2. Continued sharing and distribution of the Home Visitors Safety Guidelines Manual – This publication was a long-term project developed by several of the HVLAC group members with a focus on safety in home visitation. The manual continues to be distributed electronically to various agencies and child abuse prevention programs across the state. The publication also continues to be used as a model publication by interested parties outside of Oklahoma who wish to duplicate these efforts.

Children First

Children First is a nurse home visitation program utilizing the Nurse-Family Partnership (NFP) model and provides services to first-time mothers with a household income at or below 185% of the federal poverty level. Services must begin prenatally and can continue until the child turns two years of age. The

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

goals of the program are to improve pregnancy outcomes, child health/development and the families' self-sufficiency. Oklahoma was one of the first statewide initiatives implementing NFP and for many years, was the largest NFP Program in the country. Today, approximately 110 nurse home visitors and 24 supervisors provide services in 68 counties. The Children First budget is over nine million dollars funded by state appropriations, county millage, Federal Medicaid reimbursement, some Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds, and (in part) by CBCAP funds.

The Maternal, Infant and Early Childhood Home Visitation Program

This federal grant program (MIECHV) provided two separate opportunities for states to initiate or expand their home visitation programs. All states had the opportunity to be awarded a MIECHV Formula-Based Grant based on population. Oklahoma's formula-based grant funds, \$1.9 million the first year and \$2.3 million in subsequent years, are being used to expand home visiting in Kay and Garfield counties. For FY 2012 and FY 2013, \$673,000 of the award was designated to sustain the existing Administration of Children and Families Evidence-Based Home Visitation Grant Program housed at the Oklahoma University Health Sciences Center on Child Abuse and Neglect.

Oklahoma was also one of only three states in the country to be awarded the maximum amount for the MIECHV Competitive Grant, \$9.43 million per year. The competitive funds are being used to expand home visitation services in Oklahoma, Tulsa, Comanche and Muskogee Counties.

Child Abuse Training and Coordination Council Child Abuse Training and Coordination Program

Defined by the CAP Act, the Child Abuse Training and Coordination Council (CATCC) has the mandate to make available multidisciplinary and discipline-specific training on child abuse and neglect for professionals with responsibilities affecting children, youth and families. The CATCC members (22 in all) establish multidisciplinary and discipline-specific training guidelines and objectives and make curricula recommendations to other agencies with professionals who have responsibilities for children, youth and families.

In conjunction with the CATCC, the Child Abuse Training and Coordination Program (CATC) staff facilitates the multidisciplinary and discipline-specific trainings. The training is provided to child protective services, law enforcement, district attorneys, judges, medical personnel, mental health consultants and other professionals. Specific trainings have included: "Investigating Severe Neglect and Physical Injury of Children and Infants," "Taking Your Investigation to the Courtroom," "Advanced Forensic Interviewing," "Technological Facilitated Computer Crimes," "Joint Investigations" and "Medical Evidence in Child Abuse Cases."

The CATC program partners with the following: the Oklahoma Lawyers for Children fall and spring trainings, Oklahoma Association for Infant Mental Health Conference, the Oklahoma Department of Mental Health and Substance Abuse Services Conference, the 18th Annual Oklahoma Conference on Child Abuse and Neglect and Healthy Families and the Domestic Violence Partnership Conference.

The CATC Program is expanding services to include children that witness domestic violence or domestic violence homicides and human trafficking.

The CATC program works with the Child Abuse Training and Coordination Council (CATCC) and Multidisciplinary Child Abuse and Neglect Teams (MDTs). Funding for the CATC Program and Council is provided through state appropriations, the Children's Justice Act Grant, a collaborative effort with the Oklahoma Department of Human Services and funding from the sale of Heirloom Birth Certificates through the Oklahoma State Department of Health.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

The Community-Based Child Abuse Prevention Grant

The Oklahoma Community-Based Child Abuse Prevention Grant (CBCAP) is a federal grant that provides support for home visitation services (i.e. Children First (NFP), Start Right Programs (Healthy Families America) – including Chickasaw Nation’s Start Right Program (which is 100% funded by CBCAP), respite care for parents, trainings for professionals and others interested in prevention, child abuse prevention awareness efforts and other special projects. The most recent annual award was for \$719,266.

OTHER RELATED NETWORKS AND ACTIVITIES

Annual Start Right Contractors Meeting

An annual Home Visitors Meeting was held October 23 - 24, 2012. The meeting was open to all home visitation programs statewide including Children First, Sooner Start, Parents as Teachers, Head Start, Early Head Start and the Department of Human Services to name a few. Topics that were offered included goal setting, safe sleep, infant communication and literacy, compassion fatigue and inter-conception/pre-conception. On the second day, the meeting was specific to contractors. Topics that were model specific were addressed including policy and procedure, financial procedures and database training.

Respite Care

The CBCAP grant provided \$10,000 for the implementation of respite care for Oklahoma families that were at-risk of child abuse and neglect. Of the total, \$9,000 was assigned for actual respite vouchers for child care, and \$1,000 was for processing and administrative fees to the Oklahoma State Department of Human Services for their accounting services. Families from the Start Right Programs as well as Children First (Oklahoma’s Nurse-Family Partnership) were eligible to participate based on an identified need by their home visitor. During FY 2013, CAP funded programs issued a set of vouchers valued at \$100 and valid for three months to families who were enrolled in home visitation services. Families were eligible to receive respite vouchers for three quarters of the fiscal year. Several families were awarded vouchers in multiple quarters.

The Respite Care Program was designed to empower the family to be independent, making decisions about who provided their respite care, when and where it was provided, and how much it would cost. The family was responsible for interviewing, hiring, and evaluating their respite care providers. The respite funds were administered through the Department of Human Services’ voucher system. The OCAP participated in the Oklahoma Respite Resource Network meetings.

Early Childhood Comprehensive Systems: Building Health through Integration Grant

The OSDH/Early Childhood Comprehensive Systems (ECCS) Project works collaboratively with the Oklahoma Partnership for School Readiness (OPSR), also known as Smart Start Oklahoma (SSO). In the spring of 2010, OPSR was legislatively appointed the State Early Childhood Advisory Council which positioned Oklahoma to apply for federal funding. Funding for Year One: August 1, 2013 – July 31, 2014. Two additional years of non-competing continuation funds are available (subject to availability of funds and satisfactory progress of project).

The OSDH/ECCS Project chose to focus on Strategy three: Improvement of state infant/toddler child care quality initiatives; Approach iii: Integrating selected infant/toddler standards into professional development initiatives.

The Oklahoma ECCS Project, working in collaboration with Smart Start Oklahoma’s Professional Development and Workforce Workgroup is focusing on four objectives:

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

- Develop an integrated online early childhood professional development registry;
- Collaborate with the Oklahoma Association of Infant Mental Health (OK-AIMH) to incorporate the OK-AIMH endorsement into the professional development registry;
- Integrate selected “*Caring for Our Children*” 3rd Edition standards into state professional development and training offered to early childhood professionals; and
- Promote the benefits of joining the registry and enrolling in the new professional development coursework.

Section VII, Application Narrative

NOTE: In an effort to avoid duplication, please also see Annual Report Narrative above.

Future Plans for FY 2015

The OSDH/FSPS will continue to play a leadership role through its efforts to develop, operate, expand, enhance, and where appropriate network, initiatives aimed at the prevention of child maltreatment, and to support networks of coordinated resources and activities to better strengthen families and to assist in helping promote optimal levels of development in children.

The system and network of prevention programs, coalitions and agencies listed above will continue to operate and meet much the same way in the next federal year as it has during the last reporting year with the exception of the State Interagency Child Abuse Prevention Task Force (ITF) which was mandated by the CAP Act, but has since been eliminated effective November 1, 2013. Coordination with the new Infant and Children’s Health Advisory Council would be limited, but is also still an unknown regarding how much involvement they would have with child abuse prevention since they are replacing multiple boards, councils and task forces and will consist of only seven members that meet a limited number of times during the course of the year.

However, there is still work to be done. All of the ITF members that were in place from various programs and agencies (with the exception of one who has changed positions) have indicated they would continue to serve in a coordinated fashion on a voluntary basis. Plans are in progress to construct an effective prevention workgroup, modeling it after the work of the Centers for Disease Control and Prevention (CDC), Essentials of Childhood. New stakeholders and networking partners will be included as well as the pre-established former ITF members.

OSDH/FSPS also plans to reinvigorate the Respite Program for broader, more effective use in FY 2015. Currently, Respite is being launched and utilized by four of the home visitation programs (Children First (NFP), Start Right (HFA), and the MIECHV SafeCare and Parents as Teachers programs although it wasn’t made available until late in this federal fiscal year due to staff changes/turnover, challenges with the system in place and program transitions.

Maternal, Infant, Early Childhood Home Visiting Program

The State of Oklahoma has been utilizing home visitation as a strategy to reduce child maltreatment and to improve the outcomes for young children and families for many years. The State has invested much of its own resources in evidence-based home visitation programming and has observed the field of home visiting evolve and improve. With the historic opportunity afforded by the MIECHV Program, the OSDH/Family Support and Prevention Service (FSPS) proposed to build upon Oklahoma’s comprehensive early childhood system by enhancing and expanding the continuum of home visitation services available to pregnant women and families with infants or young children in at-risk communities.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

The OSDH utilized its team of epidemiologists, statisticians and program evaluators to conduct a statewide needs assessment to determine the target population that would be best served by home visitation. Counties identified for services were Kay, Garfield, Comanche, Oklahoma, Muskogee, and Tulsa.

The evidence-based home visiting models that were chosen for implementation include: Nurse-Family Partnership (NFP); Healthy Families America (HFA); and Parents as Teachers (PAT). These models have all been implemented in Oklahoma for over a decade although not every model has been implemented in all communities.

Oklahoma MIECHV did not initially plan to implement a promising practice. However, when Oklahoma's Evidence-Based Home Visiting (EBHV) Grant that was originally administered by the Administration of Children and Families, Children's Bureau was transferred to the Human Resources and Services Administration (HRSA), the EBHV was formally incorporated into MIECHV. The model chosen for implementation by the EBHV in Oklahoma was the SafeCare Augmented (SafeCare+) model which was considered a promising practice. SafeCare+ is an adaptation of SafeCare (SC). On October 23, 2012, HRSA announced that SafeCare+ was found to meet the criteria established by the U.S. Department of Health and Human Services for an evidence-based early childhood home visiting service delivery model.

MIECHV Grants that were awarded to Oklahoma include:

The focus of the State's efforts in home visitation has been on the implementation of additional home visiting services with the objective of empowering home visitation programs to become increasingly resourceful, efficient and strategic. The goals of Oklahoma evidence-based home visitation programs are to provide services that will enable families to improve outcomes related to maternal and child health, family stability, family safety and family economic self-sufficiency.

There were two separate MIECHV funding opportunities available to initiate or expand home visitation services. Formula Grants were available to all states and Expansion Grants were awarded through a competitive application process. The formula-based grant funds awarded to Oklahoma were used to expand home visiting in Kay and Garfield counties as well as to sustain the existing Evidence-Based Home Visitation Grant Program housed at the Oklahoma University Health Sciences Center on Child Abuse and Neglect. In September 2013, the Oklahoma State Department of Health chose not to write for additional Formula Grant Funds. Those funds will be made available to an Oklahoma-based nonprofit through a funding opportunity released in April 2014.

Oklahoma was also awarded a MIECHV Competitive, Expansion Grant. Those funds are being used to expand home visitation services in Oklahoma, Tulsa, Comanche and Muskogee Counties.

MIECHV Program Community Connectors

Through a competitive bid process, contracts were awarded for a Community Connector in each of the six MIECHV counties. The Connectors serve as community ambassadors for home visiting that facilitate collaborative efforts among home visitation programs and other resources as well as provide referral services. The Connectors have established local coalitions with all home visiting programs and other community support services. Formal agreements have been established between services. Release of Information authorization documents for families are being utilized so contact information can be shared with other relevant services and potential enrollees can be referred to the most appropriate program. The coalitions and agreements have created opportunities for ongoing dialogue between the home visiting programs. Because of these activities, there is an increase in knowledge about the specifics of each home visiting model as well as an increase in trust and collaboration between the programs.

The external evaluation for several of the MIECHV activities is being conducted by the Center on Child Abuse and Neglect (CCAN). CCAN is a university-based, interdisciplinary center dedicated to the

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

prevention and treatment of child abuse and neglect that is housed within the Department of Pediatrics at the University of Oklahoma Health Sciences Center. Qualitative and quantitative data will be utilized to evaluate efforts related to recruitment engagement and retention of home visiting clients.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

ACTIONS TO ADVOCATE FOR SYSTEMIC CHANGE

✧ Annual Report Narrative

NOTE: In an effort to avoid duplication, please also see previous sections:

- **Early Childhood Comprehensive Systems**
- **Home Visitation Leadership Advisory Coalition**
- **Oklahoma Commission on Children and Youth**
- **Oklahoma State Interagency Child Abuse Task Force**

Preparing for a Lifetime, It's Everyone's Responsibility Initiative

This statewide initiative to improve birth outcomes and reduce infant deaths in Oklahoma focuses on seven specific areas: preconception and interconception care (being healthy before and between pregnancies), tobacco use prevention, prematurity, postpartum depression, breastfeeding, infant safe sleep, and infant injury prevention. Using state and community-based level partnerships (including FSPS staff), strategies include public education, policy change, and support of health care providers and birthing hospitals through training and technical assistance.

The infant mortality rate, defined as the number of deaths to infants less than one year of age per 1,000 live births, is one of the most important indicators of the health of Oklahoma and the nation. It is associated with a number of factors such as maternal health, parenting practices and socioeconomic conditions.

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.

The Oklahoma State Department of Health Commissioner's Action Team on Reduction of Infant Mortality was convened in May 2007. It has expanded to engage state and community partners in a statewide initiative, "Preparing for a Lifetime, It's Everyone's Responsibility," with strategic planning, data analyses and targeted interventions. Example subject matters being addressed include breastfeeding, premature births, smoking during pregnancy, infant safe sleep practices and preventing infant injuries – many subject matters that overlap with child maltreatment prevention. The 'Injury Prevention Workgroup' was developed during this process and made the decision to target "Abusive Head Trauma" as one of their first projects.

The Family Support and Prevention Services also took on the lead in coordinating the Shaken Baby Prevention Education Initiative, which was created in the 2010 Oklahoma legislative session, also aimed at reducing abusive head trauma although it has now been repealed.

To help raise awareness about infant mortality among key leaders, the Oklahoma Leadership Summit on Infant Mortality was held October 1, 2012. The goal of the Summit was to encourage stakeholders to take action toward improving birth outcomes in Oklahoma. The Summit was host to 71 organizations representing very diverse types of entities from across the state. Follow-up activities are taking place in order to maintain the momentum created by the Summit, including implementing community-based infant mortality prevention projects in counties throughout Oklahoma.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

THE OKLAHOMA HEALTH IMPROVEMENT PLAN

THE OKLAHOMA CHILDREN'S HEALTH PLAN

THE OKLAHOMA STATE PLAN FOR PREVENTION OF CHILD ABUSE AND NEGLECT

The Oklahoma State Department of Health, along with its numerous partnering agencies and organizations, developed the Oklahoma Health Improvement Plan (OHIP) in 2009. Many key priorities and outcomes that will support health improvement throughout the state are outlined in the OHIP. The OHIP was mandated by the Oklahoma Legislature in 2008 by Senate Joint Resolution 41 and directed the State Board of Health to prepare a report that outlined a plan for the “general improvement of the physical, social and mental wellbeing of all people in Oklahoma through a high-functioning public health system.”

The OHIP addresses improving health outcomes in three targeted “flagship initiatives”:

1. Tobacco Use Prevention
2. Obesity Reduction
3. Child Health

These flagship issues tie closely to the efforts of the prevention of child abuse. An example of the overlap between the Oklahoma Children’s Health Plan and child abuse prevention is found in Oklahoma’s home visiting programs. Home visitation programs provide education on a myriad of parenting and health-related topics as well as referrals that directly impact the flagship issues and the risk of child maltreatment.

However, it is important to note that each of the flagship issues does have its own *state plan* with specific goals and objectives.

Oklahoma Children’s Health Plan – Reduce Child Abuse and/or Neglect Goals and Objectives:

- *By January 2012, implement an abusive head trauma/shaken baby education program, guided by parental involvement, for new parents through partnering with 20 hospitals.*
- *By June 2012, implement a statewide multi-media campaign focusing on primary prevention of child abuse and neglect.*
- *By December 2012, provide 10 evidence-based community trainings (such as Strengthening Families) to engage nontraditional partners in creating a safe, stable and nurturing environment for children and families.*
- *By December 2012, increase the number of families served in evidence-based home visitation programs/teams across the state by 10% [e.g. Children First, Start Right, and Comprehensive Home-Based Services (CHBS)]. (Source: SYF 2009 Children First; Baseline: 4,590; Source: SYF 2010 Start Right; Baseline: 1,247; Source: SFY 2010 CHBS program; Baseline: 2,057 families).*

As part of the OHIP, the Oklahoma Children’s Health Plan (OCHP) promotes the integration of multiple childhood systems critical to improving children’s outcomes. Key elements of multiple existing state plans were incorporated into the OCHP based on input provided by state and local representatives of health, mental health, human services, and education agencies and organizations. In order to better coordinate efforts, the OCHP incorporated many of the goals and objectives from existing children’s health plans such as the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect*. The *State Plan for the Prevention of Child Abuse and Neglect* was co-developed by staff from the Family Support & Prevention Service and the Interagency Child Abuse Prevention Task Force (ITF).

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Planning for development of the new Oklahoma Health Improvement Plan 2015 – 2020 is currently underway. A series of regional listening sessions for public input on needs and priorities will be conducted in selected communities statewide along with sessions with special population groups beginning in April 2014. It is anticipated tobacco use prevention, obesity reduction and child health will continue to be priority areas. A draft of the proposed goals and objectives for the new plan will be due in August with the new plan to be implemented January 1, 2015.

Injury Prevention Workgroup Period of Purple Crying Project

The *Injury Prevention Workgroup* of the *Preparing for a Lifetime Initiative* identified abusive head trauma as a priority to be addressed, creating a plan to work with all birthing hospitals in Oklahoma to offer the “Period of Purple Crying.” Collaborating closely with the Oklahoma Hospital Association, the University of Oklahoma Health Sciences Center, the Office of Perinatal Quality Improvement and Medical Center Trauma Unit, the group chose the *Period of Purple Crying* materials to distribute to Oklahoma birthing hospitals along with other resources. Materials were purchased to assure that hospitals had enough materials to distribute for one full year in 2011-2012 (60,000 Period of Purple Crying DVD’s). Recently, DVD’s were once again purchased for the year. There are currently 56 birthing hospitals. Thirty-five of those are fully implementing the *Period of Purple Crying* Program and five more are in the process of implementation. There were 36 participating hospitals, but Moore Medical Center was damaged and closed following the Moore tornado in May 2013.

Materials for hospitals agreeing to participate included:

- Program Description and Protocol – step by step implementation guide;
- Education about *Period of Purple Crying*;
- Period of Purple Crying DVD – for new parents to view at the hospital and take home; and
- Information Booklet about the *Period of Purple Crying*.

Maternal, Infant and Early Childhood Home Visiting Grant

The Maternal, Infant, and Early Childhood Home Visiting (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.

After the OSDH was designated as the lead agency for the MIECHV grant by the previous Governor, additional leadership was available from the *Home Visitation Leadership Advisory Coalition* and the *Oklahoma Interagency Child Abuse Prevention Task Force*. Both of these groups were well established and uniquely positioned to navigate, guide, assist and advise throughout the grant process. Members of the *Home Visitation Leadership Advisory Coalition*, utilizing their in-depth knowledge about evidence-based home visitation models, research, and the current state of home visitation, presented information to the *Interagency Child Abuse Prevention Task Force* regarding the population to be served, enrollment criteria, measurable outcomes, etc.

The initial MIECHV Formula Grant included three phases: 1) submitting a project narrative; 2) conducting a needs assessment; and 3) developing a Supplemental Information Request (SIR) or plan for implementation. All phases for Year One of the Formula Grant were completed and the grant was awarded. Results of the needs assessment identified the top ten counties in Oklahoma based on the risk indicators provided with two being eliminated because of limited population. Two counties, Kay and Garfield, were identified for the focus of the implementation of MIECHV using funds from the Formula Grants.

Additionally, Oklahoma applied for a MIECHV Expansion Grant and was awarded the maximum funding amount for this competitive grant. Based on the results of the needs assessment, communities that have

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

been identified to receive services using these funds are Comanche, Muskogee, Oklahoma and Tulsa Counties.

Evidence-based home visiting models that were chosen for expansion using MIECHV funding include: Nurse-Family Partnership (NFP); Healthy Families America (HFA); and Parents as Teachers (PAT). Each of these models has been utilized in Oklahoma for over a decade. Additional NFP nurses were added through county health departments. *Requests for Proposals* were released and contracts were awarded which provided existing HFA programs an opportunity for expansion. *Requests for Proposals* were also released and contracts were awarded to establish new Parents as Teachers programs. For all models, the MIECHV funds were used to add new community employment opportunities in the form of home visitor and supervisory positions as well as to increase the number of families that receive home visiting services in the MIECHV designated communities.

Additionally, when Oklahoma's Evidence-Based Home Visiting (EBHV) Grant was transferred from the Administration of Children and Families, Children's Bureau to the Human Resources and Services Administration (HRSA), it was integrated into MIECHV. The model chosen for implementation by the EBHV in Oklahoma was an adaptation of SafeCare named the SafeCare Augmented (SafeCare+) model which was considered a promising approach. HRSA announced on October 23, 2012 that SafeCare+ was found to meet the criteria established by the U.S. Department of Health and Human Services for an evidence-based early childhood home visiting service delivery model.

In addition to the expansion of home visiting services, the MIECHV Plan established contracts with a community-based organization in each identified county to fund a position to improve communication, collaboration, and coordination among home visitation providers. The individual hired for this "connector" position was charged with accomplishing the following tasks: 1) Market the home visitation programs to potential referral sources such as hospitals, health clinics, schools, social service agencies, faith-based groups, etc.; 2) Serve as a central point of contact for referrals and assure that the referrals are provided to the appropriate home visitation program; and 3) Routinely convene meetings of the home visitation programs so that they can staff referrals if necessary and share information about community resources and services.

To further strengthen the efforts of home visiting, a formal partnership was created with the Child Guidance Program which is a unique feature of Oklahoma's public health system. Child Guidance Teams, administered by local county health departments, serve children from birth to age thirteen. Each team includes a child development specialist, a speech-language pathologist, and a behavioral health specialist. Child Guidance professionals also provide center-based services including parent education, discipline-specific interventions, child development screenings and evidence-based programming such as *The Incredible Years*.

INNOVATIVE FUNDING STREAM

Revitalized Start Right Specialty License Plates

In 2008, the OCAP specialty license plates received a facelift with a new design after almost two decades of the former plate. With a fresh, new look, the plates were created and made available at no cost to the state. Proceeds benefit CAP funded child abuse prevention programs as well as raise awareness and attention in the community with its attractive look. The **Start Right** theme emerged and seems to send a powerful message to consumers, "purchase a tag and help raise money to assist families in getting off to a productive, nurturing start in Oklahoma." The Family Support and Prevention Service staff and various partners continue to seek creative ways to promote the tag through media releases, dissemination of the license plate application form, and through word of mouth. We incorporate the CAP Month message, "It's Your Turn to Make a Difference"... by reiterating that everyone in Oklahoma benefits when children

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

‘Start Right’ and these specialty license plates provide an opportunity for the average citizen to participate in improving the health and quality of life for Oklahoma’s children. We plan to continue cost free promotion of the tag.



REVENUE RECEIVED VIA SPECIALTY LICENSE PLATES	
SFY	Amount
2014	\$ 1,260.00*
2013	\$ 1,100.00
2012	\$ 1,560.00
2011	\$ 1,220.00
2010	\$ 1,240.00
2009	\$ 1,520.00
2008	\$ 900.00



**The State Fiscal Year 2014 revenue accounts for the revenue received from July 2013 through May 2014 only.*

Collaboration with CFSP/PIP

During FY 2013, FSPS staff collaborated with representatives from Oklahoma Department of Human Services (OKDHS) in many ways and continued attempts to connect specifically on the Child and Family Service Plans (CFSP) and Program Improvement Plans (PIP) without much success. The OKDHS agency has endured a lawsuit, staff turnover, and is in the middle of a new Pinnacle Plan which could explain some of the current challenges in coordinating efforts. They presented their new Pinnacle Plan to the Child Abuse Prevention Task Force on May 10, 2013 and there was discussion about how better to collaborate.

Current collaborations with OKDHS include:

- OKDHS representatives are actively involved on the Child Abuse Prevention (CAP) Action Planning Workgroup throughout the year as well as the planning of the annual Child Abuse Prevention (CAP) Day at the Capitol and Mini Conference.
- The OKDHS staff was involved in the creation, implementation, review and update of both the last *Oklahoma State Plan for the Prevention of Child Abuse and Neglect, 2010 – 2013, as well as the new Plan, 2014 – 2018.*
- The OKDHS has held a long standing seat on the Oklahoma State Interagency Child Abuse Prevention Task Force (ITF).
- OKDHS representatives participated in the development of the 2013 – 2017 OCAP Child Abuse Prevention Services Invitation to Bid and its award process as well as the Start Right Home Visitation Request for Proposals and award process for the five year cycle, 2013 - 2017.

Together, Annette Jacobi, Director, Family Support and Prevention Service (OSDH), and Debi Knecht, Programs Manager, Oklahoma State Department of Human Services (OKDHS), attended the one and a half day, *Connecting and Linking for Success Training* on February 27-28, 2013 in Orlando, FL. The training was sponsored by FRIENDS National Resource Center, and the goal of the training was to provide CBCAP State Lead Agencies with knowledge and skills for effectively linking and connecting with their key programmatic child welfare counterparts to prevent child abuse and neglect and improve overall outcomes for children and families. The training was especially beneficial for those struggling to form collaborative partnerships.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

State Planning Retreat

Typically, the Oklahoma State Interagency Child Abuse Prevention Task Force hosts a fall retreat either yearly or bi-yearly for one or two days. The latest retreat was held for one full day on October 30, 2012 bringing in Jeff Linkenbach, the Director of the Center for Health and Safety Culture at Montana State University, to discuss “The Science of the Positive” and help incorporate the concepts of science-spirit-action into the Oklahoma State Plan for the Prevention of Child Abuse and Neglect (2014-2018) with the goal of increasing positive community norms and reducing child maltreatment. The retreat location was provided free of charge by the Heart of Oklahoma Council/Campfire Association, which was a rustic campfire venue for the event that was enjoyed by over 70 participants. An ITF business meeting and work on the State Prevention Plan concluded the day.

Oklahoma State Plan for the Prevention of Child Abuse and Neglect (2014 – 2018)

The OCAP/FSPS staff contracted with an individual to assist in creating the State Plan, working with the input and collaboration of the ITF and various networking partners, during the current reporting period. Several ITF business meetings and a full one day retreat were utilized to direct the work of the Plan. Public input was solicited through a statewide media release which was shared on television stations and in print. Overall, 500 participants, including parents, provided feedback through a public survey to help craft the plan. The State Plan was approved on June 13, 2013 by the Oklahoma Commission on Children and Youth in accordance with Title 63 O.S. 1-227.3 of the Oklahoma Statutes.

Section VIII, Application Narrative

NOTE: In an effort to avoid duplication, please also see Annual Report Narrative above.

ESSENTIALS FOR CHILDHOOD

Although the Oklahoma State Department of Health (OSDH) did not apply for an “Essentials for Childhood” Grant with the Centers for Disease Control and Prevention, the OSDH plans to participate as an unfunded grantee as much as possible. The purpose of the “Essentials” work is to support sustainable, multi-section collective impact efforts that promote safe, stable, nurturing relationships and environments (SSNREs). Specifically, state health departments are challenged to 1) coordinate and manage existing and new partnerships with other child maltreatment prevention organizations and non-traditional partners to promote SSNREs in children; 2) work with partners to identify strategies across sectors that promote SSNREs; 3) identify, coordinate, monitor and report on the strategies implemented by multi-sector partners; 4) coordinate improvement processes (i.e. continuous quality improvement) for multi-sector partners to refine strategies that support SSNREs; and 5) establish state-level impact of these efforts.

The anticipated “Essentials” outcomes include:

- 1) Increased number of strategic collaborations between the state health department and state-level traditional and non-traditional partners;
- 2) Increased number of activities that: a) raise awareness and commitment to promote SSNREs and prevent child maltreatment, b) use data to inform actions, c) create the context for healthy children and families through norms change, programs and policies;
- 3) Objectively measured changes in awareness, commitment, norms, programs and policies; and

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

- 4) Identification of promising practices and lessons learned on *Essentials for Childhood: Steps to Create Safe, Stable and Nurturing Relationships* content, implementation strategies and measurement approaches.

A collective impact approach is required. OSDH plans to utilize and build upon the previously statutorily mandated “Interagency Child Abuse Prevention Task Force” as the Collective Impact Team (CIT). The CIT will take into account the conditions that contribute to child maltreatment and represent the various sectors (state agencies, businesses, faith groups, non-profits, etc.) that can impact the public health burden from child maltreatment.

In the coming year, the CIT will develop and agree upon the following items:

- 1) **Common Agenda**: To increase SSNREs for children via implementing complimentary strategies in all four Essentials for Childhood (EfC) goal areas. While each individual goal is important, the four goals together are more likely to build the comprehensive foundation of SSNREs for children. The goals include:
 - Goal 1: Raise awareness and commitment to promote SSNREs and prevent child maltreatment.***
 - Goal 2: Use data to inform actions.***
 - Goal 3: Create the context for healthy children and families through norms change and programs.***
 - Goal 4: Create the context for healthy children and families through policies.***
- 2) **Shared Measurement**: The CDC will assist states in creating a short list of indicators. States will collect data and measure results consistently at the state level and across all participating organizations.
- 3) **Mutually Reinforcing Activities**: Each participating organization/sector – referred to as the Collective Impact Team – will undertake a set of activities at which it excels in a way that supports and is coordinated with the action of others.

In order to effectively and continuously communicate with the “Essentials” stakeholders as well as assure that the “Essentials” work moves forward, the OSDH will secure a “Backbone Organization” through a competitive bid process. This Backbone Organization will collaboratively work with OSDH to coordinate, facilitate and manage the project.

An additional contract, also to be awarded via a competitive bid process, will be awarded to support the development and implementation of a *social norms communication effort*. The purpose of this communication’s plan will be to foster community engagement at a variety of levels to ultimately improve the lives of young children in Oklahoma.

The CDC asks that these efforts be evaluated and foresees experimenting with different approaches and activities. A number of key evaluation questions have been defined by the CDC and their expectation is that available administrative data should be utilized as is feasible. As Oklahoma moves forward in developing our Project, the crafting of an evaluation must be included.

Oklahoma State Plan for the Prevention of Child Abuse and Neglect (2014 – 2018)

SEE NEXT PAGES FOR THE STRATEGIC PLANNING PORTION OF THE STATE PLAN
SEE ATTACHMENT SECTION FOR THE **COMPLETE** STATE PLAN INCLUDING BIBLIOGRAPHY



the strategic
PLAN

PLAN TO PREVENT child abuse and neglect in OKLAHOMA



The Centers for Disease Control and Prevention (CDC) has, as a key strategic direction in preventing child maltreatment, the promotion of safe, stable, and nurturing relationships between children and their parents or caregivers. Their key strategies include emphasizing primary prevention, developing a rigorous science base, incorporating cross-cutting perspectives and applying a population-based approach. CDC priorities include: 1) measuring impacts; 2) creating and evaluating new approaches to prevention; 3) applying and adapting effective practices; and 4) building community readiness.

This State Prevention Plan is consistent with the CDC strategy and is an opportunity to build upon Oklahoma's strengths and focus on PREVENTION. The 2014 – 2018 State Plan includes broad goals, needed strategies and measurable objectives to achieve those goals. Innovative actions will be

necessary to sustain as well as enhance the service system. Partnerships will be critical given state and federal fiscal challenges. The OSDH and all prevention partners stand ready to employ the most current best practices to serve and support parents.

INFRASTRUCTURE

The prevention of child abuse and neglect is broader than just programs. It is the responsibility of our communities and neighborhoods to keep all children safe, and caregivers to raise children in healthy, safe environments. Leadership requires a commitment at all levels to keep children safe and assure that they reach their optimal potential.

LEADERSHIP BY STAKEHOLDERS

During this transition period with the elimination of the ITF, it will be imperative for state agencies and programs with a prevention component to collaborate regarding prevention efforts statewide.



Goal 1: Identify new key partners throughout the Prevention Plan for all activities within the prevention spectrum and who will serve as a prevention liaison as needed regarding the State Prevention Plan, reviewing the Start Right contracts, and represent their target group as it relates to prevention, etc.

Strategy 1

The OSDH will seek and engage new and existing stakeholder partners to work collaboratively within the various areas outlined in the State Prevention Plan.

Strategy 2

The OSDH will work with current ITF members to maintain relationships, striving to continue the work of the task force in an organized fashion on a voluntary basis while also recruiting new members/collaborating partners.

LEADERSHIP BY SERVICE PROVIDERS

Leadership is needed to engage a broad array of partners. These include traditional state and local partners such as social services, substance abuse/mental health, health and education. Leaders need to reflect the variation in children’s needs including representation for youth as well as caregivers of children with special needs. Additionally, it will take the support of non-traditional partners using home-grown local leaders to engage communities as well as contributions from financial and other private sector representatives.

Goal 2: Increase the capacity, ownership and leadership within the child abuse prevention professional community.

Strategy 1

The OSDH, Home Visitation Leadership Advisory Coalition (HVLAC) and stakeholder partners will work collaboratively, continuing to stay informed and grow in their knowledge of current best practice, policies and models that positively impact the field of child abuse prevention and enhance the landscape of Oklahoma’s children.

Strategy 2

The OSDH, HVLAC and stakeholders will collaborate and provide technical assistance and training to professionals in related fields that have the ability to impact child abuse prevention.

Measurable Objectives

1. Continue funding for home visitation programs for FY 2014 and beyond.
2. Continue presentations given on topics related to prevention of child abuse to interested stakeholders at the annual CAP day and mini-summits tied to strategies identified in the 2014-2018 Plan.
3. Continue training that increases the skills of providers delivering home visitation services in recognizing and responding to high risk high stress families.

Parent Leadership

Meaningful parent leadership occurs when parents address the challenges of parenting, gain the knowledge and skills to function in meaningful leadership roles and



represent a “parent voice” to help shape the direction of their families, programs and communities. Shared leadership is successfully achieved when parents and professionals build effective partnerships and share responsibility, expertise and leadership in decisions being made that affect families and communities.

A strategic project by Circle of Parents (COP)/FRIENDS is developing a collection of effective strategies for building and sustaining parent partnerships and evaluating the impact of parent leadership on organizations, communities and states. The strategic project seeks to offer the “what” in terms of available tools that promote effective strategies for parent leadership and engagement as well as the “why” these tools and strategies have impact through identifying and measuring evidence of family, community and systems change.

Goal 3: Establish a Parent Advisory/Leadership Group

Strategy 1

The OSDH with the Family Resource Information, Education & Network Development Services (FRIENDS) will research, seek and secure speakers, training opportunities, technical assistance and information on the importance of a parent advisory leadership group (representative of different children’s ages, children with special needs and demographic variation), the process to creating such a group, and how best to collaborate with said group once it is achieved.

Strategy 2

The OSDH will work with programs in the child abuse network (Appendix II), such as Children First, Start Right, Child Guidance, Head Start, Parents as Teachers, Healthy Start, Family Expectations, etc, to take the necessary steps to institutionalize and operationalize a parent advisory/leadership group.

Measureable Objectives

1. Establish a functioning Parent Advisory Group that provides input and leadership in the area of the prevention of child abuse and neglect by July 1, 2015.

EVALUATION

Evaluation is a critical element of child abuse prevention program sustainability, as funders and policymakers increasingly ask for evidence of the effectiveness of the programs they fund. It is also necessary for child abuse and neglect prevention and family support programs to conduct evaluation activities as part of their ongoing quality assurance efforts. Currently, there is widespread acceptance among many social science fields that the use of evidence-based or evidence-informed practices promotes the efficiency and effectiveness of funding, as there is an increased chance that the program will produce its desired result. In turn, research suggests that effective programs often have long-term economic returns that far exceed the initial investment. There are various types of evaluation. Program evaluation is a systematic study



that assesses how well a program is working; process evaluation assesses the extent to which the program is operating as intended; and outcomes evaluation, which assesses the intended results of the program. Evaluation of programs leads to replication that maintains model fidelity and uniformity of implementation thus achieving the intended outcomes that make a difference for children and families.

Goal 4: Support the evaluation of social services including child abuse and neglect services and other social services provided to children and families.

Strategy 1

OSDH will conduct evaluations in an objective fashion providing widespread dissemination of evaluation results.

Measurable Objectives

1. Sustain process used to review and assess a program's effectiveness, including continuous monitoring of evaluation activities with an annual program report.

PRIMARY PREVENTION

Primary prevention activities are directed at the general population and attempt to stop maltreatment before it occurs. All members of the community have access to, and may benefit from, these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers and decision-makers about the scope and problems associated with child maltreatment.

CREATE A CULTURE OF CHANGE

We must mobilize a critical mass of policy makers, employers, community leaders, educators and providers to act on a commitment to families and to the health and safety of all children.

A public engagement campaign can fuel this change and is a structured, organized initiative to garner public support for a problem as a way of achieving needed change and sustaining this change as a community norm. Public engagement campaigns that include social marketing features have been shown to mobilize communities, organizations and individuals to call for policy or program changes in order to deal with problems. Educating the public about an issue and giving them the information and course of action to address the problem has driven many of the social changes that have occurred in our country. A public engagement campaign can focus on strategies ranging from media campaigns to policy changes and providers sharing the merits of their approaches to strengthening families or sponsoring community events focused on positive parenting. Prevent Child Abuse America and other national partner organizations have been compiling promising practices and strategies for public awareness and education campaigns.

We must also recognize the informal supports offered in our neighborhoods and broader communities. Communities know best the needs of their families and the informal and formal resources



available to meet their needs. Building the capacity of communities to support their families at all levels leads to safer, healthier communities with more productive citizens.

Goal 5: Create a culture of change that values the health, safety, and well-being of children.

Strategy 1

The OSDH will work on a community development approach that builds on the *Positive Community Norms Framework* with experts using the “Science of the Positive” approach to educate and mobilize communities to shift community norms towards positive child development and family functioning so that child abuse and neglect is viewed as preventable and unacceptable.

Strategy 2

The OSDH, Smart Start Oklahoma and stakeholder partners will continue to seek and explore effective, creative Community Engagement Initiatives/Models, sharing them statewide as they are available with traditional and non-traditional target groups, such as, the faith-based population, libraries, businesses, etc.

Strategy 3

The OSDH will continue to seek training opportunities and technical support through the Community-Based Child Abuse Prevention Grant (CBCAP) as funds are available and the FRIENDS network related to community-building and community engagement, sharing

professional talents of experts in the field with statewide stakeholders.

Strategy 4

The OSDH will work with Smart Start Oklahoma and other stakeholder partners to support the implementation of quality early childhood programs.

Strategy 5

The OSDH and Smart Start Oklahoma will collaborate to assure Strengthening Families Protective Factors are introduced, made available, and integrated into all prevention programs serving children and families.

Strategy 6

The OSDH will generate a campaign focusing on the Adverse Childhood Experiences Study (ACES), including inviting participation of stakeholder partners, conducting preliminary research and gathering data to put measurable objectives in place, and creating a presentation package that will be made available statewide.

Strategy 7

The OSDH, along with the Child Abuse Prevention (CAP) Action Committee and other stakeholder partners will engage non-traditional partners to get involved in and support child abuse prevention efforts (i.e. business community, libraries, civic groups, faith-based groups, etc).

Measurable Objectives

1. Maintain attendance at the Annual Child Abuse Prevention (CAP) Day at the Capitol.



2. Implement a statewide multi-media campaign with the following focus (see next section):
 - a. Stress the importance of children being given opportunities for healthy growth and development.
 - b. Recruit non-traditional partners at the local and state levels (business, civic groups and faith-based organizations).
 - c. Create awareness about the breadth of effective child abuse prevention strategies reflecting different age groups, children with special needs, and cultural and ethnic diversity in the state.
 - d. Provide information on effective community engagement strategies to promote positive community norms, including school-based approaches as well as violence prevention programs.
3. Increase the number of communities developing community engagement strategies to prevent child abuse and neglect by 10%.
4. Explore with Turning Point communities the feasibility of community-based child abuse prevention strategies tied to local community needs assessment results.

SUPPORTING PARENTS

All parents and caregivers need support in the job of raising healthy, productive citizens. Support can be informal, such as parents sharing information with each other, or formal, such as parenting classes or home visitation. The continuum from prenatal to high school would include programs that strengthen parenting skills and improve outcomes in the following areas: parent-child

interactions (cognizant of the variation required for children with behavioral/emotional problems as well as children with special needs), effective communication, positive discipline, stress and anger management, self-awareness and empathy building, early learning, and family literacy. Additional supports for low income parents can incorporate referrals to job supports in the community.

Goal 6: Assure that general parent education and family support is universally available across the state.

Strategy 1

The OSDH, Smart Start Oklahoma and other stakeholder partners will engage others to work collaboratively in seeking and implementing various vehicles for providing education information to parents and caregivers to assist them in providing safe, stable and nurturing environments for children.

Strategy 2

The OSDH, Smart Start Oklahoma and other health and human service agencies will assist parents and caregivers in meeting the basic needs (sometimes called “concrete supports”) of their family/children.

Measurable Objectives

1. Increase the number of venues for providing information regarding parenting and child development to parents and caregivers.
2. Increase the number of families aware of and able to access formal and informal community resources and concrete supports.



3. Increase the number of families receiving referrals to specific individuals at service agencies as well as transportation to those services, as needed.
4. Increase the number of hospitals providing information on parenting and child development to all parents of newborns with information about abusive head trauma and safe sleep.

2. Increase the number of child sexual abuse prevention programs in place and available statewide by 10%.
2. Expand the number of stakeholder groups including school systems and non-traditional partners receiving information on how to prevent child sexual abuse.

PREVENTION AND TREATMENT OF SEXUAL ABUSE

Prevention and treatment of sexual abuse is a special challenge, different in many of its dimensions from other types of child maltreatment. Enormous strides have been made to understand the problem, educate the public and mobilize resources to address it. Recent research has indicated that current strategies may not be the most effective. Additional research and program development is needed to prevent initial harm to children and reduce occurrences.

Goal 7: Implement strategies to prevent child sexual abuse.

Strategy 1

The OSDH and Bethesda, Incorporated of Norman will work with partners across the state to implement community-based programs that emphasize adult education and responsibility in keeping children safe from sexual predators.

Measurable Objectives

1. Increase the number of partners working on sexual abuse prevention.

SECONDARY PREVENTION

Secondary prevention activities with a high-risk focus are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services for communities or neighborhoods that have a high incidence of any or all of these risk factors.

IDENTIFY BEST PRACTICES

Currently, there is an emphasis across human services that evidence-based or evidence-informed practices promote the efficiency and effectiveness of funding, as there is an increased chance the program will produce its desired result. In turn, research suggests that effective programs often have long-term economic returns that far exceed the initial investment.

Understanding what evidence-based or evidence informed practice is, and is not, is a



necessary step for programs, as they continue to strive towards providing the best, most effective services. This focus on effective use of resources leading to positive outcomes for families will create a culture of accountability among all of those involved in the prevention of child abuse and neglect. The process of continually educating, evaluating and informing, not only professionals, but communities, will contribute to a focus on quality programs and services.

Goal 8: Identify best practices, programs and models that show evidence of improving child health, safety and well-being.

Strategy 1

The OSDH and other stakeholders will seek and provide to interested partners, best practice and evidence-based/evidence informed models on a continual basis to assure quality services are provided and prevention dollars are well spent, when available.

Measurable Objectives

1. Complete Comprehensive Plan for the Prevention of Child Abuse and Neglect and conduct a review on an annual basis.
2. Implement programs with measurable outcomes that meet the needs of children and families with an assessment conducted on an annual basis.

COMPREHENSIVE SYSTEM

Prevention is a long-term investment in the well-being of children and families.

Various public agencies have responsibilities for prevention programs with different funding streams, policies and procedures and populations served. We know that piecemeal, single focused solutions do not address the complex issues that families face. A coordinated, interagency approach is needed to provide the supports that families need. Coordination and collaboration strategies can range from those that are easy to implement to those that are multi-faceted. Interagency coordination can lead to efficient use of resources and a coordinated response to family needs.

Oklahoma has a broad array of public and private services focused on the needs of families. We are recognized for the evidence-based programs implemented and our history of helping our neighbors in need. In order to develop a four year comprehensive plan, it is first necessary to identify all of our current resources, gaps in resources, needed resources, assess the best strategies to support families and develop a clear plan with identified actions and measurable results to prevent abuse and neglect among our families.

One key component of supporting parents and child development is through statewide home visiting implemented through various state agencies, such as the OSDH and/ or the Oklahoma State Department of Education. Voluntary home visiting programs tailor services to meet the needs of individual families,



and offer information, guidance and support directly in the home environment. While home visiting programs, such as Healthy Families America, the Nurse-Family Partnership, the Parent-Child Home Program and Parents as Teachers, share similar overall goals of enhancing child well-being and family health, they vary in their program structure, specific intended outcomes, content of services and target populations.

A growing body of research demonstrates home visiting programs that serve infants and toddlers, can be an effective method of delivering family support and child development services, particularly when services are part of a comprehensive and coordinated system of high quality, affordable early care and education, health and mental health, and family support services for families prenatally through pre-kindergarten.

Goal 9 Work towards the establishment of a comprehensive system of prevention programs available across the state to families with risk factors for child abuse and neglect.

Strategy 1

The OSDH and Smart Start Oklahoma will work with other community partners across the state to increase the number and quality of center-based parent support groups and parent education programs.

Strategy 2

The OSDH, Home Visitation Leadership Advisory Coalition (HVLAC) and other networking partners from across the

state will work to increase the number and quality of home visitation services.

Measurable Objectives

1. Implement programs with measurable outcomes that meet the needs of children and families through collaboration with local and state entities as well as non-traditional partners.
2. Increase the number of home visitation services available and funded statewide by 10%.
3. Explore with OKDHS the possibility of
 - a) expanding its respite care voucher program to families known to the child welfare system who are at risk of child abuse and neglect as part of family preservation services and
 - b) increasing household income eligibility standards for the respite care voucher program to expand access to such services for families with children with special needs.

TERTIARY PREVENTION

Tertiary prevention activities focus on families where maltreatment or identified challenges have already occurred, seek to reduce the negative consequences of the maltreatment and to prevent its re-occurrence.

INCLUSION OF FAMILIES KNOWN BY CHILD SERVING AGENCIES

Linkages across all child serving agencies are essential to addressing the multiple factors affecting child abuse and neglect. Oklahoma has key elements in place with a:

- 1) comprehensive array of home visitation programs;
- 2) statewide child care infrastructure;
- 3) OKDHS Child Welfare Pinnacle plan calling for



smaller caseloads and collaboration between agencies offering family supports (including mental health and substance abuse treatment services) and 4) trauma informed framework to mitigate entry into the child protective service system. There are community strategies in place through the work of Smart start Strengthening Family communities and localities participating in the Oklahoma Center for Community-Based Initiatives. Given historical recessionary conditions, strengthening strategies to reduce poverty are needed. Public awareness occurs with multiple public and private sector partners through summits and CAP days at the capitol. All of these initiatives need ongoing support and expansion with linkages necessary to have a systemic response to child abuse and neglect prevention.

Goal 10 **Include in the comprehensive system, prevention programs focused on serving families identified by the child welfare, mental health, substance abuse, and/or domestic violence systems.**

Strategy 1

The OSDH will support OKDHS, Child Welfare as they continue to implement the Pinnacle Plan emphasizing child safety.

Strategy 2

The OSDH will provide support when appropriate to collaborative partners in increasing the number and quality of mental health services available to both adults and children.

Strategy 3

The OSDH will work to identify new partners and provide support when appropriate to collaborative partners already in place in increasing the number and quality of substance abuse treatment services for both adults and children.

Strategy 4

The OSDH will work to identify new partners and provide support when appropriate for existing partners already in place in increasing the number and quality of domestic violence services.

Strategy 5

The OSDH will work to identify new partners and provide support when appropriate for existing agencies working in the field to continue to explore the overlap between child abuse and domestic violence incidents, investigations, and best practices for prevention and intervention.

Measurable Objectives

1. Explore with OKDHS Child Welfare ways to collaborate on prevention strategies as they continue to implement the Pinnacle Plan emphasizing child safety.
2. Increase the number of mental health and domestic violence services available to meet the needs of all children and families.
3. Integrate child abuse prevention strategies into mental health & domestic violence programs.



CULTURAL COMPETENCE IN SYSTEM

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes. There are five essential elements that contribute to a system’s ability to become more culturally competent. The system should (1) value diversity, (2) have the capacity for cultural self-assessment, (3) be conscious of the “dynamics” inherent when cultures interact, (4) institutionalize cultural knowledge, and (5) develop adaptations to service delivery reflecting an understanding of diversity between and within cultures. Furthermore, these five elements must be manifested in every level of the service delivery system. They should be reflected in attitudes, structures, policies and services. Valuing diversity means accepting and respecting differences. People come from very different backgrounds and their customs, thoughts, ways of communicating, values, traditions, and institutions vary accordingly. The choices that individuals make are powerfully affected by culture. Cultural experiences influence choices that

range from recreational activities to subjects of study. As we further define a comprehensive approach for the prevention of child abuse and neglect, we must attend to the unique culture of Oklahoma, recognizing our strengths and weaknesses.

Goal 11: Promote and/or provide culturally appropriate services that maximize the participation of various cultural and ethnic populations.

Strategy 1

The OSDH, state and local partners will seek and provide to interested partners best practice and evidence-based/evidence informed models on a continual basis to assure appropriate services are available to culturally diverse populations.

Strategy 2

The OSDH, state and local partners will continue to redefine the components needed for the comprehensive system as child abuse prevention programs’ populations evolve.

Measurable Objectives

1. Increase the number of families able to access needed services
2. Monitor how the workforce reflects the diversity of families served.
3. Increase program training regarding cultural diversity issues.



Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

COLLABORATION AND COORDINATION

✧ Annual Report Narrative

NOTE: In an effort to avoid duplication, please also see previous sections:

- **Early Childhood Comprehensive Systems**
- **Home Visitation Leadership Advisory Coalition**
- **Oklahoma Commission on Children and Youth**
- **Oklahoma State Interagency Child Abuse Task Force**
- **Oklahoma State Plan for the Prevention of Child Abuse and Neglect**
- **State Planning Retreat**

CBCAP LEAD AGENCY (OSDH) AND CHILD MALTREATMENT PREVENTION PARTNERSHIPS AND COLLABORATIONS

The OSDH has partnerships and collaborations with several organizations working to prevent child abuse and neglect and support families, including the following:

Smart Start Oklahoma

Established under the Oklahoma Partnership for School Readiness Act in 2003, Smart Start Oklahoma through a community approach is charged with increasing the number of children who are ready to succeed by the time they enter kindergarten. In 2008, the Partnership Board was designated by the Governor as the State's Early Childhood Advisory Council, as required by each state under the 2007 Head Start Reauthorization Act. To further solidify the Partnership's role, in 2010, legislation established the Board as the Early Childhood Advisory Council. As a public-private partnership, Smart Start Oklahoma pursues strategies for improving learning opportunities and environments for children birth to age six.

State legislation charges the Partnership with promoting and enhancing community collaboration for early childhood programs and services. To accomplish this, Smart Start Oklahoma has a 19-member community-based network serving 36 counties across the state and reaching 88% of children under the age of six. Woodward County recently joined the Smart Start Oklahoma network in March 2014. At the state level, Smart Start Oklahoma supports communities with grants, technical assistance and fiscal management.

Smart Start Oklahoma focuses on five key strategy areas:

- Early Care and Education Program Collaboration
- Integration of Health and Mental Health
- Family and Community Engagement
- Coordination of Professional Development
- Early Literacy

Smart Start Oklahoma has played a key role in helping to coordinate the Child Abuse Prevention Day at the Capitol including efforts to host a diaper drive in 2012 and most recently a book drive in April 2013. Books were collected for all 18 Smart Start Oklahoma communities. Many of the 18 communities also hosted local community book drives in support of Child Abuse Prevention Month.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Oklahoma Institute for Child Advocacy (OICA)

The Institute was established in 1983 in response to a national investigative report, “Oklahoma’s Shame,” exposing the maltreatment of young people in state care. As the Voice for Children, OICA speaks up for the needs of children and youth, especially those growing up with the harsh realities of poverty, health and economic disparities, abuse and neglect or other situations that put their health, safety, education, well-being and future at risk. OICA works in partnership with numerous agencies, organizations, corporations and foundations, as well as individuals in communities across the state, to educate and engage Oklahomans and promote program and policy solutions that get results for kids. OICA is the “go-to” organization for advocacy, education and data on children’s issues, working for public policy changes that are cost-effective, have proven results, and maximize the economic advantages of investing in children. Additionally, they house Oklahoma KIDS COUNT data. OICA played a key role in collaboration with OCAP during Child Abuse Prevention Day at the Capitol in April 2011, 2012 and 2013.

Child Abuse Prevention Action Committee

The Child Abuse Prevention (CAP) Action Committee is in its eighth year with increased membership and interest at an all-time high. An eclectic, dedicated group of collaborative partners steer the activities and events that promote prevention in Oklahoma. The group coordinates and plans all of the events for April, including *Child Abuse Prevention Month*, the annual *CAP Day at the Capitol and CAP Day Mini Summit*. The group is always in search of fresh ideas and strategies for building in ongoing awareness and prevention all year, not only in April. They crafted the monthly Prevention Newsletter (Eblast) that links a critical topic – such as domestic violence – to child abuse prevention and also showcases an agency and highlights some simple things anyone can do related to the topic (see attachment section for examples). Members participating in the committee represent state agencies, non-profit programs, businesses, universities, foster parents, faith-based individuals, concerned citizens, etc. The group has achieved success in gathering many people together to plan the events as well as attend the events when they happen. The current email distribution list includes hundreds of participants. In May 2013, the CAP Action Committee was recognized with an Outstanding Community Partner Award from the University of Central Oklahoma (UCO), College of Education and Professional Studies, for their involvement with the UCO students in the planning and participating of CAP Day at the Capitol each year.

Key Areas of Focus:

- **Social Marketing & Messaging** – sharing a common message that protects children and strengthens families.
- **Build a Blue Ribbon Tree for Kids Campaign** – for the fifth year this event continued to be very popular. Participants were encouraged to complete an official Tree Registry for every tree ‘ribbon-ed’, which became a beautiful slideshow of trees showcased during the CAP Day at the Capitol on Tuesday, April 9, 2013.
- **CAP Day at the Capitol** – coordinating a grand plan along with other child advocates.
- **CAP Day Mini Conference Summit** – making the day complete by learning more about child abuse prevention. A plethora of speakers – national and local.
- **Linking with Libraries** – for the seventh year, the Oklahoma Department of Libraries joined efforts to fight child abuse, encouraging libraries and staff to get involved with Child Abuse Prevention Month. The Public Information Officer disseminated timely information and details of how libraries could participate. CAP Month materials were made available to libraries including posters, etc. Suggestions were provided to raise awareness in each community: CAP Month Bulletin Boards, Parent Groups, display table of parenting and caregiver resources, etc.
- **Spreading the Word** – Once again, a CAP Month Tool Kit was created and provided electronically which included media press releases, a state proclamation,

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

suggestions for participation, and an opportunity to request free posters and a small goody bag of child abuse prevention items. A Twitter and Facebook account were created and managed by various people involved in the committee.

For more on the FY 2013 CAP Month and CAP Day at the Capitol activities, see section XV – Child Abuse Prevention Month and/or Attachment section.

Prevent Child Abuse America / Oklahoma Chapter

Prevent Child Abuse America / Oklahoma (PCAOK) Chapter coordinates with the OSDH/FSPS staff on all of the April prevention planning as well as other special projects. They coordinate all of the advocacy during the Child Abuse Prevention Day at the Capitol event and host the press conference during CAP Day.

Oklahoma State Department of Education

The Family Support and Prevention Service (FSPS) works collaboratively with the Oklahoma State Department of Education in the following ways:

- Oklahoma (DOE) *Parents As Teachers* participates in the Home Visitation Leadership Advisory Coalition led by FSPS;
- The DOE also has a representative seat on the State Interagency Child Abuse Prevention Task Force (ITF);
- FSPS provides training opportunities to community-based DOE programs;
- The Oklahoma State Department of Education has a seat on the Child Abuse Training Council (CATC) which provides workshops and funding to the multi-disciplinary teams (MDTs) across the state;
- Oklahoma law requires every certified and licensed Oklahoma teacher to receive professional development annually on “Reporting and Recognition of Child Abuse and Neglect”;
- The Safe and Healthy Schools section provides training on Child Abuse Prevention at their annual fall conference;
- The Department of Education provides opportunities for state child abuse prevention personnel to present programs at statewide conferences; and
- The Department of Education collaborates with the FSPS to provide professional development opportunities for public schools.

Oklahoma State Department of Human Services

While the Oklahoma State Department of Health (OSDH) provides programs and services in the arena of primary and secondary prevention, most of the services of the Oklahoma Department of Human Services (DHS) are considered tertiary prevention as maltreatment has already occurred. DHS works closely with OSDH and can refer families to one of their many secondary prevention programs such as Start Right, Sooner Start, and Children First. Families that are involved with DHS through a food stamp case or are receiving Temporary Assistance for Needy Families (TANF) might be referred prior to any maltreatment occurring in an effort to support the family and prevent any child abuse or neglect. Once a family becomes involved with Child Welfare Services (CWS), they are often referred to programs at OSDH to prevent the reoccurrence of maltreatment.

DHS is at this time involved in a pilot program that has some aspects of secondary and tertiary prevention. The Safe Families program, provided by a community agency through a contract with DHS, serves families residing in Oklahoma County who have at least one child age five or younger, have never been involved with CWS, or have two referrals or less to CWS and are not currently involved with CWS. The families must be experiencing parenting difficulties or living with significant stressors such as alcohol or substance abuse, domestic violence, depression or other mental health issues, developmental or physical disability. Families

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

learn how to reduce family stress, prevent behavioral problems from their children, and improve communication, in an effort to prevent maltreatment and promote well-being. These families are often referred by other providers in the community such as hospitals, medical clinics, or counseling agencies. The evaluation of this program is being conducted by the University of Oklahoma Health Sciences Center (OUHSC) through a contract with DHS.

Families, who are currently involved with CWS, are offered tertiary prevention services to stabilize the family and prevent further occurrences of maltreatment. This is done through either a Family Centered Services case or a Permanency Planning case. After an investigation by a child welfare specialist, if it is determined that the children can remain safely in the home with some services, a Family Centered Services case is opened and the children remain in their home in the custody of their parents. Contracted services are put in the home and CWS works with the contracted agency and follows the case for up to 6 months. If it is determined that for the safety and well-being of the children they must be removed from their parents, the children are placed in DHS custody and a Permanency Planning case is opened. In these cases, once the parents have corrected the conditions that caused the removal, services can be put in the home of the parents as the children transition out of foster care and back into their own home through the reunification period, again to ensure that maltreatment does not reoccur. In both of these cases, contracted services, referred to as either Comprehensive Home-Based Services (CHBS) or Parent Aide Services (PAS) are placed in the home. The CHBS program uses the evidence-based SafeCare program which is an in-home parenting model program that provides direct skill training to parents in child behavior management and planned activities training, home safety training, and child health care skills to prevent child maltreatment. DHS contracts with OUHSC for the ongoing evaluation and fidelity monitoring of this program. PAS are in-home, non-therapeutic services to encourage parenting skill development. DHS also provides, through contracted agencies, general parenting education and sexual abuse treatment. The ultimate goal of all of the services provided by DHS is to promote the safety, well-being and permanency of children and prevent the reoccurrence of maltreatment.

Other service needs, such as behavioral health and substance abuse treatment are referred to the Oklahoma Department of Mental Health and Substance Abuse Services, with whom DHS works very closely, or other agencies qualified to offer those services. DHS also partners with and refers to other agencies in the community with expertise in domestic violence.

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. Forty states conduct a PRAMS survey. Oklahoma has been a PRAMS participant since the CDC project began in 1988.

The purpose of PRAMS is to discover why some babies are born healthy and why others are not, in an effort to increase the numbers 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 as many as three 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, social support and family planning. The Director of FSPS participates on the PRAMS/TOTS Steering Committee.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

The Oklahoma Toddler Survey

The Oklahoma Toddler Survey (TOTS) is a two-year follow-back survey to the Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS), and was created by Oklahoma in 1994. TOTS re-surveys PRAMS respondents the month the child turns two years old. TOTS is funded by the Title V Maternal and Child Health Block Grant and the Oklahoma State Department of Health. Oklahoma was the first state to begin a follow-back survey to PRAMS; currently three other states have something similar.

The purpose of TOTS is to learn about the health and wellbeing 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.

Similar to PRAMS, TOTS sends as many as two mail questionnaires to approximately 175 women each month, followed by phone contact for those mothers who have not responded by mail. All information is kept confidential.

Currently, TOTS includes questions about health care and insurance, illness and injury, child care, safety, breastfeeding, maternal depression, secondhand smoke exposure, and family structure.

Maternal Mortality Review Project

Maternal death continues to be the international standard by which a nation's commitment to women's status and their health 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 the Maternal and Child Health Service (MCH) at the Oklahoma State Department of Health (OSDH) for years 2008-2012 the maternal mortality rate among women aged 15 – 44 years was 16.9 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 (MMR) is an essential community process used to enhance and improve services to women, infants and their families. These qualitative, in-depth reviews investigate the causes and circumstances surrounding a maternal death. Through communication and collaboration the MMR serves as a continuous quality improvement system that will result in a comprehensive understanding of the maternal issues and provide a better future for women, infants and families. The overall goal of MMR is prevention through understanding of causes and risk factors.

The Oklahoma MMR operates under the auspices of the Oklahoma State Department of Health (OSDH). Through uniform procedures, defined processes and assigned responsibilities, the OSDH initiates the MMR process by identifying pregnancy-related cases.

MMR is designed 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.
- 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.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Oklahoma Domestic Violence Fatality Review Board

The mission of the Oklahoma Domestic Violence Fatality Review Board is to reduce the number of domestic violence-related deaths in Oklahoma. The Board performs multi-disciplinary case reviews of statistical data and information derived from disciplines with jurisdiction and/or direct involvement with cases. Their purpose is to make recommendations to improve policies, procedures and practices within the systems involved and between agencies that protect and serve victims of domestic abuse. The Commissioner of OSDH is a legislated member of the board and the OSDH Administrator for the Cherokee, Craig, Delaware, Mayes, Ottawa and Adair County Health Departments attends board meetings as his designee. Additionally, the Director of the Injury Prevention Service is a legislated member of the board and the Administrative Program Manager for the Violence Prevention Programs is the current designee and current chair of the board.

Respite Care Program

Developed within the Developmental Disabilities Service at the Department of Human Services, the Respite Care Program has expanded to the idea of lifespan respite. Lifespan respite embraces the concept that the stress relief provided by respite can benefit families who care for children with developmental disabilities or special health care needs, dependent adults or those who experienced a crisis that impacts the family's ability to safely care for its members. Using a voucher system, family members hire their own respite providers and negotiate their own payment. After the care is provided, the vouchers are redeemed. Through the Oklahoma Respite Resource Network, the Respite Care Program has expanded to accommodate many agencies and private foundations in providing respite. The Start Right Programs, Children First (NFP) and the MIECHV SafeCare and Parents as Teacher Programs are all a part of the network and will continue to utilize the DHS voucher system to provide respite care.

Home Visitation Leadership Advisory Coalition

The Family Support and Prevention Service (FSPS) steers the efforts of the Home Visitation Leadership Advisory Coalition (HVLAC) by convening, hosting, and facilitating home visitation meetings and providing this as a networking opportunity for everyone involved in home visitation. Members from various agencies and programs working at all levels, from supervisory roles to the front lines, participate in this dynamic group that strives for best practice in home visitation. Comprised of representatives from state agencies, such as the Oklahoma State University, University of Oklahoma Health Sciences Center, public school districts, youth and family services agencies, Prevent Child Abuse Oklahoma, parent-child centers and other private non-profits, the committee provides recommendations to improve services. HVLAC coordinates efforts throughout the year on various activities related to child abuse prevention (for child abuse prevention month and advocacy, for example) and best use of funds for those involved in home visitation for child abuse prevention, school-readiness, child abuse intervention and early intervention. They also address other critical issues as they relate to home visitation. Members benefit from sharing resources, learning about each other's programs, special speaker presentations, and collaborating on various projects.

Reaching for the Stars

Child Care Rating and Improvement System Promoting Quality Child Care

Research has demonstrated that the quality of child care impacts the cognitive, social, emotional, and physical development of a child. The Oklahoma State Department of Human Services developed a child care rating system to provide an easily understandable guide to the quality of care available at licensed child care facilities, including centers, homes, and Head Start. The goals of the Reaching for the Stars Program are to provide a system to help parents evaluate quality child care; improve the quality of child care by increasing the competence of teachers; and raise the Department's subsidy reimbursement rate, resulting in more slots for children whose families are receiving child care assistance.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

- **One Star facilities** meet minimum licensing requirements that focus on health and safety.
- **One Star Plus programs** meet the minimum requirements plus additional quality criteria that includes: additional training, reading to children daily, TV restrictions, physical activity, parent involvement and membership in a professional development registry.
- **Two Star programs** meet further quality criteria including master teacher/home provider qualifications, using Early Learning Guidelines and program evaluation or accredited by a national accreditation body.
- **Three Star programs** meet additional quality criteria AND are nationally accredited.

Center on Child Abuse and Neglect

The Center on Child Abuse and Neglect (CCAN) was established in the Department of Pediatrics, College of Medicine, at the University of Oklahoma Health Sciences Center in 1992. The purpose of CCAN is to organize the Health Sciences Center's efforts in the treatment and prevention of child abuse and neglect. CCAN is a university-based center that has 25 faculty and over 100 staff and students that focus on research, professional and public education, clinical services, and administrative programs in the field of child maltreatment. The Center directs research on child abuse fatalities, children with sexual behavioral problems, clinical interventions with parents/caregivers with drug-exposed infants, family preservation programs, parent-child interaction therapy and a research study in Russia on prevention of fetal alcohol syndrome. Administrative programs include the Oklahoma Advisory Task Force on Child Abuse and Neglect and the National Center on Sexual Behavior of Youth. In addition, the Center coordinates the University of Oklahoma's Interdisciplinary Training Program on Child Abuse and Neglect (ITP).

Additionally, CCAN has contracted with OSDH to provide the external evaluation for the MIECHV Expansion Grant. The external evaluation uses a mixed-method (quantitative/qualitative) approach to inform and evaluate change in five specific targeted areas identified for improvement:

1. **Systems Coordination:** Evaluate the impact of existing and developing coordination between evidence-based home visiting programs and other support services.
2. **Program Marketing:** Inform, develop, and evaluate the outreach efforts of MIECHV-funded marketing.
3. **Client Enrollment and Retention:** Inform, develop, and evaluate new methods for engagement and retention of clients in the Evidenced-Based Home Visitation (EBHV) services.
4. **Service Need:** Evaluate the overall need for child and family services within each community.

CCAN staff provide ongoing consultation regarding the MIECHV benchmarks and other evaluation issues.

Oklahoma Family Resource Coalition

The Oklahoma Family Resource Coalition (OFRC) is a membership organization that is made up of individuals who believe that families are the primary influence in the lives of children. The mission of the Oklahoma Family Resource Coalition is to support resources within our communities that build on family strengths to ensure the best possible outcome for Oklahoma families. This is an alliance of committed individuals, both professional and non-professional, that share their knowledge and expertise with one another in order to address issues affecting families in Oklahoma. By joining forces, they are able to increase their own ability to produce resources, build networks, and gather knowledge to help parents in the important job of rearing their children. The Coalition is comprised of members from state agencies, non-profit organizations and educational institutes. The Family Support and Prevention Service staff collaborates with

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

the coalition and its partners to provide training opportunities, resource sharing and networking in the area of school-readiness and strengthening families when possible.

The Oklahoma Family Resource Coalition was formed in 1991 and became a non-profit, incorporated entity in 1992. The membership represents a broad spectrum of statewide services, ethnicities, and occupations. A board consisting of 30 members is elected to provide direction for the membership, which includes the Family Support and Prevention staff.

Oklahoma Child Death Review Board

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.

By statute, the Director of the Office of Child Abuse Prevention is to serve on the CDRB. Through her capacity as Director of Family Support & Prevention Service (FSPS) of the Oklahoma State Department of Health, Annette Jacobi, or an individual designated by Ms. Jacobi, has represented that seat. Ms. Jacobi also served two terms as Chair of the Board from July 2005 through June 2009.

Recent accomplishments of the CDRB, with the participation of the Office of Child Abuse Prevention, include:

- Review and closure of 26 abuse-related deaths and 15 abuse-related near deaths (2013 statistics).

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

Child Death Review staff is active in groups with a focus on surveillance, reducing deaths and/or improving the quality of services including:

- Domestic Violence Fatality Review Board
- Fetal Infant Mortality Review of Central Oklahoma
- Maternal Mortality Review
- Oklahoma Violent Death Reporting System
- Preparing For A Lifetime-Injury Prevention Work Group
- Preparing For A Lifetime-Safe Sleep Work Group

✪ Section IX, Application Narrative

OSDH and FSPS/OCAP plan to continue collaboration and coordination with the child and family systems listed above in the annual report section.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Criteria for Funded Programs PREVENTION SERVICE ARRAY

SEE APPENDIX A

★ [Annual Report Narrative](#)

Oklahoma's Community-Based Child Abuse Prevention Network of Prevention Services

Please see 'Appendix A' for a scan of the prevention services in Oklahoma, which includes a comprehensive inventory of "Oklahoma's Community-Based Child Abuse Prevention Services" detailing the following information: program description, funding source, numbers served, measurable outcomes, contact information, and so forth. The programs and services that were included are not inclusive of EVERY child abuse prevention program or related program in the state; however, the inventory does represent a majority of the larger programs and services that are available. Some information was unavailable when requested.

(Please note: Information was gathered with due diligence from each of the program's lead agencies. The Family Support and Prevention Service, a division of the Oklahoma State Department of Health, has made every attempt to share results, numbers, and program information that are both accurate and current.)

Program Assessment Rating Tool (PART) Forms

Please see Attachment section, Folder 1.

Start Right Program – Healthy Families America

Request for Proposal (2013 – 2017)

Start Right programs are in the second year of a five year cycle. The grants are renewed annually. The Start Right Request for Proposal is available in the Attachments section.

Needs Assessment

MIECHV Needs Assessment

The OSDH (MCH and FSPS) collaborated in creating the comprehensive *Oklahoma Needs Assessment* in 2010 in response to the second phase of the Maternal, Infant and Early Childhood Home Visitation Grant (MIECHV) that remains unchanged since last submitted and was included in last year's CBCAP report.

This needs assessment identified "at risk" communities across Oklahoma. Risk was determined by comparing variables:

- 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; and
- Child maltreatment.

The needs assessment also looked at the quality and capacity of existing programs dealing with maternal and child services including those involved in early childhood home visiting. The last piece of the needs assessment looked at the State's capacity for providing substance abuse support for those with substance abuse issues.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

This needs assessment was designed to be used for the entire cycle of the four year grant.

COUNT OF NUMBERS SERVED

Total Number of Participants: Individuals and families participating in direct service programs.

Program	Individuals Parents Caregivers	Children	Families	Parents and Children w/ Disabilities	Homeless	Fathers as PCG	Military	Public Awareness and Education Activities
Start Right (HFA)	786	768	786	74 – PCG's only	91	18	4	<i>Thousands*** (difficult to identify)</i>
Children First (NFP)	3,513	2,123	3,513	13				
MIECHV	381*	381**	381					
Child Guidance	23,033 Individual Sessions 1,186 Events (Outreach, Training, Workshops) 488 Consultation Visits							
The Incredible Years	89 Parents in Parent Treatment Groups 24 Children in Treatment Groups 24 Children in Classroom Groups							
Circle of Parents	236 Total Attendees 35 Events							
Parent Child Interaction Therapy (PCIT)	1,377 Total Therapy Encounters (197 w/o patient, 1,180 with patient)							

**This is the number of primary caregivers and does not include all caregivers.*

***This is the number of the identified children and does not include siblings.*

Each family served consists of one primary caregiver and one identified child. If the child was not yet born at the end of the SFY, they were not included in the count of children served.

****We are unable to provide an accurate estimate for public awareness and education activities/outreach. Additionally during FY 2013, there were multiple PSA's, commercials that ran for a four month period, over a hundred participating in Building a Blue Ribbon Tree campaign, over two hundred attending the CAP Day at the Capitol, multiple notices and bulletins disseminated through our listserv and other events that occurred throughout the year making it difficult to measure.*

CRITERIA FOR FUNDED PROGRAMS

START RIGHT

Certain selection criteria are used by the OSDH to prioritize the selection, development and funding of programs as a part of prevention network development. The Federal CBCAP funds used will be prioritized based on the child abuse and neglect prevention needs and goals identified by the *Oklahoma State Plan for*

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

the Prevention of Child Abuse and Neglect. Many ‘areas of need’ have been identified for development, maintenance and expansion:

- Training of Start Right providers in the Healthy Families America approach (including Assessment Core Training, Home Visitor Core Training and Advanced Supervisor Training), the Parents As Teachers Foundational Training curriculum (zero to three years), Parents as Teachers Three years to Kindergarten Entry, and Parents as Teachers Partnering with Teen Parents;
- Native American child abuse prevention program;
- Evaluation of the Start Right programs including the refinement of a web-based data collection system;
- Technical assistance to ITF, local task forces, multidisciplinary teams, and community-based family resource and support programs to develop the spectrum of child abuse and neglect prevention programs and activities;
- Collaborative work with ITF to develop parent leadership;
- Incorporation of fatherhood initiatives into family resource and support programs;
- Promotion of Child Abuse Prevention Month;
- Promotion of the Positive Fathering Initiative;
- Development of the Start Right Annual Report; and
- Community awareness and outreach to educate the general public about child abuse prevention.

START RIGHT PROGRAMS

Current Requirements of CAP Funded Child Abuse Prevention Programs

A copy of the ‘Invitation to Bid’ for the state fiscal years 2008 – 2012 programs is included in the Attachments section and contains the detailed description of the criteria for funded programs.

Every potential bidder, including faith-based organizations, had the same opportunity to equally compete for funding. All contractors were encouraged to promote father involvement, marriage/relationship building skills and partnership building with other community organizations, such as faith-based organizations.

The CAP Fund programs meet the Title II definition of a family resource and support program. The comprehensive services provided by the programs are:

- Home visits;
- Family events such as health fairs and public awareness activities;
- Community outreach to children and families;
- Family screenings and assessments;
- Child development screenings and assessments;
- Linkage to health care providers;
- Referral to community resources such as mental health care, drug and alcohol treatment, occupational and housing assistance, job training and counseling, domestic violence prevention, educational resources; and
- Additional support services such as transportation, child care, respite care and life management skills education.

The foundation of services is home visitation, which is supplemented by screenings and assessments, referrals to other community resources and additional services that may include transportation, interaction playgroups and respite care. The programs serve families who enroll while expecting a baby and parents of newborns

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

who enroll within one year after the birth of the baby, and who screen/assess positive for moderate to severe risk factors. The programs are voluntary. Families are served for up to six years.

In accordance with the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect*, the OCAP issued an ‘Invitation to Bid’ containing specifications identifying the Healthy Families America home visitation approach using the *Parents As Teacher* curriculum as the model to be followed by the contractors. The Healthy Families America approach is defined by its twelve critical elements.

Prevent Child Abuse America’s Healthy Families Initiative - Twelve Critical Elements

<i>Initiation of Services</i>
<ol style="list-style-type: none"> 1. Services initiated before or within one year after birth of child. 2. Standardized assessment identifies families who would most benefit from the program. 3. Participation is voluntary.
<i>Service Content</i>
<ol style="list-style-type: none"> 4. Services are offered intensively and decreasingly intensive over a long-term period of time. 5. Culturally competent services are offered. 6. Services focus on supporting the family, parent-child interaction, and child development.
<i>Service Providers</i>
<ol style="list-style-type: none"> 7. Linkage to medical providers and additional services to be facilitated by the service providers. 8. Service providers should have limited caseloads to assure adequate amounts of time for each family. 9. Service providers should have the personal characteristics, willingness, and skills to do the job. 10. Service providers should have the education and/or experience necessary for working with at-risk families. 11. Service providers should have intensive training specific to their role in home visitation and family assessment. 12. Service providers should receive ongoing, effective supervision so they are able to develop realistic and effective plans to empower families and avoid unhealthy expectations.

Adherence to the elements ensures quality services, yet allows implementation flexibility to better meet the needs of individual families. Based upon the critical elements, their rationale and supporting literature and the evaluation requirements, the Start Right programs are funded at a minimum of \$150,000 (state funds) and \$150,000 (federal funds) with a required 10 percent local match for both.

<i>Core Funded Program (Full or Part time)</i>	
<i>Staff Must Include</i>	
Agency Administrator	Clerical/Data Entry Staff
Program Supervisor	Family Support Worker
Family Assessment Worker	

The minimum expected services provided by a Start Right program are detailed below:

- 518 home visits;
- 40 families enrolled in home visitation;
- Voluntary basis at no cost to families;
- Initial screenings;

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

- Kempe Family Stress Checklist;
- 2 hours of individual supervision per week to continuously improve the quality of staff performance;
- 4 hours of team supervision per month to ensure that direct service staff are provided with the necessary professional support to continuously improve the quality of performance; and
- Ages and Stages, Ages and Stages Social and Emotional Screenings.

Start Right programs participate in the statewide evaluation that began in SFY 2000. A new set of evaluation and documentation instruments, based on a defined logic model, were also introduced in SFY 2008. Evaluation measures (quality assurance, program model fidelity, goal attainment and outcomes) are incorporated in numerous standardized data collection forms. Data entry into a web-based application began in October 2002. The Start Right Program Report is included in the Attachments section, Folder 2.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

PARENT STORY FROM *START RIGHT*

The Chickasaw Nation Chepota Himmita Program enrolled a young Native family just about to have their first baby. This was an unexpected pregnancy, and the young couple expressed some concerns. The couple was referred by extended family that had participated in the program previously and felt the couple would benefit from our program. The couple was having a difficult time financially, living with the maternal extended family. After completing the assessment process, the couple said they were unsure if the family support worker would be able to come into the home, as it was not their own and they did not think the extended family would be open to someone coming into the home. They reported many people, along with animals living in the home.

The couple stayed in contact but did not enroll in services until after the beautiful baby girl was born. After staffing the case with the Chepota Himmita supervisor, it was agreed that staff would be flexible and the first few visits with the couple were held at the office. With helpful referrals and direction the family soon completed their first goal which was to establish their own household. The couple was young and unexperienced when it came to maintaining their new home. After a few months they decided that it may be helpful if they continued to live with extended family for a while. They then moved into another family member's home. This home was more appropriate for the baby who was fast becoming mobile as it was not as crowded as the first house in which they lived. The father maintained steady employment, and they set goals to better their family's well-being; however, living on minimum wage is extremely difficult especially for a young family with few life skills.

After living with the second family member for several months the family was able to move into their own apartment. With the support and education of the Chepota Himmita Program, the mother was able gain part time employment, allowing the family enough income to maintain a home without compromising on the desired care for the baby. The family's dream of truly living independently took about one year. The mother was incredibly proud of herself as she decorated the apartment. The family has maintained the home for several months. The family now has adequate income and is able to be self-sufficient. This family is still in the early stages of becoming an amazing story but is off to a strong start.

The father grew up on a reservation with a close-knit family, but he was not fortunate enough to have a father in his home as a child. His family lives states away leaving him with very little direction and support. The mother grew up in a home where she was not always able to thrive. Through activities and support from their family support worker, the father and mother have developed a strong bond with the baby. This family is breaking the cycle and providing this child with the opportunities she deserves. This beautiful, healthy toddler is now flourishing and on or above target in every way. This child may have had to learn some tough life lessons along the way, but Chepota Himmita support workers have been with them each step of the way offering support, referrals and encouragement.



Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

CHILDREN FIRST

Oklahoma's Nurse-Family Partnership Program

History

Children First (NFP) was created in 1996 with the goal of reducing child abuse and neglect. To accomplish this, the State Legislature and the Oklahoma State Department of Health (OSDH) chose to implement the Nurse-Family Partnership (NFP) model of nurse home visitation services. This evidence-based model, founded by David Olds, PhD, has been researched for over 30 years and proven to deliver beneficial multi-generational outcomes and reduce the costs of long-term social service programs.

Pilot programs were implemented in February 1997, in Garfield, Garvin, Muskogee and Tulsa Counties. By October 1998, the program, delivered through Oklahoma's county health department system, had expanded statewide to serve clients in all 77 counties. At its peak in 2002, funding for Children First (NFP) supported 270 nurse positions. Budget cuts have reduced funding to a level that supported 103 nurse home visitors and 22 nurse supervisors during SFY 2013.

Services

Children First, Oklahoma's Nurse-Family Partnership, meets the Title IV definition of a family resource and support program. Services are delivered through OSDH administrative regions and through a contract with Tulsa City-County Health Department and Oklahoma City-County Health Department. The foundation of services for Children First (NFP) is home visitation to low-income families expecting their first child. Services begin prior to the 29th week of pregnancy and may continue until the child is two years old.

Nurses partner with the family and their providers to achieve goals related to improving pregnancy and birth outcomes, maternal and child health and promoting family stability through achieving self-sufficiency goals. Services provided by the nurses include:

- Brief health assessments for mom and child;
- Child development screenings and assessments;
- Psychosocial assessments and screenings;
- Postpartum depression screenings;
- Assessments and observation of the parent-child relationship;
- Education and information related to healthy lifestyles, parenting, home and car safety;
- Linkage and referrals to health care providers, respite services, community resources such as mental health treatment, drug and alcohol treatment, educational and job training programs, housing services and domestic violence prevention programs; and
- Community outreach through family events and public awareness activities.

Services are implemented in accordance with the Nurse-Family Partnership Model to ensure that program outcomes are comparable to those achieved by the NFP benchmarks.

Elements of the NFP Model

Clients

- Client participates voluntarily in the Nurse-Family Partnership program.
- Client is a first-time mother.
- Client meets low-income criteria at intake (less than 185% of Federal Poverty Line).
- Client is enrolled in the program early in her pregnancy and receives her first home visit no later than the end of week 28 of pregnancy.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Intervention Context

- Client is visited one-to-one; one nurse home visitor to one first-time mother or family.
- Client is visited in her home.
- Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the Nurse-Family Partnership guidelines.

Expectations of the Nurses and Supervisors

- Nurse home visitors and nurse supervisors are registered professional nurses.
- Nurse home visitors and nurse supervisors complete core educational sessions required by the Nurse-Family Partnership National Service Office and deliver the intervention with fidelity to the Nurse-Family Partnership model.

Application of the Intervention

- Nurse home visitors, using professional knowledge, judgment and skill apply the Nurse-Family Partnership visit guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains.
- Nurse home visitors emphasize the self-efficacy, human ecology and attachment theories throughout the home visits.

Reflection and Clinical Supervision

- A full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors.
- Nurse supervisors provide nurse home visitor's clinical supervision with reflection. In addition, they demonstrate integration of the theories and facilitate professional development through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings, and field supervision.

Program Monitoring and Use of Data

- Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and use Nurse-Family Partnership reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality and demonstrate program fidelity.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

PARENT STORIES FROM *CHILDREN FIRST FAMILIES*

“If someone had told me fifteen years ago that I would be graduating from OU with a master’s degree, I would have laughed at them. I was focused on taking care of my son and graduating high school. At that point in my life, college had never crossed my mind and it wasn’t exactly something that people like me did. I am fortunate in that a very special woman named Bobbie Smith was brought into my life through a first-time parent program. She earned my trust and respect as a mentor and friend because of the genuineness she possesses. Bobbie became my biggest cheerleader and encouraged me to pursue things I never thought possible. She gave me the courage to further my education and was there with me as I began the process, offering help and positivity every step of the way. Through the years, I have turned to Bobbie for support and she has always been there to nudge me or guide me, whichever I needed at the time. I am unsure if Bobbie is aware of the impact she made on my life or how much I appreciate her. I have always thanked her but thank you doesn’t really cover my gratitude. Bobbie is great at her job and is the most caring, selfless person I have ever met. I can only imagine the number of individuals she has touched during her career, lives she probably has no idea she changed and people she has no idea she empowered. The only way I know to repay her is to pay it forward. My hope is that I am able to be the person who makes a difference in someone else’s life the way she made a difference in mine.”
Shylah, Children First Client



“I started out with a lot of problems that [Nurse] Amber has gotten me through. I’ve grown a lot as a mother and accomplished my goals because of her and the program. I learned about how bad smoking and second hand smoke are for me and my baby and have been able to stop smoking and stay smoke free.” Kimberly,
Children First Client



Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

✪ Annual Report Narrative

NOTE: In an effort to avoid duplication, please refer also to the Application Narrative at the end of this section.

Many families benefited from the statewide network that is funded by the CBCAP grant. Public awareness campaigns implemented at the local level by community groups impact a large number of families that cannot be enumerated. Those campaign activities include: the use of display booths with educational materials exhibited across the state and materials sent to professionals and families at their request. A large number of families benefited from CAP Fund community-based family support programs that received training, monitoring, and assessing by the Family Support and Prevention Service.

For specific information regarding the Start Right Programs and the Children First (NFP) Program, please see the attached annual reports referred to earlier.

Children with Disabilities

SoonerStart Early Intervention is a state and federally funded program for families of infants and toddlers birth to 36 months who have developmental delays, disabilities or both. SoonerStart can provide 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.

Child Guidance program staff consists of speech-language pathologists, child development specialists and behavioral health clinicians who worked collaboratively with the Start Right Programs and the Children First (NFP) Program in order to provide in-depth child development assessments when needed. The Child Guidance staff are located in 16 local county health departments.

Start Right Programs and Children First (NFP) provided routine child development screenings and assessments for the children of enrolled families. When a possible developmental delay was detected, the families were referred to SoonerStart or Child Guidance for further assessment and intervention. Services were coordinated at the local level so that the families received the services that most appropriately met their needs.

Native American Program

An intergovernmental agreement has been established and continues with the Chickasaw Nation, headquartered in Ada, Oklahoma. Under the agreement, the Nation is to provide child abuse prevention services to tribal members. The program provides culturally relevant services to their families. In addition to utilizing the Healthy Families America approach and the Parents as Teachers curriculum, the Chickasaw Nation Chepota Himmita Program continues to promote native traditions and culture through home visitation and center-based services. Group activities/classes offered during this year included a trip to the Chickasaw Nation Cultural Center; traditional storytelling; historical hunting; basket weaving; Chickasaw language; making shakers, corn husk dolls, and traditional food; stickball; native dance and beadwork. These additional components reaffirm traditional customs while incorporating the best in parenting techniques.

About the Chickasaw Nation Chepota Himmita Program

The Chickasaw Nation is devoted to improving the quality of life for Native Americans. The Chepota Himmita or "Young Child" Program has been proud to serve families in Pontotoc County for 12 years. Chepota Himmita is a voluntary program that seeks to provide resources and support for parents of young

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

children and expectant parents. Chepota Himmita staff continues to receive specialized training in Native American culture, history, language, and most importantly customer service. Trainings are provided through Chickasaw Nation at no extra cost to OSDH.

Chepota Himmita staff is preserving the Native American culture by promoting cultural history and incorporating it within home visits as well as center-based services. Though many programs decided to discontinue center-based services, the Chepota Himmita program chose to maintain the service as it is supportive for the families. Cultural crafts, language, traditional apparel, and storytelling are just a few elements incorporated into the center-based services. All family members are encouraged to participate in home visits as family has always been a strong value of the Native American people.

Native American people have many traditions and strong beliefs. Every tribe has their own unique customs and beliefs and within the tribe many families often have their subcultures. Valiant effort is made to provide culturally appropriate services. Staff is required to complete internal training services related to Chickasaw language, history, and culture. Staff is open-minded, respectful and understanding of cultural differences. It is prudent that the family support workers maintain a compassionate and empathetic perspective to build trusting relationships. Family and tradition have always been strong values of the Chickasaw people. We strive to preserve the cultural history and incorporate it within our home visits as well as our center-based services. Multiple generations often live in one home; we encourage and welcome participation during the visits. The Chickasaw language was until recently only a spoken language, with a limited number of elders still fluent. By bringing flash cards and materials into the home and working with the children, Chepota Himmita staff is able to assist with the revitalization efforts. Cultural crafts, language, traditional weapons, and storytelling are just a few elements incorporated into our curriculum.

There are many ways in which families are motivated to maintain steady program interaction. The Chepota Himmita Program has an incentive closet that is filled with items that are needed or desired by families with young children. These items are purchased by the Chickasaw Nation and include diapers, wipes, cups, bottles, teething toys, learning toys, hygiene items, clothing, etc. Families are encouraged to keep appointments and the primary caregiver (PCG) is awarded one baby buck per completed home visit. Baby bucks are play dollars with our program information on them. Baby bucks are helpful to motivate consistency in visits and for teaching budgeting.

The benefits of co-parenting are seen in many areas, including coping skills, problem solving, and also decreasing stress. Father participation is valued and promoted through the Chepota Himmita program. To promote father involvement, an additional dollar is given for the non-primary caregiver participation, encouraging both parents to participate in the visits. The program dollar can be used to purchase diapers, wipes, clothes, educational items, etc. Baby bucks are the only form of currency accepted to purchase items from the closet. In addition, the month of June is devoted to father involvement; all center-based activities are targeted specifically to encourage male participation. A "Father Appreciation Picnic" is held annually, providing families an opportunity to enjoy food, games, and fun.

Chepota Himmita is committed to increasing father participation. Fathers and males filling the position of role model are encouraged to attend group, enroll as PCG's, and /or attend home visitation. To encourage both parental figures to participate, the program places the adults' names in a monthly drawing for attending center-based services. Drawing prizes include items such as push pull toys for promoting walking, learning toys, strollers, baby gate, interactive/motor development toys. A special fathers only drawing is held in June; this year the June incentive is a tent. Incentives for the group are purchase by the Chickasaw Nation.

This program is designed to seek families that are at risk for neglect and abuse. Referrals are received from the medical center, the health department, local child welfare (native and non-native), women's shelters, relatives, and friends. There are many families struggling financially, without transportation, and even homeless. The Chepota Himmita staff assists with transportation, and they are Child Passenger Safety Technicians as well who are certified to properly install car seats. Families are assisted on a case by case

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

basis and are fortunate that the Chickasaw Nation is a community that has many services including a women's shelter and a homeless shelter.

Families are frequently referred to our program from the Chickasaw Nation Women's Shelter, where women and children can stay after fleeing domestic violence situations. Some families have no income or a change in income that can leave them homeless. Other individuals may have lost housing due to a separation or family disagreements. When a family finds themselves homeless, services are still initiated or continued; families are seen at the office, at a friend's home or relative's home until housing can be obtained.

Children benefit in so many ways by participating in the program's cultural preservation, medical homes, and parent education. This program provides support, stability, and hope for the future. Through home-based visitation, the families are provided resources, activities, ideas, and encouragement. The Chepota Himmita staff completed over 600 visits in Pontotoc County this past fiscal year. The goal for this program is to assist these special families in setting and reaching their goals. Goals can be as simple as spending more quality time together as a family or as difficult as finishing high school with a new baby. With the Native American population being highly saturated in this area, the Chepota Himmita Program fills a great need for vital services to these families and is funded by CBCAP dollars.

HOMELESS YOUTH

The Children First (NFP) Program

In general, Children First nurses routinely make home visits to new and expecting mothers in shelters, crisis centers and group homes in several counties throughout the state. Additionally, Children First nurses strive to provide continuing community outreach in areas with existing shelters in order to reach the homeless population. During SFY 2013, visits were made to 32 mothers who were homeless or living in shelters or group homes across Oklahoma.

The Chickasaw Nation Chepota Himmita Program

This program receives referrals on an ongoing basis from the Chickasaw Women's Shelter whose population of women with children is often displaced from their homes due to domestic violence. Other families are referred through friends and relatives who have taken them in temporarily to get families off the streets. On occasion, a family that is already involved with the Chepota Himmita Program has a turn of events (i.e. loss of wages, or domestic situation which results in loss of housing) as they continue to receive services. Though the majority of crises can be assisted through local resources prior to becoming homeless, those that cannot are connected with the Ada Homeless Services. Ten homeless families were provided services by the program during SFY 2013.

The Start Right Programs

In general, Start Right staff routinely goes where the clients are, which include shelters, crisis centers and some group homes in several counties throughout the state.

- In Norman, the Center for Children and Families, Incorporated (CCFI) Start Right Program served thirteen homeless families. CCFI often has families who are residing in other people's homes until they can find a stable place of their own. "Couch Homeless" often have not yet signed up for needed supports and services. CCFI also receives referrals from local homeless and domestic violence shelters. In these cases staff work as a team with the shelter and the family to help them prepare for living on their own. Staff helps families sign up for assisted housing and plan a budget for obtaining security deposits and needed items for their home.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

- In Tahlequah, the Help-In-Crisis Start Right Program has provided services to nine homeless families that were in the Help-In-Crisis Domestic Violence Shelter. The staff performs screenings and assessments on a regular basis at the shelter and is able to reach several families. Once a family leaves the shelter and is in a safe environment, the Family Support Worker continues to meet with them in their new home.
- In Oklahoma City, the Latino Agency Start Right Program served nine families that were homeless and living with others. These families usually receive the home visitation services at the house of the person they are temporarily living with.
- In Kay County the Northern Oklahoma Youth Service Center and Shelter Start Right Program served four homeless families. Referrals were received from the domestic violence shelter, Peachtree Landing emergency shelter, Oklahoma Housing Authority, New Emergency Resource, Salvation Army, My Favorite Things (a store to benefit Peachtree Landing) and area churches. The staff provided families with assistance with deposits and the first three months' rent, referrals to DHS/TANF and tribal assistance.
- In Tulsa, the Parent Child Center Start Right Program served eight homeless families. Referrals were received from the Tulsa County Emergency Shelter, and the Madonna House, a shelter for pregnant women through Catholic Charities, and Owasso Baptist Children's Home.
- The total number of homeless families served by Start Right was 91; of those 91 families, eight were served by Chickasaw Nation.

Circle of Parents Groups

Some of the Circle of Parents groups were conducted with the homeless population as the target audience/group during SFY 2013. They are included below:

- **Canadian County: Yukon and El Reno**
Youth and Family Services: Teen Parents (homeless or at risk of being homeless). The group meets weekly.
- **Tulsa County**
Tulsa Women and Children's Shelter: Homeless populations; meets on Wednesday mornings, weekly.
- **Pittsburg County**
Hope House: Homeless shelter for women and children; meets every other Thursday in the morning.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

✪ Section XI, Application Narrative

Please also refer back to the early sections related to the Start Right Programs, specifically the Chickasaw Nation Start Right Program site.

SPECIAL POPULATIONS

Native American Population

Start Right Program (Utilizing CBCAP Funds)

OSDH will continue to utilize CBCAP dollars to fund the Chickasaw Tribe. Oklahoma has one of the largest populations of Native Americans in the United States. CBCAP dollars have allowed an intergovernmental agreement to be awarded to the Chickasaw Tribe. The Federal CBCAP funds of \$150,000 are utilized annually to support the Chickasaw Nation's Chepota Himmita home visiting program that is modeled after the Start Right Programs and is about to begin the second year of a 5-year renewable contract.

Hispanic Population

Start Right Program - The Latino Community Development Agency

The Latino Community Development Agency (LCDA) was founded in 1991 as a community response to the needs in the Hispanic community. The mission of the agency is "working to enhance the quality of life of the Latino community through education, leadership, services and advocacy." Services offered at LCDA are focused on social, educational and economic needs of the community. LCDA serves as a point of contact for and with a number of agencies and Hispanic individuals in need of services. The goal is to form partnerships and link individuals in need with the resources available in the community, and fill the gaps in services by exploring funding sources to meet the needs of a growing Latino population.

LCDA offers 25 programs in four different categories - prevention, health, treatment and child development. LCDA strives to offer effective services with qualified bilingual and bicultural staff.

The goal of the prevention area is strengthening families with protective factors that will make them more resilient, self-sufficient, and knowledgeable of community resources; productive members of the society; and contributors of the Oklahoma economy.

In the home visitation programs we focus on improving the parent and child's health; improving parenting skills, positive attachment and parent/child interaction; and improving family stability by promoting education, employment, better housing, money management, setting family goals, and teaching problem-solving. Special attention is given to family safety not only in the home environment by removing hazards in the home to avoid injuries and accidents, but also assessing and referring to services when domestic violence, substance abuse, or child maltreatment is present in order to avoid the costly long term consequences of adverse childhood experiences.

During the last decade, Latinos accounted for 50.5 million (or 16%) of the overall U.S. population. The Hispanic population increased by 15.2 million between 2000 and 2010. By 2050, the U.S. Census Bureau estimates that Latinos will make up 25% of the entire U.S. population and 50% of the K-12 population. In Oklahoma City public schools, Latinos already comprise 46% of the K-12 population.

The current 2012 population figure in Oklahoma is 3,814,820 and the Hispanic population has become the largest minority group. Oklahoma's population is 9% Hispanic, ranking 23rd in Hispanic population share

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

nationally. Oklahoma County is the largest county with 718,633 people and grew 8.8% since 2000; this represents 19.2% of the state's total population. The Hispanic population accounts for 15.1% of the total population that live in Oklahoma County. The Hispanic population grew an astonishing 89.3% in Oklahoma County over the past ten years. About a fifth of all births in Oklahoma County are to Hispanic women. The Hispanic birth rate is expected to increase as half of the Latinos in Oklahoma City are 21 or under.

The need for prevention services in Oklahoma County is great. According to the most recent Oklahoma Department of Human Services 2012 Report, in Oklahoma County there were a total of 7,353 child protective services investigations of which 2,358 were substantiated reports.

An obvious need for child abuse prevention services in the Hispanic community has been demonstrated. The number of Hispanic parents accessing the home visitation services at the LCDA has continued to increase as evidenced by numbers of referrals received and families assessed. During July 2012 through June 2013, 101 families were screened. Seventy-four families qualified for the Start Right-Nuestras Familias Services.

In August 2013, LCDA was awarded the Maternal Infant Early Childhood Home Visitation/Parents as Teachers and Maternal Infant Early Childhood Home Visitation/Healthy Families America contracts in an effort to expand the continuum of home visitation services within Oklahoma County. LCDA now offers three different home visitation programs: Start Right-HFA; PAT and SafeCare. At the present time, LCDA is serving 179 families in all these three programs.

Other Start Right Programs

In addition to the Latino Community Development Agency, seven other Start Right Programs have bilingual staff, which enables them to provide program services to families who speak either English or Spanish. Those programs serve a total of 10 Oklahoma counties.

- Great Plains Youth & Family Services, Inc. (Greer, Jackson, Kiowa, Tillman, Washita, Beckham Counties)
- Help-In-Crisis, Inc. (Adair, Cherokee, Wagoner Counties)
- Parent Child Center of Tulsa, Inc. (Tulsa County)

Children First (NFP) Program

The racial and ethnic background of Children First clients has remained stable for the past few years. Nurses continue to partner with local tribes and ethnic communities to recruit and enroll participants. In SFY 2013, approximately 14% of Children First clients were identified as American Indian (American Indians represent 9% of the Oklahoma population). Approximately 15% self-identified as Hispanic. The Tulsa site currently provides services to a growing number of Burmese families. The program utilizes bilingual nurses and/or interpreters to provide services to clients whose first language is not English.

Respite Care

Federal CBCAP dollars will be used to provide respite care to families enrolled in the Start Right and Children First (NFP) Programs that are identified as overly stressed and at high-risk for child maltreatment. The program staff is trained on how to assist the families in accessing the respite system. Approved families will be issued respite vouchers and will negotiate the terms of the care with care providers whom they chose.

Respite care providers are paid through the Oklahoma Department of Human Service's voucher system. The voucher system procedure is as follows:

- Parents receive a \$100 voucher packet for a three month or 90 day period.
- Families are eligible to receive respite for up to three quarters per year or nine months.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

- Each new quarter request must be obtained by submitting a new approval through the supervisor at the local program.
- Parents negotiate the payment rate with the respite care provider and are considered the employer.
- Payment may be hourly, daily or weekly.
- A voucher form is filled out by the parent and given to the respite care provider.
- The respite care provider mails the voucher to the Oklahoma Department of Human Services for reimbursement.
- Voucher packets contain six vouchers. The caregiver is instructed that the vouchers may be used as long as the total amount of all six does not exceed the \$100 amount.
- If a parent/caregiver pays a respite care provider \$600 or more in a calendar year, the provider receives a 1099 for tax reporting purposes.
- A social security number must be provided for the provider.
- The provider that actually provides respite care to the care recipient is the only one who can receive the respite care reimbursement.
- Respite care providers are not allowed to return any portion of the money they receive for providing care back to the caregiver or split money with the caregiver.

Parents with Mild to Moderate Disabilities

The prevention of child abuse among families with issues of disabilities is a concern in Oklahoma as well as the rest of the nation. Multiple-need families often fall within a blurred area between prevention and treatment. The child abuse prevention programs may be focused on improving parenting skills, enhancing parent-child interaction and providing referrals to other appropriate community resources. However, depending on the severity of the issues, the family's presenting issues may overshadow the efforts of the programs. Start Right and Children First (NFP) will continue to work in conjunction with other state agencies and private organizations in providing an appropriate system of referrals, developing resources and assuring appropriate prevention models for those who need higher levels of assistance. The Oklahoma City site currently utilizes interpreting services for families with hearing disabilities.

HOMELESS YOUTH

The OSDH/FSPS staff will look for new ways to collaborate with partners targeting the homeless population as well as continue to track services to the homeless within our program reach. Additionally, FSPS has plans to offer small grants to those already working with the homeless populations to enhance services and support to families with children that are homeless.

Fatherhood Initiative

Fatherhood Initiatives are covered in the next section – Plans for Parent Leadership and Involvement.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

PLANS FOR PARENT LEADERSHIP AND INVOLVEMENT

★ Annual Report Narrative

Parent Leadership and Start Right

The Start Right contractors are required to have an Advisory Council that meets on a quarterly basis. Many community partners are represented on the board including parents who have benefited from the program. Although it is difficult to recruit parents, the Start Right contractors continually encourage parents to become active members of the local Advisory Councils.

CIRCLE OF PARENTS is a nationwide organization based on the premise that parent leadership empowers families to affect change within the family unit. Circle of Parents provides peer support in dealing with situations unique to at-risk families and supports healthy family development in the community. Circle of Parents allows for parent involvement by members organizing the support group with a focus on special interests or parenting in general, setting weekly or monthly agendas, and accessing resources through a co-facilitator usually connected with a local service agency. It is a parent-led, parent-driven effort to provide immediate, local and personal support to families sharing similar experiences and challenges raising children and strengthening families.

Parent Leadership and Child Guidance Collaboration

The OSDH houses Child Guidance which has contractually collaborated and continues to be supported by CBCAP funding to provide Circle of Parents. A total of 14 Child Development Specialists trained in the Circle of Parents model continue to provide this service. Since March of 2013, the Child Development Specialists with the Child Guidance staff have provided multiple Circle of Parents opportunities in the state of Oklahoma. Counties served have included Custer, Bryan, Tulsa, Oklahoma, Kay, Canadian, Cleveland, Muskogee, Garfield, and Carter with partnerships in many community locations. These multiple community locations have included: Head Start programs, health department locations, a military base, child care centers, teen parent programs located within public schools, women's shelters, homeless shelters, local churches, Educare, and community colleges. Community collaborations continue to be a key factor when implementing the project through the Child Guidance program.

Circle of Parents groups will be continuing in Canadian, Tulsa, Kay, Bryan, Muskogee, Oklahoma, Carter, Custer and Garfield counties. Locations targeted will continue to include homeless shelters, community college TANF students, various health departments, local schools and church locations, Head Starts, Educare, teen parent programs, and a career technology center.

Survey data collected from January 1, 2012 to February 28, 2013 included 727 respondents and found the topics of most interest to those who participated included learning more about children's development, use of positive discipline strategies, creating a positive relationship with their child and increasing communication between family members and their child. Community collaborations have been found to be a key factor in implementing the project through the Child Guidance program. CBCAP funds were utilized in contracting with Circle of Parents which includes consultation, updates and materials, and the annual membership fee for affiliation in their national network. Utilizing services in our backyard has proven beneficial to both programs as well as the clients served.

Fatherhood Initiative

The Statewide Network is working to engage fathers at all levels. When available and possible, the Family Support and Prevention Service continues to provide fatherhood-training opportunities to the Start Right contractors (HFA), Children First (NFP), SoonerStart, and Child Guidance staff. Resources such as the National Fatherhood Initiative, the 24/7 Dads Program and the On My Shoulders Curriculum are utilized by the direct service staff.

Community-Based Child Abuse Prevention (CBCAP)

FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Efforts will include assisting community-based family resource and support programs, Children First (NFP) and Child Guidance in providing services for fathers including:

- Home visits scheduled so fathers can be in attendance
- Father friendly supplemental curriculum
- Center-based support services for fathers or male parenting figures
- Center-based education services using marriage strengthening/communication curriculum
- Referrals to community agencies and services
- Workshops addressing family planning, HIV/STD's, domestic violence, and tobacco prevention
- Father-focused resource materials

Annually, some funds are often dedicated to providing fatherhood resources to share throughout the community and the above listed programs.

Start Right Programs - Local Fatherhood Efforts

Several of the Start Right programs across the state were involved in Fatherhood Initiatives and father-focused events and activities during FY 2013. See the Start Right highlights below:

DATE	START RIGHT PROGRAM	FATHERHOOD/FATHER INVOLVEMENT EVENT
October 1 st 2012 - September 30 th 2013	<i>Northern Oklahoma Youth Services</i>	<p>Northern Oklahoma Youth Services offered home visitation services for fathers who were enrolled in the program as the Primary Caregiver. The Total Dad was a new addition to Northern Oklahoma Youth Services with more focus on the expectant and parenting fathers. The Total Dad Program worked with fathers to discover, enhance and embrace the vital role they play in their children's lives by teaching the importance of:</p> <ul style="list-style-type: none"> • Supporting the mother of the baby and being involved during the pregnancy; • Going to prenatal doctor visits with the mother of the baby; • Learning how to care for the baby from birth; • Attending the baby's doctor visits; • Promoting responsible, healthy relationships in the father's life; • Connecting fathers with community resources to improve and sustain the family; • Improving parenting skills; and • Empowering and encouraging fathers in their parenting role.
	<i>Latino Community Development Agency</i>	<p>The Family Support Workers (FSW's) have been trained to include the fathers during home visits as much as possible. If the father is present during the time of the home visit the FSW approaches the father and invites him to join the visits. The workers inform the father that if they want to be present during the home visit the Family Support Workers can accommodate their schedules in order for them to be present. If the father is not in the home at the time of the visit, the FSW's request that the mother shares information with the father and if they have any questions the worker can meet with them to discuss the topic and answer questions. Many times the FSW's leave a parenting video that the mother and father can watch together. The FSW's emphasize that the home visits are for the entire family and the information is going to help them with issues such as discipline, family rules, etc. The FSW's know that they need to respect the authority of the fathers and use that to their advantage to make the fathers feel that they are very important in their families and in the home visits. Twenty-two fathers have been actively involved in the home visits.</p>

Community-Based Child Abuse Prevention (CBCAP)

FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

	<p><i>Youth and Family Services for Hughes & Seminole Counties</i></p>	<p>The Great Beginnings program has been successful in father participation in both home visits and group activities. Great Beginnings staff encourages father involvement in discussion and/or parent child interaction along with the mother. The father's input and opinion is respected. When fathers are present, the mothers are increasingly attentive and interactive. We acknowledge and foster the important role the father plays in his child's life.</p> <p>Fathers generally have more input in outside activities such as nature walks, building with blocks, playing catch, and racing car ramps. Fathers enjoy action activities as well as group activities. The Easter group and Christmas group tend to have a large number of fathers in attendance and they show a lot of interaction with the child(ren).</p> <p>We encourage fathers just as we do mothers to know that their child(ren) need their love, nurturing, and support. Indeed, a good father engages their children physically, emotionally, and spiritually. In a practical sense, that means they provide, nurture, and guide their children. Remember, "Father time is all the time when you are somebody's dad."</p>
	<p><i>Chickasaw Nation Chepota Himmita Program</i></p>	<p>Father participation is promoted on a consistent basis. The Chepota Himmita program utilizes an incentive program funded by the Chickasaw Nation.</p> <ul style="list-style-type: none"> • The primary caregiver receives a program dollar at each home visit; to promote father involvement, an additional dollar is given for the father participation, encouraging both parents to participate in the visits. The program dollar can be used to purchase diapers, wipes, clothes, educational items, etc; • The month of June is devoted to father involvement; • All center-based activities are targeted specifically to encourage male participation; • A "Father Appreciation Picnic" is held annually, providing families an opportunity to enjoy food, games, and fun; • Staff attended a Fatherhood Training to increase the ability to serve both parents; and • Chepota Himmita has placed a great emphasis on father participation, enrolling fathers as PCG's. Fathers and males filling the position of a role model are encouraged to attend group, as adult participants are entered in a monthly drawing. Drawing include items such as push pull toys for promoting walking, learning toys, strollers, baby gate, interactive/motor development toys, and a special fathers only drawing is held in June. Incentives for group are purchased by the Chickasaw Nation. <p>The Chepota Himmita staff offer belly painting to perspective families and well as enrolled families. Belly painting is a wonderful way to bond with a family; it is often used to promote assessments. The ideal situation is to enroll families during the prenatal period; therefore belly painting encourages families to engage at the optimal time. After a belly is painted with a theme the parents choose, photos are taken. The father's interests are often reflected in the theme, for example; Thunder Basketball, a Star Wars spaceship, a football, baseball or soccer ball, etc. Fathers attend the belly painting and are involved in the photo session. Our goal is to engage both parents in home visitation services. Belly Books have been created with the photos and used at community outreach events to attract families.</p>
	<p><i>Statewide</i></p>	<p>In the Start Right programs, 18 fathers were enrolled as the primary caregivers statewide.</p>

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

PLANS FOR PARENT LEADERSHIP AND INVOLVEMENT

✪ Section XII, Application Narrative

NOTE: In an effort to avoid duplication, the narrative is included in the prior annual report portion of the Plans for Parent Leadership and Involvement section.

Parent Leadership

With the elimination of the Child Abuse Prevention Task Force and the three parent seats that were historically always difficult to fill, we will seek new ways to involve parents including utilizing the help of FRIENDS National Resource Center for CBCAP by soliciting further technical assistance in this area.

Parent Leadership and the Start Right Programs

Start Right acknowledges and embraces parent leadership and will continue to infuse the prevention network and funded child abuse prevention programs with strategies, training and opportunities geared toward promoting the role of parent leadership. During this coming fiscal year, the Office of Child Abuse Prevention will continue to partner with the OSDH/Child Guidance Service to provide the Circle of Parents support groups. The Circle of Parents is a nationally recognized and evaluated model that will be incorporated into ongoing efforts and partnership with Child Guidance.

As stated above, the Start Right contractors are required to have an Advisory Council that meets on a quarterly basis. Start Right has reinstated the requirement for an Advisory Council in order to meet requirements for the Healthy Families America affiliation and accreditation. The contractors will use the Advisory Councils as a formal mechanism for families to provide input for the programs by participating in Parent Surveys, focus groups, or becoming a member of the Advisory Council.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

PLAN FOR SUPPORT, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION ASSISTANCE

Annual Report Narrative

GENERAL TRAINING AND TECHNICAL ASSISTANCE ACROSS NETWORKS

The CAP Day Mini Conference

The SFY 13 Mini Conference was held on April 9, 2013 with a focus on sexual abuse prevention at the Samis Education and Conference Center in Oklahoma City with over 200 participants attending. For a complete description, see Section XV.

The Annual Oklahoma Child Abuse and Neglect Conference

The Center on Child Abuse and Neglect and Oklahoma State Department of Health (OSDH) co-sponsor the annual Oklahoma Child Abuse and Neglect Conference. In addition to providing co-sponsorship, OSDH utilizes this conference to provide training to staff that work in various family support programs, multidisciplinary teams, as well as members of the State Interagency Child Abuse Prevention Task Force. This three-day conference is organized by the University of Oklahoma's Center on Child Abuse and Neglect. In 2013, the conference was held on November 18 – 20 at the Renaissance Hotel and Convention Center, Oklahoma City, OK. During this year, the Center on Child Abuse and Neglect also collaborated with the National Alliance for Drug Endangered Children. Approximately 438 participants registered for the conference with 389 attending all or part of the conference, along with 73 speakers, and 55 volunteers and staff. A variety of continuing education credits were offered for attorneys, social workers, psychologists, counselors, law enforcement and other disciplines. Attendees included prevention specialists, child development specialists, mental health professionals, attorneys, child welfare workers, psychologists, law enforcement and more.

Oklahoma Institute for Child Advocacy Legislative Fall Forum

Advocacy - a *deliberate* Voice with key leaders across the state and the media.

- **Legislative Advocacy:** OICA coordinates meetings with legislators and staff, advocacy events and testimony during legislative hearings and interim studies. Much of the legislative advocacy involves educating legislators about public policy solutions for children and families.
- **Administrative Advocacy:** OICA coordinates and convenes events, meetings, and coalitions with state and local administrators to urge reforms, rule changes and other administrative actions that benefit Oklahoma's children and families. In particular, they continue to assist administrative officials to learn more about policy solutions that have worked in other states and can be replicated in Oklahoma.
- **Media Advocacy:** This includes increasing media awareness and coverage of issues and public policy solutions that benefit children and families.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

- **Grassroots Advocacy:** OICA coordinates events and meetings with child advocates across the state including advocacy trainings and opportunities for community dialogue on children's issues.
- **Data-Driven Advocacy:** OICA continuously makes current data on particular child well-being indicators available to advocates across the state in an effort to inform programmatic and monetary investments needed for children. The Oklahoma KIDS COUNT data and research forms the foundation of OICA's advocacy efforts, and is used to educate policy makers and communities about important trends impacting children in families.

The Oklahoma Institute for Child Advocacy (OICA) annually hosts the Fall Children's Legislative Policy Forum where hundreds of Oklahoma child advocates convene to discuss children's issues. The goal of the Policy Forum is to update advocates on current policy issues facing our state and call advocates to action around those issues during the upcoming legislative session.

START RIGHT (HFA) AND CHILDREN FIRST (NFP) TRAINING AND TECHNICAL ASSISTANCE

Start Right and Children First provided many training events for their program staff – often jointly. The training events and workshops were held in order to increase the knowledge of prevention specialists and increase the capacity of local programs to provide quality and effective services. The trainings were provided at no cost to the staff for very beneficial for programs that operate on very tight or restrictive budgets.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

These Healthy Families America-related trainings were held for Start Right Programs during FY 2013:

Date of Training	Name of Start Right Training	Number of Attendees
10-23-12	Home Visitor's Conference	74
10-24-12	Contractor's Conference	83
12-19-12	Healthy Families America Advanced Supervisor's Day	3
01-18-13	Start Right Supervisors Training	15
02-22-13	Start Right Supervisors Training	15
03-21-13	Healthy Families America Overview Day	1
03-22-13	Start Right Supervisors Training	15
04-12-13	Start Right Supervisors Training	15
04-25-13	Family Assessment Worker Training	33
05-21-13	Healthy Families America Overview Day	4
05-24-13	Start Right Supervisors Training	15
06-13 to 08-13	University of Central Oklahoma Parent Education	34
07-24-13	Family Violence Training	14
08-05-13	Healthy Families America Overview Day	3
08-06 to 8-08-13	Healthy Families America Family Assessment Worker Core	6
08-08 to 08-09-13	Child Abuse Medical Examiner's Training	9
08-12 to 12-12	University of Central Oklahoma Parent Education	54
08-13 to 12-13	University of Central Oklahoma Parent Education	56
08-14-13	Ages & Stages Questionnaire, Ages & Stages Social & Emotional Questionnaire	3
08-22-13	Mental Health Issues	4
08-23-13	Start Right Supervisors Training	15
09-04-13	Keys to Caregiving	5
09-09-13 to 09-13-13	Parents as Teachers Foundational and Model Implementation	42
09-13-13	Healthy Families America Advanced Supervisor's Day	3
09-16-13	Healthy Families America Overview Day	12
09-17 to 09-19-13	Healthy Families America Family Assessment Worker Core	6
09-17-13 to 09-19-13	Healthy Families America Family Assessment Worker Core	6
09-20-13	Ages & Stages Questionnaire, Ages & Stages Social & Emotional Questionnaire	19
09-26-13	Healthy Families America Family Support Worker Fast Track	13

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Staff Training

10-12-12 to 10-15-12	Healthy Families America National Conference
10-19-12	Parents & Teachers/Maternal Infant Early Childhood Home Visitation Training
10-27-12	Home Visitation Triage Training
10-29-12	Critical Incident Training
11-12-12	Logic Model Training
01-29-13	Measures of Success: Findings from New Research on Home Visiting
01-30-13	Logic Model Training
02-08-13	Developing Creative Problem Solving Skills
03-15-13	Design Options for Home Visiting Evaluation Continuous Quality Improvement Brief
03-19-13	Performance Management Process
05-02-13	Cultural Competency
05-16-13	Logic Model Training
07-12-13	Do The Right Thing Ethics Training
07-18-13	Logic Model Training
07-19-13	Safety Training for Home Visitors
07-26-13	Child Abuse Reporting Overview Training
08-20-13	Continuous Quality Improvement Training
09-24-13	Healthy Families America Revised Standards Training

START RIGHT

Technical Assistance and Quality Assurance

Start Right contractors provided outreach activities and public awareness and development which are intended to educate the general public regarding child abuse and neglect issues, positive parenting, family health issues and community resources for families. Outreach activities included but were not limited to:

- Home Visitation Leadership (HVLAC) Coalition
- Child Abuse Prevention (CAP) Action Planning Committee
- Fetal Infant Mortality Review (FIMR) Board
- Seminole County Child Abuse Awareness Day
- Community Baby Shower
- Creek Nation Health Summit
- Seminole Nation Tickle Me Pink
- Kids First Coalition
- Seminole County Child Abuse Prevention Task Force
- Oklahoma Association of Infant Mental Health
- Autism Network
- Chickasaw Nation Family Fun Day
- National Night Out
- Early Childhood Resource Center Referral Committee
- Jane Phillips Medical Center Maternity Fair
- Partnership Board of Oklahoma Commission on Children and Youth of Adair & Cherokee Counties
- Smart Start Angel Tree Event
- Cherokee Nation 5-C's Car Club Toy Run
- Cherokee Nation Project X Team
- Change Team for Cultural Diversity and Sensitivity

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

- Community Alliance of Resources for Everyone (C.A.R.E.)
- Interagency and Community Coalition of Grady County (ICCGC)
- Tobacco Free Coalition for Grady and McClain Counties
- Baby Think it Over Program

Start Right consultants and evaluation staff provided technical assistance for various elements of program maintenance that included but were not limited to data entry, documentation, caseload management and retention prioritizing. Site visits were completed throughout the year, with follow-up visits and communication to those agencies needing special assistance.

Bi-annual and annual narrative reports were submitted per a required schedule defined in the Start Right Program Procedures Manual. Special training was required of each program site staff that included core training and enhanced service provision education such as domestic violence, safety for home visitors, lead screening, tobacco cessation, postpartum depression, adoption training, Medicaid/TANF, grief, attachment, car seat safety, and a variety of other courses designed to prepare workers to effectively interact with an increasingly higher risk population. Continuing data for future assessment of trends in behavior changes in four long-term outcome domains were documented: Parent/Caregiver Health, Child Health and Development, Family Stability, and Family Safety. Evaluation also included reference to DHS statistics on child abuse prevention reports, and identified which Start Right families were involved. This provided baseline information in tracking future involvement with DHS referrals with current families as well as parents newly participating in the Start Right program. Child development screenings, changes in program level status, and referrals to outside resources were also documented throughout the contract year. All of the contractors were in compliance with program service and financial requirements.

Program Evaluation Training

As part of the quality assurance process, every Start Right contractor receives the following manuals:

- **Evaluation Manual** - Describes evaluation and collection of data, including process and outcome data, qualitative and quantitative data, logic model, and measures of success.
- **Program Procedures Manual** - Describes procedures regarding referrals to appropriate services, administering screenings, instructions for database trouble shooting, Child Protective Services (CPS) referral protocol, etc.
- **Oklahoma Child Abuse Prevention Program Application (OCAPPA) Database Users Guide** - Guide for using the Oklahoma Child Abuse Prevention Program Application Database.

Evaluation Database Training

During SFY 2013, individual consultation and technical assistance was provided as needed on the operation of the Oklahoma Child Abuse Prevention Program Application (OCAPPA) database. OCAPPA is the web-based application that is used to gather and report the evaluation data for the Start Right programs. Each program was given an Oklahoma Child Abuse Prevention Program Application (OCAPPA) User's Guide that described the application, access to the system, process of entry, and managing staff/program information. For programs that experienced trouble with the system, on-site training and technical support were also available through the OSDH information technology department.

Staff Involvement: Statewide and National

In order to provide research-based or best practices services and use up-to-date methods of training, engagement and network building, the Start Right staff must keep current with national programs and emerging practices. To facilitate the continuing education of the Start Right program consultants, director,

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

and epidemiologist, the staff represented the Office of Child Abuse Prevention on a state and national level, including:

- National Alliance of Children's Trust and Prevention Funds Membership Meeting in Chicago
- Quality Improvement Center (QIC) Meeting in Washington D.C.
- Oklahoma Child Death Review Board
- Pregnancy Risk Assessment Monitoring System (PRAMS) and the Oklahoma Toddler Survey (TOTS) Steering Board Committee
- Oklahoma State Department of Health (OSDH) Executive Expanded Committee Meeting
- Home Visitation Leadership Advisory Committee
- Abusive Head Trauma and Shaken Baby Task Force Meeting
- Interagency Task Force
- Oklahoma Institute for Child Advocacy (OICA) Committee Meeting
- Healthy Families America National Convention in Jacksonville, Florida

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

CHILDREN FIRST (NFP) TRAINING

To build competency in providing home visitation services, assure fidelity to the Nurse-Family Partnership model and meet the requirements outlined in the Oklahoma Health Care Authority contract, Children First nurses are required to attend core trainings as listed below and meet annual continuing education requirements.

Children First provided core trainings for 33 new nurse home visitors and one new nurse supervisor for SFY 2013. The increased number of new nurses trained reflects staffing needs related to the Federal Maternal Infant and Early Childhood Home Visitation grant received during this period.

Training for new nurses included:

- NFP Units 1 and 2 - NFP Model, Motivational Interviewing and Partners in Parenting Education;
- NFP Units 1, 2, 3 and 4 (for supervisors only) – Reflective Supervision and Motivational Interviewing;
- Oklahoma Training I (OK1) – NFP Model, Therapeutic Relationships, Stages of Change, Motivational Interviewing, Home Visitor Safety, Maternal Health Assessment, Family Planning, Labor and Delivery, Postpartum Health Assessment, Maternal Depression, Program Guidelines, Documentation and Nursing Case Management;
- Oklahoma Training II (OK2) – Infant and Toddler Assessment, Infant and Toddler Growth and Development, Ages and Stages, Keys to Caregiving and Newborn Screening;
- Oklahoma Training III (OK3) – NFP Model, Reflective Practice, Concerns Based Adaptation Model, Therapeutic Relationships, Approaches to Problem Solving and Behavior Change, Program Guidelines, Documentation and Partners in Parenting Education;
- Nursing Child Assessment Satellite Training (NCAST) – Feeding and Teaching Scales; and
- Breastfeeding Educator Training.

New nurses are also required to complete agency required training in public health nurse orientation, Sudden Infant Death Syndrome, cultural competency, ethics and safety.

In order to promote consistency in training content, Children First (NFP) and Start Right co-sponsored the following trainings for all new providers.

- Adoption
- Attachment
- Car Seat Safety
- Child Abuse Medical Examiner
- Domestic and Family Violence
- Grief
- Medicaid/TANF
- Mental Health Issues
- Paternity/Legal
- Newborn Screening and Assessment (Hearing and Lead Screening, Metabolic Testing and Genetics)
- Substance Abuse and Addictive Behaviors

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

All nurses employed one or more years are required to attend 12 hours of continuing education annually to fulfill the Oklahoma Health Care Authority (Oklahoma Medicaid Agency) Nursing Assessment contract requirements. In SFY 2013, continuing education offerings focused on the Adverse Childhood Experiences (ACES Study) and mental health issues and resources.

Lead nurse meetings were held monthly using webinar and face-to-face formats to provide program updates and address common supervisory issues.

Technical Assistance and Quality Assurance

Children First (NFP) State Nurse Consultants (SNCs) work closely with Nurse-Family Partnership, National Service Office and Children First teams at the county level to ensure fidelity to the NFP model and adherence to agency standards. SNCs utilized a standard site visit tool to assess the strengths and identify areas of improvement for local health departments implementing the NFP model. Site visits were completed for all county health department administrative areas including Tulsa and Oklahoma City. Comprehensive reports were provided to each site and supervisors provided corrective action plans to address findings and recommendations for improvement. SNCs provided technical assistance on specific topics such as motivational interviewing, quality improvement (QI) tools, documentation, nursing case management, caseload management and additional topics as requested by the site.

Additionally, all lead nurses completed quarterly record audits as outlined in the Lead Nurse Manual. Quality Improvement (QI) training for all Children First teams continued during SFY 2013. Each team identified an area for improvement that focused on client recruitment, enrollment and retention or nurse productivity.

Section XIII, Application Narrative

TRAINING AND SUPPORT OPPORTUNITIES (GENERAL)

CAP Day Mini Conference

The OCAP will use federal funds to sponsor the CAP Day Mini Conference which directly follows the CAP Day at the Capitol each year, falling in April during National Child Abuse Prevention Month. The CAP Day Mini Conference is a full afternoon typically with a central theme or critical focus that is timely and current based on child abuse prevention trends and state prevention needs. The conference is targeted for child advocates, parent educators, home visitors, parents and anyone interested in benefiting from the expertise of local and out-of-state speakers focused on prevention.

State Planning Retreat

Annually or bi-annually, FSPS sponsors a planning retreat for the community networks, local task forces, and other prevention programs. The retreat provides an opportunity for networking, coordinating, and planning for the fulfillment of the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect* as well as fine-tuning various campaigns and events already in place regarding raising awareness and the prevention of child abuse and neglect.

The Annual Child Abuse and Neglect and Healthy Families Oklahoma Conference

The Center on Child Abuse and Neglect (CCAN) was established in the Department of Pediatrics, College of Medicine, at the University of Oklahoma Health Sciences Center in 1992. The purpose of CCAN is to organize the Health Sciences Center's efforts in the treatment and prevention of child abuse and neglect. CCAN is a university-based center that has 25 faculty and over 100 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,

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

parent-child interaction therapy and a research study in Russia on prevention of fetal alcohol syndrome. Administrative programs include the Oklahoma Advisory Task Force on Child Abuse and Neglect and the National Center on Sexual Behavior of Youth. In addition, the Center coordinates the University of Oklahoma's Interdisciplinary Training Program on Child Abuse and Neglect (ITP).

START RIGHT

Support, Training, Technical Assistance and Evaluation Assistance

During the grant cycle (10/01/12 to 9/30/13), Start Right provided and will continue to provide support, training, and technical assistance for the development, operation and enhancement of community-based, child abuse prevention. The contractual period for the community-based child abuse prevention programs began July 2012 and concludes in June 2017. Funded programs, including the Native American programs, are required to have substantial pre-service training their staff must complete before providing services. Utilizing resources made available by the federal grant program, technical assistance and consultation on training issues primarily focusing on understanding, appreciation and knowledge of diverse populations and the promotion of strong families will continue to be sought.

Program Consultants

The Start Right Program consultants will provide consultation and technical assistance to the funded child abuse prevention programs to assure quality and best practice services. The Start Right staff will continue to participate with the Home Visitation Leadership Advisory Coalition and local task forces to develop interagency cooperation, private-public agency collaboration, networking of family resource and support programs, and the continuum of child abuse prevention services. The consultants will continue training and providing technical assistance to the funded child abuse prevention programs including intensive technical assistance to move contractors through the Healthy Families America affiliation and accreditation process. In addition, consultants provide community outreach and education to local partnering agencies, civic groups and parents. Technical assistance will be provided by the Start Right Program Consultants via site visits, general meetings, telephone consultation or e-mail exchanges and in specialized efforts.

Healthy Families America Training

Currently, Start Right has one staff member certified to conduct the Family Assessment Worker Core Training. The Family Support Worker (FSW) Training has been offered as a Fast Track Training due to limited availability of an FSW Trainer. The FSW Fast Track Training enables Family Support Workers to begin home visits as quickly as possible. Currently, Start Right has a staff member who is going through the process to become certified as the Integrated Strategies for Home Visitors Trainer (Formally FSW Core). The Start Right Program Consultants will continue to provide core training for family support workers and family assessment workers, and advanced supervisor training for program supervisors and for home visitors who staff the funded child abuse prevention programs.

Parents as Teachers Training

Start Right collaborates with the National Parents as Teachers (PAT) Model in providing curricula and other types of training such as PAT Three Years to Kindergarten and Issues in Working with Teens. Start Right requires the funded child abuse prevention programs to use the Parents as Teachers curricula to implement parent/child interaction during the home visits and become PAT Approved Users. Start Right makes every effort to collaborate with the Health Department PAT, and the State Department of Education PAT at the community level to ensure that program services fit every family's needs. Start Right and PAT will continue to work together to present combined PAT Foundational Training, PAT 3-5 and Issues in Working with Teens at the state level.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Other Training

Start Right will also require of supervisors and field staff specialized trainings through the prevention network. Often, the child abuse prevention programs hold special curricula or other training (such as pregnancy-related issues training) and open the enrollment to other agencies and organizations within the prevention network. Funded child abuse prevention programs often train using local resources such as physicians, hospitals, vocational technology centers, and contractors for special programs and trainings. Start Right sponsored training is often open to Children First (NFP), and PAT Program staff.

Annual Contractors Meeting

At the beginning of each state fiscal year (SFY), the Start Right Program staff gathers for an annual meeting sponsored by OCAP. Program supervisors, home visitors, assessment workers, agency administrators and financial staff receive an update of the financial and administrative procedures for the upcoming year as well as revised procedure manuals. Additionally, updates are given for the program areas of respite, data collection, home visitation, parent leadership and evaluation.

Staff Training

In order to provide research-based or best practices services and use up-to-date methods of training, engagement and network building, the Start Right staff must keep current with national programs and emerging practices. To facilitate the continuing education of the Start Right program consultants, director, and epidemiologist, the staff will use federal funds or other funds as deemed appropriate to attend the following training and conferences:

- Prevent Child Abuse America National Conference held in conjunction with the Healthy Families America Advanced Training – two Start Right program consultants that are certified trainers are required to attend to maintain certification.
- National Alliance of Children's Trust Funds Annual Meeting – a representative of OCAP will attend the annual meeting of the Trust Fund Alliance to maintain networking and idea development.
- Other national conferences – representatives of Start Right may attend the conference to identify emerging practices and relevant research in the area of family resource and support.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

CHILDREN FIRST (NFP)

Training

In order to provide services in the Children First program, nurses must complete core training and continuing education requirements.

Core training includes model specific training provided by Nurse-Family Partnership and agency training identified as meeting Oklahoma Health Care Authority contract requirements. During the first year of employment nurses complete training in the following content areas:

- NFP Model training to assure model fidelity;
- Infant and Toddler Assessment training to increase skills in providing brief health assessments;
- Child Abuse Medical Examiner training to address recognizing, reporting & documenting child abuse;
- Breastfeeding Educator training to assist clients in initiating and continuing breast feeding;
- Postpartum depression;
- Keys to Caregiving and Nursing Child Assessment Satellite Training (NCAST) to provide skills needed to assess parent-child interactions and improve parenting skills;
- Partners in Parenting Education (PIPE) training to teach parents how to have positive parent-child interactions; and
- Additional training in adoption, attachment, car seat safety, cultural awareness, domestic and family violence, grief, newborn screening and assessment, paternity and legal issues, addictive issues and substance abuse, sudden infant death syndrome (SIDS)/Temporary Assistance for Needy Families (TANF)/Medicaid and targeted case management which includes information about utilizing community services.

Nurses, who have been employed more than twelve months, are required to complete 12 hours of continuing education annually. Six of the twelve hours must cover model specific topics, and the content of the other six hours is determined by reviewing a needs assessment and current industry trends. During FY 2013, nurses attended training in Adverse Childhood Experiences (ACES Study), mental health issues and resources available for clients and families.

Technical Assistance, Quality Assurance and Quality Improvement

Children First (NFP) utilizes several methods to assure fidelity to the Nurse-Family Partnership model, adherence to agency policy and movement toward positive program outcomes.

- Lead nurse meetings are scheduled monthly to address common programmatic concerns, develop leadership skills and promote collegial relationships. Lead nurses receive orientation and mentoring from Children First nurse consultants during their first year as a new supervisor.
- Site visits are provided regularly to assess compliance with NFP and agency policies. During the site visit, local teams provide information about their efforts to recruit, enroll, engage and retain clients. Data records are reviewed to ensure appropriate data collection and entry. Clinical records are reviewed to assess nurse practice and visit documentation. Corrective action plans are developed to address compliance issues.
- Technical assistance is provided as issues are identified and as requested by nurse supervisors.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

- Monthly reports are provided to assist teams in managing caseload and nurse productivity.
- The NFP National Service Office monitors program data and provides quarterly reports which focus on specific model elements and model fidelity.
- All teams completed training in quality improvement (QI) processes and use of QI tools. All teams completed a project and “storyboard.”

A critical incident reporting and record review system has been developed to respond to issues related to child maltreatment and child or maternal death.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Evaluation Plans

★ Annual Report Narrative

OMB Program Assessment Rating Tool (PART) Reporting Requirements

The Family Support and Prevention Service will continue to develop plans, with guidance from the FRIENDS technical assistance, for meeting the reporting requirements regarding the OMB Program Assessment Rating Tool (PART).

The office will provide data of all the CBCAP funded programs along with their level of evidence and total CBCAP funding used to support evidence-based and evidence-informed programs and practices.

START RIGHT Program Demographics and Outcomes

Presented below are some of the outcomes based on new measures collected during SFY 2013. The following tables describe the achievements for Start Right programs:

- **786** families were active or enrolled during SFY 2013
- **238** primary caregivers were screened for depression. Of these women, 88% showed symptoms of depression, 22% of which required an immediate referral to their primary care physician for further evaluation
- **4,036** referrals were made through the state-funded contractors for items and services such as clothing, food, primary care physicians, transportation, parenting support, furniture, family planning, mental health, food stamps, English as a Second Language classes, housing assistance, Medicaid and literacy programs
- **95%** of Start Right children were up-to-date on immunizations
- **76%** of Start Right mothers initiated breastfeeding
- **35%** of Start Right parents reported cutting down on smoking, 44% reported trying to quit smoking, and 12% quit smoking
- **238** Edinburgh Postpartum Depression Screenings were administered to Start Right mothers in SFY 2013. Eighty-eight percent of these screenings indicated the need for immediate attention by a healthcare or mental health professional.
- **18%** of primary caregivers received a diploma during the course of their Start Right enrollment.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Table 2: Home Visitation Service Summary, SFY 2013	
15	Start Right Contracts
30	Oklahoma Counties served
768	Number of children living in the household who received home visits
768	Mothers who received home visits
18	Fathers who received home visits
786	Families who received home visits
94	Grandmothers who lived in the home receiving home visits
46	Grandfathers who lived in the home receiving home visits
4	Boyfriends/not the father of the child who lived in the home receiving home visits
74	Primary caregivers with disabilities who received home visits

Note: The total number of children with disabilities who received home visits was not captured during this reporting time.

Age and Marital Status of Parents

Age: The average age of Start Right parents who enrolled in SFY 2013 was 25 years of age. Twenty-two percent were teenagers raising children and 31% were in their early 20s; more than half of the parents (53%) were under the age of 25 years. The youngest parent was 12 years of age and the oldest was 57 years of age.

Marital Status: Fifty-seven percent of Start Right parents who enrolled in SFY 2013 reported their marital status as single, never married. Twenty-eight percent reported being married and much smaller percentages reported being divorced or separated.

Number and Age of Children Living in the Household

Forty-nine percent of Start Right families who enrolled in SFY 2013 reported living with only one child or being pregnant. Another 27% reported living with two children. About one quarter of Start Right families reported living with more than two children. Sixty-four percent of the children were under three years of age. Only 12% of Start Right families report living with a child that is ten years or older.

CHILDREN FIRST (NFP) PROGRAM DEMOGRAPHICS AND OUTCOMES

Presented below are some of the outcomes reported during SFY 2013. The following tables describe the achievements of Children First (C1), Oklahoma’s Nurse-Family Partnership program:

- 91% of C1 babies were born at normal birth weights (more than 5.5 lbs.);
- 89% of C1 babies were carried to term (more than 37 weeks gestation);
- 95% of C1 children were fully immunized at 24 months;
- 89% of C1 mothers initiated breast feeding;
- 89% of C1 mothers attended 10 or more prenatal care visits;
- 41% of C1 mothers who smoked at program intake reported quitting during their pregnancy, and those who continued to smoke reduced the number of cigarettes consumed;
- 77 referrals to early intervention services were made to C1 mothers whose children screened positive for developmental delays on regularly administered Ages & Stages questionnaires;
- 96% of mothers who delivered a baby in SFY 2013 received a postpartum depression screen;

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

- 94% of C1 clients served in SFY 2013 had at least one working smoke detector in the home;
- 98% reported using a car seat at the 2-month home safety assessment;
- 98% of C1 children had never had a confirmed child maltreatment case; and
- If the state’s general population of 0-2 year olds had the same confirmation rate as C1 families between 2002-2005, 914 fewer children would have been confirmed maltreatment victims.

Table 1: Children First Services Delivered, SFY 2013	
103	Nurses (number of non-supervisory, full-time/part-time nurse home visitors)
3,434	Eligible referrals (number of women referred to program who met eligibility requirements)
1,852	New enrollees (number of women who enrolled in the program during SFY 2013)
3,513	Current participants (number of families that received at least one visit during the last year)
34,548	Completed visits (number of completed home visits or supervisory visits)
1,030	Births (number of families with a completed birth form)
68	Counties with C1 services available to families

CHILDREN FIRST EVALUATION ACTIVITIES CONDUCTED DURING SFY 2012

Data Collection

In 2012, Children First collaborated with the NFP National Service Office (NSO) to revise all data collection forms and re-map all program data to the newly introduced Efforts to Outcomes (ETO) system utilized by the NSO. The first phase of this process focused on the development of standardized data collection forms to collect process and outcome measures. Once completed, database revisions were made to accommodate these changes and nurse home visitors were trained in the use of the revised forms. Program staff began using the newly revised forms January 1, 2013 and continued throughout SFY 2013.

Site Visits and Record Audits

Children First (NFP) State Nurse Consultants (SNCs) work closely with Children First teams at the county level to ensure fidelity to the NFP model and adherence to agency standards. SNCs utilized a standard site visit tool to assess the strengths and identify areas of improvement for local programs implementing the NFP model. Site visits were completed for all county health department administrative areas including Tulsa and Oklahoma City. Comprehensive reports were provided to each site. Supervisors provided corrective action plans to address findings and provided recommendations for improvement. SNCs provided technical assistance on specific topics such as motivational interviewing, quality improvement (QI) tools, documentation, nursing case management, caseload management and additional topics as requested by the site. Additionally, all Lead Nurses completed quarterly record audits as outlined in the Lead Nurse Manual. Records were reviewed using the general audit tool. This tool reviews visit documentation format and completeness, nursing assessments and nursing interventions. Site visits focused on developing local plans of improvement related to fidelity and attaining outcomes that impact OSDH flagship issues.

Additionally, all Lead Nurses completed quarterly record audits as outlined in the Lead Nurse Manual. Quality Improvement (QI) training for all Children First teams continued during SFY 2013. Each team

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

identified an area for improvement that focused on client recruitment, enrollment and retention or nurse productivity.

Program Model Fidelity

Implementing interventions with model fidelity has been shown to positively impact client and program outcomes. The NFP has drafted objectives to help implementing agencies track their fidelity to the model and monitor program outcomes related to common indicators of maternal and child health and family functioning (see Attachments “NFP Model Elements”). The objectives have been drawn from the program’s research trials, early dissemination experiences and current national health statistics. The objectives are intended to provide guidance for quality improvement efforts and are long-term targets for implementing agencies to achieve over time. Children First strives to meet NSO objectives of fidelity through site visits, record audits, annual continuing education in the Model and a collaborative/contractual relationship with the NSO to provide training and technical assistance. The NFP is currently undergoing a data system upgrade and developing a data warehouse. Reports that compare Oklahoma data to NFP standards is not available at this time.

Additional Evaluation Activities

Although evaluation of the Children First program has been described in detail above, additional evaluation is also conducted. The University of Oklahoma, Department of Biostatistics and Epidemiology, has been contracted to provide additional non-partisan program evaluation, as required by state statute.

Analysis of data for years 2009-2013 by the University of Oklahoma, Department of Biostatistics and Epidemiology, describes infant birth characteristics for Children First as follows:

- Of the 3,422 infants born to clients enrolled during SFY 2010 to SFY 2013, 7.8 percent were low birth weight - (the Healthy People 2020 objective is to reduce this rate to 7.8 percent); and
- The percentage of preterm infants born to C1 clients for all years combined was 8.7 percent - (the Healthy People 2020 objective is to reduce this rate to 11.4 percent).

In addition to their regular evaluation, the University of Oklahoma, Department of Biostatistics and Epidemiology, analyzed data related to client attrition. Of clients enrolled in 2010, only 20 percent completed the program. Black participants were least likely to complete the program. Participants most likely to complete the program were older clients and clients who self-identified as Hispanic. For participants of every race and ethnicity, the most likely period for loss to follow-up was the pregnancy phase regardless of the year of enrollment. Client retention has been recognized as one area for improvement and strategies to address this issue are being developed by teams participating in the QI process.

Child Abuse Prevention Month Evaluation

Each year, Child Abuse Prevention Month activities, materials, and events are evaluated. The purpose is to measure the activities (including materials, events, mini conference, and so forth) utilized for FY 2013, in order to prepare for and improve future Child Abuse Prevention Month activities. CAP Month evaluation consists of implementing an online survey monkey. The surveys items ask the respondents to:

1. Rate their experience at CAP Day at the Capitol.
2. Rate their experience at the CAP Day Mini Conference.
3. Share their participation in Cap Month activities.
4. Estimate number of people reached with awareness activities.
5. Feedback on improving CAP activities and Day at Capitol.
6. Recruitment for CAP Action Committee 2014-2015.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Evaluation results were shared with the CAP month Action Committee and other stakeholders. Responses from the survey will be utilized to guide future planning efforts. *Please see the CAP Month 2013 evaluation results included in the Attachments section.*

Section XIV, Application Narrative

START RIGHT EVALUATION PLANS

Evaluation is an intricate part of the funded child abuse prevention programs and the Start Right operation and has been in place since SFY 2000. The evaluation of Start Right programs includes process as well as outcome measures. Steady progress has been made in the implementation of the comprehensive evaluation that includes quality assurance (including site visits), program model fidelity and uniformity between contractors, goal attainment, and outcome-based measures. The first phase of the evaluation included the development and implementation of standardized data collection forms to collect process and outcome measures. Extensive work has been put into revising evaluation plans based on research of other comparable programs at national level. Program outcomes have been refined and appropriate measurement tools adopted to collect data. Database revision has been made to accommodate these changes.

The evaluation plan for FY 2013 will include evaluation manual and protocol, database technical assistance and training, monitoring site visits, and annual report including an inventory of services. Every training and even site visits will be concluded with satisfaction and evaluation forms that cover the content, materials, application, and speaker qualities such as knowledge, presentation, and method.

Statewide Evaluation of the Child Abuse Prevention Programs

Current evaluation activities have been revised to assure investment in effective programming at the local level. The primary benefit of revising the evaluation activities is to determine if the goals and objectives of the community-based family resource and support programs are efficiently being met, i.e. the elimination of the risk factors associated with child abuse and neglect. If program services are effective, it will result in savings of the following costs:

- Intervention, investigation, and treatment costs of circumstances of child abuse and neglect;
- Out-of-home placement or foster care for victims of child abuse and neglect;
- Intervention and treatment related to other social problems such as teen pregnancy, substance abuse, juvenile delinquency, and adult criminal behavior;
- Mental health services for victims of child abuse and neglect; and
- Use of social welfare income support.

Start Right Home Visitation Logic Model

A logic model provides a frame of reference for the process and evaluation of a program. The Office of Child Abuse Prevention (OCAP) has developed a logic model that defines the Start Right program. The OCAP logic model defines some assumptions about child abuse prevention, the inputs necessary to conduct business, and the activities, objectives, and goals of the program (see Attachment: OCAP Home Visitation Program Logic Model). The model shows the sequence of these elements and how they work together to bring about change (i.e., prevention). The components of the program evaluation were designed using the logic model.

The impact of the program will be assessed using several outcome measures including increased immunization rates, earlier identification of developmental delays, reduced maternal

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

smoking, increased time between pregnancies, increased knowledge of child development, improved nutritional habits, and increased utilization of community resources.

The program evaluation forms (see Attachment in Evaluation Folder: OCAP Forms Manual) were designed to assist with the documentation of the community-based child abuse prevention program services and to provide a foundation for systematic evaluation. The forms are made available in English, with two forms available in Spanish (Healthy Families Parenting Inventory, and the Lead Exposure Risk Assessment Questionnaire LERAQ). These forms serve several objectives:

- Provide documentation of services delivered;
- Serve to identify special needs of the family members;
- Provide a framework for the program;
- Assist family support workers to track families' progress;
- Assist high-risk families who enter the program based on need;
- Enable the production of statistical, quarterly and annual reports;
- Provide standard definitions and sequence of services for all family resource and support programs;
- Help the supervisor identify areas of guidance for family support workers; and
- Allow for systematic, statewide evaluation.

Programs have varying capabilities and equipment to locally perform evaluation activities. In addition, contractors change from bid period to bid period and it is important to assure one methodology is consistently used across all sites to ensure continuity, comparability, and comprehensiveness. The OCAP has assured that input was sought from participating programs throughout the evaluation process.

Evaluation of Activities

Evaluation is relevant to nearly all of the activities conducted by the OCAP. Evaluation of the Start Right contracts has been described in detail and additional evaluation is conducted. Each Start Right contract executed by the OCAP contains an evaluation section, including deliverables. The Oklahoma Department of Central Services also requires an end of the year Vendor Performance Quality Report for each Start Right contract vendor. Thus, speakers, programs, network development work, and vendors receive evaluation through the contracting process.

The OCAP promotes the evaluation of the services and activities that it provides. Each training and conference has evaluation of the sessions, independently and as a whole. Another example is the evaluation of the site visit process and the Start Right Program Consultants by the funded community-based, child abuse prevention programs. Consumer feedback is used to improve evaluation forms and the web-based application, including report development.

Monitoring Site Visits

Program site visits are an important component of the overall assessment of the community-based, child abuse prevention programs. Start Right provided annual on-site visits of each of the funded programs in SFY 2013 as is standard every year. The site visits are a complimentary piece that works with the evaluation to provide a comprehensive assessment of each program, as well as an overall view of the combined statewide programs. Start Right Consultants will assess the programs using a standardized checklist of essential elements of community-based, child abuse prevention programs (see Attachment in MISC/Evaluation Components: Site Visit Monitoring Tool) as a guide. The monitoring tool was developed using the Healthy Families America's twelve critical elements, contract requirements, and other essential elements such as the Americans with Disabilities Act, the Oklahoma State Department of Health Smoke Free Policy and financial check sheets. The site visit will entail:

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

- Opening/closing sessions with the program staff;
- Compliance to the Healthy Families America Twelve Critical Elements;
- Financial and contractual agreements review;
- Staff qualifications and training documentation review;
- A review of closed and open family folders to assess clinical quality assurance; and
- Interviews with the family assessment and family support workers.

The Start Right staff will provide technical assistance to the programs through a comprehensive site visit report that documents the program's strengths and recommendations (with timelines) for improvement. Follow-up technical assistance visits will be made as needed.

CHILDREN FIRST (NFP) EVALUATION PLANS

The foundation of the Nurse-Family Partnership (NFP) Model is rooted in rigorous randomized controlled trials conducted by David Olds, Ph.D., in Elmira, New York, Memphis, Tennessee, and Denver, Colorado. These trials have produced outcomes related to improved maternal health, improved child health and development and improved parental life-course development which include:

- Improved prenatal health;
- Fewer childhood injuries;
- Fewer subsequent pregnancies;
- Increased intervals between births;
- Increased maternal employment;
- Improved school readiness;
- A reduction in child abuse and neglect;
- A reduction in arrests among children;
- A fewer number of convictions of mothers;
- A reduction in ER visits for accidents and poisonings; and
- A reduction in behavioral and intellectual problems among children.

As with NFP, evaluation and data analysis are cornerstones of the Children First program and include process as well as outcome measures. The current comprehensive evaluation plan is based on outcomes identified in the C1 Logic Model and an overarching goal to provide family support to clients in order to promote optimum health, self-reliance, positive parenting and ultimately build stronger families and communities. The plan includes activities to improve quality (including annual site visits and quarterly chart audits), promote program model fidelity and achieve client and program goals.

The program evaluation forms (see Attachment: C1 Forms Manual) were designed to assist with the data collection and provide a foundation for evaluation, both in Oklahoma and nationally through the Nurse-Family Partnership National Service Office (NSO). The forms are made available in English as well as in Spanish. These forms are designed to meet several objectives:

- Provide an electronic and physical record of services received by clients;
- Serve as tools for management and accountability;
- Assist in tracking families' progress in attaining program goals;
- Assist in providing feedback to individual home visitors on strengths and areas for improvement;
- Assist in planning quality improvement activities to enhance program implementation and outcomes;
- Enable the production of statistical, quarterly and annual reports;
- Provide standard definitions and instruction for completion of forms; and
- Allow for systematic, statewide evaluation.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Children First (NFP) – Future Evaluation Plans

The evaluation plan for SFY 2013 included working with the Community Epidemiology and Evaluation Service (CEES) to develop a request for proposal (RFP) to purchase a new data collection system. Children First will continue to work with Information Technology and CEES to revise and develop management reports, available through the current database. Data collection forms are being revised to include questions related to NFP outcomes and MIECHV benchmarks. In addition, the program will continue to utilize information from current data analysis to improve implementation efforts and program outcomes. Children First will continue collaboration with the University of Oklahoma Health Sciences Center, Department of Biostatistics and Epidemiology to further explore programmatic outcomes and possible areas of improvement.

Children First (NFP) Logic Model

Both NFP and Children First have developed logic models that define program goals and expectations as they pertain to client outcomes and theories of change. The NFP and Children First logic models define the necessary inputs to achieve desired program goals. The models show the sequence of these elements and how they work together to bring about change. The components of the program evaluation were designed using the logic model. During the next fiscal year, Children First will perform a review of the logic model and make revisions as needed.

MATERNAL, INFANT, EARLY CHILDHOOD HOME VISITING PROGRAM EVALUATION PLANS

For the MIECHV Program, three home visitation models were chosen for implementation. They are Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Additionally, the Federal Evidence-Based Home Visitation (EBHV) grant was incorporated into the MIECHV program. SafeCare is the Home Visitation Model implemented using the EBHV funds. The data they have collected and continue to collect will be included in all MIECHV required reporting. Data collections from each of the listed programs are essential in order to document that the federally mandated benchmarks and their corresponding constructs have been achieved. The required MIECHV benchmarks include: improved maternal and child health; prevention of child injuries, child abuse, neglect, or maltreatment and reduction of emergency visits; improvements in school readiness/achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports. Data is also necessary to ensure that ongoing quality improvement efforts are effective and that fidelity to each model has been maintained.

With four home visiting models, data collection required for all the MIECHV benchmarks, and the need to maintain model fidelity and continuous quality improvement, a new system for collecting and analyzing data will be purchased. OSDH has issued an invitation to bid, provided opportunities for vendors to demonstrate their systems, and is currently in the process of finalizing the purchase of the data system. *The MIECHV benchmarks are included in the Attachments section.*

FUTURE START RIGHT PROGRAMS AND ACTIVITIES

The Start Right contractors began their first year of a five-year renewable contract on July 1, 2012.

Along with public comments that were gathered via statewide public hearings and in written form (coordinated by the FSPS staff) and a new, comprehensive evaluation process, the Office of Child Abuse

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

Prevention will assure there is an emphasis placed on the following efforts associated with home visitation services:

- Increased partnering with early child care and education organizations including Smart Start Oklahoma;
- Promoting the protective factors identified within the Strengthening Family Initiative;
- Increased collaboration with the Oklahoma State Department of Health's Child Guidance Service due to their parenting education and child development screening efforts;
- Serving a broader range of at-risk families referred to the home visitation services provided by Start Right; and
- Establishing and maintaining a working relationship with the local Oklahoma Department of Human Services (OKDHS).

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

CHILD ABUSE PREVENTION MONTH, 2013

A portion of CBCAP funds were utilized to sponsor the statewide Child Abuse Prevention Month Campaign.

✪ Annual Report Narrative

Child Abuse Prevention CAP Action Committee

The Child Abuse Prevention (CAP) Action committee was a simple idea in 2007 that has grown into a powerful force that keeps getting bigger each year. Having just convened our April efforts including several planning meetings leading up to April, group and event attendance has been the largest since the beginning with new participants joining frequently and infusing new energy and spirit into our prevention efforts.



During this reporting year (May 2013), the CAP Action group was honored and recognized with an Outstanding Community Partner Award from the University of Central Oklahoma (UCO), College of Education and Professional Studies, for their involvement with the UCO students in the planning and participation in the CAP Day at the Capitol over several years.

The group coordinates and plans all of the April events including *National Abuse Prevention Month* and the annual *CAP Day at the Capitol*, and provides assistance with the *CAP Day Mini Conference* amongst other activities related to child abuse prevention. The group seeks ways to facilitate prevention on an ongoing basis throughout the year, including the creation of a widely distributed Prevention Newsletter (E-blast) that links a critical topic – such as Domestic Violence or Home Visitation – to child abuse prevention and also showcases an agency while highlighting some simple things anyone can do related to the topic (see attachment section for examples).

Members participating in the committee represent state agencies, non-profit programs, businesses, universities, foster parents, faith-based individuals, concerned citizens, etc.

Key areas of focus in the planning, 2013:

- **Advocacy** – Working to create a common message among child advocates.
- **“Build a Blue Ribbon Tree for Kids” Campaign** – For the fifth year, blue ribbon trees sprouted up across Oklahoma. Participants were encouraged to complete an official Tree Registry including photos that were displayed in a dual slideshow, displayed during the CAP Day at the Capitol as well as captured in the official 2014 CAP Month Scrapbook.
- **CAP Day at the Capitol** (Tuesday, April 9, 2013) – Coordinating a grand plan for the day.
- **Linking with Libraries** – For the seventh year, the Oklahoma Department of Libraries (ODL) joined efforts to fight child abuse, encouraging libraries and staff to get involved. The ODL Public Information Officer disseminated information and details of how libraries could participate. Suggestions were provided to create awareness in each community: CAP Month Bulletin Boards, parent groups, display table of parenting and caregiver resources, etc.
- **Media/Marketing** – Once again, a CAP Month tool kit was created and provided electronically which included media press releases, a state proclamation signed by the Governor, suggestions for participation, and an order form for free posters and a small goody

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

bag of child abuse prevention items. Twitter and Facebook were activated and busy with social messaging posts related to the Oklahoma CAP events!

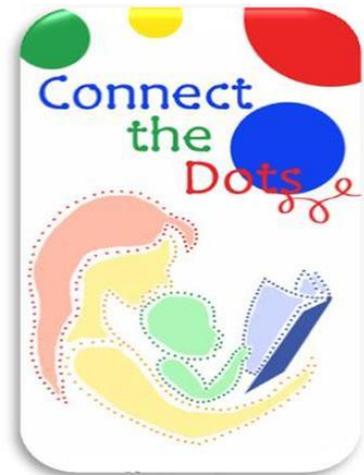
2013 CAP Month Theme

Continued theme from previous year for general prevention while also generating a very specific CAP Day at the Capitol theme –

“IT’S YOUR TURN”...make a difference for children! (general theme for month)

“CONNECT THE DOTS FOR KIDS”! (CAP Day at the Capitol theme for the day)

The general theme is the theme borrowed (with permission) from Prevent Child Abuse America and is easily paired with the pinwheel as the emerging symbol of child abuse prevention. It is also a way to encourage everyone to get involved no matter how little or small... small acts can make a huge impact on a family or with caregivers. Promotional materials, media releases, messaging, and an electronic toolkit were created utilizing this theme and distributed statewide.



OTHER MATERIALS DISTRIBUTED

Community Resource Guides

Hundreds of the Community Resource Guides from the Children’s Bureau’s Office on Child Abuse and Neglect, along with Child Welfare Information Gateway and the FRIENDS National Resource Center for Community-Based Child Abuse Prevention were distributed to partners across the state (i.e. school counselors at all Oklahoma public schools, all Children First (NFP) programs, Start Right programs, county health departments, local task forces and others upon request).

Media Coverage of April/Child Abuse Prevention Month

The Oklahoma State Department of Health (Office of Communications) helped facilitate a series of press releases associated with child abuse prevention month that included general information while incorporating the 2013 CAP Month theme. Press releases were also distributed for the Outstanding Child Abuse Prevention Awards, Blue Ribbon Tree Campaign, Child Abuse Prevention (CAP) Day at the Capitol & Mini Conference and Press Conference.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

CAP DAY AT THE CAPITOL, 2013

CAP Day at the Capitol Highlights – Tuesday, April 9, 2013

- ⌘ Over 175 participants attended **CAP Day** wearing royal blue!
- ⌘ Over 200 attended the CAP Day **Mini Conference**!
- ⌘ Multiple books were collected during the **Book Drive** (led by Smart Start Oklahoma)!
 - ⌘ Over 1,000 Connect-the-Dot Cards to Legislators!
- ⌘ **Blue Ribbon Tree Display Tables (20)** – featuring Programs/Agencies statewide!
- ⌘ **Blue Ribbon Tree** Dual Slideshow Presentation (looping throughout the morning!)
 - ⌘ Standing room only at the CAP Day at the Capitol **Press Conference**!
- ⌘ **Economics of Prevention Abuse and Neglect Presentation** by Dr. Robert Block!
 - ⌘ Presentation of **Outstanding Child Abuse Prevention Awards**!
 - ⌘ **Large Group Prevention Photo** with Child Advocates!
 - ⌘ **LifeChange Ballroom Dancers** from Britton Elementary School!
- ⌘ **Basics of Reporting Child Abuse Workshop** presented by OKDHS!
- ⌘ **Advocacy 101 Courses** (two classes, two speakers to choose from)!

Complete CAP Day and CAP Month materials included in the Attachments section.

3rd Annual CAP Day Mini Conference

The CAP Action Committee works with OSDH/FSPS to provide an important slate of guest speakers to complete the CAP Day experience for all of the child advocates and prevention specialists who made the trip to Oklahoma City from across the state. The goal of the day is to have a general prevention theme to build the conference around that is either new information or innovative practice that would benefit participants in their own community.

The FY 2013 Mini Conference was held in the afternoon following CAP Day at the Capitol on Tuesday, April 9, 2013 with a focus on “sexual abuse prevention.” The conference was held at the beautiful Samis Education and Conference Center at OU Children’s Hospital in Oklahoma City. Over 200 participants attended the conference with Suzin Bartley, Massachusetts Children’s Trust Fund (MA CTF) serving as the keynote, speaking on “*A Call to Action: Preventing Child Sexual Abuse in Oklahoma.*” Several other breakout sessions were offered in addition to the keynote address including a special topic on “Hosting a Community Café” with Sherri Jo McLemore from the Arkansas Children’s Trust Fund and also Dr. Barbara Bonner, PhD, painting the local picture with “The Rise and Fall of Child Sexual Abuse in Oklahoma” as well as a host of other enlightening speakers sharing their expertise. *Complete Mini Conference Program and Evaluation results included in the Attachment section.*

Public Awareness

The Family Support and Prevention Service staff have provided technical assistance, public awareness, and promotional materials to the Oklahoma Interagency Child Abuse Prevention Task Force, various home visitation programs [including Children First (NFP), Start Right (HFA), and others], local task forces and the community at large accompanied by media involvement through press releases, fact sheets, and countless radio/television interviews related to child abuse prevention and when given the opportunity to do so.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

National Family Month (June)

In celebration of June - **National Family Month**, OSDH/FSPS continued to partner with Moroch and Associates, Incorporated (public relations firm for the statewide McDonalds Restaurants in Oklahoma) to promote child abuse prevention. Artwork and an important 'protecting children' message was provided to Moroch again in 2013 (see poster included this page), which they converted to fit their McDonald tray liners, printing and disseminating 471,000 tray liners to 157 different area McDonald's locations at no cost to OSDH (about two weeks of tray liners). Child abuse prevention efforts will be highlighted on tray liners again in June 2014 and 2015.



Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

✪ Section XV, Application Narrative

PLAN FOR CHILD ABUSE PREVENTION MONTH AND PUBLIC AWARENESS, 2015

NOTE: In an effort to avoid duplication, please also see Annual Report Narrative above as 2015 will be a continuation of earlier efforts albeit an expanded and enhanced version building upon the past.

Building for Next Year, 2015

During April/National Child Abuse Prevention Month, we will continue the campaigns, activities and events that have continued to grow over the last decade.

- *Tuesday, April 14, 2015* is the date for next year's Child Abuse Prevention (CAP) Day at the Capitol and Mini Conference.
- *Save a Baby's Bottom Diaper Drive.*
- *Build a Blue Ribbon Tree for Kids Campaign!*
- *We will continue providing materials and resources statewide so that communities will be equipped to host their own events!*

The planning meetings are held at one of the collaborative partner's sites, typically meeting at the Oklahoma City-County Health Department Wellness Campus in Oklahoma City. The planning calendar for a memorable April (2015) can be found in the Attachments section. The planning dates scheduled include:

- **Friday, April 25, 2014** (CAP MONTH/DAY debriefing)
- **Friday, August 22, 2014** (2015 CAP Kickoff Meeting officially begins)
- **Friday, October 17, 2014**, 10:00am – Noon
- **Friday, December 5, 2014**, 10:00am – Noon
- **January – April**, all meetings after December are scheduled on an 'as needed' basis

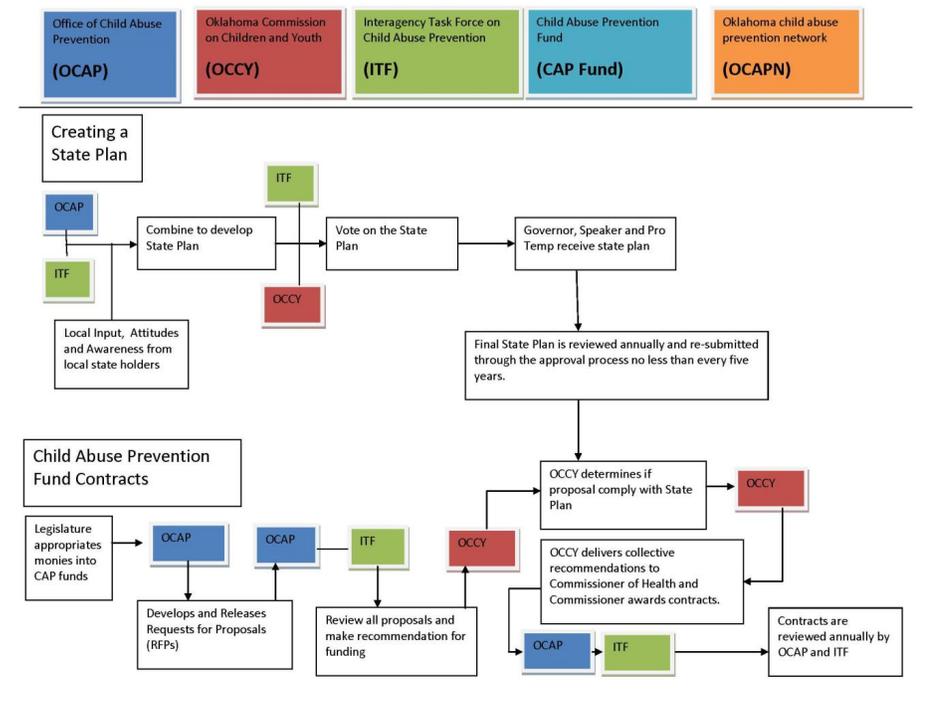
CAP Month 2014 (although not yet included in this reporting period) brought old friends, new key partners, eager and vigorous contributors, and a fairly flawless event with record attendance at planning sessions. In 2015, we hope to rise to the occasion again, seeking new ways to raise awareness and shine the light on the important issue of child abuse as well as what each person can do to help children be protected and thrive and families be strong... in the community and across the state.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

AREAS FOR TECHNICAL ASSISTANCE

★ PARENT LEADERSHIP

Since the CAP Act originated in 1984, there have been few changes in the structure and flow in Oklahoma. With House Bill 1467 eliminating the Oklahoma Interagency Child Abuse Prevention Task Force, we will be reconfiguring the process on all things prevention from the creation and approval of the State Plan to the funding of CAP funded prevention programs to other important ITF work (see antiquated diagram below). With the elimination of the ITF, so goes the elimination of our three parent seats. In the upcoming year, it would be helpful to have technical assistance around Parent Leadership to assist us on ascertaining how to further expand the role of parents in our state.



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.

Signature

Title

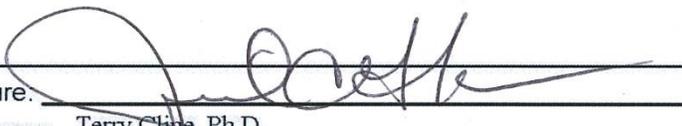
Organization

DISCLOSURE OF LOBBYING ACTIVITIES.

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB
0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> 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: Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Health and Human Services	7. Federal Program Name/Description: Family Support & Prevention Service/Office of Child Abuse Prev. 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 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:  Print Name: Terry Clive, Ph.D. Title: Commissioner/Secretary of Health and Human Services Telephone No.: (405) 271-4200 Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

The Pro-Children Act of 2001, 42 U.S.C. 7181 through 7184, imposes restrictions on smoking in facilities where Federally-funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with Federal funds. The statute does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

OKLAHOMA STATE DEPARTMENT OF HEALTH ADMINISTRATIVE PROCEDURES MANUAL

NUMBER: 1-8
TITLE: Tobacco-Free Policy
ADOPTED: December 1994
LAST REVIEWED: September 2011
RESPONSIBLE SERVICE: Administration

APPROVED: _____
Terry Cline, Ph.D.
Commissioner
Signature on File

I. Purpose

The purpose of this administrative procedure is to eliminate all tobacco use indoors and outdoors on the premises of all Oklahoma State Department of Health facilities (OSDH) including county health departments, in state vehicles used for OSDH business, and by OSDH personnel providing services in clients' homes.

II. Use of Tobacco Products

A. Tobacco Free Environment

1. The use of tobacco products (including, but not limited to, cigarettes, pipes, smokeless tobacco, other tobacco products and electronic cigarettes) is prohibited throughout all indoor and outdoor areas of premises under the control of the OSDH, in all vehicles on those premises, and in state vehicles in use for OSDH business anywhere.
2. This administrative procedure applies to all employees, clients, visitors and others on business at all OSDH premises.
3. The central office and each county health department or other facility will identify the boundaries of its premises, post this information for public reference, and provide notice of this administrative procedure with appropriate signage, including signs at the entrances to the properties and/or other locations as needed.
4. County health departments and other facilities that share a building with other offices will eliminate tobacco use in their offices and from all the indoor and outdoor premises under their control. They will encourage tobacco free policies for all tenants and throughout the entire premises.

Community-Based Child Abuse Prevention (CBCAP) FY 2013 Annual Report & FY 2015 Application Submission - *Oklahoma*

5. Tobacco product receptacles will be removed from the premises, including any ash cans near entryways.
6. OSDH employees will not use tobacco products while providing services in clients' homes.
7. To the extent allowed by Oklahoma law, contracts to provide services to the public on behalf of OSDH entered into on or after the effective date of this administrative procedure will require contractors to follow the tobacco free policy of OSDH in performance of services for OSDH.
8. OSDH is committed to providing support to all OSDH employees and other OSDH personnel who wish to stop using tobacco products. OSDH is committed to ensuring that OSDH employees and, to the extent possible, other personnel have access to several types of assistance, including over-the-counter tobacco cessation medications and telephone counseling through the Oklahoma Tobacco Helpline (OTH). Supervisors are encouraged to refer employees and other OSDH personnel to the OTH as appropriate.
9. Violation of this policy by an OSDH employee will be cause for management/supervisor intervention and may result in corrective or disciplinary action in accordance with the OSDH Administrative Procedure 6-16 entitled, "Progressive Discipline," and state personnel rules.

III. References

No references were identified.

IV. Action

The Deputy Commissioner of Prevention and Preparedness Services is responsible for ensuring the annual review of this administrative procedure.

Tobacco Use Prevention Services is responsible for the annual review and revision of this administrative procedure.

Any exceptions to this administrative procedure require prior written approval of the commissioner.

This procedure is effective immediately as indicated.

V. Attachments

Attachment	Title	Location
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No attachments were identified.