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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

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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: 

Gunnar McFadden, MBA Grants and Reporting Officer (405) 271-4042 GunnarM@health.ok.gov
SECTION 1 - STATEWIDE CHILD MALTREATMENT PREVENTION LEADERSHIP ACTIVITIES CONDUCTED BY THE OSDH

THE ROLE OF THE OSDH AND ITS ACTIVITIES
The Oklahoma State Department of Health (OSDH), a public entity, served as the lead agency responsible for administering the CBCAP funds and providing oversight to funded programs. OSDH is comprised of 72 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, Office of the State Epidemiologist, 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, page 6.)

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.

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 departments\(^1\) 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.

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:

\(^1\) Oklahoma City and Tulsa
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.

10) Screening and Special Services – a service area that provides statewide surveillance, screening, and specialized programs to protect the health of Oklahoma children and their families.
Oklahoma State Department of Health
Organizational Chart
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 visitation 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 Eco behavioral 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.

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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](https://vimeo.com/user10001181/review/91752183/706eba609e) as well as a variety of print materials and mass transit advertising.

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

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/performace 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, most OSDH Services staff have 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 changing behavior in the target population. The Child Guidance Service provides the following programs:

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3 [https://vimeo.com/user10001181/review/91752183/706eba609e](https://vimeo.com/user10001181/review/91752183/706eba609e)

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. Fifty grantees conduct core PRAMS surveillance across the United States and Puerto Rico. Oklahoma has been a PRAMS participant since the CDC project began in 1988.

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 health status can be evaluated. Each year in the state of Oklahoma, women die of complications related to pregnancy. According to vital records provided by Health Care Information (HCI) and reviewed by MCH for years 2013-2015, the maternal mortality rate among women aged 10 – 59 years was 18.8\(^5\) 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 and children but will provide overwhelming benefits for all Oklahomans. To date, the MMR Committee has reviewed 82 cases. Most cases listed multiple health conditions possibly contributing to the maternal death, but the health conditions most often cited include:

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\(^5\) 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 three year moving average rate is based on equivalent data which only includes deaths up to 42 days postpartum and includes women age 10-59.
• 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 that include providing child passenger safety education, car seats and booster seats to eligible families. There are trained child passenger safety technicians located statewide, including the metropolitan areas as well as 54 of the county health department sites, who are available to install car seats. Families may contact a county health department to schedule an appointment to have any car or booster seat checked to determine if it is properly installed. Car seats and booster seats are provided at no cost to families eligible for WIC benefits, those who receive other state assistance such as Medicaid, Supplemental Nutrition Assistance Program, Temporary Assistance to Needy Families and those participating in home visiting programs.

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

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

The participants that make up the committee also bring with them a vast array of skill sets, which enable the group to be creative, functional and thorough in a host of ways in their ongoing challenge of tackling the issue of raising awareness in the community. Social media is utilized and appreciated as a mechanism for assisting with these efforts, while also used as a method for being able to document some of the involvement during the peak period of campaigns. With that, an accompanying Facebook page and Twitter account are part of the Oklahoma Child Abuse Prevention tools used for various 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 eight meetings scheduled during calendar year 2016.

**The Early Childhood Comprehensive Systems (ECCS):** The purpose of the OSDH/Maternal Child Health’s Early Childhood Comprehensive Systems (ECCS) Grant Project was to support families and communities so that children develop healthy and were ready to learn. In Oklahoma, the early childhood system was 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 focused on the following goal: Improvement of state infant/toddler child care quality initiatives. As a means to accomplishing this goal, ECCS 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. The grant period ended July 31, 2016.

The ECCS Final Performance Report summarized the accomplishments: Oklahoma’s Early Childhood Comprehensive Systems (ECCS) project renewed the contract with the Center for Early Childhood Professional Development (CECPD) to maintain the Professional Development Collaborative (PDC) Registry, enroll additional early childhood professionals, and develop and provide early childhood courses. The CECPD provided train-the-trainer sessions for 40 trainers. Courses include: Cornerstones of Quality: Safety, Health and Nutrition; Encouraging Peer Interactions in Preschool Classrooms; Guidance Matters: Challenging Behaviors and the Role of the Teacher; Homelessness and Young Children: Dealing with Trauma; Let’s Get Physical: Movement and the Young Child; Creating a Positive Social Emotional Climate in Infant/Toddler Settings; and Positive Guidance: Helping Children Learn Self-Discipline. The ECCS Coordinator helped the CECPD collaborate with experts to add an online course on Childhood Obesity Prevention with a focus on supporting breastfeeding in early childhood programs; and also updated training on Infant Safe Sleep. There were 1,548 trainings hours in the Infant Mental Health Core Competency Areas. At least 20 Caring for Our Children 3rd Edition Standards were incorporated into the course materials. The courses were offered across the state with a total of 190 sessions and 2,454 participants. There were a total of 211 participants in Year 3 of the PDC registry.

**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 2016. Highlights of HVLAC activities during the year include:

1) **Special presentations**
   a. Updates and plans for the new “Oklahoma Family Support and Accountability Legislation” by Smart Start Oklahoma
   b. “Text4baby / Text4kids” Overview by Oklahoma Health Care Authority
   c. “True Colors – Understanding Yourself and Others” by Oklahoma County, Oklahoma State University Extension Center
   d. “Understanding and Promoting Infant Mental Health” by Amy Huffer of the Oklahoma Department of Mental Health & Substance Abuse Services
   e. “Use of Multiple Level Qualitative Research to Better Understand Home Visitation Program Engagement, Support and Quality Improvement” by Lana Beasley of the University of Oklahoma Health Sciences Center

2. **Updating, 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. The publication has been replicated by several states outside of Oklahoma.

**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 more in-depth Healthy Oklahoma 2020 – Children’s Health plan addresses issues ranging from prenatal care and preterm birth to childhood immunizations, teen pregnancy and home visitation. Specific objectives related to child abuse prevention include:

- **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. Timely children’s health topics such as ACEs, Neonatal Abstinence Syndrome and trauma informed intervention are presented and discussed at the quarterly meetings of The Children’s Health Group (TCHG). In addition, TCHG periodically assesses and monitors progress towards achieving the 2020 Children’s Health objectives. FSPS staff routinely provides data for reports and participate in 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 32 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 an 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 administrating 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, maternal mood disorders, 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 almost 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 developed a PURPLE training webinar that could be easily accessed by hospital staff regardless of their work schedules over the implementation/fidelity barriers issues. Two of these training webinars were hosted and recorded over the summer and remains available for future viewing by any new hospital interested in PURPLE or hospital that experiences issues with implementation or that just wants a refresher.

Improving the hospital staff’s ability to discuss the lessons embedded in PURPLE should improve the likelihood that the program will be implemented with fidelity and ultimately reduce abusive head trauma incidents.

CLICK for Babies: Period of PURPLE Crying Caps Campaign: “CLICK for Babies” is a grassroots public education campaign organized by the National Center on Shaken Baby Syndrome in partnership with hospitals, public health and child abuse prevention groups to create awareness of the leading trigger for infant abuse - frustration with infant crying. During FY 2016, 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.

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. The plan included training all home visitors 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 the Period of PURPLE Crying DVDs in both English and Spanish and continued to be distributed to families participating in home visiting programs. These DVDs 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. During the FY 2016, approximately 130 participants were trained on the lesson plan.

**Safe Sleep “Crib” Project with Maternal and Child Health:** The Maternal and Child Health Service (MCH) received grants from the Robert Woods Johnson and the Association of Maternal and Child Health Programs to provide portable cribs to families in need in order to reduce infant mortality. An emphasis was placed on providing cribs to Black and American Indian families due to their high infant mortality rate in Oklahoma. MCH developed Memorandums of Understanding with four different entities: 1) the University of Oklahoma, Children’s Hospital, Neonatal Intensive Care Unit; 2) the OSDH Office of Minority Health; 3) the OSDH Family Support and Prevention Service; and 4) the Oklahoma City Indian Clinic. During calendar year 2016, FSPS distributed 122 portable cribs to families participating in home visiting services and meeting the requirements outlined in the MOU. (See Attachments, Folder 4.)

**“The Raising of America” DVDs and Oklahoma Libraries:** In FY 2016, FSPS worked with the Oklahoma Department of Libraries (ODL) to promote and distribute the “Raising of America” DVDs, the five-part documentary series that explores the question: “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?” The OSDH Office of Communications created a poster to go along with each of the 75 DVDs and the package was shipped to almost all of the Oklahoma libraries with a letter from the ODL Public Information Officer explaining the series and inviting the library to promote within their communities. Libraries were encouraged to emphasize these DVDs during April – National Child Abuse Prevention Month. This project was funded through CBCAP.

**The Infant and Childhood Health Advisory Council:** (See page 19.)

**The Oklahoma Infant Mental Health Association:** The FSPS strongly encourages early childhood professionals to become involved with the association because of its longstanding commitment to infants, toddlers and their families in the Oklahoma community and its connection to the Alliance for the Advancement of Infant Mental Health, a national organization. The association provides training and advocacy opportunities; as well as, the Infant Mental Health Endorsement program so professionals can demonstrate their competency in serving this population. It is believed that such an association will assist early childhood professionals in delivering excellent quality, culturally sensitive, relationship-focused services to infants, toddlers, and their caregivers.

**The Oklahoma Injury Prevention Advisory Committee (OIPAC):** The Injury Prevention Service provides the staff support for this multidisciplinary advisory body. The FSPS Director 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. Prior to that time, the focus of child abuse and neglect efforts was on “after-the-fact” intervention (i.e. preventing the reoccurrence of child abuse and neglect in families). The Act declared that the prevention of child abuse and neglect was a priority in Oklahoma. The legislative intent was that:

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

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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) 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: The Infant and Children’s Health Advisory Council (ICHAC) was created in statute in 2013 to streamline and consolidate multiple public health advisory boards, council and task forces related to children’s health including the Interagency Task Force on Child Abuse Prevention. The jurisdiction of the ICHAC is to advise the Board of Health and the State Department of Health on all issues that arise in the areas of health care for infants and children. The ICHAC consists of eight members appointed by the Governor, Senate Pro Tempore, the Speaker of the House of Representatives and the State Board of Health:

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

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 is licensed by the state as an optometrist and has knowledge of vision screening for children;
• One who is a licensed ophthalmologist with knowledge in treating visual deficiencies in 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 role of the ICHAC includes the following: 1) makes recommendations to the State Board of Health on rules on behalf of the Department; 2) makes nonbinding written recommendations to the State Board of Health and/or the Department 3) provides a public forum for the discussion of issues; 4) provides guidance and approval for State Plans; and 5) cooperates with other advisory councils, the public, the State Board of Health, and OSDH to coordinate rules. At the August 1, 2016 meeting, the FSPS Director presented information regarding the OSDH Home Visitation Programs.

The Oklahoma Commission on Children and Youth: The goal of the Oklahoma Commission on Children and Youth (OCCY) is to help Oklahoma’s most vulnerable children and families navigate a path to safety and well-being by providing independent oversight of the child serving system; assist communities in improving services; testing models and demonstration programs; and providing professional education and training.

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

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.
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 2016, 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 11.)
- Home Visitation Leadership Advisory Coalition (See page 12.)
- Early Childhood Comprehensive Systems (See page 12.)
- The Oklahoma Health Improvement Plan (See page 13.)
- Smart Start Oklahoma/The Oklahoma Partnership for School Readiness (See page 14.)
- Preparing for a Lifetime Initiative (See page 15.)

Oklahoma Child Death Review Board (CDRB): The Oklahoma Child Death Review Board (CDRB) has statutory authority to conduct case reviews of all deaths and near deaths of children less than 18 years of age and has been reviewing deaths since 1993. The mission of the CDRB is to reduce the number of preventable deaths through a multidisciplinary approach to case review. The Board collects statistical data and system failure information through case review in order to develop recommendations to improve policies, procedures, and practices within and between the agencies that protect and serve the children of Oklahoma. These recommendations are mandated to be submitted to the Oklahoma Commission on Children and Youth who then decides what, if any, recommendations will be adopted into the Commission’s State Plan for Children’s Services. Case specific recommendations are made as well, with those submitted directly to the identified agency/organization.

By statute, there are multiple OSDH positions named as members of CDRB: the Commissioner of Health, the Director of the Office of Child Abuse Prevention, the Director of the Maternal and Child Health Service, the Director of the Injury Prevention Service, and the State Epidemiologist.
Recent accomplishments of the CDRB, with the participation of the Family Support and Prevention Service/Office of Child Abuse Prevention, include:

- During 2015, there were 57 child maltreatment-related deaths and 56 child maltreatment-related near deaths reviewed and closed by the CDRB.

Additionally, the CDRB continued to see more deaths associated with an unsafe sleep environment (112 cases reviewed and closed in 2015) than vehicular deaths (83 cases reviewed and closed in 2015); an alarming trend first noted in 2013.

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

While the budget crisis resulted in a loss of resources for the Child Death Review Board, staff was able to remain minimally active in groups with a focus on surveillance, reducing deaths and/or improving the quality of services including:

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

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

**Findings from the 2016 Oklahoma Domestic Violence Fatality Review Board Annual Report are shared below:**

- Between 1998 and 2015, the Review Board identified 1,520 victims in Oklahoma who were killed as a result of domestic violence. In 2015 alone, 111 people lost their lives. These deaths included domestic violence victims killed by intimate partners and ex-intimate partners, family members killed by family members, children killed by family members, roommates killed by roommates, and suicide deaths of perpetrators. Of the 111 people who died, 94 were identified as domestic violence homicide victims, and 17 were identified as homicide perpetrators who died as a result of suicide, law enforcement intervention, or bystander intervention.

- In 2015, the number of domestic violence fatalities was greatest in Tulsa County for the second successive year with a rate of 3.44 homicides per 100,000 people. Oklahoma County experienced the second greatest number of fatalities with a rate of 2.70 homicides per 100,000 people. Tulsa County had 16 cases resulting in 22 victim deaths and Oklahoma County had 20 cases resulting in 21 victim deaths. *(See Attachments, Folder 4.)*
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.”
<table>
<thead>
<tr>
<th>Category</th>
<th>Goals</th>
<th>Strategies</th>
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| Leadership by Oklahoma Stakeholders  | **Goal 1** Identify new key partners throughout the Prevention Plan for all activities within the prevention spectrum and who will serve as a prevention liaison as needed regarding the State Prevention Plan, reviewing the Start Right contracts, and represent their target group as it relates to prevention, etc. | **Strategy 1** The OSDH will seek and engage new and existing stakeholder partners to work collaboratively within the various areas outlined in the State Prevention Plan.  
**Strategy 2** The OSDH will work with current ITF members to maintain relationships, striving to continue the work of the task force in an organized fashion on a voluntary basis while also recruiting new members/partners. |
| Leadership by Oklahoma Service Providers | **Goal 2** Increase the capacity, ownership and leadership within the child abuse prevention professional community. | **Strategy 1** The OSDH, Home Visitation Leadership Advisory Coalition (HVLAC) and stakeholder partners will work collaboratively, continuing to stay informed and grow in their knowledge of current best practice, policies and models that positively impact the field of child abuse prevention and enhance the landscape of Oklahoma’s children.  
**Strategy 2** The OSDH, HVLAC and partners will collaborate and provide technical assistance and training to professionals in related fields that have the ability to impact child abuse prevention. |
| Parent Leadership                    | **Goal 3** Establish a Parent Advisory/Leadership Group.             | **Strategy 1** 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. |
### Evaluation

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

**Strategy 1**

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

### PRIMARY PREVENTION

#### Create a Culture of Change

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

**Strategy 1**

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

**Strategy 2**

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

**Strategy 3**

The OSDH will continue to seek training opportunities and technical support through the Community-Based Child Abuse Prevention Grant (CBCAP) as funds are available and the FRIENDS network related to community-building and community engagement, sharing professional talents of experts in the field with statewide stakeholders.

**Strategy 4**

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

**Strategy 5**

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

**Strategy 6**
The OSDH will generate a campaign focusing on the Adverse Childhood Experiences Study (ACES), including inviting participation of stakeholder partners, conducting preliminary research and gathering data to put measurable objectives in place, and creating a presentation package that will be made available statewide.

**Strategy 7**
The OSDH, 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.).

### Supporting Parents

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<th>Goal 6</th>
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### Prevention and Treatment of Sexual Abuse

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<th>Goal 7</th>
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### Identify Best Practices

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<th>Goal 8</th>
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### Comprehensive System

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### SECONDARY PREVENTION

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<tr>
<th>Category</th>
<th>Goals</th>
<th>Strategies</th>
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<tbody>
<tr>
<td>Prevention and Treatment of Sexual Abuse</td>
<td><strong>Goal 7</strong></td>
<td><strong>Strategy 1</strong></td>
</tr>
<tr>
<td></td>
<td>Implement strategies to prevent child sexual abuse.</td>
<td>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.</td>
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**SECONDARY PREVENTION**

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<tr>
<th>Category</th>
<th>Goals</th>
<th>Strategies</th>
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<tbody>
<tr>
<td>Identify Best Practices</td>
<td><strong>Goal 8</strong></td>
<td><strong>Strategy 1</strong></td>
</tr>
<tr>
<td></td>
<td>Identify best practices, programs and models that show evidence of improving child health, safety and well-being.</td>
<td>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.</td>
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**SECONDARY PREVENTION**

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<tr>
<th>Category</th>
<th>Goals</th>
<th>Strategies</th>
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<tr>
<td>Comprehensive System</td>
<td><strong>Goal 9</strong></td>
<td><strong>Strategy 1</strong></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>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.</td>
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### Tertiary Prevention

<table>
<thead>
<tr>
<th>Category</th>
<th>Goals</th>
<th>Strategies</th>
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</thead>
<tbody>
<tr>
<td><strong>Inclusion of Families known by Child Serving Agencies</strong></td>
<td><strong>Goal 10</strong> 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.</td>
<td><strong>Strategy 1</strong> The OSDH will support DHS, Child Welfare as they continue to implement the Pinnacle Plan emphasizing child safety. <strong>Strategy 2</strong> 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. <strong>Strategy 3</strong> 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. <strong>Strategy 4</strong> 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. <strong>Strategy 5</strong> 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.</td>
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<tr>
<td><strong>Cultural Competence in System</strong></td>
<td><strong>Goal 11</strong> Promote and/or provide culturally appropriate services that maximize the participation of various cultural and ethnic populations.</td>
<td><strong>Strategy 1</strong> 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. <strong>Strategy 2</strong> The OSDH, state and local partners will continue to redefine the components needed for the comprehensive system as child abuse prevention programs’ populations evolve.</td>
</tr>
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</table>
INNOVATIVE FUNDING STREAMS

*Nurse-Family Partnership:* In 1995, the Oklahoma Legislature requested that the OCAP explore new approaches to strengthen families and reduce the incidents of child maltreatment. 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 $5.3 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.

<table>
<thead>
<tr>
<th>Funding Source</th>
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<tbody>
<tr>
<td>County Millage</td>
<td>$2,061,200</td>
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<tr>
<td>State Appropriations</td>
<td>$7,411,431</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$1,642,363</td>
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<tr>
<td>MIECHV</td>
<td>$336,623</td>
</tr>
<tr>
<td>CBCAP</td>
<td>$414,972</td>
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*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 $37,579 is budgeted for prevention trainings per year on heirloom birth certificate funding.
**CHILD GUIDANCE SERVICE:** In SFY 2016, the Child Guidance Service’s annual budget was approximately $4.6 million. Funding for the program came from a variety of sources including state appropriations, county millage, federal funds and fee collection.

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<tr>
<th>Funding Source</th>
<th>Expenses</th>
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<td>County Millage</td>
<td>$2,013,824</td>
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<tr>
<td>State Appropriation</td>
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<tr>
<td>Medicaid</td>
<td>$400,000</td>
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<td>CBCAP</td>
<td>$80,000</td>
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<tr>
<td>Public Health Block Grant</td>
<td>$112,125</td>
</tr>
<tr>
<td>Childcare Block Grant</td>
<td>$35,000</td>
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*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.
SECTION 3 - COLLABORATION AND COORDINATION

PARTNERSHIPS AND COLLABORATIONS IN PUBLIC HEALTH

Child 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 4.)*

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 (most current data available).
   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 2016, a total of 506 parents participated in one of the 28 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 15.)*

**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 9.)*

**SOONERSTART/EARLY INTERVENTION:** Oklahoma’s Early Intervention program is a federally mandated program established to meet the needs of families with infants and toddlers that have developmental delays and/or disabilities between the ages of birth to three years old. SoonerStart services may include:

- Visits in the child’s natural environment (i.e. home, child care)
- Evaluations
- Case management
- Child Development/Special Instruction
- Psychological/Social Work services
- Nursing services
- Nutrition services
- Occupational Therapy
- Physical Therapy
- Speech-Language Pathology
- Vision services
- Hearing related services

Infants and toddlers, birth to three years of age may qualify for the SoonerStart program with a significant developmental delay. Infants and toddlers who have a diagnosed physical or mental
condition (such as Down syndrome, Cerebral Palsy, etc.) which will most likely cause a developmental delay are automatically eligible for SoonerStart services. SoonerStart is funded through various state and federal sources, therefore, services are offered at no cost to families.

All children participating in FSPS home visiting programs are screened for delays. When appropriate, children are referred to SoonerStart for individualized services and treatments. During the FY 2016, 130 clients were referred to SoonerStart by FSPS programs. While a family is NOT allowed to participate in two home visiting programs at the same time, it is allowed for a family to participate in a FSPS-funded home visiting program and SoonerStart. The two programs goals are not duplicative and complement each other. In addition, it is expected, when families give written permission, the professionals providing services will communicate and share information when necessary and in appropriate ways.

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

Some examples of their accomplishments in 2016 include:

- Distributed 581 car seats throughout Oklahoma City;
- Provided 102 official car seat checks;
- Taught Child Passenger Safety Classes to 15 different childcare providers throughout the state and also locally to other target groups such as the Nurse-Family Partnership staff and the Oklahoma Department of Human Services Child Welfare workers;
- Presented on Child Passenger Safety to one of the schools in Oklahoma County for teen mothers in the New Beginnings class;
- Created a new Child Passenger Safety Presentation at the Comanche County Health Department for new parents; and
- Assisted with car seat checks at the Infant Crisis Services, Inc.

**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 three 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 Charitable Trusts, policy consultants and early childhood advocates to draft and eventually pass the Family Support and Accountability Act. (See page 61.)

**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 32 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 Oklahoma City and Edmond chapters of the National Exchange Club. The “Field of Flags” was located on the south lawn of the Oklahoma State Capitol. Sixty 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 also were 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 included Dan Duffy, the president and CEO of Prevent Child Abuse America, 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 in any capacity. Members from various agencies and programs working at all levels, from supervisory roles to the front lines, participate. Membership is comprised of representatives from state agencies, such as counterparts at the DHS and the Oklahoma State Department of Education, and others.
from the University of Oklahoma, public school districts, youth and family services agencies, PCAOK, parent-child centers and other private non-profits. This coalition allows members to share information, work together to find solutions to common problems and 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;
- Provided external evaluation for the PAT Pilot; and
- Facilitated the Sustainability Committee (See page 30.)

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

The Oklahoma CASA Association has collaborated with the FSPS for 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 is a state-wide organization, established in 1983, working to inform data-driven policy to impact the wellbeing of children in the state of Oklahoma. OICA is a partner of the Annie E. Casey Foundation and houses the Oklahoma KIDS COUNT program, in which data points indicating the wellbeing of children in Oklahoma are tracked. The KIDS COUNT data base is the most comprehensive data source on the wellbeing of children in the nation. In tandem with KIDS COUNT, OICA produces a biennial state data book showing trends in childhood wellbeing.

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

The work OICA does beneath the capitol dome, and in partnership with organizations and communities across the state, is supported by current data and research on children and families in Oklahoma. The KIDS COUNT Data Center provides data on hundreds of indicators, both statewide and by county, over a five-year period. In addition to providing an extensive list of indicators for Oklahoma, the national KIDS COUNT Data Center allows for the creation of customized factsheets on select state indicators, or comparing indicators among states.

For the KIDS COUNT Data Center click: National KIDS COUNT network. Oklahoma KIDS COUNT is part of the national KIDS COUNT Network supported by the Annie E. Casey Foundation. Each year, the national KIDS COUNT Data Book provides Oklahoma’s state ranking in four main areas of child well-being, as compared to the other states. Each of the four areas – economic well-being, health, education, and family/community – represents a series of key indicators and provides a snapshot of trends over time. For the 2016 national KIDS COUNT Data Book, click: [http://www.aecf.org/resources/the-2016-kids-count-data-book/](http://www.aecf.org/resources/the-2016-kids-count-data-book/)

**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 organizations administering state children’s trust and prevention funds. Their overarching goal is to strengthen these organization’s effort related to child abuse prevention. Oklahoma has a rich history of participation and collaboration with this organization. In 2015, the FSPS Director, Annette Jacobi, ended her seven years on the Board of Directors including two years as Vice Chair. After a one year hiatus, Ms. Jacobi was again elected to the Board of Directors and is serving in the capacity of member-at-large. In addition, Oklahoman and parent advocate Betty Hawkins-Emery continues to serve on the Alliance’s National Parent Partnership Council. Her term ends in November 2017. In September 2016, the Alliance’s annual meeting was held in Scottsdale, Arizona. Guest speakers shared expertise related to neglect prevention, evaluation and advocacy. Ms. Jacobi provided the meeting’s closing.

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9 [http://datacenter.kidscount.org](http://datacenter.kidscount.org)
SECTION 4 - DESCRIBE THE STATUS OF OKLAHOMA’S PREVENTION SERVICE ARRAY

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

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<tr>
<td>Child Guidance (OSDH)</td>
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<td>Nurse-Family Partnership/</td>
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<td>Children First (known in</td>
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<td>Oklahoma) (Oklahoma City /</td>
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<tr>
<td>Tulsa contracts)</td>
</tr>
<tr>
<td><strong>Overall Totals:</strong></td>
</tr>
</tbody>
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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 during the next grant cycle - beginning October 1, 2016. (See Attachments, Folder 1.)


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 2016, 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
- FSPS and Maternal and Child Health Service to reduce infant mortality and morbidity by providing safe sleep education and distributing portable cribs, sleep sacks and educational materials to families participating in home visiting services (Clients).
Contracts:

- Nurse-Family Partnership for rights to utilize the NFP model
- 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.
Nurse Family Partnership (known as “Children First” in Oklahoma)
Soon after learning I was pregnant, I found myself attending a free baby shower event in Oklahoma City. It is through this event that I started to learn about opportunities in home-visitation and available services that might fit me and my baby. A nurse from the NFP program provided information to all those participating and I welcomed the news of possibly having help to navigate the unchartered journey of parenting.

I enthusiastically applied for the program and was excited to begin services. I learned a lot, especially about caring for my newborn baby and myself during the postpartum period. Topics included everything from child development to child safety and many things in between. The nurse provided many useful resources and information about services in our community. For example, we received a free car seat from the Oklahoma State Department of Health, and with the help of the nurse we even found a certified babysitter to care for our baby. As a family that was somewhat isolated, these were appreciated resources.

During my second trimester, our family hit another milestone as I was able to get into graduate school, which actually was even a surprise to me. After my son was born, I was accepted to the graduate school of Oklahoma City University, majoring in accounting.

My nurse encouraged me with successful breastfeeding and a challenging schedule that included not only my new role of parenting, but also studying, trips to the library, attending classes, etc. As I reflect back, I’m not sure how I managed it all, but do thank and appreciate my nurse for her added cheerleading on our behalf.

Before graduation last summer, we began to seriously consider staying in the United States permanently. I received a referral to the Military Accessions Vital to the National Interest program, which is a recruiting program that allows legal non-citizens to become U.S. citizens. I then enlisted into the United States Army, signing my contract in the summer of 2015 and shipping out in the middle of May, 2016. I am proud to say that I earned my U.S. citizenship four months later. I have many people to thank along the way... one of which is my NFP nurse, Dee Nguyen and the whole Children First Program.
Healthy Families America  

Northern Oklahoma Youth Services (NOYS) in Ponca City offers a Teen Parenting Education High School Completion Program for students who are pregnant or have a child.

Sierra and 11-month-old Brice participated in the Teen Parenting Education High School Completion Program for students who are pregnant or have a child at the NOYS Program in Ponca City. Sierra was interested in the program because she wanted to be a better mother and hoped that it would improve the relationship with her husband. The program focused on parenting and the importance of father involvement.

Sierra enrolled with hopes of encouraging her husband to participate by having a male home visitor. Sierra’s support worker, Jeremy, met weekly with the family and continued to encourage her husband to participate, but was unable to engage him. Sierra’s mother also was a contributing factor to an unstable home life as she would come in and out of the family’s life when she was out of prison or drug rehabilitation. Sierra felt overwhelmed with caring for her mother and baby, attending school and trying to provide for her family.

Due to low income and instability, the family moved frequently and sold their belongings for money. The one constant was the support worker, Jeremy. Sierra stated, “Jeremy never judged us and he helped us with referrals to services in the community which helped us get through it.”

Sierra became pregnant with her second child although her relationship with the father was crumbling. Her husband became verbally abusive and controlling of Sierra. He isolated her by not allowing her to have friends, a driver’s license or to get her high school diploma. With the continued support of Jeremy, Sierra found the courage to leave the relationship. Jeremy helped Sierra enroll in a TANF-based program that enabled her to secure housing, put a restraining order in place to keep her family safe, and enroll in high school.

Sierra exclaimed, “I was the first person in my family to graduate high school!” Sierra now lives in secure housing, has a driver’s license and is attending full time classes at the technical school in Ponca City and credits much of that to her home-visiting program.

Healthy Families America Parent  
Sierra, Brice and Meadow Schafer, Ponca City, OK
DESCRIPTION OF NUMBER OF FAMILIES SERVED FY 2016

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<th>Program</th>
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<th>Children</th>
<th>Families</th>
<th>Parents and Children w/ Disabilities</th>
<th>Unstable Housing</th>
<th>Fathers as PCG</th>
<th>Military</th>
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Child Guidance
21,213 Individual Sessions
748 Events (Outreach, Training, Workshops)*
914 Consultation Visits

The Incredible Years
377 Parents in Parenting Groups*
54 Children in Treatment Groups*
425 Children in Classroom Groups*

Circle of Parents
506 Total Attendees
28 Parent Groups

Parent-Child Interaction Therapy (PCIT)
1,165 Total Therapy Encounters

PUBLIC AWARENESS

Blue Ribbon Tree: For the eighth year, blue ribbon trees were the backdrop for much of the landscape across Oklahoma. Participants were encouraged to complete an official “Tree Registry” application along with a photo. All photos were compiled into a video slideshow presentation, coupled with brief clips of either 1) live action adorning the trees with blue ribbons by various groups; or 2) individuals answering the question, “What do Great Childhoods mean to me”? as a piggyback on the National Child Abuse America theme. The Blue Ribbon Tree & Great Childhoods Video Slideshow was shown between sessions with Dr. Harvey Karp on CAP Day and included in the 2016 CAP Month Photobook, which can be found online at the OSDH/FSPS website.

* Most current data available at the time of this report.
10 https://www.youtube.com/watch?v=MZ-3xwbfGA&feature=youtu.be
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 2016:

- The FB page increased from 551 ‘likes’ to 794.
- The FB page was accessed by an average of approximately 1,500 people per week.
- During the week of CAP Day on Tuesday, April 12, 2016, there was a reach of 3,904 users on the Facebook page, spiking to 1,117 on CAP Day itself.

“Happiest Day” Coloring Challenge: OSDH/FSPS and the CAP Action Committee continued to expand their social media campaign with the tagline, “Picture a Brighter Future for Oklahoma Kids!”, now in its second year. Associated with this campaign (also in its second year) was the “coloring challenge” inviting children and families to draw, share and upload their “Happiest Day” picture on any social media platform as well as post 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 248 coloring pages were submitted and/or posted on a website specifically built to be utilized as a landing page for all “happy” pictures.

Commercials: The FSPS arranged for two separate commercials to be aired during the spring in 2016, which also included the month of 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: 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.
- parentPRO: 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.)

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

11 https://www.ok.gov/health2/documents/2016%20BRT%20SLIDESHOW%20DOCUTEC%20TO%20PRINT.pdf
12 http://www.brighterfutureforkids.com/
13 https://youtu.be/GH_e5_crmiM
14 https://vimeo.com/user10001181/review/91752183/706eba609e
• **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 McDonald’s Restaurants in Oklahoma) to promote components of child abuse prevention. Artwork promoting the “parentPRO” website was created for use in the tray liners. In 2016, they printed and disseminated 541,500 tray liners (approximately two weeks’ worth) to 189 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.

• **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.]
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 2016, LCDA offered three different home visiting programs: HFA, PAT and SafeCare. In total, these three programs served 306 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 4,985 children received 29,369 individual services from October 1, 2015 to September 30, 2016. Sixty-four percent of the encounters were for intervention or treatment services and 51% of the children served were three years of age or younger.

Homeless Youth and Families: The FSPS funded home visiting programs served “couch homeless” as well as families located in shelters, crisis centers and group homes throughout

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15 Persons without a permanent residence, but living with an acquaintance, friend or relative who cannot provide a private space for the guest.
the state. Completed visits include: 38 visits to four mothers by NFP; 659 visits to 497 families by HFA; 414 visits to 41 families by MIECHV PAT; and 222 visits to 13 families by SafeCare.

Below are examples of the ways in which some of the programs served this special population during SFY 2016:

- The Parent Promise Program of Oklahoma City serves homeless families in Oklahoma County by providing resources such as bus passes, shelter information, housing resources, job information, educational and charity organization resources. Concrete resources such as diapers, baby wipes, formula, coats for the family and other items are given to the family when resources are available. Parent Promise serves many families who are classified as “couch homeless”, working with the family to find permanent housing and employment, if necessary.

- The Latino Community Development Agency in Oklahoma City has served many “couch homeless” and/or the mother has lived with a family member, such as, an uncle, a parent, the mother’s boyfriend’s family or friends. Several examples were provided of how staff make accommodations for what is best for the family including this example: A mom who was living with her sister after arriving in the United States began receiving services in her sister’s home. Through the process, the staff referred the family to a housing program, paving the way for the mother to get her own apartment. As she continued to become more independent, an employment opportunity emerged with a maintenance job at the same apartment complex, providing an added benefit of covering her rental expenses.

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 Center for Children and Families (CCFI) of Norman served many families who had serious substance abuse and mental illness, who struggled to stay away from drugs and alcohol or who have not managed their mental health issues successfully. Staff connected families to Systems of Care, Central Oklahoma Community Mental Health Services and other local treatment facilities, including assisting with accessing inpatient care.

- The Latino Community Development Agency reports that they rarely have a primary caregiver (PCG) impacted with substance abuse issues, but find more often that the PCG’s partner will have issues. While each case is handled differently, one example included the partner’s drinking having increased and he became violent with the PCG. With the severity of the situation, staff worked with the PCG to develop a safety plan along with referring her to several resources for counseling and domestic violence.
services. Housing information was also provided since the PCG reported a desire to leave the situation.

- The McClain-Garvin Youth and Family Center staff refer their families who are dealing with substance abuse issues to the Norman Addiction Information and Counseling, Grace Home (mentoring program), Mental Health and the agency counselors at the Youth and Family Center. Staff assure that clients have available transportation so appointments can be kept.

- 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 2016, Northwest Family Services collaborated with the treatment center to provide HFA to 28 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 worker will assist the mother in developing a network of support and a safety plan while also working to enhance her parenting skills. Because the shelter allows a stay of up to only 30 days, the worker also assists in finding stable housing where the mother feels her and her children will be safe. Home visits continue once the family transitions from the shelter to their own living space.

The staff worked with one young teen mom who had a nine month old baby who was trying to complete the tenth grade. Life for this mother was challenging as she experienced abuse at the hands of her mother and began to also fail at school. With this turn of events, she was enrolled in home-visitation services and was seen at the shelter. Within six months, the Mother and baby enrolled in and moved to the Owasso Baptist Children’s Home where they both gained permanent, safe housing. Since that time, the mother has continued to make strides in her education (including the addition of some college classes) with graduation set for May 2017. She currently wants to be a nurse and her baby is happy and thriving.

During the FFY 2016, the HUG program provided support and offered services to 21 families. Fourteen of these families received home-visitation services and ten remain in the program currently.
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: The OSDH programs continued to strive for improvement in engaging fathers. Some of the programs successfully implemented the following practices:

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

Below are examples of HFA programs focused on father involvement.

- The Center for Children and Families (CCFI) of Norman feel fortunate to have many fathers participate in their in-home visits. They have had two fathers serve as the primary caregiver in the past.

- The Latino Community Development Agency works to involve fathers in different ways. They ask the mothers to share the information in the handouts with the fathers and to also practice the child interactions with the fathers. They have some fathers who participate in the visits regularly and one father in particular that is always involved as the mother arrives after the appointment has already started due to her work schedule. The Latino Agency has also scheduled their group connections in the afternoon and on Saturdays in order to increase the likelihood that the entire family will be able to attend these groups.

- The Northern Oklahoma Youth Service’s HFA Program served 22 fathers during 2016 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.

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.

- The Parent Child Center of Tulsa has a few fathers enrolled. One father is involved because he speaks better English than the mother so he serves to translate the visits while also participating. The staff works with another father, meeting him at his job (where his child’s daycare is) when he is on lunch break. He had an interest in learning how to take care of and help his baby. The staff member describes him as being eager to learn, reading materials provided and also doing the activities.

- The McClain-Garvin Youth and Family Center staff utilize handouts that are male friendly.

- The Parent Promise Program provides handouts and resources which are geared specifically toward fathers, including curriculum designed especially for dads. They also offer group connections for interactions with other fathers in the community.

**ACTIVITIES TO PROMOTE CULTURALLY COMPETENT AND RELEVANT PROGRAMS**

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

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

1) **The Oklahoma Health Equity Campaign** works collaboratively with communities to develop “upstream” policies to improve health status for Oklahomans;

2) **The Office of Minority Health** helps develop recommendations for OSDH and other health agencies to eliminate health disparities among Oklahoma’s minority and underserved populations. They also develop standards and training for interpreters, provide telephone language services, and assistance in developing educational materials for minority populations as well as interpretation/translation services; and

3) **The Office of Communications** provides services to OSDH programs to help develop educational materials that convey information in a manner that is easily understood by diverse audiences and persons with low literacy skills.
SECTION 6 – OSDH’S PLAN TO ENSURE PARENT LEADERSHIP AND INVOLVEMENT

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

Training: Two representatives from OSDH (one being the CBCAP Grant Coordinator) attended the Circle of Parents Train-the-Trainer event during the last FFY. 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.

Services: Coordination of efforts continue to support Child Development Specialists working within various populations (including some high-risk) such as those experiencing homelessness, Hispanic and teen groups, keeping in mind the model’s standards and promoting the philosophy of parent leadership within each Circle of Parents group. These supports have allowed opportunities for the CDS to provide a variety of topics. The topics of most interest to participants have included:

<table>
<thead>
<tr>
<th>COP Topics of Most Interest:</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Development</td>
<td>2223</td>
<td>62%</td>
</tr>
<tr>
<td>Positive Discipline</td>
<td>2227</td>
<td>63%</td>
</tr>
<tr>
<td>Parenting a Grandchild</td>
<td>782</td>
<td>22%</td>
</tr>
<tr>
<td>Positive Relationships</td>
<td>2246</td>
<td>63%</td>
</tr>
<tr>
<td>Increasing Communication</td>
<td>1962</td>
<td>55%</td>
</tr>
<tr>
<td>Parenting a Teenager</td>
<td>878</td>
<td>25%</td>
</tr>
<tr>
<td>Financial/Legal</td>
<td>1501</td>
<td>42%</td>
</tr>
</tbody>
</table>

Technical Assistance: The FSPS acknowledges and embraces the importance of parent leadership and involvement. During 2016, 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.
• **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 tagline. 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.
SECTION 7 – TRAINING, TECHNICAL ASSISTANCE AND EVALUATION ASSISTANCE CONDUCTED BY OSDH

TRAINING
The 2016 Child Abuse Prevention Day Special Presentation: An Afternoon with Dr. Harvey Karp: Dr. Harvey Karp provided a brief presentation at the Outstanding CAP Awards Ceremony at the Oklahoma State Capitol on Tuesday, April 12th 2016 titled, “Can Thinking Upstream Prevent Abuse... Today?” During the afternoon, two sessions were offered to a room full of almost two hundred participants. The first session was “Happiest Baby... Can we calm crying, boost sleep and reduce abuse, postpartum depression and SIDS... for the cost of breakfast?” The second session focused on toddlers with the presentation titled, “Happiest Toddler... A new way to talk to tots to boost good behavior and reduce tantrums in just days.” Completing the afternoon was a special screening of the new documentary series “The Raising of America” sponsored by Smart Start Oklahoma, which included discussion on policies in the United States and how Oklahoma can provide young children with what they need to succeed. (See Attachment, Folder 3.)

Professional Development for Home Visitors: The FSPS learned years ago that training and continuous professional development is critical to a successful home visitor. All home visitors are trained according to the model requirements in order to meet affiliation/accreditation requirements and maintain model fidelity. Additional trainings, primarily focusing on psycho-social topics, are also contractually required. This training regimen was developed in response to home visitors’ needs. With the exception of model-specific trainings, trainings have been consolidated for efficiency and offered to any home visitor free of charge. When appropriate, trainings are offered online. (See page 54.)
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.

16 SafeCare trainings conducted and monitored by OUCCAN. They participate in the “Additional Trainings” at the bottom of the table.
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 2016, 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).
SECTION 8 – EVALUATION DATA FOR CBCAP-FUNDED PROGRAMS

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

Child Guidance services or activities funded by CBCAP:
Circle of Parents – On a monthly basis, participants are asked to voluntarily complete survey information regarding their perspective when participating in the local COP group facilitated by a CDS. The following information represents the data collected from 506 respondents that participated in COP during 2016. (See Attachments, Folder 1.)

### Question 1: COP has been helpful to me.

<table>
<thead>
<tr>
<th>Agreement Level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>36</td>
<td>1%</td>
</tr>
<tr>
<td>Disagree</td>
<td>20</td>
<td>1%</td>
</tr>
<tr>
<td>Agree</td>
<td>1492</td>
<td>42%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>1665</td>
<td>47%</td>
</tr>
<tr>
<td>No Opinion</td>
<td>321</td>
<td>9%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Agreement Level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>45</td>
<td>1%</td>
</tr>
<tr>
<td>Disagree</td>
<td>19</td>
<td>1%</td>
</tr>
<tr>
<td>Agree</td>
<td>1416</td>
<td>40%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>1789</td>
<td>50%</td>
</tr>
<tr>
<td>No Opinion</td>
<td>274</td>
<td>8%</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Agreement Level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>39</td>
<td>1%</td>
</tr>
<tr>
<td>Disagree</td>
<td>37</td>
<td>1%</td>
</tr>
<tr>
<td>Agree</td>
<td>1463</td>
<td>41%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>1687</td>
<td>47%</td>
</tr>
<tr>
<td>No Opinion</td>
<td>311</td>
<td>10%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Agreement Level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>39</td>
<td>1%</td>
</tr>
<tr>
<td>Disagree</td>
<td>60</td>
<td>2%</td>
</tr>
<tr>
<td>Agree</td>
<td>1542</td>
<td>43%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>1499</td>
<td>42%</td>
</tr>
<tr>
<td>No Opinion</td>
<td>391</td>
<td>12%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Agreement Level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>42</td>
<td>1%</td>
</tr>
<tr>
<td>Disagree</td>
<td>51</td>
<td>1%</td>
</tr>
<tr>
<td>Agree</td>
<td>1510</td>
<td>43%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>1555</td>
<td>45%</td>
</tr>
<tr>
<td>No Opinion</td>
<td>372</td>
<td>10%</td>
</tr>
</tbody>
</table>
**Question 6:** I feel supported as a result of attending a COP group.

<table>
<thead>
<tr>
<th>Question 6</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>36</td>
<td>1%</td>
</tr>
<tr>
<td>Disagree</td>
<td>26</td>
<td>1%</td>
</tr>
<tr>
<td>Agree</td>
<td>1507</td>
<td>42%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>1612</td>
<td>45%</td>
</tr>
<tr>
<td>No Opinion</td>
<td>355</td>
<td>11%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question 7</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>39</td>
<td>1%</td>
</tr>
<tr>
<td>Disagree</td>
<td>65</td>
<td>2%</td>
</tr>
<tr>
<td>Agree</td>
<td>1481</td>
<td>42%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>1541</td>
<td>43%</td>
</tr>
<tr>
<td>No Opinion</td>
<td>387</td>
<td>12%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question 8</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will</td>
<td>2368</td>
<td>97%</td>
</tr>
<tr>
<td>Will Not</td>
<td>92</td>
<td>3%</td>
</tr>
</tbody>
</table>

The Incredible Years – The following information represents the qualitative data collected from respondents that participated in “The Incredible Years” during 2016 (See Attachments, Folder 1.)

**What part of the program was most helpful to you?**

*Child directed play and positive comments.*
*Ignoring and positive rewards.*
*All of it.*
*I found almost all of it helpful.*
*Focus on play.*
*Play!*
*Group lessons, handouts.*
*Getting tools we can use from now on.*

**What did you like most about the program?**

*Everything especially the group interactions.*
*Group discussions.*
*Learning that I was doing some things correctly.*
*The instructors were amazing.*
*The videos.*
*All of it. Everything I learned was good.*

**FSPS services or activities funded by CBCAP:**

Nurse-Family Partnership (known as Children First in Oklahoma) – Below is a sampling of SFY 2016 outcomes for the state-funded NFP programs. (See Attachments, Folder 1.)

- 90% of NFP babies were born at normal birth weight (more than 5.5 lbs.)
• 91% of NFP babies were carried to term (more than 37 weeks gestation)
• 93% of NFP children were fully immunized at 24 months
• 88% of NFP mothers initiated breast feeding
• 90% of NFP mothers attended 10 or more prenatal care visits
• 92% of NFP clients did not smoke and never began smoking between intake and 36 weeks of pregnancy
• 43 referrals to early intervention services were made to NFP mothers whose children screened positive for developmental delays on regularly administered Ages & Stages questionnaires
• 3,773 Edinburgh Postnatal Depression Scale screenings were administered to 1,572 mothers; approximately 12% of the screenings indicated signs of depression and required immediate attention by a healthcare or mental health professional
• 72% of NFP fathers spent time with their child
• 91% of NFP clients served in SFY 2016 had at least one working smoke detector in the home
• 99% reported always traveling with their child in a car seat
• 95% of NFP children had never had a confirmed child maltreatment case

Nurse-Family Partnership – Below are statistics for the client satisfaction surveys received in SFY 2016. (see Attachments, Folder 1.)

• 97% of clients agree or strongly agree that they are satisfied with the activities in which they participate
• 100% of clients agree or strongly agree that they believe their life has been improved by this program

Nurse-Family Partnership - Continuous Quality Improvement (CQI) Projects:
In 2016, the NFP program fully implemented CQI to strengthen and advance the quality of the program. As shown in the example to the right, this is one team’s first CQI project. The team of nurses were able to increase their enrollment 18% by implementing text messaging. Example provided on the next page. (See Attachments, Folder 1.)
Cherokee, Craig, Delaware, Mayes, & Ottawa County
2016 Children First Enrollment Process
**Mayes County numbers not included due to C1 nurse vacancy**

**PLAN**

1. **Getting Started**
   - Nurses are tasked with completing 40 visits per month.
   - Limited means of contacting clients has led to decreased enrollment numbers.
   - The implementation of an OSDH texting policy and the receipt of encrypted Blackberry devices in January 2016 resulted in possible opportunities to contact clients via text message.

2. **Assemble the Team**
   - Michele Wilson, C1 Lead Nurse
   - Tamarkia Fisher, Cherokee CHD
   - Jill Crawford, Cherokee CHD
   - Ronola Mattison, Craig CHD
   - Jenny Green, Delaware CHD
   - Quannah Owens, Ottawa CHD
   - Melissa Jorgenson, Ottawa CHD
   - John Deaira, OSDH
   - Brandi Larmore, Accreditation Coordinator

3. **Examine the Current Approach**
   - Currently Children First nurses receive referrals, attempt contact with the referral either by face to face interview if the nurse or other staff is available, or by phone call. Clients prefer to be communicate via text message. Nurses were unable to text clients in 2015 due to policy and the lack of encrypted devices.

4. **Identify Potential Solutions**
   - Each client is asked to complete an, “Oklahoma Standard Authorization to Use or Share Protected Health Information for Texting and E-Mailing,” once deemed eligible for the Children First Program.
   - Once the form is completed and attached to the C1 referral form Children First Nurses may contact clients via text message utilizing the encrypted Blackberry devices received in January 2016.

5. **Develop an Improvement Theory**
   - The number of referrals enrolled in the Children First program will increase when nurses begin utilizing the encrypted Blackberry devices to contact clients via text message when unable to conduct a face-to-face meeting.

6. **Test the Theory**
   - Children First nurses began texting potential clients utilizing Blackberry devices in January 2016.

**DO**

**ACT**

8. **Standardize the improvement and establish future plans**
   - After checking the results of the implemented strategies, our team was satisfied.

9. **Establish Future Plans**
   - Children First Nurses will continue to conduct face-to-face meeting with potential referrals if possible. Texting using the encrypted Blackberry devices will be the secondary method of contact.

**CHECK**

7. **Check the Results**
   - 37 potential clients enrolled in the program from July 1, 2015—December 31, 2015.
   - 44 potential clients enrolled in the program from January 1, 2016—June 30, 2016.
   - The use of Blackberry devices resulted in an 18% increase in enrollment.

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*Increase the number of Children First referrals, enrolled by 5% by July 1, 2016.*
**Healthy Families America (HFA):** Below is a sampling of 2016 outcomes for the state–funded HFA programs. *(See Attachments, Folder 1.)*

- 81% of HFA parents reported that their children were up-to-date on immunizations
- Of the mothers that delivered after enrolling in HFA, 61% initiated breastfeeding
- Of the HFA parents who smoked, 56% either did not increase or reduced smoking between enrollment and the end of SFY 2016
- 334 Edinburgh Postnatal Depression Scale screenings were administered to new HFA mothers; 70% indicated some signs of depression; 13% indicated the need for immediate referral to a healthcare professional
- 75% of HFA fathers spent time with their child
- 93% of HFA households had at least one working smoke detector
- 97% of HFA parents reported always traveling with their child appropriately restrained in a car seat
- Of the 726 HFA children that received at least one home visit during SFY 2016, 566 (78%) had never been named as a potential victim in a child welfare report after enrolling in HFA. Furthermore, 674 (93%) had never been named as a victim in a confirmed child maltreatment case.

**“Efforts to Outcomes” (ETO) Evaluation**

**FSPS Referrals by the numbers:**

A total of 6,827 referrals were sent to the parentPRO programs in FFY 2016, routing through the ETO system. From those referrals, 2,386 did not enroll in services for various reasons as indicated below:

- 1,104 of the clients could not be located
- 565 were not interested in or felt a need to be in the program
- The other reasons listed were miscellaneous (i.e. ineligible to participate, individual was too busy, etc.)

**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:

**The 2016 CAP Day Special Presentation: An Afternoon with Dr. Harvey Karp:** The mini conference was trimmed down this year, replaced by two separate presentations in an afternoon spent with well-known pediatrician, Dr. Karp. Changes were made due to continued budget challenges within the state along with anticipated travel restrictions for many. Evaluation results are shared with the CAP Action Committee and other stakeholders to guide future planning efforts and make necessary adjustments. Over 86% of the presentation attendees rated their overall experience as excellent. 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 3.)*
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 Smart Start Oklahoma (SSO). SSO held stakeholder meetings to gather input and with assistance from Pew Trust, 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 requires 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, on data collected during the current fiscal year. The various groups meet periodically to assure that the information that will be needed is being collected. (See Attachments, Folder 2.)

17 Pew Trust had previously passed similar legislation in 10 other states and having them share their experiences helped Oklahoma avoid certain challenges.
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 44.)
- The Brighter Future Website: (See page 44.)
- Blue Ribbon Tree Campaign: (See page 43.)
- CAP Day ~ “An Afternoon with Dr. Harvey Karp” Presentation: (See page 53.)
- Keep Your Cool Commercial: (See page 44.)
- parentPRO Commercial: (See page 44.)
- McDonald’s Tray Liners: (See page 45.)

Linking with Libraries: For the tenth 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 12, 2016 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 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 Jan Justice with Northern Oklahoma Youth Services in Ponca City, Oklahoma.

2) The Outstanding Child Abuse Prevention Program Award, given to an exceptional community program that has an emphasis on child abuse prevention, was awarded to Infant Crisis Services, Inc. of Oklahoma City.

3) The Mary Ellen Wilson Award, given to an individual who has demonstrated outstanding commitment and dedication to child abuse prevention activities in his or her community, was awarded to Lisa Jansen-Rees, Family Advocacy Program Manager at the Fort Sill military base in Lawton, Oklahoma.
4) The Julie L. Bonner Award, given to an outstanding nurse, was awarded to Kellie Payne, Parents As Teachers Registered Nurse at the Creek County Health Department.

OUTSTANDING CAP AWARDS CEREMONY PHOTO GALLERY

Master of Ceremonies – Director Ed Lake, Oklahoma Dept. of Human Services

From left to right: Outstanding CAP Program Award – Infant Crisis Services, Inc.
Marion Jacewitz Award for statewide contributions – Jan Justice
Mary Ellen Wilson Award for community contributions – Lisa Jansen-Rees
Community Partner Award – Bill Young, Oklahoma Dept. of Libraries
Julie L. Bonner Nurse Award – Kellie Payne with Mr. and Mrs. Bonner
Outstanding Child Abuse Prevention Awards

April 12, 2016

Oklahoma State Capitol
Governor's Blue Room
10:00 a.m.

CLOSING POEM
"WE PRAY FOR CHILDREN"
By Ira Hughes
Read by Students from
Bishop John Carroll Cathedral Academy
Sterling Kovash—3rd Grade
Son of Wilma and Wade Kovash
Melissa Guthrie—6th Grade
Daughter of Eileen and Thomas Guthrie
Thien-An Nguyen—4th Grade
Daughter of Tim and Hanoi Nguyen
Natalie Edmonds—8th Grade
Daughter of Lisa and Randy Edmonds
Grace Engs—7th Grade
Daughter of Marc and Cindy Engs
J.R. Gray—4th Grade
Son of Carl and Marty Gray

All are asked to join in the reading of the last stanza.
The state of Oklahoma continues to experience budget shortfalls mostly due to revenue collections coming in well below projections. These fiscal limitations have caused reductions in services and staff across the child abuse prevention spectrum. However, dedicated professionals carry out their mission every day. Knowing the limitations, the following challenges/barriers are anticipated:

- 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 current “State Plan for the Prevention of Child Abuse and Neglect” will end in 2018. A “plan for the Plan” needs to be developed in order to gather broad input from consumers, prevention professionals, funders and the public at large.
- Fewer staff means that time for collaboration and creativity is reduced. Implementing strategies to meet virtually or share work electronically will be critical.
- Less funding generally means that travels must be restricted – travel for staff to provide direct service, attend meetings, and attend trainings.
# ATTACHMENTS & SUPPORTING DOCUMENTATION

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See also... APPENDIX A

- Oklahoma’s Community-Based Child Abuse Prevention Network

*Attachments available by request.*