



OKLAHOMA
State Department
of Health

**COMMUNITY-BASED
CHILD ABUSE
PREVENTION GRANT**

PROGRAM REPORT

JANUARY 30, 2021

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OSDH - LEAD AGENCY IDENTIFYING INFORMATION

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

THE ROLE OF THE OSDH AND ITS PREVENTION ACTIVITIES

The Oklahoma State Department of Health (OSDH), a public entity, is serving as the lead agency responsible for administering the Community-Based Child Abuse Prevention (CBCAP) funds and providing oversight to funded programs. The OSDH is comprised of 68 county health departments and a central office located in Oklahoma City. The OSDH is responsible for protecting, maintaining and improving the public's health status. Because of its size and diverse programming, the 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. Two Major Service branches (Community Health Services and Regulation,

Prevention & Preparedness) 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 7.*)

The OSDH Structure and Activities: In early 2020, Community Health Services (CHS) area added a new area Personal Health Services (PHS) that includes Injury Prevention, Chronic Disease, Sexual Health and Harm Reduction and Immunizations. The new organizational structure includes a Deputy Commissioner for CHS along with an Assistant Deputy for Personal Health Services and an Assistant Deputy for Family Health Services.

Community Health Services (CHS) continues to be responsible for the oversight of the 68 local county health departments and partners with the two independent city-county health departments¹ in order to serve all 77 counties. Each county health department offers a variety of services such as immunizations, family planning, well-baby clinics, adolescent health clinics, nutrition services, environmental health and early intervention. Child Guidance Program services are available regionally and include child development, behavioral health and speech language pathology.

¹ Oklahoma City and Tulsa

Family Health Services (FHS) is responsible for the programmatic activities that support most of the local health department efforts including policy development, training and evaluation. The following supportive Services are located within FHS:

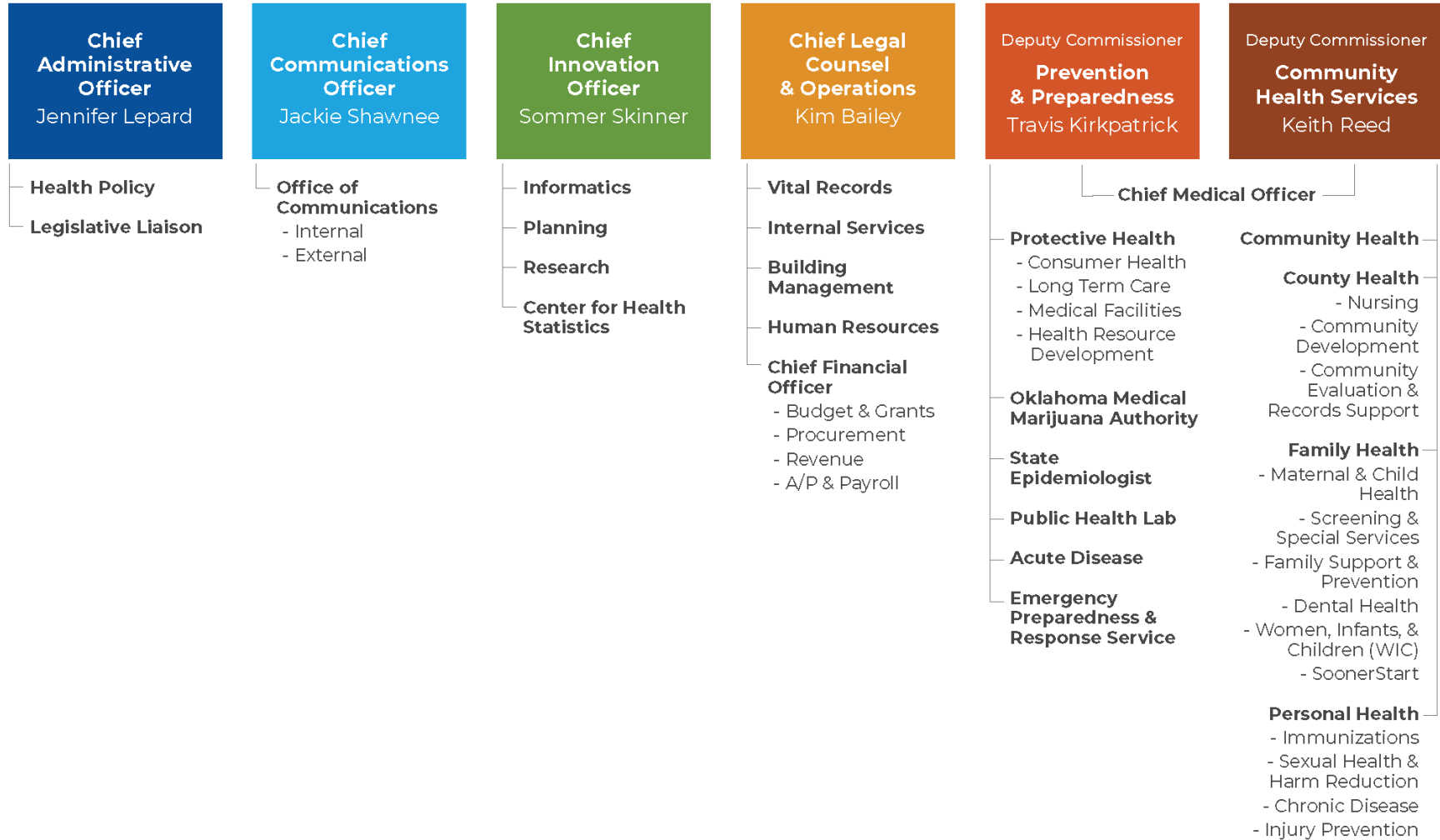
- 1) Family Support and Prevention Service – programs that promote the health, safety and well-being of children by educating the public, training professionals and providing direct services, including home visiting, to families; programs designed to promote optimal child development, and healthy interaction for children and those that care for them such as *Circle of Parents*®, *The Incredible Years* and direct interventions;
- 2) Maternal and Child Health Service – contains the Title V grant program and provides state leadership to improve the physical and mental health of the Oklahoma maternal and child health population;
- 3) 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;
- 4) Women, Infants, and Children (WIC) – provides nutrition education and food resources to low-income pregnant and postpartum women and their young children;
- 5) Dental Service – provides leadership in oral disease prevention as well as mobilizing efforts that will help protect and promote good oral health; and
- 6) Screening and Special Services – provides statewide surveillance, screening, and specialized programs to protect the health of Oklahoma children and their families.

GOVERNOR Kevin Stitt

⋮

COMMISSIONER OF HEALTH Lance Frye, MD

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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 best describes the continuum of programs that are provided through Oklahoma's public health system. Those programs are Alternatives-To-Abortion, Children First (Oklahoma's Nurse-Family Partnership (NFP) program), Child Guidance, Maternal Infant & Early Childhood Home Visiting grant, Office of Child Abuse Prevention, Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), Sexual Risk Avoidance Education grant, The Oklahoma State Department of Human Services (DHS) Child Care Warm Line. FSPS offers a continuum of services for children and their families to assist them in achieving optimal development. FSPS programmatic efforts and activities include:

- 1) Nurse-Family Partnership – nurse home visitation² services for first time, low-income mothers (known in Oklahoma as *Children First*).
- 2) 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.
 - Parents as Teachers – home visiting services provided to pregnant women and/or parents with children through kindergarten completion; program focuses on parent-child interaction and school readiness.
- 3) 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.
- 4) 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 evidence-based home visitation programs (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 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.
 - *parentPRO Referral System*: A centralized statewide referral system for home visitation services. The toll-free parentPRO phone line is answered by the Parent Engagement Specialist trained to use a simple tool to assess a family's needs and refer the family to the most appropriate home visiting program.

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.

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.

- *parentPRO Website*: A [parentPRO website](http://www.parentpro.org/)³ 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.



- SafeCare – an Eco behavioral home visitation program that addresses parent-child bonding, home safety and cleanliness and child health.

5) Child Guidance Program: The Child Guidance 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 Program provides a continuum of services that supports development and parenting of children from birth to age 13 years. Each discipline provides a unique expertise in supporting families with young children. At the core of the Child Guidance Program are evidence-based programs that have been proven effective in changing behavior in the target population. The Child Guidance Program has received training to provide the following programs:

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

6) Sexual Risk Avoidance Education (SRAE) – ACF grant funds which support abstinence education by giving parents the skills to be their child's first and best educator regarding sex. This program uses the curriculum "Families Talking Together".

³ <http://www.parentpro.org/>

- 7) Infant and Early Childhood Mental Health – is a collaborative effort with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). Provides co-leadership between the two agencies to support Oklahoma's State Plan for Infant Mental Health. This area also contains:
 - The Oklahoma Department of Human Services (OKDHS) Child Care Warmline, a call center which provides web-based and live support to child care providers and is staffed by a Behavioral Consultant and a Nurse Consultant.
 - Early Childhood Mental Health Consultation – an evidence based approach, which is implemented in the childcare setting to address behavior issues with young children.
- 8) Training – a coordinated effort to provide model-specific as well as additional trainings deemed necessary for home visitor success.
- 9) Evaluation – Home visiting data since 1997 is available for analysis. Epidemiologists within Family Support and Prevention Service provide evaluation and oversee the completion of CQI projects, trend analysis, and survey development, provide programs with management/performance reports and craft annual reports to share with policymakers, funders and other interested parties.

Other OSDH Related Activities:

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

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-one 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. PRAMS survey is administered in both English and Spanish languages. 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 200 and 250 new mothers from Oklahoma birth certificates. Mothers are sent two mail questionnaires, with follow-up phone interviews for women who do not respond to the mailed surveys. All information is 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,

maternal mental health and family planning. The Director of FSPS has participated on the PRAMS/TOTS Steering Committee.

- 2) *The Oklahoma Toddler Survey*: The Oklahoma Toddler Survey (TOTS) is a two-year follow-up 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. As with PRAMS, the TOTS survey is administered in both English and Spanish languages. 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. TOTS sends as many as three mail questionnaires to approximately 150 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, injury, childcare, safety, breastfeeding, subsequent pregnancy, maternal depression, secondhand smoke exposure, childhood experiences, 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 2016-2018, the maternal mortality rate among women aged 10 – 59 years was 24.9⁴ deaths per 100,000 live births. The goal of Healthy People 2020 is to reduce the maternal mortality rate to no more than 11.4 maternal deaths per 100,000 live births. Through appropriate interventions, prevention of risks, and reduction of racial disparities, these mortality rates can be dramatically decreased. A process must be in place, however, to determine why and how the deaths occur. The Maternal Mortality Review Committees (MMRC) are 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. The MMRC includes individuals from varied organizations and occupations. Through communication and collaboration, the MMRC 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 MMRC 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;

⁴ The CDC National Center for Health Statistics will soon be releasing in December 2019 a revised methodology related to maternal mortality data. This new methodology will exclude use of the pregnancy checkbox when collecting data, and may show significant adjustments to previously reported maternal mortality rates. Therefore, rate listed above is current but subject to change pending release of new reporting methodology.

- 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 126 cases. Most cases listed multiple health conditions possibly contributing to the maternal death, but the health conditions most often cited include:

- Obesity (BMI listed has high as 55)
- Hypertension
- Diabetes, not gestational diabetes
- Cardiac problems
- Asthma/Pulmonary

Mothers of an advanced maternal age (35 years and older) account for 24.1% of all reviewed cases. The majority of reviewed cases were to women aged 20-24 years. (27.8%)

After initiating a new MMRC decision sheet for committee use in determining preventability of death, most cases suggest (81.8%) some degree of preventability. The committee also determines what the impact potential interventions could have had on preventing the death. This impact to alter outcomes among those cases reviewed, indicate an 86.4% chance of resulting in a better outcome and possibly saving the mother's life.

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 child safety seat education and installation program statewide through county health departments that includes providing certified technician courses, public education, and car seats and booster seats to eligible families. There are trained child passenger safety technicians statewide, including the metropolitan areas as well as 46 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 following collaborative activities were discussed in detail in subsequent sections:

- The Child Abuse Prevention (CAP) Action Committee: (See page 33.)
- Home Visitation Leadership Advisory Coalition: (See page 33.)
- Health Advisory Council: (See page 20.)
- The Oklahoma State Plan for the Prevention of Child Abuse and Neglect: (See page 26.)

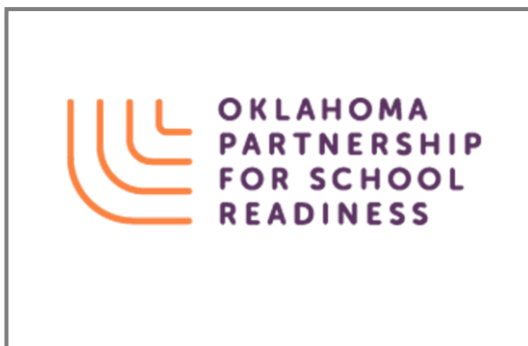
Oklahoma Health Improvement Plan (OHIP): In 2008, the Oklahoma Legislature directed the Board of Health to outline a plan for the “improvement of the physical, social and mental well-being of all people in Oklahoma through a high-functioning public health system.” The current “Healthy Oklahoma 2020: Oklahoma’s Health Improvement Plan” (OHIP), released on March 10, 2015 by OSDH, is guided by four flagship issues – reducing tobacco use, reducing obesity, improving the health of children and improving behavioral health. Planning is currently underway to update the Healthy Oklahoma 2020 plan for 2025. Each of the OHIP flagship issues has its own *state plan* with specific goals and objectives.

The Children’s Health Group (TCHG) is the flagship work group for children’s health. The 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 reducing adverse childhood experiences and provision of evidenced-based home visitation services.

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 objectives are monitored annually. Timely children’s health topics, such as ACEs, Neonatal Abstinence Syndrome and trauma-informed interventions, are addressed at quarterly meetings of TCHG.

Oklahoma Partnership for School Readiness (OPSR): In 2003, the Oklahoma legislature signed House Bill 1094, which created the Oklahoma Partnership for School Readiness (OPSR). This legislation recognized more state-level action is required to support families and children from birth to five-years-old. OPSR engages and helps inform the legislature, state agencies and the public on how to improve children’s health and development, and to help all working families with young children.

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, data systems, 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 state office provides the staffing support and overall direction for this comprehensive collaborative.

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.

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, prevention and reduction of premature births, assessment and referral for maternal mood disorders, prevention and reduction of tobacco use, including e-cigarettes, promotion of infant safe sleep practices, increase in breastfeeding initiation and duration rates, and prevention of infant injuries. Each providing perspective on health equity and decreasing disparities.

The PLI’s three main objectives are to 1) improve birth outcomes; 2) reduce infant deaths, and 3) decrease racial and ethnic 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 or an app for their mobile device so that the infants’ other caregivers can watch and learn the information as well. Currently, the PLI has a PURPLE supply that should reach over 90% of the births until approximately October 2021.

Beginning in 2019, the Injury Prevention Workgroup began offering PURPLE app codes and booklets in addition to the traditional DVDs and booklets to participating hospitals. To date, 65% of hospitals distribute app codes to new families. The app code is sharable up to five times, so that new parents can provide any caregiver with the necessary information. The apps also include information and tracking capabilities for important baby care issues like feeding, diaper changes, crying, and beginning in late 2020, immunizations. This helps integrate app usage into the new caregiver's life, hopefully making it more likely they will use the app when and if crying becomes overwhelming.

The Workgroup continues to update and provide access to PURPLE training webinars that can be easily accessed by hospital staff regardless of their work schedules to reduce potential implementation/fidelity barriers issues. The webinars are available for viewing by any new hospital interested in PURPLE or hospital that experiences issues with implementation or that just wants a refresher. The new trainings offer information about the apps and their functionality, to aid staff in supporting parents when they download PURPLE.

Improving the hospital staff's ability to discuss the lessons embedded in PURPLE and the multiple areas the PURPLE app can assist with (such as breastfeeding, safe sleep) 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. The caps are included with the Period of PURPLE Crying Program materials during the winter months.

The Oklahoma "CLICK for Babies" Project of 2020 distributed over 9,000 hand knitted and crocheted purple caps to the 40 Oklahoma hospitals that participate in the Period of PURPLE Crying Program. The caps will be distributed to families of newborns from November 2020 through January 2021.

Oklahoma continues to have a supply of purple caps from previous years and additional donations are anticipated. Oklahoma will continue to send hats to CLICK for Babies projects in other states that have a need.

Safe Sleep "Crib" Project with Maternal and Child Health: Originally, the Maternal and Child Health Service (MCH) received grants from the Robert Wood Johnson Foundation and the Association of Maternal and Child Health Programs to provide portable cribs, sleep sacks, and culturally specific safe sleep information to families to reduce infant mortality. This successful intervention continued in 2019 and 2020 through the Title V Maternal and Child Health Block Grant and Children's Health Insurance Program (CHIP) funds. An emphasis was placed on providing cribs to Black and American Indian families due to their high infant mortality rate in Oklahoma. In October of 2019 through September 2020, MCH had Memorandums of Understanding with seven different entities: 1) the University of Oklahoma, Children's Hospital 2) the OSDH Family Support and Prevention Service; 3) Mercy Hospital in Oklahoma City; 4) Mercy Hospital in Ardmore; 5) the Oklahoma City Indian Clinic; 6) Chickasaw Nation Medical Center; and

7) Hillcrest Medical Center. From October of 2019 through September 2020, MCH distributed 156 portable cribs to families in need of a safe space for their infant to sleep. These families were participating in home visiting services (95), families delivering infants admitted to OU Children's Hospital (40), to families delivering infants admitted to Mercy Hospital in Oklahoma City (28), to families delivering infants admitted to Mercy Hospital in Ardmore (59) and to American Indian families seeking services at the Oklahoma City Indian Clinic (20). In relation to the cribs pilot project, risk factors were greatly improved among the participants, as compared to the general population (through PRAMS data). These improved risk factors included infant sleeping alone; in a crib; on a firm/hard mattress; without pillow, stuffed toys, bumper pads or loose blanket/sheet; and on his/her back.

The Oklahoma Association for Infant Mental Health (OKAIMH):

The FSPS strongly encourages early childhood professionals to become involved with the association because of its longstanding commitment to the social-emotional-relational wellbeing of infants, toddlers and their families in Oklahoma and its connection to the Alliance for the Advancement of Infant Mental Health, a national organization, and the Worldwide Association for Infant Mental Health. The association offers training and advocacy opportunities and discounts, connection to a statewide network of professionals serving young children in many capacities, a lending library of resource materials, and a weekly e-newsletter with research updates. OKAIMH also holds the license in Oklahoma for the Endorsement credential for culturally sensitive, relationship focused practice promoting infant mental health.

The Oklahoma Injury Prevention Advisory Committee (OIPAC): The Injury Prevention Service provides the staff support for this multidisciplinary advisory body. The FSPS Director is a current member of OIPAC and routinely participates in related 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.

ACTIVITIES AND SERVICES FUNDED BY CBCAP

Oklahoma utilizes their CBCAP dollars to support in part evidence-based and innovative programs for specific target populations as well as for critical infrastructure for the home-visitation network in the state.

In FY 2020, the following activities and programs were supported and/or funded by CBCAP:

- *The Nurse-Family Partnership (NFP) Program (referred to as Children First in Oklahoma)*: Oklahoma CBCAP funds were utilized to support the NFP Program, known as a “Well-Supported” program through funding contracts for services and also for a variety of materials to support parents in their new role. Many of the items purchased were used to provide anticipatory guidance education to clients on safety, providing a tangible way for parents to apply what they’ve learned. Children’s books were purchased to support specific developmental milestones to enhance school readiness and also books for parents as they prepare for pregnancy and birth. (See *Program Assessment Rating Tool*, page 40.)
- *The Incredible Years and Parent-Child Interaction Therapy (PCIT) programs within the Child Guidance Service (OSDH)*: The provision of these “Well-Supported” evidence-based programs have been provided through the use of CBCAP funds. An estimation of funding support is provided on the Child Guidance program report. (See *Program Assessment Rating Tool*, page 40.)
- *Family Resource Center Network*: CBCAP funds were utilized to develop the efforts for Oklahoma’s Family Resource Center Network, including membership and continued training for interested parties in the importance of the Standards of Quality for Family Strengthening and Support. (See *details*, page 23.)
- *Sexual Abuse Prevention Collaboration*: CBCAP funds were utilized to create a new collaborative effort with the University of Oklahoma Health Sciences Center (OUHSC) focused on preventing youth from sexually acting out on other children. (See *details on the collaboration*, page 35.)
- *The Oklahoma State Plan for the Prevention of Child Abuse and Neglect, (2019-2023)*: CBCAP funds were utilized to support the ongoing work for the State Plan, coordinating follow-up surveys and hosting biannual meetings with prevention partners and stakeholders.
- *Facilitating Attuned Interactions (FAN) Training*: CBCAP funds were utilized to provide FAN training to 156 providers. The trainers in training will continue their certification process and will provide training to Systems of Care teams in Oklahoma through 2020 and in 2021 to complete the requirements to become FAN trainers.
- *Behavioral Risk Factor Surveillance System (BRFSS)*: The BRFSS is the nation’s premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions and use of preventive services. BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories. The OSDH Center for Health Statistics administers the BRFSS surveys annually. In 2013, Oklahoma began administering the optional module for ACEs. This module is available to survey every other year and alternates with the protective factors survey. Oklahoma’s CBCAP grant supports this effort in collaboration with the

Oklahoma Department of Mental Health and Substance Abuse Services and Maternal Child Health Title V.

- Circle of Parents® (COP): CBCAP funds were utilized to continue providing COP® groups across the state. These small parent groups are co-facilitated by a Child Development Specialist (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 State Fiscal Year 2020, a total of 187 parents participated in one of the 22 COP groups across the state. Staff from FSPS serve as the lead for COP. There is monthly communication between the Oklahoma COP staff and the National COP office; staff attend the monthly membership and research committee calls
- The ROAR Program: The CARE Center is a nationally accredited child advocacy center located in Oklahoma County who is responsible for the ROAR training. Part of their mission is child abuse prevention education and Oklahoma's CBCAP grant provided support for ROAR, their child-based program for children 4-8 years of age. This program is taught in a virtual setting via Zoom and includes a lion named Rex and his animal friends who take children on a journey to help Rex find his ROAR. During the reporting period, three ROAR classes were held, including 62 participants who in Oklahoma City, OK. Each participant who attends the class receives these ROAR materials: Parent Guide; Teaching Guide; pennant, badge, coloring page, certificate of completion; teaching poster and a community poster. For more, visit <http://carecenter-okc.org/we-educate/child-education/>.

During FFY 2020, CBCAP funds were utilized to bolster Oklahoma's prevention efforts through supporting infrastructure. This included FSPS providing training opportunities for staff and designated partners as well as supporting home visitation coalitions and prevention task forces. Stakeholders were brought together to assist in coordinating the prevention network and the Oklahoma State Plan for the Prevention of Child Abuse and Neglect. CBCAP funds also supported travel to conferences, the annual CBCAP grantee's meeting and the ACF State Team Planning meeting for leads as well as various contracts and other activities that support primary prevention. Due to COVID-19, some of the traditionally scheduled annual events had to be cancelled or postponed including the Oklahoma Conference on Child Abuse and Neglect and the Family Support and Prevention Service (and Child Guidance) conference meeting. Some details and examples of infrastructure supported by CBCAP in FFY 2020 include:

- The 27th Annual Oklahoma Conference on Child Abuse and Neglect: This three-day conference is held in April to highlight National Child Abuse Prevention Month. The OSDH planned to co-sponsor this event that unfortunately was cancelled due to the Covid-19 pandemic. The reschedule date is June 21-24, 2021.
- Oklahoma Institute for Child Advocacy Fall Forum: Seven FSPS staff attended the OICA Fall Forum in Oklahoma City, OK at the Oklahoma State University OKC campus, October 1 – 3, 2019. This conference brings together child advocates from across the state to raise awareness about key issues, share action strategies for meeting the needs of the state's children and youth more effectively, and

identify program and policy changes that will improve the health, safety, education and economic well-being of Oklahoma's kids. (See "Oklahoma Institute for Child Advocacy", page 38.)

- Attendance for two representatives to travel and participate in the annual CBCAP grantee's meeting, March 11-12, 2020, in Washington, DC.
- Attendance for one representative to travel and participate in the CB State Team Meeting held immediately following the CBCAP grantee's meeting on March 13, 2020, in Washington, DC. The Director of FSPS represented CBCAP on the Oklahoma state team attending this meeting.

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.⁵ 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 as follows:

- 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;⁶ 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 within the OSDH Family Support and 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.

⁵ Title 63 Oklahoma Statutes 1-227.

⁶ Activities related to training multi-disciplinary teams now provided by the Oklahoma Commission on Children and Youth.

The Oklahoma State Plan for the Prevention of Child Abuse and Neglect: (See page 26.)

The Infant and Children’s Health Advisory Council (ICHAC): The Infant and Children’s Health Advisory Council was created in statute in 2013 to streamline and consolidate multiple public health advisory boards, councils 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 Commissioner 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, Speaker of the House of Representatives and the Commissioner of Health. Individual members are respectively appointed with knowledge or expertise in each of the following eight areas: 1) child abuse; 2) childhood immunizations; 3) newborn screening; 4) vision screening of children; 5) treatment of visual deficiencies in children; 6) pediatrics; 7) genetic counselling; and 8) diagnosis and treatment of childhood injuries in a trauma setting.

The role of the ICHAC includes: 1) making recommendations to the Commissioner of Health on rules on behalf of the Department; 2) making nonbinding written recommendations to the Commissioner of Health and/or the Department; 3) providing a public forum for the discussion of issues; 4) providing guidance and approval for State Plans; and 5) cooperating with other advisory councils, the public and the Department to coordinate rules. The ICHAC periodically reviews and makes recommendations related to the Oklahoma State Plan for the Prevention of Child Abuse and Neglect and serves as the advisory committee to the Oklahoma Parents as Teachers State Office.

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. The OCCY also supports the following entities:

- The state and regional Oklahoma Child Death Review Boards
- The state and local Post Adjudication Review Boards
- The free-standing Multidisciplinary Teams focusing on child abuse and neglect cases
- The Oklahoma Mentoring Children of Incarcerated Parents Program
- The Board of Child Abuse Examiners
- The Child Welfare Review Committee for Death and Near Death of Disabled Children
- The Forensic Evaluators determining Juvenile Competency

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.

This past legislative session, the Oklahoma Legislature passed Senate Bill 1081 into law. This bill created the Oklahoma Children’s Endowment Fund (aka children’s trust fund). This fund will be comprised of private donations and only the earnings can be spent. Earnings generated from the

fund will be used to support innovative programs, research/evaluation projects, and gap-filling efforts. The bill also creates the Parent Partnership Board, which along with the Commission determines the best use of the Fund.

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 braiding 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 historically has been funded with state appropriations on an annual basis. All of the CAP Funds must be used for direct services. 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 20 years, the CAP Funds have been used to support community-based organizations in providing home visiting services – most of those years implementing the Healthy Families America (HFA) model. After careful consideration, and in an effort to broaden the home visiting services net, the OSDH made the decision to end the HFA Model and implement the Parents as Teachers (PAT) Model. The Parents as Teachers Model has universal access and broad enrollment criteria based on the age of the child, which allows families to access the program during the prenatal period through completion of kindergarten. By implementing the PAT Model, contractors are able to serve the same population, with less administration and training costs. In order to make this transition the Contractors were required to submit a PAT Affiliation Plan and attend the PAT Model Implementation Training. The PAT Affiliation Plans were approved by the PAT National Office, and staff (including supervisors and direct service staff) completed the Model Implementation Training. The Contractors implemented the PAT Model on November 7, 2016. State Fiscal Year 2019 was a rebuilding period for the state PAT program. Funds, which were eliminated in SFY 2018, were reinstated at their previous levels. The OCAP repeated the process of developing an Invitation-To-Bid (ITB) to identify contractors to provide program services. Nine contracts, serving 28 counties, were awarded. The PAT Contractors were able to provide services to 648 families during SFY 2020. The average cost per family to participate in the program is \$3,750 annually. Current available funding would allow approximately 535 families to receive home visiting services during the next fiscal year.

OSDH designated the Parents as Teachers State Lead: The Parents as Teachers state office refers to those agencies or organizations that have been formally identified by the national office as having the capacity and expertise to fulfill the roles and responsibilities outlined in the State Office Essential Responsibilities, providing leadership and support for Parents as Teachers in their respective states and countries. Parents as Teachers state offices are key representatives of Parents as Teachers and the entity closest to affiliates and families, serving as a vital connection with early childhood, home visiting, and family support partners to increase the opportunities for maintenance and expansion of Parents as Teachers.

In July of 2019, The Oklahoma State Department of Health (OSDH) was selected as the official state office for the Parents as Teachers (PAT) affiliates. The office joins twenty-four state and country offices nationally and internationally, which work with the national center to provide support and resources for professionals and organizations in the child development and education continuum.

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 FFY 2020, attempts to connect specifically on the Child and Family Service Reviews (CFSR) and Program Improvement Plans (PIP) were met with increasing success. Collaborations with our Oklahoma Department of Human Services (DHS) colleagues are shared below:

- FSPS Service Director, Beth Martin, attended the State Team Planning Meeting held in Washington, DC, March 13, 2020. She served as the CBCAP representative for the OSDH along with nine other state representatives from Oklahoma. The meeting was hosted by the Children's Bureau and served as the annual Court Improvement Program Meeting, Child Welfare Directors' convening and a component of the Community-Based Child Abuse Prevention grantee meeting. The purpose of the meeting was to support states in jointly creating the next Child and Family Service Plan. The meeting focused on the continuation of reshaping Child Welfare in the United States, and creating a shared vision across a broader child welfare system. Participation in the state team process has allowed for more collaboration at the state level. Representatives from CBCAP have participated in state level Child Family Service Plan development activities as well as the Family First Steering Committee. DHS representatives continue to participate with the Child Abuse Prevention (CAP) Action Committee throughout the year as well as the planning of the annual Child Abuse Prevention Day at the Capitol and Mini Conference.
- Following the State Plan Team Planning Meeting in D.C., DHS reached out to OSDH to include the FSPS Director and the MCH Director in the early planning for their Title IV-E Prevention and Family Services and Programs application. Representatives were also included in the Family First Steering Committee which was organized by DHS.
- For the first time, OSDH and DHS merged efforts to provide a collaborative approach to improve state plan prevention. Planning for the first biannual meeting took place during this reporting year with the first meeting taking place on October 8, 2020. The meeting was titled, "From Strong Communities Come Resilient Families." Both agencies plan to continue hosting the biannual meetings for stakeholders together, further developing the plan and the prevention work. The goal of combining forces is so that DHS can support OSDH efforts to expand primary and secondary prevention and also so that OSDH can help support the DHS to back up the secondary and tertiary prevention. The desired outcome is a full continuum of service options and supports for Oklahoma families.

The National Family Support Network (NFSN): The National Family Support Network (NFSN) was founded in 2011 and is comprised of a group of statewide networks. This group of networks represents more than 3,000 family support programs across the U.S. The mission of the NFSN is

to promote positive outcomes for all children, families, and communities by leveraging the collective impact of statewide networks and championing quality family and support and family strengthening practices and policies

Oklahoma joined the network, and the Oklahoma Family Support Network (OFSN) was formed in 2018. The OFSN is currently emerging from the assessment phase to the development phase of the NFSN's Family Support and Strengthening Network Development Continuum. During this phase of the network development, the OFSN will plan to convene initial network meetings, develop a network vision, mission, and goals, develop operating guidelines, and determine leadership. The OFSN will also continue to participate in NFSN member meetings and convenings as well as connect with peer networks across the U.S. and in Canada. The OFSN will also continue to utilize the results of the community interest survey, conducted in December 2019 to inform the network planning and development process.

The OFSN hosted the inaugural Standards of Quality for Family Strengthening and Support training in July 2019, certifying 36 participants in the standards. Participants in attendance represented organizations statewide including Oklahoma City Public Schools PAT, the Oklahoma City Housing Authority, Positive Tomorrows, Parent Promise PAT, The Oklahoma State Department of Health Family Support and Prevention Service, The YMCA of the Greater Oklahoma City, Smart Start of Central Oklahoma, the Reach Out and Read Program, the Evolution Foundation, North Care, the Potts Family Foundation, the Oklahoma University of Health Science Center's Center of Child Abuse and Neglect, and Safe Families Oklahoma. Since this training, the OFSN has conducted a total of three Standards Trainings and certified 75 Family Support and Strengthening professionals, advocates, and funders across the state. The most recent training was in Tulsa County in January 2020. There were 24 new certifications for Oklahoman's earned through this training.

Throughout 2020, the OFSN has been partnering with DHS to help design and implement two pilot Family Resource Centers (FRCs) in Oklahoma. The two FRCs will be the first of their kind in Oklahoma to specifically follow the Oklahoma Hope Center framework. This is a combination of the National Family Support Network FRC framework which utilizes the Strengthening Families Protective Factors Framework from the Center for the study of Social Policy and the Principals of Family Support Practice, along with Dr. Chan Hellman's study of Hope Science.

The OFSN was represented at the National Family Support Network's National Briefing and Member Convening in June 2020. The National Family Support Network's Together for Families Conference was attended this year by four staff members. All these events were virtual.

The Family Support Accountability Act: Legislation to create "The Family Support Accountability Act" was backed by early childhood advocates, home visitors, and additional stakeholders (including FSPS staff), but statewide leadership for the legislation came from the Oklahoma Partnership for School Readiness (OPSR). OPSR held stakeholder meetings to gather input and with assistance from Pew Trust,⁷ held strategy meetings and developed the legislation's draft language. OPSR secured authors for House Bill 2157: Representative Jon Echols and Senator A.J.

⁷ Pew Trust had previously passed similar legislation in 10 other states and having them share their experiences helped Oklahoma avoid certain challenges.

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 an annual basis. OPSR staff, along with assistance from FSPS 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 third annual report was completed and turned in December 1, 2019⁸, on data collected during the current fiscal year. The various groups met periodically to assure that the information that was needed was being collected. (See *Attachments, Folder 2.*)

Included below are the recommendations from the latest annual report.

Implement Targeted Quality Improvement Efforts:

Quality improvement efforts strategically targeted to improve outcomes in the following measures are needed to strengthen the state's early childhood system:

- Increase the number of caregivers experiencing domestic violence who have an established safety plan in place within six months of reporting abuse.
- Increase the number of referrals given to program participants whose maternal depression screening indicated the need for additional services or treatment.
- Increase the number of children who receive follow-up evaluation and intervention services related to developmental milestones.
- Increase the number of caregivers enrolling in or completing education or vocational training.
- Increase the number of caregivers seeking employment who are working after six months.
- Decrease the number of caregivers using smoking tobacco.
- Decrease the number of caregivers abusing substances.

Such efforts should seek to understand the barriers to improving these outcomes and implement strategies to overcome identified barriers. Quality improvement initiatives should be informed by families' experiences and respond to their needs. Efforts should also include the exploration of partnerships to improve the above listed outcomes. Examples of collaborative partnerships for quality improvement include training and consultation to increase the development of safety plans with victims of domestic violence, as well as the establishment of funding initiatives to decrease exposure of young children to secondhand smoke.

Conversations about the report will continue to jointly address the following:

- How might this report support home visitation programs in the future?
- What was omitted that should be included in the future?
- Given the quality improvement recommendations, what ideas are there to improve these outcomes?
- How do we use integrated data to improve our ability to monitor outcomes?

⁸ <https://www.okschoolreadiness.org/our-cause/home-visiting-report>

THE OSDH'S INVOLVEMENT WITH OTHER RELATED COLLABORATION ACTIVITIES

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

- The Child Abuse Prevention Action (CAP) Action Committee (See page 33.)
- Home Visitation Leadership Advisory Coalition (See page 33.)
- The Oklahoma Health Improvement Plan (See page 13.)
- The Oklahoma Partnership for School Readiness (See page 13.)
- Preparing for a Lifetime Initiative (See page 14.)

The Oklahoma State Plan for the Prevention of Child Abuse and Neglect: The Office of Child Abuse Prevention (OCAP) is located within the FSPS (OSDH) and is responsible for creating the State Prevention Plan in compliance with Title 63. Public Health and Safety §63-1-227.3. The current Plan (2019 – 2023) was approved by the Oklahoma Commission on Children and Youth (OCCY) and the Infant and Children's Health Advisory Council (ICHAC) at the end of FFY 2018. Updates on the State Plan are provided annually to OCCY as deemed relevant.

The Plan's Vision is that "All Oklahoma Children will be healthy and safe." The four Goals include: Infrastructure, Resources, Community Involvement and Knowledge. All of the Strategies fold into one of these four Goals. Each of the 10 strategies include a description, desired outcomes, identified lead organizations, actions and milestones, metrics, and resources needed.

The work on the State Plan is ongoing with frequent internal FSPS meetings (including leadership, epidemiologists and other team members), annual surveys (targeting both the community and professional/stakeholders populations) and biannual meetings with all stakeholders, advocates and interested parties (meeting in April and October). The current State Plan, methodology and supporting documentation are available at the following link, <https://go.usa.gov/xEbTj>.

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 include:

- Review and closure of 124 child deaths in calendar year 2019.
- Continued participation as a stakeholder resource on the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect (2019-2023)*.
- Concluded involvement in Child Safety Network's Child Safety Collaborative.

- Initiation of the Injury Prevention Leadership Training Collaborative, in association with the National Center for Fatality Review and Prevention, Safe Kids Worldwide and the Johns Hopkins Center for Injury Research and Policy.
- Continued collaboration with the Domestic Violence Fatality Review Board on cases that are specific to domestic violence/interpersonal violence/family annihilation situations.

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 **2020 Oklahoma Domestic Violence Fatality Review Board Annual Report** are shared below:*

- Between 1998 and 2019, the Review Board identified 1,882 victims in Oklahoma who were killed as a result of domestic violence. In 2019 alone, 116 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 116 people who died, 97 were identified as domestic violence homicide victims, and 19 were identified as homicide perpetrators who died because of suicide, law enforcement intervention, or bystander intervention.
- In 2019, 28 out of 77 Oklahoma Counties (36%) had at least one domestic violence-related homicide.

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. The 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 over three million dollars.

Over the years, additional funding has been provided to NFP. By the late 1990s, NFP nurses bill Medicaid for targeted case management services for visits that do not occur in person. Today when visits are in person, nurses bill Medicaid 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 utilized to partially support NFP work contracted out to the Tulsa County Health Department and the Oklahoma City-County Health Department. Funding for the program is available on the next page.

Funding Source	Expenditures
County Millage	SFY 2020 – \$800,214
State Appropriations	SFY – 2020 - \$4,834,521
Medicaid	SFY – 2020 – \$179,620
MIECHV	SFY – 2020 – \$576,945
CBCAP	FFY – 2020 – \$195,550

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 offered in both Oklahoma City and Tulsa with expansion taking place in rural areas. Trainings are supported by state appropriations, MIECHV funds, CBCAP funds and revenues generated from Oklahoma’s Heirloom Birth Certificates. A total of \$50,000 is budgeted for prevention trainings per year with heirloom birth certificate funding. During the year 2020, the majority of mandatory trainings were moved to a virtual platform allowing home visitors to obtain their training hours easily during the pandemic. This will still be the plan until the pandemic subsides and it is safe to once again meet in person. A few of the required trainings can only be held in person and they will take place when possible with social distancing rules in place utilizing masks in large classrooms with very limited attendance.

Child Guidance Service: In SFY 2020, the Child Guidance Service’s annual budget was approximately \$4.5 million. Funding for the program came from a variety of sources including state appropriations, county millage, federal funds and fee collection.

Funding Source	Expenses
County Millage	\$1,350,450
State Appropriation	\$3,123,548
Medicaid	0
CBCAP*	\$80,000
Childcare Block Grant	\$5,000

(*approximate support through contracted partners)

The OUHSC CCAN Sustainable Implementation of Evidence-Based Home Visitation Program Committee: The University of Oklahoma Health Sciences Center’s Center on Child Abuse and Neglect was an awardee for the Administration for Children and Families’ “Evidence-Based Home Visiting” (EBHV) Grant in 2008. One of the requirements of that grant was to create a committee that would investigate future funding opportunities that could sustain the EBHV grant-funded program that were funded through the ACF grant (i.e., SafeCare augmented).

After OSDH was awarded the MIECHV Grant and the EBHV grant shifted under the MIECHV mechanism, the Sustainable Implementation of EBHV Committee graciously expanded the scope to include sustained implementation of all evidence-based home visitation programs in Oklahoma. This committee stays abreast of the latest research and evaluation findings of home visitation programs in Oklahoma, identifies current and potential sources of funding, develop

strategies for marketing and messaging to facilitate accurate understanding about EBHV, and support expanded participation of families, with a focus on engaging fathers. The Sustainable Implementation Committee includes members from multiple state agencies (e.g., OSDH, OKDHS, OCHA), nonprofit agencies (e.g., NorthCare Center, Parent Child Center of Tulsa, Latino Community Development Agency), tribes (Choctaw Tribe, Cherokee Tribe), the Oklahoma Institute on Child Advocacy, Oklahoma Partnership for School Readiness the University of Oklahoma Health Sciences Center, Oklahoma State University and the Business community. Further, the Sustainable Implementation Committee collaborated with the Parent Partnership Board and with the Potts Family Foundation to develop and maintain an independent “parentPRO” website dedicated to home visiting and parenting (www.parentpro.org), which is regularly updated with resources and services for families. Further, fact sheets on the home visitation programs and related topics have been developed and distributed. Members of the committee present to educate others about the programs in Oklahoma.



Revitalizing Oklahoma Child Abuse Prevention Specialty License Plates: During this last reporting period, the OSDH/FSPS continued working on newly designed OCAP specialty license plates that generate funds for the OCAP child abuse prevention programs in the state. The OSDH Office of Communications provided the updated design and the Oklahoma Tax Commission will be producing the plate for a launch in 2021. The plate was last updated in 2008 with a program logo that became extinct. This is the third design for the plate since its

inception in the mid-1980s. Not only does the revenue from the plate provide additional funds for the prevention programs, but it is also an excellent tool for raising awareness and attention regarding the issue of protecting children.

SECTION 3 - COLLABORATION AND COORDINATION

PARTNERSHIPS AND COLLABORATIONS IN PUBLIC HEALTH

Child Guidance Program: Below are the collaborative activities between Child Guidance and partners.

- 1) Introductions to Home Visited Families: For families who are continuing to receive home visits through virtual visits, our home visitors are providing information regarding Child Guidance services. 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).
- 2) Multidisciplinary Teams Providing Individual Services: Each Child Guidance Program 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 FFY 2020, nine parents and 107 children participated in Incredible Years activities.
 - b. Circle of Parents® (COP) – These small parent groups are co-facilitated by a CDS and a Parent Leader. Parents who are participating in home visiting programs are highly encouraged to participate as a way to keep from feeling isolated. During State Fiscal Year 2020, a total of 187 parents participated in one of the 22 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. During FFY 2020, 159 parents participated in PCIT.

- 4) Childcare Warmline: Funded by DHS, the Child Guidance Program 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.
- 5) Behavioral Risk Factor Surveillance System (BRFSS): The BRFSS is the nation’s premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions and use of preventive services. BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories. The OSDH Center for Health Statistics administers the BRFSS surveys annually. In 2013, Oklahoma began administering the optional module for ACEs. This module is available to survey every other year and alternates with the protective factors survey. Oklahoma’s CBCAP grant supports this effort in collaboration with the Oklahoma Department of Mental Health and Substance Abuse Services.
- 6) The CARE Center: The CARE Center is a nationally accredited child advocacy center located in Oklahoma County. Part of their mission is child abuse prevention education and Oklahoma’s CBCAP grant provided support for ROAR, their child-based program for children 4-8 years of age. This program is taught in a classroom group setting and includes a lion named Rex and his animal friends who take children on a journey to help Rex find his ROAR. During the reporting period, three ROAR classes were held, including 62 participants in Oklahoma City, Oklahoma. Each participant who attends the class receives these ROAR materials: Parent Guide; Teaching Guide; pennant, badge, coloring page, certificate of completion; teaching poster and a community poster. For more information, go to <http://carecenter-okc.org/we-educate/child-education/>.

PREPARING FOR A LIFETIME Initiative: The FSPS staff participates on the various PLI committees and activities that impact pregnant women and young children in an effort to reduce infant mortality. (See page 14.)

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 10.)

SOONERSTART/EARLY INTERVENTION: Oklahoma's Early Intervention program is a state and 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 FFY 2020, 96 clients were referred to SoonerStart by FSPS home visiting 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. Lastly, the former FSPS Director has served as an active member of their Oklahoma Injury Prevention Advisory Committee.

Starting in March 2020, due to COVID-19, in-person child passenger safety (CPS) services and trainings were put on hold, but reopened in July with safety modifications (e.g., reduced class size, utilizing facilities with adequate space for social distancing, temporal temperature checks upon entrance, and wearing personal protective equipment). Due to the shift to telework and/or telecommunication, educational opportunities that would normally occur were delayed as organizations identified how to appropriately engage stakeholders statewide. The following are examples of 2020 accomplishments:

- The IPS hired a new full-time CPS Project Coordinator in March 2020.
- A total of 73 car seat checks and installations were conducted.
- Distributed 30 car seats to Variety Care, 60 seats to Infant Crisis Services, and 100 seats to Safe Kids Oklahoma at the Children’s Center Rehabilitation Hospital.
- Taught two three-day Child Passenger Safety Technician Courses, certifying 18 individuals.
- Conducted four basic CPS presentations to other targeted stakeholders, including the Oklahoma Safety Council, ReMerge, Apache Tribe, and Village Fire Department.
- Provided OU Children’s Hospital car seats and technicians for twice monthly check events.
- Began development of new programmatic processes and procedures, strengthening OSDH and county health department capacity.

PARTNERSHIPS AND COLLABORATIONS WITH OTHERS

The Child Abuse Prevention (CAP) Action Committee: The Child Abuse Prevention (CAP) Action Committee has been in existence for 15 years, working together as a collective group of parent leaders and advocates striving to raise awareness and educate others about child abuse prevention. The CBCAP Grant Coordinator leads this effort. After the completion of the State Plan for the Prevention of Child Abuse and Neglect (2019-2023), the group adopted the Vision statement of the Plan, “All Oklahoma children will be healthy and safe.” They also updated their mission statement, “The CAP Action mission is to prevent child abuse and neglect through public awareness, education and community outreach across Oklahoma.” The group consists 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. A foundation of strong projects have grown into Oklahoma traditions every April (including the “Build a Blue Ribbon Tree for Kids” Campaign, “Wear Blue Day & Take a Selfie” and the “Happiness Coloring Challenge”). Each year, discussion includes how to incorporate one more layer into each project while also generating new ideas.

The participants that make up the committee create a diverse team with a multitude of talents, which enable the group to be creative, innovative and detailed in tackling the issue of fighting child abuse. Social media is utilized as a mechanism for promoting the various campaigns and the prevention message, while also used as a method to collect data on participant involvement. A dedicated Oklahoma Child Abuse Prevention Facebook page and Twitter account help promote prevention efforts.

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 approximately 500 participants. Prior to COVID-19, the committee met at the Oklahoma City-County Health Department Northeast Regional Health and Wellness Campus in Oklahoma City (one of our partner agencies). After March 2020, the group did not meet for several months due to uncertainty with any planned events, but resumed meetings in January 2021. The meetings are currently virtual via Zoom hosted by the Prevention Child Abuse America-Oklahoma Chapter. The group takes place the second Friday of the month with no meetings over the summer. (See Attachments, Folder 3.)

Home Visitation Leadership Advisory Coalition (HVLAC): As a number of evidence-based home visitation programs were being implemented across the state in the mid 1990’s, 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 2003. 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 DHS and the Oklahoma State Department of Education, and others from the University of Oklahoma, public school districts, youth and family services agencies, PCA-OK, 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 HVLAC is supported by staff from the OSDH/FSPS, primarily the CBCAP Grant Coordinator.

There were only two meetings held during FFY 2020 due to COVID-19 and the uncertainty of planned events. Meetings resumed virtually via Zoom in November 2020; Parent Promise of Oklahoma City, Oklahoma (and also the Prevent Child Abuse America-Oklahoma Chapter) host the home visitation meetings. Highlights of FFY 2020 HVLAC activities include:

1) Special presentations

- a. “The Brain Talk” by Autumn Cooper, Counseling Clinician, and Julie Williamson, Social Services Specialist, OSDH. Information shared a foundational understanding of how human behavior is linked to brain development, exploring what shapes our brains, including factors such as childhood trauma, temperament and protective factors.
- b. “Do You Have a Number” by Laura Brennan, State Education Coordinator, Oklahoma Center for Poison and Drug Information. An overview of the 2019 Oklahoma Poison Center data, including changes from Marijuana and vaping calls. Poison prevention in easy steps for families and sharing poison prevention information around the state in local communities.
- c. Ongoing discussion and updates on the Family Support Accountability Act, including review of home visiting outcomes from the previous year.
- d. Ongoing home visitation data updates and discussion with the FSPS Epidemiologist at the end of each meeting.

2. Continued distribution of the Home Visitation Safety Manual⁹ – This publication was developed by several of the HVLAC group members along with other content experts in the field. The focus of the manual is on safety in home visitation. The manual is distributed electronically to various agencies and child abuse prevention programs across the state. The previous version has been replicated by several states outside of Oklahoma. (See Attachments, Folder 2.)

Oklahoma Partnership for School Readiness (OPSR): OPSR is a public-private partnership made up of OPSR Board and the OPSR Foundation. OPSR leads public and private partnerships, so that children arrive at school with the knowledge, skills and physical and emotional health to achieve success. This partnership is critical because it allows OPSR to leverage the resources and expertise of stakeholders in private and public sectors to work collaboratively and move early childhood initiatives forward in Oklahoma. OPSR also utilizes data, research and best practices that engage parents, nonprofits, community partners and business leaders to inform recommendations to the Governor and legislature.

In 2020, OPSR served as the lead for Oklahoma’s Preschool Development Grant Birth to Five awarded by the US Department of Health and Human Services, Administration for Children and Families. OPSR partnered with the Urban Institute to conduct a needs assessment¹⁰ and strategic plan based on the input of 389 people, including family and community members, state agency leaders, providers, and OPSR Board and committee members.

⁹ <http://bit.ly/3agtRhb>

¹⁰ <https://www.okschoolreadiness.org/okfutures/needs-assessment>

The strategic plan seeks to ensure that all of Oklahoma’s infants, toddlers, and preschoolers will be prepared to live healthy, happy, and successful lives by developing the capacity of families, communities, public agencies, and private organizations to provide children from birth to age five equitable and seamless access to the physical, emotional, and educational supports they need to thrive.

The plan targets the following outcomes: All children meet optimum health and developmental milestones upon entry to school All families are able to provide safe, positive, and nurturing environments for children All children and their families live in healthy and supportive communities Oklahomans benefit from the efficient use of tax dollars and a healthy, productive workforce.

A Steering Committee comprised of program leaders and researchers will guide the implementation of this plan, and make recommendations to the OPSR Board to accomplish the plan goals. The full plan is available in the attachments. (*See Attachments, Folder 5.*)

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.

Sexual Abuse Prevention Collaboration (preventing youth from acting out on other children): As many as 40% of children who are sexually abused are abused by another child.¹¹ The OSDH will continue utilizing CBCAP funding to contract with the University of Oklahoma Health Sciences Center (OUHSC) to develop, implement and evaluate services targeting sexual abuse prevention, including preventing youth from acting out on other children. The National Center on the Sexual Behavior of Youth (NCSBY) is a part of the Center on Child Abuse and Neglect (CCAN) in the Department of Pediatrics of the University of Oklahoma Health Sciences, which makes them a natural fit for this project. The OUHSC has convened a Child Sexual Abuse Prevention interagency workgroup. The Oklahoma Child Sexual Abuse Prevention Workgroup is composed of members from state and nonprofit agencies who has programs focused on child sexual abuse prevention, childhood problematic sexual behavior, sex education, and/or healthy relationships for youth. Members include personnel from Children’s Advocacy Centers (e.g., the CARE Center), child sexual abuse treatment centers with prevention focus (e.g., Bethesda), Oklahoma Department of Health, the Oklahoma Department of Education, and other agencies addressing child sexual abuse prevention, healthy relationships, and/or sex education (e.g., Thrive). The workgroup meets monthly. During the initial meetings, the workgroup summarized the strengths of programs in Oklahoma and identified programs that are needed. The workgroup proposed developing a survey to be administered to agencies across the state to both identify details about programs available to address core topics as well as to assess perceived needs by key stakeholders (particularly youth service organizations, schools, and parents). The group determined the need to learn more about key programs in Oklahoma to facilitate developing the surveys designed to inventory similar programs and determine needs. The Workgroup successfully developed and distributed a survey to inventory and assess the gaps of child abuse

¹¹ Finkelhor, D. (2012). Characteristics of crimes against juveniles. Durham, NH: Crimes against Children Research Center.

prevention education and healthy relationship building services in Oklahoma. Responses are being summarized to be reviewed, identify any missing programs, and identify gaps in prevention of child sexual abuse services in Oklahoma. The workgroup is also currently reviewing the child sexual abuse prevention literature to identify best practices. Further, in collaboration with the Oklahoma Department of Education, the workgroup has begun to develop example policies for schools to address child sexual abuse prevention. This will include researching policies already in place for schools from other state's policies, as well as school policies from other countries.

The goals of Child Sexual Abuse Prevention interagency workgroups, are to:

- a) Inventory evidence-based and promising practices for curriculum on child sexual abuse prevention and evaluation strategies;
- b) Examine best options to integrate programming to address prevention of problematic and harmful sexual behavior of youth with specific attention to development of health relationship skills and addressing electronic and online sexual behavior;
- c) Inventory provision of child sexual abuse prevention education and healthy relationship building program services to teachers and students in Oklahoma;
- d) Inventory child sexual abuse prevention education curriculum provided in Oklahoma schools, youth service centers, faith-based programs, and other related programs;
- e) Examine process and outcome data available on programs provided in Oklahoma; and
- f) Consult with national experts; propose and pilot application of child sexual abuse prevention programs integrating strategies to address problematic and harmful sexual behavior.

The Child Sexual Abuse Prevention Workgroup will utilize these resources to create a plan for addressing the gaps by capitalizing on the resources. These may include targeted training in areas of the state, development of sample youth service agency policy, and implementation of evidence supported programming in under resourced areas of the state. The OSDH will provide support for piloting the application of the prevention curriculum while OUHSC will examine the process and outcome of the application. *(See Attachments, Folder 5.)*

Prevent Child Abuse America - Oklahoma Chapter (PCAOK): The Oklahoma Chapter of Prevent Child Abuse America (PCA-OK) collaborates with the FSPS staff by taking a lead role as one of the tri-chairs of the CAP Action Committee and helps plan April prevention activities. Depending on the legislative year and current issues regarding children and families, they take the lead on advocacy components by directing other like-minded advocates in common efforts to protect children from child abuse and neglect. Most recently, PCA-OK has been named a lead organization or collaborating partner in several of the strategic priorities of the five-year Oklahoma State Plan for the Prevention of Child Abuse and Neglect published by the Oklahoma State Department of Health, Child Abuse Prevention Office in 2019.

Specifically, they add to child abuse prevention activities during the month of April by bringing the impactful "Field of Flags" sponsored by the Oklahoma City and Edmond chapters of the

National Exchange Clubs. The “Field of Flags” typically is located on the south lawn of the Oklahoma State Capitol. Fifty-four Oklahoma flags were planted in April 2019, representing each of the children killed in Oklahoma (SFY 2018) as a result of child abuse or neglect. PCA-OK also partners with the Oklahoma District Attorney’s Council to plant pinwheel gardens on the lawns of numerous courthouses across the state. PCA-OK’s participation in Child Abuse Prevention Month often draws the attention of the media and general citizenry.

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 260 staff, students and volunteers 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 prevention, children with problematic sexual behavior, clinical interventions with parents/caregivers with drug-exposed infants, family preservation programs, parent-child interaction therapy and children exposed to trauma. 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 28.)

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 over 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): OICA is a statewide nonprofit organization established in 1983 with the mission of creating awareness, taking action, and supporting policy to improve the health, safety, and well-being of Oklahoma’s children.

OICA advocates at all levels of government, supporting data-driven policies to positively impact the wellbeing of children. OICA is a partner with multiple state and national foundations and publishes the OICA Daily Desktop Calendar. This calendar delivers critical data points indicating the wellbeing of children in Oklahoma, along with highlighting children and youth organizations doing good work across our state.

OICA’s annual Fall Forum, in which FSPS participates, strives to educate key stakeholders, advocates, and partners on current policy initiatives, opportunities, and topic areas affecting Oklahoma children. Fall Forum provides excellent opportunities to connect with policymakers. Out of the conference, OICA develops an advocacy agenda for the upcoming legislative session and for state agencies, along with selecting a Kid Governor to serve as a spokesperson for youth issues from children’s perspective.

The work OICA does beneath the Capitol dome, and in partnership with organizations and communities across the state, is supported by foundations, individual donors, and grants from organizations supporting the well-being of Oklahoma’s children.

Through the Heroes Ball, an annual recognition ceremony for outstanding child advocates – heroes indeed - OICA presents several awards to deserving Oklahomans who strive to improve our state for children. OICA also hosts several advocacy workshops statewide to train advocates in how to be a more effective voice in promoting positive changes in policy toward children, and to speak up to protect those program which are working.

In addition, OICA collaborates with other youth-serving programs to help strengthen their voice by providing weekly updates regarding policies from around the nation and potential action from legislation being considered. Please go to <http://oica.org> for more information on how you can be a part of improving our state for children.

The Early Childhood Comprehensive Systems (ECCS): The Little Dixie Community Action Agency, Incorporated received the ECCS grant in 2016. The focus of the project is developmental health promotion through screening, monitoring and follow-up. The overall goal is a 25% increase in age-appropriate developmental skills among the three-year old population by the end of grant year (2021). Since the beginning of the grant, several projects have been implemented within Choctaw, McCurtain and Pushmataha counties to meet this goal, including:

- In December of 2019, Little Dixie ECCS Impact launched their Developmental Skill Building Kit Initiative. Upon completion of an ASQ developmental screening through the ASQ Online Family Access Link, located on their Little Dixie ECCS Impact page, they will send a Developmental Skill Building Kit (DSBK) to the address provided on the screening (annually). The kits include

educational toys, board books, a parent resource book, and the ASQ screening scores, with learning and intervention activities, and follow-up information. They have Birth+, 1+, 2+, 3+ kits to ensure children are receiving age-appropriate toys and materials to cover that year of life. Since launching, they have sent out over 900 Developmental Skill Building Kits within their place-based communities.

- As of 2020, Little Dixie ECCS has partnered with 14 childcare centers to implement the Ages & Stages Questionnaires® (ASQ) Developmental Screening Tool within their facility.
- Little Dixie ECCS has incorporated 23 Early Literacy Corners within local health departments, doctor offices, community centers, faith-based organizations, etc. Each early literacy corner includes early childhood books, developmental toys, and resources that parents may access. The early literacy corners provide a positive family engagement environment while the family waits to receive services.
- In 2018, Little Dixie ECCS created and developed a childhood and family resource bundle. This is a comprehensive resource guide, which includes information about community resources, early childhood development, health care information, Vroom activities, and developmental screenings. In 2020, they continue to update and disseminate throughout the place-based communities at natural family gathering places. To date, they have provided over 4500 to our place-based communities. They have also digitized the comprehensive resource bundle, it is now available on their Little Dixie Community Action Agency Website under the ECCS Impact page.
- In 2017, Little Dixie ECCS made Oklahoma the 29th affiliate state to adopt the Help Me Grow System Model to pilot in Choctaw, McCurtain and Pushmataha counties. Throughout 2018 and 2019, there has been diligent work to complete the Readiness Assessments to increase their understanding of their communities and state. In 2019, Little Dixie ECCS started the Phase 2 Technical Assistance Contract with the Help Me Grow National Center to continue to guide the implementation process. As of September 2020, they have successfully launched their centralized access point, and their call center is now open every Monday to help connect families to important early childhood resources in the community and state.

The following activity was discussed in detail in a previous section:

The National Family Support Network (NFSN): (See page 23.)

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

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

CBCAP \$ Received: \$ 509,759		
Well-Supported		
Program Name The Incredible Years & PCIT - Child Guidance (OSDH)	Total Amount of CBCAP Funding \$ 80,000*	Supporting Reference https://friendsnrc.org/evidence-based-practice-in-cbcap
Nurse-Family Partnership/ Children First (name for Oklahoma NFP) (Oklahoma City / Tulsa contracts) (Statewide incentives)	Funding \$ 195,550	
Overall Totals: \$ 275,550		

*Estimated support for FY 20

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)
- 2) Maternal Health: In 2019, the Oklahoma population of childbearing age females (15-44 years) numbered 774,815, representing 20% of the total population and 39% of the total female population (1,996,313). The majority of reproductive age females were white (74%), followed by American Indian (12%) and African American (10%). About 13% were of Hispanic origin. Approximately 17% of women of reproductive age were less than 20 years of age.
- 3) The MCH priority needs for Oklahoma's Title V Block Grant cycle 2021-2025 specific to the maternal health population domain include: 1) reducing of infant mortality and 2) improving the health of reproductive age individuals. As required by Title V legislation, the MCH Service completed its five-year needs assessment with submission in September 2020.
- 4) 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.
- 5) Perinatal/Infant Health: In Oklahoma for years 2017-2019, there were 148,955 births; 73.5% of the births were to White mothers, 11.0% to African American mothers, 11.9% to American Indian mothers, and 3.6% to Asian/Pacific Island mothers. Hispanics comprised 15.3% of total births during this time.

- 6) The MCH priority needs for the Title V Block Grant cycle 2021-2025 specific to perinatal and infant health include: 1) reducing of infant mortality, 2) improving the health of reproductive aged individuals, 3) improving access to social workers and social supports, 4) improving mental and behavioral health, 5) increasing quality health care access, and 6) increasing health equity.
 - 7) Child Health: In 2019, approximately 17.4% (686,629) 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, 71.3% of the children were White, 14.4% were American Indian, 11.5% were African American and 18% were Hispanic. Child death rates have fallen significantly over the past two decades, decreasing from 51.0 per 100,000 in 1997 to 30.4 per 100,000 in 2019 for children ages one to four, down 40%; from 21.8 to 15.3 per 100,000 for children ages five to nine, down 30%; and from 28.8 to 21.5 per 100,000 children ages 10 to 14, down 25%. Unintentional injuries are the number one cause of death among children ages one to 14 years.
 - 8) The Title V Block Grant Cycle 2021-2025 includes improving the health education of children and youth as a priority need for child and adolescent health.
- 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	Head Start Centers
Mental health treatment services	Educare Centers
Domestic Violence Services	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, 10 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 latest MIECHV Formula Grant, MIECHV funding was restricted to Oklahoma, Tulsa, Muskogee and Carter Counties, beginning 10/01/2016.

Staff in FSPS collaborated with MCH Title V staff once again for an updated needs assessment and participated in listening sessions, which were held across the state. FSPS has submitted an updated needs assessment in October 2020 to HRSA that is still under review but will be utilized to ensure home visiting services are serving those areas with the highest need. (See Attachments, Folder 1.)

3) State Plan for the for the Prevention of Child Abuse and Neglect 2019 - 2023
(See Attachments Folder 4.)

4) The Oklahoma Child Abuse Prevention Network Inventory: The Oklahoma Child Abuse Prevention Network 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 FFY 2020, 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 Sooner Start to assure that home-visiting clients are made aware of the Early Intervention program
- FSPS and Injury Prevention Service to collaborate in order to prevent childhood injuries

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
Regents of the University of Colorado to provide training in the use of the Dyadic Assessment of Naturalistic Caregiver Child Experience (DANCE)
Bethany Public Schools for PAT services
CREOKS Behavioral Health Services for PAT services & Community Connector
Community Action Project of Tulsa for PAT services
Frontline Family Solutions for PAT services & Community Connector
Great Plains Youth and Family Service, Inc. for PAT services
Latino Community Development Agency for PAT services
Northern Oklahoma Youth Services for PAT services
Northwest Family Services, Inc. for PAT services
Oklahoma City Public Schools for PAT services
Parents as Teachers National Center for rights to utilize the PAT model
Parent Child Center of Tulsa for PAT services
Parent Promise for PAT services
Smart Start Central Oklahoma for Community Connector
Youth & Family Services for Hughes & Seminole Counties for PAT services
Numerous contracts with trainers, content experts, etc.

Interagency Agreements:

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

SUCCESS STORY

The next page includes an examples of one of the FSPS families who benefitted from services.

PARENT SUCCESS STORY

Family from the *Parents as Teachers Program*



Figure 1 David and Zachary - Kay County

After serving time incarcerated, David was finally released. During incarceration, David was notified that he had an infant son in OKDHS foster care, and would be able to start supervised visitation upon release. By then, Zachary would be 18 months old. Facing the outside world and the responsibilities of fatherhood, David sought help, starting with the PAT Program at Northern Oklahoma Youth Services. David met his Parent Educator Jeremy, and together they began to develop goals towards bonding with Zachary, parenting, learning about Zachary's development and providing a safe environment so Zachary could thrive.

David confided in Jeremy that he was overwhelmed. He had been dreaming about the first time he could hold Zachary, stating "I wasn't gonna let my past keep me from being a good dad." Jeremy reassured and encouraged David to continue working towards his goals. Jeremy pointed out that he had already

cleared a major hurdle by obtaining his GED while incarcerated. This would give David the confidence to move towards other goals including weekly visitation with Zachary that eventually led to trail reunification with his son. With Jeremy's support David was able to gain TANF assistance, food stamps, WIC, housing and employment. Although these were huge accomplishments, Jeremy also knew that David longed for a network of friends and family who would support his new life with Zachary. With growing confidence, David was able to establish healthy relationships, surrounding himself with social connections.

After months of stability, David was reunified with Zachary and received accolades from the presiding judge for his diligent efforts. David now has full parental rights with Zachary and continued with bi-weekly visits until he felt confident on his parenting journey stating "You guys were here for me, and didn't judge me."

Jeremy shared when David enrolled it was also the beginning of COVID-19 and was only able to complete a few visits face-to-face. Using a virtual platform, Jeremy and David were able to continue visits. Jeremy shared "I was happy to see that David was very in-tune with Zachary's temperament and responsive to Zachary's needs, it warms my heart to see a dad so invested in his child."

"Without the help of Jeremy, I don't know that I would have been able to have my son or understand what it takes to raise a kid."



DESCRIPTION OF NUMBER OF FAMILIES SERVED FFY 2020

Program	Care-givers	Children	Families	Parents and Children w/ Disabilities	Unstable Housing	Visits for Unstable Housing	Fathers as PCG	Military
NFP	1,328	984	1,328	18	10	237	3	2
NFP MIECHV	227	234	227	0	2	26	0	2
PAT (state-funded)	648	293	648	38	2	24	38	5
PAT – MIECHV	656	887	656	11	9	186	10	10
SafeCare – MIECHV	181	265	181	2	3	85	0	1
Child Guidance	10,403 Individual Sessions 95 Consultation Visits							
The Incredible Years	1 Parenting Group was provided during FFY 2020 107 Children in Classroom Groups							
Circle of Parents®	187 Total Attendees 22 Parent Groups							
Parent-Child Interaction Therapy (PCIT)	557 Total Therapy Encounters - PCIT without patient – 100 - PCIT with patient – 457							
Parents and Children with Disabilities	Number of children with disabilities							16
	Number of adults with disabilities							71

GENERAL PUBLIC AWARENESS ACTIVITIES

Commercials: The FSPS arranged for prevention commercials to be aired during the summer of 2020. Airtime was purchased on multiple stations covering the Oklahoma City, Tulsa and surrounding markets. In order to reach the far corners of the state.

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 collateral items such as hand-sanitizers, home safety/healthy eating coloring books, crayons, insulated tote bags, cellular phone power banks and pens.

The NCAPM Public Awareness is discussed in Section 9 – Child Abuse Prevention Month and Awareness Activities: (See page 75.)

SECTION 5 – OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

DESCRIPTION OF OUTREACH ACTIVITIES

Parents of Racial and Ethnic Minorities: Of the 3,956,971 Oklahomans, 11.01% are of Hispanic, Latino or Spanish origin. Spanish is the second most commonly spoken language in the state with 226,217 speakers estimated in the 2013-2017 American Community Survey 5-Year Estimates. Oklahoma County is the largest county with 797,434 people and the Hispanic population accounts for 17.9% of the total population living in Oklahoma County. The Hispanic population grew an astonishing 89.3% in Oklahoma County over the past 10 years. About a fifth of all births in Oklahoma County are to Hispanic women. The Hispanic birth rate is expected to increase, as half of the Latinos in Oklahoma City are 21 or under. 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 FY 2019-2020, LCDA offered two different home visiting programs: Parents as Teachers and SafeCare. In total, these two programs served 266 families within Oklahoma County providing a total of 4,342 home visits. Child abuse prevention services are extremely important in Oklahoma. According to the most recent Oklahoma Department of Human Services SFY 2019 Report, in Oklahoma, there were 81,249 reports of alleged child abuse, neglect or both, in which 138,907 children were alleged victims. Of those reports, 15,809 children were confirmed to be victims. Home-based services can prevent children and families from entering into the system.

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 state and 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 15 county health departments and the two metropolitan health departments in Tulsa and Oklahoma City. A total of 10,403 individual services were provided from October 1, 2019 to September 30, 2020, and 95 consultation visits.

Children in Foster Care: In 2019, of the children receiving Child Guidance services, 11.6% were foster children and 3.6% were being raised by grandparents. For 2020, these percentages changed to 9.5% foster children and 4.7% being raised by grandparents.

Homeless Youth and Families: The FSPS funded home visiting programs served “couch homeless”¹² as well as families located in shelters, crisis centers and group homes throughout the state. Completed visits include 263 visits to 12 mothers by NFP; 210 visits to 11 families by PAT; and 85 visits to 3 families by SafeCare.

Below are examples of the ways in which the Parents as Teachers (PAT) programs served this special population during SFY 2020:

- **The Bethany Public Schools PAT Program (BPS-PAT)** – Although BPS-PAT did not serve any homeless families during the reporting period, resources are available to any family who is experiencing homelessness. Resources are given to families including food, rent assistance, shelters, etc. The Parent Educator (PE) helps the family sign up for waiting lists, including the Crisis House at a local church and apartments owned by the same local church. In addition, the BPS-PAT provides diapers to homeless families at every home visit. The Parent Educator ensures the child has a car seat, clothing, food, diapers, etc. Other referrals given to homeless families include: Be the Change, Bethel Foundation, Brand 15, City Care, City Rescue Mission, Community Action Agency, Grace Rescue Mission, Guild of St. George, Habitat for Humanity, Jesus House, Homeless Alliance, Neighborhood Housing Services, just to name a few.
- **CAP Tulsa / PAT** – During the reporting period, CAP Tulsa-PAT served two homeless teen parents who attended Union Alternative High School and participated in the program by attending regular visits with a Parent Educator (PE) that is housed in the high school. CAP Tulsa-PAT partnered with the school and behavioral health services to offer wrap around services. For other parents who are not attending the high school, PE’s work closely with family support specialists from Family and Children Services (FCS) to support families experiencing homelessness. FCS provides information on area resources that can support families. One enrolled family was living with relatives because her home situation was dangerous. Her PE worked with the FCS to get mom enrolled in Lindsey House which provides housing and support services so that the family can transition to independent living.
- **CREOKS / PAT** – During the reporting period CREOKS-PAT had four families who were homeless. CREOKS-PAT met with the family regardless of where they were living including families in a shelter, where the PE would conduct the visit. Enrolled homeless families are referred to HOPE house in Cherokee County. Other referrals include Okmulgee County Homeless Shelter for Women and or families, the Care Closet and Okmulgee’s Infant Crisis Center to assist with concrete supports.

¹² Persons without a permanent residence, but living with an acquaintance, friend or relative who cannot provide a private space for the guest.

- **Frontline Family Solutions (FFS-PAT)** – During the reporting period FFS-PAT served homeless families through partnering with the Marie Detty Agency who operates the New Directions Shelter. Families receiving services from Marie Detty are referred to FFS-PAT for resource connections and parent support. Often, these families have experienced extended periods of trauma. One family that FFS-PAT enrolled in services transitioned out of the shelter and into a low-income rental property. The mother and her two young children lived at the shelter for over seven months due to a domestic abuse situation. FFS-PAT was able to connect the mother to free, local counseling services and with the Baby Mobile from the Infant Crisis Center who delivered diapers and food boxes. FFS-PAT referred the children to a local primary care physician for additional services when developmental delays were suspected during screenings. The children were able to receive speech and behavioral therapy. FFS-PAT also delivered Christmas Gifts to the children and provided a Christmas meal for the family. The mother is thriving and was able to purchase her first car during her time of enrollment. Through support, the family is overcoming their past trauma and looking forward to a healthier future.
- **Great Plains-PAT (GP-PAT)** – During the reporting period, the GP-PAT program linked the homeless population to concrete supports by providing items such as blankets, clothes, diapers, wipes, toiletries, and clothes. To help the homeless population to seek home establishment, PE's sit down and talk to them to find their goals and familiarity with community resources. GP-PAT strives to establish a trusting support system and refer to the PAT Circle of Support hand out. The PE provides additional resources such as: LIHEAP for winter and summer heating/cooling assistance, SW Oklahoma Continuum of Care, Income-based Apartments, Ministry Alliance, Community Free Stores, Food Banks, Saint Vincent de Paul, Local Health Departments, WOWDB, WIOA, SW Rehabilitation Office, SW Workforce, and additional resources available in our At-a-Glance and our Resource Book.
- **Northern Oklahoma Youth Services (NOYS-PAT)** – During the reporting period, the NOYS-PAT program provided services to families living in transition. The reasons for instability vary from domestic violence situations, eviction from their apartment/house, and inability to pay, as well as “couch hopping” or living with various friends/family. The services NOYS-PAT connects these families to vary from food sources, shelters, and finding an appropriate social supports where they can stay with while protecting their child. During the reporting period, NOYS-PAT had approximately 15 out of 90 families who were homeless or transitional for various reasons, the number one reason is inability to afford a stable home on their own. COVID -19 has had a lasting and continued effect on all the families in our community. NOYS-PAT is working to make new partnerships to help meet these basic needs. NOYS-PAT families had an average of 3 different addresses during their time in the program.

- **The Northwest Family Services (NFS-PAT)** – The NFS-PAT program actively serves the homeless population by recruiting and partnering with Northwest Treatment Center to provide Group Connections and home visits. During the reporting period, NFS-PAT also enrolled two women from New Beginnings Domestic Violence Homeless Shelter. These families are provided home visits, linkage to community resources that are available in the rural communities that NFS-PAT serves. Several of these families have been successful in reaching their educational and occupational goals.
- **The Oklahoma City Public Schools (OKCPS-PAT)** – During the reporting period, OKCPS-PAT served one family who was temporarily living with family members. Resources provided to this family included Oklahoma City Housing Authority (Public Housing/Section 8), Habitat for Humanity, Bethel Foundation, The Salvation Army and Food Bank. The family was able to access some of the services provided. During the course of enrollment, adequate housing was obtained by the family.
- **Parent Child Center of Tulsa (PCCT-PAT)** – During the reporting period, PCCT-PAT had a homeless family referred to the program. Upon engaging in services the family had connected with a resource from church who provided shelter for three months. During that time the PE helped the family get basic necessity items utilizing community partners and Emergency Infant Services. Eventually the family was able to obtain adequate housing. The PE helped her get donated beds, a kitchen table and other basic household items that the family was in much need.
- **Parent Promise PAT** – During the reporting period, Parent Promise PAT enrolled families who were experiencing homelessness. The majority of the homeless families who participated were considered couch homeless; staying with friends or family. The PE's provide referrals to housing resources within Oklahoma County. These resources include Oklahoma City Housing Authority for section 8 or public housing, Catholic Charities – Holy Family Home, Neighborhood Services Organization (NSO), and Community Action Agency. When working with families experiencing homelessness, the PE's encourage the families to access employment if unemployed, planning a budget, and consider other services that can be beneficial to the family during this transition. Parent Promise PAT is developing a partnership with the Homeless Alliance in Oklahoma City. PE's will be trained by the Homeless Alliance on how to effectively refer families, as well as taking on new families within their services. This partnership will help ensure that Parent Promise families facing homelessness can receive services through the Homeless Alliance to find stable housing in a timely manner.
- **Youth & Family Services for Hughes and Seminole Counties (H&S-PAT)** – During the reporting period. YFS H&S PAT has worked with two homeless families who were living with family members until they were able to obtain adequate housing. The PE has helped each family with setting achievable goals towards housing. One

of the families purchased their first home, and the other family has purchased a “fixer upper” that has been moved onto the family property.

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.

- **Bethany Public Schools (BPS-PAT)** – During this reporting period, BPS-PAT enrolled one family with substance abuse issues. The PE referred the family to Alcoholics Anonymous, Northcare, and Affinity. Families suffering with substance abuse are given a variety of referrals that range from a local AA class, a counseling referral or even an in-patient rehabilitation center. The Oklahoma County Online Resource Binder has many resources available for clients/families struggling with substance abuse including: Addiction Hotline, drugrehab.com, In The Rooms, OKC Metro Alliance, Parents Helping Parents, Reach-Out Hotline and Start Your Recovery to name a few.
- **CAP Tulsa** – During the reporting period, CAP Tulsa served eight families involved with substance abuse, five being teen parents, and one homeless parent. CAP Tulsa partners with Family and Children's Services (FCS) to better serve this population. PE's refer families to services that assist by providing evaluation, support, and/or treatment. Teen parents who attend Union Alternative High School receive support from behavioral health services on site, and additional monitoring/follow ups. Policies and Procedures to identify, assess, refer, follow up, and report are part of CAP Tulsa Mental Health Protocol.
- **CREOKS** – Families who are experiencing substance abuse were referred to CREOKS-PAT by either the Department of Human Services or the drug court program that is part of the CREOKS Agency. CREOKS-PAT works with the family to connect them to a therapist, and a case manager to ensure the family is getting full wrap around services. CREOKS-PAT had an enrolled parent who entered the program on a nonnarcotic drug to help wean off opioids. She has now graduated from family drug court, passed all her urine drug tests and has obtained employment.
- **Frontline Family Solutions (FFS-PAT)** – During the reporting period, FFS-PAT provided families with the 1-800-QUIT-NOW and 1-855-DEJALO-YA hotline numbers, The Virtue Center in Norman, Multi-County Counseling in Purcell, Lighthouse Behavioral Wellness Center in Pauls Valley, Norman Drug and Alcohol Treatment Center, Red Rock Behavioral Health in Norman, and Central Oklahoma Community Mental Health Center in Norman. During the reporting period, FFS-PAT enrolled a family who was referred by Red Rock Behavioral Health in Norman. The client was not maintaining the medication schedule that was prescribed and attending counseling sessions. This resulted in high stress levels and the client began smoking cigarettes and marijuana as a replacement and coping mechanism. The PE was able to help the client reestablish services at Red Rock and with the support of the client's family, attended appointments, and is back on prescribed medication for his mental health which has resulted in a significant decrease in

smoking cigarettes and cessation of recreational marijuana use. Due to the client's success, he was motivated to follow up on his prescribed medication for mental health and has resumed his treatment.

- **Great Plains (GP-PAT)** – With marijuana being legalized in the State of Oklahoma, GP-PAT has several families that have a medical card. GP-PAT continues to educate our families of the harmful effects of children being around any type of smoke. PE's stress to parents that even though they feel that it is helping them, there are side-effects on young children. The PE's discuss with parents that bathing and changing clothes after smoking cigarettes or marijuana is helpful in keeping children from being exposed to secondhand smoke. GP-PAT has served families that one or both parents have a different drug addiction from marijuana. In southwest Oklahoma, there is no access to rehab facilities, however, GP-PAT does refer parents to a variety of rehabilitation facilities in other parts of the state or connecting states. For emergency situations, GP-PAT has referred to Red Rock Behavioral Health Services. PE's encourage families to consult with their family doctor and if they do not have a family doctor, GP-PAT works on building a medical home with the family. GP-PAT does have a variety of counseling facilities and support groups such as AA, NA, and Al A-Non that are utilized for families to get much needed support.
- **Latino Community Development Agency (LCDA-PAT)** – While it is rare that the Primary Caregiver (PCG) enrolled in home visitation services has substance abuse issues, LCDA-PAT often sees substance abuse issues with a partner. In one of the cases, the PCG expressed concern about the father of the baby's drinking. She said that he drinks at least twice per week and if he drinks too much he starts telling her "cosas feas" (ugly things). The PCG said that he does not get physically aggressive, but she does not like the way he treats her. The PE worked with the PCG for four months and tried to obtain more information about their relationship, but the PCG would not open up. The father of the baby doesn't want the home visits (which all have been virtual) to continue, but the PCG told him that she likes the visits because they helped her be a better parent and will therefore continue participating in the program. When the father of the baby received the welcome letter, he told mom, "I don't want to be involved." The PCG asked the PE not to send him more information and that she is satisfied with how he interacts with the baby. The PE has been focusing on PCG's resiliency and self-esteem and has praised her for her willingness to continue with the program. If in the future the father of the baby is open to participate in the home visits or is more open to receive information, the PE will gladly provide information and the appropriate resources.
- **Northern Oklahoma Youth Services (NOYS-PAT)** – When it comes to substance abuse and how it effects our program families, it varies. Many of the inmates in NOYS-PAT Group Connection at the detention center struggle with substance use/abuse and this is a target topic of discussion. Many of the program families

have been open and honest about their medical marijuana cards they are in the process of obtaining or they already have. This is a delicate topic and the PE's are working with families to understand how their substance use affects their parenting abilities. NOYS-PAT have also had a few PCG's enter into a rehab facility while enrolled in our program.

- **Northwest Family Services (NFS-PAT)** – During the reporting period, the NFS-PAT program has been involved with the Northwest Treatment Center in service delivery and personalized home visits and Group Connections. The PE's are involved in the family's treatment process and act as a source of support to help the family complete the goals required by the treatment center plan of service. Upon treatment completion families relocate to areas that are served by NFS-PAT and continue to be actively enrolled in the PAT program.
- **Oklahoma City Public Schools (OKCPS-PAT)** – During the reporting period, two families were identified with substance abuse issues. The families were provided with resources including Smoking Cessation, Second and Third Hand Smoke information, How Smoke Harms Young Children (Parents as Teachers Handout), Counseling services & Rehabilitation services. OKCPS-PAT has developed protocols for Parental Substance Abuse, the guidelines are as follows:
 - Parent Educators should be aware of red flags of drug use in the home when visits take place (strong odor, needles, syringes, empty alcohol bottles, large amount of chemicals, etc.) or when Parent/Caregiver show signs of being intoxicated due to substance abuse (slurred speech, confusion, drowsiness, etc.).
 - Any Parent Educator who suspects that there is imminent danger must leave the family home and contact a supervisor immediately to inform about the incident.
 - Contact the local law enforcement agency and DHS if the child is in immediate danger.
 - If parent educator suspects drug abuse but children are not in imminent danger, they will provide information about how drugs can affect their child's health and development.
 - Parent educator will provide information and/or refer to rehabilitation service providers if parent/caregiver requests for assistance.
- **Parent Promise PAT** – Parent Promise has a protocol for Parent Educators to follow in the event that they suspect substance abuse in the home. This protocol is on hand with the parent educators to be able to utilize as needed.
 - If the parent educator suspects substance use, they are to give the family resources to help. These include Addiction Hotline number, OKC Metro Alliance information, and Start Your Recovery. Parent

educators are also required to follow up with these referrals at the next home visit.

- **Parent Child Center of Tulsa (PCCT-PAT)** – During the reporting period, PCCT-PAT served a family who suffered from substance abuse and mental illness. The PE was sensitive to the family’s situation and has taken this into consideration when providing services. The PE dedicated more time to the family with the intension to support the primary caregiver (PCG) when she needs it the most. The PE provided referrals for substance abuse, a counselor and other community partners that provided services to the family. In addition, The PE completed the Home Safety Checklist to ensure the family was able to access the tools they needed to provide a safe, healthy environment for the child.
- **Youth and Family Services for Hughes & Seminole Counties (H&S PAT)** – During the reporting period, H&S PAT did not have any families with substance abuse issues enrolled. Protocols are in place that if a family enrolls with substance abuse issues resources are given and they are referred to multiple counseling agencies located in the counties H&S PAT serves. In addition, referrals to AA (Alcoholics Anonymous) and NA (Narcotics Anonymous) are provided. In the counties that are served, local churches offer support groups for individuals who are in recovery from these addictions.

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 are examples of how FSPS funded programs assisted such victims:

- **Bethany Public Schools (BPS-PAT)** – During the reporting period, BPS-PAT had one family who experienced intimate partner violence. The primary caregiver (PCG) was referred to Palomar and the abuser moved out of the house. BPS-PAT uses the Intimate Partner Violence Screenings to identify victims of violence. BPS-PAT has protocols in place if a screening is positive. In addition, if the PE observes other evidence of violence she will provide referrals to the YWCA, Palomar, La Luz, Family Builders, Oklahoma Safeline, etc. The PE also helps the family develop a safety plan. The PE has access to resources on the Oklahoma County Live Resource Binder online which can be accessed on a cell phone for convenience. Occasionally, BPS-PAT has assisted families with securing representation and help in filing reports and attending court appointments.
- **CAP Tulsa** – During the reporting period, CAP Tulsa enrolled six families who have experienced domestic violence, and four families that have risk of intimate partner violence (IPV) as indicated on the IPV Screening, five being teen parents. The PE’s follow the Mental Health Protocol to work closely with family support from Family and Children Services (FCS) to best serve and support parents that have experiences IPV. The PE’s refer the family to services who provide additional assessments and offer support and/or treatment. A report is filed with the Department of Human Services to ensure the safety of the children, a safety plan is developed and resources are provided. Teen parents at Union High School will

receive additional support from behavioral health. One enrolled family shared with her PE about abuse she had experienced. The PE worked with FCS to develop a safety plan with mom. She is now living apart from her abuser. The PE also gave counseling resources to mom as well as emergency assistance resources.

- **CREOKS-PAT** – During the reporting period three families enrolled with known IPV, either currently or the PE helped the family through the process of reestablishing life after the IPV experience. If a family is experiencing IPV in Cherokee, Wagoner, Sequoyah, or Adair counties we refer them to Help-In-Crisis (HIC). HIC provides support, shelter, counseling, transitional living, and outpatient groups to help families get back on their feet. In other counties such as Okmulgee, Okemah, and Muskogee, families are referred to WISH, Women in Safe Homes or Domestic Violence Intervention Services (DIVIS). Families are provided assistance with protective orders, shelter if needed and if applicable, provide supervised visits. If there is any concern for sexual abuse, CREOKS-PAT report immediately to the Department of Human Services and the police. Both DIVIS and HIC also perform forensic interviews for kids and sexual assault exams. The Child Advocacy Center (CAC) is also set up as a court appointed safe haven for family of abuse.
- **Frontline Family Solutions (FFS-PAT)** refers all domestic violence cases to counselors within the agency, Women’s Resource Center or the Family Crisis Center. During the time of enrollment all families are given safe line numbers. The overall goal of the Parent Educators is to help the families get additional counseling and get the victim to a safe place.
- **Great Plains-PAT (GP-PAT)** – During the reporting year, GP-PAT has enrolled families who identified intimate partner violence (IPV). When a family involved in domestic violence enrolls the GP-PAT program, specific protocols are implemented for IPV including helping the non-violent parent develop a safe plan. The safety plan includes a complete assessment on the victim. Other services in our agency has worked on meeting the immediate needs of our clients such as parenting classes, co-parenting classes (public/private), anger management classes, pregnancy and parenting classes for teenagers, foster care/host home, childcare resources and referrals, and infant and toddler services which coincide with our GP-PAT Program. This additions to our agency have been amazing at helping our families deal with domestic violence or needing additional parenting help. We search additional resources in that area that would benefit a family that is dealing with these situations. GP-PAT partners with the family to establish as a medical home. GP-PAT makes bi-annual, annual, and as needed screenings with our families including the General Anxiety Disorder (GAD-7) screening. We also utilize the Patient Health Questionnaire (PHQ-9) which test for postpartum depression and/or depression. GP-PAT also performs the Intimate Partner Violence (IPV) which results indicate whether violence in the home is or is not present. When families are faced with domestic violence, we work with them on trust and having a safety plan in place with all the resources available to such as

counseling, ACME House (Home Shelter for women in a domestic relationship), escape plan, etc.

- **Latino Community Development Agency (LCDA-PAT)** – The families that are served who are in an Intimate Partner Violence (IPV) situation are some of the most challenging situations that the PE’s face. From the unanswered messages of the primary caregiver (PCG) to the aggressors coming home in the middle of the visit, the tension in the home is felt all around. The resources that are given and offered to the PCG have to be very discrete or the PE’s risks being welcomed into the home. The PE’s strive to meet the family where they are, which is the first and most important step in helping a family with IPV. PE’s avoid assuming that the PCG is ready to leave their partner and overwhelm them with information about leaving before they are ready to. PE’s focus on the goals of the PCG to avoid being pushed away and cancelled visits. PE’s are trained that even if a PCG asks for information on shelters during previous visits, does not indicate a readiness to leave the situation. By doing so, the PCG began to open up more and the PE was able to get a better understanding of how the PCG was feeling. This technique helps put the PCG at ease with the PE, and to not feel judged or frustrated. PE’s always keep a supply of IPV information in their home visitor tool box to always be prepared to seize opportunities when the PCG is ready to talk and/or disclose. If the PCG is not ready to open up, the PE introduces strategies to build a healthy relationship. The resources that are provided to families experiencing IPV include legal aid, shelters, support groups, counseling, studies/fact sheets, and many self-care tips.
- **Northern Oklahoma Youth Services (NOYS-PAT)** – Domestic Violence is a significant issue in Kay County and there is a desperate need for a batterer’s intervention program, the closest one is an hour away. NOYS-PAT receives referrals from the local domestic violence shelter to work with families and their children to support building bonding and attachment that may have been affected by trauma. NOYS-PAT partners with the sexual assault advocate with families and have referred to counselors at the NOYS Agency. NOYS-PAT also discusses healthy relationships during home visits and Group Connections. During the reporting period, NOYS had 20 clients actively engaged in services through the domestic violence shelter.
- **Northwest Family Services (NFS-PAT)** – During the reporting period, the NFS-PAT program served three families who have been the victims of Intimate Partner Violence (IPV). The PE supported the families by providing them with advocacy tools for themselves, their children and strategies to keep their family safe from further exposure to violence. The IPV Screening Tool is used with the enrolled families. If the screening is positive, the PE has a discussion with the family regarding resources available to them. PAT services are provided to these families weekly or as needed.

- **Oklahoma City Public Schools (OKCPS-PAT)** – During the reporting period, three families were identified with IPV issues. The PE’s referred PCG’s to different agencies in the community including YWCA, Palomar: Oklahoma City’s Family Justice Center, and OKC Police Department Victim Services Program. OKCPS-PAT had developed the following protocols for family’s that experience IPV:

Parent/Caregivers who are enrolled in the Parents as Teachers program receive the Domestic Violence/ IPV screenings. The purpose of these screenings is to identify the extent to which clients served by the program have experienced intimate partner violence.

Guidelines:

- Parent Educators should be familiar with the characteristics of domestic violence.
 - Discuss and consult with supervisor if you suspect any parent/caregiver are victims of domestic violence.
 - Conduct the visits in another location other than the family home.
 - If there is no imminent danger refer, advocate for counseling or/ and provide resources for the victim.
 - Continue providing support to the victim with either decision she/he takes. **Do not pressure the victim to leave.**
 - Any Parent Educator who suspects that there is imminent danger must leave the family home and contact a supervisor immediately to inform about the incident.
 - It is not mandatory to report domestic violence to law enforcement unless victim requests it but it is required to document and refer victim to services.
 - Parent Educators should report child abuse if children are present in the home with domestic violence.
 - Call local law enforcement agency if there is an imminent danger of the victim and/or children.
- **Parent Child Center of Tulsa (PCCT-PAT)** – During the reporting period, PCCT-PAT served five families who were victims of IPV, the PE’s who provided services followed the Domestic Violence Protocol which includes among other things to complete an assessment to identify partner violence, provide helpful referrals to community partners and spend more time with families setting safety plans, checking how are they doing and what their needs are. During the reporting period, one PCG left her abusive partner, and her PE supported her by referring her to Domestic Violence Intervention Services (DVIS) and continued to support the PCG through the process of becoming independent.
 - **Parent Promise / PAT** – Parent Promise PAT has a protocol for Parent Educators to follow in the event that IPV is disclosed in a home visit. This protocol is on hand

with the PE's to be able to utilize when needed. The PE's are required to administer an IPV by the fifth home visit. In addition, the PE's also have the IPV Screening on hand to be able to administer any time IPV may be suspected. The PE's also keep on hand a form to create a safety plan if needed. Part of the safety plan includes giving resources such as the contact information for the YWCA and Palomar: Oklahoma's Family Justice Center. Parent Promise has a partnership with Palomar: Oklahoma's Family Justice Center. This partnership allows Parent Promise to be on site to allow a staff member to talk to families immediately. The families served at Palomar are either fleeing from an IPV situation or are in the planning process. The PE's offer additional support when going through these hard times. Collaborating with Palomar also helps to ensure these families are receiving the services they need at the time. During the reporting period, a PE went to a home to drop off some items. Upon arriving, the PE witnessed IPV. The PE immediately contacted the police and stayed with the victim until the abuser left the property. The PE encouraged the PCG to call the OKDHS child abuse hotline to ensure that she got all the support she would need during a difficult time. The PCG was worried that without financial help, she would lose her home and vehicle. The PCG worked with her PE, OKDHS and Palomar to secure employment and has continued to keep the abuser out of her home.

- **Youth and Family Services for Hughes & Seminole Counties-Parents as Teachers (H&S-PAT)** – During the reporting period, the PE's have worked with families who has been victims of IPV. H&S PAT has a policy to administer the IPV Assessment within 90 days of the parent being enrolled in the program. PE's have built rapport with the families so that they can open and talk about IPV issues if they are present. The PE connects the families to counseling services. A single father was also referred for counseling, but he declined due to not living with the mother of the child any longer and feeling that he is in a better place mentally and emotionally now. PE continues to encourage him in his efforts to take care of his child to the best of his ability when she is in his care and provide him with information on parental resilience.

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.

Referred fathers to "TRUE Dads" to create informal networks of support, learn skills to be a dad, improve relationships and gain access to job skills.

NFP has a number of materials directly on the dad for different phases of the program (i.e., Pregnancy, Infancy and Toddler phases, etc.)

Below are examples of PAT programs focused on father involvement.

- **Bethany Public Schools (BPS-PAT)** – During the reporting period, approximately 80% of BPS-PAT families had a father figure in the home and around 60% of those fathers were available to engage with their children. The last two CQI projects, BPS-PAT focused on improving Father Engagement. One ended during the CBCAP reporting period and the other one began in that same timeframe. In the first one, titled, “Dads Too!” BPS-PAT had the children invite their father to a Group Connections in order to interact with their child. 44% of available fathers attended at least one Group Connection. In the second CQI project, titled “Father-Child Interaction”, BPS-PAT provided activities to the families that the father could engage in with their child. BPS-PAT asked the mothers to provide evidence of the fathers engaging with their child (picture, video, text message). 33% of mothers reported an increase in father engagement.
- **CAP Tulsa-PAT** – CAP Tulsa encourages the entire family including the father to participate in the home visits. CAP Tulsa has a father participating as the Primary Caregiver (PCG) who is a teen parent. CAP Tulsa PAT had completed two father engagement CQI projects during the reporting period. The first one intended to increase the number of fathers attending to group connections. CAP Tulsa designed events more appealing to fathers and were more intentional on the invitations using flyers, text messages, etc. At the end of the period, it was determined that 70% of fathers available to participate attended to at least one CAP Tulsa PAT events. In the most recent CQI fathers were encouraged to complete an activity with their child(ren) at least once a month. Activities were modeled during the home visit, and the mother explained/modeled to the father. Fathers completing at least one of the activities received a bag with goodies as incentive during a drive through event. As a result, 88% of the families with a father figure in the family completed at least one activity. One enrolled family was a 17-year-old father who had a 7-month-old son. With help from his PE, the father was able to enroll at Union Alternative High School. Even though the father is not in a relationship with the mother of his child, they remain committed to making sure the baby is getting every possible opportunity available.
- **CREOKS / PAT** – During the reporting period, 38 fathers were actively involved with their children and have all participated in home visits. CREOKS-PAT invite dads consistently to join the home visits and Group Connections. During the reporting period, CREOKS-PAT increased father involvement by sending Welcome letters to the parents and highlighted the importance of getting dads involved. Stats and outcomes were added to the letter as well. In addition, CREOKS-PAT started leaving activities designed for dad and baby, which helped dads to start feeling like they were part of the home visits. Due to all of the new protocols that were put into place during the reporting period,

CREOKS-PAT experienced increased father engagement and parent child interaction. With all families, PE's start with the basics, set goals, and encourage families to continue positive interaction with their children. The PE's strive to meet the family when it is most convenient, even when dads work late. Some PE's also brings out Fatherhood Initiative curriculum as a supplement to the PAT curriculum, to reinforce the importance of the role that fathers play in their children's lives.

- **Frontline Family Solutions (FFS-PAT)** – During the reporting period, the FFS-PAT CQI project was increasing Fatherhood activity and engaging fathers in the program. The implementation of the CQI project included giving surveys on the first, second, and final visits for the year. Educational materials were also given on the Value of Fathers, Your Role as a Dad, and other hand-outs regarding Fatherhood. Fathers were encouraged to attend the visits and interact with the children during the visit. Fathers were also encouraged to attend the Group Connection with the family so they could also be a part of the program. Home visits and Group Connections were scheduled to be inclusive with a father's participation and during the visit the fathers were encouraged to participate in the conversation and interact with the parent-child activity. Once the fathers participate in visits, they are more likely to engage in positive ways with the child and to encourage the mother in her role. This increases the duration that families participate in the program and allows the program to contribute to the well-being of the family for the maximum length of time.
- **Great Plains (GP-PAT)** – During the reporting period, GP-PAT has seen an increase in father involvement during virtual and/or telecommunication home visits and visits to the office for front porch pick up. GP-PAT provides virtual or telecommunication home visits to at a time when the PE can coordinate with the father's work schedule. Fathers who are enrolled as the primary caregiver (PCG) receive concrete supports such as clothes, blankets, wipes, diapers, clothes, and toiletries for their family. During the reporting period, the PE's report several successes with dads, including transitioning to shared custody of child(ren), co-parenting with biological mother of child(ren), or getting full custody of child(ren). The PE's use the supplemental curriculum 24/7 Dad that is geared towards father involvement. GP-PAT has sought through face book, social media, buy/sell/trade sites, newspaper, word of mouth to help those in need find an affordable home in a good neighborhood. Some enrolled fathers have seasonal jobs so the PE's provide them with a bi-monthly list of jobs available in the area from the SW Workforce Office. GP-PAT also helps fathers who are the PCG through our Gifts of Hope project at which we provide Christmas Gifts for the children, so they are not stressed during the holidays. With all our families we keep up with charitable events available in their community. We have an outreach specialist through our agency, Great Plains

Youth and Family Services, Inc., that keeps track of every event in a good portion of SW Oklahoma.

- **Latino Community Development Agency (LCDA-PAT)** – During the reporting period, LCDA-PAT did not have any fathers enrolled as the PCG in our program, however, several fathers are able to participate in the virtual home visits. LCDA-PAT has been focusing on father involvement CQI activities during the reporting period, and the feedback from the families is that their husbands are spending more time with their children. LCDA-PAT last CQI project was with newly enrolled families and welcomed dads by sending a letter and providing information about the importance of the father’s role. One PCG mentioned that the mom told her that dad felt included when he received the letter. He stated, “I thought the program was just for you!” The father is African American and the letter and materials were sent in English. He told the mom, “Tell your PE that she can speak Spanish to me because I am learning, but I am glad she sent the materials in English.” Other PCG’s told the PE’s, “The letters worked! My husband is spending more time with the children,” another PCG said, “When my husband reads the information it motivates him to do things with the kids.” Another PCG told the PE that the father said “Tell your PE that I did spend time with the kids and tell her what I did!” One PCG told her PE that even though the letter was addressed to dad she opened them first to read it too and then she gave them to dad. It helped her start a conversation with him about the content.
- **Northern Oklahoma Youth Services (NOYS-PAT)** – The NOYS-PAT program has an excellent male parent educator who works with all clients but focuses on the fatherhood aspect by working with single dads and other male caregivers. NOYS-PAT provides a Group Connection at the Kay County Detention Center for the male inmates to help gain their confidence back in fatherhood knowledge and activities. The NOYS-PAT program focuses on empowering male clients and their caregiving abilities. During the reporting period, NOYS-PAT enrolled 15 male primary caregivers’ out of the 90 clients in the program.
- **Northwest Family Services (NFS-PAT)** – During the reporting period, the NFS-PAT program includes 2 fathers who are the primary caregiver and 4 fathers who are involved in the home visits provided to the family. The fathers ask questions, raise concerns and support the primary care giver. After receiving the activity pages and screening tools the fathers share that they are able to more easily understand the developmental stages of their child.
- **Oklahoma City Public Schools (OKCPS-PAT)** – During the reporting period, the OKCPS-PAT program implemented a project called “Adventure with Dads” with the purpose of increase father participation and involvement.

Data collected after this project:

1. More than 50% of the fathers identified for this project were participating with their children doing the activities planned by their parent educators at least one a week.
 2. Most of the fathers participating in this CQI have read with their child at least 3 times a week.
- **Parent Child Center of Tulsa (PCCT-PAT)** – During the reporting period, PCCT-PAT served 11 families that the fathers were involved. During enrollment, the PE's who served those families they provided information about the importance of fathers and/or father figures involvement in the life of a child. During the reporting period, the PCCT-PAT program had a CQI to increase the father involvement in the life of children and provided different materials every month and completed surveys to follow any improvement. The PE's make sure to invite the father or father figures of the family and provides specific literature for them to make them aware of their important roll.
 - **Parent Promise-PAT** Parent Promise PAT tries to involve fathers in the home visits when possible. This can prove difficult, for many of the father's work long hours and do not have a lot of time off. When a father is home during a home visit, the PE's encourages the father to participate in the home visit. PE's also give the families with a father involved a referral to True Dads or Family Expectations. If a father is experiencing unemployment, the PE will bring resources on job fairs or Work Ready. Parent Promise PAT offers at least 2 group connections a year that is on a weekend or evening with the hopes of increasing attendance by the fathers. Parent Promise PAT worked on a CQI project during the reporting period that promoted father engagement with their children. The fathers were asked to answer questions about what developmental topics and activities that would be most interesting to them. After receiving the responses, the PE brought information/activity that the father would like to the next visit. The PE's saw that there was an increase in father's reading to their children as well as more "play time" with their babies. Some feedback received indicated that the fathers did not really know how to play with a baby that is not mobile and the activities that were provided gave them more confidence. Parent Promise-PAT enrolled a father whose primary language was Spanish and had concerns about reading to his children because he could not read in English. The PE brought bilingual books when available, informed the family about the great resources at their local library, and encouraged the father to read the pictures in the book if he did not know the words. The PE reported that after a few weeks, the father reported that he was reading to his children on a daily basis.
 - **Youth and Family Services for Hughes & Seminole Counties (H&S-PAT)** – During the reporting period, H&S-PAT worked on getting fathers involved. The PE's reported that 2 fathers are involved during the virtual home visits, are asking more questions and making an effort to be present. The H&S-PAT

program also serves a single father who is incredibly involved in our bi-weekly visits and Group Connections. The single father openly asks questions about his child's development and milestones, he stated, "My father was not a strong support system in my life, and I do not want that to be the case for my daughter."

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

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:

COP Topics of Most Interest:

Topics	Frequency	Percentage
Child Development	11	79%
Positive Discipline	11	79%
Parenting a Grandchild	3	21%
Positive Relationships	8	57%
Increasing Communication	6	43%
Parenting a Teenager	1	7%
Financial/Legal	5	36%
Car Seats	1	7%

Technical Assistance: The FSPS acknowledges and embraces the importance of parent leadership and involvement. During FFY 2020, 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:

PAT Advisory Council: The PAT national model requires that implementing agencies have a 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 participation by parents and to truly integrate parents in a purposeful way. For this reason, the FSPS will continue to strive for improvement in this area with an effort to develop new opportunities for parents.

The OUHSC SafeCare® Parent Partnership Board (PPB): The Center on Child Abuse and Neglect (CCAN) at the University of Oklahoma Health Sciences Center established a SafeCare® parent advisory group in 2011. Years later that group, the SafeCare® PPB, is thriving and expanded to include a father’s group in addition to the mother’s group. Comprised exclusively of parents who were SafeCare participants, these parents have been integral in the early development of marketing and educational materials for parentPRO. They influenced the design of the

parentPRO logo – including the name, colors, look and tag line. They have provided feedback about the parentPRO website and asked that certain features such as additional resources, parenting tips, coupons and a calendar of activities be included. Because of their invaluable assistance, the Oklahoma State Department of Health provides a small amount of funding to partially cover the time and expenses of the staff that support the Board’s work.

The PPB reputation in the community has grown. They are considered to be a valuable voice for supporting not only home visitation program, but also for better understanding the needs of parents of young children who are living in vulnerable circumstances. This year we have focused on (a) establishing a concurrent Trauma-informed Child Care training, (b) transitioning the Parent Partnership Board into a Parent Advisory Council, and (c) strengthening the Dad’s group voice. The PPB has met with community groups and shared their voices at conferences. Through this work they have provided input into planning for kinship care, quality child care, early childhood education, and services for families involved in child welfare.

The success of the OUHSC SafeCare® PPB has provided some invaluable insights. The OUHSC CCAN PPB is comprised of consumers or former consumers of services within Oklahoma County only. The following features, learned from OUHSC CCAN’s experiences, will be included in the development of these new Boards and it is our intention to utilize CBCAP funds to support several of these efforts:

- The Board will be supported by professionals, but will be comprised solely of parents.
- The meetings will be held during times that are most convenient for the majority of parents.
- Assistance will be provided to parents in getting to/from meetings if necessary.
- Reimbursement for their time will be provided to parents in order to offset any costs to the family.
- Childcare must be available during the meetings. Trauma informed childcare that facilitates social emotional development of the youth is strongly encouraged.
- Snacks or meals are important to provide.
- The Board membership should be representative of the community’s voice desired, such as fathers, grandparents, foster parents, single parents, teen parents, etc.
- The Board must meet routinely, be provided opportunities to contribute to the child abuse prevention system in meaningful ways, and have social interactions and gatherings that promote trust and informal networking.

The Mission of the OUCCAN Parent Partnership Board: To support the development of healthy, thriving families by creating and promoting partnerships among parents, service staff and researchers to help meet the challenges of parenting young children.

2019-20 Activities: The PPB met with and provided feedback to the following groups: the Children’s Trust Fund Alliance, Oklahoma Commission on Children and Youth, Community Hope Centers, parentPRO website enhancements of Toolkit, Governor’s Front Porch Initiative, and other Oklahoma Human Services. In addition they conducted the following activities:

- Supporting Family Resilience through Trauma-Informed Child Care Provider Training Pilot Course (08/2019-06/2020). This specialized training for child care providers addressed knowledge and skills to recognize signs of trauma and create a learning environment to support resiliency in PPB families and society. This course provided child care providers with opportunities to develop trauma informed skills while managing children a child care setting. Specific skills and activities to support resilience in PPB children who are at risk of experiencing Adverse Childhood Experiences (ACEs) are provided.
- Moms and dads group met with the parentPRO team to explore additional parentPRO taglines and swag for moms and dads. A focus was to determine what items may be especially engaging for father figures.
- Attended and provided feedback for Family First Prevention Act planning for Oklahoma.
- Provided feedback to Section of Development and Behavioral Pediatrics regarding Mission & Vision Statement
- Provided suggestions for talents, skills and knowledge that will be beneficial for PAC application.
- Attended “2020 Women and Children First” Advocacy Training Program hosted by OICA. This day long training addressed how to effectively communicate with policymakers. It included chances to interact with lawmakers, panel discussions, advocacy training, and watching a live stream of the governor’s annual “State of the State” address followed by a panel discussion about issues that will drive the 2020 session. Training sessions included sessions on the legislative process, effective lobbying, grassroots organization, and media skills.
- PPB partnered with The Oklahoma Partnership for School Readiness (OPSR) to collect and analyze stories from community members in order to gain a rich understanding of what family resiliency looks like in each community. Stories were collected virtually on the internet via phone, tablet, or computer, or through mailed paper copies from families and individuals over the age of 13 all across the state. Participants were asked to give a story about how COVID 19 was affecting them. Each story helped map a community’s strengths and needs and these maps can be used to make sense of patterns the stories form.
- Attended a workshop on providing family voice to employers especially during the pandemic. PPB members learn strategies for contacting employers.
- Casey Family Programs interviewing PPB moms and fathers regarding SafeCare in Oklahoma.

OUHSC CCAN staff, volunteers, and students from across the metro area coordinate the program. These team members with the parents and children are impacted and share information back into the communities across the state. This reach is having impact with direct contact with individuals of various socioeconomic status, education, disabilities, mental health needs, faith backgrounds, etc.

EVALUATION AND ASSESSMENT OF PARENT LEADERSHIP ACTIVITIES *(if applicable)*

Not applicable.

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

TRAINING

The Annual Oklahoma Child Abuse and Neglect Conference: This three-day conference is organized by the University of Oklahoma’s Center on Child Abuse and Neglect. OSDH utilizes this conference to provide training to staff that work in various family support programs and multidisciplinary teams, as well as local task forces. In 2020, the conference was scheduled to be held on March 31st – April 2nd at the Hilton Garden Inn in Oklahoma City, Oklahoma and OSDH was to be a co-sponsor for the event. Utilizing CBCAP funds, OSDH planned to sponsor a prevention track during the conference that covered a variety of topics and provide scholarships for 30 OSDH employees to attend. During 2020, the Center on Child Abuse and Neglect also collaborated with the Oklahoma CJA Advisory Task Force on Child Abuse and Neglect. Attendance was expected to exceed 300 participants including 40 speakers, and approximately 45 volunteers and staff. A variety of continuing education credits were to be offered for attorneys, social workers, psychologists, counselors, law enforcement and other disciplines. As in previous years, attendees were expected to include prevention specialists, child development specialists, mental health professionals, multidisciplinary teams, attorneys, child welfare workers, psychologists, counselors and law enforcement, among others. Unfortunately due to the pandemic the decision was made to reschedule the Annual Conference for June 21-24, 2021, with the hopes that an in-person conference would be possible at that point. CCAN is committed to providing a virtual conference in the event that in-person attendance is not possible or feasible

Facilitating Attuned Interactions (FAN) Training: In partnership with the Oklahoma Association for Infant Mental Health, FSPS provided a one day overview training on Facilitating Attuned Interactions provided by Linda Gilkerson from the Erikson Institute Fussy Baby Network. The one day training, held in Yukon Oklahoma, was attended by 156 providers across Oklahoma including home visitors, mental health professionals, parent educators, child development specialists, child welfare workers, family advocates, and Part C Early Intervention providers.

FAN training is a conceptual model and practical tool for building relationships and reflective practice. Developed in 2005 as an approach to working with parents of fussy babies, FAN is a meta-framework that is not model specific and is generalizable to the helping relationship in many settings. FAN is rooted in the concept of attunement as its theory of change. That is, it is based on the belief that when people feel connected and understood, they will be open to trying new ways of relating. This is accomplished by addressing the parents’ concerns by the provider matching to the cues that the parent is showing in the moment and allowing the provider to move flexibly during the parent contact based on how the parent responds. Through the communication areas of calming, feeling, thinking, doing, and reflecting (the “wedges” of the FAN), providers of all types can track where they believe the client to be, but also increase reflective capacity by understanding where they themselves are in attempt to meet clients where they are. This increased reflective capacity strengthens the parent/provider relationship and in a parallel way, can strengthen parent/child interaction as the parent’s reflective capacity grows.

Day 1 training was followed by a second day of training in an effort to certify a number of nurse-home visitors in the FAN. Day 2 was attended by four teams of nurses as well as administrative staff who support the Children First program. Also in attendance were two trainers in training in an effort to sustain FAN in Oklahoma by having local trainers embedded in public health and mental health settings. Four nurse supervisors and their teams (total of 28 people) attended the training. The trainers in training provided monthly mentoring calls to the nurse supervisors who met regularly with their staff to support the nurse’s integration of FAN into their home visiting work. Four of the 6 required monthly calls were provided prior to COVID-19. When the pandemic hit, Children First Nurses were pulled away from home visiting services into clinic/pandemic response roles. FAN activity was temporarily suspended. Erikson Institute conducted a three-hour refresher training in June, but with the continuation of the Pandemic, FAN training was suspended indefinitely for the Children First Cohort. When the nurses are able to return to home visiting work, Erikson has agreed to pick up with the cohort and help them to complete the certification process. The trainers in training will continue their certification process and will provide training to Systems of Care teams in Oklahoma in 2020 and 2021 to complete the requirements to become FAN trainers.

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

Due to the COVID-19 Public Health Crisis, Parents as Teachers suspended all on-ground training and transitioned Model Implementation, Foundational and Foundational 2 Core trainings to a virtual platform. Following suit, the OCAP has provided the Contractors with virtual training and webinars covering topics that are required in the Training Plan and relevant to home visiting.

Model Specific Trainings ¹³	
Nurse-Family Partnership	Parents as Teachers
Unit One: Foundational Knowledge	Model Implementation (<i>required</i>)
Unit Two: Building on Foundational Knowledge	Foundational Training (<i>required</i>)
Unit Three: Model Elements	Foundational 2 Training (<i>required</i>)
Unit Four: Supervisor Skills (<i>Supervisors only</i>)	Autism Within Families (<i>optional</i>)
OK1: Perinatal Health	Healthy Sleep Practices for Young Children (<i>optional</i>)

¹³ SafeCare trainings conducted and monitored by OUCCAN. They also participate in the “Additional Trainings” at bottom of table.

OK2: Infant /Toddler Physical Assessment	Partnering with Parents Through Screening and Assessment (<i>optional</i>)
OK3: Model Overview	Working Successfully From Home (<i>optional</i>)
Case Management: Linking and Referrals	Supervision and Leadership Trainings (<i>optional</i>)
DANCE Preparation DANCE Fundamentals DANCE Integration <i>Dyadic Assessment of Naturalistic Caregiver-Child Experiences</i>	
Additional Trainings Provided Across All Models	

Model Specific Training for Programs

Other Training for Programs

Name of Training Class	Date of Class	# Attended
OK1 – Children First Overview / Maternal Health Assessment	10/01-10/02, 2019	2
ROAR Child Education <i>Between October 1st, 2019 and September 30th 2020, 62 individuals scheduled trainings to become certified in ROAR</i>	10/01/2019 to 09/30/2020	62
OK2 – Infant and Toddler Assessment	01/21-01/23, 2020	2
	May 2020	25
	October 3-4, 2019	21
	September 10-11, 2020	17
CAME – Child Abuse Medical Examiner		
	10/01/2019	23
	12/06/2019	33
	07/06/2020	9
Home Visitor Safety		
Breastfeeding	12/09-10/2019	16
	11/06/2019	9
	08/28/2020	20
Family Domestic Violence		
Attachment	12/12/2019	5
Reproductive Health / Maternal Depression	12/11/2019	3
	10/09/2019	20
	12/05/2019	9
	03/11/2020	8
	09/22/2020	20
Special Needs		
OK3 – Motivational Interviewing/Therapeutic Relationships/Crisis Management/Chart Audit	01/14-01/16, 2020	8
	10/10/2019	20
	12/04/2019	4
	03/12/2020	5
Keys to Caregiving		

ASQ – Ages & Stages	09/03/2020	21
Motivational Interviewing	11/19/2019	16
Tobacco Cessation/Substance Abuse/Addictive Behaviors	11/22/2019	14
	08/31/2020	17
Mental Health Issues	12/18/2019	11
	08/26/2020	21
SOAP Notes	1/23/2020	7
	08/31/2020	16
OK1 – Children First Overview / Mental Health Assessment	02/11-02/12, 2020	4
Developmental Milestones	11/18/2019	6
Adoption	10/14/2019	19
	10/30/2019	3
	06/22/2020	16
	09/15/2020	21
Grief and Newborn Screening	11/14/2019	6
OK1 – Children First Overview/Maternal Health Assessment	06/24-06/25, 2020	5
OK 2 - Infant and Toddler Assessment	06/29-07/01, 2020	9
OK1 – Children First Overview/Maternal Health Assessment	09/30-10/01, 2020	8
The Art of Adding Value	11/12/2019	12
	06/16/2020	21
	06/29/2020	19
	09/14/2020	14
Child Passenger Safety	11/21/2019	6
Safe Sleep	11/07/2019	37
	02/24/2020	53
Circle of Parents	01/25/2020	18
Courageous Leadership	08/31/2020	15
Substance Abuse	09/20/2020	20
Total of 50 trainings	Total Attendees	776*

*Duplicated count

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

The following activity was discussed in detail in a previous section:

The National Family Support Network (NFSN): (See page 23.)

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 FFY 2020, individual consultation and technical assistance were 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 three home visiting models (NFP, PAT and SafeCare).

SECTION 8 – EVALUATION DATA FOR CBCAP-FUNDED PROGRAMS

Home Visiting Evaluation: The FSPS has a 23-year history of collecting data related to evidence-based home visiting. With MIECHV funding, the agency was able to create a centralized database for all home visiting programs regardless of model. Social Solutions customized their “Efforts to Outcomes” program for Oklahoma programs. Today, data from NFP, PAT, SafeCare and historical Healthy Families America can be pulled and analyzed from one system.

The data is used for MIECHV benchmark reporting, model fidelity, day-to-day management as well as annual reports provided to the Oklahoma legislature and Governor.

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 Child Development Specialist. The following information represents the data collected from respondents that participated in COP during the FFY 2020. Data received for the time period of October 1, 2019 through September 30, 2020 include three groups and 14 participants although most groups did not meet after March 2020 year due to COVID-19. New methods are being explored for meeting in innovative ways, either via Zoom, Teams or another option that will ensure safety not only for the clinicians, but also the parents in attendance.

Question 1: COP has been helpful to me.

Question 1	Frequency	Percentage
Strongly Disagree	1	7%
Disagree	0	0%
Agree	3	21%
Strongly Agree	10	71%
No Opinion	0	0%

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

Question 2	Frequency	Percentage
Strongly Disagree	1	7%
Disagree	0	0%
Agree	1	7%
Strongly Agree	12	86%
No Opinion	0	0%

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

Question 3	Frequency	Percentage
Strongly Disagree	1	7%
Disagree	0	0%
Agree	1	7%
Strongly Agree	12	86%
No Opinion	0	0%

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

Question 4	Frequency	Percentage
Strongly Disagree	1	7%
Disagree	1	7%
Agree	1	7%
Strongly Agree	11	79%
No Opinion	0	0%

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

Question 5	Frequency	Percentage
Strongly Disagree	1	7%
Disagree	0	0%
Agree	2	14%
Strongly Agree	11	79%
No Opinion	0	0%

Question 6: I feel supported as a result of attending a COP group.

Question 6	Frequency	Percentage
Strongly Disagree	1	7%
Disagree	0	0%
Agree	2	14%
Strongly Agree	11	79%
No Opinion	0	0%

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

Question 7	Frequency	Percentage
Strongly Disagree	1	7%
Disagree	0	0%
Agree	1	7%
Strongly Agree	12	86%
No Opinion	0	0%

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

Question 8	Frequency	Percentage
Will	8	100%
Will Not	0	0%

FSPS services or activities funded by CBCAP:

Nurse-Family Partnership (known as Children First in Oklahoma) – Below is a sampling of SFY 2020 outcomes for the state-funded NFP programs. (See Attachments, Folder 1.)

- 91% of NFP babies were born at normal birth weight (more than 5.5 lbs.)
- 88% of NFP babies were carried to term (more than 37 weeks gestation)
- 80% of NFP children were fully immunized at 24 months
- 91% of NFP mothers initiated breast feeding
- 94% of NFP mothers attended 10 or more prenatal care visits
- 90% of NFP clients did not smoke and never began smoking between intake and 36 weeks of pregnancy

- 35 referrals to early intervention services were made to NFP mothers whose children screened positive for developmental delays on regularly administered Ages & Stages questionnaires
- 1,616 Patient Health Questionnaires (PHQ-9) were administered to 862 mothers; approximately 20% of the screenings indicated signs of depression and required immediate attention by a healthcare or mental health professional
- 76% of NFP fathers spent time with their child
- 90% of NFP clients served in SFY 2020 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 client satisfaction surveys received in FFY 2020.

- 96% of clients agree or strongly agree that they are satisfied with the activities in which they participate
- 96% of clients agree or strongly agree that they believe their life has been improved by this program

Parents as Teachers (PAT) - Continuous Quality Improvement (CQI): PAT contractors implement CQI projects in order to improve services and evaluate current practices. CQI provides a process for responding to information that comes from monitoring fidelity and quality, evaluation, and the Quality Endorsement and Improvement Process. Through CQI, staff can build on identified strengths and address issues to continually improve program operations and services to families.

“Efforts to Outcomes” (ETO) Evaluation

FSPS Referrals by the numbers:

A total of 2,877 referrals were sent to the parentPRO programs in FFY 2020, routing through the ETO system. From those referrals, 1,235 did not enroll in services for various reasons as indicated below:

- 435 of the clients could not be located
- 131 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.)

Data quality:

ETO has now been in place for five years with a focus on data quality within the system. Sites now have the ability to run a report at any time to view the number of participants with key missing data and are able to break it out by staff member which has substantially reduced the missing data in some variables by 10 percent or more.

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 in part funded or participated in by the FSPS:

The Oklahoma State Plan for the Prevention of Child Abuse & Neglect (Data and Methodology):

During 2020, the Community and Professional Surveys were once again updated and distributed to collect data for updating the Oklahoma State Plan for Child Abuse and Neglect (2019-2023). Due to the Coronavirus pandemic, social distancing, and introducing telework practices, surveys distribution was delayed by approximately one month. This year's surveys included all questions from previous surveys as well as questions regarding situations and activities related to positive togetherness and to household conflicts during social distancing due to the COVID-19 pandemic.

Responses to surveys increased from previous years. Compared to the 2019 survey totals, the 2020 community survey response was 4 1/2 times larger, with 1221 surveys returned, and the stakeholder survey was 8% larger, with 324 surveys returned. Creating surveys that were smart phone compatible helped to increase survey participation. Paper and pencil surveys were not used this year, and while QR codes continued to be used, most surveys were accessed through an emailed link to the online surveys. The 2020 Fast Facts briefs include condensed results from both surveys.

Moving forward, ongoing efforts, strategies, action items, and metrics will continue to be fine-tuned and streamlined into a workable format for a State Plan. Data will continue to be gathered with follow-up surveys while collaborations with stakeholders will take place via biannual meetings in April and October of each year. The plan will continue to be under constant review to insure flexibility for changing community needs and availability of new data sources. Data will continue to be collected annually to reflect any progress the state is making toward meeting goals set forth by the State Plan, and to highlight areas where concentrated efforts might benefit. Surveys and distribution methods may be revised in order to better reach the target populations. (For a comprehensive look at survey data comparisons covering years one, two and three, see *Attachments, Folder 4.*)

SECTION 9 – CHILD ABUSE PREVENTION MONTH AND AWARENESS ACTIVITIES

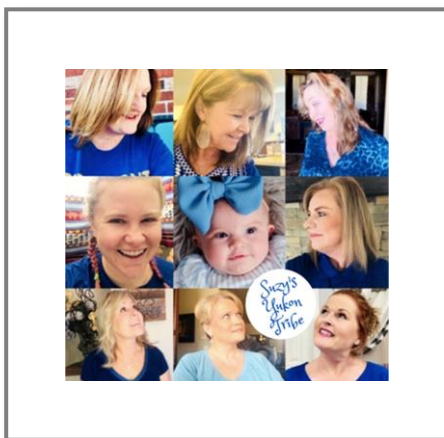
CHILD ABUSE PREVENTION MONTH PUBLIC AWARENESS

Every year in April, FSPS observes National Child Abuse Prevention Month (NCAPM) with events and activities included in an elaborate and strategic statewide plan. This plan is developed in collaboration with key prevention partners over the course of monthly meetings in the preceding year. This FFY was atypical due to COVID-19.

COVID-19 Impact: The CAP Action Committee worked throughout the year to create and organize campaigns, events and activities focusing on April – National Child Abuse Prevention Month (NCAPM). Planning began September 13, 2019 in preparation for April 2020 with new key partners including the YMCA who brought along their “Five Days of Action” campaign, which is a week designed to raise awareness and inspire adults to take action to protect children from sexual abuse. A joint press conference was planned with state leadership, advocates and others to be held at the State Capitol



following the annual Outstanding Child Abuse Prevention Award Ceremony. The OSDH Office of Communications created a series of designs for the Oklahoma NCAPM campaign including a design of an Oklahoma blue ribbon tree, a blue ribbon tree postcard, special NCAPM letterhead, electronic flyers and artwork for the plaques that were to be given at the award ceremony. A local graphic designer volunteered artwork for the creation of an official Oklahoma wear blue t-shirt. The YMCA purchased 600 shirts and successfully sold almost all their inventory (even though this occurred during the rising numbers of COVID-19). Two thousand Pledge-to-Protect



kids’ cards¹⁴ were created for adults to sign at local events including a Sunday afternoon at OKC Streets event that was to take place on April 5, 2020. What looked to be a banner year ended abruptly at the last CAP Action meeting (March 13, 2020). People were sent home to work and the events were postponed or cancelled with no clear end in sight. It became difficult if not impossible to proceed in a meaningful way with all the uncertainties of COVID-19. We have learned a lot in a year and have witnessed the resilience of not only families, but communities and our prevention network. For 2021, many campaigns are building in virtual options and seeking new ways to inspire others to protect children.

While not completed, the FFY 2020 campaign included the following components along with scheduled events and activities.

¹⁴ <https://www.ok.gov/health2/documents/Vertical%20x%203.pdf>

- ⌘ **Introduction of new Oklahoma NCAPM design highlighting Oklahoma’s traditional blue ribbon tree formatted to multiple media pieces – Created by the OSDH Office of Communications;**
- ⌘ **Creation of social media campaign for all activities and events – Created by the OSDH Office of Communications;**
- ⌘ **Social media promotion leading up to April via the Oklahoma Child Abuse Prevention Facebook page (with over 1,200 followers);**
- ⌘ **Media Event: OKC Mayor Signing of OKC CAPM Proclamation – 03/31/20 – In Collaboration with Parent Promise/PCA-OK;**
- ⌘ **FSPS Co-hosting Annual Child Abuse and Neglect Conference, including prevention track with national and local speakers – 03/31/20 – 04/02/20 – In partnership with the Oklahoma University of Health Sciences;**
- ⌘ **SkyDance Bridge Lighting to turn blue kicking off NCAPM (including prevention group photo at the bridge) – 04/03/20;**
- ⌘ **Annual Wear Blue Day (& Take a Selfie) – 04/03/20;**
- ⌘ **Biannual State Prevention Plan Review with Stakeholders – 04/03/20;**
- ⌘ **OKC Open Streets Event (including a NCAPM Prevention Booth) – 04/05/20;**

- ⌘ **Creation of Pledge to Protect Cards to be disseminated at OKC Open Streets – 04/05/20;**
- ⌘ **Annual Outstanding Child Abuse Prevention Award Ceremony (nominations were already received, reviewed and selected) along with Child Abuse Prevention Press Conference at the State Capitol – Tuesday, April 14, 2020;**
- ⌘ **Annual Build a Blue Ribbon Tree for Kids Campaign – entire month;**
- ⌘ **Happy Day Coloring Challenge – entire month;**
- ⌘ **Pinwheel Gardens – Led by PCA-OK;**
- ⌘ **Dissemination of the Children’s Bureau National CAPM Resource Guides;**
- ⌘ **Five Days of Action, a YMCA event designed to raise awareness and inspire adults to take action to protect children from sexual abuse – (Originally scheduled for April 13-17, 2020 but moved to October 26-30, 2020) – Collaboration with the YMCA of Oklahoma City – a national effort¹⁵; and**
- ⌘ **Creation of Oklahoma NCAPM logo and t-shirt – Design created by independent graphic artist; t-shirts made available for purchase through the YMCA of Greater Oklahoma City.**



¹⁵ Five Days of Action; <https://www.fivedaysofaction.org/>

SECTION 10 – CHALLENGES AND BARRIERS

In the middle of FFY 2020, the nation as well as OSDH began to experience the impact of COVID-19, which has proven to be our greatest challenge. Many activities and events were derailed, coalitions and meeting groups were postponed or canceled and those in home-based services had to figure out how to do things differently. Everyone has worked to become innovative and learn new ways of doing business, which continues to evolve and improve. Being part of the state's public health agency has resulted in a diversion of the workforce to a public health emergency. Nurses, epidemiologists, clinicians and some general staff assigned to prevention programs have been enlisted to help with emergency response activities such as, answering COVID-19 phone calls, working clinics, data entry, coordination and supervision of sites and now assisting with the roll out of the vaccine clinics across the state.

Also during this period after decades at the same address, OSDH moved to a new location in downtown Oklahoma City. While this move is beneficial to the agency in a number of ways, moving a workforce while teleworking has presented challenges.

2020 Oklahoma CBCAP Program Report [Attachments]

ATTACHMENTS & SUPPORTING DOCUMENTATION Table of Contents

<p><u>FOLDER 1</u> Family Support & Prevention Service PROGRAMS</p>	<ol style="list-style-type: none"> 1. PARENTS AS TEACHERS PROGRAM (OCAP) <ol style="list-style-type: none"> 1) OCAP Annual Report (SFY 2020) 2) Parents As Teachers Logic Model (Updated) 3) Parents As Teachers RFP 4) Parents As Teachers Program Directory 5) Parents As Teachers Training Plan 2. NURSE-FAMILY PARTNERSHIP PROGRAM (<i>Children First in Oklahoma</i>) <ol style="list-style-type: none"> 1) Children First Annual Report (SFY 2019 – 2020 update not available) 2) Nurse-Family Partnership Model Elements 3) Logic Models: Children First and Nurse-Family Partnership 4) Children First Client Satisfaction Survey 5) Children First Training Record 6) Children First Forms Manual 3. PROGRAMS – MISCELLANEOUS <ol style="list-style-type: none"> 1) Circle of Parents – Various Documents 2) Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
<p><u>FOLDER 2</u> Home Visitation Group</p>	<ol style="list-style-type: none"> 1. HOME VISITATION LEADERSHIP ADVISORY COALITION (HVLAC) <ol style="list-style-type: none"> 1) Home Visitation Meeting Calendars 2) Home Visitation Agendas & Minutes 3) Oklahoma Home Visiting Annual Outcomes Report (update not available) 4) Home Visitation Safety Manual
<p><u>FOLDER 3</u> Child Abuse Prevention Month & Awareness</p>	<ol style="list-style-type: none"> 2. CHILD ABUSE PREVENTION MONTH & PROMOTIONAL MATERIALS (2020) <ol style="list-style-type: none"> 1) Build a Blue Ribbon Tree Campaign 2) Miscellaneous CAP Month Materials (2020) <ol style="list-style-type: none"> a. CAP Meeting Calendars (2019-2020) b. CAP Month Coloring Challenge c. CAP Month Letterhead (multiple variations) d. CAP Month Newsletter of Events e. CAP Month Pledge-2-Protect Kids Cards (2) f. CAP Month Social Media Banner & Social Media Posts g. Outstanding CAP Awards Nomination Packet
<p><u>FOLDER 4</u> Oklahoma State Plan for Prevention of CAN (2019-2023)</p>	<ol style="list-style-type: none"> 1. OKLAHOMA STATE PLAN FOR THE PREVENTION OF CHILD ABUSE & NEGLECT <ol style="list-style-type: none"> 1) State Prevention Plan (2019-2023) 2) State Plan Materials (Surveys, Fast Facts, Outcomes and 3-Year Comparisons) 3) State Plan – OSDH & DHS Biannual Meeting
<p><u>OTHER IMPORTANT ATTACHMENTS</u></p>	<ol style="list-style-type: none"> 1. CBCAP Federal Financial Reports 2. CBCAP Annual Program Report (FFY 2019) & Application (FFY 2021) 3. OUHSC Collaborative – Child Sexual Abuse Prevention Workgroup Survey 4. OPSR Strategic Plan (01-21-2020) 5. OHIP Publications
<p>See also... APPENDIX A</p>	<p>Oklahoma’s Community-Based Child Abuse Prevention Network</p>

**Hard copies of attachments available by request.*