

CBCAP

FY 2015 Annual Report FY 2017 Application Submission



[OKLAHOMA CAMPAIGN](#)

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

Oklahoma State Department of Health
June 3, 2016

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Oklahoma State Department of Health
Creating a State of Health

June 10, 2016

Rafael López
Commissioner
Administration on Children, Youth and Families
330 C Street SW – 3rd Floor
Washington, D.C. 20024

RE: Community-Based Grants for the Prevention of Child Abuse and Neglect
or Community-Based Child Abuse Prevention (Log No. ACYF-CB-PI-16-02)

Dear Mr. López:

Enclosed please find the Oklahoma State Department of Health (OSDH) application for the FY 2017 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 eight separate services – one of which is the *Family Support and Prevention Service* (FSPS). The FSPS is directed to establish a comprehensive statewide approach toward the prevention of child abuse and neglect. The mission of the FSPS is:

To promote the health, 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

Ronald Woodson, MD
President
Jenny Alexopoulos, DO
Terry R Gerard, DO

Board of Health
Martha A Burger, MBA
Vice President
Charles W Grim, DDS, MHSA
R Murali Krishna, MD

Cris Hart-Wolfe
Secretary-Treasurer
Timothy E Starkey, MBA
Robert S Stewart, MD

1000 NE 10TH Street
Oklahoma City, OK 73117-1207
www.health.ok.gov
An Equal Opportunity Employer



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

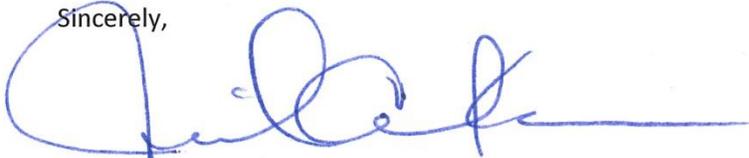
The OCAP has worked collaboratively with networking partners to prepare the “Oklahoma State Plan for the Prevention of Child Abuse and Neglect” – a compilation of findings, recommendations and the plan for the continuum of comprehensive child abuse prevention services across the state.

The OCAP also has worked with networking partners to review and fund the community-based family resource and support programs that have been in existence over the years. Once approved and awarded, the local agencies signed contracts with the OSDH to provide child abuse prevention services to families. These services have consisted of home visitation and center-based services. The OCAP has a long history of assuring 1) service providers are well trained, 2) quality improvements have been ongoing through administration of annual site visits and assistance with peer reviews and 3) the local programs were productive and effective by continued evaluation of program data.

The Family Support and Prevention Service has been ground central for many of the home visitation programs in the state, including the Nurse-Family Partnership program (referred to in Oklahoma as the *Children First Program*) and the *Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program*. The *Children First 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 FSPS within the OSDH are in alignment with the requirements of the CBCAP grant. For this reason, we look forward to continuing our efforts in preventing child maltreatment while partnering with the Administration on Children, Youth and Families.

Sincerely,



Terry Cline, Ph.D.
Commissioner
Secretary of Health and Human Services

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

Ronald Woodson, MD
President
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APPLICATION: SECTION II - LEAD AGENCY IDENTIFYING INFORMATION

In Response: Log No: **ACYF-CB-PI-16-02**

Date of Issuance: **03/03/2016**

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

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

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

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

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

CBCAP Program Contacts:* Sherie Trice, M.S., CCPS 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
MikeT@health.ok.gov

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



Mary Fallin
Governor

March 28, 2016

Rafael López
Commissioner
Administration on Children, Youth and Families
Department of Health and Human Services
330 C Street Southwest
Washington, DC 20201

Dear Mr. López:

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

Because prevention is highly emphasized in the arena of public health, the OSDH is the most appropriate agency to accomplish the goals of the Community-Based Child Abuse Prevention (CBCAP) program. The OSDH has over twenty 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.

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

Sincerely,

A handwritten signature in black ink that reads "Mary Fallin".

Mary Fallin
Governor

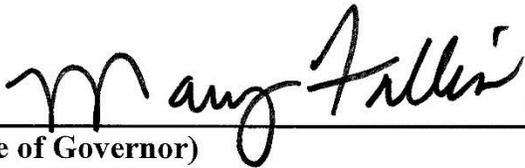
enclosure: *Governor's Assurance Statement*
OMB Control #0970-0155

**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)

3-27-16

(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))**

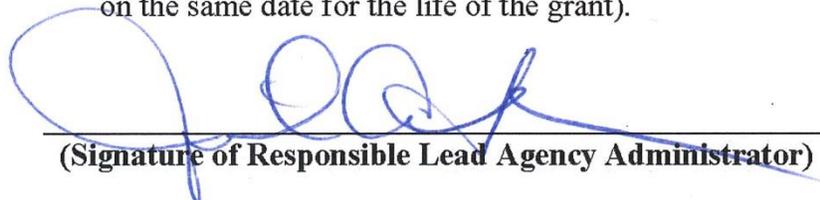
STATE LEAD AGENCY ASSURANCE STATEMENT

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)

6/7/14
(Date)

LEVERAGED FUNDS WORKSHEET for FFY 2016 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 ----- BUDGETED/SPENT		SOURCE OF FUNDS BEING CLAIMED	PURPOSE FOR WHICH FUNDS WERE BUDGETED AND SPENT
\$ 1,747,203	Jul-14	Monthly Oct 14 - June 15	State Appropriation County Millage	Office of Child Abuse Prevention (OCAP) (Healthy Families America)
\$ 491,636	Jul-15	Monthly Jul 15- Sept 15	State Appropriation	OCAP - HFA
\$ 234,183	Jul-14	Monthly Oct 14- June 15	State Appropriation	OCAP Administration
\$ 31,622	Jul-15	Monthly Jul 15- Sept 15	State Appropriation	OCAP Administration
\$ 3,407,970	Jul-14	Monthly Oct 14- June 15	State Appropriation County Millage	OSDH Child Guidance Program
\$ 927,690	Jul-15	Monthly Jul 15- Sept 15	State Appropriation County Millage	OSDH Child Guidance Program
\$ 6,261,697	Jul-14	Monthly Oct 14- June 15	State Appropriation County Millage	Nurse-Family Partnership <i>(known as Children First in Oklahoma)</i>
\$ 2,403,831	Jul-15	Monthly Jul 15- Sept 15	State Appropriation County Millage	Nurse-Family Partnership <i>(known as Children First in Oklahoma)</i>
\$ 320,048	Jul-14	Monthly Oct 14- June 15	State Appropriation	PAT Pilot

Further detail included on the purpose of each item following LEVERAGED FUNDS WORKSHEET.

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
\$ 309,688	Jul-15	Monthly Jul 15- Sept 15	State Appropriation	PAT Pilot
\$ 8,533	Jul-14	Monthly Oct 14- June 15	Fee-Based	Heirloom Birth Certificates
\$ 298	Jul-15	Monthly Jul 15- Sept 15	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 2015 (i.e. 10/1/14 – 9/30/15) 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>TOTAL CLAIM</p> <p>\$ 16,144,399</p>	<p>PREPARED BY: (Fiscal Agent) <i>[Signature]</i> (Date) 6-8-16</p> <p>SUBMITTED BY: Deborah J Nichols (Lead Agency Authority) (Date) 6/8/16</p> <p><small>Digitally signed by Deborah J Nichols DN: cn=Deborah J Nichols, o=ou, email=deborah@health.ok.gov, c=US Date: 2016.06.08 12:32:31 -0500</small></p>
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Documentation of Leveraged Funds for Federal Matching Funds

- The leveraged funds submitted were state funds appropriated for the preceding fiscal year (October 1, 2014 – September 30, 2015) and directed by the Oklahoma State Department of Health, the CBCAP lead agency.
- These leveraged funds were used to support community-based and prevention-focused programs and activities designed to strengthen and support families while reducing the risk factors associated with child abuse and neglect.
- These state funds have not been used as leverage for any other federal fund grant program.

Clarification of the Leveraged Funds Worksheet:

1. The “**Amount of Claim**” column only contains monies spent between 10/01/14 and 9/30/15.
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 administers 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. CAP Funds were used to support Healthy Families America (HFA) home visiting programs (known in Oklahoma as *Start Right*).
4. **Office of Child Abuse Prevention Administration (OCAP Admin):** State appropriations allowed the OCAP staff from the OSDH central office to provide training, technical assistance, evaluation/assessment, quality assurance/improvement and affiliation/accreditation guidance to the HFA contractors.
5. **OSDH Child Guidance Program:** State appropriated dollars and county millage made up 88% of the Child Guidance Program budget, the remaining 12% comes from Medicaid billing. Program funds supported staff salaries, travel, training and supplies of Child Guidance personnel. Child development specialists, speech language pathologists and behavioral health clinicians provided multi-disciplinary services including detection, education, support, and treatment of developmental, communication, hearing and behavioral concerns and assisted families in accessing resources. Staff also provided evidence-based and evidence-informed programming such as *The Incredible Years*, *Circle of Parents*, *Parent Child Interaction Therapy* and the *Hanen Program for Parents*.

6. **Nurse-Family Partnership (NFP) Program** (known in Oklahoma as *Children First*): The NFP Program is a statewide public health nurse home visitation program offered through local health departments. The monies included on the Leveraged Funds Worksheet include staff salaries and travel of those nurses delivering the service as well as the staff salaries and travel of those in the OSDH central office that provide training, technical assistance, evaluation/assessment and quality assurance.
7. **PAT Pilot:** The *Parents as Teachers* (PAT) Pilot Program was initiated in four county health departments and includes both nurses and social service specialists as parent educators. The parent educators are supported by a case manager, community connector and FSPS consulting staff. The monies included on the Leveraged Funds Worksheet include staff salaries and travel for the parent educators 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.
8. **Heirloom Birth Certificates:** The OSDH offers Heirloom Birth Certificates for purchase. These funds help support child abuse prevention efforts across the state by providing free state-of-the-art, prevention-related training and technical assistance for home visitors and other prevention professionals.

APPLICATION: SECTION VI - BUDGET

ACTIVITY	FEDERAL DOLLARS	NON-FEDERAL DOLLARS
Administration	\$ 61,122*	\$ 12,224
Community-Based Services Home Visiting Service	\$ 90,000	\$ 18,000
Community-Based Services Non-Home Visitation (Including Child Guidance Services – The Incredible Years; Parent Child Interaction Therapy; Circle of Parents)	\$ 58,000	\$ 11,600
Innovative Programs (Including Parent Prep: For Crying Babies Home Visitation Lesson Plan)	\$ 16,000	\$ 3,200
Parent Leadership	\$ 15,000	\$ 3,000
Network Coordination	\$ 20,000	\$ 4,000
Travel (Including funding for two persons to attend the CBCAP Grantees meeting)	\$ 10,000	\$ 2,000
Public Awareness (Including Child Abuse Prevention Month Materials)	\$ 10,488	\$ 2,098
Training and Technical Assistance	\$ 25,000	\$ 5,000
TOTAL	\$ 305,610	\$ 61,122

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

Budget Notes

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

For the ease of the reviewer, the narrative portion of this document follows the template provided for the CBCAP 2015 Annual Report (in red) and the 2017 Application (in blue).

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

THE ROLE OF THE OSDH AND ITS ACTIVITIES



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

The OSDH Mission: The mission of the OSDH is “to protect and promote health, to prevent disease and injury, and to cultivate conditions by which Oklahomans can be healthy.” Through its system of local health services delivery, it is ultimately responsible for protecting and improving the public's health status through strategies that focus on preventing disease. Three major service branches (Community & Family Health Services, Prevention & Preparedness Services, and Protective Health Services) provide technical support and guidance to 68 county health departments as well as guidance and consultation to the two independent city-county health departments in Oklahoma City and Tulsa. (See the OSDH Organizational Chart below.)

The OSDH Structure and Activities: In February of 2013, the OSDH was one of 11 public health departments (the first group in the nation), and one of only two state public health departments that was awarded 5-year accreditation by the Public Health Accreditation Board (PHAB). This accreditation recognizes the OSDH as a high performing public health department that is able to achieve national standards that foster efficiency and effectiveness, and promote continuous quality improvement for public health.

The Community and Family Health Services (CFHS) continues to be responsible for the oversight of the 68 local county health departments and partners with the two independent city-county health departments¹ in order to serve all 77 counties. Each county health department offers a variety of services such as immunizations, family planning, well-baby clinics, adolescent health clinics, nutrition services, child developmental services, environmental health, and early intervention.

¹ Oklahoma City and Tulsa

CFHS is also responsible for the programmatic efforts that support most of the local health department efforts including policy development, training and evaluation. The following supportive Services are located within CFHS:

- 1) Family Support and Prevention Service – programs that promote the health, safety and well-being of children by educating the public, training professionals and providing direct services, including home visiting, to families;
- 2) Child Guidance Service – programs designed to promote optimal child development, and healthy interaction for children and those that care for them such as *Circle of Parents*, *Incredible Years* and direct interventions;
- 3) Maternal and Child Health Service – programs that provide state leadership to improve the physical and mental health of the Oklahoma maternal and child health population;
- 4) SoonerStart – Oklahoma’s Individuals with Disabilities Education Act Part C program designed to provide early intervention services to infants and children with disabilities and developmental delays;
- 5) Women, Infants, and Children (WIC) – a program providing nutrition education and food resources to low-income pregnant and postpartum women and their young children;
- 6) Dental Service – a service area providing leadership in oral disease prevention as well as mobilizing efforts that will help protect and promote good oral health;
- 7) Nursing Service – a service area dedicated to ensuring optimal public health nursing services, leadership, education, and advocacy;
- 8) Community Evaluation and Epidemiology – shared staff that provides analytical and evaluative support for CFHS programs as well as provides local communities support through survey development, implementation and data analysis; and
- 9) Records Evaluation and Support Division – a service area related to quality assurance chart reviews, technical support for OSDH developed software, and financial reporting software.

The Family Support and Prevention Service's (FSPS) mission is to promote the health, safety and well-being of children and families by providing education/awareness to the public, training of professionals working within the field of prevention, and support to those providing direct services to families. FSPS programmatic efforts and activities include:

- 1) Nurse-Family Partnership – nurse home visitation² services for first-time, low-income mothers (known in Oklahoma as *Children First*).
- 2) Healthy Families America – home visiting services provided to pregnant women and/or parents with young children (known in Oklahoma as *Start Right*); families are screened into the program utilizing the Kempe Family Stress Checklist.
- 3) Parents as Teachers – home visiting services provided to pregnant women and/or parents with children under age five years old; program focuses on parent-child interaction and school readiness.
- 4) Parents as Teachers Pilot – home visiting services incorporating nurses as well as social service specialists serving as parent educators; in addition, case managers are located on site to assist the parent educators; this version of PAT is being tested in four rural counties.
- 5) SafeCare – an ecobehavioral home visitation program that addresses parent-child bonding, home safety and cleanliness and child health.
- 6) The Office of Child Abuse Prevention – an office with the FSPS that is statutorily-charged with developing “The State Plan for the Prevention of Child Abuse and Neglect”, funding child abuse prevention services, and reporting on the effectiveness of those services.
- 7) The Community-Based Child Abuse Prevention Grant (CBCAP) – funds that allow community-based organizations to develop, operate and expand their services, support networks that work towards strengthening families, and foster understanding, appreciation and knowledge of diverse populations.
- 8) The Maternal, Infant and Early Childhood Home Visitation Grant (MIECHV) – funds that support home visiting efforts, strengthen and improve the quality and effectiveness, and improve coordination of services with the early childhood system. Unique features of the Oklahoma efforts include:
 - *Community Connectors*: Individuals working within each MIECHV community that facilitate collaboration and coordination among EBHVPs and other supportive services for families. They also promote EBHVPs to the community as well as potential referral sources. When appropriate, they directly recruit families into EBHVPs.
 - *parentPRO Referral System*: A centralized statewide referral system for home visitation services. The toll-free parentPRO phone line is answered by OSDH/FSPS staff trained to use a simple tool to assess a family’s needs and refer the family to the most appropriate home visiting program. Calls are answered in both English and Spanish. Callers are also invited to be immediately transferred to a specially trained nurse, behavioral specialist or child development specialist when any acute needs arise that can be addressed on the phone.

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

- *parentPRO Marketing*: A collective effort to market home visiting under one recognizable logo, regardless of model, and to simplify the enrollment process. Mediums include [parentPRO radio and television commercials](#)³ as well as a variety of print materials and mass transit advertising
- *parentPRO Website*: A new [parentPRO website](#)⁴ that allows potential home visiting participants to locate a variety of early childhood services as well as parenting information, and local family-friendly activities. The website is independent from any state agency and therefore easier for parents to access. Funding for the website was provided by the Potts Family Foundation.



- 9) **Training** – a coordinated effort to provide model-specific as well as additional trainings deemed necessary for home visitor success. (See Attachment 10.)
- 10) **Evaluation** – day-to-day evaluation of all FSPS efforts performed by in-house epidemiologists. Home visiting data since 1997 is available for analysis. Evaluation staff oversee the completion of CQI projects, provide programs with management/performance reports and craft annual reports to share with policymakers, funders and other interested parties.

Other OSDH Related Activities:

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

Child Guidance Service: The OSDH Child Guidance Service, a strong partner of FSPS, offers a continuum of services for children and their families to assist them in achieving optimal development. The program is uniquely positioned in public health settings to provide evidence-based programs that enhance protective factors and reduce risk factors for families. Child Guidance teams located in county health departments consist of master’s degree level clinicians in child development, behavioral health and speech/language pathology.

Through a multidisciplinary approach, the Child Guidance Service provides a continuum of services that supports development and parenting of children from birth to age 13. Each discipline provides a unique expertise in supporting families with young children. At the core of the Child Guidance Service are evidence-based programs that have been proven effective in

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

⁴ <http://www.parentpro.org/>

changing behavior in the target population. The Child Guidance Service provides the following programs:

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

The Maternal and Child Health Service (MCH):

- 1) The Oklahoma Pregnancy Risk Assessment Monitoring System: The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, statewide study that collects information about a woman's behaviors and experiences before, during and after pregnancy. Oklahoma PRAMS is funded by the Centers for Disease Control and Prevention (CDC), the Title V Maternal and Child Health Block Grant and the Oklahoma State Department of Health. 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.

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

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.

- 3) Maternal Mortality Review Project (MMR): 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 MCH for years 2010-2014, the maternal mortality rate among women aged 10 – 59 years was 21.9⁵ deaths per 100,000 live births. The goal of Healthy People 2020 is to reduce the maternal mortality rate to no more than 11.4 maternal deaths per 100,000 live births. Through appropriate interventions, prevention of risks, and reduction of racial disparities, these mortality rates can be dramatically decreased. A process must be in place, however, to determine why and how the deaths occur.

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

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

Interventions, strategies and the development of systems that increase knowledge and decrease pregnancy-related mortality will serve not only to improve the health of women

⁵ Previously, this rate was reported for Oklahoma women who were either pregnant at the time of death or within one year of termination of pregnancy and between the ages of 15-44. Consequently, the rate was not comparable to HP 2020. The current reported rate is based on equivalent data which only includes deaths up to 42 days postpartum and includes women age 10-59.

and children but will provide overwhelming benefits for all Oklahomans. To date, the MMR Committee has reviewed 77 cases. Most cases listed multiple health conditions possibly contributing to the maternal death, but the health conditions most often cited include:

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

The OSDH Injury Prevention Service:

Child Passenger Safety Program: Since 2001, the Injury Prevention Service, Oklahoma Highway Safety Office, and Safe Kids Oklahoma have worked together to implement a car/booster seat program statewide through county health departments. Families may contact a county health department to schedule an appointment to have any car or booster seat checked to determine if it is properly installed. Eligible families may receive car/booster seats. There are trained child passenger safety staff located statewide who conduct child car seat checks free of charge. Some of these agencies or organizations also provide a limited number of car seats or booster seats at discounted prices or at no cost to families eligible for WIC benefits, those who receive other state assistance such as Medicaid, Supplemental Nutrition Assistance Program, Temporary Assistance to Needy Families and those participating in home visiting programs.

THE INTERDISCIPLINARY, COLLABORATIVE, PUBLIC-PRIVATE STRUCTURE

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

The Child Abuse Prevention Action Committee: The Child Abuse Prevention (CAP) Action Committee celebrates its tenth year of operation and is led by FSPS (in particular the CBCAP Grant Coordinator). This group is an excellent example of collaboration, consisting of a wide variety of individuals from multiple agencies and programs that steer the prevention activities and events in the state including the activities and campaign of National Child Abuse Prevention Month. The group built a foundation of solid campaign ideas (such as the Build a Blue Ribbon Tree for Kids) in the beginning that continue to grow each year, adding layers over time.

Participants utilize and appreciate social media as a way to not only increase awareness efforts, but also as a method for being able to document some of the involvement during the peak period of the campaign. With that, an accompanying Facebook page and Twitter account are part of the Oklahoma Child Abuse Prevention tools used for these activities.

Individuals participating in the committee represent state agencies, non-profit programs, businesses, universities, foster parents, faith-based groups, concerned citizens, etc. The current email distribution list includes almost one thousand participants. The committee

meets at the partner agency of the Oklahoma City-County Health Department Northeast Regional Health and Wellness Campus in Oklahoma City. There were nine meetings in addition to the CAP Day at the Capitol during FY 2015.

The Early Childhood Comprehensive Systems (ECCS): The purpose of the OSDH/Maternal Child Health's Early Childhood Comprehensive Systems (ECCS) Grant Project is to support families and communities so that children can develop healthy and ready to learn. In Oklahoma, the early childhood system has been developed through collaborative partnerships with other state agencies and organizations – particularly Smart Start Oklahoma and the Oklahoma Partnership for School Readiness.

The Oklahoma ECCS Project is focusing on the following goal: Improvement of state infant/toddler child care quality initiatives. As a means to accomplishing this goal, ECCS has focused 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*,” 3rd Edition standards into state professional development and training offered to early childhood professionals; and
- Promote the benefits of joining the registry and enrolling in the new professional development coursework.

Notice of the ECCS Project Grant award for Year Three was received in July 2015. Most of the above objectives have been accomplished or are in the process of being accomplished in preparation for the end of the grant period which is July 31, 2016.

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

There were six meetings attended by participants from across the state during FY 2015. Highlights of HVLAC activities during FY 2015 include:

- 1) *Special presentations*
 - a. “The Oklahoma Family Support and Accountability Legislation” by Smart Start Oklahoma
 - b. “Safe Kids at Home, at Play, and on the Way” by Safe Kids Oklahoma

- c. “Child Passenger Safety Laws Update” by OSDH/Injury Prevention Service
 - d. “The Importance of Self Care in Home Visitation” by Amy Huffer of the Oklahoma Department of Mental Health & Substance Abuse Services
 - e. “Dress for Success” by the Dress for Success nonprofit organization that promotes economic independence of disadvantaged women by providing professional attire, a network of support and the career development tools to help women thrive in work and life.
<http://www.oklahomacity.dressforsuccess.org/>
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 under revision by several content experts with a target completion date of July 2016. The publication has been replicated by several states outside of Oklahoma.
 3. Updating and Distribution of the Home-Based Parenting Services and Resource Directory.

Oklahoma Health Improvement Plan (OHIP): In 2008, the Oklahoma Legislature directed the Board of Health to outline a plan for the “general improvement of the physical, social and mental well-being of all people in Oklahoma through a high-functioning public health system.” The OHIP was the result. The OHIP was revised and the document “Healthy Oklahoma 2020: Oklahoma’s Health Improvement Plan” (OHIP) was released on March 10, 2015 by OSDH. 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 OHIP Children’s Health plan addresses issues ranging from prenatal care and preterm birth to childhood immunizations, teen pregnancy and home visitation. Specific Children’s Health objectives related to child abuse prevention include:

- *Reduce the percentage of children 0 – 17 years experiencing two or more adverse family experiences from 32.9% to 30.6% by 2020.*
- *Increase the number of families served in evidence-based home visitation programs 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 commitment and involvement of individual Oklahomans. Progress towards OHIP goals are monitored through a quarterly reporting system. In addition, The Children’s Health Group (TCHG) meets quarterly to assess and monitor progress towards achieving the 2020 Children’s Health objectives. Staff from FSPS routinely provide data for reports and are engaged attendees at the TCHG meetings.

Smart Start Oklahoma (SSO)/Oklahoma Partnership for School Readiness (OPSR): In 2007, federal law required the Governor of each state to create a new body or designate an existing body as the State's Early Childhood Advisory Council. This council serves in an advisory capacity to the Governor on early childhood system issues relating to workforce, higher education, quality of early childhood programs and services, access to early childhood programs and services, professional development, and special populations. Through a memorandum of understanding in 2008 and legislation in 2010, Governor Brad Henry appointed the OPSR as Oklahoma's State Early Childhood Advisory Council. This 44 member council is comprised of agency heads, community volunteers, and early childhood professionals. SSO provides the staffing support and overall direction for this comprehensive collaborative.



In May 2015, the OPSR Board adopted a new, innovative structure for carrying out its work. Utilizing affinity groups, board members now participate in focused conversations informed by each member's unique perspective and expertise. These groups address their legislative charges by examining the state's early childhood system and carrying out efforts to improve early childhood services for Oklahoma's children and families.

1. State Agency Leaders: This group is made up of individuals representing the perspective of state agencies responsible for administering state and federally funded early childhood programs and services.
2. Business, Philanthropic, and Community Leaders: This group is made up of individuals representing the local perspective of Oklahoma foundations, families, businesses, the workforce, and the economy.
3. Early Childhood Professionals: This group is made up of individuals representing the perspective of professionals with specialized knowledge in the field of early childhood, including: program administrators, direct-service providers, researchers, and educators.

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

Strengthening Families: In 2007, FSPS partnered with SSO to pilot Strengthening Families/Protective Factors work in seven communities. The work was featured by the National Alliance of Children's Trust and Prevention Funds (<http://www.ctfalliance.org/oklahoma.htm>). Since that time, the SSO communities have continued to incorporate the Protective Factors Framework into their ongoing efforts.

Preparing for a Lifetime, It's Everyone's Responsibility Initiative: In 2007, Oklahoma ranked 46th in the U.S. regarding infant mortality. The Commissioner of Health responded by creating the

Preparing for a Lifetime Initiative (PLI). Led by the Maternal and Child Health Service (MCH), PLI has identified the following areas for concentration and improvement: number of women receiving preconception care and prenatal care, identification/treatment of maternal infections, premature births, postpartum depression, tobacco use, safe sleep, breastfeeding, and infant injuries.

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



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

Preparing for a Lifetime - Injury Prevention Workgroup "Period of PURPLE Crying" – Hospital Project: The PLI Injury Prevention Workgroup works with the birthing hospitals in Oklahoma to offer the "Period of PURPLE Crying (PURPLE)" Program. This nationally recognized, researched program includes a short video about preventing abusive head trauma in infants for the parent to view after delivery, but before being discharged from the hospital. It also requires that a trained professional follow up the viewing with a brief educational encounter to reinforce the lessons from the video as well as answer any questions. The parent leaves with a copy of the video so that the infants' other caregivers can watch and learn the information as well. Currently, the PLI has a PURPLE supply that should reach 90% of the births until approximately February 2017.

The Injury Prevention Workgroup has also collected data over the last few years from new mothers receiving the PURPLE education and from hospital staff delivering the education. The goals of collecting this data were to determine 1) if PURPLE was being delivered with fidelity; and 2) if not, what were the barriers to delivering PURPLE in accordance with the program model. One conclusion drawn from the data thus far is that hospital staff need to be consistently trained in the PURPLE program. Because staff work around the clock, PURPLE training must be offered in a manner that is convenient for their particular schedules. For this reason, the Workgroup has begun developing a training webinar that can be easily accessed by hospital staff regardless of their work schedules. Improving the hospital staff's ability to discuss the lessons embedded in PURPLE should improve the likelihood that the program will be implemented with fidelity and ultimately reduce abusive head trauma incidents.

Parent Prep: Crying Babies Lesson Plans – A Three Dose Model: The FSPS decided to further the efforts of the above described hospital PURPLE Project by developing the "Parent Prep: Crying

Babies Lesson Plan” - lesson plans to be used by home visitors at different stages of pregnancy or postpartum. All home visitors are to be trained in both PURPLE and “Parent Prep.” The home visitor has one to three opportunities to share time sensitive and relevant information with parents:

Module I: This module should be utilized between the 34th and 36th week of pregnancy and focuses teaching a parent how to soothe an infant as well as cope with a crying infant.

Module II: This module should be utilized no later than three weeks postpartum and should reinforce lessons previously learned or if necessary, initiate the education if not completed during the prenatal period. If the parent did not view PURPLE previous to discharge in the hospital, the home visitor will watch it with the parent at this time.

Module III: This module should be utilized later in the postpartum period, generally between six weeks to six months after delivery, to review techniques to soothe a baby and if necessary, make adjustments in parenting practices.

CBCAP funds were used to purchase 2,325 PURPLE videos (250 in Spanish) to be distributed to families participating in home visiting programs. These videos are viewed during home visits and left with the parent if they did not receive the video while in the hospital. “Parent Prep” also makes suggestions for additional videos, books and tools (i.e. “Baby Think It Over Dolls”) to be utilized during home visits. Small items such as diaper bag tags, refrigerator magnets and brochures that include abusive head trauma prevention messages are also distributed to parents to serve as reminders of the information learned.

CLICK for Babies: Period of PURPLE Crying Caps Campaign: “CLICK for Babies” is a grassroots public education campaign organized by the National Center on Shaken Baby Syndrome in partnership with hospitals, public health and child abuse prevention groups to create awareness of the leading trigger for infant abuse - frustration with infant crying. Last year the Oklahoma “CLICK for Babies” Project collected over 4,000 hats. These hats were provided to babies born at participating hospitals during the months of November and December. The goal for the next FY is to collect approximately 4,300 hats and increase 5% each year thereafter.

The Infant and Childhood Health Advisory Council: (See page 28.)

The Oklahoma Infant Mental Health Association: The FSPS strongly encourages early childhood professionals to become involved in this newly formed association. As it evolves, professionals in the field continue to express interest in their developing endorsement process. It is believed that such an association will assist professionals in delivering excellent quality, culturally sensitive, relationship-focused services to infants, toddlers and their caregivers.

The Oklahoma Injury Prevention Advisory Committee (OIPAC): The Injury Prevention Service provides the staff support for this multidisciplinary advisory body. The FSPS Director has a designated seat and routinely participates in the OIPAC activities.

The purpose of the Committee is to:

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

DESCRIPTION OF HOW PROGRAMS AND ACTIVITIES WILL OPERATE

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

History: In 1984, the Oklahoma Legislature passed the Child Abuse Prevention (CAP) Act.⁶ Prior to that time, the focus of child abuse and neglect efforts was on “after-the-fact” intervention (i.e. preventing the reoccurrence of child abuse and neglect in families). The Act declared that the prevention of child abuse and neglect was a priority in Oklahoma. The legislative intent was 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;⁷ and
- the Office of Child Abuse Prevention (OCAP) within the OSDH be created for the purpose of establishing a comprehensive statewide approach towards the prevention of child abuse and neglect.

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

⁶ Title 63 Oklahoma Statutes 1-227.

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

Oklahoma State Plan for the Prevention of Child Abuse and Neglect: Up until 2013, the OCAP and the statutorily mandated Interagency Child Abuse Prevention Task Force (ITF)⁸ were charged with the creation of Oklahoma's State Plan for the Prevention of Child Abuse and Neglect (State Plan). The groundwork was laid for this current State Plan several years ago and is to serve for years 2014 through 2018.

The content of this multiyear State Plan is based on an analysis of 1) the most current national evidence regarding effective strategies; 2) accomplishments achieved during years 2010 through 2013; and 3) feedback from local and state partners as well as citizens in the community. The State Plan was informed by conducting an environmental scan of current prevention services across the state and seeking input from a variety of stakeholders.

Several activities took place to solicit ideas and input regarding the priorities of the State Plan. The process itself was an epigenetic transformation beginning with the last Plan (2010 – 2013) and continuing through to this current State Plan. The ITF, along with FSPS staff, was actively engaged in the crafting the State Plan. They dedicated meeting time on each agenda to the State Plan, brought in speakers that were consistent with the future directions of the State Plan, and participated in an annual retreat in order to fully develop the State Plan goals and objectives. During this retreat (held in October 2012), the vision and framework was set forth with the assistance of keynote speaker Dr. Jeff Linkenbach, Director of the Center for Health and Safety Culture with Montana State University.

In addition to input garnered from FSPS staff, subject-matter experts and ITF members, there was an effort to invoke comments from a more diverse and possibly hard-to-reach population from a public online survey. This survey was promoted through the OSDH Office of Communications via a press release during April to correspond with National Child Abuse Prevention Month. The release was picked up by several television broadcasts and other media outlets which shared the link to the survey as well as information about the State Plan. A total of 448 surveys were collected and utilized in the shaping of the State Plan. (*See "Single Attachments" for the State Plan.*)

The Infant and Children's Health Advisory Council: An unforeseen challenge occurred during the development of the current State Plan. In an effort to streamline government and reduce costs, House Bill 1467 was signed into law on May 6, 2013. The new statute collapsed, eliminated or relocated over 40 different statutorily-created public health advisory boards, councils and task forces. One of these entities was the ITF.

In place of the ITF, the Infant and Children's Health Advisory Council (ICHAC) was created in statute. The ICHAC consists of seven members appointed by the Governor, Senate Pro Tempore, the Speaker of the House of Representatives and the State Board of Health:

⁸ The ITF consisted of statutorily-mandated, diverse membership consisting of professionals from child protective services, child advocacy, education, the medical and legal communities, law enforcement, mental health, early intervention, domestic violence, substance abuse, early childhood, and parents.

- 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 and 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 genetics counselor; and
- One who is a physician licensed by the state and specializes in the diagnosis and treatment of childhood injuries in a trauma setting.

The ICHAC not only replaced the ITF, but all infant and child-focused, statutorily-created task forces associated with the OSDH. The ICHAC provides guidance and approval for State Plans as well as 1) makes recommendations to the State Board of Health and OSDH including recommendations for administrative rules; 2) conducts public rulemaking hearings; 3) provides a public forum for the discussion of issues and passes nonbinding resolutions; and 4) cooperates with other advisory councils, the public, the State Board of Health, and OSDH to coordinate rules. At the May 11, 2015 meeting, the ICHAC reviewed and approved the continuation of the current “State Plan for Prevention of Child Abuse, 2014-2018.”

The Oklahoma Commission on Children and Youth: The Oklahoma Commission on Children and Youth (OCCY) is an independent state agency authorized by the legislature to improve services for children by 1) planning, coordinating and communicating with communities, the public and private agencies; 2) independently monitoring the children and youth service system; and 3) testing models and demonstration programs for effectiveness.

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

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

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

Proposals are submitted, scored, and presented to the OCCY Commissioners prior to the awards being made by the Commissioner of Health.

For more than 15 years, the CAP Funds have been used to support community-based organizations in providing Healthy Families America (HFA) home visiting services. Currently, 13 contractors have been awarded \$2,550,164 to provide HFA services in 28 counties.

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

APPLICATION: SECTION VII - STATEWIDE CHILD MALTREATMENT PREVENTION LEADERSHIP ACTIVITIES CONDUCTED BY OSDH AGENCY

In an effort to avoid duplication, please see the previous Report Narrative Section. Plans for the same work will continue into the next fiscal year.

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

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

During FY 2015, attempts to connect specifically on the Child and Family Service Reviews (CFSR) and Program Improvement Plans (PIP) were without success. However, the FSPS had several successes in collaborating with Oklahoma Department of Human Services (DHS) colleagues in the following efforts:

- DHS staff is actively engaged with the FSPS and other home visitation partners in the revision of the Home Visitation Safety Manual - a useful tool for both home visitors and child welfare workers.
- DHS representatives participate on the CAP Action Committee throughout the year as well as the planning of the annual Child Abuse Prevention Day at the Capitol and Mini Conference.
- DHS staff was involved in the creation, implementation, review and update of the current *Oklahoma State Plan for the Prevention of Child Abuse and Neglect, 2014 – 2018*.

THE OSDH'S INVOLVEMENT WITH OTHER RELATED COLLABORATION ACTIVITIES

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

- The Child Abuse Prevention Action Committee (See page 21.)
- Home Visitation Leadership Advisory Coalition (See page 22.)
- Early Childhood Comprehensive Systems (See page 22.)

- The Oklahoma Health Improvement Plan (*See page 23.*)
- Smart Start Oklahoma/The Oklahoma Partnership for School Readiness (*See page 24.*)
- Preparing for a Lifetime Initiative (*See page 24.*)

Oklahoma Child Death Review Board (CDRB): Since 1993, the Oklahoma CDRB has had statutory authority to conduct case reviews of all deaths and near deaths of children less than 18 years of age. 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 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 OCCY who then decides what, if any, recommendations will be adopted into the Commission’s State Plan for Children’s Services.

By statute, there are multiple OSDH positions named as members of CDRB: the Commissioner of Health, the Director of the Office of Child Abuse Prevention, the Director of the Maternal and Child Health Service, the Director of the Injury Prevention Service, and the State Epidemiologist. Within the past few years, a new trend has alarmed CDRB. Two years ago, “unsafe sleep environment” surpassed vehicular deaths as the most common cause of death in the cases reviewed and closed.

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

Oklahoma State Plan for the Prevention of Child Abuse and Neglect, 2014 – 2018 (State Plan): The State Plan is an opportunity to focus on efforts that *prevent* child maltreatment. The current State Plan includes broad goals and needed strategies with measurable objectives. Innovative actions will be necessary to sustain as well as enhance the service system. Partnerships will be critical given state and federal fiscal challenges and changes. The OSDH and all prevention partners stand ready to employ the most current best practices to serve and support parents. Below find the State Plan “Executive Summary.”

INFRASTRUCTURE

Category	Goals	Strategies
Leadership by Oklahoma Stakeholders	<p><u>Goal 1</u> 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.</p>	<p><u>Strategy 1</u> The OSDH will seek and engage new and existing stakeholder partners to work collaboratively within the various areas outlined in the State Prevention Plan.</p> <p><u>Strategy 2</u> 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/ partners.</p>
Leadership by Oklahoma Service Providers	<p><u>Goal 2</u> Increase the capacity, ownership and leadership within the child abuse prevention professional community.</p>	<p><u>Strategy 1</u> 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.</p> <p><u>Strategy 2</u> The OSDH, HVLAC and partners will collaborate and provide technical assistance and training to professionals in related fields that have the ability to impact child abuse prevention.</p>
Parent Leadership	<p><u>Goal 3</u> Establish a Parent Advisory/Leadership Group.</p>	<p><u>Strategy 1</u> The OSDH with the support of the Family Resource Information, Education and 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 involved with creating such a group, and how best to collaborate with said group once it is achieved.</p>

		<p><u>Strategy 2</u> The OSDH will work with programs in the child abuse prevention 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 put into operation a parent advisory/leadership group.</p>
Category	Goals	Strategies
Evaluation	<p><u>Goal 4</u> Support the evaluation of social services including child abuse and neglect services and other social services provided to children and families.</p>	<p><u>Strategy 1</u> OSDH will conduct evaluations in an objective fashion providing widespread dissemination of evaluation results.</p>
PRIMARY PREVENTION		
Category	Goals	Strategies
Create a Culture of Change	<p><u>Goal 5</u> Create a culture of change that values the health, safety, and well-being of children.</p>	<p><u>Strategy 1</u> The OSDH will work on a community development approach that builds on the <i>Positive Community Norms Framework</i> 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.</p> <p><u>Strategy 2</u> 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 (i.e. faith-based population, libraries, businesses, etc.)</p> <p><u>Strategy 3</u> 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.</p> <p><u>Strategy 4</u> The OSDH will work with Smart Start Oklahoma and other stakeholder partners to support the implementation of quality early childhood programs.</p> <p><u>Strategy 5</u> The OSDH and Smart Start Oklahoma will collaborate to assure Strengthening Families Protective Factors are introduced, made</p>

		<p>available, and integrated into all prevention programs serving children and families.</p> <p><u>Strategy 6</u></p> <p>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.</p> <p><u>Strategy 7</u></p> <p>The OSDH, the Child Abuse Prevention (CAP) Action Committee, and other stakeholder partners will engage non-traditional partners to get involved in and support general and/or all child abuse prevention efforts (i.e. business community, libraries, civic groups, faith-based groups, etc.).</p>
Supporting Parents	<p><u>Goal 6</u></p> <p>Assure that general parent education and family support are universally available across the state.</p>	<p><u>Strategy 1</u></p> <p>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.</p> <p><u>Strategy 2</u></p> <p>The OSDH, Smart Start Oklahoma and other health and human service partners will assist parents and caregivers in meeting the basic needs (sometimes called “concrete supports”) of their family/children.</p>
Category	Goals	Strategies
Prevention and Treatment of Sexual Abuse	<p><u>Goal 7</u></p> <p>Implement strategies to prevent child sexual abuse.</p>	<p><u>Strategy 1</u></p> <p>The OSDH and Bethesda, Inc. in 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.</p>
SECONDARY PREVENTION		
Identify Best Practices	<p><u>Goal 8</u></p> <p>Identify best practices, programs and models that show evidence of improving child health, safety and well-being.</p>	<p><u>Strategy 1</u></p> <p>The OSDH and state partners 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.</p>
Comprehensive System	<p><u>Goal 9</u></p> <p>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.</p>	<p><u>Strategy 1</u></p> <p>The OSDH and Smart Start Oklahoma will work with other community partners to increase the number and quality of center-based parent support groups and parent education programs.</p>

		<p><u>Strategy 2</u> 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.</p>
TERTIARY PREVENTION		
Category	Goals	Strategies
<p>Inclusion of Families known by Child Serving Agencies</p>	<p><u>Goal 10</u> 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.</p>	<p><u>Strategy 1</u> The OSDH will support DHS, Child Welfare as they continue to implement the Pinnacle Plan emphasizing child safety.</p> <p><u>Strategy 2</u> The OSDH will provide support when appropriate to collaborative partners in increasing the number and quality of mental health services available to both children and adults.</p> <p><u>Strategy 3</u> 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.</p> <p><u>Strategy 4</u> 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.</p> <p><u>Strategy 5</u> 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, as well as best practices for prevention and intervention.</p>
<p>Cultural Competence in System</p>	<p><u>Goal 11</u> Promote and/or provide culturally appropriate services that maximize the participation of various cultural and ethnic populations.</p>	<p><u>Strategy 1</u> The OSDH and 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.</p> <p><u>Strategy 2</u> The OSDH, state and local partners will continue to redefine the components needed for the comprehensive system as child abuse prevention programs' populations evolve.</p>

INNOVATIVE FUNDING STREAMS

*Nurse-Family Partnership:*⁹ In 1995, the Oklahoma Legislature requested that the OCAP explore new approaches to strengthen families and reduce the incidents of child maltreatment. OCAP staff invited Dr. David Olds of the University of Colorado to present data gathered from his clinical trials involving nurse visited families to members of the legislature. The legislators were impressed and provided \$1.1 million in state appropriations for a pilot of what is now known as “Nurse-Family Partnership.” Since that time, funding of the program has peaked at \$15 million in state appropriations to a current level of approximately \$4.5 million.

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

Funding Source	Expenditures SFY 2015
County Millage	\$3,833,919
State Appropriations	\$4,514,699
Medicaid	\$1,909,361
MIECHV	\$336,623
CBCAP	\$292,515

Healthy Families America: Since the mid-1980s, the Oklahoma legislature has provided the OSDH with an annual amount to be placed in the Child Abuse Prevention Fund or to be utilized as described in the CAP Act. For over 12 years, this annual amount has been between \$2.5 and \$3 million and supported community-based organizations for the provision of HFA services (known in Oklahoma as *Start Right*).



In addition to the state appropriations, the state authorized a specialty license plate to raise funds for the CAP Fund. The plates display the program name “Start Right” and make the public aware of child abuse prevention efforts. In any given year, the Start Right tag has raised \$900 to \$1,560.

⁹ NFP is known as *Children First* in Oklahoma.

Training: The FSPS works to provide exceptional training for prevention professionals – particularly those working within the home visiting field. Efficiencies have been made in the delivery of the trainings including online opportunities and regional offerings. Trainings are supported by state appropriations, MIECHV funds, CBCAP funds and revenues generated from Oklahoma’s Heirloom Birth Certificates. A total of \$10,000 is budgeted for prevention trainings per year on heirloom birth certificate funding.



Child Guidance Service: In Calendar Year 2015, the Child Guidance Service’s annual budget was approximately \$5.2 million. Funding for the program came from a variety of sources including state appropriations, county millage, federal funds and fee collection.

Funding Source	Amount
County Millage	\$2.6 million
State Appropriation	\$2.0 million
Medicaid	\$400,000
CBCAP	\$80,000
Public Health Block Grant	\$94,625
Childcare Block Grant	\$34,000

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

After OSDH was awarded the MIECHV Grant, the Sustainability Committee graciously took on a broader scope. All home visiting models and home visiting programs, regardless of funding source, are now invited to participate in the Sustainability Committee’s meetings and work. To date, the Sustainability Committee’s biggest achievement has been securing private funding from the Potts Family Foundation to develop and maintain an independent “parentPRO” website dedicated to home visiting and parenting.

APPLICATION: SECTION VIII - OSDH'S ACTIONS TO ADVOCATE FOR SYSTEMIC CHANGE

ACTIONS THAT THE OSDH WILL TAKE TO ADVOCATE FOR SYSTEMIC CHANGES

In an effort to avoid duplication, please see the previous Report Narrative Section. Plans for the same work will continue into the next fiscal year and will also include the activities below:

The DHS "Pinnacle Plan": On January 4, 2012, the Oklahoma Department of Human Services (DHS), jointly with the Governor's Office and the Oklahoma Commission for Human Services, reached an agreement with the plaintiffs in class action litigation DG vs. Yarbrough, Case No. 08-CV-074. As part of this agreement, DHS was to develop an improvement plan for child welfare services (now known as the "Pinnacle Plan") with assistance of key internal and external stakeholders as well as court-appointed "Co-Neutrals." The Pinnacle Plan details a five-year plan, beginning with State Fiscal Year 2013, to address 15 performance areas identified in the agreement. It establishes the direction, expectations, and values from which the workforce will operate with the ultimate goals to 1) improve outcomes for children and families participating in the child welfare system; 2) better-align the DHS workforce; 3) increase meaningful internal and external collaboration; and 4) promote greater service flexibility and innovation within the agency.

The FSPS, with its focus on preventing child maltreatment and building up protective factors within families and communities, plays a vital role in supporting DHS as it seeks success with the Pinnacle Plan. The OSDH's myriad of prevention services lessen the burden placed on the DHS Child Welfare System. For example, during State Fiscal Year 2015, 90 percent of the 1,962 children who participated in NFP had NOT been named as a potential child abuse or neglect victim in a DHS Child Welfare report. Furthermore, 1,906 of them (97 percent) have not had a *confirmed* child maltreatment case with DHS after enrolling in NFP. It is noteworthy that only 10 percent of the NFP families served in SFY 2015 had been reported for potential maltreatment despite all entering in the program with some risk factors associated with maltreatment (young parent(s), single mother, low household income, little social support, etc.).

The FSPS believes that our efforts are valued by our DHS colleagues and is willing to create more formal linkages with the Oklahoma Child Welfare System. FSPS looks forward to a time when it has the capacity to be a more integrated part of an "alternative response system" for those families that are reported to child welfare, but no intervention is deemed necessary at that time.

MIECHV Innovation Grant: In addition to FSPS's ongoing MIECHV efforts, the FSPS has recently submitted an application for "The Maternal, Infant and Early Childhood Home Visiting Innovation Grant." Partners for this application include the OUCCAN, the University of Kansas Center on Public Partnerships and Research, and the Cherokee Nation. The proposed purpose of this project is to test a suite of identified best practices for improving the number of visits completed, retention rates, and ultimately, the active engagement of clients. Oklahoma, like

many states, has experienced a decline in home visiting recruitment, enrollment, and retention over the last half-decade. Continuous Quality Improvement (CQI) efforts have improved those conditions; however, descending rates of visit completion and program retention have persisted. This project would address engagement problems as well as the science of how engagement affects parent and child outcomes targeted by home visiting.

The proposal includes the following goals and objectives:

Goal 1. Using Home Visiting Collaborative Improvement and Innovation Network (CoIIN) methods, develop a local learning collaborative to focus on issues of client engagement. *Objective 1.a.* Establish and train a local planning group of faculty advisors. *Objective 1.b.* Create a local Key Drivers Diagram that blends knowledge from past CoIIN and Oklahoma CQI experiences/findings. *Objective 1.c.* Enroll six to eight MIECHV implementing agencies from Oklahoma and Tulsa Counties as well as the Cherokee Nation.

Goal 2. Implement and test identified “change ideas” for improving the number of completed visits and client retention. *Objective 2.a.* Train providers on change ideas and implement them. *Objective 2.b.* Train providers in “Lemonade for Life,” a trauma-informed approach to addressing adverse childhood experiences and strengthening rapport with clients. *Objective 2.c.* Develop and activate CQI infrastructure and resources. *Objective 2.d.* Evaluate progress through rapid “Plan-Do-Study-Act” cycles and intermediate learning sessions.

Goal 3. Capture and study the multi-dimensional nature of active client engagement. *Objective 3.a.* Gather ethnographic measures of engagement from a subsample of providers. *Objective 3.b.* Gather standardized, research-based measures of engagement from provider and client perspectives.

Goal 4. Evaluate the impact of engagement on constructs associated with key MIECHV benchmarks. *Objective 4.a.* Evaluate the relationship between family engagement and the following MIECHV MCH constructs: prenatal and preconception care, parental substance use, inter-birth intervals, parental depression/well-being, breastfeeding, well-child visits, health insurance status, and child maltreatment. *Objective 4b.* Evaluate the relationship between family engagement and MIECHV parenting capacity and child development constructs by using observational and biomarker indicators relating to the parent-child relationship quality.

Raising of America ~ Early Childhood and the Future of our Nation: The “Raising of America (ROA)” is the first national, fully-integrated media engagement project that aims to reframe the way Americans look at early child health and development. The ROA series is a five-part documentary series that explores the following questions: Why are so many children in America faring so poorly? What are the consequences for the nation’s future? How might we, as a nation, do better?

With the goal of initiating policy discussions that would impact early childhood, the FSPS requested meetings with staff from SSO, OSDH’s Health Equity Campaign and the Oklahoma

Educational Television Authority (OETA) to explore different ways in which ROA could best be utilized. Each partner played a vital role in Oklahoma ROA Campaign:

- The OSDH FSPS utilized CBCAP funds to purchase approximately 72 ROA DVDs for the rural libraries across the state along with a poster promoting that the ROA documentary DVD was available for checkout.
- The OETA aired ROA Episode One: “The Signature Hour” several times during November 2015.
- The Oklahoma Health Equity Campaign held a “ROA” premier in order to collect input from their diverse membership by utilizing a standard set of questions that have since been used by other groups hosting a premier.
- SSO hosted an ROA Premier in a special session at the 2016 Child Abuse Prevention Day conference this past April. After the viewing, a panel presentation provided insight and input was gathered from the audience using the same questions developed for the Oklahoma Health Equity Campaign’s Premier.

Future plans for ROA events are in the works. SSO is convening a group of their OPSR Board Members to develop a schedule for future ROA events to be held in the late summer and fall. Their goal will be to connect the events to upcoming elections and use the ROA as a tool to solicit ideas, platforms, and policy positions from those running for a myriad of elected offices.

OKLAHOMA PLANNING EFFORTS AND INTEGRATING WITH OTHER RELATED SYSTEMS

STATE PLAN FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT (STATE PLAN): With the downturn in Oklahoma’s economy, the OSDH has received less in state appropriations over the years. Decreases in our state funding often lead to decreases in our federal funding as well. For example, the fewer state dollars appropriated to OSDH for prevention efforts means that OSDH has fewer dollars to leverage for CBCAP funds.

For this reason, we anticipate needing to review and revise our State Plan even though it was designed to direct our work through 2018. The current plan had assumed that OSDH and partnering agencies would be capable of at least maintaining existing home visiting and parent group services. It also includes goals to expand into new subject matters such as parent leadership, sexual abuse prevention and “positive community norms.” However, we do not foresee Oklahoma’s economic situation quickly improving. OSDH needs to reconvene its stakeholders (providers, academics, consumers, interested citizens) so that collectively recommendations can be made regarding the prioritization of services and activities.

Typically, the Oklahoma Legislative Session ends the last Friday in May. At the conclusion of Session, state agencies will be notified of their future state appropriations. The agencies have until July 1 to make spending and budget decisions. The FSPS plans to schedule a series of stakeholder meetings between July and September, 2016. It is our goal to have recommendations for State Plan modifications no later than January 1, 2017.

REPORT: SECTION 3 - COLLABORATION AND COORDINATION

PARTNERSHIPS AND COLLABORATIONS IN PUBLIC HEALTH

Guidance Service: The missions of FSPS and the Child Guidance Service often overlap and the two Services find themselves collaborating perhaps more than any two other services within OSDH. Below are the past collaborative activities:

- 1) Introductions to Home Visited Families: All home visited families are provided written information and introduced to Child Guidance services by their home visitor during one of their first home visits. The goal of this partnership is to assure that families know about additional services that could either enhance their home visiting experience or at some point, perhaps replace home visiting once they have graduated from the program or no longer feel that home visiting is a good fit for them. This partnership became formalized with the implementation of the first Oklahoma MIECHV Grant by an internal Memorandum of Intra-agency Cooperation (MIC). (See Attachments, Folder 2.)
- 2) Multidisciplinary Teams Providing Individual Services: Each Child Guidance Service multidisciplinary team consists of the following disciplines:
 - a. Child Development Specialists (CDS): The CDSs are parent educators who focus on children birth to age eight years. They administer developmental screenings and assessments; provide parent consultation; teach parenting groups; provide early childhood mental health consultation to centers serving young children; and more.
 - b. Speech Language Pathologists (SLP): The SLPs offer screening, diagnosis and treatment for children who are identified as exhibiting speech, language or hearing delays; educate parents on techniques to promote communication development; and consult and train other professionals about communication development.
 - c. Behavioral Health Clinicians: These clinicians screen, assess and evaluate children in order to identify a child's strengths, abilities, and potential needs and if necessary, provide a course of treatment. Treatment may be individual or family counseling. In addition, the clinicians provide consultation to other professionals serving children in a variety of settings such as schools, Head Start, foster care and adoption services.
- 3) Evidence-Based Programming: The following programs are partially supported with CBCAP funding and serves families with young children:
 - a. Incredible Years - Parent Groups: These skill-based groups are designed to prevent and treat behavior problems in young children and promote social, emotional and academic competence. During Calendar Year 2015, 377 parents/caregivers participated in a total of 161 hours of Incredible Years activities.
 - b. Circle of Parents (COP) – These small parent groups are co-facilitated by a CDS and a Parent Leader. Parents who are participating in home visiting programs are highly encouraged to participate as a way to keep from feeling isolated. During Calendar Year 2015, a total of 412 parents participated in one of the 17 COP groups across the state.
 - c. Parent-Child Interaction Therapy (PCIT) – This behavioral intervention serves children two to seven years of age and their parents. This model coaches parents in skills that will improve the relationship with their child and in turn, increases the child's social emotional abilities.

- 4) Project LAUNCH (Linking Actions for Unmet Needs in Children's Health): The Child Guidance Service has been awarded a Project LAUNCH Grant from the Substance Abuse and Mental Health Services Administration. This Project is located in northeast Oklahoma in Rogers County. FSPS partners with Child Guidance by incorporating their PAT home visitor into the FSPS home visiting support system including opportunities for training, technical assistance by the FSPS PAT Consultant and program evaluator. The LAUNCH PAT home visitor is also utilizing the FSPS PAT data collection forms as well as the FSPS electronic case management system.
- 5) Childcare Warmline: Funded by DHS, the Child Guidance Service provides free phone consultation for those working in childcare. The callers can have their issues addressed by a public health nurse, child development or a behavioral health specialist. These same professionals also make themselves available to answer parents and caregivers questions when they call into "parentPRO"- the toll-free number to receive assistance in connecting with home visiting programs. Calls are answered Monday through Friday during work hours only.

PREPARING FOR A LIFETIME Initiative: The FSPS staff participate on the various PLI committees and activities that impact pregnant women and young children in an effort to reduce infant mortality. (See page 24.)

PRAMS/TOTS: FSPS staff participates on the PRAMS/TOTS Steering Committee and utilizes PRAMS/TOTS data in making programming decisions and writing grants. (See page 19.)

SOONERSTART/EARLY INTERVENTION: Oklahoma's early intervention program is designed to meet the needs of infants and toddlers with disabilities and developmental delays. SoonerStart services include:

- Diagnostic and evaluation services
- Case management
- Family training, counseling, and home visits
- Certain health services
- Nursing services
- Nutrition services
- Occupational, Physical and speech-language therapy
- Special instruction

Infants and toddlers through 36 months of age who have developmental delays or have a physical or mental condition (such as down syndrome, cerebral palsy, etc.) which will most likely cause a developmental delay are eligible for services. The services are offered at no charge to families. This program is mandated by federal and state law and is funded through various state and federal sources. SoonerStart services may be provided in the child's home or daycare, and could extend to other settings within the community.

All children participating in FSPS home visiting programs are screened for delays. When appropriate, children are referred to SoonerStart for individualized services and treatments.

While a family is NOT allowed to participate in two home visiting programs at the same time, it is allowed for a family to participate in a FSPS-funded home visiting program and SoonerStart. The two programs goals are not duplicative and complement each other. In addition, it is expected that the professionals providing services will communicate and share information when necessary and in appropriate ways.

INJURY PREVENTION SERVICE: Staff from the FSPS has a strong relationship with the Injury Prevention Service and support the work of their Service (i.e. the previously mentioned car seat program). FSPS participates in several of the Injury Prevention Service grant-driven activities. (See Attachments, Folder 4.) Lastly, the FSPS Director is an active member of their Oklahoma Injury Prevention Advisory Committee.

PARTNERSHIPS AND COLLABORATIONS WITH OTHERS

Smart Start Oklahoma (SSO): Established under the Oklahoma Partnership for School Readiness (OPSR) Act in 2003, SSO provides a structure for collaborative planning and decision-making to increase coordination between programs, maximize the use of public and private funding, and pursue policies for improving learning opportunities and environments for Oklahoma children under six. SSO is a public-private partnership made up of two branches: the Oklahoma Partnership for School Readiness (OPSR) Board, and the OPSR Foundation. Additionally, the OPSR Board is the designated body that serves as Oklahoma’s State Early Childhood Advisory Council.

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

- 1) SSO won a competitive bid to provide “Community Connectors” in five of the six MIECHV at-risk communities. These “Community Connectors” are individuals that 1) promote home visiting services within their counties to potential clients and other social programs; 2) connect home visiting to other relevant community-based services; and 3) develop and facilitate local home visiting coalitions so that information and best-practices strategies may be shared.
- 2) SSO worked tirelessly with FSPS, the Pew Trusts, policy consultants and early childhood advocates to draft and eventually pass the Family Support and Accountability Act. (See page 73.)

Oklahoma Partnership for School Readiness (OPSR): In 2007, federal law required the Governor of each state to create a new body or designate an existing body as the State's Early Childhood Advisory Council. This council serves in an advisory capacity to the Governor on early childhood system issues relating to workforce, higher education, quality of early childhood programs and services, access to early childhood programs and services, professional development, and special populations. Through a memorandum of understanding in 2008 and legislation in 2010, Governor Brad Henry appointed the OPSR as Oklahoma’s State Early Childhood Advisory Council. This 44 member Council is comprised of agency heads, community volunteers, and early childhood professionals.

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

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

In addition, they added to the child abuse prevention activities during the month of April by bringing back the impactful “Field of Flags” sponsored by the National Exchange Club. The “Field of Flags” was located on the south lawn of the Oklahoma State Capitol. Sixty Oklahoma state flags were planted, representing each of the children killed in Oklahoma in SFY 2014 as a result of child abuse or neglect. A few feet away, 1,100 American flags were also planted as a solemn reminder of the thousands of children in America that die each year from abuse or neglect. Along with the “Field of Flags”, PCA organized an accompanying ceremony that incorporated legislators, prosecutors, prevention experts and various child-serving organizations. PCA’s participation in Child Abuse Prevention Month activities drew the attention of the media and the general citizenry.

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

The University of Oklahoma Center on Child Abuse and Neglect (OUCCAN): The OUCCAN was established in the Department of Pediatrics, College of Medicine, at the University of Oklahoma Health Sciences Center (OUHSC) in 1992. Its purpose is to organize the OUHSC’s efforts in the treatment and prevention of child abuse and neglect. OUCCAN has 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.

OUCCAN was engaged in the following activities with the FSPS:

- Provided external evaluation for the MIECHV Grant;
- Directed CQI efforts for MIECHV home visiting programs;
- Received MIECHV funds and subcontracts for SafeCare direct services;
- Facilitated the Parent Partnership Board for home visiting; and
- Facilitated the Sustainability Committee (*See page 37.*)

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

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

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

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

Oklahoma Institute for Child Advocacy (OICA): The OICA was established in 1983 in response to a national investigative report, "Oklahoma Shame," exposing the maltreatment of young people in state care. The private non-profit continues to serve as the "voice for children" and works with numerous agencies, organizations, foundations to educate and engage Oklahomans in issues affecting children.

FSPS and the CAP Action Committee partnered with OICA during the 2015 Child Abuse Prevention Month. Specifically, OICA's website was used to:

- Provide a tool that allowed persons to identify their personal representative and senator
- Provide an "Advocacy Toolkit"
- Post the nomination packets for the Outstanding CAP Awards (*See page 78.*)
- Promote the CAP Day Awards Ceremony (*See page 78.*)
- Promote the CAP Day Mini-Conference (*See page 64.*)
- Promote the "Blue Ribbon" Tree packet (*See page 54.*)

- Promote the “Field of Flags” (See page 44.)
- Serve as the of “Happiest Day” coloring pages (See page 55.)

National Alliance of Children’s Trust and Prevention Funds (Alliance): The Alliance is a membership organization that provides training, technical assistance and peer consulting opportunities to state children’s trust and prevention funds and strengthens their efforts to prevent child abuse. Oklahoma has a rich history of participation and collaboration with this organization. In 2015, the Director of FSPS, Annette Jacobi, ended her service of seven years on the Board of Directors including two years as Vice Chair. In 2015, Oklahoman Bettye Hawkins became a parent member of the Alliance’s National Parent Partnership Council. In December 2015, the Alliance’s annual meeting was held in Oklahoma City and featured speakers with expertise in serving the American Indian populations, epigenetics and the importance of designing environmental spaces to promote healing, peace and connectivity.

APPLICATION: SECTION IX - COLLABORATION AND COORDINATION

In an effort to avoid duplication, please see the previous Report Narrative Section. Plans for the same work will continue into the next fiscal year and depending on the success of grant applications, may include the below activities:

The MIECHV Innovation Grant: The recent MIECHV Innovation Grant application would provide the opportunity for FSPS to collaborate with not only OUCCAN, but also the University of Kansas Center for Public Partnerships and Research and the Cherokee Nation. (See page 61.)

The Injury Prevention Service: FSPS’s most recent effort to partner with the Injury Prevention Service is related to their “Core State Violence and Injury Prevention Program” Grant Application. FSPS submitted a support letter on their behalf – believing that the mission of the grant is consistent with the FSPS mission to promote the health and safety of children and families in addition to reducing child abuse and neglect. While FSPS has enjoyed a long-standing collaborative relationship with Injury Prevention, FSPS would look forward to this new opportunity to work together. The focus of this new grant would be on analyzing data as well as implementing evidence-based strategies to reduce risk factors related to violence and increase protective factors.

Parents as Teachers National Center (PATNC) “PILOTS”: The FSPS has two new opportunities to collaborate with the PAT National Center in some innovative work. Below are the descriptions of these two endeavors.

- 1) “What You Do Matters”: The Oklahoma PAT Programs are interested in partnering with PATNC in this new work which involves a six session series designed to encourage family engagement and parent leadership. Each session is divided into two parts: first, facilitated discussions and video presentations will be provided to parents on a variety of child development topics such as brain development, social and emotional growth and motor skills advancement. The discussions will be followed by parent-child interactions emphasizing the addressed topics and facilitated by trained parent educators. The

curriculum is based on the National PAT Foundational curriculum currently used in home visits with families. Participants will be asked to explore the changes they have made in their parenting behaviors and in their child's learning environment at the end of the series.

- 2) Outcomes Field Test: National PAT will be field testing a variety of tools that measure key parenting outcomes. Participating sites were asked to choose at least one tool to test. The Oklahoma PAT Pilot sites selected the Protective Factors Survey to assess outcomes in the areas of parent behaviors and parent knowledge of child development. John Delara, the FSPS Program Evaluator, has also been selected to serve on the Outcomes Advisory Committee.

The Medicaid and Home Visiting Learning Network: The "Medicaid and Home Visiting Learning Network" is a forum for state peer-to-peer learning about how to use Medicaid to finance home visiting services for mothers and young children. The Network is engaging and supporting teams of leaders from ten states (Alabama, Florida, Maryland, Michigan, Minnesota, Ohio, Oklahoma, Texas, Vermont and Washington) plus the District of Columbia via online meetings in order to share ideas and strategies. This work is funded as a legacy project of the Pew Charitable Trust Home Visiting Campaign. The Oklahoma team has found the network to be very useful and plans to continue to participate through 2016.

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

Program Assessment Rating Tool (PART) Forms

(See Attachments, Folder 1.)

DEMONSTRATE HOW OSDH HAS ASSESSED UNMET NEEDS

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

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

Maternal Health: In 2013, the Oklahoma population of childbearing age females (15-44 years) numbered 756,016, representing 20% of the total population and 39% of the total female population (1,943,276). The majority of reproductive age females were white (76%), followed by American Indian (11%) and African American (10%). Eleven percent were of Hispanic origin. Approximately 17% of women of reproductive age were less than 20 years of age.

The MCH priority needs for Oklahoma's Title V Block Grant cycle 2016-2020 specific to the maternal health population domain include: 1) reduction of infant mortality, 2) reduction of preterm and low birth weight infants; 3) reduction of unplanned pregnancy; 4) reduction in the prevalence of chronic health conditions among women of childbearing age, and 5) reduction of health disparities.

In addition, the Medicaid State Plan Amendment, SoonerPlan, provides access to reproductive health services for women and men at or below 133% of federal poverty level. Family Planning clinics within the state are focusing on providing information on the most effective method of contraception to prevent unintended pregnancies, assist with reproductive life planning and ensure healthy spacing of pregnancies.

Perinatal/Infant Health: In Oklahoma for years 2010-2013, there were a total of 209,014 births; 72.2% of the births were to White mothers, 9.5% to African American mothers, 11.4% to American Indian mothers, 2.8% to Asian/Pacific Island mothers, and 4.1% to mothers listing races as other. Hispanics comprised 13.6% of total births during this time.

The MCH priority needs for the Title V Block Grant cycle 2016-2020 specific to perinatal and infant health include: 1) reduction of infant mortality, 2) reduction of preterm and low birth weight infants; 3) reduction of unplanned pregnancy; 4) reduction in the prevalence of chronic health conditions among women of childbearing age, and 5) reduction of health disparities.

Child Health: In 2013, approximately 17% (689,698) of the Oklahoma population was under 13 years of age. Fifty-one percent of the Oklahoma children in this age range were male. By race, 71% of the children were White, 14% were American Indian, 12% were African American and 16% were Hispanic. Child death rates have fallen significantly for more than two decades, decreasing from 64 per 100,000 to 26 per 100,000 for children ages one to four and from 31 to 13 per 100,000 for children ages five to 14. Unintentional injuries are the number one cause of death among children ages one to 14 years.

“The Title V Block Grant Cycle 2016-2020 includes the reduction in the incidence of unintentional injuries and reduction of health disparities as one of its priority needs.”

2) MIECHV Statewide Needs Assessment: The MCH Service and FSPS collaborated in creating Oklahoma’s comprehensive needs assessment in response to the second phase of the MIECHV Grant. The purpose of conducting the needs assessment was to identify “at-risk” communities across Oklahoma that could be positively impacted by providing home visiting services or expanded existing home visiting services. The variables used to calculate risk were dictated by the grant guidance and included at a minimum:

- Premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health;
- Poverty;
- Crime;
- Domestic violence;
- High rates of high-school dropouts;
- Substance abuse;
- Unemployment;

- Child maltreatment; and
- Domestic violence.

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

- Substance abuse treatment services
- Mental health treatment services
- Domestic Violence Services
- Head Start Centers
- Educare Center
- Three Star Childcare Centers
- Public Pre-Kindergarten
- Child Guidance Service within a local county health department
- Smart Start Oklahoma Community

At the conclusion of the needs assessment, ten counties were identified as “at-risk.” However, it was decided that it would be best to concentrate on counties that had a total population greater than 10,000. Two counties in the initial list of at-risk counties did not have a population above 7,000 (Coal and Greer Counties). For this reason, the list of ten at-risk counties included: Kay, Garfield, Oklahoma, Muskogee, McCurtain, Carter, Adair, Comanche, McClain and Tulsa. Priority was given to counties that had the all or most of the above listed services. In the end, all counties except McCurtain, Adair, and McClain benefitted from MIECHV funding. With the recalculation of the most recent MIECHV Formula Grant, MIECHV funding will be restricted to Oklahoma and Tulsa Counties beginning October 1, 2016. (See Attachments, Folder 2.)

- 3) State Plan for the for the Prevention of Child Abuse and Neglect 2014 - 2018
(See Attachments, Folder “Single Attachments.”)
- 4) The Oklahoma Child Abuse Prevention Network Inventory: “The Oklahoma Child Abuse Prevention Network Inventory” is a scan of the prevention services in Oklahoma. Each program description includes funding source, numbers served, measurable outcomes, contact information, etc. The programs and services that were included are not inclusive of every child abuse prevention program or related program in the state; however, the inventory does represent a majority of the larger programs and services that are available. Please note: Information was gathered with due diligence from each of the program’s lead agencies. (See Appendix A.)

PROVIDE THE INVENTORY AND DESCRIPTION OF SERVICES

(See Appendix A.)

DEMONSTRATE DEVELOPMENT, OPERATION AND EXPANSION OF PROGRAMS AND ACTIVITIES

During 2015, the following agreements were in place to provide programs and activities throughout Oklahoma:

Memorandum of Intragency Collaboration:

- FSPS and Child Guidance Service to assure that home visiting clients are made aware of Child Guidance programs
- FSPS and Injury Prevention Service to collaborate in order to prevent childhood injuries
- FSPS and Comanche, Carter, Garfield, Kay and Muskogee County Health Departments to provide Nurse-Family Partnership services
- FSPS and Comanche, Carter and Muskogee County Health Departments to provide Healthy Families America and Parents as Teachers services

Contracts:

- Nurse-Family Partnership for rights to utilize the NFP model
- Healthy Families America for rights to utilize the HFA model
- Center for Children and Families, Inc. for HFA services
- Community Health Centers, Inc. for HFA services
- Great Plains Youth and Family Service, Inc. for HFA services
- Help-in-Crisis, Inc. for HFA services
- Latino Community Development Agency for HFA services
- McClain-Garvin Youth and Family Center for HFA services
- McCurtain County Health Department for HFA services
- Northern Oklahoma Youth Services for HFA services
- Northwest Family Services, Inc. for HFA services
- Okmulgee-Okfuskee County Youth Services, Inc. for HFA services
- Parent Child Center of Tulsa for HFA services
- Parents as Teachers for rights to utilize the PAT model
- Parent Promise for HFA services
- Youth & Family Services for Hughes & Seminole Counties for HFA services
- Parents as Teachers National Center for rights to utilize the PAT model
- Bethany Public Schools for PAT services
- Community Action Project of Tulsa for PAT services
- Latino Community Development Agency for PAT services
- Oklahoma City Public Schools for PAT services
- Parent Child Center of Tulsa for PAT services
- Smart Start Oklahoma for Community Connectors
- Numerous contracts with trainers, content experts, etc.

Interagency Agreements:

- Oklahoma City-County Health Department for NFP services
- Tulsa County Health Department for NFP services
- Tulsa County Health Department for Community Connector
- Tonkawa Public Schools for PAT services
- OUCCAN for external evaluation of MIECHV Grant activities
- OUCCAN for SafeCare services
- OUCCAN for external evaluation of PAT Pilot

SUCCESS STORIES

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

SUCCESS STORY

Melissa Eagle & Family

Adair County

Melissa Eagle is a newly hired Children First home visiting nurse for Adair County. Melissa was a participant in the Children First (C1) Program 13 years ago. She was visited by 2 different home visitation nurses and the following is (in her own words) her story:

"I was a high school graduate that left home at the age of 17 and married by the age of 19. I took college courses during the day and worked at a local factory at night. At the age of 21, I was expecting my first child and had no experience of caring for a baby. Let's just say my pregnancy was off to a rough start at 7 weeks gestation. My first hospital admission was at 9 weeks resulting from hyperemesis and dehydration, which continued throughout the entire pregnancy. During a routine doctor's visit I was given information about C1, so I signed up, which was the best decision I ever made. I received a lot of information that I wasn't getting from numerous hospital stays and doctor's visits. Both nurses helped with resources I was unaware of, such as WIC, SoonerCare, etc. I was constantly encouraged through tough times (having little family support, a spouse whose job required traveling out of state, and limited income due to missing a lot of work.) They encouraged me to continue with college and later on during visits encouraged me to become a nurse. So I did! On my daughter's first birthday, I received a call that I was accepted into the LPN program on Jan 2, 2005 and completed it within 15 months. I worked as an LPN for 6 years and always thought about becoming an RN so I could work with the Children First Program. So, I applied for the RN program at Connor's State College, was accepted, completed the program and graduated. To my surprise my Children First nurse attended my graduation. I was blessed when this position opened and I applied and was selected. I started working for C1 in June 2015. I praise C1 and my nurses every day for where I am today. Because of their encouragement, I am living a dream I probably never would have pursued without their help! I have now been a nurse for 10 years, married 15 years and have 2 children ages 12 and 9."



SUCCESS STORY

David Ashley and family
Garvin County

When twins Colton and Dalton were six-months-old, their father, David came to Healthy Beginnings seeking help. Their mother, Dianne went undiagnosed with severe postpartum depression; shortly after the boys were born, she left the family. Colton and Dalton were born prematurely as Dianne did not have the resources to receive adequate prenatal care.

Desperate for support, David enrolled in home-based parenting services and began meeting with his Family Support Worker, Deidra. David quickly engaged in services and shared with Deidra “My boys’ doctor told me they are under weight and developmentally delayed, and I don’t know how to help them.” In addition, David was dealing with feelings of resentment and anger toward Dianne for leaving the family. He stated “I am not dealing very well with my anger.” Deidra, sensing David’s urgency for help, connected him with an array of services. David and Deidra set goals to address each of the issues within the family. David received a referral for mental health services, where he learned coping mechanisms to deal with his anger. Colton and Dalton were referred to SoonerStart for early intervention services and the health department for well-baby checks and immunizations. The family was able to receive Supplemental Nutrition Assistance Program benefits as well as enroll in the Women, Infants and Children Program. David began to feel a sense of relief, knowing that as a single dad, he could get help and that Deidra was there to support him. Deidra continued to give David referrals for car seats, clothes, diapers, wipes, formula, bottles, blankets, and baby food. Colton and Dalton began making gains in all areas of development. They were brought up-to-date on their immunizations and slowly began to gain weight. During his visits, David learned about Colton and Dalton’s development and participated in parent-child activities. David’s willingness to fully engage in home-based parenting services coupled with the support of Deidra helped this single father cope with the loss of his wife, and support his family in all aspects. When Colton and Dalton turned one year old, Dianne returned to the family. Deidra referred the family for housing assistance where they were able to move into an apartment together. David and Dianne continued to work with Deidra until the twins turned six-years old, graduated from the program, and successfully entered kindergarten.



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DESCRIPTION OF NUMBER OF FAMILIES SERVED FFY 2015

Program	Individuals Parents Caregivers	Children	Families	Parents and Children w/ Disabilities	Homeless	Fathers as PCG	Military
HFA	738	743	738	8 for both children and PCG	117	24	4
HFA-MIECHV	204	201	204	1	19	4	0
NFP	2,942	2,118	2,942	11	5	3	2
NFP – MIECHV	327	253	327	4	1	2	0
PAT-Pilot	151	139	159	3	1	2	0
PAT – MIECHV	812	873	812	8	18	24	12
SafeCare - MIECHV	126	155	126	1	10	2	0
Child Guidance	19,316 Individual Sessions 748 Events (Outreach, Training, Workshops) 1,028 Consultation Visits						
The Incredible Years	377 Parents in Parenting Groups 54 Children in Treatment Groups 425 Children in Classroom Groups						
Circle of Parents	412 Total Attendees 17 Parent Groups						
Parent-Child Interaction Therapy (PCIT)	778 Total Therapy Encounters						

PUBLIC AWARENESS

Blue Ribbon Tree: For the seventh year, blue ribbon trees spouted across Oklahoma. Participants were encouraged to complete an official “Tree Registry” application along with a photo. All photos were compiled into a PowerPoint presentation that was shown during the CAP Day Mini-Conference and included in the 2015 CAP Month Photobook which can be found online.



Facebook Page: The following information regarding the “Oklahoma Child Abuse Prevention” Facebook page, facilitated by the CAP ACTION Committee, was available from the “Insights” section and reflects activity during April 2015:

- The FB page increased from 512 ‘likes’ to 551.
- The FB page was accessed by an average of 1,255 people per week.
- There was an average of 13 FB users every day with the exception of CAP Day, April 14, 2015. On that day, the use spiked to 87.

“Happiest Day” Coloring Challenge: With assistance from the CAP Action Committee, a social media campaign titled “Picture a Brighter Future for Oklahoma Kids!” was developed. Associated with this new campaign was the new “coloring challenge” inviting children and families to draw, share and upload their “Happiest Day” picture on any social media platforms as well as posting it on the *Brighter Future* website. Advocates encouraged participants to take the challenge and send their pictures to legislators in addition to posting on social media. A total of 399 coloring pages were submitted and/or posted on the OICA website – quite the success for the first year of this activity.



Commercials: The FSPS arranged for three separate commercials to be aired during the spring in 2015, definitely playing during the month April. Air time was purchased on 15 stations covering the Oklahoma City, Tulsa and surrounding markets. In order to reach the far corners of the state, time was even purchased in Wichita Falls, Texas.

- Keep Your Cool Commercial:¹⁰ This commercial, purchased from our partnering state of West Virginia, was designed to remind men of the dangers of shaking a young child and ways to prevent abusive head trauma. The commercial ran in English and Spanish on television and radio.
- Child Abuse Prevention Commercial:¹¹ This commercial, a remake of one in Florida, was created to remind the public that everyone has a role to play in child abuse prevention. The Oklahoma original starred a local high school principal, Sonic Drive-In’s Chief Executive Officer and NBA player James Harden. After James Harden left the Thunder, his section was replaced with local pediatrician and former American Academy of Pediatrics President Dr. Robert Block.
- parentPRO:¹² MIECHV funds were used to create and purchase airtime for this commercial that promotes home visiting under the one umbrella name “parentPRO.” The commercial features actual Oklahoma home visitors and clients. (See below section for more details about the entire “parentPRO” campaign.)

¹⁰ https://youtu.be/GH_e5_crmiM

¹¹ <https://www.youtube.com/watch?v=HooNtcgTs6k>

¹² <https://vimeo.com/user10001181/review/91752183/706eba609e>

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

- McDonald’s Tray Liners: McDonald’s Tray Liners: In celebration of “National Family Month” (June), the FSPS continued to partner with Moroch and Associates (a public relations firm for the statewide McDonalds Restaurants in Oklahoma) to promote components of child abuse prevention. Artwork promoting the “parentPRO” website was created for use in the tray liners. In 2015, they printed and disseminated 582,000 tray liners (approximately two weeks’ worth) to 194 different area McDonald’s locations at no cost.
- Bus Bench Advertising and Interior Bus Cards: Members of the Parent Partnership Board encouraged FSPS to purchase these two items in the metropolitan areas. They said that those who utilize public transportation spend a great deal of time waiting for buses and then actually riding the buses. They said that they noticed and often acted on the advertisements placed on the benches and inside the bus.
- Daily Oklahoman Special Insert and Jumbotron: The state’s largest newspaper provided an exceptional opportunity to FSPS to promote parentPRO during the spring of 2015. A little more than \$15,000 of MIECHV funds were used to purchase an “exclusive voice” full page advertisement in Spanish. This advertisement was included in a special insert in *The Daily Oklahoman* and distributed in zip code areas with heavy concentrations of Spanish speakers. In addition, the advertisement was included in El Nacional – a local newspaper written in Spanish. There was also a quarter page advertisement included in the English version of the Daily Oklahoman. In addition, the parentPRO commercial aired (200 times) on *The Daily Oklahoman* Jumbotron located on top of their headquarters in downtown Oklahoma City.
- Rack Cards and Tear-off Posters: Written promotional material was developed to inform potential clients about home visiting services. The rack cards and posters featured a single baby (various versions with babies representing different races and ethnicities) and the text was written at a sixth grade level. Following the advice of the Parent Partnership Board members, the word “free” was included as well as the idea that the services were designed, in part, to reduce parents’ stress. [Later we learned that mothers in particular would appreciate promotional material that would feature the parent without a picture of child. Mothers told us that they would like to think that home visitors would concentrate on their needs. They expressed the notion that often they know what they need to be doing with or for their child and if someone would support them, they would perhaps have more energy to devote to their child. For this reason, future printed material will also include some versions with just parents – including teen mothers and single fathers.]

APPLICATION: SECTION X - CRITERIA FOR FUNDED PROGRAMS

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

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

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

LOCAL GRANT AWARDS OR REQUESTS FOR PROPOSALS

(See Attachments, Folder 2.)

REPORT: SECTION 5 – OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

DESCRIPTION OF OUTREACH ACTIVITIES

Parents of Racial and Ethnic Minorities: Of the 3.9 million Oklahomans, almost 9 percent are of Hispanic, Latino or Spanish origin. Spanish is the second most commonly spoken language in the state with 141,060 speakers identifying themselves during the 2000 census. The Hispanic population grew an astonishing 89.3% in Oklahoma County over the past ten years. About a fifth of all births in Oklahoma County are to Hispanic women. For this reason, many of the FSPS funded programs strive to employ bilingual providers and work to recruit families from these cultures.

While many of the FSPS funded programs serve Hispanic families, FSPS provided funding to the Latino Community Development Agency (LCDA) so that they can exclusively provide home visiting services to Spanish speaking families. The LCDA was founded in 1991 as a community response to the needs of Hispanic people. The mission of the agency is “to enhance the quality of life of the Latino community through education, leadership, services and advocacy.” Services

offered at LCDA are focused on social, educational and economic needs of the community. LCDA serves as a point of contact for and with a number of agencies and Hispanic individuals in need of services. In 2015, LCDA offered three different home visiting programs: HFA, PAT and SafeCare. In total, these three programs served 204 families within Oklahoma County.

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

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

The Child Guidance Service teams consist of speech-language pathologists, child development specialists and behavioral health clinicians. Services were provided through 14 county health departments and the two metropolitan health departments. A total of 4,796 children received 27,026 individual services during Calendar Year 2015. Sixty percent of the encounters were for intervention or treatment services and 58% of the children served were three years of age or younger.

Homeless Youth and Families: The FSPS funded home visiting programs served "couch homeless"^[1] as well as families located in shelters, crisis centers and group homes throughout the state. NFP completed 309 visits to 23 mothers, HFA 743 visits to 117 families, MIECHV PAT 182 visits to 18 families, and SafeCare 82 visits to 10 families. Below are examples of the ways in which a couple of programs served this special population:

- During State Fiscal Year 2015, The Okmulgee-Okfuskee Youth and Family Services served seven homeless families by providing them a county resource guide and connecting them with local housing resources. The program also provided transportation to housing appointments and assistance in filling out housing applications to meet their housing goals. The program also assisted families in connecting with local churches, so that they could acquire furniture and utility assistance.
- The Youth & Family Services of Seminole and Hughes Counties served 15 homeless families. The staff worked with local the local Housing Authority, the Section 8 Program, and apartment complexes throughout the communities to find safe, affordable living spaces for each family. They also taught the families how to set up a budget, so that they could make a deposit on their apartment and master their household expenses. The

^[1] Persons without a permanent residence, but living with an acquaintance, friend or relative who cannot provide a private space for the guest.

Seminole Nation was often able to provide limited funds for housing or utility deposits. By the end of the fiscal year, four of the families were in their own residence.

Those Struggling with Substance Abuse: Many of the FSPS funded programs struggle to connect parents with addiction issues to the services they need – particularly in rural Oklahoma. Below, though, is an example of how one home visiting program in far northern Oklahoma effectively served this population:

The Northwest Substance Abuse Treatment Center for Women in Waynoka, Oklahoma is designed for women who are either pregnant or have children under the age of 12 years and have a substance abuse problem. During 2015, Northwest Family Services collaborated with the treatment center to provide HFA to 22 of their residents. In addition, Northwest Family Services provided parent education classes to any of the residents.

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

Help-In-Crisis (HUG) houses a domestic violence shelter for women and children. Upon arrival, HUG assigns an HFA Family Support Worker (FSW) to the family, and begins building a trusting relationship with them. The FSW will assist the mother in developing a network of support and a safety plan. The FSW will also work with the mother to enhance her parenting skills. Because the shelter allows a stay of up to only 30 days, the FSW will work with the mother to find safe, stable housing for her and her children. Home visits continue once the family transitions from the shelter to their own living space.

Children in Foster Care: Between the years 2012 and 2015, the percentage of foster children receiving Child Guidance services doubled from 5% to 10%. If the population of grandparents raising grandchildren is included, the percentage nearly tripled.

Fathers: OSDH programs continued to improve their engagement with fathers by implementing the following practices:

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

Below is an example of an HFA program that hired a male Family Support Worker to work solely with fathers.

Northern Oklahoma Youth Service's HFA Program served 22 fathers during 2015 with one full-time, male Family Support Worker (FSW). The FSW served both single fathers as well as some that were married/partnered. Mothers with participating fathers reported that the fathers were more involved with the baby and supported her more than before enrollment. The FSW placed a special emphasis on teaching fathers ways to bond with baby before birth and on techniques to support the mother during pregnancy and the postpartum period. Additionally, the FSW increased the fathers' confidence to care for their infants by teaching them basic infant care skills such as bathing, feeding, mixing formula, and soothing.

One success story included the FSW working with a military veteran who was discharged approximately three months before the birth of his child. He had served for eight years in the military and was diagnosed with Post Traumatic Stress Disorder. He was concerned about "coming back to a normal life - getting a job, being a dad, a husband - living a regular life where my life isn't mapped out for me." Shortly after his daughter was born, his wife left the family. He was panicked and feared he could not competently care for his baby girl and "hold everything together." The FSW increased visits to twice a week for a short time to give him extra support. The FSW also made himself available by phone, so that he could provide the father with timely support and advice. His daughter recently turned one year old and the father continues to express his appreciation for his FSW and the program.

The FSW has also worked with mothers and fathers that share custody of their children with the goal of fostering positive relationships between them. He emphasized the importance of working towards the best interest of the children and utilizing positive communication skills. These lessons assisted in the children's smooth transition when moving from household to household for visitation purposes.

ACTIVITIES TO PROMOTE CULTURALLY COMPETENT AND RELEVANT PROGRAMS

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

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

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

APPLICATION: SECTION XI – OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

In an effort to avoid duplication, please see the previous Report Narrative Section. Plans for the same work will continue into the next fiscal year and depending on the success of grant applications, may include the activities below:

MIECHV Formula Grant: Two special populations were noted in Oklahoma’s most recent MIECHV Formula Grant application:

- Incarcerated Women: Oklahoma leads the nation in incarcerating women.¹³ Many of these women are mothers. The state is working to make significant reforms to our corrections system. New alternative sentencing programs as well as reintegration programs are growing and improving. For this reason, a special emphasis will be placed on women that are or have previously been involved with the justice system. Both counties have multiple programs (institutions, community correction or work centers, halfway houses) from which to recruit participants.
- Military Families: The members of the military are another population that deserves the attention of service providers. The armed forces in the United States have built a number of military installations in the state of Oklahoma. The largest is Tinker Air Force Base, located on the eastern edge of Oklahoma City. This Air Force Base is the largest single-site employer in the state and is home to 26,000 military and civilian personnel. Due to Oklahoma’s flat terrain and open skies, four other Air Force Bases are located within the state as well as units of the Army, National Guard, Navy, Marines and Coast Guard. The parents associated with these posts are often displaced from extended family, may be acting as a single parent because a spouse or partner is deployed or in training, or may have an active military member working to reintegrate into civilian life.

MIECHV Innovation Grant: Cultural and social diversity is always desired when developing, implementing and evaluating FSPS-funded programs. The Parent Partnership Board as well as local home visiting coalitions have previously and will continue to be critical partners in assuring

¹³ <http://www.thenation.com/article/why-are-so-many-women-behind-bars-in-oklahoma/>

that services are delivered in a culturally sensitive manner. FSPS and its partners will rely heavily on these groups and others to sanction and improve services and future innovations.

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

Should the FSPS be awarded the MIECHV Innovation Grant, KUCPPR will then bring cultural adaption expertise in relation to their work with *Lemonade for Life*. One of the *Lemonade for Life* trainers is American Indian and she has carefully reviewed the materials to assure that they are cultural sensitive – recognizing that she cannot know the perspective of all tribal peoples. It is expected that she will work with the Cherokee Nation to assure that the *Lemonade for Life* training will be adapted and evaluated through a culturally appropriate lens.

KUPPR has previously conducted *Lemonade for Life* trainings in Wichita for Spanish speaking home visitors. The home visitors found the approach to be useful, relevant and up-lifting for Spanish speaking families. Should Oklahoma be awarded the MIECHV Innovation Grant, the training and educational materials will be translated into Spanish and necessary modifications will be made if necessary so that the program is more relatable to Spanish speakers.

REPORT: SECTION 6 – OSDH'S PLAN TO ENSURE PARENT LEADERSHIP AND INVOLVEMENT

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

Training: Two representatives from OSDH (one being the CBCAP Grant Coordinator) attended the *Circle of Parents* Train-the-Trainer event in September 2015. At this training, program updates regarding training materials were shared as well as an overview of the national program's future plans. This training also provided an opportunity for states to share their successes and challenges. These two OSDH employees are now equipped to provide a higher level of *Circle of Parents* consultation that complies with the model's standards and promotes the philosophy of parent leadership within each *Circle of Parents* group.

Technical Assistance: The FSPS acknowledges and embraces the importance of parent leadership and involvement. During 2015, the FSPS and Child Guidance supported and/or provided technical assistance to the Circle of Parents groups.

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

- HFA and PAT Advisory Councils: Both the HFA and PAT national models require that implementing agencies have an HFA or PAT advisory board affiliated with their services. These councils are highly encouraged, if not required, to recruit parents as

members of the local councils. However, most councils have struggled to have consistent participant by parents and to truly integrate parents in a purposeful way. For this reason, the FSPS plans to seek technical assistance in this area and develop new opportunities for parents. (See *Application Section XII for more details.*)

- The OUCCAN Parent Partnership Board: When OUCCAN was awarded the Evidence-Based Home Visiting (EBHV) Grant more than five years ago, they were required to establish a parent advisory group. Years later that group, the Parent Partnership Board, is thriving. Comprised exclusively of parents who are or were SafeCare participants, these parents have been integral in the development of marketing and educational materials. They influenced the design of the parentPRO logo – including the name, colors, look and tag line. They have provided feedback about the parentPRO website and asked that certain features such as coupons and a calendar of activities be included. Because of their invaluable assistance, the MIECHV Grant now provides a small amount of funding to partially cover the time and expenses of the staff that support the Board’s work.
- The National Alliance of Children’s Trust and Prevention Funds’ National Parent Partnership Council (Council): The goal of the Alliance’s National Parent Partnership Council is to expand and advance the meaningful and authentic roles of parent leaders in their respective states and across the nation. The Council works to ensure that strong parent voices are heard when shaping programs, policies and strategies that will impact families and communities.

During 2015, Oklahoma was fortunate to have a parent actively participate on this Council – Ms. Betty Hawkins-Emery. Ms. Hawkins-Emery is the Director of Hawkins House, Inc., a non-profit child advocacy group that assists children and their parents who have been separated by the order or action of the Child Protective Services. She is a licensed practical nurse and an adoptive parent of a son born with Down syndrome. In addition to serving on the Council, she has served on the OUCCAN Parent Partnership Board since its inception in 2003. In her spare time, Ms. Hawkins-Emery works with teens aging out of the foster care system by finding them housing, jobs and educational opportunities as well as helping them develop daily living skills.



EVALUATION AND ASSESSMENT OF PARENT LEADERSHIP ACTIVITIES (if applicable)

Not applicable.

APPLICATION: SECTION XII – PLANS FOR PARENT LEADERSHIP AND INVOLVEMENT

In an effort to avoid duplication, please see the previous Report Narrative Section. Plans for the same work will continue into the next fiscal year and will also include the activity below:

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

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

- The Board will be supported by professionals, but will be comprised solely of parents.
- The meetings will be held during times that are most convenient for the majority of parents.
- Childcare must be available during the meetings.
- Snacks or meals must be provided.
- The Board membership should be representative of the community and include fathers, grandparents, foster parents, single parents, teen parents, etc.
- The Board must meet routinely, be provided opportunities to contribute to the child abuse prevention system in meaningful ways, and have social interactions and gatherings that promote trust and informal networking.

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

TRAINING

The 2015 Child Abuse Prevention Day Mini-Conference: The CAP Day Mini Conference offered more for everyone in FY 2015. Kicking off the day on April 14, 2015 was the “Lemonade for Life: Empowering Families to Use Adverse Childhood Experiences Research to Build Resilience” pre-seminar, developed and presented by the KUCPPR. This session was attended by over one hundred participants. Later in the afternoon, over two hundred participants enjoyed an afternoon filled with national and local speakers during several breakout presentations and a

keynote with James T. Seymour, Executive Director with the Catholic Community Services Community Foundation in Salem, Oregon. His keynote session was titled, “Love and Live, Fully Alive: Strengthening Families, Building Community.” Charlyn Harper Brown, Ph.D., Senior Associate with the Center for the Study of Social Policy in Washington D.C. closed the day with a presentation titled, “Off to a Great Start: Building an Early Foundation for Later Healthy Development and Well-Being.” (See *Attachments, Folder 5.*)

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

Model Specific Trainings ¹⁴				
Nurse-Family Partnership		Healthy Families America		Parents as Teachers
Unit One: Foundational Knowledge	SP	Parent Survey for Community Outreach	3 d	Model Implementation
Unit Two: Building on Foundational Knowledge	4 d	Integrated Strategies for Home Visiting	3 d	Foundational Training
Unit Three: Model Elements	8 h	Supervisors Training	1 d	Three Years to Kindergarten Entry Training
Unit Four: Supervisor Skills	3 d	PAT Foundational Training	3 d	Partnering with Teen Parents
OK1: Perinatal Health	3 d	PAT Three Years to Kindergarten Entry Training	2 d	Child Health Assessment
OK2: Infant /Toddler Physical Assessment	3 d	PAT Partnering with Teen Parents	3 d	Neurotoxins: Their Effects on Development
OK3: Model Overview	3 d	Staff must complete the following training on The Healthy Families Learning Center http://healthyfamielstlc.com/	SP	Parents and Children at Play
Case Management: Linking and Referrals	4 h			Supporting Families of Children with Special Needs
				Working with Diverse Families
Additional Trainings Provided Across All Models				
Adoption	2 h	Family Planning	1 h	NCAST Feeding <i>Nursing Child Assessment Satellite Training</i>
Ages & Stages; Ages & Stages Social and Emotional	7 h	HIPAA <i>Health Insurance Portability & Accountability Act</i>	SP	NCAST Teaching <i>Nursing Child Assessment Satellite Training</i>
Parent/Baby Attachment	4 h	Home Visitor Safety	1 h	Newborn and Special Screening
Birth Defects/Genetics	1 h	Home Safety	1 h	Paternity/Legal Period of Purple Crying <i>Abusive Head Trauma</i>
Breastfeeding	14 h	Infant Mental Health	1 d	Prenatal Health/Postpartum Health
Child Abuse Medical Examiner	12 h	Interconception Health	2 h	Reflective Supervision
Child Abuse Reporting	1 d	Intimate Partner Violence	7 h	Safe Sleep and Sudden Infant Death Syndrome
Child Development	4 h	Keys to Caregiving	7 h	
Child Passenger Safety	7 h	Labor and Delivery	1 h	Strengthening Families Online Modules
CMCIS Database Training <i>Case Management Client Information System</i>	1 d	Lead Poisoning Prevention	1 h	Substance Abuse and Addictive Behaviors
CQI Training	1 d	Maternal Depression	1 d	Temporary Aid to Needy Families/Medicaid
Diversity and Cultural Awareness	3 h	Mental Health Issues	7 h	Tobacco Use and Cessation
Grief due to Loss of a Child/Client	4 h	Motivational Interviewing	2 d	

h: Hour d: Day SP: Self-Paced

¹⁴ SafeCare trainings conducted and monitored by OUCCAN. They participate in the “Additional Trainings” at the bottom of the table.

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

TECHNICAL ASSISTANCE

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

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

EVALUATION ASSISTANCE

Program Evaluation Training: During SFY 2015, individual consultation, technical assistance and quarterly training was provided regarding the new “Efforts to Outcomes” (ETO) database utilized by home visitors. Using MIECHV funding, the FSPS was able to have Social Solutions create a customized version of ETO that would serve as the collective database for four home visiting models (NFP, HFA, PAT and SafeCare).

APPLICATION: SECTION XIII – PLAN FOR SUPPORT, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

In an effort to avoid duplication, please see the previous Report Narrative Section. Plans for the same work will continue into the next fiscal year and may also include the activity below:

The Annual Child Abuse and Neglect Healthy Families Oklahoma Conference

The 24th Oklahoma Child Abuse and Neglect Conference, organized by OUCCAN, is tentatively scheduled for April 2017 to coincide with Child Abuse Prevention Month. The conference is planned as a two-day conference with institutes and workshops provided each day. The focus will be on providing quality, interdisciplinary, skill-based training through evidence-based training in the areas of child abuse and neglect, including child trafficking, and substance abuse exposure. Local, state and national experts will provide the trainings. The OUCCAN is seeking partners such as FSPS, the Oklahoma Drug Endangered Children Alliance, the Oklahoma District Attorney’s Council and tribal nations for sponsorships.

REPORT: SECTION 8 – EVALUATION DATA FOR CBCAP-FUNDED PROGRAMS

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

Child Guidance services or activities funded by CBCAP:

Circle of Parents – The following information represents the data collected from 233 respondents that participated in COP during 2015 (*See Attachments, Folder 2.*)

Question 1: COP has been helpful to me.

Question 1	Frequency	Percentage
Strongly Disagree	1	0.43
Disagree	1	0.43
Agree	21	9.01
Strongly Agree	93	39.91
No Opinion	117	50.21

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

Question 3	Frequency	Percentage
Strongly Disagree	2	0.85
Disagree	0	0
Agree	17	7.23
Strongly Agree	98	41.7
No Opinion	118	50.21

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

Question 4	Frequency	Percentage
Strongly Disagree	1	0.43
Disagree	0	0
Agree	21	8.94
Strongly Agree	97	41.28
No Opinion	116	49.36

Incredible Years – The following information represents the qualitative data collected from eight respondents that participated in “Incredible Years” during 2015 (See Attachments, Folder 2.)

What part of the program was most helpful to you?

- *Class Discussion after reading chapters*
- *Focus on play*
- *Group discussion and idea sharing*
- *Learning to play with my child*
- *Play!*
- *Play!! Learning that I don't have to “teach” them all the time*
- *Praise – play, rewards, and time-out. No spanking*
- *Time out/in, reward chart*

What did you like most about the program?

- *All so helpful*
- *How laid back it was*
- *Learning how to play/self talk – calming techniques*
- *Open format, no judgment, genuine interest in helping us*
- *Personal attention*
- *That filling up the piggy bank helps prevent future melt downs.*

FSPS services or activities funded by CBCAP:

Nurse-Family Partnership (known as Children First in Oklahoma) - Below is a sampling of 2015 outcomes for the state-funded NFP programs. (See Attachments, Folder 2.)

- 90% of NFP babies were born at normal birth weight (more than 5.5 lbs.)
- 88% of NFP babies were carried to term (more than 37 weeks gestation)
- 93% of NFP children were fully immunized at 24 months
- 91% of NFP mothers initiated breast feeding
- 90% of NFP mothers attended 10 or more prenatal care visits
- 91% of NFP clients did not smoke and never began smoking between intake and 36 weeks of pregnancy
- 123 referrals to early intervention services were made to NFP mothers whose children screened positive for developmental delays on regularly administered Ages & Stages questionnaires
- 3,870 Edinburgh Postnatal Depression Scale screenings were administered to 1,454 mothers; approximately 13% of the screenings

- indicated signs of depression and required immediate attention by a healthcare or mental health professional
- 85% of NFP fathers spent time with their child
 - 91% of NFP clients served in SFY 2015 had at least one working smoke detector in the home
 - 99% reported always traveling with their child in a car seat
 - 97% of NFP children had never had a confirmed child maltreatment case

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

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

parentPRO Marketing Evaluation (funded by the MIECHV Grant and conducted by OUCCAN):

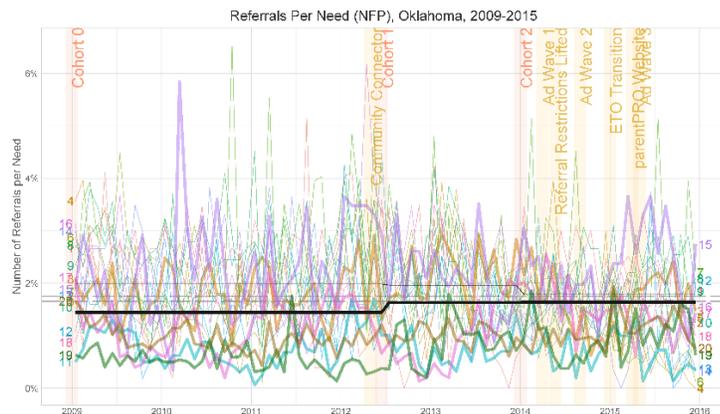
The design and implementation of previously funded parentPRO marketing campaigns were strategically informed by a mixed methods approach of study. Early evidence from our own focus groups and community surveys, as well as other marketing research findings, suggested a number key elements that ought to be incorporated in the campaign messaging: a) emphasize the *free* cost and convenience (services offered in the home) of the services; b) emphasize the *voluntary* nature of the program; c) emphasize the focus on reducing parenting stress; d) replace the conventional service classifier, “home-visiting,” with a more appealing descriptor like “family or parenting support” services; and e) create an Oklahoma brand-name to serve as a umbrella term for all state-managed programs in an effort to both encourage program collaboration/coordination and to limit consumer confusion with individual program names.

Once the parentPRO campaign was designed, FSPS contracted with OUCCAN to conduct a formal evaluation of marketing effectiveness. The evaluation utilized two primary data sources to inform effectiveness. Through the use of an ongoing survey with community participants who were eligible for, but not currently receiving parentPRO services (sample size = 1637), the evaluators tracked brand recognition over time between September 2012 and December 2015. Brand recognition was low in the early days of parentPRO, with an average recognition rate below 7% prior to the launch of the first marketing campaign. Survey data evidenced a sharp and sustained brand-recognition increase of 2.5% immediately after the first marketing campaign (April 2014), and this rate continued to rise in 2015 with a marked jump to 13.5% (more than twice the rate observed in 2012-2013) following the most recent campaign launch (May 2015).

At the completion of every survey, participants are shown the parentPRO leaflet advertisements and asked their intentions of enrollment. More than 75% of the sample to date has indicated an interest in a parentPRO program, and more than 60% have stated an intention to enroll within the next month. As evidenced by the evaluator’s second data source (OSDH administrative records), these positive brand-recognition and program appeal findings appear to coincide with notable increases in client referrals and/or enrollments for three parentPRO programs (Start Right, Parents As Teachers, SafeCare). Two of these programs evidenced a significant 56% (SafeCare) and 70% (Start Right) average increase in referral metrics following

each of the past three marketing campaigns (increases reflect improvements relative to the performance of surrounding months). Two programs also demonstrated substantial gains in enrollment metrics with increases that ranged from 54% (PAT) to 252% (Start Right) immediately following the first two 2014 marketing campaigns (again, relative to performance during surrounding months). In summary, it appears the marketing materials and campaigns to date have achieved their goal of increasing parentPRO brand-recognition, appeal, and service utilization.

The applicant was intensely focused on recruitment outcomes during past MIECHV funding cycles. Previous evaluations have examined trends of referrals and enrollments for the NFP and



HFA models. A major aim of past evaluations was assessment of performance changes following important events in Oklahoma's home visiting programs. The following dates were of particular interest: (i) Cohort 0 begins Jan 2009, indicating a 'pre-MIECHV' comparison period; (ii) Cohort 1 begins June 2012, indicating MIECHV funding starts, and sites adopt (intransient) MIECHV changes; (iii) Cohort 2 begins Jan 2014, roughly

indicating when new practices had stabilized; and (iv) three advertising campaigns in 2014-2015, indicating statewide marketing efforts (transient MIECHV events).

With respect to referrals, MIECHV programs performed significantly better than comparison counties. The embedded graph provides a visual example of this improvement for the NFP program. Important MIECHV events are indicated by vertical lines in the longitudinal graph, while horizontal colored, jagged lines represent performance of individual NFP regional offices (arbitrarily labeled 1 to 20 inside the plot). Multilevel time-series models (controlling for number of WIC eligible infants in a region) predicted a 10% decrease in referrals for NFP comparison regions (thin black line) and a 13% increase in MIECHV regions (thick black line) after funding began (Cohort 1 vertical line). A significant treatment-by-time interaction showed that MIECHV regions outperformed comparison regions by 26% between cohorts 0 and 2 ($p < .01$). Equivalent models for enrollments demonstrated that MIECHV funds also buffered declines in statewide NFP enrollments ($p < .01$) with comparison regions declining 20% and MIECHV-funded regions declining only 8%. A similar but more dramatic effect was evident among HFA referrals. Comparison programs' referrals decreased by 57%, contrasted with MIECHV programs decreasing only 9%. For HFA enrollments, comparison programs decreased 30%, while MIECHV-funded programs increased by 6%. ($p < .001$ for all contrasts).

The proposed innovation continues CQI efforts that began during previous MIECHV funding cycles. Although previous rounds of MIECHV did result in a list of (probable) best practices for engagement and retention, that work stopped short of testing the effectiveness of those practices. Instead, testing efforts of past CQI projects focused on best practices for referrals and

enrollments. This work was largely successful, resulting in a large, statistically significant ($p < 0.001$) increase (comparing pre- to post-implementation years, 2014 vs. 2015) in average annual referrals (63% increase, on average, resulting in a total increase of 194 program-eligible referrals) among the 11 sites volunteering for implementation of referral changes. Improvements were evidenced among the 26 sites volunteering to implement enrollment changes, too, although not quite statistically significant (a group-wide increase of 10%; total increase of 59 new enrollments).

2015 CAP Day Mini-Conference: Evaluation results are shared with the CAP Action Committee and other stakeholders to guide future planning efforts and make necessary adjustments. Over 95% of the conference attendees rated their overall experience as good or great. More than 84% of the conference attendees stated that their “knowledge increase” improved by an amount they considered to be “good” or “excellent.” (See Attachments, Folder 5.)

Healthy Families America (HFA): Below is a sampling of 2015 outcomes for the state –funded HFA programs. (See Attachments, Folder 2.)

- 91% of HFA parents reported that their children were up-to-date on immunizations
- Of the mothers that delivered after enrolling in HFA, 59% initiated breastfeeding
- Of the HFA parents who smoked, ninety-four percent either did not increase or reduced smoking between enrollment and the end of SFY 2015
- 123 referrals to early intervention services were made to NFP mothers whose children screened positive for developmental delays on regularly administered Ages & Stages questionnaires
- 352 Edinburgh Postnatal Depression Scale screenings were administered to new HFA mothers; 62% indicated some signs of depression; 39% indicated the need for immediate referral to a healthcare professional
- 68% of HFA fathers spent time with their child
- 98% of HFA households had at least one working smoke detector
- 96% of HFA parents reported always traveling with their child appropriately restrained in a car seat
- Of the 738 HFA children that received at least one home visit during SFY 2015, 627 (85%) had never been named as a potential victim in a child welfare report after enrolling in HFA. Furthermore, 702 (95) had never been named as a victim in a confirmed child maltreatment case.

APPLICATION: SECTION XIV – EVALUATION PLANS

In an effort to avoid duplication, please see the previous Report Narrative Section. Plans for the same work will continue into the next fiscal year and will also include the activities below:

The Family Support Accountability Act: Legislation to create “The Family Support Accountability Act” was backed by early childhood advocates, home visitors, and additional stakeholders, but statewide leadership for the legislation came from SSO. SSO held stakeholder meetings to gather input and with assistance from Pew Trust,¹⁵ held strategy meetings and developed the legislation’s draft language. SSO secured authors for House Bill 2157: Representative Jon Echols and Senator A.J. Griffin. The bill passed with overwhelming bipartisan support and was signed into law by Governor Mary Fallin on April 28, 2015. The Act was designed to ensure that the state’s home visiting investments are supported with proven records of effectiveness. It will require monitoring and reporting of outcomes such as maternal and infant health, family self-sufficiency, and school readiness on annual basis. SSO staff, along with assistance from FSPS, HVLAC and others, developed “The Oklahoma Home Visiting Outcomes Measurement Plan” and submitted it to the Oklahoma Legislature in accordance with the Act on January 1, 2016. The first annual report will be due December 31, 2017. *(See Attachments, Folder 3.)*

MIECHV Formula Grant Evaluation Plan (conducted by OUCCAN): The below 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 home visiting (HV) 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 HV services.
- 4) *Service Need:* Evaluate the overall need for child and family services within each community.
- 5) *HV Effectiveness and Improvement:* Establish a quality improvement and control system and evaluate effectiveness of the home visitation and early childhood services continuum.

The evaluation funding enables enhancements to the rigor and depth of the current 2015-2017 MIECHV evaluation. Specifically, these funds allow for: 1) an extended examination of systems coordination (Aim 1) and professional marketing campaign (Aim2) impacts on program process outcomes over the short- and long-term; 2) a testing phase for new, behavior-economics inspired, marketing strategies (Aim 2); 3) assessment of impact of newly discovered best practices for improving client enrollment and retention (Aim 3); and 4) continued follow-up measurements from MIECHV client and comparison cohorts to evaluate unmet needs of the home visiting population (Aim 4) and home visiting program effectiveness (Aim 5).

¹⁵Pew Trust had previously passed similar legislation in 10 other states and having them share their experiences helped Oklahoma avoid certain challenges.

All current and future MIECHV grants in the State are supported by a number of established resources that were strengthened under the previous formula and competitive grants. Notably, the current and future MIECHV monies will be used to sustain home visiting in OSDH designated counties, and these counties will benefit greatly from the established community connector systems, inter-home visiting program and referral agency coalitions, parentPRO (the State's MIECHV supported home visiting brand) name recognition, home visiting triage flowcharts and system, evaluation supports, and increases in staff. The use of new monies to expand services will also benefit from the lessons learned while building the enhanced infrastructure in prior MIECHV locations. These enhanced infrastructures will enable several new grant activities that are believed to positively affect short- and long-term outcomes of families in these communities.

Activities of key interest to this evaluation's Aim 1 include continued training of home visiting staff on the use of a new electronic system for capturing and monitoring referrals, enrollments, and intake assessments, use of a county-specific triage system to better match clients to the home visiting programs and support services in their communities, and strengthening inter-program coordination and team-building through routine coalition meetings and Community Connectors (liaisons funded by MIECHV to support home visitors and referral agency coordination). In the short-term, these activities should result in new and renewed memoranda of understanding between home visiting programs and referral agencies, better documented and more consistent home visiting triage decisions and processes, enhanced peer-learning opportunities, and ultimately, greater and more efficient information sharing and better community awareness of the entire service continuum in each county. In the long-term, these short-term benefits should translate into greater numbers of quality (eligible and well-matched) referrals to home visiting programs and greater use of home visiting services.

The marketing activities to monitor for purposes of Aim 2 are closely intertwined with the Aim 1 activities above, because these, too, intend to increase the number of home visiting clients. To get there, this evaluation will be more rigorously testing new home visiting messaging that is destined for professional ad campaigns that utilize radio, TV, web, print, and street ad media. Success of these campaigns will ultimately be determined through the evaluation of increased awareness, appeal, and use of home visiting. The current evaluation involves identifying new candidate messages based on self-reported preferences and service access intentions, while this proposed evaluation will enable a testing phase to assess impact of messaging on actual program engagement behaviors. The proposed evaluation will also examine the effectiveness of marketing campaigns already in process.

As part of Aim 3 of the ongoing evaluation, OUCAN is tracking sustained progress through a narrowed focus on the principle goal: maintaining increases in the number of home visiting clients served. Also as part of Aim 3, evaluation staff is helping to identify, develop, and test the effectiveness of new enrollment and retention strategies implemented by the home visiting programs. These efforts intersect with the CQI work of Aim 5 and seek to establish best practices among home visiting sites for recruiting and retaining clients. The intended long-term

benefits of home visiting (improved maternal and child health, school readiness, economic self-sufficiency, reduced child injuries, reduced maltreatment, etc.) cannot be obtained without accomplishing these short-term goals of enrollment and retention. The proposed evaluation will extend the current work to examine sustainment of service reach in the designated MIECHV counties (Oklahoma and Tulsa) and longer-term effectiveness of enrollment and retention best practices.

Aim 4 activities seek to better identify and quantify the unmet home visiting-related needs in the designated MIECHV counties. Through the use of a community survey, evaluation staff will assess the desire for home visiting involvement among community eligible families, the unique developmental needs of the children in these families, and the maltreatment risk factors present among this population. The long-term hope of this aim is that better understanding of unmet needs will lead to greater awareness and motivation among key stakeholders and decision-makers to sustain improvement and expansion efforts in these communities.

The short-term outcome of these activities should include better understanding of the strengths and weaknesses of current home practices, identification and dissemination of effective program improvement strategies, and establishment of a culture of continuous improvement and data accountability among program staff and administrators. Long-term, we envision these activities influencing informed decision-making on future home visiting practices and resulting in a more secure, efficient, and capable home visiting service system. The continued funding of the data collection and quality improvement activities associated with this aim will prove vital to the success of the ongoing evaluation. The additional follow-up data collection requested is needed to adequately address effectiveness of existing home visiting programs and newly developed CQI practices.

How the Evaluation Will Be Conducted:

Study Questions: The outline below highlights the aim-specific research and evaluation questions from the currently funded grant that will be directly affected/enhanced:

- 1) *Systems Coordination*
 - a. Will MIECHV efforts to enhance coordination within and between HV programs and other support services affect referrals received by home visiting agencies, average time elapsed between initial referral and initial contact, and average time elapsed between initial referral and first home visit?
- 2) *Program Marketing*
 - a. Do new marketing messages and strategies, that utilize behavioral economics principles, result in greater number of home visiting referrals and enrollments?
 - b. Will ongoing, MIECHV-funded marketing campaigns increase knowledge, use, and appeal of HV services among the target population?
- 3) *Client Enrollment and Retention*
 - a. Will MIECHV activities result in sustained increases in the numbers of families served?
 - b. How effective are new enrollment and retention best practices?
- 4) *Service Need*

- a. To what extent are the home visiting service needs of the targeted communities being met?
- b. How well do existing and newly developed screening measures predict future child abuse and neglect among the targeted home visiting population?

5) *Home Visiting Effectiveness and Improvement*

- a. How effective are the home visiting programs, relative to a comparison sample of non-home visited clients, with respect to the MIECHV outcome benchmarks?
- b. How effective are MIECHV-funded quality improvement initiatives at attaining desired change?
- c. How different do engaged and unengaged home visiting clients look on key benchmark indicators at 1 and 2 years post-enrollment?

Data Sources: The evaluation will utilize data from two sources: 1) home visiting agency records, and a 2) longitudinal quantitative survey.

Home Visiting Agency Records: Two types of home visiting agency records data are being utilized for purposes of the evaluation: 1) agency systems data including referral counts, enrollment counts, program retention, and worker time and effort allotments; and 2) client self-report data on the key outcome indicators. All of these data now exist in the FSPS centralized enterprise database system, ETO, and will be directly accessible to the evaluation team securely over the web. Client self-report data is being collected using paper-pencil forms during home visits and later hand-entered into the ETO database. OUCCAN will continue regular meetings with the evaluation team to examine strategies to accurately and routinely collect data via home visitors. Data from this source will be used to inform Aims 1, 3, and 5. A data sharing agreement has been established between OSDH and OUCCAN for exchanging these data.

Community Survey: The survey interview data inform specific Aims 2, 4, and 5. This interview sample provides data that serve a multifaceted role in the evaluation of system success and inform future enhancement efforts. First, this source will be used to assess the promise of new marketing messages and approaches among families who are eligible for HV. This source will also be used as an indicator of existing marketing efforts reach and effectiveness through questions about prior awareness, knowledge, and use of home visiting. Second, the data will be used to study client needs for home visiting in each of the designated counties. A good understanding of the needs and risks uniquely facing the counties surveyed helps inform future service innovations. Third, this source will be used to evaluate effectiveness on key performance indicators comparing engaged and unengaged home visiting clients' data from ETO and from client surveys to comparison (families not yet involved in home visiting) data from the surveys. The requested funding for this source will enable an additional year of follow-up collection for all enrolled survey participants.

Survey Participants: The evaluation plan involves recruitment of a large comparison sample of home visiting eligible, but not-enrolled, participants and two different strata of home visiting clients: 1) clients who enrolled in a MIECHV program in 2014 and 2) clients who enroll in a

MIECHV program during 2016. All of these participants will be eligible for one additional annual follow-up survey under the requested extension activities. Assuming 30% sample attrition, we plan to complete a total of 1,102 follow-up interviews along with an additional 473 new community sample interviews under the requested extension (these new interviews will be used to test effectiveness of new marketing/enrollment messages, Aims 2 & 3, and to establish further comparative outcomes for Aim 5 benchmark effectiveness). All participants will receive a \$40 gift card as compensation for their time commitment.

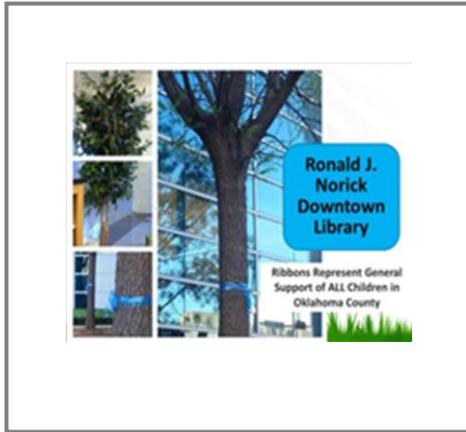
Parent Prep: Crying Babies Lesson Plans: These supplemental lesson plans for home visiting programs were developed as a companion for the hospital-based program “Period of PURPLE Crying.” To date, approximately 150 home visitors have been trained to use the lesson plans. The OSDH Injury Prevention epidemiologists are assisting the FSPS in creating an evaluation plan for this new project. The intent is for home visitors to distribute surveys to home visiting participants in order to assess the effectiveness of the materials and to learn what areas of the project need to be improved.

REPORT: SECTION 9 – CHILD ABUSE PREVENTION MONTH AND AWARENESS ACTIVITIES

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

- The Happiest Day Coloring Challenge: (See page 55.)
- The CAP Action Website: (See page 45.)
- Blue Ribbon Tree Campaign: (See page 54.)
- Children Abuse Prevention Mini-Conference: (See page 64.)
- Keep Your Cool Commercial: (See page 55.)
- parentPRO Commercial: (See page 55.)
- CAP Commercial: (See page 55.)
- McDonald’s Tray Liners: (See page 56.)

CAP Newsletter (E-Blast): The CAP Action Committee along with the CBCAP Grant Coordinator continued to publish and distribute this monthly newsletter dedicated to prevention. Each month, the newsletter connects a critical topic – such as collective impact, domestic violence or home visitation – to child abuse prevention. The newsletter also showcases an agency or service and makes simple suggestions for ways in which all can be involved prevention efforts. (See Attachments, Folder 5.)



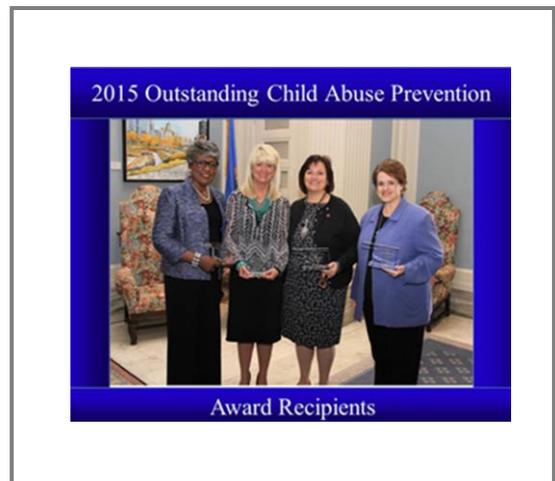
Linking with Libraries: For the ninth year, the Oklahoma Department of Libraries (ODL) joined efforts with FSPS to prevent child abuse during the month of April. Staff at all local libraries were encouraged to get involved by creating bulletin boards devoted to prevention, hosting parenting groups, setting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

Community Resource Guides: Hundreds of the Community Resource Guides from the Children’s Bureau’s Office on Child Abuse and Neglect (co-sponsored by Child Welfare Information Gateway and the FRIENDS National Resource Center for Community-

Based Child Abuse Prevention) were disseminated to networking partners across the state such as school counselors, home-based parenting programs, libraries, schools, county health departments, local task forces and others upon request.

Child Abuse Prevention Awards: The annual Outstanding Child Abuse Prevention Awards were presented on Tuesday, April 14, 2015 in the Governor’s Blue Room at the Oklahoma State Capitol to a standing room only crowd. The below awards recognized outstanding commitment and dedication for particular aspects of child abuse prevention:

- 1) *The Outstanding Elected Official Award*, given to an elected official for distinguished service on behalf of children and families in Oklahoma, was awarded to **Representative Lee Denney**.
- 2) *The Marion Jacewitz Award*, given to an individual in Oklahoma who has made significant contributions to the prevention of child abuse on a statewide level, was awarded to **Mildred Ramsey, MPH, RN, Program Manager of Children First/NFP**.
- 3) *The Outstanding Child Abuse Prevention Program Award*, given to an exceptional community program that has an emphasis on child abuse prevention, was awarded to **Family Builders of Oklahoma City**.
- 4) *The Mary Ellen Wilson Award*, given to an individual who has demonstrated outstanding commitment and dedication to child abuse prevention activities in his or her community, was awarded to **Georganne Duty, LPC of NorthCare**.



APPLICATION: SECTION XV – CHILD ABUSE PREVENTION MONTH AND AWARENESS ACTIVITIES

In an effort to avoid duplication, please also see the previous Report Narrative Section. Plans for the same work will continue into the next fiscal year.

REPORT: SECTION 10 – CHALLENGES AND BARRIERS

Like several states within the region, Oklahoma has been experiencing budget shortfalls over the past few years. This current state year, though, Oklahoma has been in a full-fledged budget emergency. Several mid-year revenue failures have been declared due to revenue collections coming in well below projections. These shortfalls have caused most state agencies to implement cuts, some rather deep, during this past fiscal year. The OSDH is mostly funded by federal dollars. However, of the state appropriations that OSDH received, there has been a 25 percent reduction since 2009 (\$75 million dollars to \$56 million dollars as of March 2016). Because new revenue generating measures have not passed, the future fiscal year looks to be challenging for most agencies serving children – including OSDH. Our upcoming agency budget is not set at this time, but it is assumed that:

- the “State Plan for the Prevention of Child Abuse and Neglect” will need to be reviewed by stakeholders and modified to reflect the changes in the prevention service system;
- the services will need to be prioritized and/or restructured; and
- new projects or efforts should be considered as potential substitutes for more costly direct services (acknowledging that the outcomes will more than likely not be the same and expectations will need to be modified).

APPLICATION: SECTION XVI – AREAS FOR TECHNICAL ASSISTANCE

Parent Leadership and Involvement: Recognizing the upcoming challenges, it will be even more important to assure that what services and activities are carried forward are viewed as relevant to families. For this reason, FSPS will request technical assistance to expand Parent Partnership Boards in our state. Assistance will be sought from FRIENDS, the National Alliance of Children’s Trust and Prevention Funds as well as other state partners.

In addition, it will be a goal in the upcoming year to better support and increase the number *Circle of Parents* groups. Should reductions be made to direct services, such as in home visiting, these groups may serve as a less costly option to provide some assistance to families wanting support. FSPS will seek assistance from the national office of *Circle of Parents* as well as state partners that have had success in expanding the program.

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 **Deborah J Nichols** Digitally signed by Deborah J Nichols
DN: cn=Deborah J Nichols, o=ou,
email=deborah@health.ok.gov, c=US
Date: 2016.06.07 14:53:57 -0500

Title

Chief Operating Officer

Organization

Oklahoma State Department of Health

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Health and Human Services	7. Federal Program Name/Description: Family Support & Prevention Service/Office of Child Abuse Prev. CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Deborah J Nichols</u> <small>Digitally signed by Deborah J Nichols DN: cn=Deborah J Nichols, o=og, email=deborah@health.hhs.gov, ou=US Date: 2016.06.07 14:24:36-0500</small> Print Name: <u>Deborah J. Nichols</u> Title: <u>Chief Operating Officer</u> Telephone No.: <u>(405) 271-4200</u> Date: <u>6/7/16</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

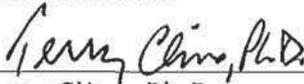
The Pro-Children Act of 2001, 42 U.S.C. 7181 through 7184, imposes restrictions on smoking in facilities where Federally-funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in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



OKLAHOMA STATE DEPARTMENT OF HEALTH
ADMINISTRATIVE PROCEDURES MANUAL

NUMBER: 1-08
TITLE: Tobacco-Free Policy
ADOPTED: December 1994
LAST REVIEWED: October 2015
RESPONSIBLE SERVICE: Administration

APPROVED:



Terry Cline, Ph.D.
Commissioner

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 as required, in part by, Title 21 of the Oklahoma Statutes, Section 1247, "Title 63 of the Oklahoma Statutes, Section 1-523(E) and Governor Executive Order 2013-43."

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, e-cigarettes and vaping devices are 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 6-16A entitled, "At-Will Employee Disciplinary Actions," or state personnel rules.

III. Off-Site Tobacco-Free Environment

No OSDH sponsored or co-sponsored activities or events shall be held at facilities that allow tobacco use on the premises.

IV. References

Title 21 of the Oklahoma Statutes, Section 1247
Title 63 of the Oklahoma Statutes, Section 1-1523 (E)
Governor Executive Order 2013-43

V. Action

The Senior Deputy Commissioner is responsible for ensuring the annual review of this administrative procedure.

The Center for the Advancement of Wellness 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.

VI. Attachments

<u>Attachment</u>	<u>Title</u>	<u>Location</u>
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No attachments were identified.

ATTACHMENTS – TABLE OF CONTENTS

Attachments Related to Programs and CBCAP Activities

(available by request)

FOLDER 1 PART FORMS	Office of Management and Budget Program Assessment Rating Tool (PART) PART FORMS
FOLDER 2 FAMILY SUPPORT & PREVENTION SERVICE PROGRAMS	<ol style="list-style-type: none"> 1. HEALTHY FAMILIES AMERICA PROGRAM <ol style="list-style-type: none"> 1) Start Right Annual Report (SFY 2015) 2) Start Right Program Catalog (SFY 2015) 3) Start Right Logic Model 4) Start Right ITB (2008-2012) & RFP Amendment & Solicitation (2013-2017) 5) Start Right Procedures Manual (SFY 2013-2014) 6) Start Right Evaluation Components 2. NURSE-FAMILY PARTNERSHIP PROGRAM <ol style="list-style-type: none"> 1) Children First Annual Report (SFY 2015) 2) Children First Forms Manual 3) Nurse-Family Partnership Model Elements 4) Logic Models: Children First and Nurse-Family Partnership 3. PROGRAMS – MISCELLANEOUS <ol style="list-style-type: none"> 1) Child Guidance Services ~ Various Documents, Annual Report & Evaluation 2) Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) 3) PARENT PREP: For Crying Babies Home Visitation Lesson Plan 4) parentPRO – Continuum of Home Visiting Programs in Oklahoma
FOLDER 3 HOME VISITATION GROUP	HOME VISITATION LEADERSHIP ADVISORY COALITION (HVLAC) <ol style="list-style-type: none"> 1) Home Visitation Business: Meeting Calendars, Agendas & Minutes 2) Oklahoma Family Support Accountability Act ~ House Bill 2157 3) Oklahoma Home Visiting Outcomes Measurement Plan 4) Oklahoma Home-Based Parenting Services and Resource Directory
FOLDER 4 MISCELLANEOUS ITEMS	MISCELLANEOUS ITEMS <ol style="list-style-type: none"> 1) Conference Information (April 2015) 2) Memorandum of Intra- Agency Collaboration OSDH, Injury Prevention Service & OSDH, Family Support & Prevention Service 3) Plans: Oklahoma Health Improvement Plan (OHIP) Child Health (2011-2014) & OHIP Oklahoma Health Improvement Plan (2010-2014) and (2020) 4) The Oklahoma Pinnacle Plan (DHS)
FOLDER 5 CAP MONTH AND PUBLIC AWARENESS	CHILD ABUSE PREVENTION (CAP) MONTH AND PROMOTIONAL MATERIALS (April 2015) <ol style="list-style-type: none"> 1) Build A Blue Ribbon Tree Campaign 2) Outstanding Child Abuse Prevention Awards – Media & Materials 3) Happiness Project / Coloring Challenge 4) EBLAST ~ Prevention Newsletter 5) Facebook Results for April 2015 – CAP Month
SINGLE ATTACHMENTS SUPPORTING DOCUMENTS	<ol style="list-style-type: none"> 1. CBCAP FEDERAL FINANCIAL REPORT 2. CBCAP ANNUAL REPORT AND APPLICATION (FFY 2015) 3. STATE PLAN FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT (2014 – 2018)

