

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

State Fiscal Years 2014 – 2018

The Oklahoma Interagency Child Abuse Prevention
Task Force

The Office of Child Abuse Prevention, OSDH



**APPENDIX I
State Plan
Accomplishments**

APPENDIX I
ACCOMPLISHMENTS SECTION

Goals & Strategies from the Oklahoma Child Abuse and Prevention State Plan (2010 – 2013)

<i>Infrastructure</i>	
Category	LEADERSHIP BY SERVICE PROVIDERS
GOAL 1	Increase the capacity, ownership and leadership within the child abuse prevention professional community.
Strategy 1	The Oklahoma State Department of Health (OSDH) and the Interagency Child Abuse Prevention Task Force (ITF) 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.
Outcomes	<ul style="list-style-type: none"> • OSDH and ITF work together to bring important topics/speakers to address trends in child abuse prevention as well as resources available in Oklahoma to the ITF and home visitation leadership advisory coalition (HVLAC) meetings (see information later under this goal). The ITF meets 5 to 7 times per year. Each ITF meeting includes cross-discipline training and presentations on current best practices and research. Participants take the information back to their programs, parents, and communities. Examples include: <ul style="list-style-type: none"> ○ ITF 2008 retreat featuring Ralph McQuarter with the Minnesota Department of Human Services who facilitated state plan development, Dr. Richard Anderson, Director for the Humane World Center who discussed, <i>“Society’s Vested Interest in Children Thriving”</i> and Mary Anne Snyder with the Wisconsin Children’s Trust Fund describing the state’s experience creating a comprehensive child abuse prevention system. <i>(Information by FSPS)</i> ○ ITF 2012 retreat featured Jeff Linkenbach, Director of the Center for Health and Safety Culture at Montana State University who spoke about community effectiveness from a <i>“Science of the Positive Approach”</i> using the positive norms framework. <i>(Information provided by FSPS & ITF Program Chair)</i> ○ Special presentations from key child abuse prevention experts on current trends. Some of the topics/presenters from SFY2010 included: a) <i>“Domestic Violence (DV) and Children”</i> Tamatha Mosier, Oklahoma Attorney General’s Office/ITF Member and b) <i>“Oklahoma Department of Human Services (OKDHS) Practice Model”</i> – Afton Wagner, OKDHS • The OSDH/Family Support & Prevention Service (FSPS) received federal Maternal, Infant & Early Childhood Home Visitation (MIECHV) Program grants. Formula grant funding for federal fiscal year (FFY) 2011 was \$1,978,763. For FFY 2012-2014, the state received \$2,340,976 for each year. Funds were designated for Kay and Garfield Counties. For each of the two years, \$673,000 of these funds is designated to continue funding for the Safe Care Augmented model (an evidence-based home visitation federal grant) by the University of Oklahoma Health Sciences Center. The state also was awarded a MIECHV competitive grant of \$9,430,000 (annually for 4 years) for Comanche, Muskogee, Oklahoma and Tulsa Counties. Oklahoma was one of three states awarded the highest level of grant funding. • The Community Connector in the MIECHV grant emerged from the assessment process with a goal of connecting families to home visiting programs as well as community resources that meet their needs. • FSPS facilitates and coordinates the Child Abuse Prevention (CAP) Action committee where service providers and program staff meet to plan and prepare not only CAP Month/Day at the Capitol activities, but also ongoing prevention efforts. This committee provides a great opportunity to network and collaborate together. It encourages community ownership and involvement. Meetings are held approximately 10 times per year and are usually attended by 25-30 people from various programs/agencies. Examples include: <ul style="list-style-type: none"> ○ The 2013 CAP Day Mini Conference collaborative, versatile program featured: <ul style="list-style-type: none"> ✓ Suzin Bartley, Massachusetts Children’s Trust Fund - <i>“Call to Action: Preventing Child Sexual Abuse in Oklahoma”</i>. ✓ Amy Merrell with Bethesda, Inc. - <i>“Stop, Go & Tell”</i> program that focused on ways to prevent the cycle of childhood sexual abuse. This program is used in elementary schools. ✓ Kristin Davis, Oklahoma Women’s Coalition – Ways to improve the status of state’s women and girls. ✓ Debra Knecht, Oklahoma Department of Human Services - <i>“Basics of Reporting Child Abuse”</i>. ✓ Deborah Shropshire, OU Children’s Hospital discusses how to change the consequences of <i>Adverse Childhood Experiences (ACE)</i>. ✓ Cherokee Ballard and Britten Follett, former journalists on <i>“Prevention & the Press: How to Leverage the Media to Share Child Welfare (CW) Stories”</i>. ✓ Dr. Robert Block - <i>“Pay Attention to Social Determinants of Health”</i>. ✓ Sherri McLemore, Arkansas Children’s Trust Fund - <i>“Hosting a Community Cafés”</i>. ✓ Barbara Bonner, University of Oklahoma Health Sciences Center - Reviewing Statistics on child sexual abuse and current prevention efforts in Oklahoma. ○ The 2013 CAP Day Mini Conference collaborative, versatile program featured: <ul style="list-style-type: none"> ✓ Pat Stanislaski from Parenting for Prevention in New Jersey talking about her program <i>“Communities Utilizing Individuals who Care”</i>.

	<ul style="list-style-type: none"> ✓ Ben Tanzer, from Prevent Child Abuse America – Messaging. ✓ Jim McKay, State Coordinator, Prevent Child Abuse America West Virginia - Advocacy around “<i>Reframing Child Abuse Prevention</i>”. ✓ Presentations around poverty issues. ✓ The Front Porch (FP) Program. ✓ Strengthening Families (SF) and Community Cafés. ✓ Community Engagement. ✓ Nonprofit Marketing. ✓ Resiliency for ✓ Military Families. ✓ As well as other various, trending topics relevant to child abuse prevention. (<i>Information from FSPS and Oklahoma City/County Health Department (OCCHD)</i>) <ul style="list-style-type: none"> • FSPS supports the Home Visitation Leadership Advisory Coalitions (HVLAC) created to drive best practices in home visitation programs. Membership recruitment targets community-based family support programs with a home visitation component. During federal fiscal year 2011, there were six meetings attended by over 100 different participants. Actions included: <ul style="list-style-type: none"> ○ HVLAC provided input related to the federal MIECHV Home Visitation Grant. (<i>Information provided by FSPS</i>) ○ All Start Right contractors are required to have representation at each HVLAC meeting. ○ Child Guidance (CG) staff provide information on an ongoing basis to HVLAC (<i>Information provided by FSPS and ITF Chair</i>) • Presentation at 2012 Smart Start Annual Conference on Circle of Parents (COP) with 65 to 75 individuals representing community leaders, partners, physicians, agency representation and local non-profit organizations across the state. • Although there has been a reduction in the number of Start Right contracts from 22 to 15, the award amounts have increased allowing commencement of the Healthy Families America (HFA) affiliation/accreditation process. (<i>Information provided by FSPS</i>)
<p style="text-align: center;">Strengths</p>	<ul style="list-style-type: none"> • Leveraged funding with state dollars that provides more Community-based Child Abuse Prevention (CBCAP) funding to support these activities. (<i>Information from FSPS and OCCHD</i>) • A strong network of dedicated, informed professionals holding seats on the ITF as well as participating in the Child Abuse Prevention (CAP) Action Group and Home Visitation Leadership Advisory Coalitions (HVLAC.). (<i>Information from FSPS and OCCHD</i>) • Improved participation and attendance. (<i>Information by private agency representative</i>) • Evidence-based home visitation models were chosen for implementation and include: 1) Nurse-Family Partnership (known as Children First (C1) in Oklahoma); 2) Healthy Families America (HFA) (known as Start Right (SR) in Oklahoma), & 3) Parents as Teachers (PAT) known as Oklahoma Parents as Teachers (OPAT). These models have all been implemented in Oklahoma for over a decade although not every model has been implemented in all communities. • The Safe Care Augmented Model has also been added to this grant. • The Competitive, Expansion Grant includes \$700,000-\$725,000 per year for an external evaluation conducted by Oklahoma Health Sciences Center (OUHSC), Center for Child Abuse & Neglect (CCAN). • The increased services available through the receipt of MIECHV grants were determined both from data collection as well as a needs assessment process. • Home Visiting Evidence of Effectiveness conducted by the U.S. Department of Health and Human Services show the following favorable outcomes: <ul style="list-style-type: none"> ○ HFA model: Child Health, Child Development and School Readiness, Reductions in Child Maltreatment, Positive Parenting Practices, Family Economic Self-Sufficiency & Linkages & Referrals. ○ NFP: Maternal Health, Child Health, Child Development and School Readiness, Reductions in Child Maltreatment, Reductions in Juvenile Delinquency, Family Violence, and Crime, Positive Parenting Practices and Family Economic Self-Sufficiency. ○ PAT: Child Development and School Readiness and Positive Parenting Practices. ○ Safe Care Augmented: Reductions in Child Maltreatment and Positive Parenting Practices (http://homvee.acf.hhs.gov/programs.aspx) • Community & Parent Cafés - As part of the Center for the Study of Social Policy’s (CSSP) <u>Strengthening Families</u> initiative™, a number of states are using Community and Parent Cafés - a series of structured small group conversations that bring parents together to discuss issues important to them. The goal is to directly engage parents in building the protective factors needed to prevent maltreatment and promote healthy outcomes for their children. CSSP is learning that this approach is especially effective in engaging parents. (<i>Information from http://www.cssp.org/community/constituents-co-invested-in-change/community-&-parent-cafes</i>) • Circle of Parents (COP) is a national network of statewide non-profit organizations and parent leaders dedicated to using a mutual self-help support group model. The affiliation/accreditation process is driven by the Healthy Families America (HFA) research-based 12 Critical Elements. These elements guide programs to model fidelity. Each site will go through a rigorous process to improve services and enhance training. After a two year process, 60% of the sites will have a site visit from the HFA national office to determine whether they meet the HFA Standards, If these standards are met, the site is considered an HFA Accredited site. (<i>Information provided by FSPS</i>)
<p style="text-align: center;">Challenges</p>	<ul style="list-style-type: none"> • Limited monies to travel out of state to participate in valuable trainings focused on national level concerns regarding child abuse/prevention. (<i>Information provided by FSPS</i>)

	<ul style="list-style-type: none"> • Limited staff to present at every ITF meeting (Information provided by FSPS) • Learning curve of some ITF members is extensive. <i>(Information provided by private agency representative)</i> • MIECHV does not provide for statewide coverage and is time limited. • Completing the sole source process and identifying the funding source for the HFA Affiliation/accreditation process. <i>(Information provided by FSPS)</i>
Strategy 2	The OSDH and ITF will collaborate and provide technical assistance and training to professionals in related fields that have the ability to impact child abuse prevention.
Outcomes	<ul style="list-style-type: none"> • The Child Abuse Training & Coordination Council (CATCC) has the mandate to make available multidisciplinary and discipline-specific training on child abuse and neglect for professionals with responsibilities affecting children, youth & families. <ul style="list-style-type: none"> ○ The CATC Program provides training to child protective services, law enforcement, district attorneys, judges, medical personnel, mental health consultants and other professionals. ○ Specific trainings have included: “Investigating Severe Neglect & Physical Injury of Children & Infants”, “Taking Your Investigation to the Courtroom” & “Advanced Forensic Interviewing.” ○ Examples of partnerships in the CATC program are assisting with: <ul style="list-style-type: none"> ✓ The Oklahoma Lawyers for Children fall & spring trainings ✓ The Oklahoma District Attorney’s Office annual summer conference ✓ Oklahoma Association for Infant Mental Health Conference ✓ The Oklahoma Department of Mental Health & Substance Abuse and the 18th Oklahoma Conference on Child Abuse and Neglect and Healthy Families. ○ The CATCC Program is expanding efforts to include children that witness domestic violence homicides and human trafficking. • Start Right (SR) program staff complete specific training set forth by Health Families America (HFA) and Parents as Teachers (PAT). Training is identified under the measurable outcomes section. • Children First Core training includes model specific training provided by the Nurse-Family Partnership and agency training identified as meeting Oklahoma Health Care Authority contract requirements. See measurable outcome section for specific training. • The Community-Based Child Abuse Prevention (CBCAP) Grant makes it possible to offer training and technical assistance in best practice and current trends in child abuse preventing so that professionals and service providers are equipped with the most current information with a broader knowledge base to assist their work in the prevention field. Examples include: <ul style="list-style-type: none"> ○ Child Abuse Network (CCAN) Conference for several years ○ The ITF October 2012 retreat <i>(See Goal 1, Strategy 2)</i> ○ Preparation for the third annual CAP Day ○ Mini Conference bringing in national & local speakers on various subjects: <ul style="list-style-type: none"> ✓ In 2011 – CAP Messaging ✓ In 2012 – Community Building/Engagement ✓ In 2013 – Sexual Abuse Prevention (see Goal 1 Strategy 1 for other trainings) • Training and technical assistance by experts on issues important to home visitation provided under the auspices of HVLAC to include: <ul style="list-style-type: none"> ○ Childhood Lead Poisoning Prevention by the Healthy Home Initiative ○ Child Guidance (CG) and Infant Mental Health Services ○ Building Resiliency in Military Families with Young Children ○ Preparing for a Lifetime, Its Everyone’s Responsibility - Improving Infant Outcomes (This program provides education on breastfeeding, SIDS/infant safe sleep, preconception/in-interconception health, prematurity, postpartum depression, infant injury prevention & tobacco use prevention) ○ Impact of Tobacco in Oklahoma • Creation of the “Oklahoma Home Visitation Services “Directory accompanied by “Period of Purple Crying” DVD to all birthing hospitals in the state. • Distribution of the Home Visitors Safety Guidelines Manual distributed to various agencies and child abuse prevention programs across the state. • Distribution of Home Visitors Safety Guidelines Training PowerPoint and video guide that includes information from expert speakers on general safety, mental health and substance abuse, methamphetamine use, domestic violence child abuse reporting, gangs, firearms and family assessment. <i>(Information provided by FSPS)</i> • FSPS trained groups of Child Guidance (CG) staff statewide on a biweekly basis in implementation of the Circle of Parents curriculum. • FSPS provided funding to train CG Child Development and Behavioral Health staff psychology clinicians in “The Incredible Years” (IY) Parent Program shown to reduce children’s aggression and behavior problems as well as increase social competence at home and at school. • CG provides training in Parent Child Interaction Therapy (PCIT) for at risk families. <i>(Information from CG)</i> • CG staff is receiving training on trauma-informed care and trauma-focused cognitive behavioral therapy. Trauma-specific interventions are designed to address the

consequences of trauma in the individual and to facilitate healing. (Information at <http://www.samhsa.gov/nctic/trauma.asp>)

- Home visitors provided home visitation materials to all families enrolled in CG programs.
- CG staff provided child development orientation to Children First nurses.
- FSPS provided information at annual CG meeting.
- FSPS and CG staff developed a plan to embed reflective supervision into services.
- FSPS and CG staff are developing a plan to embed the “Endorsement for Culturally Sensitive, Relationship-Focused Practices Promoting Infant Mental Health” competencies into core & ongoing training.
- There have been multiple campaigns and dissemination of prevention promotion materials statewide (e.g., posters, wristbands, resource guides, etc.) that include information on the Strengthening Families Protective Factors. Campaigns include the “Build a Blue Ribbon Tree” Campaign. (Information by FSPS staff)
- Every April, planning and hosting the CAP Day at the Capitol and CAP Day Mini Conference with presentations on critical topics to assist in expanding community resources and knowledge (e.g., Bridges Out of Poverty; Child Abuse Reporting & Identification; COP: The FP Project; etc). Toolkits are disseminated with CAP Press Releases and Public Service Radio Announcements. (Information by FSPS staff and CBCAP annual report)
- Creation of the monthly CAP Eblast Newsletter. (Information provided by FSPS)

Technical assistance includes reviewing files for model fidelity, answering questions about policy and procedures, training staff members on the use of forms and data entry, and assistance when dealing with critical incidence such as reports to Child Welfare Services (CWS). (Information by FSPS)

Strengths

- The CATCC members (22 in all) establish multidisciplinary and discipline-specific training guidelines and objectives and make curricula recommendations to other agencies with professionals who have responsibilities for children, youth and families.
- Project aimed at reducing abusive head trauma by providing delivery hospitals across Oklahoma with the *Period of PURPLE Crying*® DVD. It approaches shaken baby syndrome prevention by helping parents and all caregivers understand the frustrating features of crying in normal infants that can lead to shaking or abuse as well as strategies for calming baby. (CBCAP annual report)
- COP is a national network of statewide non-profit organizations and parent leaders dedicated to using a mutual self-help support group model as a means of preventing child abuse and neglect and strengthening families.
- *The Incredible Years (IY)* is research-based, proven effective parent, teacher and child social skills training programs. It has been selected by the U.S. Office of Juvenile Justice & Delinquency Prevention as an "exemplary" best practice program and a “model” program by the Center for Substance Abuse Prevention (CSAP). As such, the series has been subject to numerous randomized control evaluations, evidenced excellent effectiveness, and attained high overall ratings. (Information from <http://www.incredibleyears.com/>)
- The distinctiveness of the PCIT approach lies in the use of live coaching and the treatment of both parent and child together. In randomized testing, including families identified by the CWS system, it has consistently demonstrated success in improving parent-child interactions and reducing child abuse and neglect (Information from https://www.childwelfare.gov/pubs/f_interactbulletin/f_intera.cf and Future of our Children, Preventing Maltreatment, Fall, 2009)

Blue ribbons are the symbol of child abuse prevention. Every year, especially during the month of April, Oklahoman celebrates child abuse prevention by building blue ribbon trees. Some are real trees that have been decorated, others are special creations made from materials such as paper, wire or wood. Each tree can be registered with the Oklahoma Department of Health for use in a slide show to be presented at the State Capitol annually during CAP Day at the Capitol in April. (Information at <http://www.caplains.org/Pages/BuildABlueRibbonTree.aspx>)

Measurable Outcomes Listed in Plan

1. Start Right (SR) programs funded for SFY 10 and beyond...

Outcomes				
	• Center for Children and Families	\$193,575	• McCurtain County Health Department	\$200,000
	• Chickasha Nation	\$150,000	• Northern Oklahoma Youth Services	\$150,000
	• Community Health Centers	\$150,000	• Northwest Family Services	\$150,000
	• Early Childhood Resource Center	\$150,000	• Okmulgee-Okfuskee Youth Services	\$150,000
	• Great Plains	\$175,000	• Parent Child Center of Tulsa	\$424,067
	• Help-in-Crisis	\$200,000	• Parent Promise	\$258,329
	• Latino Community Development Agency	\$199,193	• Youth and Family Services of Hughes and Seminole Counties	\$150,000
	• McClain-Garvin Youth and Family	\$150,000		

2. Presentations given on topics related to child abuse prevention at each meeting.

Outcomes

- Jeff Linkenbach, Director of the Center for Health and Safety Culture at Montana State University spoke at the 2012 ITF retreat on “Positive Approach with Communities”.
- Ben Tanzer with Prevent child Abuse America and Jim McKay from West Virginia Prevent Child Abuse Chapter spoke on child abuse prevention messaging.
- Pat Stanislaski from Parenting for Prevention in New Jersey spoke on her program “Communities - Utilizing Individuals who Care”
- “Domestic Violence (DV) and Children” Tamatha Mosier, Oklahoma Attorney General’s Office and ITF Member
- OKDHS Practice Model – Afton Wagner, OKDHS. (See goal 1 strategy 1)

3. Training provided that increases the skills of providers delivering home visitation services in recognizing and responding to high risk, high stress families.

Outcomes

- SR Training includes:
 - HFA Overview Day
 - HFA Assessment Worker Training
 - HFA Support Worker Training
 - HFA Supervisor Training
 - ASQ Training (Ages & Stages)
 - OPAT Foundational, 3-5 years old and teen training
 - Contractors Conference (annually)
 - All staff must complete the HFA online trainings including Infant Care
 - Child Health & Safety
 - Maternal and Family Health
 - Infant and Child Development
 - Role of Culture in Parenting
 - Parent-Child Interaction
 - Family Violence
 - Substance Abuse
 - Staff Related Issues
 - Family Issues
 - Mental Health (*Information provided by FSPS*)
 - Supplemental training in 2010 to SR program staff (*Information from CBCAP annual report*)
 - ✓ Parent-Child Attachment
 - ✓ Child Lead Screening
 - ✓ Postpartum Depression
 - ✓ Adoption
- Child Guidance (CG) Training
 - Trained an additional six Psychological Clinicians (PC) to provide PCIT services statewide;
 - Trained 25 Psychological Clinicians and Child Development (CD) Specialists to provide IY Parent Groups statewide;
 - Trained 17 CDs to provide COP groups statewide with emphasis on the MIECHV counties;
 - Trained 34 CDs and PCs to provide Mental Health Consultation to Child Care Facilities statewide;
 - May 2013, 50 CG staff will receive training on Trauma Informed Care; and
 - May 2013, nine PCs will be trained in Trauma Focused Cognitive Behavioral Therapy.
- Children First Training: During the first year of employment, nurses complete training in the following content areas:
 - NFP Model training to assure model fidelity;
 - Infant and Toddler Assessment training to increase skills in providing brief health assessments;
 - Child Abuse Medical Examiner training to address recognizing, reporting and documenting child abuse;
 - Breastfeeding Educator training to assist clients in initiating and continuing breast feeding ;
 - Postpartum Depression;
 - Keys to Caregiving and Nursing Child Assessment Satellite Training (NCAST) to provide skills needed to assess parent-child interactions and improve parenting skills;
 - Partners in Parenting Education (PIPE) training to teach parents how to have positive parent-child interactions;
 - Additional training in adoption, attachment, car seat safety, cultural awareness, domestic violence, grief, newborn screening and assessment, paternity and legal issues,

	<p>substance abuse, SIDS, TANF, Medicaid and targeted case management (which includes information about utilizing community services); and</p> <ul style="list-style-type: none"> o Motivational interviewing in 2010 to develop expertise in using these skills to assist clients in making behavior changes. <i>(CBCAP annual report)</i> • COP Training: <ul style="list-style-type: none"> o COP training to 18 child development (CD) specialists; and o Training on implementation of COP to 16 CD specialists at quarterly face-to-face discipline meeting. • PLAT ambassador training: <ul style="list-style-type: none"> o Training to 17 CD specialists at quarterly face-to-face discipline meeting; and o Provided overview of training to 12 FSPS staff.
GOAL 2	Establish a Parent Advisory/Leadership.
Strategy 1	The OSDH and the ITF will research, seek and secure speakers, training opportunities, technical assistance and information on the importance of a parent advisory leadership group, the process to creating such a group, and how best to collaborate with said group once it is achieved.
Outcomes	<ul style="list-style-type: none"> • See outcomes below
Strategy 2	The OSDH and the ITF will take the necessary steps to institutionalize and operationalize a parent advisory/leadership group.
Outcomes	<ul style="list-style-type: none"> • See outcomes below
Measurable Outcomes Listed in Plan	
Outcomes	<ul style="list-style-type: none"> • While the advisory group is not established, CG has been implementing the COP in several identified high-risk areas in Oklahoma. In 2011, FSPS was awarded additional funding to expand home visiting through the MIECHV in Oklahoma, Tulsa, Muskogee, Comanche, Kay, and Garfield counties. As part of this expansion effort, CD Specialists have been trained to deliver the COP model in 16 counties to provide support to the high-risk, rural and urban communities, identified by the expanded project. See Goals 1 and 8 for additional information. • Guidance staff sent for further training on the Parent Leadership Ambassador Training (PLAT). Oklahoma was selected based on its work and ongoing commitment to parent leadership. Training provided a parent leadership curriculum and identified networking and planning strategies to build parent leadership in CBCAP's network. • COP Community Based FSPS staff researched and pursued ways to build parent capacities in the state through the federal FRIENDS technical support group.
Strengths	<ul style="list-style-type: none"> • Good internal partnerships and collaborations to successfully coordinate the COP. <i>(Information by FSPS staff)</i> • The federal child abuse prevention grant calls for the involvement of parents and consumers to provide leadership in the planning, implementation, and evaluation of programs and policy decisions. Parent Leadership Ambassador Training (PLAT) was created to assist in providing parents and providers with knowledge/skills/tools that strengthen parents in leadership roles and make partnerships between parents and practitioners more successful. (Information at http://friendsnrc.org/joomdocs/platguide.pdf) • Family Resource Information, Education and Network Development Services (FRIENDS is the National Resource Center for CBCAP. The center provides training and technical assistance to federally funded CBCAP Programs. This site serves as a resource to those programs and to the rest of the Child Abuse Prevention community.
Challenges	<ul style="list-style-type: none"> • Other priorities coupled with budget reductions limited planned work with national experts with expertise in formation and implementation of Parent Advisory Groups <i>(Information provided by FSPS staff)</i>
Category	EVALUATION
GOAL 3	Support the evaluation of social services including child abuse and neglect services as well as other social services provided to children and families.
Strategy 1	Assure evaluations are conducted in an objective fashion and evaluation results are distributed freely.
Outcomes	<ul style="list-style-type: none"> • Extensive work has been undertaken in the evaluation and assessment of home visitation programs within Oklahoma. As a result of the MIECHV federal grant, an evaluation team has convened to study these services that work to protect children and families from the outcomes of child abuse and neglect among other adverse outcomes. Evaluations have long been conducted within individual programs but have not often crossed program lines. The evaluation team, made up of OSDH evaluators and independent researchers, has been at work to change that. Focus groups, interviews, surveys and observational studies are being conducted with consistency among four major evidence-based home visitation programs within Oklahoma. While concrete outcomes of these studies are not available at this time, because the information is in the process of being analyzed, the data is already showing promising information and directions for future changes and improvement. In addition, work is being done to improve data collection systems and processes so evaluators have the best information possible. <i>(Information provided by FSPS)</i> • OSDH has initiated the process to purchase a new database that has the capability to link home visitation services in Oklahoma. This will help produce statewide prevention data and show how the programs are designed to work together. <i>(Information provided by FSPS)</i> • OCAP has been able to utilize the community health epidemiologists as well as filled the consultant and two evaluator positions. <i>(Information provided by FSPS)</i>

	<ul style="list-style-type: none"> • Evaluation of NFP show positive outcomes in maternal health, child health, child development and school readiness, reductions in child maltreatment, reductions in juvenile delinquency, family violence and crime, positive parenting practices, and family economic self sufficiency (http://homvee.acf.hhs.gov/programs.aspx) • Evaluation of HFA show positive evidence in child health, child development and school readiness, reduction in child maltreatment, positive parenting practices, family economic self sufficiency and linkages and referrals (http://homvee.acf.hhs.gov/programs.aspx) • Evaluation of OPAT shows positive outcomes in child development and school readiness and positive parenting practices (http://homvee.acf.hhs.gov/programs.aspx) • Evaluation of Safe Care Augmented show reductions in Child Maltreatment and Positive Parenting Practices (http://homvee.acf.hhs.gov/programs.aspx) • SF evaluation was conducted under the auspices of Smart Start Oklahoma in 2011 (Start and Stay Strong: Building Strengthening Families Practice at the Community Level)
Challenges	<ul style="list-style-type: none"> • The current database is broken, needs many updates and repairs to produce quality data. • It is difficult to produce data on a regular basis (such as once a quarter). (<i>Information provided by FSPS</i>)
Measurable Outcomes Listed in Plan	
1. Established process to review a program’s evaluation and assess effectiveness.	
Outcomes	<ul style="list-style-type: none"> • MIECHV cross program evaluation is in process (see narrative above). • Start Right (SR) data for SFY 2011: <ul style="list-style-type: none"> ○ During SFY 2011, 29% of SR participants were attempting to reduce their smoking at time of enrollment. At the most recent update, 40% of participants that smoke reported they were attempting to reduce their rate of smoking. ○ At enrollment, only 19% of the SR participants consumed the recommended daily servings of vegetables. At the most recent update, 22.5% of SR participants consumed the recommended daily servings of vegetables. ○ Ninety-three percent (93%) of SR children were up-to-date on immunizations compared to 70% of all Oklahoma children. ○ Among SR mothers who gave birth, 72% initiated breastfeeding. ○ Twenty-four percent (24%) of SR participants were employed at time of enrollment. At the most recent update, the number of participants who were employed increased to 36.2%. ○ At enrollment, 23% of participants were earning an annual income of \$5,000 or less. At the most recent update, the number of participants who were earning \$5,000 or less decreased to 15.9%. ○ At enrollment, 59% of SR participants lived in rented housing and 22% owned their home. At the most recent update, the rate of SR participants that lived in rented housing decreased to 55% while the rate of those that owned their home increased to 26%. ○ Sixty-six percent (66%) of SR parents place their baby on his/her back compared to 64.9% of all Oklahoma parents. ○ During SFY 2011, 97% of all SR parents had a car safety seat properly installed in their car. • Children First data for SFY 2011: <ul style="list-style-type: none"> ○ Immunizations – Ninety and seven tenths percent (90.7%) of all children participating in Children First (birth to 24 months) were up-to-date on their vaccination schedules at all times. At 24 months of age, 88.0% of Children First children were fully immunized. ○ Infant and Early Childhood Mental Health – Children First nurses performed 28,053 ASQ screenings and made 223 referrals to local services. ○ Abuse and Neglect – Children First nurses made 68 reports of suspected maltreatment to OKDHS. The majority of the reports were for neglect (69.1%), generally involving DV (47.1%) or parental substance abuse (20.6%). ○ Smoking cessation – At program intake, 18.2% of mothers reported smoking compared to 10.1% at 36 weeks gestation. ○ Reduction in infant mortality – Oklahoma infant mortality rates are 8.5% deaths/thousand. <ul style="list-style-type: none"> ✓ Children First babies’ rates were 4.5%/1000. ✓ Eighty-eight and five tenths percent (88.5%) of Children First mothers received adequate prenatal care. ✓ Eighty-nine and one tenth percent (89.1%) of Children First babies were carried to term. ○ Injury Prevention – Nearly all Children First mothers had an age appropriate car seat and used it. Additionally Children First mothers report exercising appropriate water safety. ○ Totals – 3,616 families served with 34,217 visits. (<i>SFY 2011 C1 Annual Report</i>) • Child Guidance (CG) Data for SFY 2012: <ul style="list-style-type: none"> ○ Children whose parents participated in Incredible Years (IY) parent groups showed statistically significant improvement in communication skills. ○ Parents who participated in IY parent groups were more likely to use praise and incentives to modify their child’s behavior, and they reported clearer expectations with regard to appropriate behavior for their children. (statistically significant) ○ Of parents who attended COP groups provided by CG staff across Oklahoma, 94% of respondents indicated they would change their parenting as a result of attending the group. (See additional outcomes under goal 8) ○ Sixty-four percent (64%) of families who received CG services reported a decrease in inappropriate social emotional behaviors.

	<ul style="list-style-type: none"> o Thirty-two percent (32%) of parents who received CG services reported an increase in their ability to help their child learn. o Thirty-two percent (32%) of parents who received CG services reported an increase in protective factors for child abuse & neglect. o Fifty-five percent (55%) of parents who received CG services reported a decrease in risk factors for child abuse & neglect. • OPAT Data for SFY 2011: <ul style="list-style-type: none"> o Results from Ages and Stages Questionnaires (ASQ), show children enrolled in OPAT showed a reliable gain in cognitive, language, social and motor development. Statistical analyses showed significant, positive changes in total scores and children were less likely to be classified at risk on the latest ASQ than their initial one. • Safe Care Augmented – During FFY 2012, 137 families were served, an increase from 59 served in FFY 2011. • Evaluation of SF model in Oklahoma highlighted the following key levels of change for a successful community level SF initiative. They included: 1) Leadership and governance at local sites; 2) Linkages that strengthen collaboration and communication; 3) Policies and practices to institutionalize changes supportive of protective factors; & 4) Professional development received by childcare staff at each site and by SF coordinators. (Start & Stay Strong: Building Strengthening Families at the Community Level).
Strengths	<ul style="list-style-type: none"> • Breastfeeding is known to improve children’s health, decrease post-partum depression and decrease child maltreatment. • Uses Ages & Stages Questionnaires (ASQ) to assess child development in communication, gross and fine motor functions, problem solving and social/emotional development. When delays are identified, parents are referred to services like Sooner Start (early intervention) child development specialists and CG for further evaluation and assistance.
Primary Prevention	
Category	CREATE A CULTURE OF CHANGE
GOAL 4	Create a culture of change that values the health, safety, and well-being of children.
Strategy 1	The OSDH and the ITF will educate and mobilize communities to change community norms so that child abuse and neglect is viewed as preventable and unacceptable.
Outcomes	<ul style="list-style-type: none"> • Smart Start – There are currently 18 Smart Start communities (most covering multiple counties) throughout the state addressing critical issues facing Oklahoma's children. These communities work to address the needs of families with young children. Each community works together to ensure that needs are met and children enter school ready to succeed by: focusing on the following issues: 1) early care and education; 2) health and mental health; 3) business engagement; 4) family Support; and 5) public awareness; Strengthening Families (SF) is embedded in seven of the Smart Start communities. • Strengthening Families (SF): <ul style="list-style-type: none"> o The Strengthening Families (SF) Protective Factors were integrated into prevention programs and throughout the state by disseminating Information Gateway Resource Guides (which includes the Protective Factors). (https://www.childwelfare.gov/preventing/preventionmonth) (<i>Information provided by FSPS</i>) o On November 30 2011, two training sessions were held on promoting the SF Protective Factors for over 80 participants. The training was conducted by Jack Miller, Director of Programs at the Massachusetts Children’s Trust Fund. o A general session was conducted in the morning as a basic introduction to the Protective Factors. 40 people attended from across the state representing various programs such as Smart Start, Child Care Resource and Referral, and local community programs receiving funds for child abuse prevention activities. o An evaluation of Strengthening Families identified the following: 1) Over 100 early child programs participated in SF; 2) Involvement of over 135 community partners; 3) Over 4,000 children and 2,200 parents served (Start & Stay Strong: Building Strengthening Families Practice at the Community Level). • Business communities were targeted with the “Build a Blue Ribbon Tree” campaign for April. Faith-based groups have continually been invited to meetings and included in planning. • The CAP Action committee has linked with the Oklahoma State Department of Libraries in collaboration with April – CAP month efforts, most currently working together to coordinate the April CAP Day at the Capitol and Smart Start Oklahoma Book Drive with press releases and statewide outreach made to every library in Oklahoma. • The Front Porch (FP) project is a national, research supported community-based initiative. It uses a capacity building approach involving training, technical assistance and evaluation for use in communities. In Oklahoma, twenty four participants were trained in the Front Porch community approach as well as receiving “train the trainers” training. Several Front Porch community workshops occurred. (information by FSPS & information at http://www.americanhumane.org/children/programs/child-abuse-neglect-prevention/the-front-porch-project/) • Delta Dental of Oklahoma offers the Prevent Abuse and Neglect through Dental Awareness (PANDA) continuing education program. The program aims to help dentists recognize the signs of child abuse and neglect and inform them of proper reporting procedures. (Retrieved May 4, 2013 at http://www.deltadentalok.org/for_dentists/pandacde.asp)
Strengths	<ul style="list-style-type: none"> • Great partnerships, collaborations and creativity with partners. • Tremendous turnout at events. • There is good leadership in OCAP as well as collaboration between agencies in the community to see that outcomes are met. (<i>private agency representative</i>) • SF is a research-based, cost-effective strategy to increase family strengths, enhance child development and reduce child abuse and neglect. It focuses on building five

	<p>protective factors that also promote healthy outcomes. Those five protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need & social and emotional competence of children. (information at http://www.cssp.org/reform/strengthening-families/the-basics/the-strengthening-families-approach)</p> <ul style="list-style-type: none"> • Front Porch (FP) is a national prevention initiative focused on educating and empowering concerned citizens on the roles they can have in protecting children and supporting families. Evaluation results show 95% of participants in the Front Porch Project Community Training agreed they feel more comfortable intervening with struggling parents or families & are more likely to intervene than before the training.
Challenges	<ul style="list-style-type: none"> • Lack of resources including funding to extend programs and staff required to initiate and sustain services in all 77 counties. <i>(Information provided by FSPS)</i> • Knowing how agencies & programs need help <i>(private agency representative)</i> • Front Porch Issues: <ul style="list-style-type: none"> ○ Front Porch moved out of the American Humane Association and is under a new umbrella (The Butler Institute – Denver, Colorado), working on creating a new name to replace the “Front Porch” name which is still owned by American Humane – but forging ahead to strive to keep the content/curriculum fairly the same – with permission from American Humane. ○ FP trainers received training during the state’s economic downturn, leading to a shortage of qualified trainers. ○ FP required a huge time commitment and multiple encounters by participants making it difficult to recruit and maintain participants.
Strategy 2	The OSDH and the ITF will support the implementation of quality early childhood programs through the OKDHS, Smart Start Oklahoma, the OKSDE, and Head Start.
Outcomes	<ul style="list-style-type: none"> • See Goal 4, Strategy 1 for training offered to child care facilities.
Strategy 3	The OSDH and the ITF will strive to assure the six Strengthening Families Protective Factors, developed by Center for the Study of Social Policy, are integrated into all prevention programs serving children and families
Outcomes	<ul style="list-style-type: none"> • See narrative under Goal 4, strategy 1. <i>(Information provided by FSPS)</i> • The <i>Oklahoma Strengthening Families (SF) Initiative</i> has now been in existence for six years. The SF sites have continued their collaboration with their local child-care centers and involvement in other community organizations and events. The SF initiative is providing training on the SF protective factors framework to align services for children and families and to work in partnership with agencies and the community as a whole to build family strengths and to create optimal outcomes for children and families. Examples include: <ul style="list-style-type: none"> ○ Several requests for proposals have including the protective factors as a requirement in their requests for applications, Smart Start Oklahoma, MIECHV and Child Care Resource and Referral. ○ A video and PSA is in use by the communities about SF Protective Factors. ○ A website with resources for parents has been developed and The Incredible Years is being offered to the parents in the community. ○ Several communities continue to conduct ongoing community cafés around protective factors. Parent Cafés were held in one community on a monthly basis and included 100 parents and nine child care staff. ○ SF training and Prevention of Child Abuse and Neglect (PCAN) training was provided throughout Pontotoc, Garvin, Murray, Johnston, and Carter Counties. ○ A four (4) day training for child care professionals was conducted in partnership with Dr. Barbara Sorrels (weeducateteachers.com) and Oklahoma State University’s Marriage and Family Counseling Department. The training highlighted the fifth Protective Factor of the SF model which is Social-Emotional Competence of Children. ○ The Child Care Resource Center’s Quality Enhancement Initiative(QEI) in collaboration with the local and state Oklahoma Association for Infant Mental Health (OKAIMH) worked together to assist early care and learning professionals in obtaining Infant Mental Health Endorsement (IMH-E) at Level I and II. Four centers received the Infant Mental Health endorsement with support of the Tulsa SF Initiative. ○ Over 50 early care and education sites received training through local SF initiatives. ○ Parenting classes were provided in all of the SF sites. • Protective factors were addressed by a national speaker at the ITF retreat. <i>(Information provided by ITF chair and consultant)</i> (See Goal 4, strategy 1) • The Tulsa Family Drug Court Children Addicted to Methamphetamine (CAM) grant providers were trained in SF and Celebrating Families (CF) (early intervention evidence-based practices) as well as trauma focused cognitive behavior therapy for children. <i>(Information provided by ODMHSAS)</i> • Three charter schools identified as doing the SF or CF programs.
Strategy 4	The OSDH and the ITF will engage non-traditional partners to get involved in and support child abuse prevention efforts (i.e. business community, libraries, civic groups, etc).
Outcomes	<ul style="list-style-type: none"> • Thank you postcards have been utilized to engage non-traditional partners. <i>(Information provided by FSPS)</i> • The continuum of services is referred to when promoting statewide multi-media campaign to engage non-traditional partners. <i>(Information provided by FSPS)</i> • OCAP staff has provided technical assistance, public awareness, and promotional materials to ITF, CBCAP programs, local task forces and the community at large accompanied by media involvement through press releases, fact sheets and countless radio/television interviews related to child abuse prevention.

	<ul style="list-style-type: none"> • In celebration of National Family Month in June, OCAP worked with Moroch & Associates, Inc. (public relations firm for the statewide McDonalds Restaurants) to promote positive family relationships artwork and an important ‘Strengthening Families’ message. Moroch converted the FSPS CAP Month poster to fit their McDonald tray liner and then printed them, providing over 277,000 tray liners (1,500 tray liners to 185 different McDonald’s locations) to area McDonald’s at no cost to the CBCAP program. (about two weeks of tray liners). Child abuse prevention efforts were highlighted on tray liners again in June 2011 and 2012. • National Family Week, celebrated during Thanksgiving week each year is directed by the Alliance for Children & Families (with the support of the Annie E. Casey Foundation). <ul style="list-style-type: none"> ○ The FSPS staff collaborated with the Oklahoma Family Resource Coalition (OFRC) members to promote National Family Week/Oklahoma Family Week in 2009, utilizing their theme, <i>Connections Count in the Family, & in the Community</i>”. ○ Posters were created and distributed along with an electand collaborates not only with OFRC, but also with various affiliates and other programs across the state. (CBCAP annual report)
Strengths	<ul style="list-style-type: none"> • Celebrating Families (CF) is a parenting skills training program designed for families in which one or both parents are in early stages of recovery from substance addiction and in which there is a high risk for domestic violence (DV) and/or child abuse. The CF program uses a cognitive behavioral theory (CBT) model to achieve three primary goals: <ul style="list-style-type: none"> ○ Break the cycle of substance abuse and dependency within families; ○ Decrease substance use and reduce substance use relapse; and ○ Facilitate successful family reunification. Information at http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=100 • Start Right has “thank you” postcards designed to “catch someone doing good”; they are postage paid and members of the community may thank someone for supporting their family. (Information provided by FSPS) • FSPS has created a continuum of prevention services that encompasses Children First, OPAT, Start Right as well as OKDHS operated Comprehensive Home-Based Services (CHBS) (Information provided by FSPS)
Measurable Outcomes Listed in Plan	
1. Policy agenda that defines needed resources for a comprehensive system focused on the prevention of child abuse and neglect.	
Outcomes	<ul style="list-style-type: none"> • Part of planning for state plan.
2. Quality early childhood programs available statewide.	
Outcomes	<ul style="list-style-type: none"> • Some examples are Head Start, Reach for the Stars Child Care Program, Sooner Start, and Pre-Kindergarten programs.
3. Annual Child Abuse Prevention Day at the Capitol	
Outcomes	<ul style="list-style-type: none"> • Held annually (Information provided by FSPS and OCCHD) (See Goal 1, Strategy 1)
Strengths	Viewed as highly successful (OCCHD)
4. Statewide multi-media campaign implemented to recruit non-traditional partners.	
Outcomes	<ul style="list-style-type: none"> • See goal 1 Strategy 1 and 2 for campaigns; also a marketing campaign is proposed under MIECHV grant.
Challenges	<ul style="list-style-type: none"> • Need for funding (OCCHD)
Category	SUPPORTING PARENTS
GOAL 5	Assure that general parent education and family support is universally available across the state.
Strategy 1	The OSDH and the ITF will engage others to work collaboratively in seeking and implementing various vehicles for providing education information to parents and caregivers to assist them in providing safe, stable and nurturing environments for children.
Outcomes	<ul style="list-style-type: none"> • Using the Healthy Families America Model in delivery of services, the OCAP Start Right program promotes positive parenting through highly-trained HFA home visitors who offer education, modeling, role playing, and other activities that help parents to: <ul style="list-style-type: none"> ○ Develop healthy attitudes towards parenting, including appropriate expectations of their children; ○ Understand their child’s capabilities at each developmental stage; ○ Enhance the quality and safety of the home environment to foster child development; ○ Increase sensitivity, responsiveness and nurturing towards their children; &

	<ul style="list-style-type: none"> o Create a secure relationship with their child. <i>(Information provided by FSPS)</i> • The OCAP Start Right programs utilize the OPAT curriculum which emphasizes the parent education component in addition to encouraging parent child interaction. <i>(Information provided by FSPS)</i> • The OCAP in partnership with Child Guidance has developed a curriculum called the Seven Challenges. The Seven Challenges serves as a springboard for the Family Toolkit. This curriculum may be utilized by educators or home visitors to deliver relevant information regarding the development of children. <i>(Information provided by FSPS)</i> • See goal 1, strategy 2 and measurable outcomes under goal 3 • OPAT data for 2010-2011: <ul style="list-style-type: none"> o OPAT parent educators completed 33,182 personal visits with 4,303 families and 4,966 children; o Fifty-one and four tenths percent (51.4%) were low income or unemployed; o Twenty-two percent (22%) were teen parents; o Two and eight tenths percent (2.8%) had a documented disability; o Eight and four tenths percent (8.4%) of children were born prematurely or classified as low birth weight babies; o Twenty-two and seven tenths percent (22.7%) of children served had mothers who did not complete high school; o Ninety-two and three tenths percent (92.3%) of children in program received health screening from OPAT staff; o Percentage of OPAT children receiving appropriate immunizations increased from 87.7% in 2005-06 to 93.8% in 2010-2011; and o 1,103 parent group meetings held for parents to learn and support each other, observe their children with others and practice new skills.
Strengths	<ul style="list-style-type: none"> • Good resources to involve parents. <i>(private agency representative)</i> • The HFA model used by OCAP SR is designed to work with overburdened families who are at risk for adverse childhood experiences, including child maltreatment. • A continuum of services has been developed. The hope is a triage system can be developed using the Community Connectors to link families to the services that fit their needs. • Referral sources are available to home visitors to connect families with the appropriate help. <i>(Information provided by FSPS)</i> (See goal 5, strategy 2)
Challenges	<ul style="list-style-type: none"> • Many families who reside in rural areas have difficulty accessing parenting information. • Limited access to bilingual services to translate materials • Reduction of home visitation services as a result of budget cuts. <i>(Information provided by FSPS)</i> • Lack of money and resources. <i>(OCCHD)</i> • Lack of clear vision of what parent involvement will look like once achieved. – What are the ways to involve parents and expectations? What incentives can be offered for participation? <i>(private sector representative)</i>
Strategy 2	The OSDH and the ITF will assist parents and caregivers in meeting the basic needs (sometimes called “concrete needs”) of their family/children.
Outcomes	<ul style="list-style-type: none"> • Addressed by SF communities • SR data for SFY 2011: <ul style="list-style-type: none"> o In SFY 2011, 786 primary caregivers were screened for depression. Of these, 30 primary caregivers (3.8%) were identified with depression-related concerns. The mothers were referred to a primary care physician for further evaluation and treatment. o SR referred 85 families to appropriate services for housing assistance and referred 91 families to appropriate services for rent and utility assistance. o SR referred 158 families to appropriate agencies/services in order to obtain a car safety seat and assure that it was properly installed. o In SFY 2011, 16 SR families were identified and referred to domestic violence crisis intervention services. <i>(Information from SR 2011 Annual Report)</i> • Children First SFY 2011 Data – Children First nurses made 186 referrals to pregnant women not eligible to enroll in Children First to the following programs: <ul style="list-style-type: none"> o 80 to SR o 10 to OPAT o 9 to CG o 7 to Early Head Start <i>(information from SFY 2011 Children First Annual Report)</i>
Measurable Outcomes Listed in Plan	
1. Provide information regarding parenting and child development to parents and caregivers in various formats.	
Outcomes	<ul style="list-style-type: none"> • In SFY 2012, 6,000 more Child Guidance encounters were provided than in SFY 2011 - representing a 34% increase in service provision. • See goal 1, strategy 2 and measurable outcomes under goal 3
2. Families aware of and able to access formal and informal community resources and concrete supports.	

Outcomes	<ul style="list-style-type: none"> • Since January 2012, CG staff has implemented 10 COP parent groups across the state. • See goal 1, strategy 2 under FSPS technical assistance activities • See goal 5, strategy 2 • See goal 9 discussion of OKDHS activities (e.g., 211 information and referral system, “Think, Prevent, Live Campaign and Facebook page)
3. Families receive referrals to specific individuals at service agencies as well as transportation to those services, if necessary and possible.	
Outcomes	<ul style="list-style-type: none"> • See goal 5 strategy 2
4. Develop parent and warm line available 24 hours a day to provide information on parenting and child development.	
Outcomes	No, see challenges.
Challenges	<ul style="list-style-type: none"> • A parent website was not possible due to state government restrictions about creating and maintaining a standalone website. OSDH Administrative Procedure 4-4: “Oklahoma State Department of Health Websites” notes that liability concerns prohibit the OSDH from hosting websites for other groups. The same policy addresses issues to prevent each program, service and county health department from creating separate independent websites. Currently, the new Office of Management and Enterprise Services (OMES) is emphasizing all state agency websites should be consistent with the OK.gov architecture for the same reason. • The warm line was pursued but remained challenging due to lack of funds, staff availability and necessary resources. <i>(Information provided from FSPS)</i> • Funding & marketing are necessary. (OCCHD).
5. Provide information on parenting and child development to all parents of newborns including information on abusive head trauma and safe sleep.	
Outcomes	<ul style="list-style-type: none"> • Creation of the “Oklahoma Home Visitation Services “Directory accompanied by dissemination of “Period of Purple Crying DVDs to all birthing hospitals in the state. Invested in 60,000 DVDs. • Creation of Abusive Head Trauma Task Force.
Strengths	<ul style="list-style-type: none"> • Crying DVD’s required minimal training to all Oklahoma birthing hospitals. • Several hospitals signed an agreement and helped share the DVDs.
Challenges	<ul style="list-style-type: none"> • It was difficult to engage the hospitals to participate. Lack of response and willingness to add one more thing to their work with birthing moms. • Regarding the Abusive Head Trauma Initiative – lack of attendance, lack of ability to make a quorum.
Category	PREVENTION AND TREATMENT OF SEXUAL ABUSE
GOAL 6	Implement strategies to prevent child sexual abuse.
Strategy 1	The OSDH and the ITF will work with partners across the state to implement programs that emphasize adult education and responsibility in keeping children safe from sexual predators
Outcomes	<ul style="list-style-type: none"> • Partner with agencies to provide information on child sexual abuse: <ul style="list-style-type: none"> ○ 2011 Partnership covering Domestic/Sexual Violence and Stalking-Dr. Anna Salter presented “Predators of Child Sexual Abuse” to 500 law enforcement, advocates, mental health professionals and others. It included a breakout session on “Detecting Deception” when interviewing suspect offenders (Information by Office of Attorney General. <i>(OAG)</i>) ○ See Goal 1, Strategy 2 – 2013 CAP Days and Mini Conferences. <i>(Information provided by FSPS)</i> • Partner with sexual abuse counseling services to develop information on child sexual abuse – See Goal 9 under OKDHS strategies. <i>(Information by FSPS and OKDHS)</i> • Oklahoma Human Trafficking Task Force is a multi-agency team working collaboratively to implement an effective victim-centered response to the crime of human trafficking in Oklahoma. The purpose is three-fold: to support prevention, protection and prosecution. <ul style="list-style-type: none"> ○ Prevention: To provide training and awareness to all areas of our communities. ○ Protection: To identify and improve a multi-disciplinary response; to ensure access to resources necessary to the victims’ security and recovery. ○ Prosecution: To support efforts by law enforcement and prosecution to hold offenders accountable. (http://www.oathcoalition.com/)
Challenges	<ul style="list-style-type: none"> • Lack of staff expertise in sexual abuse issues. <i>(Information provided by FSPS)</i> • Funding/program cuts during economic downturn.
Strategy 2	The OSDH and the ITF will put training in place to provide age-appropriate education to children about child sexual abuse.
Outcomes	<ul style="list-style-type: none"> • Provide training to Family Support workers to recognize and refer families who have experienced child sexual abuse – See Goal 1 Strategy 2 -2013 CAP Days and Mini Conferences. <i>(Information provided by FSPS)</i>
Measurable Outcomes Listed in Plan	

1. Child sexual abuse prevention programs in place and available statewide.	
2. Information on prevention of child sexual abuse developed and distributed to various stakeholder groups.	
Outcomes	<ul style="list-style-type: none"> • See goal 1, strategy 1
Secondary Prevention	
Category	IDENTIFY BEST PRACTICES
GOAL 7	Identify best practices, programs and models that show evidence of improving child health, safety and well-being.
Strategy 1	The OSDH and the ITF 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.
Outcomes	<ul style="list-style-type: none"> • Most of the programs identified in this chart have used some form of randomization as part of their research protocol. They include MIECHV (see goals 1, 3, 5, 8 & 10), community connectors (see goals 1, 3 & 7), HVLAC (see goals 1 & 7), C-1 (see goals 1, 3 & 5); HFA-Start Right (see goals 1, 3, 5 & 8); OPAT (see goals 1, 3 & 5) SF (see goals 3 & 4) COP (see goals 1, 2 3, 5 & 8); Safe Care Augmented (see goals 1 & 3); Trauma Care (see goals 1 & 9) Seven Challenges curriculum (see goal 5); IY (see goals 1, 3 & 7) FP (see goal 4) • Information provided on the “<i>Science of the Positive</i>” by Jeff Linkenbach, Director of the Center for Health and Safety Culture at Montana State University for the 2012 ITF retreat. <i>(Information provided by ITF chair and FSPS)</i>
Strengths	<ul style="list-style-type: none"> • The ITF presents clear and usable guidance in establishing best practices for improving child health, safety and well-being. <i>(private sector representative)</i> • Good job with available resources. <i>(OCCHD)</i>
Challenges	<ul style="list-style-type: none"> • Keeping current. <i>(private sector representative)</i>
Strategy 2	The OSDH and the ITF will continue to redefine the components needed for the comprehensive system as child abuse prevention field evolves.
Outcomes	<ul style="list-style-type: none"> • State Plan was reviewed and updated each year by the ITF with approval from OCCY. • MIECHV grant program: <ul style="list-style-type: none"> ○ See Goal 1, Strategy 1 for a description of funding and geographic service areas of the MIECHV grant program. It is designed to increase home visiting services being provided to pregnant women, infants and young children who are at risk. The goals of the program include promoting maternal, infant and early childhood health, safety and development as well as strong parent–child relationships. Models chosen include the Nurse-Family Partnership (Children’s First), Health Families America (Start Right), Parents as Teachers [Oklahoma Parents as Teachers (OPAT)] and Safe Care Augmented. ○ Families prioritized for services under MIECHV include: 1) low income; 2) pregnant children under the age of 21; 3) history of child abuse and neglect or those with interactions with Child Welfare Services; 4) use of tobacco products in the home; 5) children with low student achievement or developmental delays/disabilities; and 6) those serving or having served in the military. ○ Community connectors market home visiting programs, distribute referrals, and facilitate coordination and collaboration between home visiting programs and other community resources. The goal is to connect the family to the home visiting program and community resources that meet their needs. <i>(Information provided by MIECHV staff)</i> ○ CG staff is trained to provide the following Evidence-based and Evidence-informed programs: IY Parent Groups, IY Classroom Groups, IY Treatment Groups, Hanen, It Takes Two to Talk, Hanen Learning Language and Loving It, COP, Center for the Social and Emotional Foundation of Early Learning (CSEFEL) Program, Preventing Child Abuse & Neglect (PCAN) Program, SF, and Early Childhood Mental Health Consultation.
Measurable Outcomes Listed in Plan	
1. Comprehensive Plan for the Prevention of Child Abuse and Neglect is completed and continued progress toward goals is reported.	
Outcomes	<ul style="list-style-type: none"> • See completed plan for 2010-2013 via Accomplishments Report in Appendix I. <i>(FSPS)</i>
Strengths	<ul style="list-style-type: none"> • Good job with limited resources. <i>(OCCHD)</i>
2. Oklahoma implements programs with measurable outcomes that meet the needs of children and families.	
Outcomes	<ul style="list-style-type: none"> • See outcomes referenced throughout this document <i>(Information provided by FSPS)</i> • See measurable outcomes under goals 3, 5, 8, 9 & 10 for SR, C1, OPAT and CG
Category	COMPREHENSIVE SYSTEM

GOAL 8	Work towards the establishment of a comprehensive system of prevention programs available across the state to families with risk factors for child abuse and neglect.
Strategy 1	The OSDH and the ITF will work with partners across the state to increase the number and quality of center-based parent support groups and parent education programs.
Strategy 2	The OSDH and the ITF will work with partners across the state to increase the number and quality of home visitation services.
Outcomes	<ul style="list-style-type: none"> • The SR contracts no longer provide center-based activities; however FPFS is collaborating with the CG Service to provide COP support groups statewide. • CG staff has started 10 COP groups since January 2012. • Populations include parents receiving home visiting services, teen parents, parents of autistic children & single parents. • Partnerships include: <ul style="list-style-type: none"> ✓ Canadian County with C-1 nurses; ✓ Payne County with Perkins-Iowa tribe-Expect 8-10 participants; ✓ Kay County with Ponca City schools, Smart Start Kay County and United Way – Expect 20-30 participants (2 groups); ✓ OCCHD with Educare – Expect 10 to 15 participants; ✓ Tulsa Health Department with Head Start-Expect 10 to 15 participants; exploring another group with Indian Health Center; ✓ Carter County Health Department with “Mothers Against Mothers Alone (MAMA Knows) – 6 to 10 teen moms; and ✓ Muskogee Health Department with inpatient substance abuse treatment center and domestic violence shelter. • Topics most requested for COP groups were positive discipline techniques and creating a positive relationship with your child. • Eighty-five percent (85%) of respondents attending groups found topics helpful felt comfortable attending meetings and felt supported and had people they could turn to for help. • Ninety-four percent (94 %) of Oklahoma respondents indicated they would change their parenting as a result of attending the group. <i>(Information provided by CG and information at http://cgp.health.ok.gov)</i> • MIECHV expands home visitation services. • FSPS works collaboratively with the Oklahoma Department of Human Services (OKDHS) in many areas including Children and Family Services, Child Abuse Multidisciplinary Teams, and Developmental Disabilities and Children with Special Health Care Needs. Joint projects include the respite care voucher system. In SFY 2010, 180 families served by child abuse prevention programs received respite using the OKDHS respite voucher system. <i>(Information from CBCAP annual report)</i>
Strengths	<ul style="list-style-type: none"> • COP offers anyone in a parenting role the opportunity to participate in weekly group meetings with other parents to exchange ideas, share information, develop and practice new parenting skills, learn about community resources and give and receive support. Groups are parent-led with a trained group facilitator. They provide developmentally-appropriate children’s program or child care concurrent with the parent group meetings. • Good staff and leadership. <i>(private sector representative)</i> • Good job with available resources. <i>(OCCHD)</i>
Challenges	<ul style="list-style-type: none"> • Although the COP support groups are available on a statewide basis, the locations are limited and not in all the counties where SR contracts are held. <i>(Information provided by FSPS)</i> • Funding <i>(private sector representative)</i>
Measurable Outcomes Listed in Plan	
1. Oklahoma implements programs with measurable outcomes that meet the needs of children and families.	
Outcomes	<ul style="list-style-type: none"> • See narrative above for outcomes of COP. • CG provides center-based services in 17 sites across Oklahoma, with the capacity to serve families statewide. • CG program provided 23,501 encounters to Oklahoma families in SFY 2012 and 17,555 to families in SFY 2011. • Also see goals 3,5,8,9 & 10 for program outcomes for SR, C1 and CG.
2. The ITF coordinates and integrates program activities and funds for the prevention of child abuse/neglect with regard to primary and secondary prevention.	
Outcomes	<ul style="list-style-type: none"> • Coordination & integration identified in goals 1-10 of document
3. Home visitation services are available and funded statewide.	
Outcomes	<ul style="list-style-type: none"> • Some program components are funded statewide but not the entire system (See measurable outcomes under goal 3)

Tertiary Prevention

Category	INCLUSION OF FAMILIES KNOWN BY CHILD SERVING AGENCIES
GOAL 9	Include in the comprehensive system, prevention programs focused on serving families identified by the child welfare, mental health, substance abuse, and/or domestic violence systems.
Strategy 1	The OSDH and the ITF will support the OKDHS, Child Welfare as they continue to implement the new Practice Model and Standards emphasizing child safety.
Strategy 2	The OSDH and the ITF will provide the support in increasing the number and quality of mental health services available to both adults and children.
Strategy 3	The OSDH and the ITF will provide support in increasing the number and quality of substance abuse treatment services for both adults and children.
Strategy 4	The OSDH and the ITF will provide support in increasing the number and quality of domestic violence services.
Strategy 5	The OSDH and the ITF will continue to explore the overlap between child abuse and domestic violence incidents, investigations, as well as best practices for prevention and intervention.
Outcomes	<ul style="list-style-type: none"> • Oklahoma Children’s Services (OCS): is comprised of two programs: Comprehensive Home-Based Services (CHBS) & Parent Aide Services (PAS). CW specialists authorize services delivered by local contractors. Case management and brokering services promote family access to such supports as parent education and assistance, substance abuse education and referral for treatment, financial and household management, crisis intervention, and education with an average six-month support interval. The Parent Aide program provides paraprofessional, in-home services to help families gain parenting and homemaking skills • Parent assistance center/sexual abuse treatment services – Parent assistance center services provide education, support, and child care while parents attend education and counseling sessions. Sexual abuse treatment services provide individual, family, and group counseling for children and families affected by sexual abuse. Currently 13 of Oklahoma’s 77 counties do not have available services due to lack of appropriate vendors. • Systems of Care is a collaboration of multiple agencies providing behavioral health services to children and families in the hope of maintaining the children in their community and avoiding admission to inpatient care or custody interruption. OKDHS works with the ODMHSAS, OHCA, OCCY, OJA, OSDE, Parents as Partners, and various other community providers to provide wraparound services. • Chadwick Trauma-Informed Systems Project: <ul style="list-style-type: none"> ○ Oklahoma was selected as one of three sites in the nation to become a trauma informed system. This project seeks to move Oklahoma’s CW system forward in recognizing, treating and preventing additional trauma to children, families and CW staff. OKDHS conducted an assessment followed by a state plan for improving services and enhancing the practice model as needed. The plan is to review each component of the Practice Model and our current practice to see if there is a need to enhance that component to be more in line with research and practices related to treating trauma. The project runs through September 2013. ○ The Oklahoma Children’s Court Summit of 2011 was dedicated to the topic of Trauma-Informed Care. The response at all of the Court Improvement training events was positive. ○ The Court Improvement Plan (CIP) staff works with the Tulsa juvenile courts in their specific efforts toward becoming a trauma-informed court system. ○ The Child Victims of Trauma project has been an ongoing endeavor for the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) for over six years. Currently there are eleven providers, under contract to provide trauma-specific children’s services. The providers’ locations and contact information can be found on the ODMHSAS website www.ok.gov/odmhsas under Access to Children’s Services, the Oklahoma Children’s Referrals and Resources Guide: http://www.ok.gov/odmhsas/Mental_Health_/Children,_Youth,_and_Family_Services/Access_to_Children's_Services/index.html. Each contracted provider has clinicians trained in trauma specific evidence based practices including Trauma Focused Cognitive Behavioral Therapy &, as appropriate, Parent Child Interaction Therapy. The sites also use recognized trauma assessment tools as part of their services to children. As resources become available, the goal is to train more behavioral health providers in these practices and continue to expand the program. ○ In September 2011, ODMHSAS was awarded a planning grant to expand Trauma-Informed Services within Systems of Care communities statewide. The “Access for All” Initiative seeks to ensure access to trauma-informed services for children with the most complex needs in rural and frontier counties and in foster care. The purpose of the ODMHSAS grant is to work in close partnership with OKDHS to broaden and improve the goals for statewide expansion through a year-long planning and training process. Children and adolescents with serious mental health needs, from birth to twenty-one years of age, who are unable to function in the family, school, or community, continues to be the focused population for System of Care work. This collaborative opportunity however, allows for additional support to the foster care/CW population. The “Access for All” Initiative will devise a strategic plan to overcome barriers to System of Care services for children served by CW and for children in rural and frontier counties. • Smart Start Oklahoma received an Administration on Children and Family grant entitled, “From Vulnerable to Resilient: Building Stronger Pathways to Early Childhood Success for At-Risk Children”. The grant will focus on children and their families who are currently involved with Oklahoma’s foster care system and who participate in home

	<p>visitation programs. The funding will support collection of needs assessment data on early care and education program participants, barriers to access and determine the availability of quality programs to children across the child welfare spectrum. Funding will also provide training to caregivers and providers to improve the social emotional and behavioral well-being of young children across the child welfare spectrum. Smart Start Oklahoma will contract with Child Guidance and/or other local community and state experts to conduct training on SF, building resiliency, trauma-informed care, and socio-emotional skill support. Local Smart Start Oklahoma community projects will support the target counties to explore strategies to increase access to quality early care and education settings. The target geographic area will be the five counties identified in the MIECHV grant for which Smart Start Oklahoma is the Community Connector: Kay, Garfield, Comanche, Muskogee and Oklahoma.</p> <ul style="list-style-type: none"> • Domestic Violence (DV): OKDHS is working with community partners with the Attorney General’s office, YWCA and Oklahoma Coalition against Domestic Violence and Sexual Assault to develop a statewide response to incidents of DV. The group agreed on a common definition of DV with guiding principles around service delivery. The Kansas Desk reference was adapted to meet Oklahoma statutory guidelines and service array. The DV violence desk reference was completed and training will begin June 20, 2012 at the statewide supervisors meeting. Representatives from tribal nations will also attend this meeting. Other agencies are considering using the guide for their staff. OKDHS plans to continue to enhance service delivery to families in this category. • The Child Death Review Board (CDRB) and the Oklahoma Domestic Violence Fatality Board (ODVFB) meet jointly (since 2008) to examine the overlap in DV and child abuse. (Information from OAG) • OKDHS continues to support the collaboration between the CDRB and the ODVFRB. <ul style="list-style-type: none"> ○ One example is the launch of a public information campaign called, “<i>THINK, PREVENT, LIVE</i>” with the goal to reduce the number of child deaths that could be prevented. The campaign focuses on fire safety, abuse and neglect, safe sleeping, vehicle and water safety and hot cars. Website is http://thinkpreventive.org/. (Information from OKDHS) • OKDHS Facebook page routinely posts information about recognizing domestic violence and resources to assist persons experiencing DV. (Information from OKDHS) • While there has been no program expansion or funding increases for DV, the quality in the implementation of the “<i>Voluntary Services</i>” program has improved. This program is taught to each shelter provider. The goal is to provide empowerment based services that are trauma informed. (Information from OAG) • OKDHS facilitates a resource hotline called 211. 211 is an easy to remember, free 24-hour telephone number that connects people with health and human service resources. It operates in local communities and became effective statewide in the spring of 2008. Services identified include: <ul style="list-style-type: none"> ○ Basic Human Needs Resources ○ Physical and Mental Health Resources ○ Employment Supports ○ Support for Older Persons and Persons with Disabilities ○ Support for Children, Youth and Families (Information provided from OKDHS) • Increased referrals to mental health, substance abuse, and DV services and or agencies (See goal 5, Strategy 2) • Link the Oklahoma Child Abuse Prevention Program Application (OCAPPA) database with the OKDHS database to identify families known by child serving agencies-OSDH uses OCAPPA to link a portion of their home visiting program (Children First and Start Right) datasets to that of OKDHS. Both of these home visitation programs are designed to decrease child abuse and neglect in at risk populations. The linkage provides information regarding their current and past participant’s involvement in child abuse and neglect cases. This linkage enables the C1 & SR programs to look at the effect of home visitation on their participants and provide valuable information that could be used to improve program services for future participants. (Information provided by FSPS) • Infant mental health outcomes are identified under Goal 3 measurable outcomes. (OCCHD)
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Measurable Outcomes Listed in Plan

1. Implement Practice Model and standards leading to reduction of number of children entering the child welfare system and improvement of care for those that do.

Outcomes	<ul style="list-style-type: none"> • On January 4, 2012, OKDHS reached an agreement with the plaintiffs in class action litigation. As part of this agreement, OKDHS developed an improvement plan, with the assistance of key internal and external stakeholders and the review and approval of the Co-Neutrals, who are CW experts who act as arbiters of any dispute between CW Services and the plaintiffs. The plan addresses staff turnover and high caseloads that have resulted in an increase in cases that deter staff from detailed safety planning work as well as intense casework activities needed to supervise children when there is an active safety threat. Current efforts are to improve tools and processes that guide the safety planning process and provide support to supervisors and staff to improve skills in these areas. (Information provided from OKDHS) • See narrative above about improvements in practice model through Chadwick Trauma Informed Systems Project. (Information from OKDHS) • OKDHS requested support and participation in the Oklahoma Child Welfare Stakeholder Collaboration State Advisory Board from members of the ITF at their May, 2013 meeting. The board is focused on building local community partnerships to improve outcomes and services available to children and families involved in the child welfare program. • CG provided services to 321 foster children in State Fiscal year (SFY) 2012, representing a 26% increase from SFY 2011.
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2. Mental health and domestic violence services available to meet the needs of all children and families.	
Outcomes	<ul style="list-style-type: none"> • See narrative above about mental health and domestic violence services. <i>(Information provided from OKDHS)</i> • Referrals to CG services increased by 37% from healthcare providers outside the OSDH (FY2012) • Referrals to CG services increased by 16% from Sooner Start (FY2012) • CG received other referrals from: DHS, Head Start, Child Care, Mental Health Providers, and Early Childhood Education and Children First. <i>(Information from CG)</i>
3. Integrate child abuse prevention strategies into mental health and domestic violence programs.	
Outcomes	<ul style="list-style-type: none"> • See goal 4, strategy 3 and goal 9
Category	CULTURAL COMPETENCE IN SYSTEM
GOAL 10	Promote and/or provide culturally appropriate services that maximize the participation of various cultural and ethnic populations.
Strategy 1	The OSDH and the ITF 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
Outcomes	<ul style="list-style-type: none"> • Community Connectors (See Goals 1, 3 & 7) are established in 6 counties (Oklahoma, Tulsa, Comanche, Muskogee, Kay & Garfield) to refer families to local services. <i>(Information provided by FSPS)</i> • Culturally appropriate services are embedded in each of the programs in the MIECHV as well as in CG services.
Strengths	<ul style="list-style-type: none"> • Knowledgeable staff & leadership <i>(private sector representative)</i>
Challenges	<ul style="list-style-type: none"> • Funding & access to families <i>(private sector representative)</i>
Strategy 2	Ongoing review and definition occurs through regular ITF meetings and preparation of five year plan.
Measurable Outcomes Listed in Plan	
1. Families are able to access needed services.	
Outcomes	<ul style="list-style-type: none"> • See goal 5
2. Workforce reflects diversity of families served.	
Outcomes	<ul style="list-style-type: none"> • All CG staff receives annual Cultural Competency Training. • Eighty-two percent (82%) of Families who received CG services reported the staff treated them with respect. • Seventy percent (70%) of families who received CG services reported the staff was sensitive to cultural/ethnic backgrounds. • Eighty percent (80%) of families who received CG services reported they would recommend the CG clinic to a friend who needed help with their child.