

JUNE 7, 2021

GRANT APPLICATION 2021



OKLAHOMA
State Department
of Health

TABLE OF CONTENTS

SECTION	TOPIC	PAGE NUMBER
Section I	Submission Letter	4
Section II	Lead Agency Identifying Information	6
Section III	Governor Documentation and Assurances	7
Section IV	Lead Agency Assurances	9
Section V	Leveraged Claim Form	10
Section VI	Budget	14
Section VII	OSDH Leadership Role in State Prevention Activities	15
Section VIII	Actions to Advocate for Systemic Change	32
Section IX	Collaboration and Coordination	38
Section X	Criteria for Funded Programs	48
Section XI	Outreach Activities for Special Populations	52
Section XII	Plans for Parent Leadership and Family Involvement	54
Section XIII	Plan for Support, Training, Technical Assistance and Evaluation Assistance	55
Section XIV	Evaluation Plans	59
Section XV	Plan for Child Abuse Prevention Month and Public Awareness Activities (2022)	63
Section XVI	Areas for Technical Assistance	66
Section XVII	American Rescue Plan	67
Certifications	Lobbying	68
Attachments Section	Table of Contents for Supporting Documentation	69



OKLAHOMA
State Department
of Health

June 7, 2021

Amanda Barlow
Acting Commissioner
U.S. Department of Health and Human Services
Administration of Children, Youth and Families
330 C Street SW, 3rd Floor
Washington, D.C. 20201

RE: Community-Based Grants for the Prevention of Child Abuse and Neglect or
Community-Based Child Abuse Prevention
Log No. ACYF-CB-PI-21-03; Issuance Date: 03-04-21

Dear Commissioner Barlow:

Enclosed please find the Oklahoma State Department of Health (OSDH) application for the FY 2021 Community-Based Child Abuse Prevention (CBCAP) grant. The state and designated lead agency meet all eligibility requirements specified by Part II of the Program Instructions and will be responsible for the administration of funds and oversight of programs funded through a statewide network of community-based, prevention-focused family resource and support programs.

The OSDH is a public entity comprised of 68 county health departments and a central office serving all 77 counties in Oklahoma. The mission of OSDH is:

To protect and promote health,
to prevent disease and injury, and
to cultivate conditions by which Oklahomans can be healthy.

The OSDH has four distinct administrative areas. The *Family Health Services* (FHS) Division falls under the Community Health Services area. FHS is responsible for services pertaining to women, infants, children and their families. The FHS mission is:

Family Health Services protects and promotes the health of Oklahoma's women, children and families by assessing health status, establishing evidence-based priorities and providing leadership to assure availability of individual, family and population-based services.

Within the FHS there are seven separate services – one of which is the *Family Support and Prevention Service* (FSPS). The FSPS is directed to establish a comprehensive statewide approach toward the prevention of child abuse and neglect. The FSPS mission is:

To promote the health, safety and wellness of Oklahoma's children and families by reducing child abuse and neglect through the funding of direct services; training professionals that work in the child abuse prevention and protection arenas; and conducting activities that educate the public about child maltreatment and enhance the infrastructure that supports prevention efforts.



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

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

The Family Support and Prevention Service has been ground central for many of the home visitation programs in the state, including the Nurse-Family Partnership Program (referred to in Oklahoma as the *Children First Program*), Parents-As-Teachers (PAT) and the *Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program*. Children First provides nurse home visitation to first-time parents throughout the state. Public health nurses from OSDH county health departments and contracts with Oklahoma and Tulsa counties provide Children First services statewide. The PAT program is administered through FSPS through contractual agreements with private non-profit agencies across the state. The *MIECHV Program* is a federally-funded initiative designed to increase and enhance home visiting services being provided to pregnant women, infants, and young children who are at risk. The goals of the program include promoting maternal, infant and early childhood health, safety, and development, as well as strong parent-child relationships.

The mission, structure and activities of the FSPS within the OSDH are in alignment with the requirements of the CBCAP grant. For this reason, we look forward to continuing our efforts in preventing child maltreatment while joining forces with the Administration on Children, Youth and Families.

Sincerely,

Tina R Johnson,
MPH, RN

Digitally signed by Tina R
Johnson, MPH, RN
Date: 2021.05.27 12:00:30
-05'00'

Tina R. Johnson, MPH, RN
Assistant Deputy Commissioner
Family Health Services
Oklahoma State Department of Health
123 Robert S Kerr Ave, Oklahoma City OK 73102
(405) 426-8134



SECTION II – LEAD AGENCY IDENTIFYING INFORMATION

In Response: Log No: **ACYF-CB-PI-21-03**

Date of Issuance: **03/04/2021**

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

NEW Mailing Address: **123 Robert S. Kerr Avenue**
16th Floor
Oklahoma City OK 73102-6406

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

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

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

CBCAP Program Contacts:* Sherie Trice, M.S. Beth Martin, MA, CCC
CBCAP Grant Coordinator Director
Family Support and Prevention Service
(405) 426-8060

CBCAP Fiscal Contact: Bethany Ledel
Grants and Reporting Officer
(405) 426-8677
BethanyL@health.ok.gov

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



J. Kevin Stitt
Office of the Governor
State of Oklahoma

April 29, 2021

Amanda Barlow
Acting Commissioner
U.S. Department of Health and Human Services
Administration on Children, Youth, and Families
330 C Street SW, 3rd Floor
Washington, D.C. 20201

Dear Acting Commissioner Barlow:

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

Because prevention is highly emphasized in the arena of public health, the OSDH is the most appropriate entity to accomplish the goals of the Community-Based Child Abuse Prevention (CBCAP) Program. The OSDH has over 20 years of experience providing community-based family support services through a statewide network of prevention programs funded by Oklahoma's Child Abuse Prevention Fund.

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

Sincerely,

A handwritten signature in black ink, consisting of the initials "K Stitt" written in a cursive style.

J. Kevin Stitt
Governor
State of Oklahoma

Enclosure: State Chief Executive Officer's Assurance Statement OMB Control #0970-0155

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

GOVERNOR'S ASSURANCE STATEMENT

As Governor of the state of Oklahoma, I am providing the following assurance that I have designated to be the lead agency, administer the funds, and assume the obligations imposed by the terms and conditions of the Community-Based Grants for the Prevention of Child Abuse and Neglect award. I further assure that the lead agency will provide or will be responsible for providing--

- (A) Community-based child abuse and neglect prevention programs and activities designed to strengthen and support families to prevent child abuse and neglect composed of local, collaborative, public-private partnerships directed by interdisciplinary structures with balanced representation from private and public sector members, parents, and public and private nonprofit service providers and individuals and organizations experienced in working in partnership with families with children with disabilities;
- (B) Direction to an interdisciplinary, collaborative, public-private structure with balanced representation from private and public sector members, parents, and public sector and private nonprofit sector service providers;
- (C) Direction and oversight to the network through identified goals and objectives, clear lines of communication and accountability, the provision of leveraged or combined funding from federal, state and private sources, centralized assessment and planning activities, the provision of training, technical assistance, evaluation assistance and reporting and evaluation functions.
- (D) A demonstrated commitment to parental participation in the development, operation, and oversight of the community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect;
- (E) A demonstrated ability to work with state and community-based public and private nonprofit organizations to develop a continuum of preventive, family-centered, comprehensive services for children and families;
- (F) The capacity to provide operational support (both financial and programmatic) and training, technical assistance, and evaluation assistance to community-based child abuse and neglect prevention programs and activities designed to strengthen and support families to prevent child abuse and neglect, through innovative, interagency funding and inter-disciplinary service delivery mechanisms; and
- (G) Integration of its efforts with individuals and organizations experienced in working in partnership with families with children with disabilities, parents with disabilities and with the child abuse and neglect prevention activities of the state, and demonstrate a financial commitment to those activities.



(Signature of Governor)

4/28/2021

(Date)

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

STATE LEAD AGENCY ASSURANCE STATEMENT

STATE:
Oklahoma

LEAD AGENCY:
Oklahoma State Department of Health

On behalf of the above named agency, which has been designated by the Governor of the state to be the lead agency responsible to administer the funds and assume the obligations imposed by the terms and conditions under the Community-Based Grants for the Prevention of Child Abuse and Neglect award, the following assurances are provided:

- (A) A description of the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the state, will be included with the Annual Performance Report (and subsequent year's reports);
- (B) Funds received under this title will supplement, not supplant, other state and local public funds designated for the start-up, maintenance, expansion, and redesign of community-based and prevention-focused programs and activities to strengthen and support families to prevent child abuse and neglect;
- (C) The state has the capacity to ensure the meaningful involvement of parents who are consumers and who can provide leadership in the planning, implementation, and evaluation of the programs and policy decisions of the applicant agency in accomplishing the desired outcomes for such efforts; and
- (D) The lead agency will provide the Secretary with reports at such time and containing such information as the Secretary may require (and every year on the same date for the life of the grant).

Tina R Johnson, MPH, RN Digitally signed by Tina R Johnson, MPH, RN
Date: 2021.05.27 12:01:06 -05'00'

(Signature of Responsible Lead Agency Administrator)

Assistant Deputy Commissioner

(Typed Name and Title of Administrator)

5/26/2021

(Date)

LEVERAGED FUNDS WORKSHEET for FY 2021 APPLICATION

STATE: Oklahoma LEAD AGENCY: Oklahoma State Department of Health

AMOUNT OF CLAIM	DATE(S) FUNDS WERE RECEIVED AND BUDGETED BY LEAD AGENCY ----- BUDGETED/SPENT		SOURCE OF FUNDS BEING CLAIMED	PURPOSE FOR WHICH FUNDS WERE BUDGETED AND SPENT
\$ 1,422,985	Jul-19	Monthly Oct 19 – June 20	State Appropriation County Millage	Office of Child Abuse Prevention (OCAP) <i>Parents as Teachers (PAT)</i>
\$ 300,373	Jul-20	Monthly Jul 20 – Sept 20	State Appropriation	OCAP – PAT
\$ 141,673	Jul-19	Monthly Oct 19 – Jun 20	State Appropriation	OCAP Administration
\$ 33,364	Jul-20	Monthly Jul 20 – Sep 20	State Appropriation	OCAP Administration
\$ 2,762,073	Jul-19	Monthly Oct 19 – Jun 20	State Appropriation County Millage	Child Guidance Program (OSDH)
\$ 815,717	Jul-20	Monthly Jul 20 – Sep 20	State Appropriation County Millage	Child Guidance Program (OSDH)

AMOUNT OF CLAIM	DATE(S) FUNDS WERE RECEIVED AND BUDGETED BY LEAD AGENCY ----- BUDGETED/SPENT		SOURCE OF FUNDS BEING CLAIMED	PURPOSE FOR WHICH FUNDS WERE BUDGETED AND SPENT
\$ 4,225,083	Jul-19	Monthly Oct 19 – Jun 20	State Appropriation County Millage	Nurse-Family Partnership <i>(known as Children First in Oklahoma)</i>
\$ 984,705	Jul-20	Monthly Jul 20 – Sep 20	State Appropriation County Millage	Nurse-Family Partnership <i>(known as Children First in Oklahoma)</i>
\$ 23,168	Jul-19	Monthly Oct 19 – Jun 20	Fee-Based	Heirloom Birth Certificates
\$ 4,883	Jul-20	Monthly Jul 20 – Sep 20	Fee-Based	Heirloom Birth Certificates

INCENTIVE CLAIM ASSURANCE: All amounts figured into this claim are non-federal monies that have been leveraged by the state, directed through the CBCAP lead agency submitting the application, and budgeted and spent in FY 2020 (i.e., 10/1/19 – 9/30/20) to support community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect, as defined in the law, that coordinate resources among a range of existing public and private organizations for the purposes defined under this Title. No funds claimed here have been claimed to leverage any other source of federal funds. State and non-federal funds that are being used to meet the maintenance of effort, match or other cost-sharing requirements for other federal funding are not eligible to be claimed.

<p>TOTAL CLAIM</p> <p>\$ 10,714,024</p>	<p>PREPARED BY: (Fiscal Agent) <i>Keisha Driskell</i> Date: 05/11/2021</p> <p>SUBMITTED BY: (Lead Agency Authority) <i>Bethany Ledel</i> Date: 05/11/2021</p>
--	---

Documentation of Leveraged Funds for Federal Matching Funds

- The leveraged funds submitted were state funds appropriated for the preceding fiscal year (October 1, 2019 – September 30, 2020) and directed by the Oklahoma State Department of Health, the CBCAP lead agency.
- These leveraged funds were used to support community-based and prevention-focused programs and activities designed to strengthen and support families while reducing the risk factors associated with child abuse and neglect.
- These state funds have not been used as leverage for any other federal fund grant program.

Clarification of the Leveraged Funds Worksheet:

1. The “**Amount of Claim**” column only contains monies spent between 10/01/19 and 9/30/20.
2. The “**Received**” column indicates which state fiscal year the money was appropriated. However, the entire fiscal year’s appropriation was not included in the “Amount of Claim” column.
3. **Parents as Teachers (PAT)** refers to the Parents as Teachers home visiting programs. State appropriations were used to support PAT parent educators, supervisors and supportive staff.
4. **The Family Support and Prevention Service (FSPS) – Administration:** State appropriations allowed FSPS staff from the OSDH central office to provide model specific training, technical assistance, evaluation/assessment, quality assurance/improvement and affiliation/accreditation guidance to all home visiting programs.
5. **OSDH Child Guidance Program:** State appropriated dollars, county millage, service fees and Medicaid reimbursements make up 100% of the Child Guidance Program budget. Program funds supported staff salaries, travel, training and supplies of Child Guidance personnel. Child development specialists, speech language pathologists and behavioral health clinicians provided multi-disciplinary services including detection, education, support, and treatment of developmental, communication, hearing and behavioral concerns and assist families in accessing resources. Staff also provided evidence-based and evidence-informed programming such as *The Incredible Years*, *Circle of Parents*, *Circle of Security*, *Parent Child Interaction Therapy* and the *Hanen Program for Parents*.
6. **Nurse-Family Partnership (NFP) Program** (known in Oklahoma as *Children First*): The NFP Program is a statewide public health nurse home visitation program offered through local health departments. The monies included on the Leveraged Funds Worksheet include staff salaries and travel of those nurses delivering the service as well as the staff salaries and travel of those in the OSDH central office that provide training, technical assistance, evaluation/assessment and quality assurance.

7. **Heirloom Birth Certificates:** The OSDH offers Heirloom Birth Certificates for purchase. These funds help support child abuse prevention efforts across the state by providing free state-of-the-art, prevention-related training and technical assistance for home visitors and other prevention professionals.

SECTION VI - BUDGET

EXPENDITURES	FEDERAL DOLLARS	NON-FEDERAL DOLLARS	TOTAL \$
Administration	\$ 100,620	\$ 20,124	\$ 120,744
Family Support Network	\$ 40,480	\$ 8,096	\$ 48,576
Evaluation	\$ 15,000	\$ 3,000	\$ 18,000
Innovative Programs (Including Child Sexual Abuse Prevention; Parent Line/Warm Line; etc.)	\$ 80,000	\$ 16,000	\$ 96,000
Outreach to Special Populations (Including Parents of Children with disabilities; etc.)	\$ 10,000	\$ 2,000	\$ 12,000
Parent Leadership (Including Circle of Parents; Parent Partnership Boards; etc.)	\$ 50,000	\$ 10,000	\$ 60,000
Home Visiting Services (Nurse-Family Partnership and Concrete Supports)	\$ 115,000	\$ 23,000	\$ 138,000
Network Coordination	\$ 20,000	\$ 4,000	\$ 24,000
Travel (Including funding for two persons to attend CBCAP Grantee meeting)	\$ 12,000	\$ 2,400	\$ 14,400
Public Awareness (Including Child Abuse Prevention Month Materials)	\$ 25,000	\$ 5,000	\$ 30,000
Training and Technical Assistance (Including CCAN Conference, FSPS Annual Meeting, etc.)	\$ 35,000	\$ 7,000	\$ 42,000
TOTALS	\$ 503,100	\$100,620	\$ 603,720

Budget Notes

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

SECTION VII – DESCRIPTION OF THE OSDH LEADERSHIP ROLE IN OKLAHOMA

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 17.*)

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, adolescent health services, nutrition services, environmental health and early intervention. Child Guidance Program services are available regionally and include child development, behavioral health and speech language pathology.

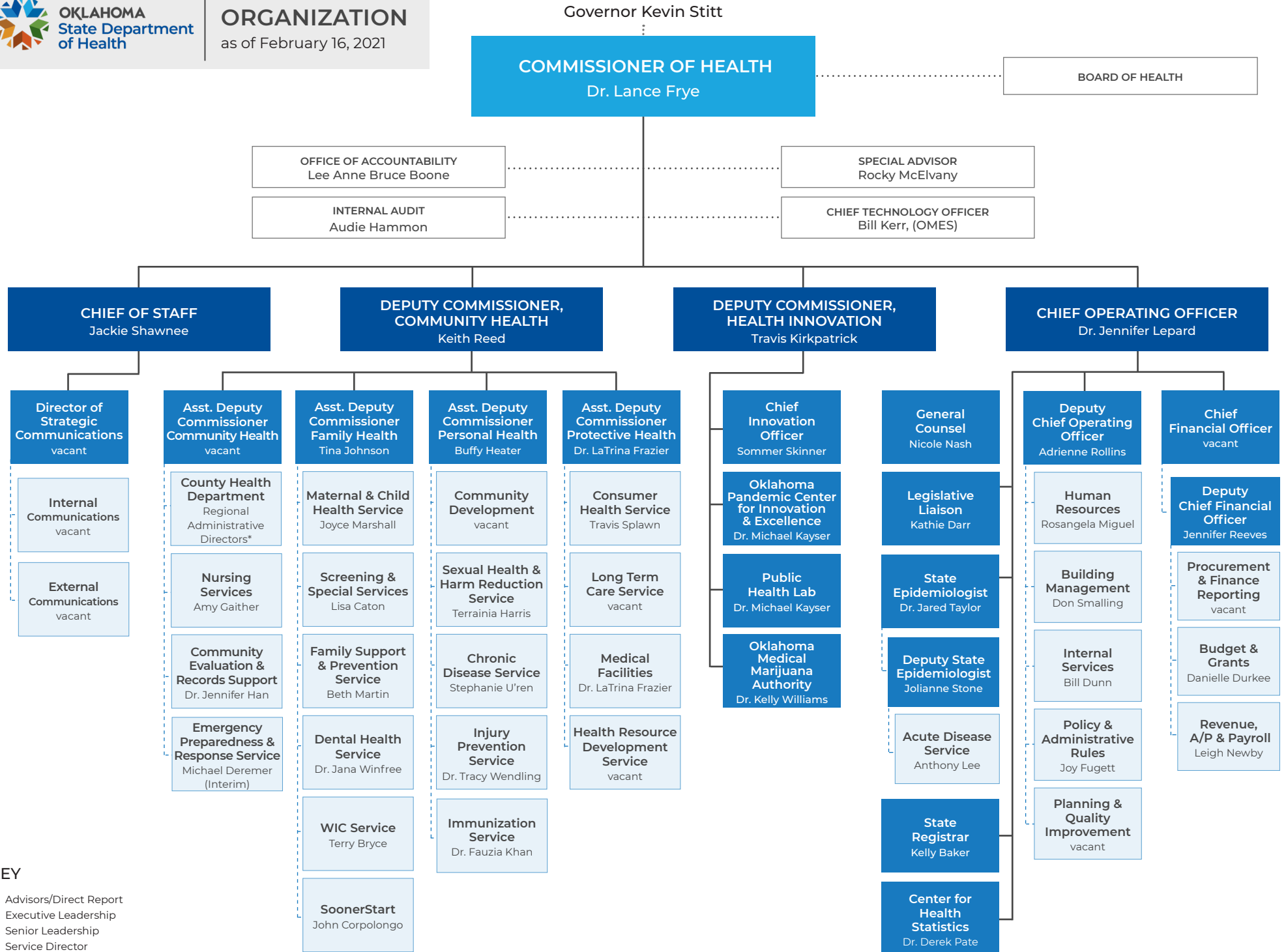
Family Health Services (FHS) is responsible for the programmatic activities that support most of the local health department efforts including policy development, training and evaluation. The following supportive Services are located within FHS:

- 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

¹ Oklahoma City and Tulsa

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;
- 6) Screening and Special Services – provides statewide surveillance, screening, and specialized programs to protect the health of Oklahoma children and their families.



KEY

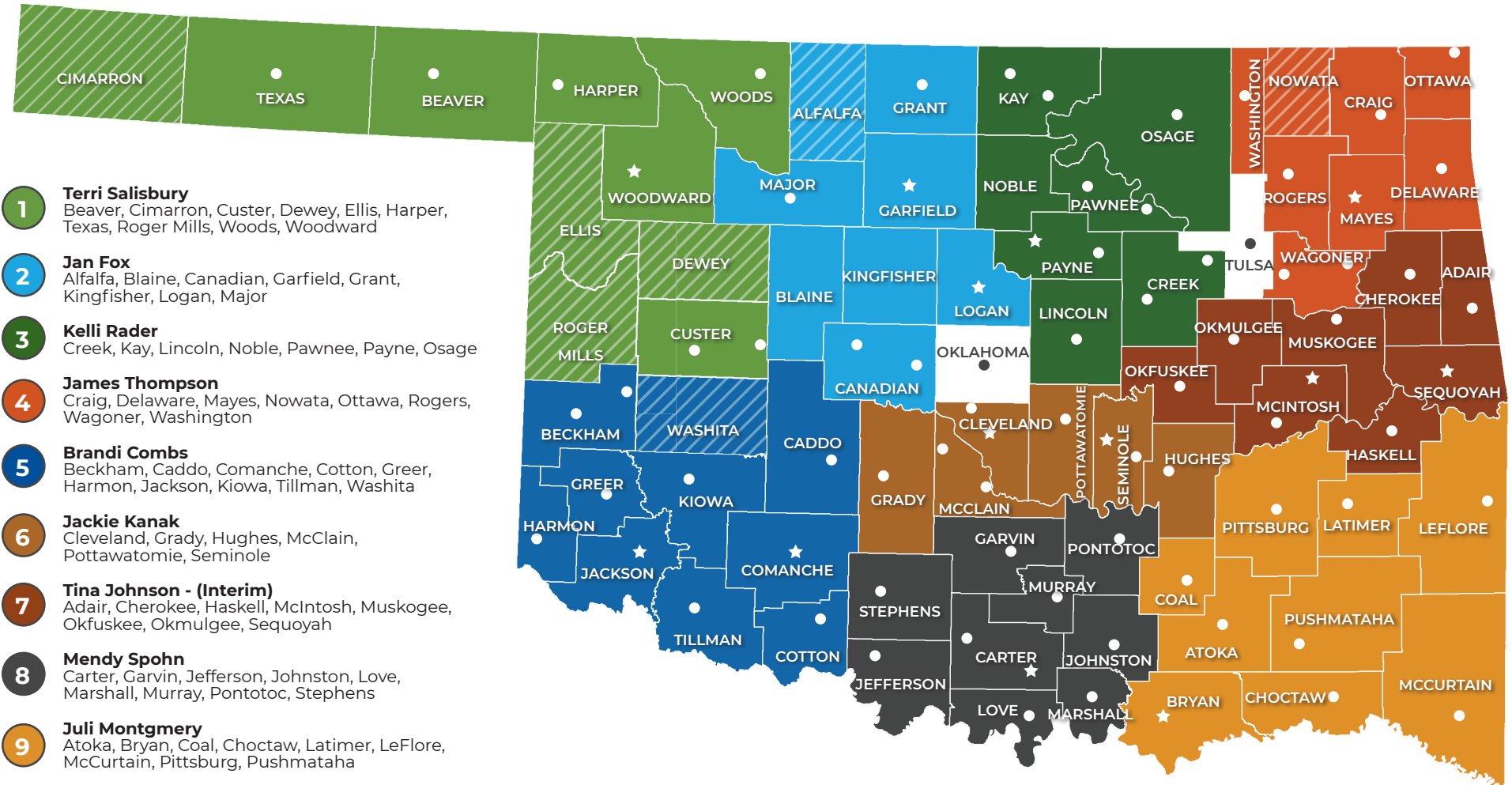
- Advisors/Direct Report
- Executive Leadership
- Senior Leadership
- Service Director

*Regional Administrative Directors listed on page 2

GOVERNOR - Kevin Stitt

COMMISSIONER OF HEALTH - Dr. Lance Frye

DEPUTY COMMISSIONER, COMMUNITY HEALTH - Keith Reed



- 1 Terri Salisbury**
Beaver, Cimarron, Custer, Dewey, Ellis, Harper, Texas, Roger Mills, Woods, Woodward
- 2 Jan Fox**
Alfalfa, Blaine, Canadian, Garfield, Grant, Kingfisher, Logan, Major
- 3 Kelli Rader**
Creek, Kay, Lincoln, Noble, Pawnee, Payne, Osage
- 4 James Thompson**
Craig, Delaware, Mayes, Nowata, Ottawa, Rogers, Wagoner, Washington
- 5 Brandi Combs**
Beckham, Caddo, Comanche, Cotton, Greer, Harmon, Jackson, Kiowa, Tillman, Washita
- 6 Jackie Kanak**
Cleveland, Grady, Hughes, McClain, Pottawatomie, Seminole
- 7 Tina Johnson - (Interim)**
Adair, Cherokee, Haskell, McIntosh, Muskogee, Okfuskee, Okmulgee, Sequoyah
- 8 Mendy Spohn**
Carter, Garvin, Jefferson, Johnston, Love, Marshall, Murray, Pontotoc, Stephens
- 9 Juli Montgomery**
Atoka, Bryan, Coal, Choctaw, Latimer, LeFlore, McCurtain, Pittsburg, Pushmataha

- Independent Counties**
Oklahoma City County Health Department
Tulsa County Health Department
- Counties without a local health department**
Alfalfa, Cimarron, Dewey, Ellis, Nowata, Roger Mills, Washita

★ Regional Director's Home Site
● County Health Department Site

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, Choosing Childbirth, Sexual Risk Avoidance Education grant, The Oklahoma State Department of Human Services (OKDHS) 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 OSDH/FSPS staff trained to use a simple tool to assess a family's needs and

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.

refer the family to the most appropriate home visiting program. Calls are answered in both English and Spanish. Callers are also invited to be immediately transferred to a specially trained nurse, behavioral specialist or child development specialist when any acute needs arise that can be addressed on the phone.

- 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.

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 staff 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®

5) 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/>

- 6) 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.
- 7) Training – a coordinated effort to provide model-specific as well as additional trainings deemed necessary for home visitor success.
- 8) 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, survey development, provide programs with management/performance reports and craft annual reports to share with policymakers, funders and other interested parties.

Braiding Funding with Other Programs to Meet Goals: Oklahoma's CBCAP Program enhances community-based prevention programs in ways that are designed to maximize state, private and federal dollars. CBCAP supports continuing education and training efforts of home visitors, nurses, clinicians and parent educators working with families across the state. These efforts are supported through securing meeting space for trainings, reimbursing for participants for registration, travel and lodging fees and paying speaker fees for Oklahoma based trainings. Further supports for training efforts include printing of training materials and paying of membership fees (Circle of Parents annual membership). CBCAP supports families enrolled in Children First (Oklahoma's Nurse Family Partnership) with concrete supports for families such as books, parent guides and manipulables. CBCAP supports family support programs and networking initiatives involving marketing programs such as ParentPRO, Child Guidance and Home Visiting through funding exhibit space at local conferences, printing program specific outreach materials and supporting the ParentPRO website. (Other website funding comes from the Potts Family Foundation and OUHSC). CBCAP supports two multi-partner initiatives that also receive additional support from several partners, non-profits and state agencies. Those two initiatives are Child Abuse Prevention Month activities and the State Plan for the Prevention of Child Abuse and Neglect.

Other OSDH Related Activities:

FSPS Continuous Quality Improvement Efforts – The FSPS has embraced Continuous Quality Improvement (CQI) with the overarching goal to improve program services and ultimately the outcomes for children and families served. The centerpiece of the CQI plan has all local implementing agencies participate in a learning collaborative focused on a different topic every year with the upcoming focus on child development.

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. PRAMS survey data are increasingly used to measure social determinants of health indicators. 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. The current version of the TOTS survey includes questions that can measure early adverse childhood experiences.
- 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 2017-2019, the maternal mortality rate among women aged 10 – 59 years was 20.8 deaths

per 100,000 live births.⁴ The National Center of Health Statistics (NCHS) recently updated the Healthy People goals and objectives designed to focus initiatives to meet the challenges of public health emerging issues throughout the decade. Healthy People addresses three areas of objectives: core, developmental, and research. One of the goals of Healthy People 2030 is to improve maternal mortality by 10% from the baseline rate. The decision to improve by a percentage was due to prior unreliable data in setting trends. A baseline rate set at 17.4 maternal deaths per 100,000 live births in 2018 has been established by utilizing more reliable trend data with a target rate for Healthy People 2030 improvement set at 15.7 maternal deaths per 100,000 live births.⁵

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;
- 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. Case reviews have been paused due to Covid-19 restrictions and are scheduled to resume beginning April 2021. Most cases listed multiple health conditions possibly contributing to the maternal death, but the health conditions most often cited include:

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.

⁵ Healthy People 2030, Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services.

- 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 55 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 are discussed in detail in subsequent sections:

- *Health Advisory Council:* (See page 29.)
- *The Oklahoma State Plan for the Prevention of Child Abuse and Neglect:* (See page 34.)
- *The Child Abuse Prevention (CAP) Action Committee:* (See page 38.)
- *Home Visitation Leadership Advisory Coalition:* (See page 38.)

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) was 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, the Oklahoma Partnership for School Readiness 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 and PFL has seen significant improvements in these areas over the last decade.

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 85% of the births until approximately October 2022.

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, 85% 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 2021, 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. Additionally, this year the Workgroup had an intern complete an environmental scan of PURPLE in the state and fidelity by groups utilizing the PURPLE tools. This information will be used to build a plan for heightening awareness and strengthening community use of PURPLE and awareness of the norms of infant crying.

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 2021 has on hand a supply of hand knitted and crocheted purple caps for the 40 Oklahoma hospitals that participate in the Period of PURPLE Crying Program. The caps will be distributed to families of newborns from November 2021 through January 2022.

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 future goals of the project include expansion into new hospitals, and potentially new avenues such as tribal home visiting programs to best reach Oklahoma's most

vulnerable families in need; especially in the African-American and Native communities which are those most disproportionately impacted by infant mortality.

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 national Alliance for the Advancement of Infant Mental Health, and the Worldwide Association for Infant Mental Health. The association offers professional development through an annual fall conference and a variety of trainings and learning collaboratives, connection to a statewide network of professionals serving young children in many capacities, a lending library of resource materials, and a weekly e-newsletter about new research and resources. OKAIMH also holds the license in Oklahoma for the Endorsement credential for culturally sensitive, relationship focused practice promoting infant mental health for those working with children ages 0-3, and is preparing to offer the early childhood Endorsement credential for those working with 3-5 year olds.

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

The purpose of the Committee is to:

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

DESCRIPTION OF HOW PROGRAMS AND ACTIVITIES WILL OPERATE

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

History: In 1984, the Oklahoma Legislature passed the Child Abuse Prevention (CAP) Act.⁶ Prior to that time, the focus of child abuse and neglect efforts was on “after-the-fact” intervention (i.e. preventing the reoccurrence of child abuse and neglect in families). The Act declared that the prevention of child abuse and neglect was a priority in Oklahoma. The legislative intent was that:

⁶ Title 63 Oklahoma Statutes 1-227.

- a comprehensive approach for the prevention of child abuse and neglect be developed for the state and used as a basis of funding programs and services statewide;
- multi-disciplinary and discipline-specific ongoing training on child abuse and neglect and domestic violence be available to professionals in Oklahoma with responsibilities affecting children, youth, and families;⁷ and
- the Office of Child Abuse Prevention (OCAP) within the OSDH is created for the purpose of establishing a comprehensive statewide approach towards the prevention of child abuse and neglect.

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

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

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

a path to safety and well-being by providing independent oversight of child and youth serving systems; 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 Office of Planning and Coordination and its Parent Partnership Board
- 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

The newly rebooted Office of Planning and Coordination (P&C) at the OCCY facilitates joint planning and service coordination among its stakeholders. Using resources like the Parent Partnership Board, as well as various community partnerships, the P&C strives to provide valuable information concerning the availability and accessibility of various human services, health, mental health, and education programs that serve Oklahoma's children, youth, and families.

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

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

The Child Abuse Prevention Fund: The CAP Act created the Child Abuse Prevention Fund (CAP) as a mechanism for 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.

Continual Expansion of Partnership Roles: In an effort to meet the needs of Oklahoma families within the current budget constraints as well as making our five-year State Prevention Plan functional, FSPS will continue to collaborate with partners in different and perhaps broader manners. While Oklahoma has had a formal statutory structure to guide the collection of input, State Plan development and distribution of funds, it is necessary to expand those efforts and recruit those outside of this formal structure to assist the work. For more details, please see the description of our future work in the following section.

SECTION VIII - OSDH ACTIONS TO ADVOCATE FOR SYSTEMIC CHANGE

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

Systemic Change through Policy Realignment

Work continues at a state level to align activities between state agencies. For example, the Children’s State Advisory Workgroup (CSAW) has been designated as the group to continue initiatives related to trauma informed care across agencies. This group will continue the work of the Trauma Informed Care Task Force that was created by the legislature in 2018. Currently the CSAW is advancing the work of training entities in the Quality Standards for Family Resource Centers. They are doing this in collaboration with the OSDH who is the designated lead for the National Family Support Network in Oklahoma. CSAW is also providing leadership to the initiative developed by the Oklahoma Department of Human Services (OKDHS) to establish HOPE Centers in communities. HOPE Centers were created in response to providing supervision for students who were involved in distance learning through their school districts. These centers were developed based on the work of Dr. Chan Hellman outlined in his book *“Hope Rising: How the Science of HOPE Can Change Your Life”*. Work continues across a variety of agencies to establish HOPE Centers in interested communities.

Oklahoma CBCAP leadership continues to participate in the Children’s Bureau State Team activities with representatives from OKDHS, CIP and OSDH. This process has increased communication between all three child-serving agencies. Inclusion in each agency’s planning of prevention strategies has increased.

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,⁸ held strategy meetings and developed the legislation’s draft language. OPSR secured authors for House Bill 2157: Representative Jon Echols and Senator A.J. Griffin. The bill passed with overwhelming bipartisan support and was signed into law by Governor Mary Fallin on April 28, 2015. The Act was designed to ensure that the state’s home visiting investments are supported with proven records of effectiveness. It requires monitoring and reporting of outcomes such as maternal and infant health, family self-sufficiency, and school readiness on 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 March 24, 2021⁹, 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.

⁸ Pew Trust had previously passed similar legislation in 10 other states and having them share their experiences helped Oklahoma avoid certain challenges.

⁹ <https://www.okschoolreadiness.org/our-cause/home-visiting-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?

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 began hosting the Standards Training with two trainers. The networking that have been leveraged through these trainings in Oklahoma continues to lay groundwork for never before collaborations with other state agencies such as the Oklahoma State Department of Human Services, the Oklahoma State Department of Education, The Oklahoma Office of Juvenile Affairs, and the Oklahoma Commission of Children and Youth. Other community level partnerships made through the trainings include Oklahoma City Public Schools PAT, the Oklahoma City Housing Authority, Positive Tomorrows, Parent Promise PAT, 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. The OFSN has conducted three Standards Trainings and certified 75 Family Support and Strengthening professionals, advocates, and funders across the state.

The OFSN expanded the Standards Training team by having two new trainers participate in the train the trainers with the NFSN. The training team will begin providing virtual Standards training in the summer of 2021.

Throughout 2020, the OFSN has been collaborating with OKDHS 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. This collaboration continues into 2021.

In addition to this work, the OFSN will continue to serve on a statewide work group that will develop a sustainability plan for future FRCs in Oklahoma by providing guidance for the implementation of the Standards and Family Resource Center framework. Once the sustainability plan has been established, the work group will continue to work on the development and implementation of the plan. The OFSN will provide ongoing trainings and technical assistance to all FRCs who are affiliated with this project.

The OFSN continues to work to align communities and families with the Standards and FRCs who are not associated with the sustainability project as well. The OFSN has developed a development plan for the next year that includes a designated staff member who will represent the OFSN in this work. The plans for this role include continued work in the areas previously discussed as well as building a statewide network between families and communities, further collaboration with the NFSN, and working with community partnerships to establish Parent Advisory Committees throughout the state.

The OFSN will continue to participate in training updates, committee work, convenings and other participation with the NFSN.

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 FY 2018. Ongoing work regarding the State Plan (as well as any updates) are presented 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 5-year Plan is designed to be fluid and evolving in nature, a plan that is continuously updated to reflect the multifaceted work of organizations helping Oklahoma's children and families. Over the past year, the FSPS invited partners of the OKDHS Child Welfare leadership team to join forces in laying a joint foundation for a prevention continuum. Two joint biannual meetings were held together with almost 200 participants in attendance for both events. The joint PowerPoint for the April 1 2021 meeting is available at this [link](#). This collaboration will continue in the new federal fiscal year with meetings planned for 10/14/2021 and 04/01/2022.

For the fourth year, parents and professionals will have an opportunity to give feedback on needs, gaps in services and even COVID-19 challenges and family changes with two separate surveys (one for parents and one for professionals). The results will continue to inform and guide the ongoing efforts of the State Plan. Other activities will include an ongoing FSPS internal workgroup to review data and make decisions on navigating next steps. The current State Plan, methodology and supporting documentation available at the following link, <https://go.usa.gov/xEbTj>.

THE OSDH’S INVOLVEMENT WITH OTHER RELATED COLLABORATION ACTIVITIES

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

- The Oklahoma Health Improvement Plan (See page 24.)
- Preparing for a Lifetime Initiative (See page 25.)
- The Child Abuse Prevention Action (CAP) Action Committee (See page 38.)
- Home Visitation Leadership Advisory Coalition (See page 38.)
- The Oklahoma Partnership for School Readiness (See page 39.)

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 123 child deaths in calendar year 2019; with preliminary data indicating 29 of these deaths included child maltreatment.
- Continued participation as a stakeholder resource on the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect (2019-2023)*.
- Continued distribution and monitoring of Period of PURPLE Crying abusive head trauma prevention education across the state.
- Continued participation in 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.
- Discussions underway for participation in joint project with the Preparing for a Lifetime; It's Everyone's Responsibility Infant Injury Prevention and Safe Sleep workgroups.

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 and statistical analysis of domestic homicide data with the intention of identifying gaps in the systems that serve victims of domestic abuse in order to make recommendations aimed at improving domestic violence services and strengthening the coordinated response of Oklahoma's systems and communities to victims and their families. The Commissioner of Health and the OSDH Chief of Injury Prevention Services are legislated members of the Oklahoma DVFRB.

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). This committee meets quarterly.

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:

The OSDH/FSPS will launch the new Prevent Child Abuse OCAP specialty license plate during the next federal fiscal year. While the process to get the new design approved and finalized with the tag plant has been lengthy, the work has finally concluded with tags being available in the fall. The plate generates funds for the OCAP programs in the state. The OSDH Office of Communications provided the updated design and the Oklahoma Tax Commission will be producing the plate.



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

SECTION IX - COLLABORATION AND COORDINATION

DESCRIBE OSDH'S EXISTING AND FUTURE PARTNERSHIPS AND COLLABORATIONS

PARTNERSHIPS AND COLLABORATIONS WITH OTHERS

The Child Abuse Prevention (CAP) Action Committee: The CAP Action Committee has been in existence for 16 years, working together with the common goal of preventing child maltreatment, led by the CBCAP Grant Coordinator. In the last few years, five key members of the group have volunteered to assist with leadership and planning in the role as joint co-chairs, which has further strengthened the group. CAP Action consists of individuals with various backgrounds from multiple agencies and programs that steer the prevention efforts in the state including the activities and campaign of National Child Abuse Prevention Month (NCAPM). Strong projects have grown into Oklahoma traditions (including the “Build a Blue Ribbon Tree for Kids” Campaign, “Wear Blue Day & Take a Selfie” and the “Happiest Day Coloring Challenge”). Each April, discussion includes how to incorporate one more layer into each project while also generating new ideas. With the onset of the pandemic, the group came together to tweak all existing events and activities in a way that could be launched and completed safely, yet still impactful (and even fun).

The participants make a diverse team with a multitude of talents, which enable the group to be creative, innovative and detailed in their prevention efforts. During 2020/2021, a graphic artist donated a child abuse prevention design for April “Wear Blue Day” t-shirts. The local YMCA purchased and sold 660 royal blue shirts specifically for April events, which will be a continued tradition into 2022.

Social media has also become an instrumental tool for not only raising awareness about child abuse prevention, but also helpful in gathering data that can be tracked on participant involvement. Both Facebook and Twitter are utilized for Oklahoma Child Abuse Prevention. The OCAP Facebook page has broken a record in the last year on individuals who follow the page.

Individuals participating in the committee represent state agencies, non-profit programs, businesses, universities, foster parents, faith-based groups, concerned citizens, etc. Due to the pandemic, the committee has been holding meetings virtually and the meetings are on a monthly basis (with the exception of summer). In the fall of 2021, it is aspirational that in-person meetings will resume. Those meetings would be held at a partner agency, the Oklahoma City-County Health Department Northeast Regional Health and Wellness Campus in Oklahoma City.

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 2002. The FSPS coordinates the HVLAC by convening and facilitating their meetings which serve as a networking opportunity for those providing home visiting services and those connected with home visiting in any capacity. Members from various agencies and programs working at all levels, from a supervisory role to the front lines, participate. Membership is comprised of representatives from state agencies, such as counterparts at the OKDHS and the Oklahoma State Department of Education,

and others from the University of Oklahoma, public school districts, youth and family services agencies, PCAOK, parent-child centers and other private non-profits. This coalition allows members to share information, work together to find solutions to common problems and discuss best practices. Generally, each meeting includes a presentation from a relevant topical expert as well as the epidemiologist from the FSPS service to troubleshoot any data concerns. There are typically six meetings per year on the third Wednesday of each odd month. Due to the pandemic, the meetings have been held virtually. Plans to resume in-person meetings are uncertain at this time. The HVLAC is supported by staff from the OSDH/FSPS, primarily the CBCAP Grant Coordinator. (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.

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.

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. (See Attachments, Folder 2.)

¹⁰ https://okschooreadiness.org/uploads/documents/OKFutures_NEEDS%20ASSESSMENT_FINAL%20VERSION.pdf

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, Oklahoma Department of Mental Health and Substance Abuse, 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 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 developed a directory of services that is available on the Oklahoma State Department of Health website.¹² 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 polices 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 programing 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;

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

¹² <https://go.usa.gov/xHnRg>

- 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.

The Oklahoma State Department of Human Services (OKDHS): The FSPS staff collaborates with OKDHS in a multitude of ways, considering them a valued prevention partner. (See page 35.)

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 2020.

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. Twenty-nine Oklahoma flags will be planted in April 2021, representing each of the children that lost their life to child abuse or neglect in Oklahoma (SFY 2019). 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.

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.

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.

In addition, OICA has developed a multi-day training to educate advocates about the legislative process and important aspects about our system of state government. This training for beginners to the process and a refresher for longtime advocates working on policy occurs prior to the beginning of the annual legislative session and culminates following the State of the State address with a panel discussion.

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 Oklahoma for children.

The Early Childhood Comprehensive Systems (ECCS): The Little Dixie Community Action Agency received the ECCS grant in 2016 and it will conclude as of 07/31/2021. While OSDH (Maternal Child Health Division) has applied for these competitive funds once again, the grant has not yet been awarded.

The CARE Center (Child Abuse Response & Evaluation): The OSDH has negotiated a contract with the CARE center to provide more extensive Child Abuse and Neglect Reporting (for adults) trainings, including enhanced materials and more trainings at locations throughout the state. Participants who enroll are provided with tools to recognize the symptoms and long-term effects of child abuse, how to respond to suspected abuse in a safe way and the steps to take when reporting any concerns of child abuse. The training is interactive and includes a question and answer portion with an experienced presenter.

ROAR is the CARE Center’s education program for children (ages 4 to 8). It can be taught in a classroom or other group setting. Individuals who attend the Child Abuse and Reporting training are given the tools to teach the education program for children. A book accompanies the program and is available through Amazon, *Rex Finds His Roar*. The primary principles of ROAR include:

- | | |
|--------------------------------|-----------------------------------|
| Remember, privates and private | Always talk about secrets |
| Okay to say no | Raise your voice and tell someone |

ROAR is designed to help teachers, parents and caregivers talk to their children about staying safe. For more information on the program, visit <http://carecenter-okc.org/education/>.

The Department of Libraries (ODL): The OSDH/FSPS and the ODL have more than a dozen years of collaboration focusing on April messaging during National Child Abuse Prevention promotion. The ODL communicates with libraries across the state, encouraging promotion of child abuse prevention during the month of April. Local libraries are invited to participate by creating prevention-focused bulletin boards, building blue ribbon trees, hosting parent groups, setting up display tables with parent/caregiver resources and more.

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: All home visited families are provided written information and introduced to Child Guidance services by their home visitor during one of their first home visits. During the past year, home visitation has been severely curtailed due to the pandemic. Coordination between services continued through virtual platforms where available. This opportunity to develop and enhance virtual platforms for service delivery will continue to be part of home visiting and center-based programs.
2. Multidisciplinary Teams Providing Individual Services: Through redistricting efforts of the OSDH, nine regions were identified in addition to the two contracts with independent city-county health departments. This reorganization provided the Child Guidance Program more flexibility in developing multidisciplinary teams. Through leadership at the local level, teams are developed that meet the needs of the individual community. It is still recommended that teams are made up of the core members noted below. Other possible teams members may include Audiology, Social Work, Occupational Therapy or Physical Therapy.
 - a. Child Development Specialists (CDS): The CDSs are parent educators who focus on children birth to age eight years. They administer developmental screenings and assessments; provide parent consultation; teach parenting groups; provide early childhood mental health consultation to centers serving young children; and more.
 - b. Speech Language Pathologists (SLP): The SLPs offer screening, diagnosis and treatment for children who are identified as exhibiting speech, language or hearing delays; educate parents on techniques to promote communication development; and consult and train other professionals about communication development.
 - c. Behavioral Health Clinicians: These clinicians screen, assess and evaluate children in order to identify a child's strengths, abilities, and potential needs and if necessary, provide a course of treatment. Treatment may be individual or family counseling. In addition, the clinicians provide consultation to other professionals serving children in a variety of settings such as schools, Head Start, foster care and adoption services.
3. Evidence-Based Programming: The following programs are partially supported with CBCAP funding and serves families with young children:
 - a. Incredible Years - Parent Groups: These skill-based groups are designed to prevent and treat behavior problems in young children and promote social, emotional and academic competence. During Calendar Year 2019, 310 children participated in Incredible Years activities.
 - b. Circle of Parents® (COP) – These small parent groups are co-facilitated by a CDS and Parent Leader. Parents who are participating in home visiting programs are highly encouraged to participate as a way to keep from feeling isolated. During SFY 2019 (most current numbers available), 631 parents participated in one of the 47 COP groups across the state.
 - c. Parent-Child Interaction Therapy (PCIT) – This behavioral intervention serves children two to seven years of age and their parents. This model coaches parents in skills that

will improve the relationship with their child and in turn, increases the child's social emotional abilities.

4. *Childcare Warmline*: Funded by OKDHS, 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 or a child development 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. In further expansion of the "Warmline" we plan to expand this service further by providing services to parents. Through a collaborative partnership with Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and the Maternal Child Health Division of OSDH Title V and CBCAP; we will add a licensed behavioral health clinician to the team and market this service as a Parent Line.
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 68 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 information, go to <http://carecenter-okc.org/we-educate/child-education/>.

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

- Visits in the child's natural environment (i.e. home, child care)
- Evaluations
- Nursing services
- Psychological/Social Work services
- Nutrition services
- Child Development/Special Instruction
- Occupational Therapy
- Physical Therapy
- Speech-Language Pathology
- Resource Coordination
- 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 may be 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. 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 FSPS Director is an active member of their Oklahoma Injury Prevention Advisory Committee.

FSPS collaborates with the Injury Prevention Service on their Core State Violence and Injury Prevention Program (Core SVIPP) cooperative agreement from the CDC. During the application process, FSPS submitted a support letter on their behalf – believing that the mission of the grant is consistent with the FSPS mission to promote the health and safety of children and families in addition to reducing child abuse and neglect. One of the four focus areas of Core SVIPP is child abuse and neglect and partnering to implement evidence-based strategies to reduce risk factors related to violence and increase protective factors.

Currently, the Injury Prevention Service Core SVIPP funding is in its final year. Through that funding, the Childhood Injury Fatality Surveillance System was developed to track all injury-related deaths among children 0-19 years (all intents) starting with CY 2016 deaths. The goal is to collect as many details as possible (demographics, circumstances, causes of death, etc.); the main data sources are medical examiner reports and death certificates. The data's intent is to help support programs with this target population and to develop materials with timely statistics and prevention messaging. There will be ongoing opportunities for the Injury Prevention Service and the FSPS to strengthen their collaboration on identifying ways to use the data and in disseminating information, as well as collaborating on other projects that emerge from the work across programs.

For example, the FSPS and the Injury Prevention Service are beginning to collaborate on ways to strengthen education on the importance of adverse childhood experiences and providing trauma-informed services/care. The Injury Prevention Service, through Overdose Data to Action funding from the CDC, supports six regional drug overdose prevention project coordinators around the state. These coordinators work at the community level to strengthen efforts to prevent substance use disorders and boost linkages to care, while collaborating to integrate community and state programs. The Injury Prevention Service will also be coordinating with the

FSPS to provide training and resources to public safety/first responders on trauma-informed care and appropriately directing families to needed services in an effort to reduce the impact of substance use disorders.

The FSPS recently provided a letter of support for the Injury Prevention Service's application for the Core State Injury Prevention Program through the Injury Center at the CDC. If awarded, this funding will provide additional opportunities for collaboration, particularly in the areas of adverse childhood experiences, traumatic brain injury, and transportation safety. The FSPS and Injury Prevention Service will work together to disseminate injury surveillance data and engage stakeholders to drive public health actions.

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 22.)

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 25.)

SECTION X – CRITERIA FOR FUNDED PROGRAMS

DESCRIBE CURRENT INVENTORY OF NEEDS AND HOW THEY WILL BE USED

The FSPS will continue to rely upon the following needs assessments, RFP's or documents when making programmatic decisions:

1. The Title V Needs Assessment – (Highlights Only)

- a) 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.
- b) The MCH priority needs for Oklahoma's Title V Block Grant cycle 2021-2025 specific to the maternal health population domain include: 1) reducing infant mortality and 2) improving the health of reproductive age individuals. As required by Title V legislation, the MCH Service completed its latest five-year needs assessment with submission to the Maternal Child Health Bureau in September 2020.
- c) The Medicaid State Plan Amendment, SoonerPlan, provides access to reproductive health services for women and men at or below 133% of the federal poverty level. Family planning clinics in the state provide information on the most effective method of contraception to prevent unintended pregnancy, assist with reproductive life planning, and ensure healthy spacing of pregnancies.
- d) Perinatal/Infant Health: In Oklahoma for years 2017-2019, there were 148,158 live births; 73.5% of the births were to White mothers, 11.0% to Black/African American mothers, 11.9% to American Indian mothers, and 3.6% to Asian or Pacific Islander mothers. Hispanics comprised 15.3% of live births during this three-year period.
- e) MCH Title V Block Grant priority needs for 2021-2025 specific to perinatal and infant health include: 1) reducing infant mortality, 2) improving the health of reproductive age individuals, 3) improving access to social workers and social supports, 4) improving mental and behavioral health, 5) increasing access to quality health care, and 6) improving health equity.
- f) Child Health: In 2019, approximately 17.4% (n=686,629) of the Oklahoma population was under the age of 13 years. Fifty-one percent of the Oklahoma child population was male. By race, 71.3% were White, 14.4% were American Indian, 11.5% were Black/African American, and 18% were Hispanic. For children aged 1-4, child death rates have fallen significantly over the past two decades, decreasing from 51.0 per 100,000 population in 1997 to 30.4 per 100,000 in 2019, down 40%; from 21.8 to 15.3 per 100,000 for children aged 5-9, down

30%; and from 28.8 to 21.5 per 100,000 for children aged 10 to 14, down 25%. Unintentional injuries are the leading cause of death among children between ages 1 and 14 years.

g) The Title V Block Grant includes improving the health education of children and adolescents as a priority for years 2021-2025.

2) MIECHV Statewide Needs Assessment: FSPS evaluators collaborated with multiple agencies in creating Oklahoma’s comprehensive needs assessment in response to the 2020 supplemental information request from the MIECHV Grant. The purpose of conducting the needs assessment was to update the identified “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 the following:

- Socioeconomic Status
 - Poverty
 - Poverty rates at the subcounty geographic level
 - Unemployment
 - High school dropout
 - Income inequality
- Adverse Perinatal Outcomes
 - Preterm Birth
 - Low Rate Birth
- Substance Use Disorder
 - Alcohol use
 - Marijuana use
 - Illicit drug use
 - Pain relievers nonmedical use
 - Unintentional drug overdose rate
- Crime
 - Crime reports
 - Juvenile Arrests
- Child Maltreatment

At the conclusion of the needs assessment update, 31 counties were identified as “at-risk.” The below counties are deemed “at risk” and able to receive services through the MIECHV grant funding for home visitation services:

Adair County
Alfalfa County
Blaine County
Bryan County
Carter County
Choctaw County
Coal County

Comanche County
Cotton County
Dewey County
Ellis County
Garfield County
Greer County
Harmon County

Jackson County
Jefferson County
Kay County
Kiowa County
Mayes County
McCurtain County
McIntosh County

Muskogee County
Oklahoma County
Payne County
Pittsburg County

Pushmataha County
Roger Mills County
Stephens County

Tillman County
Tulsa County
Woodward County

Currently only four (Oklahoma, Tulsa, Muskogee, and Comanche) counties are being served by MIECHV Home Visiting Services. This updated needs assessment confirmed the continued need for home visiting services across the state and the partnerships and referrals needed to ensure families and programs can be successful. (See Attachments, Folder 1.)

- 3) State Plan for the Prevention of Child Abuse and Neglect 2019 – 2023
(See Attachments, Folder 3.)
- 4) The Oklahoma Child Abuse Prevention Network Inventory: The Oklahoma Child Abuse Prevention Network Inventory is a scan of the prevention services in Oklahoma. Each program description includes funding source, numbers served, measurable outcomes, contact information, etc., updated annually. The programs and services included are not inclusive of every program or related program in the state; however, the inventory does represent a majority of the larger programs and services available. Information is gathered with due diligence from each of the program’s lead agencies. (See Appendix A.)
- 5) The OSDH current Parents as Teachers (PAT) Home Visitation Services Request for Proposals.
(See Attachments, Folder 1.)
- 6) Sexual Abuse Prevention Collaboration (preventing youth from acting out on other children):
(See page 40.)
- 7) OKFutures Needs Assessment: The Oklahoma Partnership for School Readiness (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 assessment¹³ 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. The OSDH programmatic have been closely involved with this project. The data will be utilized to inform CBCAP services and programs going forward.

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

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

- OSDH prefers to implement evidence-based models based on sound research that has been replicated in a variety of settings.

¹³ https://okschoollreadiness.org/uploads/documents/OKFutures_NEEDS%20ASSESSMENT_FINAL%20VERSION.pdf

- It should be possible for the service to be offered at no cost to the consumers with low household incomes. If a fee must be charged, it should be based on a sliding scale.
- Prior to the service being delivered, professional, standardized training must be available to Oklahoma providers. If possible, the capability to develop trainers within the state is preferred.
- Services must be strengths-based, voluntary, and recognize that parents are the experts of their children.
- Services should be flexible to meet the individual needs of children and/or parents.
- Services should have professionals that can act as consultants to those in the field. In addition to national consultants, the service must allow for Oklahoma-based consultants as well.
- Services should be adaptable so that they can be delivered in a culturally sensitive and relevant manner.

Evaluation Conclusion: The information shared in this section not only identifies existing child abuse prevention services on the continuum, but also demonstrates the Oklahoma effort to ascertain community input from a variety of target populations and use the data to determine gaps and additional resources needed.

SECTION XI – OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

DESCRIPTION OF OUTREACH ACTIVITIES

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 candidate’s ability to be supportive, nonjudgmental, and sensitive to other cultures, values and beliefs. An effort is made to hire staff that are bilingual should that skill be relevant for the identified 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.

Reductions in programs serving special populations: In this next year, FSPS plans to continue reviewing services needed while relying on work and information gleaned from the State Plan that will identify gaps. With the information garnered, we will be able to proceed accordingly with thoughtful intent on how to fill those needs.

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

SoonerStart is Oklahoma’s Early Intervention program for infants, toddlers and their families birth to 36 months who have developmental delays and/or disabilities. SoonerStart provides developmental screening, evaluations, resources and early intervention services in the child’s natural environment. Participation in the SoonerStart program is voluntary and at no direct cost to families. Early Intervention services are intended to meet the individualized needs of the family while addressing the developmental needs of the eligible child.

The Child Guidance Program teams consist of speech-language pathologists, child development specialists and behavioral health clinicians. Services are provided through 15 county health

department locations, Tulsa City-County Health Department and Oklahoma University Child Study Center.

Homeless Youth and Families: The FSPS funded home visiting programs serve “couch homeless”¹⁴ as well as families located in shelters, crisis centers and group homes throughout the state.

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.

Fathers: The OSDH programs will continue to make every effort to engage fathers. Some of the programs have experienced success with the following practices:

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

¹⁴ Persons without a permanent residence, but living with an acquaintance, friend or relative who cannot provide a private space for the guest.

SECTION XII – PLANS FOR PARENT LEADERSHIP AND INVOLVEMENT

OSDH'S ACTIVITIES AND TRAINING TO ENHANCE PARENT PARTICIPATION AND LEADERSHIP

ACTIVITIES: The following activities will be conducted by OSDH in order to ensure parent leadership and involvement:

- **New Parent Partnership Boards:** The FSPS plans to utilize CBCAP funds to contract with OCCY in creating a state level Parent Advisory Committee. This PAC will be comprised of parents who have previous experience in working with a local Parent Partnership Board. This will be a resource available to any state, county or local entity to gain parent input on a variety of initiatives. Potential participants may come from the work with the National Family Support Network and the development of Family Resource Centers.
- **PAT Advisory Councils:** One of the PAT model requirements is to establish a local PAT Advisory Council for each of its affiliates. These councils are highly encouraged to recruit parents as members of the local councils. However, most councils have struggled to have consistent participant by parents and to truly integrate parents in a purposeful way.
- **Circle of Parents Groups:** CBCAP funds will continue to support the Child Guidance Program clinicians facilitating Circle of Parents groups. Currently, the OSDH has two Circle of Parents Trainers. The OCAP anticipates enhancing and expanding Circle of Parent by training more clinicians and community partners including home visitors. The model's standards will be emphasized in an effort to strengthen the roles of parent leadership.

Trainings: The following trainings will be conducted by OSDH in order to ensure parent leadership and involvement:

- **FRIENDS Consultation:** Oklahoma will continue to utilize FRIENDS for trainings and/or technical assistance targeting both professional staff involved with facilitating parent support or advisory bodies as well as the parent participants.
- **Circle of Parents Training:** Two representatives from OSDH (the CBCAP Grant Coordinator and the OCAP Program Manager) have been trained to be trainers for the *Circle of Parents*. Both trainers are equipped to provide high level of *Circle of Parents* consultation that complies with the model's standards and promotes the philosophy of parent leadership within each *Circle of Parents* group. Plans are underway to have a third person (Child Development Program Coordinator) added to the Train-the-Trainers team as soon as the National COP office offers the next training.

SECTION XIII – PLANS FOR SUPPORT, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION ASSISTANCE

DESCRIPTION OF THE TRAINING AND TECHNICAL ASSISTANCE TO BE PROVIDED BY OSDH

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 2022, the conference is scheduled to be held April 13-15 at the Hilton Garden Inn in Oklahoma City, Oklahoma and OSDH will be a co-sponsor for the event. Utilizing CBCAP funds, OSDH plans to sponsor a prevention track during the conference that covers a variety of topics and provide scholarships for 30 OSDH employees to attend. The Center on Child Abuse and Neglect will also collaborate with the Oklahoma CJA Advisory Task Force on Child Abuse and Neglect. Attendance is expected to exceed 300 participants including 40 speakers, and approximately 45 volunteers and staff. A variety of continuing education credits will be offered for attorneys, social workers, psychologists, counselors, law enforcement and other disciplines. As in previous years, attendees are expected to include prevention specialists, child development specialists, mental health professionals, multidisciplinary teams, attorneys, child welfare workers, psychologists, counselors and law enforcement, among others. Despite the ongoing pandemic, CCAN remains hopeful and plans to hold the 2022 conference in person.

Miscellaneous Training and Conference Plans: The FSPS will offer other more general educational opportunities during the next federal fiscal year geared toward home visitors in the Oklahoma City and Tulsa communities. These trainings will be open to all home visiting programs with the purpose of increasing the knowledge and skills of the home visitor. The trainings will also help in meeting mandatory yearly training requirements for new home visitors and will give seasoned home visitors an opportunity to receive additional training hours as needed.

The FSPS also plans to host a large annual meeting in the fall of 2021 or Spring/Summer of 2022 with hopes of securing a keynote speaker with expertise in strengthening families and/or protecting children. The purpose of the Family Support & Prevention Service Annual Meeting is to bring all service providers and staff together within the program area throughout the State of Oklahoma to network and gain new knowledge. The event will include approximately 275 participants from the following service areas: Children First (Oklahoma’s Nurse-Family Partnership), Parents as Teachers, Child Guidance and SafeCare. This meeting provides an opportunity for continuing education credits with hopes of securing a variety of speakers both locally and nationally.

Conscious Discipline -- Building Resilient Schools and Homes: In an effort to further develop the early childhood workforce, the FSPS plans to host a training designed to address current issues faced by families of young and school age children. The training will be available to FSPS Child Guidance staff as well as community partners in the early childhood field to continue developing the workforce. The Social Emotional Learning (SEL) course incorporates the core methodology of brain state model, safety, connection and problem solving that are proven to build resilience in

children, families, educators and schools. Conscious Discipline is a leader in brain-based social-emotional learning and will provide a strong foundation for community providers to enhance the knowledge and social emotional skills of parents and others that work with young children. This training will take place in the fall of 2021.

Brazelton Touchpoints Approach: The Touchpoints approach is a developmental framework that offers a way to discuss with parents their child’s growth and development from a relationship-based perspective by offering parents an opportunity to explore how the growth and development of their child creates growth and a shift in parenting approach based on the child’s developmental needs. This investment in becoming a “touchpoints site” offers theoretical foundation across programs within FSPS, and partners such as ODMHSAS systems of care as they work to serve infants, toddlers, and preschoolers. As a touchpoints site the OSDH will also have access to touchpoints resources that include topics related to children birth to 13. The Touchpoints approach will be included within the Oklahoma Warmline as a universal strategy to support parents in Oklahoma.

Oklahoma Warmline/Parent Line: Telephone support line currently available to Oklahoma Child Care Providers that will be expanded to offer consultation and support to parents of children birth to 13. Specifically, CBCAP will be supporting the health education resources library that will be housed on the Oklahoma Warmline Website.

Incredible Years Training and Refresher: The Incredible Years® evidence based parenting programs focus on strengthening parenting competencies, strengthening parent-child interactions and attachment and reducing harsh discipline and fostering parent's ability to promote children’s social, emotional and language development. This program will be bolstered with CBCAP funding in the next federal fiscal year, enhancing the current Incredible Years Parent Programs to include a broader range of audiences from universal parenting to Babies and Parents Program through the Toddler Basic Program by providing a training in the spring/summer 2022.

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. During the Pandemic, trainings were offered virtually. The Family Support and Prevention Service Training Team was able to contract with trainers to enable home visitors to continue professional development. In the future, the training team will integrate virtual trainings alongside in person trainings due to the great success experienced using a virtual platform.

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, National Model staff or in some cases home visitors can attend pre-approved trainings offered in their local communities. The trainings focus on maternal and child engagement, environmental factors such as home safety, or professional growth topics such as motivational interviewing.

TECHNICAL ASSISTANCE

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

- Establishing and maintaining relationships with national model developers
- Developing and distributing policies and program guidelines
- Developing and distributing financial and evaluation 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
- Providing comprehensive technical assistance to supervisors including a monthly supervisors’ call, biannual meetings, monthly capacity reports and quarterly regional meetings to review technical assistance needs. These meetings are held on a virtual basis until in person meetings can resume safely.
- 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
- Train home visitors in the Strengthening Families Protective Factors and assist in implementation across all services
- 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
- Assist in the PAT National Center Quality Endorsement and Improvement Process as required by the model

Model specific training details are included in the attachments section for both PAT and Nurse-Family Partnership. (See Attachments, Folder 1.)

EVALUATION ASSISTANCE

Program Evaluation Training: Individual consultation, continuous quality improvement, technical assistance and quarterly training is an ongoing process regarding the new “Efforts to Outcomes” (ETO) database utilized by home visitors. Using MIECHV funding, the FSPS was able to have Social Solutions create a customized version of ETO that would serve as the collective database for four home visiting models (NFP, PAT and SafeCare).

Evidenced Based Services: The FSPS will continue providing the following evidenced-based programs and services: Parent Child Interaction Therapy (PCIT), Circle of Security (COS), Incredible Years Parenting Program, Parents As Teachers Program, Child First (Oklahoma’s Nurse-Family Partnership).

SECTION XIV – EVALUATION PLANS

Home Visiting Evaluation: The FSPS has a 24-year history of collecting data related to evidence-based home visiting. With MIECHV funding, the agency has been 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. The MIECHV data plans remain the same as last year; the plans were pushed back due to the COVID-19 pandemic.

MIECHV Formula Grant External Evaluation Plan (conducted by OUCCAN): The below evaluation uses a mixed-method (quantitative/qualitative) approach to inform and evaluate parent engagement in home visiting (HV) and associated outcomes across the following three aims:

- 1) Qualitative assessment of Lemonade for Life quality implementation and impact.
- 2) Multifaceted investigation of direct HV impacts on father co-parenting engagement and indirectly, on father-affected child and family outcomes.
- 3) An evaluation of child development outcomes and quantity and quality of developmental monitoring and promotion practices within HV programs.

The research questions and hypotheses for the plan are:

- 1) Qualitatively evaluate the acceptability and receptivity of Lemonade for Life components.

Question a. How receptive are clients to the ACEs and resiliency messages of the LFL program as implemented by our Oklahoma HV providers?

A series of qualitative interviews with clients and providers will be used to address this question.

- 2) Multifaceted investigation of direct HV impacts on father co-parenting engagement and indirectly, on father-affected child and family outcomes.

Question a. How many fathers and in what capacity do fathers participate in HV.

- i. Surveys of fathers whose child is being served by HV will provide a descriptive window into fathers experiences with HV services. These surveys will examine type of father engagement (direct and indirect HV involvement), perceived and realized benefits of HV involvement (e.g., accession of parenting resources and community referrals), perceived or realized barriers of engagement, alliance of fathers and home visitors, satisfaction and willingness to participate in HV, fathers’ expectations and desires for programs, and fathers’ perspective on effective recruitment and engagement strategies.

Question b. How effective are the HV programs when fathers participate relative to a comparison sample of non-HV clients?

- i. A streamlined set of benchmark indicators will be utilized as we accrue and follow a cohort of HV clients (currently enrolled) and a comparison sample of families who are eligible but not receiving services. This proposed activity addresses a current gap in the literature¹⁵ providing a rigorous examination (with a comparison group) of father engagement impact on client outcomes.

Question c. How different do father-engaged and father- unengaged HV clients look on key benchmark indicators?

- i. The father-engaged HV families will also be compared to the father-engaged families who are surveyed.

- 3) Evaluate child development outcomes and current developmental monitoring practices within home visiting programs.

Question a. Does successful engagement of clients in home visiting increase the likelihood of successful identification of and early intervention for developmental concerns, i.e., does HV lead to higher rates of early intervention referrals and service utilization?

Question b. How does workforce participation in developmental-focused CQI impact parent-engaged monitoring and promotion of development, i.e., does involvement in an CQI-active HV program lead to greater levels of parent-reported knowledge of and engagement in developmental observations and positive parenting behaviors that promote developmental growth?

Question c. What impact do parental monitoring and developmental promotion activities have on child development and family well-being outcomes?

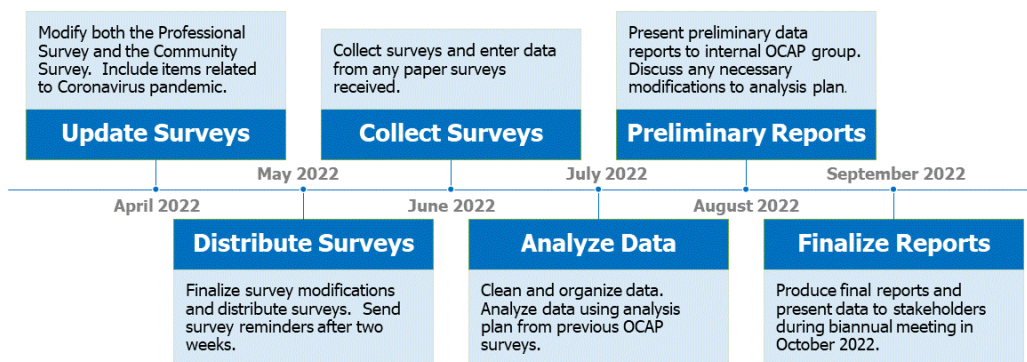
The Oklahoma State Plan for the Prevention of Child Abuse & Neglect (Data and Methodology): For FFY 2022, the Oklahoma Child Abuse Prevention Program will update and administer both the Community Survey and the Professional Survey. Survey distribution is planned for May 2022, and will run for approximately six weeks. Data analysis and report writing will be conducted during the following eight weeks, followed by sharing of preliminary results with the internal group in September 2022. Final results and reports will be presented and shared in the October 2022 biannual State Plan meeting. The surveys will continue to include questions regarding family impacts and coping with the pandemic. A challenge experienced in previous survey years is the need for greater participation among parents of young children. This will be addressed by including outreach to childcare centers and elementary schools within the survey distribution

¹⁵ Osborne, C., Workgroup, R. F., Austin, J., Dion, M. R., Dyer, J., Fagan, J., & Scott, M. E. Framing the Future of Responsible Fatherhood. Evaluation Research for the Fatherhood Research and Practice Network. Responsible Fatherhood Workgroup.

plan. Surveys will be distributed in a variety of ways, including through an electronic link, distribution of a QR code for the survey, and use of paper and pencil surveys.

Survey Timeline

Oklahoma Child Abuse Prevention



Moving forward, ongoing efforts, strategies, action items, and metrics will continue to be fine-tuned and streamlined into a workable format for the 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 will be revised in order to better reach the target populations.

Child Guidance services or activities funded by CBCAP:

Circle of Parents (COP) – During 2020 and into the beginning of 2021, COP parent groups had to re-elevate face-to-face groups due to safety measures to protect all participants against COVID-19. Another barrier to providing groups was the issue of clinicians unable to provide groups due to their work towards the COVID-19 response work within Public Health in their designated communities. Some groups were able to transition nicely to a virtual platform, while others opted to discontinue until post COVID. This had a huge impact on the numbers of COP groups offered within the State of Oklahoma. The goal of Oklahoma COP groups is to resume parent groups as soon as possible, but only if safety of all participants can be obtained. The use of virtual platforms will be continued as an option for attendance.

Circle of Parent Groups – Participants are asked to voluntarily complete survey one time per month regarding their perspective when participating in the local Circle of Parents group by a trained COP facilitator. This year, the Protective Factors survey will be added as another means of collecting data, not only for state level reporting efforts, but for reporting data to the National COP office.

Pre-COVID there were 11 COP groups in place, as of date, there are four in the State of Oklahoma. Post COVID all the groups will resume services and/or generate new groups.

Pre-COVID Groups

Canadian County

Yukon Schools, Spanish only, one time per week during school year

El Reno Public Schools, Spanish only, one time per week during the school year

Cleveland County

Head Start, twice per month, open to all Head Start parents

LeFlore County

Women's Shelter

Oklahoma County

Holy Families Resource Center, once per week, mothers only

Prairie Queen School, two groups, twice per month, open to all

Rogers County

Lakeshore Apartments (Section 8 housing), once per week, open to all

Pottawatomie County

McCloud Public Library, once per week, open to all

Shawnee Public Library, once per week, open to all

Seminole Workforce TANF Group, once per week, open to all

Tulsa County

Tulsa Women and Children's Center, women in recovering populations, meets once weekly

Indian Health Resource Center, at-risk parents, at-risk parents, meets once weekly

Types of Groups

Open to All: 7

Spanish-Speaking: 2

Substance Abuse Recovery: 2

Mothers: 1

Child Abuse Prevention Month Campaigns: For 2021 - 2022, the OSDH/FSPS will evaluate efforts from the CAP Month Campaigns, including all activities, materials and events during the month of April. More specifically, baseline data for the blue ribbon tree postcard campaign has been analyzed to look at totals and mapped to show efforts across the state in 2020-2021 and is included in the attachments. (See Attachments, Folder 4.) The gaps on the map show areas where greater targeting and connections will be prioritized in 2021-2022. The Oklahoma Child Abuse Prevention Facebook Page will continue to be a good resource for assessing interest and peak activities. Social messaging has become helpful in not only promoting, but also evaluating activities. Gathering feedback on the outcome of the month will assist in planning for the following year.

SECTION XV – PLAN FOR CHILD ABUSE PREVENTION MONTH AND AWARENESS ACTIVITIES, 2022

While the pandemic derailed most April efforts in 2020, participants came back strong in 2021 as sights now are on carrying that momentum into 2022. The CAP Action Committee, in its 16th year, works diligently to create successful campaigns that continue to develop adding layers over time. This diverse group proves to be popular year after year with steady attendance and a passion for the mission of child abuse prevention. National Child Abuse Prevention Month is a primary focus although other activities and campaigns are included throughout the year. Some of the campaigns during CAP Month have grown to be Oklahoma traditions. Social messaging has become an important strategy for both outreach and gathering data for peak levels of involvement. The FSPS plans to continue to build on promotional campaigns into 2022 with detailed information on campaigns included in this section.

PUBLIC AWARENESS AND CAP MONTH

The Build a Blue Ribbon Tree for Kids Campaign: Each year, communities build blue ribbon trees during the month of April, as they will in 2022. Participants are encouraged to complete an official “Tree Registry” entry along with submitting one to two photos. To make the experience more convenient and to assist in tracking participation, a QR code has been created for registering trees. Photos are compiled into a Blue Ribbon Tree Slideshow. The most recent Blue Ribbon Tree Slideshow¹⁶ was shared through an electronic mailing to a large distribution list as well as through posting on the OSDH website and on social media.

The Happiest Day Coloring Challenge: Going into its eighth year, FSPS and the CAP Action Committee will continue to build the April social media campaign, “Happiest Day - Coloring Challenge” with the tagline, #pictureabrighterfuture, abbreviated from “Picture a Brighter Future for Oklahoma Kids!” Children and families are invited to draw, share and upload a picture of their happiest day picture using any social media platform.

The Wear Blue and Take a Selfie Day: 2022 plans are underway to repeat the popular Wear Blue Day (and take a selfie) typically the first Friday of the month. Everyone is encouraged to post their individual and/or group photos on social media with the hashtag, #OKWearsBlue.

Linking with Libraries: For the 17th year, FSPS will collaborate with the Oklahoma Department of Libraries (ODL) to promote child abuse prevention during the month of April 2022. Staff at all local libraries will be encouraged to participate by creating prevention-focused bulletin boards, building blue ribbon trees, hosting parent groups, setting up display tables with parent/caregiver resources and more.

The 27th Oklahoma Child Abuse and Neglect Conference: The FSPS and the Oklahoma University Health Sciences Center (OUHSC) plan to collaborate again in 2022 on the April conference after a successful collaboration over the last few years. CBCAP dollars will be used to provide a primary

¹⁶ https://youtu.be/u6mp2_MPyzU

prevention track, scholarships for participants and to support speaker costs in the areas relevant to trending prevention topics.

Child Abuse Prevention Awards: The Outstanding Child Abuse Prevention Awards are presented annually at a special ceremony at the State Capitol during the month of April. The award recipients are recognized for outstanding commitment and dedication to child abuse prevention:

- 1) *The Marion Jacewitz Award* is for an Oklahoma individual who has made significant contributions to the prevention of child abuse on a statewide level.
- 2) *The Outstanding Child Abuse Prevention or Strengthening Families Program Award* is for an exceptional community program that has an emphasis on child abuse prevention.
- 3) *The Mary Ellen Wilson Award* is for an individual who has demonstrated outstanding commitment and dedication to child abuse prevention activities in his or her community.
- 4) *The Julie L. Bonner Award* is for an outstanding nurse in home visitation that empowers parents to care for themselves while creating safe, healthy, nurturing relationships and environments for children.
- 5) *The Outstanding Home Visitor Award* is for a professional working as a home visitor that has demonstrated a high commitment to quality service and tremendous dedication to those served.
- 6) *The Outstanding Elected Official Award* is for an Oklahoma elected official for distinguished service focused on the prevention of child maltreatment and/or support of vulnerable families.

Community Resource Guides: The FSPS looks forward to continued dissemination of the Community Resource Guides from the Children’s Bureau’s Office on Child Abuse and Neglect (co-sponsored by Child Welfare Information Gateway and the FRIENDS National Resource Center for Community-Based Child Abuse Prevention). Distribution includes networking partners across the state such as school counselors, home-based parenting programs, libraries, schools, county health departments, local task forces and others upon request.

PUBLIC AWARENESS – NOT ALWAYS CONNECTED TO CAP MONTH

Facebook Page: The CAP Action Committee utilizes their own [Oklahoma Child Abuse Prevention Facebook Page](#)¹⁷ in promoting activities, connecting with community partners and tracking peak level of activity during campaigns. With almost 1,500 followers, growth is expected to continue into the next fiscal year.

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

¹⁷ <https://www.facebook.com/OKChildAbusePrevention/>

idea that all families need support from time to time. A variety of mediums are used with this parentPRO commercial¹⁸, including the following:

- *Rack Cards and Tear-off Posters*: Written promotional material was developed to inform potential clients about home visiting services. The rack cards and posters featured a single baby (various versions with babies representing different races and ethnicities) and the text was written at a sixth grade level. Following the advice of the Parent Partnership Board members, the word “free” was included as well as the idea that the services were designed, in part, to reduce parents’ stress. [Later we learned that mothers in particular would appreciate promotional material that would feature the parent without a picture of child. Mothers told us that they would like to think that home visitors would concentrate on their needs. They expressed the notion that often they know what they need to be doing with or for their child and if someone would support them, they would perhaps have more energy to devote to their child. For this reason, future printed material will also include some versions with just parents – including teen mothers and single fathers.]

¹⁸ <https://vimeo.com/user10001181/review/91752183/706eba609e>

SECTION XVI – AREAS FOR TECHNICAL ASSISTANCE

Technical assistance needs are likely to be most beneficial when it comes to navigating several new projects, programs and expansions to existing operations when it comes to the American Rescue Funds. From ascertaining gaps and needs in current services to possibly providing programs that have never before been provided and then being able to evaluate those in the end, all seem like wonderful opportunities for technical help.

The FSPS might also utilize TA when it comes to establishing an effective statewide parent partnership board to better support existing groups and to engage parents in leadership roles, which is currently in the works.

While navigating a global health pandemic (along with most staff teleworking), OSDH also moved to a new home after decades at the same address. This move will be beneficial to the agency in a number of ways, but moving a workforce has presented some changes and a few challenges.

SECTION XVII – AMERICAN RESCUE PLAN

Oklahoma’s CBCAP leadership has already began the process of envisioning and planning for the funds that were made available through the American Rescue Plan Act of 2021 (ARPA). This exciting development brings a number of opportunities to expand, enhance and develop primary prevention efforts in Oklahoma. The plan is three pronged and builds on work that was begun with the State Plan for Child Abuse Prevention (2019-2023).

1. ***Continue collaboration with partners to expand and enhance current projects and develop new initiatives.*** Some examples of current project that will benefit from ARPA funding include: a.) additional marketing for the expansion of the “Warmline” to include resources for parents. Our partners at ODMHSAS have funded a marketing campaign that has included the development and initial airing of the campaign. CBCAP will be able to expand the timeframe and resources for parents. b.) additional training opportunities related to workforce development for professionals, specific trainings TBD. c.) provide funding for a staff position to coordinate the FRC network. Partners that are involved in projects include The Oklahoma Commission on Children and Youth (OCCY), ODMHSAS, OKDHS, Oklahoma State Department of Education (OSDE) Part C, OSDH Maternal Child Health Title V and OSDH Injury Prevention Division; among others.
2. ***Release opportunities for funding through a Request for Proposal (RFP) process for the development of Family Resource Centers in Oklahoma communities.*** These FRCs will be part of the National Family Support Network and participate in network activities and requirements.
3. ***Additionally, release opportunities for funding through an RFP process for community based child abuse and neglect prevention projects.*** This opportunity will be available to community organizations who wish to develop, expand or enhance projects that meet the requirements outlined in CAPTA for the use of CBCAP funding.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Bethany Ledel 03/30/2021
Signature and Date

Bethany Ledel
Printed Name

Grants and Reporting Officer

Title
Oklahoma State Department of Health

Organization

2021 CBCAP Grant Application Attachments (Oklahoma)

ATTACHMENTS & SUPPORTING DOCUMENTATION

Table of Contents

<p><u>FOLDER 1</u> Family Support & Prevention Service Programs</p>	<p>FAMILY SUPPORT & PREVENTION SERVICE PROGRAMS</p> <ol style="list-style-type: none"> 1. OCAP PARENTS AS TEACHERS PROGRAM <ol style="list-style-type: none"> 1) OCAP Annual Report (2020) 2) Parents As Teachers Logic Model 3) Parents As Teachers RFP 4) Parents As Teachers Program Directory 5) Parents As Teachers Training Plan 2. NURSE-FAMILY PARTNERSHIP PROGRAM <i>(aka Children First in Oklahoma)</i> <ol style="list-style-type: none"> 1) Children First Annual Report (2020) 2) Nurse-Family Partnership Model Elements 3) Logic Models: Children First and Nurse-Family Partnership 4) Children First Forms Manual 5) Children First Training Record 3. PROGRAMS – MISCELLANEOUS <ol style="list-style-type: none"> 1) Circle of Parents 2) Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
<p><u>FOLDER 2</u> Home Visitation Group</p>	<p>HOME VISITATION LEADERSHIP ADVISORY COALITION (HVLAC)</p> <ol style="list-style-type: none"> 1) Home Visitation Meeting Calendars (2021-2022) 2) Oklahoma Home Visiting Outcomes Measurement Plan 3) Oklahoma Home Visiting Annual Outcomes Report (2020) 4) OPSR Pathway 5) Home Visitation Safety Manual
<p><u>FOLDER 3</u> Oklahoma State Plan for Prevention of CAN (2019-2023)</p>	<p>OKLAHOMA STATE PLAN FOR THE PREVENTION OF CHILD ABUSE & NEGLECT</p> <ol style="list-style-type: none"> 1) State Prevention Plan (2019-2023) 2) State Plan Materials (Methodology, Surveys and Outcomes) 3) State Plan Media Release Seeking Public Input 4) Biannual Joint State Plan Event, OSDH & OKDHS (2021)
<p><u>FOLDER 4</u> Miscellaneous Documents</p>	<p>MISCELLANEOUS DOCUMENTS</p> <ol style="list-style-type: none"> 1. CBCAP Federal Financial Report 2. CBCAP Annual Program Report (2020) 3. CBCAP Grant Application (2020) 4. OKFutures Strategic Plan (2020)
<p><i>See also...</i> APPENDIX A</p>	<p>Oklahoma’s Community-Based Child Abuse Prevention Network</p>

Attachment hard copies available upon request.