

# CBCAP

## FY 2014 Annual Report FY 2016 Application Submission



*Oklahoma's*  
Community-Based  
Child Abuse Prevention  
Grant

Oklahoma State Department of Health  
June 3, 2015



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### Attachments Related to Programs and CBCAP Activities (available by request)

<b>FOLDER 1</b> <b>CBCAP REQUIRED DOCUMENTS</b>	<b>Office of Management and Budget Program Assessment Rating Tool (PART) PART FORMS</b>
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<b>FOLDER 3</b> <b>HOME VISITATION GROUP</b>	<b>HOME VISITATION LEADERSHIP ADVISORY COALITION (HVLAC)</b> <ol style="list-style-type: none"> <li>1) Home Visitation Business: Meeting Calendars, Agendas &amp; Minutes</li> <li>2) Oklahoma Home-Based Parenting Services and Resource Directory</li> </ol>
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<b>FOLDER 5</b> <b>CAP MONTH AND PUBLIC AWARENESS</b>	<b>CHILD ABUSE PREVENTION (CAP) MONTH AND PROMOTIONAL MATERIALS (2014)</b> <ol style="list-style-type: none"> <li>1) CAP Month &amp; CAP Day Tool Kit/Materials</li> <li>2) Build A Blue Ribbon Tree Campaign</li> <li>3) Outstanding Child Abuse Prevention Awards – Media &amp; Materials</li> <li>4) Miscellaneous Campaign Materials</li> </ol>
<b>SINGLE ATTACHMENTS</b> <b>SUPPORTING DOCUMENTS</b>	<ol style="list-style-type: none"> <li><b>1. CBCAP FEDERAL FINANCIAL REPORT</b></li> <li><b>2. CBCAP ANNUAL REPORT AND APPLICATION (FFY 2014)</b></li> <li><b>3. STATE PLAN FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT (2014 – 2018)</b></li> </ol>





Oklahoma State Department of Health  
Creating a State of Health

June 3, 2015

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-15-02)

Dear Mr. Greenberg:

Enclosed please find the Oklahoma State Department of Health (OSDH) application for the FY 2016 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 Services* (CFHS) Division 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 nine 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, safety and wellness of Oklahoma’s children and families by reducing child abuse and neglect through the funding of direct services; training professionals that work in the child abuse prevention and protection arenas; and conducting activities that educate the public about child maltreatment and enhance the infrastructure that supports prevention efforts.

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

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Terry R Gerard, DO

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1000 NE 10<sup>TH</sup> Street  
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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, and 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 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

## LEAD AGENCY IDENTIFYING INFORMATION

In Response: Log No: **ACYF-CB-PI-15-02**

Date of Issuance: **03/09/2015**

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

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

E-Mail Addresses: [Sheriet@health.ok.gov](mailto:Sheriet@health.ok.gov)  
[Annettej@health.ok.gov](mailto: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: Michael D. Truitt  
Assistant CFO  
(405) 271-4042



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





*Mary Fallin*  
Governor

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 cursive script 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 inter-disciplinary service delivery mechanisms; and
- (G) Integration of its efforts with individuals and organizations experienced in working in partnership with families with children with disabilities, parents with disabilities and with the child abuse and neglect prevention activities of the State, and demonstrate a financial commitment to those activities.

  
\_\_\_\_\_  
(Signature of Governor)

  
\_\_\_\_\_  
(Date)

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

**STATE LEAD AGENCY ASSURANCE STATEMENT**

**STATE:**  
**Oklahoma**

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

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)**

6-2-15  
**(Date)**

**LEVERAGED FUNDS WORKSHEET for FFY 2014 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		
\$1,831,468	Jul-13	Monthly Oct 13- June 14	State Appropriation County Millage	Office of Child Abuse Prevention (OCAP)
\$520,924	Jul-14	Monthly July 14- Sept 14	State Appropriation County Millage	OCAP
\$270,647	Jul-13	Monthly Oct 13- June 14	State Appropriation	OCAP Admin
\$ 74,642	Jul-14	Monthly July 14- Sept 14	State Appropriation	OCAP Admin
\$134,597	Jul-13	Monthly Oct 13- June 14	State Appropriation	Child Abuse Training and Coordination (CATC)
\$ 3,199,345	Jul-13	Monthly Oct 13- June 14	State Appropriation County Millage	Child Guidance
\$985,222	Jul-14	Monthly July 14- Sept 14	State Appropriation County Millage	Child Guidance
\$6,291,760	Jul-13	Monthly Oct 13- June 14	State Appropriation County Millage	Children First

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
\$1,803,762	Jul-14	Monthly July 14- Sept 14	State Appropriation County Millage	Children First
\$5,956	Jul-13	Monthly Oct 13- June 14	Fee-Based	Heirloom Birth Certificates
\$1,881	Jul-14	Monthly July 14- Sept 14	Fee-Based	Heirloom Birth Certificates

**INCENTIVE CLAIM ASSURANCE:** All amounts figured into this claim are non-Federal monies that have been leveraged by the State, directed through the CBCAP lead agency submitting the application, and budgeted and spent in FFY 2014 (i.e. 10/1/13 – 9/30/14) 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 not eligible to be claimed.

<p><b><u>TOTAL CLAIM</u></b></p> <p> </p> <p>\$15,120,201</p>	<p>PREPARED BY:  (Date) 6-2-15</p> <p>SUBMITTED BY:  (Date) 6/2/15</p>
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## Documentation of Leveraged Funds for Federal Matching Funds

- The leveraged funds submitted are state funds appropriated for the preceding fiscal year (October 1, 2013 – September 30, 2014) 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 10/01/13 and 9/30/14.
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 Healthy Families America Program 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. Approved proposals are awarded contracts by the Commissioner of Health and receive funding through the CAP Fund. The contractors then provide home-based parenting services utilizing the *Healthy Families Model* as the delivery system and the *Parents as Teachers* curriculum to emphasize parent-child interaction.
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.

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 29<sup>th</sup> 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):** The Child Abuse Training and Coordination Program (CATC) was mandated to make available multidisciplinary and discipline-specific training on the identification, reporting, investigation and treatment of child abuse and neglect and domestic violence. The funding listed on the Leveraged Funds Worksheet reflects the state dollars appropriated for OSDH central office staff salaries and travel that supported 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.

\* The CATC Program has since moved from the Oklahoma State Department of Health to the Oklahoma Commission on Children and Youth effective June 2014.



## BUDGET

### FY 2016 CBCAP GRANT APPLICATION

ACTIVITY	FEDERAL DOLLARS	NON-FEDERAL DOLLARS
Administration	\$ 60,331*	\$ 12,066
<b>Community-Based Services</b> Non-Home Visitation (including Child Guidance Services – The Incredible Years, Parent Child Interaction Therapy, Circle of Parents)	\$ 40,000	\$ 8,000
<b>Community-Based Services</b> Home Visiting Service	\$ 56,000	\$ 11,200
<b>The Essentials of Childhood</b> Backbone Organization & Social Norms Change	\$ 70,000	\$ 14,000
<b>Lemonade for Life</b> Adverse Childhood Experiences (ACE) Study Work	\$ 30,000	\$ 6,000
Network Coordination	\$ 10,324	\$ 2,065
<b>Public Awareness</b> (Including Child Abuse Prevention Month Materials)	\$ 10,000	\$ 2,000
Training and Technical Assistance	\$ 25,000	\$ 5,000
<b>TOTAL</b>	<b>\$ 301,655</b>	<b>\$ 60,331</b>

\*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.

### Budget Notes

- 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.



## 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.

The following distinct services are located within Community and Family Health 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 and service delivery support 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 that provides 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** – promotes, protects, and preserves the health of Oklahoma citizens through optimal public health nursing services, leadership, education, and advocacy.
- 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](#)

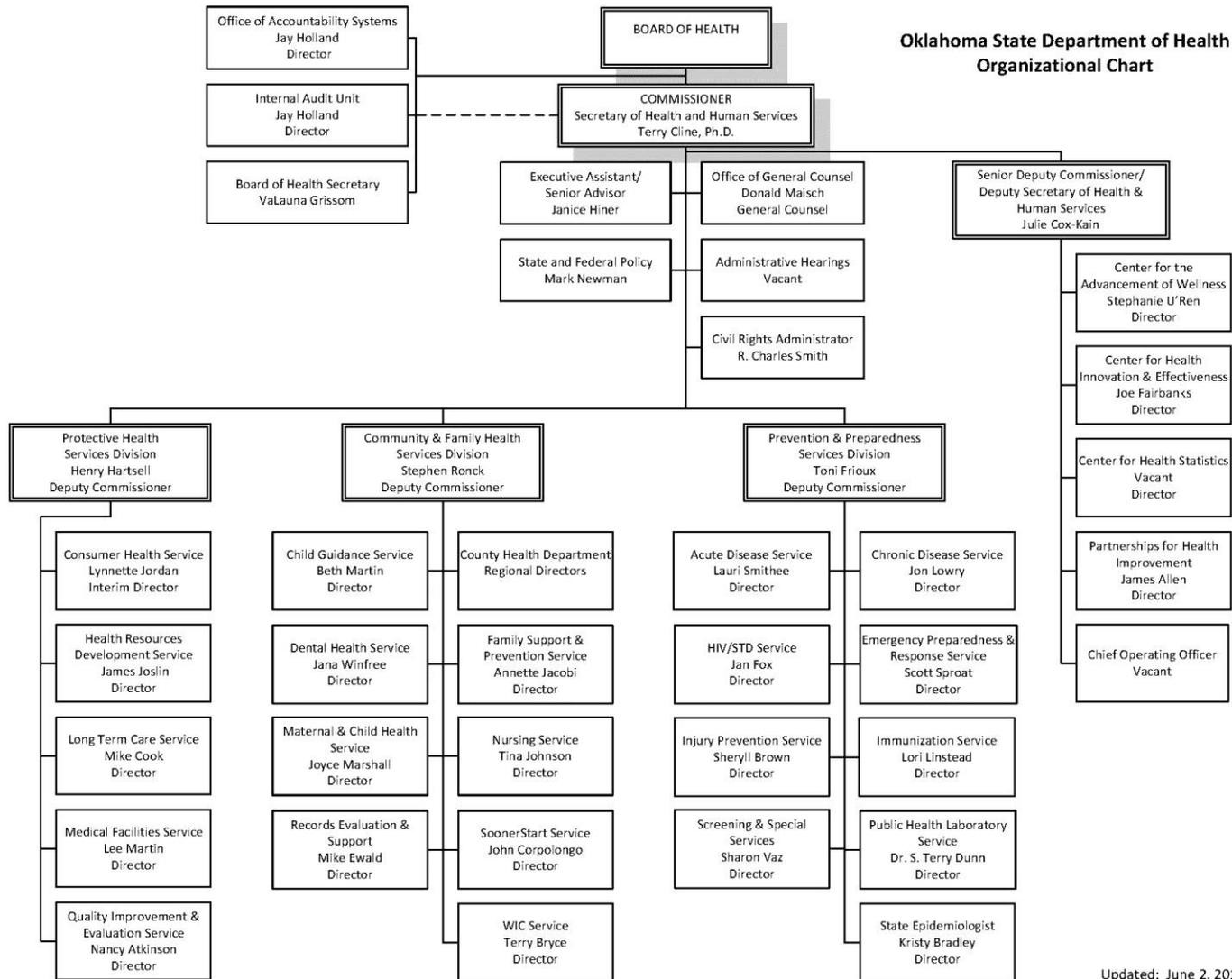
### **County Health Departments**

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 2014 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, 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. 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 Child Abuse Prevention Day Mini Conference and other networking opportunities as they become available.



Oklahoma State Department of Health  
Organizational Chart



Updated: June 2, 2015



## 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, training of professionals and the funding of technical assistance and oversight to local organizations/agencies that serve families with young children. The following major programmatic areas are located within the Family Support and Prevention Service.

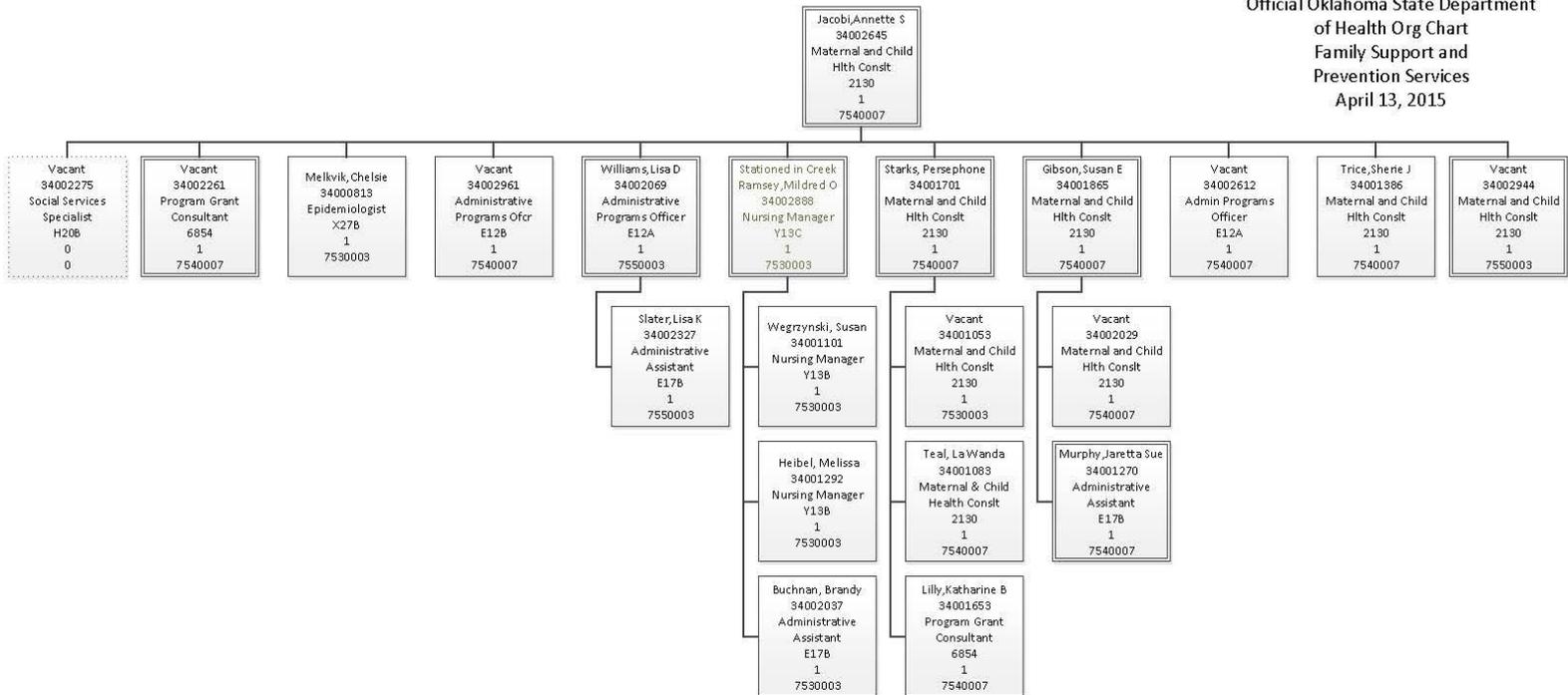
- 1) **Home-Based Parenting Services** –
  - a. **Maternal, Infant, and Early Childhood Home Visiting (MIECHV)** – a federally funded initiative designed to increase and enhance home visiting services being provided to pregnant women, infants, and young children who are at-risk. The goals of MIECHV include promoting maternal, infant and early childhood health, safety, and development, as well as strong parent-child relationships. MIECHV funding is used in the continuum of services including all of the models listed below.
  - b. **Nurse-Family Partnership (NFP)** – a public health nurse home visitation program; serves first-time, low-income mothers.
  - c. **Healthy Families America** – a home visitation program utilizing the Healthy Families America Model and the Parents As Teachers Curriculum; serves first time mothers after the 29<sup>th</sup> week of pregnancy, or at a time during a subsequent pregnancy.
  - d. **Parents as Teachers** – a home visitation program utilizing the Parents as Teachers Model and curriculum, enrollment is universal from prenatal to six years of age.
  - e. **SafeCare** – an ecobehavioral home visitation program model developed by John Lutzker, PhD, that addresses parent-child bonding, home safety and cleanliness and child health.
- 2) **Training** – a master calendar is developed for use by each of the models which include model specific training and additional trainings required by the state.
- 3) **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.
- 4) **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.

Please Note: In Oklahoma, Health Families America Programs are often referred to locally as **Start Right** and Nurse-Family Partnership Programs are referred to locally as **Children First**, but for the ease of this document, we are utilizing the national model names. However, most attachments in the [Attachment Section](#) will be found with the names used locally.

**[FAMILY SUPPORT & PREVENTION SERVICE ORGANIZATIONAL CHART NEXT PAGE](#)**



Official Oklahoma State Department  
of Health Org Chart  
Family Support and  
Prevention Services  
April 13, 2015



## 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. There is a rich history in prevention at OSDH and a well-founded reputation for which this history was built although the process for some of the operations are shifting and will be different in the upcoming year and the years to come.

### ***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 Office of Child Abuse Prevention](#)

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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. 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® approach, early childhood education, professional development, public awareness, child abuse and neglect prevention, and intervention. The Healthy Families America 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 is charged with developing the *Oklahoma State Plan for the Prevention of Child Abuse*.

### [House Bill 1467: Elimination of the Interagency CAP Task Force](#)

In an effort to streamline government and reduce costs, in 2013 House Bill 1467 was passed and combined, 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.

The ITF was replaced with a seven member “Infant and Children’s Health Advisory Council” and 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 with the first meeting scheduled for May 2015. 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;
- 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 only meeting four times per year and having the duties of many combined groups. Although this body will be addressing additional issues, it will continue to address 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 include but are not limited to: 1) the review and approval of the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect*; and 2) the assurance that the child abuse prevention proposals are in compliance with program proposals for funding to the Commissioner of Health.

### ***Oklahoma State Plan for the Prevention of Child Abuse and Neglect***

Oklahoma currently has a State Plan to address the prevention of child abuse and neglect. The OSDH/FSPS will be working with the new Infant and Children's Health Advisory Council to explore new options for the best way to gather information and input so collaboration continues and the process flows in an effective manner. The Interagency Child Abuse Prevention Task Force, along with the FSPS and other stakeholders (gaining public input) will gather a compilation of findings, recommendations and efforts spanning the continuum of child abuse and neglect prevention in Oklahoma. The current State Plan 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* was distributed statewide for comments to public and private service providers, child advocacy agencies and private citizens. The Office of Child Abuse Prevention and the Oklahoma Commission on Children and Youth shall at least annually review the State Plan and make any necessary revisions based on changing needs and program evaluation results not less than every five years. A new State Plan will be due in 2018.

### ***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 *Healthy Families America Programs* 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. However, the CAP Fund is not used for training as it must be used for services.

In SFY 2014, the CAP funded programs, *Healthy Families America*, constituted a large part of the statewide network of community-based, family support programs. The *Healthy Families America Programs* provide home-based parenting services to expectant families after the 29th week of pregnancy in counties where the Nurse-Family Partnership (NFP) is available; enrolling subsequent births at any time during the pregnancy; enrolling 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 then utilize the *Healthy Families America* model. During this reporting period, there were 14 contractors providing services in 29 counties including Chickasaw Nation via an intergovernmental agreement which was funded entirely (100%) by CBCAP dollars. The OCAP budget is \$2,424,524 funded by state appropriations.

The CAP Fund continues 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.

### **CBCAP Funded Program**

In SFY 2014, the OSDH utilized CBCAP funds to continue their intergovernmental agreement with the Chickasaw Nation's efforts related to home-based parenting services (as mentioned above). Through this agreement, the same services provided by the *Healthy Families America* Programs were provided to the Chickasaw tribal members. The FSPS/OCAP provided training, technical assistance, evaluation and assessment to the *Healthy Families America* Programs, including the program funded by CBCAP dollars.

### **Description of How Programs and Activities Have Operated and Integrated**

The Family Support and Prevention Service (FSPS) 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 FSPS 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 FSPS promoted collaborative efforts by state and community agencies through formal and informal networking opportunities and efforts. The state legislative purpose for creating the OCAP (within FSPS) 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 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. FSPS continues to seek to build partnerships with the various programs, services, and organizations that will promote a comprehensive and collaborative continuum of child abuse prevention. FSPS has many partners in the prevention network. Partners and examples of the collaborative efforts, commenced and planned, are presented throughout this report. Despite the elimination of the Child Abuse Prevention Task Force, which made interagency partners readily available and gave easy access to ongoing collaboration for the current and past State Plans, the FSPS will move forward to establish a new structure and system for creating the 'next' and future State Plans as well as accomplishing other prevention tasks. Launching the 'Essentials' Collective Impact Teams (CIT) (discussed later in this report), is one possibility for carrying some of the workload of the former ITF, pulling together a diverse representation of the various sectors needed (state agencies, businesses, faith groups, non-profits, etc.) to do the prevention work and other related activities.



*State and CBCAP Funded Programs*

**SFY 2014 – HEALTHY FAMILIES AMERICA PROGRAMS**

<b>DISTRICT NAME AND COUNTIES WITHIN THE DISTRICT AREA</b>	
<b>Agency Name</b>	<b>Contract Award \$</b>
<b>District I: Pittsburg, Haskell, LeFlore, Latimer Counties</b>	
<i>(no programs available)</i>	
<b>District II: Adair, Cherokee, McIntosh, Muskogee, Okmulgee, Sequoyah, Wagoner Counties</b>	
Help-In-Crisis, Inc.	\$200,000
Okmulgee-Okfuskee County Youth Service, Inc.	\$150,000
<b>District III: Cleveland, Coal, Garvin, McClain, Pontotoc Counties</b>	
Center for Children and Families	\$193,575
McClain-Garvin County Youth and Family Center, Inc.	\$150,000
Chickasaw Nation	\$150,000
<b>District IV: Canadian, Kingfisher, Logan Counties</b>	
<i>(no programs available)</i>	
<b>District V: Hughes, Pottawatomie, Seminole Counties</b>	
Youth and Family Services for Hughes and Seminole Counties, Inc.	\$150,000
Center for Children and Families	\$193,575
<b>District VI: Caddo, Comanche, Cotton, Grady, Jefferson, Stephens Counties</b>	
McClain-Garvin Youth and Family Center, Inc.	\$150,000
<b>District VII: Oklahoma</b>	
Community Health Centers, Inc.	\$150,000
Parent Promise	\$258,329
Latino Community Development Agency, Inc.	\$199,193
<b>District VIII: Greer, Harmon, Jackson, Kiowa, Tillman Counties</b>	
Great Plains Youth and Family Services, Inc.	*\$175,000
<b>District IX: Beckham, Blaine, Custer, Dewey, Roger Mills, Washita Counties</b>	
Great Plains Youth and Family Services, Inc.	*\$175,000
<b>District X: Beaver, Cimarron, Ellis, Harper, Texas, Woodward Counties</b>	
Northwest Family Services, Inc.	\$150,000
<b>District XI: Creek, Lincoln, Okfuskee, Pawnee, Payne Counties</b>	
Okmulgee-Okfuskee County Youth Services, Inc.	\$150,000
<b>District XII: Tulsa County</b>	
Parent Child Center of Tulsa, Inc.	\$424,067





## RELATED NETWORKS AND ACTIVITIES

### *The Maternal, Infant, and Early Childhood Home Visitation 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.

The evidence-based home visiting models that were chosen for implementation in Oklahoma 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. 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+ met the criteria established by the U.S. Department of Health and Human Services for an evidence-based early childhood home visiting service delivery model.

The MIECHV funding has provided two separate opportunities for states to initiate or expand home visitation programs. Oklahoma was 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 initial competitive funds were used to expand home visitation services in Oklahoma, Tulsa, Comanche and Muskogee Counties. 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, were 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.

In the initial grant cycle, the Oklahoma State Department of Health built upon Oklahoma's comprehensive early childhood system by improving upon and expanding the continuum of Evidence-Based Home Visiting Programs in six of the at-risk counties initially identified: Comanche, Garfield, Kay, Muskogee, Oklahoma and Tulsa. Comanche and Muskogee Counties had limited implementation. Due to unexpended funds during years 2010 – 2012, the Oklahoma State Department of Health chose not to write for additional formula grant funds. For that reason, formula funding was awarded to the Parents as Teachers National Center, implementing PAT Programs within Oklahoma through Oklahoma Strong Families (OSF). The OSDH partners with OSF for training opportunities and data collection pieces.

In October 2014, the OSDH wrote for MIECHV Competitive and Formula grants, being awarded \$9,025,081 in competitive funding and \$1,620,074 in formula funds to span FY 2015 – FY 2017. With the new MIECHV award, services will be added in Carter County, in addition to expanding services currently available in Comanche and Muskogee Counties. Requests for Proposals will be released in



spring of 2015 and contracts will be awarded within four of the identified counties (Muskogee, Garfield, Oklahoma and Tulsa) establishing new Parents as Teachers and Healthy Families America programs. The remaining three counties (Carter, Comanche and Muskogee) will have programs implemented within county health departments. For all models, the MIECHV funds will add new community employment opportunities in the form of home visitor and supervisory positions, in addition to increasing the number of families that receive home visiting services in the MIECHV designated communities. For FY 2016 and FY 2017, \$910,000 of the award is 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, which includes the Parent Partnership Board.

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. To improve upon home visiting programs across the state, MIECHV funding has afforded Oklahoma the opportunity to more effectively develop the aspects of home visitation that assist in its continued success.

### **Introducing the Important Role of the Community Connectors**

*(also known as the Ambassadors of Home-Visiting)*

The OSDH has built upon collaboration efforts to make more visible the opportunities in home visitation and linking community resources to build partnerships within communities. *Community Connector* services are focused on streamlining resources to families by identifying available services and connecting agencies that provide home visitation services to families within their community. Using MIECHV funding, the OSDH 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 individuals hired as “connectors” were 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.

The *Community Connectors* serve as community ambassadors for home visiting. The interaction between the *Community Connectors* and professionals, the public and potential EBHV clients provide optimal opportunities to learn of gaps in services, particularly for special populations, and new services within the communities. Additionally, these collaborations increase the ability to disseminate information and facilitate the interactions within communities towards centralized goals. Currently, *Community Connectors* reside in the following counties – Kay, Oklahoma, Tulsa, Muskogee, and Garfield. Request for Proposals for both *Community Connectors* and Home Visiting programs will be released in late spring for FY 2015.

### **Triage/Central Intake through Toll-Free parentPRO Phone Line**

To assure that families are quickly referred to the home visiting program that best meets their needs, Oklahoma developed a centralized statewide referral system (parentPRO) for home visitation services. The toll-free parentPRO phone line is answered by OSDH staff trained to use a simple tool to



assess a family's needs and refer the family to the most appropriate EBHV programs. Calls are answered in both English and Spanish. Callers are also invited to be immediately transferred to a specially trained nurse or child development specialist when any acute needs arise that can be addressed on the phone.

### Marketing, Continued Triage and the new parentPRO Website

Additional marketing efforts include: MIECHV funded [parentPRO commercials](#)<sup>1</sup> along with an electronic billboard, and a [parentPRO website](#)<sup>2</sup>, independent from any state agency developed with funding from the Potts Family Foundation. This new website allows potential participants to locate a variety of early childhood services, and it contains parenting tips, child development checklists and recent parenting news.

Both the toll-free phone line and the website are convenient for families with transportation issues and those that live in isolated areas.

### Child Abuse CAP ACTION Committee

The Child Abuse Prevention CAP Action Committee is in its ninth year of operation and is still going strong with continuous new interest and membership. This group consists of a wide variety of dedicated individuals from multiple agencies and programs that steer the activities and events promoting National Child Abuse Prevention Month (April). The FSPS staff lead the synergetic CAP ACTION team that is always on a quest for a stronger message to raise awareness on child abuse prevention and educate the masses on this important issue. One strategy was through a monthly Prevention Newsletter (Eblast) that links a critical topic – such as domestic violence – to child abuse prevention while also showcasing an agency and highlighting some simple things anyone can do related to the topic (see attachment section for examples). An accompanying Facebook page and Twitter account were also established for Oklahoma Child Abuse Prevention and its members. Individuals participating in the committee represent state agencies, non-profit programs, businesses, universities, foster parents, faith-based groups, concerned citizens, etc. The committee enjoys meetings at the partner agency of the Oklahoma City-County Health Department Northeast Regional Health and Wellness Campus in Oklahoma City. There were nine meetings in addition to the CAP Day at the Capitol which was attended by over 180 participants from across the state during FY 2014. CAP ACTION meetings took place on October 16th and December 13th in 2013 and in the calendar year of 2014 the dates included January 24th, February 21st, March 7th, March 28th, April 25th, August 22nd, and September 19th. The group has achieved success in gathering many people together to plan and attend the events. The current email distribution list includes almost a thousand participants.

### 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 sixth year this event continued to grow in popularity. 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 8, 2014.

<sup>1</sup> <https://vimeo.com/user10001181/review/91752183/706eba609e>

<sup>2</sup> <https://www.parentpro.com/home/>



- **CAP Day at the Capitol** – coordinating a grand plan along with other child advocates.
- **“Save a Baby’s Bottom” Diaper Drive** – for the second time, participants could choose to contribute to the diaper drive at the CAP Day at the Capitol or they could host a diaper drive in their community and keep the diapers close to home.
- **CAP Day Mini Conference** – making the day complete by learning more about child abuse prevention with both national and local speakers.
- **Linking with Libraries** – for the eighth 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** – a CAP Month Tool Kit was created and provided electronically which included media press releases, a state proclamation, 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 2014 CAP Month and CAP Day at the Capitol activities, see section XV – Child Abuse Prevention Month and/or Attachment section.

### **Outstanding Child Abuse Prevention Awards**

The CAP ACTION Committee (along with the OSDH/FSPS 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 during National Child Abuse Prevention Month in April. In FY 2014, the CAP Awards were presented at the Capitol on Tuesday, April 8<sup>th</sup> during the CAP Day Press Conference (for the 2014 CAP Award materials, see Attachments, Folder 5).

#### **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.



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 OSDH/FSPS steers the efforts of the Home Visitation Leadership Advisory Coalition (HVLAC) by convening, hosting, and facilitating home-based parenting meetings for leaders and those in a position to make decisions specific to their programs. 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 service agencies, the Prevent Child Abuse America/Oklahoma Chapter, 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 almost two hundred participants (duplicated count) from across the state during 2014. HVLAC meetings took place on January 15, March 19, May 21, July 16, and November 19, 2014. Membership recruitment targets community-based, family support programs with a home visitation component.

### **Highlights of HVLAC activities**

1. Special presentations were conducted by experts that provide services related and important to home-based parenting programs. Topics/presenters in FY 2014 included (small representation):
  - a. **Safe to Sleep Saves Babies Lives** –  
Fetal and Infant Mortality Review Project  
Oklahoma City-County Health Department
  - b. **Safe Kids at Home, at Play, and on the Way** – Safe Kids Oklahoma
  - c. **Review of Kids Count Data Update** –  
Oklahoma Institute for Child Advocacy
  - d. **Kids and Poverty / No Baby Should Go Hungry** – Infant Crisis Services
  - e. **How to Make Collective Impact Work** –  
Margaret Brumberg, Center for Public Partnerships and Research,  
University of Kansas
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 and is currently being updated by a small workgroup. The publication also continues to be used as a model publication by interested parties outside of Oklahoma who wish to duplicate these efforts.
3. Updating and distribution of the Home-Based Parenting Services and Resource Directory.



### ***Nurse-Family Partnership***

Nurse-Family Partnership Model is a family support and coaching program delivered by registered nurses 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 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 100 nurse home visitors and 22 supervisors provide services in 64 counties. The Nurse-Family Partnership 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 Community-Based Child Abuse Prevention Grant***

In Oklahoma, the Community-Based Child Abuse Prevention Grant (CBCAP) provides support for home visitation services (i.e. Nurse-Family Partnership, Healthy Families America – including Chickasaw Nation's HFA Program which has been 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 \$661,981.

### ***Quarterly HFA Supervisors Meeting***

HFA implemented a quarterly HFA Supervisors Meeting, which started September 26, 2014. The meetings are open to all HFA Supervisors, program managers and staff who provide direct services to families. Topics that were offered included family goal plans, reflective supervision, continuous quality improvement, model fidelity activities, policy interpretation and implementation, database training and financial procedures.

### ***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 during FY 2014. Of that total amount, \$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 *Healthy Families America* Programs as well as Nurse-Family Partnership Program were eligible to participate based on an identified need by their home visitor and were eligible to receive vouchers for three quarters of the fiscal year. During that time, home visiting programs were issued a set of vouchers. Families had a limit of \$100 to utilize over the course of three months. A total of 540 vouchers were validated in various amounts. Out of the vouchers awarded, almost half of the vouchers were found to be unused and/or expired with the funds having to be returned back to OSDH toward the end of the contract period (totaling \$3,920.10). 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.

Respite has been a more challenging service to deliver for many reasons (i.e. making sure all vouchers are utilized before the end of the fiscal year, assuring the families that need the services – receive the services, making sure the vouchers are used in the way in which they were intended, etc.) thus OSDH will be discontinuing Respite in FY 2016 (perhaps reinvigorating efforts for the future) and will shift their focus to some of the new, exciting and evidence-based work emerging in the field of prevention.



## 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 Two was received for August 1, 2014 – July 31, 2016. One additional year of non-competing continuation funding is being offered, with the non-competing continuation report due on May 3, 2015. Funds will be awarded based on the completed report submitted on time as well as satisfactory progress of the project.

The OSDH/ECCS Project is focusing 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:

- Develop an integrated online early childhood professional development registry for all professionals working with young children and families;
- 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*” 3<sup>rd</sup> 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 the previous Annual Report Narrative above with much of the same work and flow of activity continuing and repeating in the next fiscal year.*

## FUTURE PLANS FOR FY 2016

### **New Home-Based Parenting – PURPLE LESSON PLAN** **Plus – The Period of Purple Crying® – Three Dose Model**

The OSDH/FSPS partnered with the Injury Prevention Workgroup of the Preparing for a Lifetime Initiative as they decided to make abusive head trauma (AHT) a priority and invested in and made the Period of Purple Crying materials available to all Oklahoma birthing hospitals for new parents, which is still in place today (see next section of report). With the overarching mission being to end abusive head trauma in our state (or at least work to reduce it in every way possible), OSDH/FSPS decided to further blanket communities with more of the Period of Purple Crying (POPC) materials and a homemade Purple Lesson Plan, All Babies Cry, to be used as a vehicle to help Home-Based Parent Educators talk about the resources at different stages of pregnancy or just after baby was home. All educators will have to pass an online training before they share the POPC with parents. The three options for introducing the curriculum to parents are included below and each was another dose/possible reinforcement to assure not only parents understood the importance of AHT, but also that caregivers received the information as well.

- Module I  
For Prenatal Mothers  
(preferably 34-36 weeks gestation)
- Module II  
Moms in early Postpartum  
(no later than 3 weeks after delivery)
- Module III  
Moms during later Postpartum  
(six weeks – six months after delivery)

CBCAP funds were used to purchase 2,325 POPC DVDs (most in English and 250 in Spanish). The Purple Kit contents will include diaper bag tags, refrigerator magnets and brochures that all will reinforce the POPC curriculum. Additionally, the OSDH epidemiologists, dedicated to injury prevention, have assisted the FSPS in creating an evaluation so that outcomes can be gathered as the lesson plan and materials are shared.

### **FSPS Networks, Prevention Programs and Activities**

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 they did 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 will be paving new roads in their work together with FSPS and other community partners to address the priorities in the State Plan.

The Home Visitation Leadership Advisory Coalition will continue much of the same work that's kept them busy over the last decade, but will also be updating their official name to be in line with the national research and also be updating their popular and often replicated Home Visitation Safety Manual that originated in 2008.

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.



## ACTIONS TO ADVOCATE FOR SYSTEMIC CHANGE

### ✦ [Annual Report Narrative](#)

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

- **Maternal, Infant and Early Childhood Home Visiting Grant**
- **Early Childhood Comprehensive Systems**
- **Home Visitation Leadership Advisory Coalition**
- **Oklahoma Commission on Children and Youth**

### **The Oklahoma Health Improvement Plan**

#### **The Oklahoma Children's Health Plan**

#### **The Oklahoma State Plan for Prevention of Child Abuse and Neglect**

Healthy Oklahoma 2020: Oklahoma's Health Improvement Plan (OHIP) was released on March 10, 2015. The new Healthy Oklahoma 2020 updates Oklahoma's existing health improvement plan, which was created at the direction of the Legislature in 2008 and implemented in 2010. The Oklahoma State Department of Health (OSDH) and the OHIP team held stakeholder meetings during 2014 with various civic, tribal, school and faith groups to measure progress during the first five years of the plan and to determine what additional steps were needed to continue progress on health improvement in Oklahoma. The new plan seeks to build on OHIP's successes while addressing areas where Oklahoma has traditionally fallen short regarding the physical, social and mental well-being of all Oklahomans.

The updated OHIP is guided by four flagship issues – reducing tobacco use, reducing obesity, improving the health of children and improving behavioral health. Each of the OHIP flagship issues has its own *state plan* with specific goals and objectives.

The 2015-2020 Children's Health Plan addresses issues ranging from prenatal care and preterm birth to childhood immunizations and adolescent health. Children's Health objectives related to child abuse prevention include:

- *Reduce the number of incidents of abusive head trauma in infants from 18 in 2012 to 15 by 2020.*
- *Increase the percentage of children who are flourishing from age 6 months – 5 years from 75.9% in 2011/2012 to 78.2% by 2020 and children age 6 – 17 years from 46.4% in 2011/2012 to 47.8% by 2020.*
- *Reduce the percentage of children 0 – 17 years experiencing two or more adverse family experiences from 32.9% to 30.6% by 2020.*
- *Expand child welfare community collaboratives focused on child well-being, including access to physical and mental health care services from two counties in CY 2014 to 15 counties by 2020.*
- *Increase the number of families served in evidence-based home visitation programs/teams from 7,517 in SFY 2014 to 8,269 by 2020.*

Healthy Oklahoma 2020 is designed to engage the entire state to work collaboratively to achieve progress on issues that can be achieved through private-public and tribal partnerships as well as individual Oklahomans' commitment and involvement. Over the next five years, the Children's Health Workgroup will periodically meet to assess and monitor progress towards achieving the 2020 Children's Health objectives.



### ***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 implementation of evidence-based practices.

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, socioeconomic conditions and other social determinants of health.

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 (also discussed within this report).

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. Additional high-profile events such as the Becoming Baby-Friendly in Oklahoma Summits were held the last several years to encourage and assist birthing hospitals to support breastfeeding moms.

### ***Injury Prevention Workgroup Period of Purple Crying – Hospital 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). DVD's have continued to be purchased to reinvest in this important project. There are



currently 56 birthing hospitals. Forty-one of those are participating in the **Period of Purple Crying** Program.

**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.

**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 FSPS 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. The CAP Month message is incorporated, “It’s Your Turn to Make a Difference”... by reiterating that everyone in Oklahoma benefits when children ‘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
2015	\$ 1,020.00*
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 2015 revenue accounts for the revenue received from July 2014 through April 2015 only.

**Collaboration with CFSP/PIP**

During FY 2014, FSPS staff collaborated with representatives from the 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 success.



**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 the current *Oklahoma State Plan for the Prevention of Child Abuse and Neglect, 2014 – 2018*.
- 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 Healthy Families America Home Visitation Request for Proposals and award process for the five year cycle, 2013 - 2017.

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

The State Plan that is currently in place was with the assistance of a contracted individual led by OCAP/FSPS that helped orchestrate and facilitate every aspect from beginning to end, working with the input and collaboration of the former Interagency Child Abuse Prevention Task Force (ITF) and various networking partners. 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 (OCCY) in accordance with Title 63 O.S. 1-227.3 of the Oklahoma Statutes. The next State Plan will be due in July 2018.



### ✦ [Section VIII, Application Narrative](#)

*NOTE: In an effort to avoid duplication, please also see previous Annual Report Narrative above with much of the same flow of activity continuing and repeating in the next fiscal year.*

## 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 (CDC), the OSDH plans to participate as an unfunded grantee as much as possible. It remains large in our planning as it fits with many aspects of the Oklahoma State Plan and hopes for the future. A few initial meetings took place to introduce prevention partners to Essentials and there was great enthusiasm. We also were fortunate to have Margaret Brumberg from the Center for Public Partnerships and Research at the University of Kansas come to Oklahoma City on two occasions, presenting on Collective Impact to two different target groups (the Home Visitation Leadership Advisory Coalition on July 16, 2014 and the Essentials Workgroup – formerly the ITF on June 6, 2014). The purpose of the “Essentials” work is to support sustainable, multi-sector 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
- 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.

The OSDH hopes that the new Collective Impact Team (CIT) will eventually take the place of the former ITF and assist with activities. 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.

***There are many projects that connect in one way or another with the Essentials work above and there are a few especially that Oklahoma is excited about...***

#### **Lemonade for Life (L4L) ACE Project**

FSPS will expand on the Adverse Childhood Experiences (ACEs) work with the University of Kansas Center for Public Partnership & Research. They brought their L4L Pre-Seminar to the CAP Day Mini Conference in April 2015 for almost 100 people to enjoy. L4L seeks to translate ACEs research (Adverse Childhood Experiences) to practice. It not only provides the resources, but also connects the dots to make translation of past adversity into tangible, future change and growth.

#### **Raising of America**

Additionally, the FSPS has been meeting with various partners in an attempt to effectively roll out the **Raising of America** (ROA) documentary series once it is available in its entirety and hopes to host a series of events with key players and intentional strategies. The Raising of America documentary series promises to reframe the way individuals look at early child health and development. As a collaborative group, we plan to host a launch event for networking partners and stakeholders, with a screening of the documentary, including a question and answer period at the end. We feel as though this will be critical information for those invested in early care for children and also for policy makers.



***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.



## COLLABORATION AND COORDINATION

### ★ [Annual Report Narrative](#)

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

- **OSDH/FSPS coordination of the CAP ACTION Committee**
- **Early Childhood Comprehensive Systems**
- **Home Visitation Leadership Advisory Coalition**
- **Oklahoma Commission on Children and Youth**
- **Oklahoma State Plan for the Prevention of Child Abuse and Neglect – (Strategic Plan section)**

## 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 all that are listed in the following section.

### **OSDH/Child Guidance Services**

The FSPS utilizes CBCAP funding to support OSDH/Child Guidance Services because they have invested in programs that seek to better strengthen and support families to reduce the likelihood of child abuse and neglect. Child Guidance offers evidence-based level IV parent education programs such as Parent Child Interaction Therapy (PCIT) and The Incredible Years both of which support community-based efforts to reduce the likelihood of child abuse and neglect. The PCIT program does this in part by building close relationships between parents and their children using positive attention strategies, helping children feel safe and calm by fostering warmth and security between parents and children and teaching parents specific discipline techniques that foster consistency and predictability as well as help children to listen to instruction and follow directions. The Incredible Years program which was designed to promote emotional and social competence; and to prevent, reduce, and treat behavior and emotional problems in young children has demonstrated the ability to improve parent-child interactions, build positive relationships and attachment. It has also been shown to improve parental functioning resulting in less harsh and more nurturing parenting, and increased parental social support and problem solving. The collaboration between CBCAP and Child Guidance has generated the opportunity for parents to acquire and integrate new skills resulting in the meaningful impact on the lives of children and families across the state of Oklahoma. It is the hope that these programs may continue to be bolstered in the communities they serve and throughout the state and that with increased funding they may not only sustain services to families but be expanded so that many more families may be positively impacted.

*Additionally, Child Guidance also coordinates Circle of Parents, which is funded by CBCAP and discussed in a later section.*

### **Smart Start Oklahoma**

Established under the Oklahoma Partnership for School Readiness (OPSR) Act in 2003, the mission of Smart Start Oklahoma is to lead the state in coordinating an early childhood system focused on strengthening families and school readiness for all. As a public-private partnership, and the State's Early Childhood Advisory Council, Smart Start Oklahoma pursues strategies for improving learning



opportunities and environments for children birth to age six with the vision of ensuring all Oklahoma children are safe, healthy, eager to learn and ready to succeed by the time they enter school.

Smart Start Oklahoma employs a community approach to achieve this legislative mandate of promoting and enhancing community collaboration for early childhood programs and services. Smart Start Oklahoma funds a 19-member community-based network serving 36 counties across the state, reaching 88% of children under the age of six.

### Five key strategy areas for Smart Start Communities

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

At the state level, Smart Start Oklahoma seeks to establish statewide collaborative partnerships with elected officials, civic leaders, businesses, educators, parents and others, in order to apply existing local resources to critical needs. Smart Start Oklahoma also supports the OPSR Board in forging alliances between public and private organizations, pursues policies for improving learning opportunities and environments for young children, and assists communities with grants, technical assistance and fiscal management.

Smart Start Oklahoma has played a key role in helping to coordinate the Child Abuse Prevention Day at the Capitol including participating in the planning of the event, as well as hosting information tables.

### ***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 FSPS during Child Abuse Prevention Day at the Capitol in April for the past several years.

### ***Prevent Child Abuse America / Oklahoma Chapter***

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



### **Oklahoma State Department of Education**

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

- The Oklahoma DOE *Parents As Teachers* participates in the Home Visitation Leadership Advisory Coalition led by FSPS;
- FSPS provides training opportunities to the community-based DOE home visitation programs;
- The Oklahoma DOE provides opportunities for state child abuse prevention personnel to present programs at statewide conferences; and
- The Oklahoma DOE provides input on the State Plan for Child Abuse Prevention and Neglect.

### **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 (OKDHS) are considered tertiary prevention as maltreatment has already occurred. OKDHS works closely with OSDH and can refer families to one of their many secondary prevention programs such as Healthy Families America, Sooner Start, and Nurse-Family Partnership. Families that are involved with OKDHS through the Supplemental Nutrition Assistance Program (SNAP) 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.

OKDHS is at this time involved in a pilot program that has some aspects of secondary and tertiary prevention. The Partners in Parenting program, provided by a community agency through a contract with OKDHS, serves families residing in Oklahoma County who have at least one child age six or younger, are not currently involved with CWS, and who do not have a history of more than two prior accepted CWS referrals. 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 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 OKDHS.

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 and assessment by a child welfare specialist, it is determined if children are unsafe, but could remain safely in the home with services; if so, a Family Centered Services (FCS) case is offered to the family. If the family is agreeable, an FCS case is opened and the children remain in the custody of their parents, under an agreed upon safety plan. FCS seeks to provide services which maintain the child safely in his or her own home when possible, focuses on the entire family rather than individuals, and provides comprehensive services that engage the family and target the family's therapeutic, supportive, and concrete needs. The focus of service is on ensuring child safety and strengthening caregiver



protective capacities. 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 OKDHS 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 (SC) program. SC is an eco-behavioral home-based services program for child maltreatment prevention in high risk families. It utilizes a skills-based approach to change those caregiver behaviors most associated with child maltreatment through the provision of four service modules in the areas of health, home safety, parent child interaction, and problem solving. OKDHS 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. OKDHS also provides, through contracted agencies, general parenting education and sexual abuse treatment. The ultimate goal of all of the services provided by OKDHS 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 OKDHS works very closely, or other agencies qualified to offer those services. OKDHS 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 number of babies in Oklahoma who are born healthy. The information is used to help guide programs and health policy in Oklahoma and to help make better use of limited resources.

On a monthly basis, Oklahoma PRAMS randomly samples between 250 and 300 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, infant safe sleep practices, social support and family planning. The Director of FSPS participates on the PRAMS/TOTS Steering Committee.

### ***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 well-being of Oklahoma's toddler population and their health experiences from birth to age two. The information is used to help guide programs and health policy in Oklahoma, and to help make better use of limited resources.

Similar to PRAMS, TOTS sends as many as three mail questionnaires to approximately 180 women each month, followed by phone contact for those mothers who have not responded by mail. All information is confidential.

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

*\*For both PRAMS and TOTS, FSPS uses their data to inform the work within our service.*

### **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 2009-2013 the maternal mortality rate among women aged 15 – 44 years was 20.4 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. After several years of inactivity, in 2009, the MCH re-established the state-level MMR. The MMR Committee includes individuals from varied organizations and occupations. Through communication and collaboration, the MMR serves as a continuous quality improvement system that will result in a comprehensive understanding of the maternal issues and provide a better future for women, infants and families. The overall goal of MMR is prevention through understanding of causes and risk factors.

The Oklahoma MMR operates under the auspices of the 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.

To date, the MMR Committee has reviewed 62 cases. Most cases listed multiple health conditions possibly contributing to the maternal death, but the health conditions most often cited include:

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

### **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. 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.

*FSPS participates on this board as well. The data/information learned is used in our practice.*

### **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 Healthy Families America Programs, Nurse-Family Partnership Program and the MIECHV SafeCare and Parents as Teacher Programs all had an opportunity to be part of the network to utilize the OKDHS voucher system to provide respite care during FY 2014.

### **Home Visitation Leadership Advisory Coalition**

The FSPS coordinates the Home Visitation Leadership Advisory Coalition (HVLAC) by convening, hosting, and facilitating home visitation meetings, 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 counterparts at the Oklahoma State Department of Health, Oklahoma State Department of Human Services,



Oklahoma State Department of Education, and others from the University of Oklahoma Health Sciences Center, public school districts, youth and family services agencies, Prevent Child Abuse Oklahoma Chapter, parent-child centers and other private non-profits, the committee strategizes work priorities, networks and learns from each other what works best from the various home visitation models. The Coalition works together in planning activities throughout the year related to seasonal, critical and current events/trends (such as 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. 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.

- **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. FSPS participated in their 1) Sustainability Committee for home visiting and 2) Parent Partnership Board. 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.

*FSPS participated in their 1) Sustainability Committee for home visiting and 2) Parent Partnership Board.*

### **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 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.

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

- Review and closure of 14 abuse-related deaths and 12 abuse-related near deaths (2014 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.



## 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.

*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.

#### **Healthy Families America Program Request for Proposal (2013 – 2017)**

Healthy Families America programs are in the third year of a five year cycle. The grants are renewed annually. The HFA (Start Right) Request for Proposal is available in the Attachments section, Folder 2.

#### **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.

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
<b>HFA</b>	811	791	811	63 – PCG’s only	252	16	3	Thousands* (difficult to identify)
<b>NFP</b>	3,022	1,936	3,022	8				
<b>MIECHV</b>			1,154					
<b>Child Guidance</b>	17,936 Individual Sessions 978 Events (Outreach, Training, Workshops) 506 Consultation Visits							
<b>The Incredible Years</b>	67 Parents in Parent Treatment Groups 149 Children in Treatment Groups 25 Children in Classroom Groups							
<b>Circle of Parents</b>	349 Total Attendees 35 Parent Groups							
<b>Parent Child Interaction Therapy (PCIT)</b>	884 Total Therapy Encounters (106 w/o patient, 778 with patient)							

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.

\*Unable to provide an accurate estimate for public awareness and education activities/outreach. Additionally during FY 2014, 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

### HEALTHY FAMILIES AMERICA

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



- Training of Healthy Families America program providers (including Parent Survey Community Outreach Training, Integrated Strategies for Home Visitors Training and Supervisor Training), the Parents as Teachers Foundations Training (zero to three years), Parents as Teachers Foundational II (three years to kindergarten) and Parents as Teachers Partnering with Teen Parents;
- Native American child abuse prevention program;
- Evaluation of the Healthy Families America programs including the refinement of a web-based data collection system;
- Technical assistance to 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;
- Incorporation of fatherhood initiatives into family resource and support programs;
- Promotion of the Positive Fathering Initiative;
- Development of the Healthy Families America Annual Report; and
- Community awareness and outreach to educate the general public about child abuse prevention.

## HEALTHY FAMILIES AMERICA PROGRAMS (CONTINUED)

### *Current Requirements*

A copy of the 'Invitation to Bid' for the state fiscal years 2013 – 2017 programs is included in the Attachments section and contains the detailed description of the criteria for funded programs.

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

- Home-based parenting services;
- 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, and life management skills education.

The foundation of services is home-based parenting services, 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 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 Model to deliver home-based parenting services using the *Parents As Teachers* curriculum to promote the parent-child interaction component of the home-based parenting services. The Healthy Families America Model is defined by twelve critical elements.

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

<b>Initiation of Services</b>	
1.	Services initiated before or within one year after birth of child.
2.	Standardized screening and assessment tools identify families who would most benefit from the program.
3.	Participation is voluntary.
<b>Service Content</b>	
4.	Services are offered intensively and over the long term, with well-defined criteria for increasing or decreasing intensity of service.
5.	Culturally sensitive services are offered.
6.	Services focus on supporting the parent(s) as well as the child by cultivating the growth of nurturing, responsive parent-child relationships and promoting healthy childhood growth and development.
<b>Service Providers</b>	
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 be selected because of their personal characteristics, their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.
10.	Service providers receive intensive training specific to their role to understand the essential components of family assessment, home visiting and supervision.
11.	Service providers should have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families.
12.	Service providers should receive ongoing, effective supervision so they are able to develop realistic and effective plans to empower families.

Adherence to the critical 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 Healthy Families America 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.



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

**The minimum expected services provided by a Healthy Families America program are detailed below:**

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

The Healthy Families America 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.



PARENT STORY FROM *HEALTHY FAMILIES AMERICA*

Jennifer Bennett and Jerimiah

Two months before the birth of her child,

Jennifer's husband unexpectedly died from complications following a medical procedure. Jennifer delivered a healthy baby boy, but due to two previous children that were shaken, OKDHS took Jerimiah immediately from the hospital. The perpetrators were never prosecuted. Grieving and isolated, Jennifer's life seemed so bleak. She soon turned to the **Start Right**: Family Resource Program for compassion and support. She was determined to love baby Jerimiah with all of her heart. However, she struggled to meet Jerimiah's basic needs as well as her own needs.

Thankfully, the Family Support Worker (FSW) LaChez stood ready to encourage Jennifer through tough days and connect her to a myriad of local services. Jennifer reported feeling discouraged and said "It seems like no one believes me," to which LaChez replied "It's time to get to work, together." Jennifer said with tears in her eyes "I will do anything to get my baby back." Jennifer now has affordable, safe housing. She has been able to obtain necessary baby items for Jerimiah. With reliable transportation options, Jennifer is gainfully employed in a fulltime position and has acquired insurance for herself and Jerimiah.

Jennifer's latest challenges relate to her feelings of profound loss due to the death of her husband, loss of her two children and unresolved childhood issues. FSW LaChez arranged for Jennifer to attend counseling sessions, so that Jennifer can learn new coping skills. She has subsequently noticed that these same skills are useful in dealing with her childhood traumas. "It was like a whole new life had been given to me and I am able to share it with my Jerimiah," says Jennifer who has been successfully working towards reunification with her baby.

**Jennifer Bennett and Jerimiah**  
Northern Oklahoma Youth Services  
**HEALTHY FAMILIES AMERICA PROGRAM**  
Family Resource Program &  
the Total Dad Program



## NURSE-FAMILY PARTNERSHIP

### *History*

**Nurse-Family Partnership** (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 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 Nurse-Family Partnership supported 270 nurse positions. Budget cuts have reduced funding to a level that supported 98 nurse home visitors and 22 nurse supervisors during SFY 2014.

### *Services*

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 Nurse-Family Partnership 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.

### **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.



## PARENT STORIES FROM *NURSE FAMILY PARTNERSHIP FAMILIES*

*Karla is a 14 year old mother of a 4 month old daughter. Recently the car she and her child were traveling in was involved in a hit and run accident causing their vehicle to rollover on a busy highway. Karla was injured and treated at a hospital. Her daughter was unharmed. When her Children First nurse asked her why she took the time to strap her baby safely into a car seat before getting in that car, she responded that the nurse told her about car seat safety and its importance. She has younger siblings too and her mother uses a car seat with them. Karla knows her baby is alive today because she was in a rear facing car seat.*

Karla, Nurse-Family Partnership Client  
Oklahoma County



*Lorna's life was unstable when she entered the Children First program. She was homeless after the birth of her baby, moving from couch to couch at friends' homes. She eventually called a former landlord who let her rent again due to her positive history with the apartments. She was able to get a job at Walmart, making enough to pay rent, put her child in day care and save \$2,000 to buy a car. Today she is working full time, paying her rent and owns a car so she and her daughter have transportation.*

Lorna, Nurse-Family Partnership Client  
Oklahoma County



*Laci Cooper has experienced a lot for her young age of 18. She has two healthy little boys, Baylin and Brody. She is in a healthy, positive relationship with her boyfriend, Bryan, and she recently graduated from high school. However, less than one year ago she was almost murdered by the boys' then father. Her struggles have been hard, but she wants only good for her sons. But, now so much has changed and things are better. She smiles all the time and she is making plans for her future. Alisia Moreno, her home visitor, encouraged Laci to make positive choices for her and her baby. Also, Children First educates on how to make positive decisions regarding healthy relationships. When the client was asked how she felt about her Children First nurse, she said she needed her. She has only positive comments about the Children First program and is thankful to have Alisia Moreno as her home visiting nurse. Alisia's positive reinforcement encouraged Laci to move on with her life and develop a positive relationship with her current partner who in turn helped her to be able to keep herself and her children safe from harm.*

Lacy, Nurse-Family Partnership Client  
Garfield County

## 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 impacted a large number of families that cannot be enumerated. Those campaign activities included: 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 community-based family support programs that received training, monitoring, and assessing by the Family Support and Prevention Service.

For specific information regarding the Healthy Families America Programs and the Nurse-Family Partnership Program, please see the attached annual reports.

### **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 Healthy Families America Programs and the Nurse-Family Partnership Program in order to provide in-depth child development assessments when needed. The Child Guidance staff are located in 16 local county health departments.

The Healthy Families America Programs and Nurse-Family Partnership Program 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 had been established with the Chickasaw Nation, headquartered in Ada, Oklahoma. Under the agreement, the Nation provided 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 continued to also promote native traditions and culture through home visitation and center-based services.

The Chickasaw Nation is devoted to improving the quality of life for Native Americans. The Chepota Himmita or "Young Child" Program services families in Pontotoc County. Chepota Himmita is a voluntary program that seeks to provide resources and support for parents and expectant parents of young children. Chepota Himmita staff continues specialized training in Native American culture,



history, language, and most importantly customer service. Trainings are provided through Chickasaw Nation at no cost to the program.

Chepota Himmita staff is preserving the Native American culture. Activities are used to promote the cultural history and incorporate it within home visits and center based services. Cultural crafts, language, traditional apparel, and storytelling are just a few elements incorporated into their 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.

Father participation is promoted through the Chepota Himmita program on a consistent basis. The Chepota Himmita program utilizes an incentive program funded by the Chickasaw Nation. The primary caregiver present for home visitation receives a program dollar, and to promote father involvement, an additional dollar is given for the non-primary caregiver participation (this encourages both parents to participate in the visits.) The program dollar can be used to purchase diapers, wipes, clothes, educational item, 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.

Chepota Himmita is a program designed to seek families that are at risk for neglect and abuse. Unfortunately there is a need for such a program, 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. This year families were often living with friends or relatives on a "temporary basis."

There are benefits to being located in Pontotoc County, one of which is the Chickasaw Nation Medical Center. Certain diseases and conditions are known to affect the Native American population with more frequency and/or severity than other populations. It is important for Native Americans to be informed and educated so that they may better understand how to treat and when possible prevent these health issues. Chepota Himmita staff considers the health of children and parents a priority through assisting with scheduling and transporting to medical appointments.

This program gives these children more than cultural preservation, medical homes, and parent education. This program provides support, stability, and hope for the future. Through home based visitation, the children get another person who brings the family resources, activities, ideas, and encouragement. The goal for this program is to assist these special families in setting and reaching their goals. The Native American population is highly saturated in this area.

## HOMELESS YOUTH

### *The Nurse-Family Partnership Program*

In general, Nurse-Family Partnership nurses routinely make home visits to new and expecting mothers in shelters, crisis centers and group homes in several counties throughout the state. Additionally, Nurse-Family Partnership nurses strive to provide continuing community outreach in areas with existing shelters in order to reach the homeless population. During SFY 2014, visits were made to 29 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.

### ***The Healthy Families America Programs***

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

- Northwest Family Services HFA Program served 30 homeless families. The program has a working relationship with the Northwest Substance Abuse Treatment Center for Women in Waynoka, Oklahoma. This program is designed for women with substance abuse issues, who are either pregnant or have children under the age of 12. The program was able to provide parent education to the women that meet the criteria for our program. The staff works closely with the Treatment Center staff to ensure the women and their children receive quality services from each agency. Many of the women in this facility need to relocate when they complete the Treatment Program, and the staff is able to help these women find appropriate, affordable housing as well as any household items they might need.
- Helping U Grow (HUG) is another HFA program and is housed at Help In Crisis (HIC). HIC's mission is to eliminate family violence and sexual assault through: education, counseling, support and prevention. In 2014 over 11,619 referrals were offered to crisis callers. Out of these calls, 2,513 were women and children in need of assistance with shelter, food, clothing, utilities, housing, transportation, medication, day care, employment. HIC is a Domestic Violence service agency, so in addition to the crisis center, HIC also has a women's shelter, which is located in Tahlequah Oklahoma. The HIC shelter on average, works with about 12 women per day who receive one or more services. In 2014, there were 231 women and children for an average of 23 days each with a total of 4,992 shelter days. Women in the shelter are offered case management, counseling, support, transportation, life skills, and assistance with clothing, medication, court and child advocacy, and home visitation services through the HUG program. HUG deals with a large population of victims of abuse within the families that are enrolled. When a family comes into the shelter and meets the criteria for the program, the Director or the Shelter manager notifies HUG. The family is screened, assessed, and then staffed with the supervisor. HUG staff will try to get the families hooked into the program and to help give them any additional services and support needed. In 2014, 23 moms were screened at the shelter for HUG services and 9 were enrolled in the program.

When the Family Support Worker (FSW) is assigned, the FSW starts meeting with the family immediately. HUG will talk with the family about parenting education using the Parents as Teachers curriculum and help set additional goals with the family. The FSW will support the family and help provide them with a sense of security knowing they have someone on their side.

HIC's shelter is only a 30 day shelter, so in those 30 days the FSW is working hard with the mother to help her find housing for her and baby. The FSW will drive her to pick up an application, help her complete the application, search for employment, and will do



- whatever else is needed to ensure mom and baby find a safe environment for them. Home visits will be provided to the family until the target baby turns 6 years of age. A goal HUG has is to provide services with these families until the baby ages out of the program. HUG staff have been educated on how to take precautionary measures when dealing with families experiencing domestic violence.
- Great Plains Youth and Family Services provide home-based education to homeless families in several counties including Greer, Jackson, Kiowa, Tillman, Washita and Beckham. The staff works with families to help them find a home of their own by making housing a priority. Staff assists families with resources, concrete supports and helps them develop a Resource Action Plan to reach goals that have been set. In addition, the staff has access to several resources that will provide help in times of crisis or transition including a comprehensive resource book with housing options, utility assistance and additional supports to help the family find a home.
  - Okmulgee-Okfuskee Children and Parents Program have served five homeless families throughout this year. Homeless, as defined by our program, is either families living in local shelters or families who are living temporarily with family, friends, or sometimes acquaintances. The Family Assessment Workers (FAW) and the Family Support Workers (FSW) help families identify resources by providing a county resource guide and direct linkage to resources. Family Support Workers make referrals for public transportation or provide transportation to access housing information. Additional referrals are made based upon the needs of the family. Referrals include local churches to help with furniture, other local agencies/churches for utility assistance, and OKDHS for food stamps and other financial assistance. FSWs help families identify barriers to housing and employment. Together families and their FSW will problem solve in order to resolve those barriers. Oftentimes Family Support Goals include the solutions to these barriers.
  - Healthy Families Tulsa often has families who are residing in other people's homes. Sometimes these families are made up of teen moms who are living with their parents or the family is living with relatives until they can find a stable place of their own. Healthy Families Tulsa also receives referrals from local homeless shelters such as Madonna House/Catholic Charities and domestic violence shelters, such as Dayspring Villa. In these cases, staff work as a team with the shelter and the family to help them prepare for living on their own. The Family Support Workers help the family with goals to find the needed supports and services to find the housing and supplies needed.
  - The Parent Promise Family Support Workers (FSW) serve homeless families in Oklahoma County at a location which is convenient for the family. The FSW provides the family with resources such as bus passes, shelter information, housing resources, job, and educational, and charity organization resources. The FSW works intensively with Primary Caregiver (PCG) to problem solve through obstacles in order to help the PCG gain self-sufficiency. Concrete resources such as diapers, baby wipes, formula, baby items, and coats are given to the family when those resources are available. Parent Promise serves many families who are classified as 'couch homeless.' These families temporarily live in the homes of friends and relatives. In this case, the FSW works with the family to find permanent housing and employment, if necessary.



- In Seminole and Hughes Counties, the Youth & Family Services Great Beginnings program served 15 homeless families. Thirteen families were living with relatives and two were living with family friends when they entered the Great Beginnings program. The Great Beginnings staff worked with the families to find a place of their own. Staff members work with the local Housing Authority, Section Eight program, and local apartment complexes within the communities and helped the families set up a budget to cover the expenses of deposits. In the past, Seminole Nation has been a resource that has assisted with housing or utility deposits for the families. Out of the 15 homeless families, 30% of those families were in their own residence by the end of the fiscal year.
- The total number of homeless families served by HFA was 252.

### **Circle of Parents Groups**

Two of the Circle of Parents groups were conducted with the homeless population as the target audience/group during SFY 2014. They are included below:

- **Tulsa County**  
***Tulsa Women and Children's Shelter:*** Homeless populations; meets on Wednesday mornings, weekly.
- **Oklahoma County**  
***Holy Family Home:*** Homeless shelter for women and children; meets every other Thursday in the morning.

*\* The HFA definition of homeless has been changed for a more accurate picture of the homeless population that is served. Types of housing that are considered homeless include: transitional/homeless, domestic violence shelter and live with someone else.*



## OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

### ✦ [Section XI, Application Narrative](#)

Please also refer back to the previous sections related to the HFA Programs, specifically the Chickasaw Nation HFA Program site.

## SPECIAL POPULATIONS

### *Native American Population*

#### [Healthy Families America Program \(Utilizing CBCAP Funds\)](#)

OSDH will not continue to utilize CBCAP dollars to fund the Chickasaw Tribe based on a decision made by the contractor (Chickasaw Nation) in 2014. CBCAP dollars have allowed an intergovernmental agreement to be awarded to the Chickasaw Tribe. The Federal CBCAP funds of \$150,000 were utilized annually to support the Chickasaw Nation's Chepota Himmita home visiting program that was modeled after the Healthy Families America Programs and will not be renewed. Further special populations are currently being sought.

### *Hispanic Population*

#### [Healthy Families America 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.

### ***Other Healthy Families America Programs***

In addition to the Latino Community Development Agency, seven other Healthy Families America 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 eleven 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)
- Parent Promise (Oklahoma County)

### ***Nurse-Family Partnership Program***

The racial and ethnic background of NFP 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 2014, approximately 16% of NFP clients were identified as American Indian (American Indians represent 9% of the Oklahoma population). Approximately 16% 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.

### ***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. The Healthy Families America and Nurse-Family Partnership programs 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 continue to explore creative ways to collaborate with partners targeting the homeless population as well as continue to track services to the homeless within our program reach. In an effort to forge new links to the homeless communities and perhaps target CBCAP funding to bolster current gaps, FSPS staff recently met with both the Oklahoma City Homeless Alliance group and the Catholic Charities Holy Family Home (transitional housing) to begin a dialogue about potential needs and resources. Resources were discussed to help monitor development of children and also for Parent Education (OSDH/Child Guidance provides both of these services which is also something already supported through CBCAP dollars – thus a referral to Child Guidance was made). The Alliance was also interested in getting involved with the CAP ACTION efforts and signed up for the distribution list. Ongoing communication is planned seeking a mutual project in the future.



## PLANS FOR PARENT LEADERSHIP AND INVOLVEMENT

### 🌟 [Annual Report Narrative](#)

#### ***Parent Leadership and Healthy Families America***

The Healthy Families America (HFA) 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 HFA 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 16 Child Development Specialists trained in the Circle of Parents model continue to provide this service. Since January of 2014, 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 Canadian, Tulsa, Kay, Bryan, Muskogee, Oklahoma, Pottawatomie, Carter and Garfield. These multiple community locations have continued to work with a plethora of sites to include: 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 all counties listed except for Garfield County which hopes to resume in the fall of 2015. Locations targeted will continue to include homeless shelters, community college Temporary Assistance for Needy Families (TANF) students, various health departments, local schools and church locations, Head Starts, Educare, teen parent programs, treatment facilities and career technology centers.

Data collected and submitted to the Circle of Parents national office reported a total number of 35 parent groups for the fiscal year with only six that closed. There were a total of 349 participants with a variety of different parent groups to include: mothers only, immigrants/refugees, teen parents, special needs parents, substance abuse recovery parents, parents of Head Start and incarcerated parents. In 2014, a focus group study was conducted to assess the adherence to the Circle of Parents model and if client needs were being met. There were 74 participants who participated in guided discussions around 13 questions regarding their opinions on multiple aspects of Circle of Parents. Some of the key factors found in relation to client impact were that they viewed their groups as: a place to ask questions; learn better ways to handle stress; interact with other parents; interact without a fear of judgement; felt involved in the process; and learned how to better discipline their children. The findings were that the program was implemented with success and there were three



mains keys to this: 1) it was flexible and worked well for participants; 2) they found the facilitator to be important in their role; and 3) family voice was important. Community collaborations continue 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 affiliations 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 HFA contractors, 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.

Efforts will include assisting community-based family resource and support programs, Nurse-Family Partnership 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; and
- Father-focused resource materials.

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

**Healthy Families America Programs - Local Fatherhood Efforts**

Several of the Healthy Families America programs across the state were involved in Fatherhood Initiatives and father-focused events and activities during FY 2014. See the HFA highlights below:

DATE	HFA PROGRAM	FATHERHOOD/FATHER INVOLVEMENT EVENT
10/01/2013 - 9/30/2014	<b>Northern Oklahoma Youth Services</b>	The Total Dad Program Staff provided home-based parenting services to 24 fathers. The Total Dad employs one male Family Support Worker (FSW), who was able to make meaningful connections with single fathers, and dual parent families. The mothers of the babies (MOB’s) reported that they felt like the father of the baby (FOB) was more involved with the baby, and offered more support to the mother after beginning with the FSW. The FSW worked to help the fathers find activities they could do with the baby, techniques to support the MOB during pregnancy, delivery and when the baby comes home. Emphasis is placed on bonding and attachment and supporting the family through referrals to services and providing concrete supports. The FSW also helps the fathers learn infant care techniques such as bathing the baby, feeding, mixing formula, swaddling techniques and bonding activities.



	<p><b>Great Plains Youth and Family Services</b></p>	<p>The Great Plains program has enrolled fathers as the Primary Caregiver (PCG). An example is a father who has remarried and has full custody of the identified child. Some of the fathers have full custody of the child with no partner support. The program uses the 24/7 Dad Activities manual, Three Things Every Good Dad Knows, and Five Baby Steps to Being a Dad. The program has Family Support Workers (FSW's) who have been trained on strategies to include the father in the home visit, whether he is the PCG, or a supporting partner. In addition, the FSW's try to accommodate the father's work schedule to ensure that visits can be completed on his schedule. The program encourages fathers to be involved with their child, model bonding and attachment, and positive discipline techniques. FSW's make sure that the fathers know they are their child's first teacher.</p>
	<p><b>McCurtain County Health Department /Great Beginnings Program</b></p>	<p>The Great Beginnings Program has many fathers that are involved in the home visits, either as the Primary Caregiver (PCG) or supporting Partner. Staff uses the Direction for Dads Curriculum and the handouts to encourage father involvement. Many handouts show a father holding or playing with the baby. The Family Support Worker gives each father a small booklet called "The Importance of a Father." Fathers are always included in the home visits when they are available. On occasion, the FSW's will visit with the fathers if the mother who is the PCG is not home, or has a conflict in her schedule. Staff report that fathers are as concerned as mothers regarding the health and well-being of their baby. Staff diligently collect materials from the health department regarding fatherhood and make sure all of the enrolled families who have a father involved receive important information regarding how their baby develops, and the importance of their role in the lives of their children. Staff also make referrals for fathers including education, job training, financial assistance and housing just to name a few.</p>
	<p><b>Statewide</b></p>	<p>In the Healthy Families America programs, 16 fathers were enrolled as the primary caregivers statewide.</p>



## 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**

Plans are underway to utilize MIECHV funds to support and expand the existing Parent Partnership Board at the Center for Child Abuse and Neglect (CCAN).

- 1) They have worked on Home Visitation/ParentPRO materials; and
- 2) Bettye Hawkins Emery serves on the National Alliance Parent Board for OSDH/FSPS.

#### **Parent Leadership and the Healthy Families America Programs**

Healthy Families America 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 FSPS 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 (referred to in earlier section, Coordination and Collaboration).

As stated above, the Healthy Families America contractors are required to have an Advisory Council that meets on a quarterly basis. HFA 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.



# PLAN FOR SUPPORT, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION ASSISTANCE

## ★ Annual Report Narrative

### *General Training and Technical Assistance ~ Across Networks*

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#### ***The CAP Day Mini Conference***

The SFY 2014 “Be a Superhero for Kids” CAP Day Mini Conference was held on April 8, 2014 at the Samis Education Center in Oklahoma City with 230 participants attending. For a complete description, see Section XV or the Attachments section.

#### ***The Annual Oklahoma Child Abuse and Neglect Conference***

This two-day conference is organized by the University of Oklahoma’s Center on Child Abuse and Neglect. OSDH utilizes this conference to provide training to staff that work in various family support programs and multidisciplinary teams, as well as local task forces. In 2014, the conference was held on September 4-5 at the Embassy Suites Hotel and Convention Center in Norman, OK. During 2014, the Center on Child Abuse and Neglect also collaborated with the Oklahoma Drug Endangered Children and Oklahoma Commission on Children and Youth. Approximately 358 participants registered for the conference with 336 attending all or part of the conference, along with 49 speakers, and 58 volunteers and staff. A variety of continuing education credits were offered for attorneys, social workers, psychologists, counselors, law enforcement and other disciplines. Attendees included prevention specialists, child development specialists, mental health professionals, multidisciplinary teams, attorneys, child welfare workers, psychologists, counselors, law enforcement and more.

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 Institute for Child Advocacy (OICA)

### *KIDS COUNT Conference*

The OICA KIDS COUNT Conference was held on September 16-17, 2014 at Springlake Metro Tech in Oklahoma City with approximately 250 participants. FSPS sponsored the keynote speaker for this event utilizing CBCAP dollars.

The keynote address by Karina Forest-Perkins from Minnesota was titled, “How Toxic Stress Alters Early Brain Development and Cognitive Abilities throughout a Lifetime,” and preceded several interactive breakout sessions with topics important to improving outcomes for children, including; early childhood, child maltreatment, and mental health and substance abuse. Attendees explored the current state of child well-being in Oklahoma, barriers to improvement, and ways advocates could work together to address issues in their communities. Participants also heard from state agency heads and policymakers about the current fiscal, political and programmatic landscape throughout the state. The OICA KIDS COUNT Conference will be held again in September 2015.

### *KIDS COUNT Power Lunch Series*

The KIDS COUNT Power Lunch Series is an ongoing effort to inform and educate advocates across the state about key issues and policies impacting children and families. These community forums feature panel discussions focusing on pressing policy topics including such things as juvenile justice reform, early learning and education, and programs and interventions which strengthen families.

### *Oklahoma Early Childhood Advocacy Stakeholder Meeting*

In July 2014, OICA and Smart Start Oklahoma conducted an early childhood advocacy stakeholder meeting. The purpose of the meeting was to discuss effective advocacy strategies and examine current early childhood advocacy efforts in Oklahoma. There was discussion of national policy goals and how these goals impact Oklahoma and to develop advocacy goals for early childhood in Oklahoma.

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.
- **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.



## HEALTHY FAMILIES AMERICA & NURSE-FAMILY PARTNERSHIP TRAINING AND TECHNICAL ASSISTANCE

The Healthy Families America and Nurse-Family Partnership programs 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 programs that operate on very tight or restrictive budgets.

*These Healthy Families America-related trainings were held for their programs during FY 2014:*

Date of Training	Name of Healthy Families America Training	Number of Attendees
10-28-13	ASQ-3/ASQ:SE	17
11-18-13	FSW Fast Track Training	3
11-19-13	Domestic/Family Violence	26
11-19-13 to 11-21-13	FAW Core Training	4
12-11-13	Substance Abuse/Addictive Behaviors	23
12-12-13 to 12-13-13	Child Abuse Medical Examiner	15
1-8-14	Keys to Caregiving	9
1-21-14	Domestic/Family Violence	9
1-22-14	Attachment	11
2-11-14	HFA Overview Day	7
2-12-13 to 2-14-14	FAW Core Training	5
2-18-14	Mental Health Issues	11
2-21-14	FSW Fast Track Training	3
3-21-14	ASQ-3/ASQ:SE	5
3-5-14	FAW Refresher Training	5
3-26-14	Grief and Newborn Screening	14
4-1-14 to 4-3-14	NCAST Feeding	10
4-24-14 to 4-25-14	Child Abuse Medical Examiner	8
5-6-14	NCAST Teaching	3
5-15-14 to 5-16-14	Breastfeeding	8
5-21-14	Intro to Child Passenger Safety	6
7-22-14	Domestic/Family Violence	3
7-23-14	Attachment	2
8-13-14	ASQ-3/ASQ:SE	10
8-19-14	Mental Health Issues	5
9-22-14	HFA Overview Day	5
9-23-14 to 9-25-14	FAW Core Training	4
9-24-14	Grief and Newborn Screening	2



**Staff Training**

10-15-13 to 10-16-13	Home Visitation Conference
11-4-13	Trauma Informed Services
11-13-13	Understanding Sexual Offenders
11-22-13, 12-20-13, 1-24-14, 2-21-14, 3-28-14, 6-27-14	Healthy Families America Supervisors Meeting
4-8-14	Child Abuse Prevention Mini Conference
4-25-14	Pittsburg County Child Abuse Prevention Workshop
6-9-14	Foster Care and Child Development Workshop
6-10-14	Creating a Smoke Free Environment
6-12-14	Preventing Child Abuse
6-16-14	Domestic Violence
6-16-14	Perinatal Depression
6-17-14	Substance Abuse
6-18-14	Optimizing Your Effectiveness
6-18-14	Promoting Mental Health
6-24-14	Keeping Baby Healthy and Safe
6-24-14	Birth & Beyond
6-24-14	Parenting Strategies
6-25-14	Service By Design
6-25-14 to 6-27-14	Love and Logic
11-18-13, 11-20-13	OCCAN National Conference

**HEALTHY FAMILIES AMERICA**

**Technical Assistance and Quality Assurance**

Healthy Families America contractors provided outreach activities, 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
- Car Seat Giveaway at Utica Park
- Community Baby Shower
- Seminole Nation Tickle Me Pink
- Kids First Coalition
- Child Abuse Prevention Day at the Capitol
- Seminole County Child Abuse Prevention Day
- Baby Think it Over Presentation
- Oklahoma County Health Fair
- Oklahoma County Home Visitors Coalition
- Melody Lane Annual Celebration of Community Partners
- Exchange Club Community Partner Annual Gala
- Emergency Infant Services
- MIECHV Community Connectors Meeting
- Community Alliance of Resources for Everyone (C.A.R.E.)



- Interagency and Community Coalition of Grady County
- Tobacco Free Coalition for Grady and McClain Counties
- Chamber of Commerce for Purcell and Pauls Valley
- Bare Baby Bottom Diaper Drive
- Great Beginnings Diaper Shower
- Great Beginnings Annual Christmas Party
- Great Beginnings Easter Egg Hunt
- Nuestras Familias Parenting Support Groups
- Child Abuse Prevention Rally/Walk a Mile in Her Shoes
- Autism Network
- Infant Mental Health Work Group

Healthy Families America 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, adherence to the HFA Best Practice Standards 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 on January 30, 2014 and July 30, 2014 as defined in the Healthy Families America 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 OKDHS statistics on child abuse prevention reports, and identified which Healthy Families America families were involved. This provided baseline information in tracking future involvement with OKDHS referrals with current families as well as parents newly participating in the Healthy Families America 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 Healthy Families America 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 2014, 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 Healthy Families America programs. Each program was given an Oklahoma Child Abuse Prevention Program Application (OCAPPA) User's Guide that describes 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 HFA staff must keep current with national programs and emerging practices. To facilitate the continuing education of the HFA program consultants, director, 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



## NURSE-FAMILY PARTNERSHIP (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, Nurse-Family Partnership nurses are required to attend core trainings as listed below and meet annual continuing education requirements.

Nurse-Family Partnership provided core trainings for 15 new nurse home visitors, one new nurse supervisor, and two state nurse consultants for SFY 2014.

### 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, 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, Therapeutic Relationships, Approaches to Problem Solving and Behavior Change, Program Guidelines, Documentation and Partners in Motivational Interviewing;
- 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, Nurse-Family Partnership and Healthy Families America programs 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

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 2014, continuing education offerings focused on Reflective Practice and Reflective Supervision.

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**

Nurse-Family Partnership (NFP) State Nurse Consultants (SNCs) work closely with NFP, National Service Office and Nurse-Family Partnership 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. 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 Nurse-Family Partnership teams continued during SFY 2014. 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 OSDH/FSPS uses federal funds to sponsor the annual CAP Day Mini Conference each year which directly follows the CAP Day at the Capitol, falling in April during National Child Abuse Prevention Month (though immediate events at the Capitol are in question while the structure is scheduled to be restored through 2018). 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.

### ***The Annual Child Abuse and Neglect 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, 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).



## HEALTHY FAMILIES AMERICA

### ***Support, Training, Technical Assistance and Evaluation Assistance***

During the grant cycle (10/01/13 to 9/30/14), HFA 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 Healthy Families America Program consultants will provide consultation and technical assistance to the funded child abuse prevention programs to assure quality and best practice services. The HFA 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 HFA Program Consultants via site visits, general meetings, telephone consultation or e-mail exchanges and in specialized efforts.

### ***Healthy Families America Training***

Currently, Healthy Families America has one staff member certified to conduct the Parent Survey, Community Outreach Core Training. The Integrated Strategies for Home Visitors (ISHV) Training has been offered as a Stop Gap Training due to limited availability of an ISHV Trainer. The ISHV Stop Gap Training enables Family Support Workers to begin home visits as quickly as possible. Currently, sites are able to attend the full 4-day ISHV Core training in other states. The HFA Program Consultants will continue to provide or refer core training for family support workers and family assessment workers, and supervisor training for program supervisors and for home visitors who staff the funded child abuse prevention programs.

### ***Parents as Teachers Training***

Healthy Families America collaborates with the National Parents as Teachers (PAT) Model in providing curricula and other types of training such as PAT Foundational Training, PAT Foundational II and Issues in Working with Teens. HFA 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. Healthy Families America 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. Healthy Families America and PAT will continue to work together to present combined PAT Foundational Training, PAT Foundational II and Issues in Working with Teens at the state level.



### ***Other Training***

Healthy Families America 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. Healthy Families America sponsored training is open to Nurse-Family Partnership and PAT Program staff.

### ***Annual Contractors Meeting***

At the beginning of each state fiscal year (SFY), the Healthy Families America 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 Healthy Families America staff must keep current with national programs and emerging practices. To facilitate the continuing education of the HFA 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 HFA 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 HFA may attend other national conferences to identify emerging practices and relevant research in the areas of family resource and support.



## NURSE-FAMILY PARTNERSHIP (NFP)

### *Training*

In order to provide services in the NFP 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; and
- Partners in Parenting Education (PIPE) training to teach parents how to have positive parent-child interactions.

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 2014, nurses also attended training that focused on Reflective Practice and team consultation.

### *Technical Assistance, Quality Assurance and Quality Improvement*

Oklahoma's program 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 Nurse-Family Partnership 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.
- 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.
- MIECHV teams complete additional training in quality improvement (QI) processes and use of QI tools. MIECHV teams complete a project using QI processes knowledge from the training. All teams explore Best Practices.

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

## MATERNAL, INFANT, EARLY CHILDHOOD HOME VISITING PROGRAM EVALUATION PLANS

### *Training*

The expansion of services across the home visiting models, as a result of the MIECHV grant awards, has demonstrated the significant need to build upon existing training capabilities. The OSDH is in the final stages of creating a comprehensive training calendar for home visiting staff. The improved training calendar includes increased frequency in training availability and location; offering face-to-face trainings in Oklahoma City and Tulsa and an expanded variety of training topics (inclusive of domestic violence – safety plans, motivational interviewing, reflective supervision, and special needs) to increase home visitors competency in a variety of subject matters in FY 2015 and beyond. Trainings are available to staff via satellite videoconference, face-to-face, and online.

## FSPS – ALL PROGRAMS

### *Training*

- Additional training is available on 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.

In an effort to streamline trainings and assure that everyone was getting requisite core training for the service, great work has gone into generating a yearly training calendar while also consolidating the trainings for all home visitation programs, and announcing availability for trainings that are open to the public.



## EVALUATION PLANS

### ★ [Annual Report Narrative](#)

#### ***Federal Office of Management and Budget's (OMB) Program Assessment Rating Tool (PART) Reporting Requirements***

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

The office will provide data on 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 back to the Office on Child Abuse and Neglect within the Administration for Children and Families (ACYF).

#### ***OSDH/FSPS – General Evaluation Methodology/Approach and Data Sources***

Most evaluation data is self-reported by the families to the home visitors and recorded on evaluation forms. Other sources of data include qualitative interviews conducted by the University of Oklahoma, Center on Child Abuse and Neglect (OUCCAN), data on child abuse and neglect cases provided by the Oklahoma Department of Human Services, and information from administrative files such as data sharing agreements with social service agencies. Data is collected on every home visit by the home visitors through self-reported responses from the families on evaluation forms using paper and pencil and subsequently entered into Oklahoma's Efforts to Outcomes database. For many of the constructs, data is collected on each home visit, and for others, data is collected at baseline and then updated every six months. Each measure has its own frequency and method of data collection. The procedure for all HFA home visitors is to document all data collected within 24 hours of the home visit, and have that data entered into their respective database within one week of the visit.

FSPS home visitation programs have been using client information systems that were created in 2000. The system has undergone small revisions since initiation, however, the system is inadequate for the current environment and disjointed, not allowing for a seamless referral and case management process across programs. Due to the expansion of the Healthy Families America (HFA) programs under the MIECHV Grants as well as the desire to coordinate across home visiting programs, a new data collection system was needed. During SFY 2014, the OSDH requested proposals from qualified vendors for planning, installation, testing, implementation, and maintenance of a supplier-provided Case Management Client Information System. A contract between OSDH and Social Solutions was approved in June 2014, for a new database. The contract stated that the database would be completed by the end of FY 2014 (September 30, 2014). Between October 1, 2014 and December 31, 2014, final modifications were made and the "go-live" implementation date was January 1, 2015.

#### ***Barriers to Evaluation***

The primary barrier to evaluation for the Healthy Families America (HFA) Program is the old OCAPPA Database due to no options for data quality checks and limited reporting capabilities. HFA has purchased a new database, and although the transition has been difficult and data will have to be cleaned up this fiscal year, it is anticipated that the data will be cleaner, more useable, and more informative to enhance home-based parenting services.



**Evaluation Technical Assistance Needs**

FSPS home visiting programs have strengthened this area by adding two dedicated home visiting service evaluators, in addition to the support from Community Epidemiology and Evaluation within OSDH. The additional staff members have had a positive impact on the evaluation technical assistance needs. Technical assistance is provided to the sites regarding data entry, data analysis, and continuous quality improvement related to both process and outcome measures.

**EVALUATION – HEALTHY FAMILIES AMERICA PROGRAM DEMOGRAPHICS AND OUTCOMES**

Presented below are some of the outcomes based on new measures collected during SFY 2014. The following tables describe the achievements for Healthy Families America programs:

- **811** families were active or enrolled during SFY 2014.
- **320** Edinburgh Postpartum Depression Screenings were administered to the new Healthy Families America mothers in SFY 2014. Sixty-six percent indicated some signs of depression while thirty-three percent indicated the need for immediate referral to a healthcare professional.
- **Over 67** percent of fathers of Healthy Families America children spent time with the child in SFY 2014.
- **2,928** 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.
- **96%** of Healthy Families America parents reported that their children were up-to-date on their immunizations.
- **77%** of new Healthy Families America mothers initiated breastfeeding.
- **95%** of Healthy Families America parents reported quitting, reducing or never began smoking from the time of enrollment to the end of SFY 2014.
- **15%** of primary caregivers furthered their education since enrollment.
- **39%** have increased their household income since enrollment.

**Table 1: Home Visitation Service Summary, SFY 2014**

14	Healthy Families America Contracts
29	Oklahoma Counties served
768	Number of children living in the household who received home visits
795	Mothers who received home visits
149	Fathers who received home visits
362	Families who received home visits
70	Grandmothers who lived in the home receiving home visits
46	Grandfathers who lived in the home receiving home visits
7	Boyfriends (not father of child) who lived in the home receiving home visits



63	Primary caregivers with disabilities who received home visits
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*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 Healthy Families America parents who enrolled in SFY 2014 was 25 years of age. More than half of the parents were under 25 years of age. The youngest parent was 12 years of age and the oldest was 57 years of age.

**Marital Status:** Fifty-six percent of Healthy Families America parents who enrolled in SFY 2014 reported their marital status as single, never married. Twenty-four percent reported being married and much smaller percentages reported being divorced or separated.

### **Number and Age of Children Living in the Household**

Almost half of Healthy Families America parents who enrolled in SFY 2014 reported living with only one child or were pregnant at the time of enrollment. More than half of all children living in the home of new Healthy Families America parents in SFY 2014 were under three years of age.

## **EVALUATION – NURSE-FAMILY PARTNERSHIP PROGRAM DEMOGRAPHICS AND OUTCOMES**

Presented below are some of the outcomes reported during SFY 2014.

- **88%** of NFP babies were born at normal birth weight (more than 5.5 lbs.);
- **86%** of NFP babies were carried to term (more than 37 weeks gestation);
- **92%** of NFP children were fully immunized at 24 months;
- **88%** of NFP mothers initiated breast feeding;
- **90%** of NFP mothers attended 10 or more prenatal care visits;
- **92%** of NFP clients quit, reduced, or never began smoking between intake and 36 weeks of pregnancy;
- **103** referrals to early intervention services were made to NFP mothers whose children screened positive for developmental delays on regularly administered Ages & Stages questionnaires;
- **2,992** Edinburgh Postnatal Depression Scale screenings were administered to 1,454 mothers. Approximately 14% of these screening indicated signs of depression and required immediate attention by a healthcare or mental health professional.
- **80%** of NFP fathers spent time with their child
- **95%** of NFP clients served in SFY 2014 had at least one working smoke detector in the home;
- **98%** reported always traveling with their child in a car seat;
- **98%** of NFP 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 NFP families between 2002-2005, 914 fewer children would have been confirmed maltreatment victims.

The following table describes the achievements of the Nurse-Family Partnership (NFP) program:

98	Nurses (number of non-supervisory, full-time/part-time nurse home visitors)
5,432	Eligible referrals (number of women referred to program who met eligibility requirements)
1,372	New enrollees (number of women who enrolled in the program during SFY 2014)
3,022	Current participants (number of families that received at least one visit during the last year)
30,688	Completed visits (number of completed home visits or supervisory visits)
811	Births (number of families with a completed birth form)
64	Counties with NFP services available to families

## **NURSE-FAMILY PARTNERSHIP EVALUATION ACTIVITIES CONDUCTED DURING SFY 2014**

### **Data Collection**

Oklahoma NFP programs have been using client information systems that were created in 2000. The system has undergone small revisions since initiation, however, the system is inadequate for the current environment and disjointed, not allowing for a seamless referral and case management process across the program. Due to the expansion of NFP programs under the MIECHV Grants as well as the desire to coordinate across home visiting programs, a new data collection system was needed. During SFY 2014, the OSDH requested proposals from qualified vendors for planning, installation, testing, implementation, and maintenance of a supplier-provided Case Management Client Information System. A contract between OSDH and Social Solutions was approved in June 2014, for a new database. The contract stated that the database would be completed by the end of FY 2014 (September 30, 2014). Between October 1, 2014 and December 31, 2014 final modifications were made and the “go-live” implementation date was January 1, 2015.

### **Site Visits and Record Audits**

NFP State Nurse Consultants (SNCs) work closely with NFP 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. 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.

Quality Improvement (QI) training for all NFP teams continued during SFY 2014. Each team 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. The Nurse-Family Partnership Program strives to meet the National Service Office (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.

### **Additional Evaluation Activities**

Although evaluation of the Nurse-Family Partnership Program has been described 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 2010-2014 by the University of Oklahoma, Department of Biostatistics and Epidemiology, describes infant birth characteristics for Nurse-Family Partnership as follows:

- Of the 3,284 infants born to clients enrolled during SFY 2011 to SFY 2014, 7.8 percent were low birth weight - (the Healthy People 2020 objective is 7.8 percent); and
- The percentage of preterm infants born to Nurse-Family Partnership (NFP) clients for all years combined was 7.8 percent - (the Healthy People 2020 objective is 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 2011, only 20 percent completed the program. American Indian 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, etc.) utilized in order to



prepare for and improve the next year. CAP Month evaluation consists of implementing an online survey monkey. The survey 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. Provide feedback on improving CAP activities and Day at Capitol.

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 2014 evaluation results included in the Attachments.*

#### ★ [Section XIV, Application Narrative](#)

## HEALTHY FAMILIES AMERICA EVALUATION PLANS

Evaluation is an intricate part of the funded child abuse prevention programs and the Healthy Families America operation and has been in place since SFY 2000. The evaluation of Healthy Families America 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 the national level. Program outcomes have been refined and appropriate measurement tools adopted to collect data. Database revisions have been made to accommodate these changes.

The evaluation plan for FY 2014 will include the evaluation manual and protocol, database technical assistance and training, monitoring site visits, and the annual report including an inventory of services. Every training and all 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.

### ***Healthy Families America 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 Healthy Families America 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 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 and 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;
- Allow for systematic, statewide evaluation; and
- Allow for the navigation of HFA accreditation activities.

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 Healthy Families America contracts has been described and additional evaluation is conducted. Each Healthy Families America 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 Healthy Families America contract vendor. Thus, speakers, programs, network development work, and other 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 HFA Program Consultants by the funded community-based child abuse prevention programs.



## Site Visits

Program site visits are an important component of the overall assessment of the community-based child abuse prevention programs. Healthy Families America provided annual on-site visits of each of the funded programs in SFY 2014 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. HFA Consultants assess the programs using a standardized checklist of critical elements of community-based child abuse prevention programs (see Attachment in Start Right/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 visits entail:

- Opening/closing sessions with the program staff;
- Compliance to the Healthy Families America Twelve Critical Elements;
- Best Practice Standards are in place
- 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 Healthy Families America 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.

## NURSE-FAMILY PARTNERSHIP 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 emergency room 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 Nurse-Family Partnership Program and include process as well as outcome measures. The current comprehensive evaluation plan is based on outcomes identified in the Children First Logic Model (Nurse-Family Partnership in Oklahoma) 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: Nurse-Family Partnership section ‘Children First 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.

### ***Nurse-Family Partnership (NFP) – Future Evaluation Plans***

With the purchase of the new database, enhanced evaluation activities have been made possible. The database has advanced reporting capabilities which will be utilized to improve data quality as well as process and outcome performance. 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. Nurse-Family Partnership 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.

### ***Nurse-Family Partnership (NFP) Logic Model***

Both national NFP and Oklahoma have developed logic models that define program goals and expectations as they pertain to client outcomes and theories of change. The NFP and Oklahoma’s NFP (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, Oklahoma’s Nurse-Family Partnership 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 collection from each of the listed programs is 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 data collection system has been developed specifically for Oklahoma. The Oklahoma State Department of Health issued an Invitation to Bid, and Social Solutions was awarded the contract to design a database that would accommodate all models, which would make retrieving and analyzing data easier, and also be amenable to changes and additional services, especially in areas where data comparisons would be beneficial in the services provided throughout the state among other agencies. The new database Efforts to Outcomes (ETO) was implemented January 1, 2015, and is functional across all models, though ongoing improvements and adjustments are being made to ensure best use across programs. (The MIECHV benchmarks are included in the Attachments section, Folder 2.)

## FUTURE HEALTHY FAMILIES AMERICA PROGRAMS AND ACTIVITIES

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

- Increase areas of concentration, specifically child health and development, primary caregiver health, family stability and family safety. The *Start Right* Logic Model has not been significantly changed; small adjustments have occurred to more accurately reflect the specific areas of concentration. *Healthy Families America* evaluators continually analyze data and recommend areas for improvement on a regular basis.
- Increase continuous quality improvement (CQI) by collaborating with other home-based parenting services funded by the Oklahoma State Department of



Health. Field staff received training and completed the CQI process. Healthy Families America implemented Service By Design, a CQI training using an external CQI expert. The CQI projects will be used to make systematic improvements in home-based parenting service processes and outcomes by gaining insights regarding program operations, recruitment and retention of families. HFA contractors will continue to use the CQI process throughout the year to improve and increase services to families.

- Implement strategies to involve fathers in home-based parenting services which emphasize the importance of a father's role and increase the bonding and attachment between a father and his child.
- Increase training to include topics specific to health education and preconception care. Each home visitor will be equipped through training to address maternal health, child health and development. Primary caregivers will receive education during home visits on preconception and inter-conception care, specifically on the harmful effects of alcohol, smoking, and drug use and on the importance of folic acid to help ensure a healthy pregnancy. If a primary caregiver enrolls during the prenatal period, home visitors will offer support by helping mothers keep all prenatal appointments.



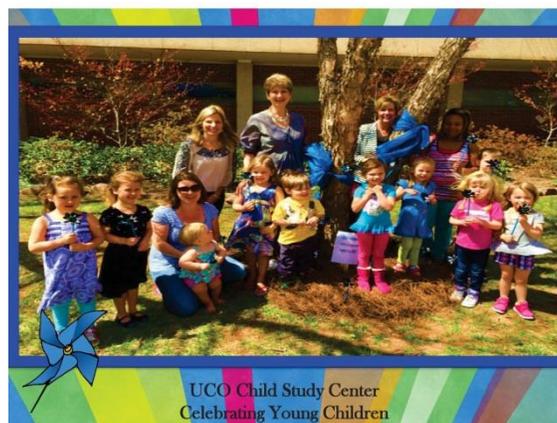
# CHILD ABUSE PREVENTION MONTH, 2014

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 evolved into a powerhouse of prevention marvels, becoming a great collaborative, drawing new interest each year. April 2014 has long been in the books, with planning meetings experiencing record attendance. As new members joined and the tried and true stayed, participants were infused with new energy and ideas that constantly brought a new take to prevention.



The group coordinated and planned all of the April events including *National Child Abuse Prevention (CAP) Month* and the annual *CAP Day at the Capitol*, and provided assistance with the *CAP Day Mini Conference* amongst other activities related to child abuse prevention. The group also sought 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 Collective Impact, Domestic Violence or Home Visitation – back to child abuse prevention and also showcases an agency while highlighting some simple things anyone can do related to the topic (see Attachment section which include various topics, such as, child abuse prevention and domestic violence, reporting abuse, abusive head trauma, etc.)

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, 2014:***

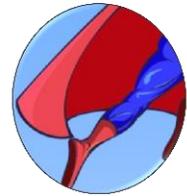
- **Advocacy** – Working to create a common message among child advocates.
- **Build a Blue Ribbon Tree for Kids Campaign** – For the sixth year, blue ribbon trees sprouted up across Oklahoma. Participants were encouraged to complete an official Tree Registry including photos that were displayed in a dual slideshow, displayed during the CAP Day at the Capitol as well as being captured in the official 2014 CAP Month Scrapbook.
- **CAP Day at the Capitol** (Tuesday, April 8, 2014) – Coordinating a grand plan for the day.
- **“Save a Baby’s Bottom” Diaper Drive** – for the second time, everyone could choose to build the scaffolding at the Capitol by contributing diapers at CAP Day or they could host a diaper drive in their community and keep the diapers close to home.
- **Linking with Libraries** – For the eighth 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 on 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.



- **CAP Day Mini Conference** – making the day complete by learning more about child abuse prevention with both national and local speakers.
- **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 bag of child abuse prevention items. A Twitter account and Facebook page were activated and buzzing with social messaging posts related to the Oklahoma CAP events.

### 2014 CAP Month Theme

## **"BE A SUPERHERO FOR OKLAHOMA'S CHILDREN"**



Oklahoma has a new Superhero... **YOU!**

The theme was developed as a way to encourage everyone to get involved, with no act being too 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 disseminated to networking partners across the state (i.e. school counselors, home-based parenting programs, libraries, preschools/schools, 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 2014 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 and Mini Conference and Press Conference.

## CAP DAY AT THE CAPITOL, 2014

*Superheroes for Kids flooded the Capitol on Tuesday, April 8, 2014!*

### **CAP Day at the Capitol Highlights**

- ⌘ Over 200 participants wearing royal blue attended **CAP Day!**
  - ⌘ Over 230 participants attended the CAP Day **Mini Conference!**
  - ⌘ Over 7,500 diapers were collected during the **Capitol Diaper Drive**  
(led by Infant Crisis Services of OKC)!
  - ⌘ **Blue Ribbon Tree Display Tables (28)** – featuring Programs/Agencies statewide!
  - ⌘ **Blue Ribbon Tree Dual Slideshow Presentation** (looping throughout the morning)!
    - ⌘ CAP Day at the Capitol **Press Conference!**
    - ⌘ Presentation of **Outstanding Child Abuse Prevention Awards!**
    - ⌘ **Large Group Prevention Photo** with Child Advocates!
    - ⌘ **Basics of Reporting Child Abuse Workshop** presented by OKDHS!
    - ⌘ **Advocacy 101 Courses** (three classes, three speakers to choose from)!
- Complete CAP Day /Month materials included in Attachments section, Folder 5.*

### **4th Annual CAP Day Mini Conference – “Be a Superhero for Children”**



The CAP Action Committee works with the OSDH/FSPS to provide a wonderful lineup of guest speakers to complete the CAP Day experience for all of the child advocates and prevention specialists who make 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 2014 Mini Conference was held in the afternoon following CAP Day at the Capitol on Tuesday, April 8, 2014 with a general prevention focus. The conference was held at the beautiful Samis Education Center at OU Children’s Hospital in Oklahoma City. Over 230 participants attended the conference with Laura Porter, Director of ACE Partnerships for the Comprehensive Health Education Foundation from Washington serving as the keynote, speaking on “*ACE – the Magnitude of the Solution.*” Several other breakout sessions were offered in addition to the keynote address including topics on Genograms, Gangs, Pro-Action Cafés and much more. The Mini Conference Program and Evaluation results are included in the Attachment section, Folder 5.

### **Public Awareness**

The Family Support and Prevention Service staff have provided technical assistance, public awareness, and promotional materials to various home visitation programs [including the NFP and HFA programs involved internally as well as others], local task forces and the community at large accompanied by media involvement through press releases, fact sheets, commercials and countless radio/television interviews related to child abuse prevention.



**parentPRO**

MIECHV funds allowed an exciting expansion development of what is called “parentPRO” in multiple forms (discussed in part in earlier sections).

*The Toll-Free parentPRO Phone Line*

To assure that families are quickly referred to the home visiting program that best meets their needs, Oklahoma developed a centralized statewide referral system (parentPRO) for home visitation services. The toll-free parentPRO phone line is answered by OSDH staff trained to use a simple tool to assess a family’s needs and refer the family to the most appropriate EBHV programs. Calls are answered in both English and Spanish. Callers are also invited to be immediately transferred to a specially trained nurse or child development specialist when any acute needs arise that can be addressed on the phone.

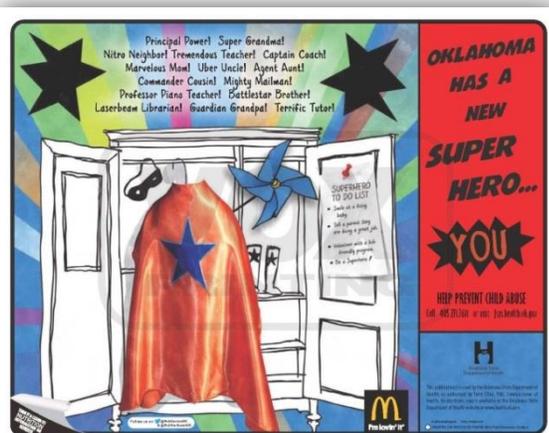
*The parentPRO Commercial, Electronic Billboard and Website*

MIECHV funded [parentPRO commercials](#)<sup>3</sup> along with an electronic billboard, and a parentPRO website, independent from any state agency developed with funding from the Potts Family Foundation. The new parentPRO website allows potential participants to locate a variety of early childhood services, and it contains parenting tips, child development checklists and recent parenting news. Both the toll-free phone line and the website are convenient for families with transportation issues and those that live in isolated areas.

[The parentPRO Website](#)<sup>4</sup>

**National Family Month (June)**

In celebration of June - **National Family Month**, the OSDH/FSPS continued to partner with Moroch and Associates (a public relations firm for the statewide McDonalds Restaurants in Oklahoma) to promote child abuse prevention. Artwork with an important ‘protect children’ message was provided to the agency again in 2014 (see poster included this page for both 2014 and a draft for 2015), which they converted to fit their McDonald tray liners with nutritional information on the back. In 2014, they printed and disseminated 582,000 tray liners to 194 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 2015 and possibly in 2016.



**2014 Tray Liners**



**2015 Tray Liners**

<sup>3</sup> <https://vimeo.com/user10001181/review/91752183/706eba609e>

<sup>4</sup> <https://www.parentpro.com/home/>



✦ [Section XV, Application Narrative](#)

## PLAN FOR CHILD ABUSE PREVENTION MONTH AND PUBLIC AWARENESS, 2016

NOTE: In an effort to avoid duplication, please also see Annual Report Narrative above as 2016 will be a continuation of earlier efforts albeit an expanded and enhanced version building upon the past.

### Building for Next Year, 2016

During April/National Child Abuse Prevention Month, we will:

- Continue the campaigns, activities and events that have grown and been so successful over the last decade.
- Continue providing materials and resources statewide so that communities will be equipped to host their own events.
- Continue the Build a Blue Ribbon Tree for Kids Campaign!
- Continue offering home-based parent educators and other prevention specialists and child advocates the opportunity to grow more effective in their fields through motivation and training at the Child Abuse Prevention (CAP) Day Mini Conference, **Tuesday, April 12, 2016.**



While in this report we do not cover the recently completed Child Abuse Prevention Month (April 2015), in spite of the fact that OSDH/FSPS and the CAP ACTION Committee was not the lead for this year's CAP Day at the Capitol due to pending legislation, other organizations stepped up and not only met the challenge but exceeded expectations. It was a huge success! The CAP ACTION Committee, however, did have many other prevention activities that kept the group reeling creatively and at full capacity with every meeting, which is unusual without a CAP Day to plan.

With the help of key members, the CAP ACTION Committee embarked on a journey that evolved into the creation of a new website, [www.brighterfutureforkids.com](http://www.brighterfutureforkids.com), and along with that, generated a new social media campaign for greater reach with child abuse prevention messaging. After crisscrossing roads, swerving through continents and going literally from point "A" to "Z", The first accomplishment was the development of the [Coloring Challenge](#)<sup>5</sup>

(a small, gently borrowed takeoff of the Amyotrophic Lateral Sclerosis (ALS) Challenge), inviting children and families to color, share and upload their "Happiest Day" picture via any of the many social media sites using the hashtag "#pictureabrighterfuture" which became the 2015 theme – **Picture a Brighter Future for Oklahoma Kids!** Advocates suggested and encouraged participants everywhere to take the challenge to the next level by sending pictures to their legislators, insisting Oklahoma needs more children experiencing happy days. An added bonus was that the hashtags (#) could be counted and we will be



<sup>5</sup> <http://www.ok.gov/health2/documents/Coloring%20Challenge%20Instructions%20NEW.pdf>



able to collect some outcomes from the Challenge. The goal for April 2015 was to collect 1,000 happy pictures. The second accomplishment became the website (mentioned above), initially developed to be the landing page for all of the “happy” pictures. However, it has grown into much more with potential for the future.

For April alone, the website housed three main components:



While the website was created by the CAP ACTION Committee and then sponsored by the Oklahoma Institute for Child Advocacy (OICA), all of the CAP ACTION members from various agencies and programs and other organizations with a child abuse prevention emphasis were invited to partner with us by posting their logo and/or information on the website (by signing a permission form and supplying a usable graphic of their logo). The website will be of benefit for years to come for creating awareness and providing significant information to individuals and organizations within the local communities. It can also be used to help connect people with resources they may need (trainings, supplies, and other areas not yet realized.) The Committee will continue to meet and plan for expansion of the website, explore social media avenues and discuss other ongoing prevention efforts throughout the coming year.

The planning meetings for 2016 will be held at one of the collaborative partner’s sites, the Oklahoma City-County Health Department NE Health and Wellness Campus in Oklahoma City. The planning dates scheduled are:

- Friday, June 19, 2015, 10:00am – Noon
- Friday, July 24, 2015, 10:00am – Noon
- Friday, August 21, 2015, 10:00am – Noon
- Friday, October 23, 2015, 10:00am - Noon
- Friday, December 4, 2014, 10:00am – Noon

In summary, CAP Month 2015 was without a **CAP Day at the Capitol** to plan for, but still exceeded attendance at all planning meetings and brought forth a new website that everyone feels has immense potential. In 2016, we hope to rise to the occasion again, seeking new ways to be creative even though we are without a Capitol to plan an event due to imminent plans to restore the structure which could take as long as three years. We are striving to build prevention into everyday Oklahoma with everyday Oklahomans... and we look forward to embracing that opportunity!



## AREAS FOR TECHNICAL ASSISTANCE

### PARENT LEADERSHIP

**Parent Leadership** remains high on the ‘needs’ list for Oklahoma’s technical assistance including building/expanding Parent Partnership Boards in partnership with Smart Start Oklahoma and the Center for Child Abuse and Neglect (CCAN) and now supporting CCAN’s Board with MIECHV.

The past few years have been busy with a great deal of focus surrounding home visitation and little time available for additional technical assistance to enhance parent leadership or launching new projects, such as the Essentials of Childhood. For FY 2016, we plan to build Essentials into our prevention work and also further expand the role of parents in our state, and we would like to see technical assistance included.

### **RECONFIGURING THE PREVENTION NETWORK – BUILDING A NEW STRUCTURE**

In Oklahoma, we have a great opportunity in our midst that few states have with the ability and resources to build and expand home visitation with evidence-based programs. Although a part of our prevention landscape changed with the loss of one key component (the Interagency Child Abuse Prevention Task Force) in the overall prevention structure, the Infant and Early Childhood Health Advisory Council is about to launch. We look forward to working with this new Council in conjunction with other partners to put a new structure in place after many years without much change, although this will take some work to see how all of the parts will fit together and get work completed. All in all, we look forward to a new year of community-based child abuse prevention with the many networks and partners that make Oklahoma great.



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## 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.

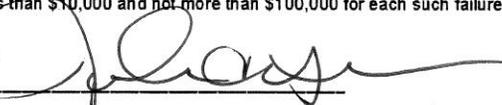
(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. 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

DEPUTY SECRETARY OF HEALTH AND HUMAN SERVICES

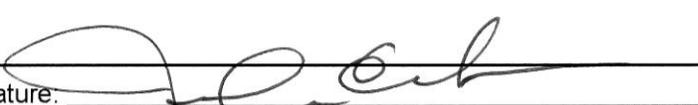
Organization

OKLAHOMA STATE DEPT OF HEALTH

## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB  
0348-0046

<b>1. Type of Federal Action:</b> <input checked="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	<b>2. Status of Federal Action:</b> <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="checked" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  <b>Congressional District, if known:</b> 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  <b>Congressional District, if known:</b>	
<b>6. Federal Department/Agency:</b> U.S. Department of Health and Human Services	<b>7. Federal Program Name/Description:</b> Family Support & Prevention Service/Office of Child Abuse Prev. CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> 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 Cline, Ph.D. Title: Commissioner/Secretary of Health and Human Services Telephone No.: (405) 271-4200      Date: 6-2-15	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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## 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.

**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:**

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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.



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.

