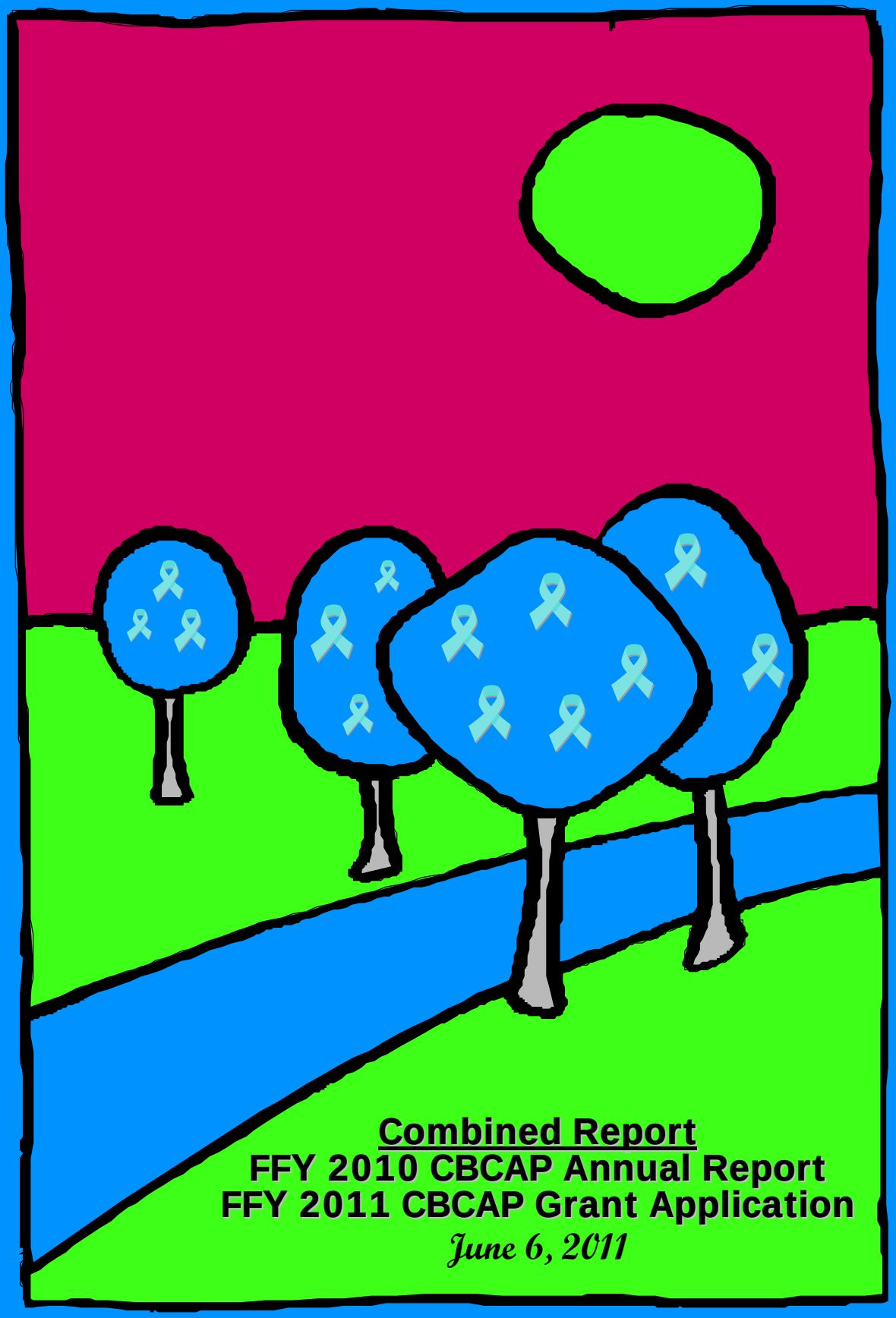
Oklahoma's

Community-Based Child Abuse Prevention Grant



Combined Report

FFY 2010 CBCAP Annual Report

FFY 2011 CBCAP Grant Application

June 6, 2011

Community-Based Child Abuse Prevention Grant

CBCAP

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Oklahoma State Department of Health

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FOLDER 2 **HOME VISITATION GROUP**	**HOME VISITATION LEADERSHIP ADVISORY COALITION (HVLAC)** 1) Oklahoma HV Services Directory (created to accompany Period of Purple Crying to hospitals) 2) HV Meeting Schedules 3) HV Meeting Agendas & Minutes 4) HV Safety Guidelines 5) HV Safety Guidelines PowerPoint Training Component
FOLDER 3 **INTERAGENCY CHILD ABUSE PREVENTION TASK FORCE (ITF)**	**OKLAHOMA STATE INTERAGENCY CHILD ABUSE AND PREVENTION TASK FORCE (ITF)** 1) ITF Meeting Schedules 2) ITF Meeting Agendas & Minutes 3) ITF Outstanding Child Abuse Prevention Awards (2010)
FOLDER 4 **MISCELLANEOUS ITEMS**	**MISCELLANEOUS ITEMS** 1) Conference Information 2) Curricula Development (7 Challenges Family ToolKit) 3) Oklahoma Family Week Materials (corresponding with National Family Week) 4) Period of Purple Crying – Hospital Involvement 5) Oklahoma Family Month (JUNE) Tray Liners (corresponding with National Family Month) 6) Evaluation Components
FOLDER 5 **CAP MONTH AND PUBLIC AWARENESS**	**CAP MONTH MATERIALS (2010)** 1) 2010 CAP Month ToolKit and General Materials 2) 2010 Build A Blue Ribbon Tree Campaign 3) 2010 CAP Day at the Capitol Materials
SINGLE ATTACHMENTS **MISCELLANEOUS**	**1. CBCAP FINANCIAL STATUS REPORT (DECEMBER 2010)** **2. CBCAP ANNUAL REPORT (FFY 2010)** **3. OKLAHOMA STATE PLAN FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT (2010 - 2013)** **4. PART WORKSHEETS**

Section I SUBMISSION LETTER

Oklahoma State Department of Health
Creating a State of Health

Mr. Bryan Samuels
Commissioner
Administration on Children, Youth and Families
1250 Maryland Ave., S.W.
Washington, DC 20024

RE: Community-Based Grants for the Prevention of Child Abuse and Neglect or Community-Based Child Abuse Prevention Log No. ACYF-CB-PI-11-05

Dear Mr. Samuels:

Enclosed please find the Oklahoma State Department of Health (OSDH) application for the FY 2010 Community-Based Grant for the Prevention of Child Abuse and Neglect (CBCAP) Grant announcement. The State and designated lead agency met all eligibility requirements specified by Part II of the Program Instructions and will be responsible for the administration of funds and oversight of programs funded through a statewide network of community-based, prevention-focused, family resource and support programs.

The OSDH is a public entity comprised of 68 county health departments and a central office. The mission of OSDH is:

> To protect and promote the health of the citizens of Oklahoma,
> To prevent disease and injury, and
> To assure the conditions by which our citizens can be healthy.

The OSDH has four distinct administrative areas. The *Community and Family Health Services* (CFHS) is responsible for the care of women, children and families. The mission of CFHS is:

> To protect and promote the health of the citizens of Oklahoma by assessing health status, establishing evidence-based priorities and providing leadership to assure the availability of individual and population-based health services.

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

> To promote health and safety of children and families by reducing violence and child maltreatment through public education, multidisciplinary training of professionals and the funding of community-based family resource and support programs.

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

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1000 NE 10TH Street
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One of the programs 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 provides staff support for the other entities created by the CAP Act such as the state level *Interagency Child Abuse Prevention Task Force* (ITF) and the local family resource and support programs.

The ITF is composed of representatives from state agencies, the business sector, parent participants, and child abuse prevention providers as well as other professionals from the medical, legal and mental health fields. The ITF works collaboratively with OCAP to prepare the annual "Oklahoma State Plan for the Prevention of Child Abuse and Neglect" – a compilation of findings, recommendations and plan for the continuum of comprehensive child abuse services across the state.

The ITF works jointly with the OCAP to review and fund the community-based family resource and support proposals. Once approved and awarded, the local agencies sign contracts with the OSDH to provide child abuse prevention services to families. These services consist of home visitation and center-based services. The OCAP assures that 1) the service providers are well trained, 2) that quality improvements are ongoing by conducting annual site visits and assisting with peer reviews and 3) the local programs are productive and effective by evaluating program data.

In addition to the services provided through the OCAP contracts, the Family Support & Prevention Service includes *Children First* services – Oklahoma's Nurse-Family Partnership Program. Children First provides nurse home visitation to first-time parents throughout the state. Public health nurses from our county health departments provide the services.

The Family Support & Prevention Service also provides training and support to the twenty-five multidisciplinary child abuse and neglect teams across the state through our *Child Abuse Training and Coordination Program* (CATC). The twenty-two members of the CATC's Council help direct the work.

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

Sincerely,

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

Section II LEAD AGENCY IDENTIFYING INFORMATION

In Response:	Log No: **ACYF-CB-PI-11-05**
Date of Issuance:	06/06/2011
Lead Agency Name:	Oklahoma State Department of Health Community and Family Health Services Family Support and Prevention Service
Mailing Address:	1000 Northeast 10th Street 7th Floor Oklahoma City OK 73117-1299
E-Mail Address:	Sheriet@health.ok.gov or Annettej@health.ok.gov
Fax Number:	(405) 271-1011
Agency's Employer Identification Number (EIN):	73-6017987W
Data Universal Numbering System (DUNS) Number:	14-3673015
CBCAP Program Contacts:	Sherie Trice, M.S., CCPS CBCAP Grant Coordinator Family Support and Prevention Service (405) 271-7611 Annette Wisk Jacobi, JD Chief Family Support and Prevention Service (405) 271-7611
CBCAP Fiscal Contact:	Grace E. Brown Chief Accounting Services (405) 271-4042

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

Section III STATE CEO DOCUMENTATION AND ASSURANCES

Mary Fallin
Governor

May 20, 2011

Mr. Bryan Samuels
Commissioner
Administration on Children, Youth and Families
1250 Maryland Ave., S.W.
Washington, DC 20024

Dear Mr. Samuels:

After giving full consideration to the capacity and expertise of the Oklahoma State Department of Health (OSDH), I hereby designate OSDH as the lead agency to receive the federal funds allocated to Oklahoma through the Federal Community-Based Grants for the Prevention of Child Abuse and Neglect, as per the Child Abuse Prevention and Treatment Act (Pub.L. 104-235), Title II, as amended by Pub.L. 108-36.

Because prevention is highly emphasized in the arena of public health, the OSDH is the most appropriate entity to accomplish the goals of the CBCAP Program. The OSDH has over 20 years of experience providing community-based family resource and support program services through a statewide network of prevention programs funded by Oklahoma's Child Abuse Prevention Fund. In addition, the OSDH has demonstrated its ability to leverage and blend state, federal and private funds to support prevention efforts, provide training and technical assistance to professionals delivering services and monitor and evaluate programs.

I am confident that the OSDH will continue to make great strides in preventing child maltreatment. Their work will create a healthier and safer Oklahoma for our children and families. If you have any questions, please contact Sherie Trice, Grant Coordinator at (405) 271-7611.

Sincerely,

Mary Fallin
Governor

Enclosure

STATE CAPITOL BUILDING • 2300 N. LINCOLN BOULEVARD, SUITE 212 • OKLAHOMA CITY, OKLAHOMA 73105 • (405) 521-2342 • FAX: (405) 521-3353

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

GOVERNOR'S ASSURANCE STATEMENT

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

(A) **Community-based child abuse and neglect prevention programs and activities designed to strengthen and support families to prevent child abuse and neglect composed of local, collaborative, public-private partnerships directed by interdisciplinary structures with balanced representation from private and public sector members, parents, and public and private nonprofit service providers and individuals and organizations experienced in working in partnership with families with children with disabilities;**

(B) **Direction to an interdisciplinary, collaborative, public-private structure with balanced representation from private and public sector members, parents, and public sector and private nonprofit sector service providers;**

(C) **Direction and oversight to the network through identified goals and objectives, clear lines of communication and accountability, the provision of leveraged or combined funding from Federal, State and private sources, centralized assessment and planning activities, the provision of training, technical assistance, evaluation assistance and reporting and evaluation functions.**

(D) **A demonstrated commitment to parental participation in the development, operation, and oversight of the community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect;**

(E) **A demonstrated ability to work with State and community-based public and private nonprofit organizations to develop a continuum of preventive, family-centered, comprehensive services for children and families;**

(F) **The capacity to provide operational support (both financial and programmatic) and training, technical assistance, and evaluation assistance to community-based child abuse and neglect prevention programs and activities designed to strengthen and support families to prevent child abuse and neglect, through innovative, interagency funding and inter-disciplinary service delivery mechanisms; and**

(G) **Integration of its efforts with individuals and organizations experienced in working in partnership with families with children with disabilities, parents with disabilities and with the child abuse and neglect prevention activities of the State, and demonstrate a financial commitment to those activities.**

Mary Fallin 5-20-11

(Signature of Governor) **(Date)**

OMB Control # 0970-0155 (Expires 07/31/2011)

Section VI LEAD AGENCY ASSURANCES

COMMUNITY-BASED GRANTS FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT PROGRAM

(TITLE II OF THE CAPTA AMENDMENTS OF 2010 (P.L. 111-320))

STATE LEAD AGENCY ASSURANCE STATEMENT

STATE: Oklahoma	LEAD AGENCY: Oklahoma State Department of Health

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

(A) A description of the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the State, will be included with the Annual Performance Report (and subsequent year's reports);

(B) Funds received under this title will supplement, not supplant, other State and local public funds designated for the start-up, maintenance, expansion, and redesign of community-based and prevention-focused programs and activities to strengthen and support families to prevent child abuse and neglect;

(C) The State has the capacity to ensure the meaningful involvement of parents who are consumers and who can provide leadership in the planning, implementation, and evaluation of the programs and policy decisions of the applicant agency in accomplishing the desired outcomes for such efforts; and

(D) The lead agency will provide the Secretary with reports at such time and containing such information as the Secretary may require (and every year on the same date for the life of the grant).

(Signature of Responsible Lead Agency Administrator)

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

(Typed Name and Title of Administrator)

6-3-11

(Date)

OMB Control # 0970-0155 (Expires 07/31/2011)

U.S. Department of Health and Human Services

Administration for Children & Families

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

OKLAHOMA STATE DEPARTMENT OF HEALTH
ADMINISTRATIVE PROCEDURES MANUAL

TITLE: Tobacco-Free Policy Number: 1-8

Re-issued: September 2010

RESPONSIBLE SERVICE: Administration

Revises: 1-8, September 2001

APPROVED: _____
Terry Cline, Ph.D.
Commissioner of Health

OBJECTIVE: To eliminate all tobacco use indoors and outdoors on the premises of all Oklahoma State Department of Health facilities including County Health Departments, in state vehicles used for OSDH business, and by OSDH personnel providing services in clients' homes.

BACKGROUND: Tobacco use is Oklahoma's leading preventable cause of death, and exposure of nonsmokers to secondhand smoke is the third leading preventable cause of death. Reduction of smoking and other forms of tobacco use and protection of the public from involuntary exposure to secondhand smoke are among the top priorities of the Oklahoma State Department of Health as outlined in recent annual State of the State's Health Reports.

This policy is to help reduce tobacco use among this Department's employees and throughout Oklahoma, and it is not intended to be punitive towards any OSDH employees. The Oklahoma State Department of Health is committed to encouraging and providing support to any OSDH employee who wishes to engage in a tobacco dependency treatment program, within the Department's available resources.

The Oklahoma State Department of Health strives to be a leader in protecting the health of our employees and everyone visiting our facilities and to set a good example through the conduct of our personnel by adopting the following tobacco-free policy:

PROCEDURE:

1. The use of tobacco products shall be prohibited throughout all indoor and outdoor areas of premises under the control of the Oklahoma State Department of Health, in all vehicles on those premises, and in state vehicles in use for OSDH business anywhere.

2. This policy applies to all employees, clients, visitors and others on business at all Oklahoma State Department of Health premises.

3. The Central Office and each County Health Department or other facility shall identify the boundaries of its premises, post this information for public reference, and provide notice of this policy with appropriate signage, including signs at the entrances to the properties and/or other locations as needed.

4. County Health Departments and other facilities that share a building with other offices shall eliminate tobacco use in their offices and from all the indoor and outdoor premises under their control. They shall encourage tobacco-free policies for all tenants and throughout the entire premises.

5. Tobacco product receptacles shall be removed from the premises, including any ash cans near entryways.

6. OSDH employees shall not use tobacco products while providing services in clients' homes.

7. To the extent allowed by Oklahoma law, contracts to provide services to the public on behalf of OSDH entered into on or after the effective date of this policy shall require contractors to follow the tobacco-free policy of OSDH in performance of services for OSDH.

8. Violation of this policy by an OSDH employee shall be cause for management/supervisor intervention and may result in corrective or disciplinary action in accordance with the OSDH Administrative Procedures Manual and state personnel rules.

Section V LEVERAGED CLAIM FORM

LEVERAGED FUNDS WORKSHEET for FY 2011 APPLICATION

STATE: Oklahoma **LEAD AGENCY: Oklahoma State Department of Health** **Page 1 of 2**

AMOUNT OF CLAIM	DATE(S) FUNDS WERE RECEIVED AND BUDGETED BY LEAD AGENCY ---------- BUDGETED/SPENT		SOURCE OF FUNDS BEING CLAIMED	PURPOSE FOR WHICH FUNDS WERE BUDGETED AND SPENT
$2,362,643	Jul – 2009	Monthly Oct 09-June 10	State Appropriations	OCAP
$671,102	Jul – 2010	Monthly July 10-Sept 10	State Appropriations	OCAP
$187,370	Jul – 2009	Monthly Oct 09-Jun 10	State Appropriations	OCAP Admin
$ 49,086	Jul – 2010	Monthly Jul 10-Sept 10	State Appropriations	OCAP Admin
$3,179,610	Jul – 2009	Monthly Oct 09-Jun 10	State Appropriations County Millage	Child Guidance
$ 490,981	Jul – 2010	Monthly Jul 10-Sept 10	State Appropriations County Millage	Child Guidance
$6,483,481	Jul – 2009	Monthly Oct 09-Jun 10	State Appropriations County Millage	Children First
$1,903,615	Jul – 2010	Monthly Jul 10-Sept 10	State Appropriations County Millage	Children First
$167,388	Jul – 2009	Monthly Oct 09-Jun 10	State Appropriations	CATCC
$56,279	Jul – 2010	Monthly Jul 10-Sept 10	State Appropriations	CATCC

OMB Control # 0970-0155 (Expires 07/31/2011)

STATE: Oklahoma **LEAD AGENCY: Oklahoma State Department of Health** **Page 2 of 2**

AMOUNT OF CLAIM	DATE(S) FUNDS WERE RECEIVED AND BUDGETED BY LEAD AGENCY ---------- BUDGETED/SPENT		SOURCE OF FUNDS BEING CLAIMED	PURPOSE FOR WHICH FUNDS WERE BUDGETED AND SPENT
$13,906	Jul – 2009	Monthly Oct 09-Jun 10	Fee-Based	Heirloom
$20,442	Jul – 2010	Monthly Jul 10-Sept 10	Fee-Based	Heirloom

INCENTIVE CLAIM ASSURANCE: All amounts figured into this claim are non-Federal monies that have been leveraged by the State, directed through the CBCAP lead agency submitting the application, and budgeted and spent in FFY 2010 (i.e. 10/1/09 – 9/30/10) to support community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect, as defined in the legislation, that coordinate resources among a range of existing public and private organizations for the purposes defined under this Title. No funds claimed here have been claimed to leverage any other source of Federal funds. State and non-federal funds that are being used to meet the maintenance of effort, match or other cost-sharing requirements for other Federal funding are not eligible to be claimed.

TOTAL CLAIM	
$ 15,585,903	PREPARED BY: Grace E Brown 5/25/11 (Fiscal Agent) (Date) SUBMITTED BY: (Lead Agency Authority) (Date) 6/3/11

OMB Control # 0970-0155 (Expires 7/31/2011)

DOCUMENTATION OF LEVERAGED FUNDS FOR FEDERAL MATCHING FUNDS

- The leveraged funds submitted are state funds appropriated for the preceding fiscal year (October 1, 2009 – September 30, 2010) that were directed through the CBCAP lead agency (OSDH).
- These funds were used to support community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect.
- The state funds claimed as leveraged funds for this program have not been used to leverage additional federal funds under any other program.
- Clarification of the Leveraged Funds Worksheet:

    1. The "**Amount of Claim**" column only contains monies spent between 10/01/09 and 9/30/10.
    2. The "**Received**" column indicates which state fiscal year the money was appropriated. However, the entire fiscal year's appropriation was not included in the "Amount of Claim" column.
    3. The **"OCAP"** refers to the Office of Child Abuse Prevention which was derived from the Child Abuse Prevention Fund (CAP Fund). The money used to support the OCAP Start Right Programs comes from the Child Abuse Prevention Fund (CAP Fund). The CAP Fund was created by the Oklahoma Child Abuse Prevention Act as a mechanism for pooling state, federal and private funds for the development and implementation of community-based family resource and support programs. Program proposals that meet the guidelines and recommendations specified in the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect*, receive a multi-layer multidisciplinary review. The current requirements for the contractors are included in Attachment Section of this Grant Application. Approved proposals are awarded contracts by the Commissioner of Health and receive funding through the CAP Fund. The contractors then provide home visitation services utilizing the *Healthy Families* "critical elements" and the *Parents as Teachers* curriculum as well as center-based services.
    4. "**Office of Child Abuse Prevention Administration (OCAP Admin**)": State appropriations allow the Office of Child Abuse Prevention staff from the OSDH central office to provide training, technical assistance, evaluation/assessment and quality assurance/improvement to the contractors funded by the CAP Fund and contractors funded by the CBCAP Grant.
    5. "**Child Guidance**": State appropriated dollars and county millage supports the staff salaries and travel of the Child Guidance Service. The Child Guidance Service is an OSDH program that focuses on strengthening families by promoting positive parent-child relationships and enhancing child development. Child development specialists, speech language pathologists, psychologists, social workers and audiologists provide multi-disciplinary services including detection, education, support, and some treatment of developmental, communication, hearing and behavioral concerns and assists families in accessing resources.

6. "**Children First**": The Children First Service is a statewide public health nurse home visitation program offered through local health departments. The model utilized is the Nurse-Family Partnership Model. Services are provided at no cost to families expecting to deliver and/or to parent their first child. Services are initiated before the 29th week of pregnancy and continue until the child turns two years of age. 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. "**Child Abuse Training and Coordination Program (CATC**)": This Child Abuse Training and Coordination Program (CATC) is mandated to make available multidisciplinary and discipline-specific training on the identification, reporting, investigation and treatment of child abuse and neglect and domestic violence. CATC is advised by a 22-member council (CATCC). CATCC establishes multidisciplinary and discipline-specific guidelines and objectives and make curricula recommendations to other agencies with professionals who have responsibilities for children, youth and families. The funding listed on the Leveraged Funds Worksheet reflects the state dollars appropriated for OSDH central office staff salaries and travel that support CATC.
8. "**Heirloom Birth Certificates**": Develops statewide capacity, based on best practices, to provide effective investigations through Multidisciplinary Child Abuse and Neglect Teams at the local level. Increases access to multidisciplinary and discipline-specific training on the investigation, prosecution, and treatment of child abuse and neglect and domestic violence. The Child Abuse Training and Coordination Program provides free state-of-the-art, discipline specific training and technical assistance for professionals such as: Prosecutors, Judges, Private Attorney's, Law Enforcement, Medical and Mental Health Providers, School Personnel, Child Welfare Workers, Youth Services Workers, and Court Appointed Special Advocates. This training and assistance help advance services available for addressing the needs of children in abusive situations by increasing the expertise of Oklahoma professionals.

Section VI BUDGET

PROPOSED BUDGET
Federal Fiscal Year 2011 CBCAP Grant Application

ACTIVITY	FEDERAL DOLLARS	NON-FEDERAL DOLLARS
Administration	$ 61,770*	$ 12,354
Community-Based Services Non-Home Visitation (including Child Guidance Service – The Incredible Years and Parent Child Interaction Therapy)	$ 18,000	$ 3,600
Community-Based Services Home Visiting Service	$ 69,185	$ 13,837
Evaluation	$ 30,513	$ 6,103
Fatherhood	$ 5,103	$ 1,021
Network Coordination	$ 10,415	$ 2,083
Parent Leadership	$ 10,257	$ 2,051
Public Awareness (Including Child Abuse Prevention Month materials)	$ 8,000	$ 1,600
Respite Services	$ 6,103	$ 1,221
Strengthening Families	$ 38,480	$ 7,696
Training and Technical Assistance	$ 51,027	$ 10,205
TOTAL	**$ 308,853**	**$ 61,771**

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

Award amount and 20% state match based upon population-based portion of the formula. See Leveraged Funds Worksheet for supporting documentation.

BUDGET

- The budget for the development, operation, and expansion of the community-based and prevention-focused programs and activities verifies that the State will spend an amount equal to or more than 20% of the Federal funds received for Oklahoma's grant award.
- The budget includes sufficient funds to send two representatives from Oklahoma to attend the annual 3-5 day federally initiated CBCAP Grantees Conference, a requirement of the grant and no more than 20% of the available funds are allocated for administrative purposes.
- 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 LEAD AGENCY

…and the operation of the Network of Coordinated Community-Based and Prevention-Focused Programs and Activities

(NOTE: The FY2009 grant funding covers CBCAP activities conducted October 1, 2009 through September 30, 2010. FY2009 funds are awarded in September 2009 for implementation in FY2010.)

LEAD AGENCY DESCRIPTION AND LEADERSHIP ACTIVITIES

State may also indicate one of the following:

✓ No changes from last year and no changes planned in the upcoming year.

___ Yes, there will be changes.

✪ Annual Report Narrative

The Oklahoma Child Abuse Prevention Act

*** THE OFFICE OF CHILD ABUSE PREVENTION (OCAP)**: In 1984, the Oklahoma Legislature passed the Child Abuse Prevention (CAP) Act, Title 63 O.S. Section 1-227. The CAP Act created the Office of Child Abuse Prevention within the Oklahoma State Department of Health (OSDH) and defined the mechanisms by which the OCAP would fulfill its duties and thereby create a statewide network of child abuse prevention programs and activities. The OCAP provides primary, secondary and tertiary prevention services by: 1) providing family support services through contracting agencies; 2) providing training to professionals working within family support programs and/or the child welfare system and 3) technical assistance and reviews for the multidisciplinary teams across the state.

THE INTERAGENCY CHILD ABUSE PREVENTION TASK FORCE (ITF): This statewide task force has a mandated membership of representatives from a wide variety of public and private entities. The OCAP provides the staff support for the ITF. As directed by the CAP Act, the ITF reviews and evaluates all prevention program proposals submitted to the OCAP for funding and is integral in the development and implementation of the Oklahoma State Plan for the Prevention of Child Abuse and Neglect, with a new plan being submitted on a 5-year cycle and reviewed annually.

THE CHILD ABUSE PREVENTION FUND: The CAP Act also created the Child Abuse Prevention (CAP) Fund to provide for statewide child abuse prevention services. This fund is predominantly supported with state appropriated dollars. However, the CAP Act does allow for federal and private funds to be deposited into this fund. At this time, the only monies being deposited into the CAP Fund other than state appropriations come from revenues from specialty license plates. The twenty-two CAP Fund programs in State Fiscal Year (SFY) 2010 (July 1, 2009 through June 30, 2010) constituted a large part of the statewide network of community-based, family support programs.

Historically, Oklahoma statute required that the state be divided into child abuse prevention "districts", but as reported, the "district" concept was eliminated in 2007. The CAP Fund will continue to be distributed by formula set in statute utilizing both the percentage of children under the age of 18 and percentage of child abuse and neglect reports per county. A multi-level review process specified in the CAP Act is prescribed in statute as well to assure that equity and fairness are part of the award process.

**** Note:** In 2008, the Office of Child Abuse Prevention (OCAP) adopted Start Right as the new name for all of the contracted programs (formerly referred to as "OCAP Programs"). OCAP still exists as it continues its role of administering the programs under the direction of the Family Support and Prevention Service (OSDH).*

CBCAP FUNDED PROGRAM: In SFY 2010, the OSDH utilized CBCAP funds to continue their intergovernmental agreement with the Chickasaw Nation. Through this agreement, the same services provided by the Start Right Programs (CAP Funded programs) are provided to Chickasaw tribal members. In SFY 2011, the OSDH will continue to utilize CBCAP funds in support of the Chickasaw Nation's efforts related to home visitation services and center-based services.

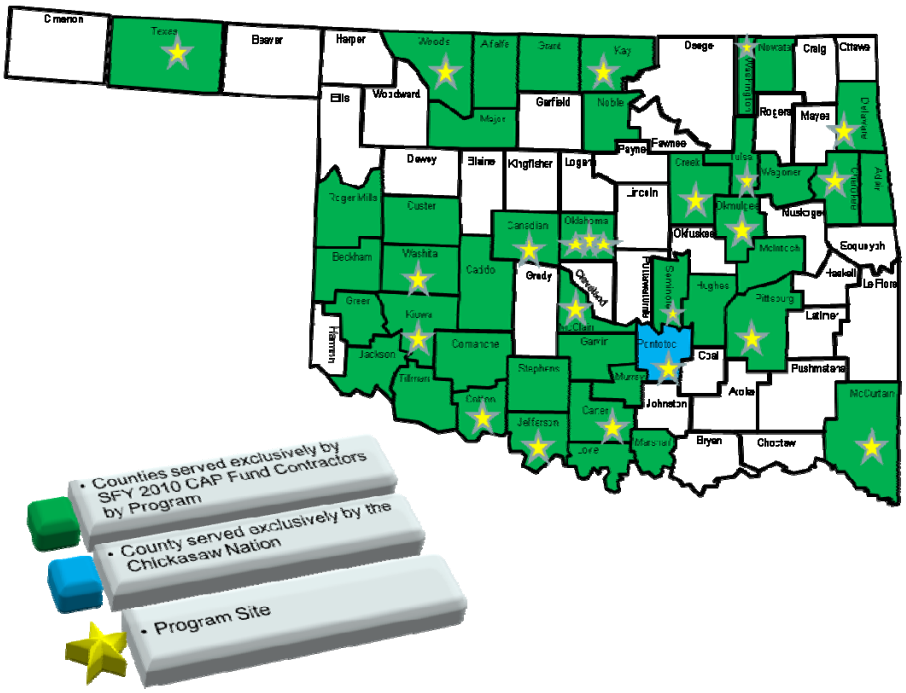
The OCAP provides training, technical assistance, evaluation and assessment to the Start Right Programs, including the program funded by CBCAP dollars.

SFY 2010/2011 START RIGHT PROGRAMS

District Name and Counties within the District Area	
Agency Name	**Contract Award $**
District I: Pittsburg, Haskell, LeFlore, Latimer Counties	
Pittsburg County Health Department	$109,223
District II: Adair, Cherokee, McIntosh, Muskogee, Okmulgee, Sequoyah, Wagoner Counties	
Help-In-Crisis, Inc.	$123,469
Center for Children and Families, Inc.	$142,235
District III: Cleveland, Coal, Garvin, McClain, Pontotoc Counties	
McClain-Garvin County Youth and Family Center, Inc.	$109,223
District IV: Canadian, Kingfisher, Logan Counties	
Oklahoma State University Cooperative Extension Service for Canadian County	$120,319
District V: Hughes, Pottawatomie, Seminole Counties	
Youth and Family Services for Hughes and Seminole Counties, Inc.	$109,223
District VI: Caddo, Comanche, Cotton, Grady, Jefferson, Stephens Counties	
Oklahoma State University Cooperative Extension Service for Cotton & Jefferson County	$220,424
District VII: Oklahoma	
Mary Mahoney Memorial Health Center	$109,223
Exchange Club Center for the Prevention of Child Abuse of Oklahoma, Inc.	$271,919
Latino Community Development Agency, Inc.	$181,278
District VIII: Greer, Harmon, Jackson, Kiowa, Tillman Counties	
Great Plains Youth and Family Services, Inc.	$109,223
District IX: Beckham, Blaine, Custer, Dewey, Roger Mills, Washita Counties	
Great Plains Youth and Family Services, Inc.	$109,223
District X: Beaver, Cimarron, Ellis, Harper, Texas, Woodward Counties	
Oklahoma State University Cooperative Extension Service for Texas County	$109,223
District XI: Creek, Lincoln, Okfuskee, Pawnee, Payne Counties	
Sapulpa Public Schools	$159,381
District XII: Tulsa County	

Parent Child Center of Tulsa, Inc.	$482,084
District XIII: Craig, Delaware, Mayes, Nowata, Ottawa, Rogers, Washington Counties	
Washington County Child Care Foundation	$115,730
Oklahoma State University Cooperative Extension Service for Delaware County	$109,223
District XIV: Alfalfa, Garfield, Grant, Major, Woods Counties	
Northwest Family Services, Inc.	$109,223
District XV: Carter, Johnston, Love, Murray Counties	
Community Children's Shelter, Inc.	$109,223
District XVI: Atoka, Bryan, Choctaw, Marshall, McCurtain, Pushmataha Counties	
McCurtain County Health Department	$109,223
District XVII: Kay, Noble, Osage Counties	
Northern Oklahoma Youth Services Center and Shelter, Inc.	$109,223
Federally Funded Programs	
The Chickasaw Nation	$115,000

Oklahoma Community-Based Child Abuse Prevention Programs by Counties SFY 2010



Please see 1) APPENDIX A-26 - A-30 for Start Right (OCAP) details.
Please see 2) ATTACHMENT FOLDER 1: PROGRAMS/START RIGHT (OCAP) for related information & materials.

1) SFY09 Start Right Annual Report*
2) SFY10 & SFY11 Start Right Program Description Catalogue
3) Start Right Logic Model
4) Start Right ITB

**A SFY 2010 Annual Report for the Office of Child Abuse Prevention has not been completed and published due to*

technical problems with the OCAP database. It would appear that the OCAP system needs major corrections in programming or perhaps a completely new design. With a great deal of effort on the part of an epidemiologist, Information Technology staff and the Start Right Contractors, a simple report of required programmatic numbers such as number of screenings, assessments, families served, completed home visits, etc. was produced. Program effectiveness was measured by these basic process measures and additional information gathered from record reviews, staff interviews, and shadowing home visits during annual Contractor site visits.

Related Networks, Related Activities

ANNUAL START RIGHT CONTRACTORS MEETING

The mandatory Annual Start Right Contractors Meeting was offered on two different dates via videoconference broadcasting on the OSDH satellite network to Start Right and CBCAP program supervisors and staff. Staff was allowed to attend the four hour meeting on July 19 or July 20, 2010. Review and updates on financial and programmatic materials were presented.

RESPITE CARE

The CBCAP grant provided $20,000 for the implementation of respite care for families that were at-risk of child abuse and neglect. $18,500 of the total was assigned for actual respite vouchers for child care, and $1,500 was for processing and administrative fees to the Oklahoma Department of Human Services for their accounting services. Families from the Start Right Programs as well as the Children First Program (Oklahoma's Nurse-Family Partnership) were eligible to participate based on an 'identified need' by their home visitor. During FFY10, CAP Fund programs issued a set of vouchers valued at $100 and valid for three months to 'in-need families' who were enrolled in home visitation services. A total of 180 families were issued respite vouchers. Families were eligible to receive respite vouchers for three quarters of the fiscal year. Several families were awarded vouchers in multiple quarters.

The Respite Care Program was designed to empower the family to be independent, making decisions about who provided the respite care, when and where it was provided, and how much it would cost. The family was responsible for interviewing, hiring, and evaluating their respite care providers. The respite funds were administered through the Department of Human Services' voucher system. The OCAP participated in the Oklahoma Respite Resource Network meetings.

THE FRONT PORCH PROJECT (OSDH)

The Family Support and Prevention Service (FSPS) utilized CBCAP funds to invest in The Front Porch Project (FP) during FY2010. The American Humane Association's Front Porch Project is a national, research-supported, community-based initiative built upon the belief that all people who are concerned about the safety and well-being of children in their communities need to be encouraged and taught to make a difference. Evaluation results show 95% of those who participated in the Front Porch Project Community Training agree that they feel more comfortable intervening with struggling parents or families and are more likely to intervene than before the training. This concept is much the same as a good neighbor sitting on the "front porch" who, in years past, would have been aware of and involved in solving problems affecting families they knew. American front porches were more than convenient sitting places; they served as networking centers where concerned friends could share information and devise support systems to help each other through difficult times.

This is where the Front Porch Project comes in. It is their belief that it is time to bring citizens back into the arena of child protection and abuse and neglect prevention. The goal of this program is to thoroughly affect

large-scale, enduring, systemic change, which includes leadership from the broader community as well as other systems already in place. Empowering everyone to intervene early, the Front Porch Project helps ensure that all children in every community will grow up with the healthy development they need to become stable, contributing adults.

Twenty-three people completed the two day ***Front Porch Community Training*** on January 20 and February 17, 2010 as well as the two day ***Front Porch Train-the-Trainer Training*** on February 18 and 19, 2010. The OSDH/FSPS staff completed one Front Porch Community Training on September 10, 2010, which was during FY2010 (with the second day falling in the next fiscal year, October 8, 2010). Individual workshops and presentations introducing Front Porch have been provided to various target groups during FY2010. Shortly after the training took place (with growing economic concerns), group leaders were challenged to provide their own group, but many found it difficult with the cost of travel, personal job changes, and finding a participants that would be available for two complete days. The FSPS continues to participate in quarterly calls with the American Humane Association/Front Porch Project staff and other FP sites.

HOME VISITATION LEADERSHIP ADVISORY COALITION (HVLAC)

The Family Support and Prevention Service (FSPS) steers the efforts of the Home Visitation Leadership Advisory Coalition (HVLAC) by convening, hosting, and facilitating home visitation meetings and providing this as a networking opportunity. Members from various agencies and programs working at all levels, from supervisory roles to the front lines, participate in this dynamic group that strives for best practice in home visitation. Comprised of representatives from state agencies, such as the Oklahoma State University, University of Oklahoma Health Sciences Center, public school districts, youth and family services agencies, Prevent Child Abuse Oklahoma, parent-child centers and other private non-profits, the committee provides recommendations to improve services. This group coordinates efforts throughout the year on various activities related to child abuse prevention (for child abuse prevention month and advocacy, for example) and best use of funds for those involved in home visitation for child abuse prevention, school-readiness, child abuse intervention and early intervention. They also address other critical issues as it relates to home visitation. New in FY2010, this group was instrumental in guiding the efforts and making recommendations on the Oklahoma Affordable Care Act (ACA) Federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Grant. Members benefit from sharing resources, learning about each other's programs, special speaker presentations, and collaborating on various projects. There were seven meetings attended by over a hundred participants from across the state during FY10. HVLAC meetings took place (during FY 2010) on November 18, 2009 and January 20, March 24, May 19, June 16, July 21, September 19 of 2010. Membership recruitment targets community-based, family support programs with a home visitation component.

Highlights of the year's HVLAC activities:

1. *Reviewed, discussed, and provided directional input related to the Federal MIECHV Home Visitation Grant*. As an eclectic group of professionals representing a wide variety of home-visitation programs across the state, the HVLAC group was a natural fit to help navigate the beginning implementation of the HV grant as an unbiased body, including hearing presentations from specific home visitation programs as potential programs were targeted in consideration for expansion. The group listened to presentations from programs, such as, Oklahoma Parents as Teachers, Children First (Oklahoma's Nurse-Family Partnership), Start Right Programs (OCAP), Project SafeCare as well as updates throughout the year on the grant's progress.

2. *Special Presentations from experts that provide services related to and important to home visitation programs. A sampling of the topics/presenters from FY 2010 include:*
    a. The OSDH Child Guidance Warmline – a "warm line" utilized to provide automated information on various topics as well as a personal consultation from a professional in the field to child care providers.
    b. Infant Safe Sleep – presented by Julie Dillard, OSDH SIDS/Infant Safe Sleep Coordinator.
    c. Healthy Families SafeCare Partnership – presented by the Oklahoma Latino Agency regarding services provided to Oklahoma families.
    d. Overview of the Oklahoma Newborn Hearing Screening Program – presented by OSDH.
    e. Other various speakers showcased their programs and brought helpful information to the group.
3. *Creation of the "Oklahoma Home Visitation Services Directory"*. This new publication was created to accompany the distribution of the "Period of Purple Crying" DVD's to all birthing hospitals in the state, a project that originated as part of the "Preparing for a Lifetime, It's Everyone's Responsibility" Initiative to improve infant outcomes. The "Abusive Head Trauma" subcommittee was derived from this group as well (for more information see Section VIII – Systemic Change).
4. *Continued sharing and distribution of the Home Visitors Safety Guidelines Manual*. This publication was a long-term project developed by several of the HVLAC group members with a focus on safety and home visitation. The manual continues to be distributed electronically to various agencies and child abuse prevention programs across the state. The publication was also used as a 'model publication' by interested parties outside of Oklahoma, in both Nevada and West Virginia, who wanted to duplicate these efforts as well as others who are pursuing using it as a template for their own state.
5. *Continued sharing and distribution of the Home Visitors Safety Guidelines Training PowerPoint and Video Guide (utilized as a supplemental component to the above manual)*. Expert speakers on various topics related to safety and home visitation were captured in this DVD/video series, outlining eight important topics (general safety guidelines, mental health and substance abuse, methamphetamine usage, domestic violence, child abuse reporting, gang involvement, firearms, and family assessment). Both the manual and the PowerPoint are available via our website and the DVD is available by written request.
6. *A growing electronic listserv* – enables easy contact with fellow home visitors to update members on current and upcoming events as well as the sharing of timely information or important news generated at local, state or national levels, which grew and proved invaluable during the process of coordinating the Federal MIECHV Home Visitation Grant.

Please see **Attachment Folder 2**: **HOME VISITATION LEADERSHIP ADVISORY COALITION (HVLAC)** for related information and materials.

1) Oklahoma Home Visitation Services Directory
2) Home Visitation Meeting Schedules
3) Home Visitation Meeting Agendas & Minutes (FY10)
4) Home Visitation Safety Guidelines
5) Home Visitation Safety Guidelines PowerPoint

THE OKLAHOMA STATE INTERAGENCY CHILD ABUSE PREVENTION TASK FORCE (ITF)

Oklahoma State Statute prescribes make up and responsibilities of the State's Interagency Child Abuse Prevention Task Force (ITF). Members from numerous agencies as well as three parent participants come together to create the State's Child Abuse Prevention Plan, to distribute the Oklahoma Child Abuse Prevention Funds, and to guide current child abuse prevention efforts across the state. ITF meetings took

place (during FY2010) on October 2, 2009 and January 8, March 26, May 21, August 13 of 2010. During FY2010, this was another group that was a cog in the wheel of guiding the efforts and making recommendations regarding the Oklahoma Affordable Care Act (ACA) Federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Grant.

Highlights of the year's activities:

1. ***Reviewed, discussed, and provided directional input related to the Federal MIECHV Home Visitation Grant.*** As an eclectic group, the ITF was an unbiased body of professionals that assisted throughout the process of phases I and II of the MIECHV grant, including hearing presentations from specific HV programs as potential programs were targeted for consideration for expansion. Program presentations included Oklahoma Parents as Teachers, Children First (Oklahoma's Nurse-Family Partnership), Start Right Programs (OCAP), Early Head Start, and Project SafeCare as well as reviewed and received updates throughout the year on the grant's progress.
2. ***The comprehensive Oklahoma State Plan for the Prevention of Child Abuse and Neglect.*** Gathering information and feedback through the work of many, the comprehensive *Oklahoma State Plan for Child Abuse and Neglect* was reviewed, edited, reworked, and finally completed, which was another primary focus throughout the year.
3. ***Special presentations*** from key child abuse prevention experts on current trending topics were provided during the year. Some of the topics/presenters from FY2010 included:
    a. ***"Domestic Violence and Children"*** – Tamatha Mosier, Oklahoma Attorney General's Office and ITF Member
    b. ***"Oklahoma Department of Human Services (OKDHS) Practice Model"*** – Afton Wagner, OKDHS
    c. ***"Reframing Child Abuse Prevention"*** – Jim McKay, State Coordinator, Prevent Child Abuse West Virginia (via videoconferencing)

ITF Recognizes Excellence in Child Abuse Prevention with Awards (Annually)

Every year, the ITF along with the Office of Child Abuse Prevention (OCAP) seek nominations for worthy candidates who have demonstrated outstanding commitment and dedication to child abuse prevention in Oklahoma. Over the years, these awards have been presented in conjunction with the Annual Child Abuse and Neglect and Healthy Families Conference during their opening session as they were again during FY2010.

The four awards recognized:

1. **Outstanding Elected Official Award**, which is given to recognize an elected official for distinguished service on behalf of children and families in Oklahoma.
2. **Marion Jacewitz Award**, which is given to recognize an individual in Oklahoma who has made significant contributions to the prevention of child abuse on a statewide level.
3. **Outstanding Child Abuse Prevention Program Award**, which is given to recognize an exceptional community program that has an emphasis in child abuse prevention.
4. **Mary Ellen Wilson Award**, which is given to recognize an individual who has demonstrated outstanding commitment and dedication to child abuse prevention activities in his or her community.

Please see **ATTACHMENT FOLDER 3: ITF** for related information and materials.

1) ITF Meeting Schedules
2) ITF Meeting Agendas and Minutes (FY10)
3) ITF Awards Packet and Materials (FY 10)

✪ Section VII. Application Narrative *(continued on next page)*

(NOTE: In an effort to avoid duplication, please also see Annual Report Narrative above and Collaboration and Coordination Sections)

DESCRIPTION OF THE LEAD AGENCY

OKLAHOMA STATE DEPARTMENT OF HEALTH

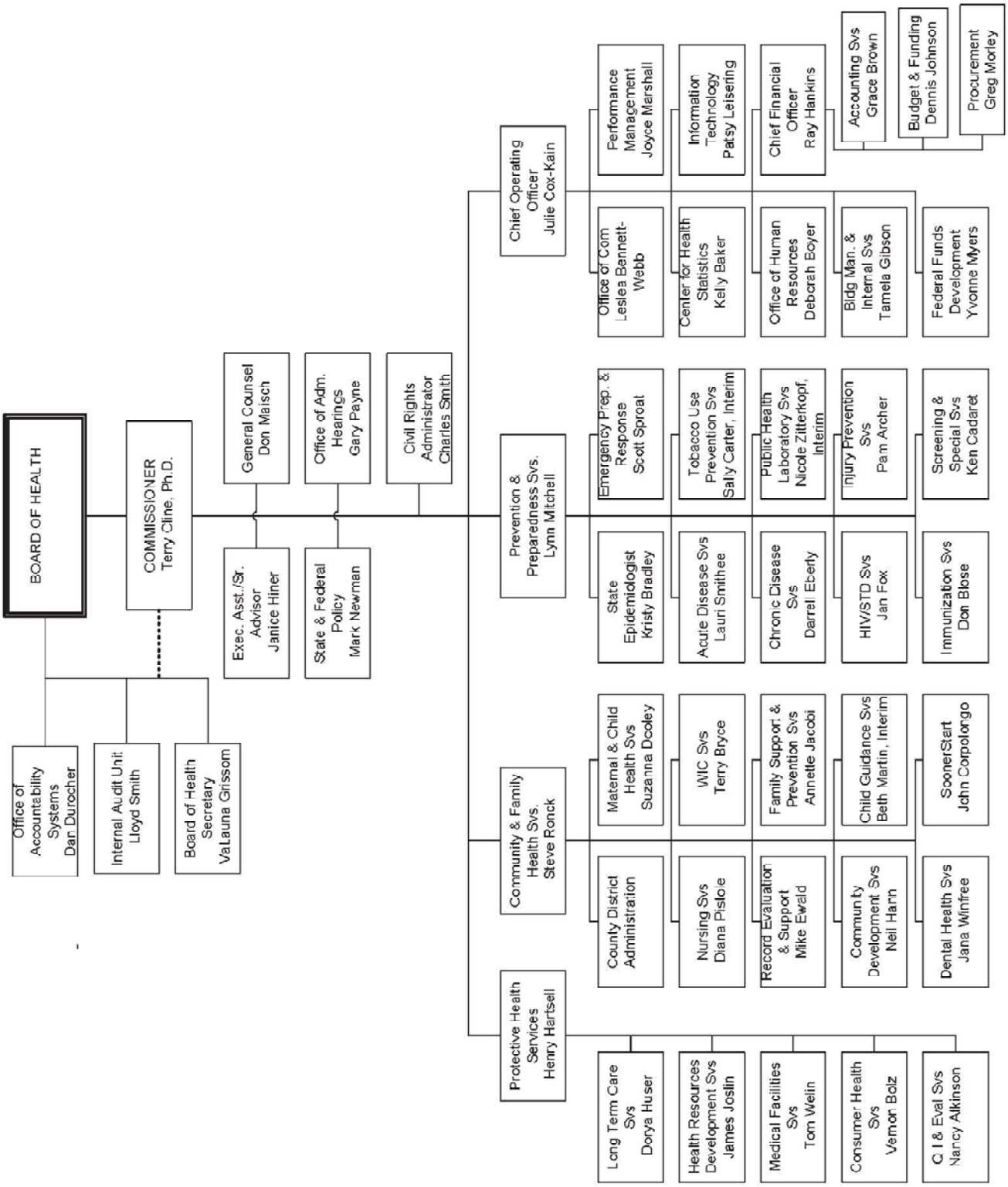
The Oklahoma State Department of Health (OSDH), a public entity, is the lead agency responsible for administering the CBCAP funds and providing oversight to funded programs. OSDH is comprised of 68 county health departments and one central office. It is responsible for protecting, maintaining and improving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

COMMUNITY AND FAMILY HEALTH SERVICES

Community and Family Health Services (CFHS) is one of the primary service areas within the OSDH. The mission is to protect and promote the health of the citizens of Oklahoma by assessing health status, establishing evidence-based priorities and providing leadership to assure the availability of individual and population-based health services. Oklahoma currently has 68 county health departments and two independent city-county health departments serving 77 counties. Each department offers a variety of services such as immunizations, family planning, maternity education, well-baby clinics, adolescent health clinics, hearing & speech services, child developmental services, environmental health, the early intervention program and community development activities.

Located within Community and Family Health Services are the following distinct services:

1) Child Guidance - programs designed to promote optimal child development, healthy behavior and effective interaction for families and children; as well as those who work with young children.
2) Maternal and Child Health - programs that provide state leadership to improve the physical and mental health, as well as safety and well-being of the Oklahoma maternal and child health population.
3) SoonerStart - an early intervention program designed to meet the needs of infants and children with disabilities and developmental delays.
4) Women, Infants and Children (WIC) - a program to provide nutrition education and food resources to low-income pregnant and postpartum women and their young children.
5) Dental - provides leadership in oral disease prevention, anticipates needs and mobilizes efforts that will help protect and promote good oral health.
6) Family Support and Prevention Service - programs that promote the health and safety of children by reducing violence and child maltreatment through public education, multidisciplinary training of professionals and the funding of community-based family support programs.
7) Community Development Service - programs that promote Health Equity & Resource Opportunities (HERO), health promotion, minority health, primary care, rural health development and community development through the Turning Point initiative.
8) Nursing Service - to promote, protect, and preserve the health of our citizens through optimal public health nursing services, leadership, education, and advocacy.
9) Records Evaluation and Support Division - provides support services to county health department administrators, including Forms Committee, quality assurance chart reviews and technical support with OSDH developed software, such as the Public Health Oklahoma Client Information System (PHOCIS), clinic management system and financial reporting software.


BOARD OF HEALTH
COMMISSIONER Terry Cline, Ph.D.
Office of Accountability Systems Dan Durocher
Internal Audit Unit Lloyd Smith
Board of Health Secretary VaLauna Grissom
General Counsel Don Maisch
Exec. Asst./Sr. Advisor Janice Hiner
Office of Adm. Hearings Gary Payne
State & Federal Policy Mark Newman
Civil Rights Administrator Charles Smith
Chief Operating Officer Julie Cox-Kain
Prevention & Preparedness Svs. Lynn Mitchell
Community & Family Health Svs. Steve Ronck
Protective Health Services Henry Hartsell
Performance Management Joyce Marshall
Office of Com Leslea Bennett-Webb
Information Technology Patsy Leisering
Center for Health Statistics Kelly Baker
Chief Financial Officer Ray Hankins
Office of Human Resources Deborah Boyer
Accounting Svs Grace Brown
Budget & Funding Dennis Johnson
Procurement Greg Morley
Bldg Man. & Internal Svs Tamela Gibson
Federal Funds Development Yvonne Myers
Emergency Prep. & Response Scott Sproat
State Epidemiologist Kristy Bradley
Tobacco Use Prevention Svs Sally Carter, Interim
Acute Disease Svs Lauri Smithee
Public Health Laboratory Svs Nicole Zitterkopf, Interim
Chronic Disease Svs Darrell Eberly
Injury Prevention Svs Pam Archer
HIV/STD Svs Jan Fox
Screening & Special Svs Ken Cadaret
Immunization Svs Don Blose
Maternal & Child Health Svs Suzanna Dooley
County District Administration
WIC Svs Terry Bryce
Nursing Svs Diana Pisloe
Family Support & Prevention Svs Annette Jacobi
Record Evaluation & Support Mike Ewald
Child Guidance Svs Beth Martin, Interim
Community Development Svs Neil Harn
SoonerStart John Corpolongo
Dental Health Svs Jana Winfree
Long Term Care Svs Dorya Huser
Health Resources Development Svs James Joslin
Medical Facilities Svs Tom Welin
Consumer Health Svs Vernor Bolz
C I & Eval Svs Nancy Atkinson

FAMILY SUPPORT AND PREVENTION SERVICE

The Family Support and Prevention Service mission is to promote health and safety of children and families by reducing violence and child maltreatment through public education, multidisciplinary training of professionals and the funding of community-based family resource and support programs. Located within the Family Support and Prevention Service are five major programmatic efforts in reducing child abuse and neglect:

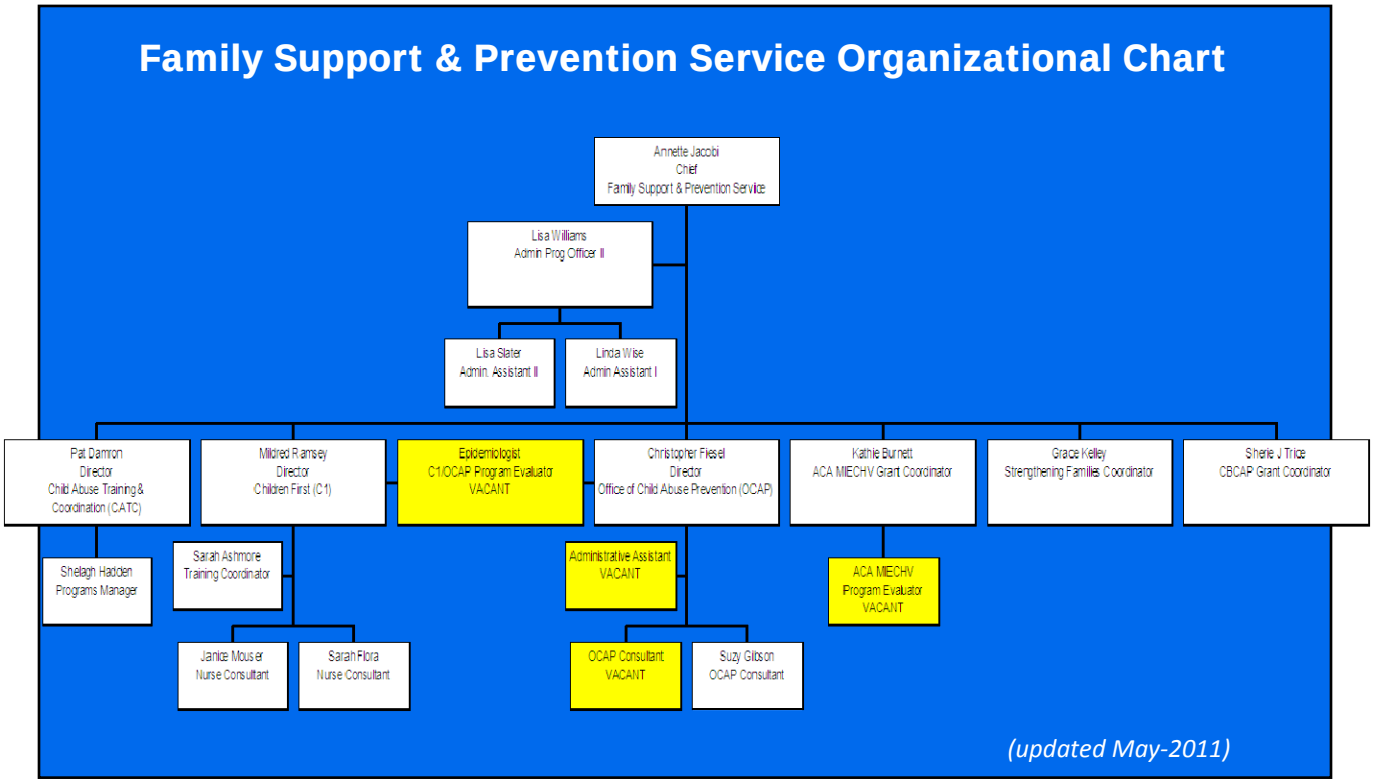
1) Children First - a public health nurse home visitation program utilizing the Nurse-Family Partnership Model; serves first-time, low-income mothers.

2) Child Abuse Training and Coordination Program - a program to facilitate multidisciplinary and discipline-specific training and the development of multidisciplinary teams across the state.

3) The Office of Child Abuse Prevention - an office that provides leadership in establishing the State's comprehensive statewide approach towards the prevention of child abuse by educating the public, training professionals and funding local community-based programs. The OCAP staff is diverse and consists of child development specialists, social workers, adult education experts, program evaluators and public health professionals. The OCAP was established in 1984 and has always been housed at the OSDH.

4) Community-Based Child Abuse Prevention Grant - funds that allow community-based organization to develop, operate and expand their services; funds that support networks that work towards strengthening families; and funds that foster understanding, appreciation and knowledge of diverse populations.

5) Strengthening Families - this initiative works with child care, child welfare, and early childhood programs to infuse evidence-based Protective Factors into their systems work and to build supportive relationships between professionals and parents as a way to strengthen parent-child interactions and reduce the potential for harmful parenting behaviors.



SUPPORTIVE STRUCTURE OF THE NETWORKS OF CHILD ABUSE PREVENTION SERVICES AND ACTIVITIES

THE CHILD ABUSE PREVENTION ACT

In 1984, Oklahoma passed the Child Abuse Prevention Act (CAP Act), Title 63, O.S. Supp. 2004, Section 1-227. Prior to that time, the focus of child abuse and neglect efforts was on "after-the-fact" intervention (i.e. preventing the reoccurrence of child abuse and neglect in families). The Act declared that the prevention of child abuse and neglect was a priority in Oklahoma. The legislative intent was that:

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

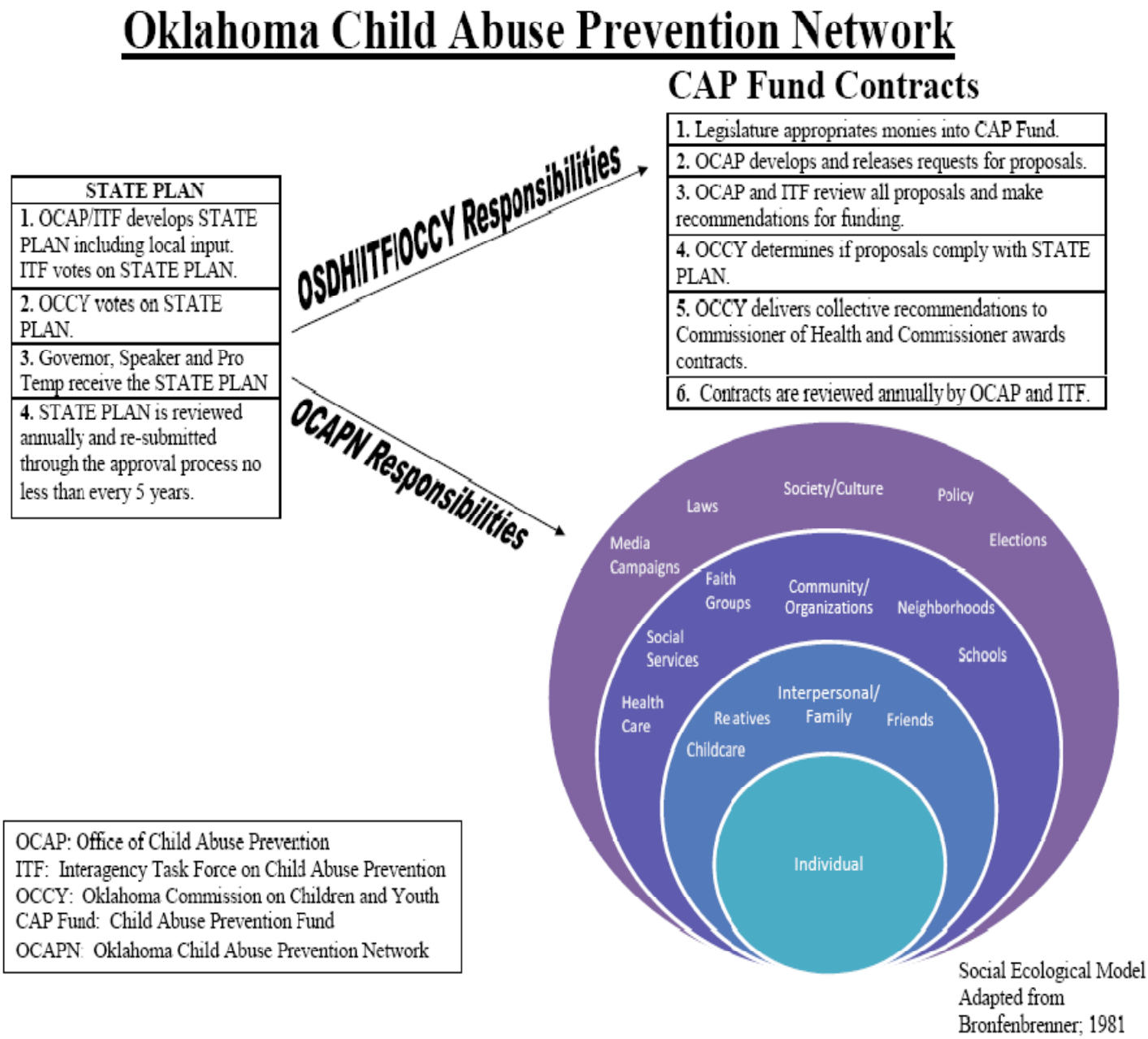
The CAP Act created the Child Abuse Prevention (CAP) Fund for the provision of community-based child abuse prevention programs. The Act established the Interagency Child Abuse Prevention Task Force (ITF) and statewide District Child Abuse Prevention Task Forces (DTF) that have collaboratively worked with the OCAP and with local community-based, prevention-focused, child abuse prevention programs from the prevention network in the past. In July 2007, the law was updated, eliminating district task forces as being a mandatory requirement although an emphasis on local input remains a priority via pre-existing community networks, local partnerships, and local task force initiatives.

The ITF is composed of representatives from state agencies, the business community, parent participants of family support programs, child abuse prevention service providers from the private and public sector and professionals from the medical, legal and mental health fields. The ITF and OCAP prepare the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect* (see attachment 'Ok State Plan 2010 – 2013'), which is a compilation of findings, recommendations and a plan for the continuum of comprehensive child abuse prevention services in Oklahoma. ITF members (including parent representatives), service providers, child advocates and program participants participate in the creation of the *State Plan*.

The Oklahoma Commission on Children and Youth (OCCY) is the state agency that provides oversight of all services for children in the State, including the *State Plan* and contract awards for Community-Based Child Abuse Prevention Programs. With the direction and recommendations of the *State Plan*, the ITF, OCAP, other OSDH family resource and support programs, other state agencies and other services providers provide a coordinated, collaborative continuum of services to prevent child abuse and neglect. Community-Based Child Abuse Prevention program proposals are peer reviewed at the local and ITF levels. The approved Community-Based Child Abuse Prevention programs sign contracts with the OSDH to provide services.

HOW THE STRUCTURE DIRECTS THE PREVENTION NETWORK

An illustration of the structure is presented, followed by descriptions of each segment of the structure.



Social Ecological Model Adapted from Bronfenbrenner; 1981

THE OFFICE OF CHILD ABUSE PREVENTION

The Oklahoma Child Abuse Prevention Act (CAP Act) created The Office of Child Abuse Prevention (OCAP) within the Oklahoma State Department of Health and defined the mechanisms by which the OCAP could fulfill its duties. 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. The OCAP provides primary (statewide promotion of child abuse prevention), secondary (community-based family resource and support programs) and tertiary (training of professionals on identifying, reporting, investigating, and prosecuting child abuse and neglect) prevention services. The OCAP staff have formal education, training and/or expertise in the areas of prenatal health, child health and development, child safety, adult education, parent advocacy, fatherhood involvement, local social service resources, respite systems, program evaluation, family assessment, family support, Healthy Families America® approach, early childhood education, professional development, public awareness, child abuse and neglect prevention, and intervention.

THE INTERAGENCY CHILD ABUSE PREVENTION TASK FORCE

The Interagency Child Abuse Prevention Task Force (ITF) has a mandated membership of representatives from: 1) public agencies with responsibilities for children and families, such as the Department of Health, Department of Education, Department of Human Services, Department of Mental Health and Substance Abuse, Office of the Attorney General and Judiciary/Law Enforcement agency; 2) private organizations such as the American Academy of Pediatrics and the Oklahoma Partnership for School Readiness Board; 3) private agencies and programs that specialize in the identification and intervention of child abuse and neglect; 4) local government or business community; and 5) parents participating in a family resource and support program. The Task Force is staffed by the OCAP. As directed by the CAP Act, the ITF reviews and evaluates all prevention program proposals submitted to the OCAP for funding through the CAP Fund, reports findings to the Oklahoma Commission on Children and Youth and makes recommendations to the Commissioner of Health, the final authority for contract awards. The ITF with its broad representation and expertise assist the OCAP in the development of the *State Plan*.

ITF Recognizes Excellence in Child Abuse Prevention with Awards (Annually)

Every year, the ITF along with the Office of Child Abuse Prevention (OCAP) seek nominations for worthy candidates who have demonstrated outstanding commitment and dedication to child abuse prevention in Oklahoma. Over the years, these awards have been presented in conjunction with the Annual Child Abuse and Neglect (CCAN) and Healthy Families Conference during their opening session as they were again during FY2010. However, with the CCAN conference growing less 'prevention' in nature over the years, the ITF recently voted to move the Outstanding Child Abuse Prevention Awards to the annual Child Abuse Prevention Day at the Capitol held every April, beginning in 2011, which will also continue in 2012. The group felt as though this would be an incredible opportunity and more appropriate venue to highlight prevention and honor the tremendous work being done in our state. In fact, our first year of moving the awards occurred last month (April 2011) with the awards being presented following the Press Conference for CAP Day at the Capitol, which seemed to be a huge success with media present to capture the event.

STATE PLANNING RETREAT

During the beginning of FFY2011, plans are underway to host a full day retreat for the Interagency Child Abuse Prevention Task Force (including critical partners) to work on creating OCAP's next 'Invitation to Bid' for the CAP funded programs that are distributed across the state. Currently, the Start Right (OCAP)

programs will be beginning their final year (beginning July 2011) of a five year cycle. The bids will be developed with a "comprehensive system" in mind, including how to pool programmatic resources (multiple programs sharing staff, trainings, etc.) and expertise to stretch funding as much as possible.

THE CHILD ABUSE PREVENTION FUND

The CAP Fund was created by the CAP Act as a mechanism for pooling state, federal and private funds for the development and implementation of community-based family support programs for the prevention of child abuse and neglect. Program proposals go through a multi-layer, multidisciplinary review. Approved proposals are awarded contracts by the Commissioner of Health and receive funding through the CAP Fund. The OCAP provides training, technical assistance, evaluation and assessment to the CAP Fund community-based family support prevention programs, including programs funded by CBCAP dollars.

OKLAHOMA STATE PLAN FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT

The State Plan, written by the ITF and the OCAP, is a compilation of findings, recommendations and efforts spanning the continuum of child abuse and neglect prevention in Oklahoma. It is written with the acknowledgment that the prevention of child abuse and neglect requires collaboration, coordination and commitment of public agencies, private agencies, private citizens, prevention and intervention professionals and the legal system. With this community approach for the prevention of child abuse and neglect, a draft of the State Plan is distributed statewide for comments to other public and private service providers, child advocacy agencies and private citizens.

OKLAHOMA COMMISSION ON CHILDREN AND YOUTH (OCCY)

Oklahoma law created the Oklahoma Commission on Children and Youth (OCCY), a state agency, to develop and improve services to children and youth. The OCCY facilitates planning and coordination among public and private agencies serving children and youth and provides administrative oversight for all children's programs and services. OCCY is mandated to ensure that the provisions of the CAP Act are implemented. Its duties include: 1) the review and approval of the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect*; 2) the appointment of ITF members; 3) the appointment of CATCC members; and 4) the recommendations of prevention program proposals for funding to the Commissioner of Health.

STATE EARLY CHILDHOOD COMPREHENSIVE SYSTEMS (ECCS)

The Oklahoma State Department of Health (OSDH) Early Childhood Comprehensive Systems (ECCS) Project works collaboratively with the Oklahoma Partnership for School Readiness (OPSR) Board and Smart Start Oklahoma (SSO) to implement the Early Childhood Comprehensive State Plan. The mission of OPSR and ECCS is to lead Oklahoma in coordinating an early childhood system focused on strengthening families and school readiness for all children. If successful, it will be possible for all families with young children across the state to access services when needed in the areas of parent education and family support, primary health care, social and emotional support, and quality early care and education. The implementation of the early childhood comprehensive state plan will help achieve the vision of all Oklahoma children entering school as being safe, healthy, eager to learn and ready to succeed.

CHILD ABUSE TRAINING AND COORDINATION PROGRAM (CATC)

As a part of the continuum, multidisciplinary and discipline-specific training programs for professionals with responsibilities affecting children, youth, and families are mandated responsibilities of the Child Abuse Training and Coordination Program (CATC). This program provides training, technical assistance and assessment of the developing and functioning county-level multidisciplinary child abuse and neglect teams throughout the state and improves education and training of professionals with responsibilities for children and families. The CATC program works with the Child Abuse Training and Coordination Council (CATCC) and Multidisciplinary Child Abuse and Neglect Teams (MDTs). Funding for the CATC Program and Council is provided through state appropriations and the Children's Justice Act Grant, a collaborative effort with the Oklahoma Department of Human Services.

CHILD ABUSE TRAINING AND COORDINATION COUNCIL (CATCC)

Defined by the CAP Act, CATCC has the mandate to make available multidisciplinary and discipline-specific training on child abuse and neglect for professionals with responsibilities affecting children, youth and families. The CATCC members (22 in all) establish multidisciplinary and discipline-specific training guidelines and objectives and make curricula recommendations to other agencies with professionals who have responsibilities for children, youth and families.

In conjunction with the CATCC, the CATC program facilitates the multidisciplinary and discipline-specific trainings. The CATC Program provides training to child protective services, law enforcement, district attorneys, judges, medical personnel, mental health consultants and other professionals. Specific trainings have included: "Investigating Severe Neglect and Physical Injury of Children and Infants", "Taking Your Investigation to the Courtroom" and "Advanced Forensic Interviewing."

Examples of partnerships of the CATC program are as follows: assists the Oklahoma Lawyers for Children Fall and spring trainings, the Oklahoma District Attorney's Office Annual Summer Conference, Oklahoma Association for Infant Mental Health Conference, the Oklahoma Department of Mental Health and Substance Abuse and the 18th Oklahoma Conference on Child Abuse and Neglect and Healthy Families.

The CATC Program is expanding efforts to include children that witness Domestic Violence or Domestic Violence homicides and Human Trafficking.

DESCRIPTION OF HOW PROGRAMS AND ACTIVITIES WILL OPERATE AND BE INTEGRATED

The OCAP will assume the leadership position, having the responsibility for directing the network of partnerships and continuum of prevention services for children and families. The OCAP with its partners in the prevention network of community-based, prevention-focused child abuse prevention programs coordinates resources with many programs within OSDH, other agencies, and organizations, both public and private, including faith-based to maximize resources and to reach unduplicated populations in need. The OCAP will promote collaborative efforts by state and community agencies through formal and informal networking opportunities and efforts. The state legislative purpose for creating the OCAP was to develop and promote a collaborative, comprehensive approach to the continuum of child abuse and neglect prevention services and programs.

There are many programs and services available in Oklahoma that in some way impact upon child abuse and neglect and associated risk factors. Few programs were designed with the prevention of child abuse and neglect as the primary outcome. More programs were designed to increase school-readiness or improve the health outcomes of mother and baby, but national evaluations found that they also decreased risk factors related to child abuse and neglect. Many of the programs and services contain home visitation components. OCAP seeks to build partnerships with the various programs, services, and organizations that will promote a comprehensive and collaborative continuum of child abuse prevention. OCAP has many partners in the prevention network. Partners and examples of the collaborative efforts, commenced and planned, are presented in the following paragraphs.

COUNTY HEALTH DEPARTMENTS

There are 68 county health departments with 20 additional satellite service clinics and two city-county health departments. Two county health departments received CAP fund monies in SFY 2010 for child abuse prevention programs (Pittsburg and McCurtain Counties). County health departments provide health services such as early intervention, family planning, maternity clinics, acute disease, sexually transmitted disease, WIC services, nurse home visitation services (Children First) and child guidance services (see appendix page A-22 for regional sites). The county health departments refer families to the child abuse prevention programs in the area. Conversely, the OCAP-funded programs make referrals to the county health departments for families to receive needed services. Several county health departments provide leadership, participation, and support for the promotion of child abuse prevention and activities related to strengthening families. Initiatives with the county health departments include the Child Abuse Prevention Month activities and networking during the local program site visits.

Three health department programs, Children First, Child Guidance, and SoonerStart are an integral part of the prevention of child abuse and neglect. See the following sections for more information about these programs. Federal funds and other state funds provide collaborative efforts in training, education and service delivery. Examples include sponsoring scholarships for personnel to the Oklahoma Annual Child Abuse and Neglect Conference, child abuse and neglect identification and reporting training sessions, the annual Family Matters Conference and other networking opportunities.

(NOTE: In an effort to avoid duplication, please also see Collaboration and Coordination section)

Please see **Appendix A** OKLAHOMA CHILD ABUSE PREVENTION NETWORK for further OSDH program details.

1) APPENDIX A-11 (MDT's) and APPENDIX A-62 (CAC's) for further details.

1. **START RIGHT PROGRAMS (OCAP)**
   a) A-26 START RIGHT PROGRAM (MAIN PAGE)
   b) A-28 START RIGHT PROGRAM (CENTER-BASED SERVICES)
   c) A-29 START RIGHT PROGRAM (CIRCLE OF PARENTS)
   d) A-30 START RIGHT PROGRAM LOGIC MODEL
2. **CHILDREN FIRST PROGRAM**
   a) A-31 CHILDREN FIRST (MAIN PAGE)
   b) A-33 CHILDREN FIRST PROGRAM LOGIC MODEL
   c) A-34 NURSE FAMILY PARTNERSHIP LOGIC MODEL
3. **CHILD GUIDANCE SERVICES**
   a) A-21 CHILD GUIDANCE SERVICES (MAIN PAGE)
   b) A-25 CHILD GUIDANCE SERVICES – THE INCREDIBLE YEARS
   c) A-51 CHILD GUIDANCE SERVICES – PARENT CHILD INTERACTION THERAPY
4. A-48 **SOONERSTART EARLY INTERVENTION**
5. A-11 **MULTIDISCIPLINARY TEAMS (MDT's)**
6. A-62 **CHILD ADVOCACY CENTERS (CAC's)**

Section VIII

ACTIONS TO ADVOCATE FOR SYSTEMIC CHANGE

ACTIONS TO ADVOCATE FOR SYSTEMIC CHANGE

- Annual Report Narrative

HOME VISITATION LEADERSHIP ADVISORY COALITION (HVLAC)

NOTE: In an effort to avoid duplication, the narrative has been omitted here. Please see previous section.

OKLAHOMA STATE INTERAGENCY CHILD ABUSE PREVENTION TASK FORCE (ITF)

NOTE: In an effort to avoid duplication, the narrative has been omitted here. Please see previous section.

OKLAHOMA STRENGTHENING FAMILIES INITIATIVE

NOTE: In an effort to avoid duplication, the narrative has been omitted here. Please see next section.

AFFORDABLE CARE ACT
MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING GRANT

The Maternal, Infant, Early Childhood Home Visiting (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. With this new opportunity came much enthusiasm and hope from those in the field with it being a rare opportunity at growth and expansion for vital services that are rare, especially in the current economic climate.

The OSDH was designated by the Governor as the lead agency for this grant. With both the ***Home Visitation Leadership Advisory Coalition*** and the ***Oklahoma Interagency Child Abuse Prevention Task Force*** already in place, Oklahoma was fortunate in having key groups to navigate, guide, assist and make recommendations throughout the grant process. Target home visitation programs showcased their programs and provided information on target audience, measurable outcomes, etc.

This grant includes three phases, two of which have been completed at this time (submitting a 1) project narrative and 2) needs assessment). Results of the Needs Assessment identified the top ten counties in Oklahoma (see map in Appendix A) based on the indicators provided. Two counties will be the current focus of the Oklahoma efforts (Kay and Garfield Counties) with the hope to expand.

FSPS Staff are currently working to complete the last phase with the ***Oklahoma Home Visiting Updated Plan*** due on June 8, 2011. In this phase, Oklahoma has chosen to expand three existing home visiting models within Kay and Garfield counties, Children First: Oklahoma's Nurse-Family Partnership; Start Right (utilizing Healthy Families America) and Parents as Teachers.

In addition to the expansion of home visiting services, the Plan includes contracts with a community-based organization in each county to fund a part-time person to accomplish the following tasks: 1) Market the home visitation programs to potential referral sources such as hospitals, health clinics, schools, social service agencies, faith-based groups, etc.; 2) Serve as a central point of contact for referrals and assure that the referrals are provided to the appropriate home visitation program; and 3) Routinely convene the home visitation programs so that they can staff referrals if necessary and share information about community resources and services.

PREPARING FOR A LIFETIME CAMPAIGN

This statewide initiative to improve birth outcomes and reduce infant deaths in Oklahoma focuses on seven specific areas: preconception and interconception care (being healthy before and between pregnancies), tobacco use prevention, prematurity, postpartum depression, breastfeeding, infant safe sleep, and infant injury prevention. Using state and community-based level partnerships (including FSPS staff), strategies include public education, policy change, and support of health care providers and birthing hospitals through training and technical assistance.

The infant mortality rate, defined as the number of deaths to infants less than one year of age per 1,000 live births, is one of the most important indicators of the health of Oklahoma and the nation. It is associated with a number of factors such as maternal health, parenting practices and socioeconomic conditions.

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.

The Oklahoma State Department of Health Commissioner's Action Team on Reduction of Infant Mortality was convened in May 2007. It has expanded to engage state and community partners in a statewide initiative, "Preparing for a Lifetime, It's Everyone's Responsibility," with strategic planning, data analyses and targeted interventions. Example subject matters being addressed include breastfeeding, premature births, smoking during pregnancy, infant safe sleep practices and preventing infant injuries – many subject matters that overlap with child maltreatment prevention. The 'Injury Prevention WorkGroup' was developed during this process and made the decision to target "Abusive Head Trauma" as one of their first projects, which was also gaining momentum with the Oklahoma legislature.

SHAKEN BABY PREVENTION EDUCATION TASK FORCE
INJURY PREVENTION WORKGROUP -- PERIOD OF PURPLE CRYING PROJECT

Almost simultaneously, House Bill 2920 passed legislation in 2010, requiring the establishment of a ***Shaken Baby Prevention Education Task Force***. The purpose of the task force was to identify evidence-based models for reducing the incidence of abusive head trauma in infants in Oklahoma. Prior to this legislation being passed, the Injury ***Prevention WorkGroup*** of the ***Preparing for a Lifetime Initiative*** identified this as a priority to be addressed (seen earlier section above), creating a plan to work with all birthing hospitals in Oklahoma to offer the "Period of Purple Crying". Collaborating closely with the Oklahoma Hospital Association, the University of Oklahoma Health Sciences Center, the Office of Perinatal Quality Improvement and Medical Center Trauma Unit, the group chose the ***Period of Purple Crying*** materials to distribute to Oklahoma birthing hospitals along with other resources. Materials were purchased to assure that all parents of newborns receive a packet for one full year (60,000 Period of Purple Crying DVD's).

Materials for hospitals agreeing to participate included:

- **Program Description and Protocol** – step by step implementation guide;
- **Training on how to offer the *Period of Purple Crying*;**
- **Period of Purple Crying DVD** – for new parents to view at the hospital and take home;
- **Information Booklet about the *Period of Purple Crying*;**
- **Parent Acknowledgement Statement;**

- **Client Release Form** – for contact by local provider, as indicated;
- **Oklahoma Home Visitation Services Directory** – a complete listing of all Oklahoma home visitation programs for young children with a description of the program and target group, listed by county.

THE OKLAHOMA HEALTH IMPROVEMENT PLAN (OHIP)
THE OKLAHOMA CHILDREN'S HEALTH IMPROVEMENT PLAN (OCHIP)
THE OKLAHOMA STATE PLAN FOR PREVENTION OF CHILD ABUSE AND NEGLECT

Working in concert... The Oklahoma State Department of Health, along with its numerous partnering agencies and organizations, developed the Oklahoma Health Improvement Plan in 2009. Many key priorities and outcomes that will support health improvement throughout the state are outlined in the OHIP. The OHIP was mandated by the Oklahoma Legislature in 2008 by Senate Joint Resolution 41 and directed the State Board of Health to prepare a report that outlined a plan for the "general improvement of the physical, social and mental well being of all people in Oklahoma through a high-functioning public health system."

The OHIP addresses improving health outcomes in three targeted "flagship initiatives":

1. Tobacco use Prevention
2. Obesity Reduction
3. Child Health

These flagship issues tie closely to the efforts of the prevention of child abuse. An example of the overlap between the OHIP and child abuse prevention is found in Oklahoma's home visiting programs. Home visitation programs provide education on a myriad of parenting and health-related topics as well as referrals that directly impact the flagship issues and the risk of child maltreatment.

However, it is important to note that each of the flagship issues does have its own State Plan with specific goals and objectives. The Oklahoma Child Health Improvement Plan (CHIP) has a section devoted to preventing and/or reducing child abuse and neglect. In order to better coordinate efforts, members of the CHIP Advisory Committee simply adopted goals and objectives straight from the Oklahoma State Plan for the Prevention of Child Abuse and Neglect. The State Plan for the Prevention of Child Abuse and Neglect was co-developed by staff from the Family Support & Prevention Service and the Interagency Child Abuse Prevention Task Force (ITF).

It is gratifying to see State Plans referencing one another. The integration of efforts helps to articulate a cohesive system for children and families. However, it might be that these three Plans were integrated so easily because the health department was the lead agency for all three Plans. When reviewing other State Plans such as the Oklahoma State Early Childhood Advisory Council's Strategic Plan it was discovered that such integration was not always as readily apparent. This is something to be mindful of when participating in the development of future State Plans of all types.

STATE EARLY CHILDHOOD COMPREHENSIVE SYSTEMS (ECCS)

The Oklahoma State Department of Health (OSDH) Early Childhood Comprehensive Systems (ECCS) Project works collaboratively with the Oklahoma Partnership for School Readiness (OPSR) Board and Smart Start Oklahoma (SSO) to implement the Early Childhood Comprehensive State Plan. The mission of OPSR and ECCS is to lead Oklahoma in coordinating an early childhood system focused on strengthening families and school readiness for all children. If successful, it will be possible for all families with young children across the state to access services when needed in the areas of parent education and family support, primary health care,

social and emotional support, and quality early care and education. The implementation of the early childhood comprehensive state plan will help achieve the vision of all Oklahoma children entering school safe, healthy, eager to learn and ready to succeed.

INNOVATIVE FUNDING STREAM
REVITALIZED START RIGHT SPECIALTY LICENSE PLATES

In 2008, the OCAP specialty license plates received a facelift with a new design after almost two decades of the former plate. With a fresh, new look, the plates were created and made available at no cost to the state. Proceeds benefit CAP funded child abuse prevention programs as well as raise awareness and attention in the community with its attractive look. The ***Start Right*** theme emerged and seems to send a powerful message to consumers, "purchase a tag and help raise money to assist families in getting off to a productive, nurturing start in Oklahoma". The Family Support and Prevention Service staff and various partners continue to seek creative ways to promote the tag through media releases, dissemination of the license plate application form, and through word of mouth. We incorporate the CAP Month message, "It's Your Turn to Make a Difference"... by reiterating that everyone in Oklahoma benefits when children 'Start Right' and these specialty license tags provide an opportunity for the average citizen to participate in improving the health and quality of life for Oklahoma's children. Sales are currently on the rise. We plan to continue cost free promotion of the tag.

STATE PLANNING RETREAT

During the beginning of FFY2011, plans are already underway to host a full day retreat for the Interagency Child Abuse Prevention Task Force (including critical partners) to work on creating OCAP's next 'Invitation to Bid' for the CAP funded programs that are distributed across the state. Currently, the Start Right (OCAP) programs will be beginning their final year (beginning July 2011) of a five year cycle. The bids will be developed with a comprehensive system in mind, including how to pool programmatic resources (multiple programs sharing staff, trainings, etc) and expertise to stretch funding as much as possible.

COLLABORATION WITH CFSR/PIP

The FSPS Child Abuse and Training Coordination (CATC) Program staff met with representatives from the Oklahoma Department of Human Services (OKDHS), Child Welfare Division to discuss items on their Child and Family Service Reviews (CFSR) and Program Improvement Plans (PIP). Plans were underway to conduct courtroom training specifically for Oklahoma County, but the county did not wish to proceed. Meetings took place between OSDH/CATC staff and Deborah Smith, Director (OKDHS/Children and Families Service Division), Kelli Litsch, Program Administrator (OKDHS), Joanie Webster, Program Administrator (OKDHS/Foster Care) on coordinating trainings for foster parents and caseworkers using WebEx (web conferencing that connects individuals easily and combines desktop sharing through a web browser with phone conferencing and video, so everyone sees the same thing while the presenter talks). Plans in the future include providing a web-based training on the OKDHS Practice Model, the new Child Abuse Hotline as well as a ***Mandatory Reporting/Child Abuse 101*** training for schools. Additionally, Dr. Deborah Shropshire (pediatrician and foster care Champion) has agreed to do training in the future (topic yet to be determined).

OKDHS staff was also involved in the creation and implementation of the 2010 – 2013 Oklahoma State Plan for the Prevention of Child Abuse and Neglect and have a seat on the ITF. In addition, OKDHS representatives

participated in the development of the 2008 – 2012 OCAP Child Abuse Prevention Services Invitation to Bid and its award process (currently ending the fourth of a five year cycle). The Office of Child Abuse Prevention attempts to engage our colleagues in child welfare in many ways. Perhaps due to their overwhelming demands, it has not been possible for us to always acquire information from them. Also, we are not typically involved in their work related to CFSR/PIP or most of their prevention efforts.

STATE PLAN: UPDATED ACTIVITIES, 2009

The Oklahoma State Plan for the Prevention of Child Abuse and Neglect is an opportunity to build upon Oklahoma's strengths and focus on PREVENTION. The Plan is based on a five year cycle, but is reviewed annually with changes made as new concerns arise and resources become available. This section describes the updated activities from FY2010, beginning in 2009. (Please see the 'application' section for further State Plan documentation, 2010 – 2013 as well as the complete State Plan, which is included as an attachment.)

LEADERSHIP

In building the State Plan, leadership sought to engage the broad array of partners, state and local, including traditional partners such as social services, substance abuse/mental health, health and education as well as non-traditional partners such as housing, finance and the private sector.

Strategy 1: Interagency Task Force provided and continues to provide leadership and direction for state efforts to prevent child abuse and neglect.

Activities:

- Fund and implement evidence–based community programs using the Health Families America model.
- Evaluate local Start Right projects on a yearly basis.
- Review current use of resources and allocate based on recommendations received regarding the comprehensive system of services focused on prevention.
- Provide leadership for establishing topical task forces, when necessary.
- Provide updates and training to ITF board members in order to increase capacity and knowledge of board members and representing agencies on the critical issues related to prevention throughout the year.
- Finalize a five-year comprehensive plan by 2010.
- Participate in Prevent Institute.

Measurable Outcomes:

1. **Start Right programs funded for FY10.**
2. **Leadership provided by the ITF for development of comprehensive plant.**

Activities Completed as of September 2009:

- Start Right model funded in communities; budgets reduced; evaluation model implemented.
- Topical task forces developing recommendations; due January 2010.
- Presentation given monthly on different programs and/or research for the ITF.
- Team participating in PREVENT.

Strategy 2: Office of Child Abuse Prevention will continue support of ITF and prevention programs.

Activities:

- Continue efforts to facilitate collaboration between the Oklahoma Child Death Review Board and the Oklahoma Domestic Violence Fatality Review Board.

- Continue efforts related to the Home Visitation Leadership Advisory Committee.
- Participate on national boards/coalitions/work groups related to prevention of child abuse and neglect.
- Determine how linkages with other community-based organizations (i.e., Smart Start Oklahoma, OCCY's community partnership boards) can enhance services for families.
- Explore the feasibility of implementing existing evidenced-based programs such as:
  - Children First (utilizing the Nurse-Family Partnership model);
  - Project Safe Care;
  - Parents as Teachers;
  - Strengthening Families;
  - The Incredible Years;
  - Circle of Parents; and
  - Front Porch Project.

Measurable Outcomes:

1. **OCAP provides staff support to family support programs within the division.**

Activities Completed as of September 2009:

- Participate on Home Visitation Leadership Advisory Committee.
- Presentations are made to Smart Start and various other coalitions regarding focus on primary prevention.
- Front Porch is initiated in Tulsa; at least 12 trainers are certified.
- Five communities selected and had participants willing to become trainers for the Front Porch Project:
  - Woodward;
  - Ardmore;
  - McAlester;
  - Lawton; and
  - Shawnee.

  (Other participants to be trained were to come from OKC agencies that were willing to go to any community.)
- Implementation of Front Porch delayed until January 2010 due to contract issues.
- Strengthening Families model in 7 communities; funding cut.
- Children First services provided in 73 sites; budgets reduced.

Strategy 3: Enhance professional development of existing workforce on prevention of and early intervening in abuse and neglect by 2010 and cross train staff from various agencies where appropriate.

Activities:

- Enhance existing and/or develop new training on identifying and intervening with families exhibiting stress factors for professionals.
- Implement enhanced training across agencies and programs beginning in 2011.
- Provide training to professionals working with families so that they may assist in reducing the family's stress factors and strengthen protective factors.
- Support Child Abuse Prevention Programs that serve special populations:
  1. Contract with Indian Tribes in order to assure their population is provided child abuse prevention services;
  2. Contract with agencies that serve special populations, such as teen parents, physically and mentally challenged parents and racial and ethnic minority parents; and
  3. Allow OCAP Contractors to incorporate culturally-specific curricula if supported by research.

Measurable Outcomes:

1. **Cross-training on recognizing high risk, high stress families is provided for those frontline staff delivering home visitation programs.**
2. **Fund prevention programs with measurable outcomes that serve special populations.**

Activities Completed as of September 2009:

- OSDH provided a limited number of scholarships to individuals for the Annual CCAN Conference.
- OSDH staff provided suggestions for presenters at the CCAN and also served as presenters.
- OSDH made numerous copies of the Home Visitor Safety Guidelines training video and it is now available upon request.
- OSDH attempting to place video trainings on website for all to view.
- Meeting set with OU Trauma to further discuss training of delivery nurses and implementation of an Abusive Head Trauma program for mothers at delivery; in the past have distributed "The Period of Purple Crying".

COMPREHENSIVE SYSTEM

Prevention is a long–term investment in the well-being of children and families. Various public agencies have responsibilities for prevention programs with different funding streams, policies and procedures and populations served. We know that piecemeal, single focused solutions do not address the complex issues that families face. A coordinated, interagency approach is necessary to provide the supports families need.

Coordination and collaboration strategies can range from those that are easy to implement to those that are multifaceted. Interagency coordination can lead to efficient use of resources and a coordinated response to family needs.

Oklahoma has a broad array of public and private services focused on the needs of families. We are recognized for the evidence-based programs implemented and our history of helping our neighbors in need. In order to develop a five year comprehensive plan, it is first necessary to identify all of our current resources, gaps in resources, needed resources and assess the best strategies to support families and develop a clear, plan with identified actions and measurable results to prevent abuse and neglect among our families.

Strategy 4: Develop a framework for a comprehensive system that focused on prevention of and early intervening in abuse and neglect by 2010.

Activities:

- Task forces will be established or existing groups tapped to address specific topics: child welfare, substance abuse, mental health, domestic violence, economic stability, family support, special needs and comprehensive system development for the purpose of identifying short and long term strategies that address prevention and early intervention; identifying existing resources and gaps in local and state systems by 2010.
- Identify existing primary, secondary and tertiary prevention programs; populations served, geographic availability, resources allocated and program outcomes and evaluation by November 2009.
- Review other state systems to identify strategies, programs and policies that support prevention efforts.
- Coordinate and integrate program activities and funds for the prevention of child abuse and neglect with regard to primary and secondary prevention.
- Establish workgroup to review existing evidence-based programs addressing prevention of sexual abuse.
- Make recommendation to ITF based on review by December 2009.

Measurable Outcomes:

1. **Comprehensive Plan for the Prevention of Child Abuse and Neglect is completed by 2010.**
2. **System "map" of primary, secondary and tertiary prevention programs available statewide completed by 2010.**
3. **Recommendations regarding how prevention of sexual abuse will be addressed by**

program approved and implementation is in progress by 2010.

Activities Completed as of September 2009:

- Task forces established to develop recommendations for Comprehensive Plan.
- Initial listing of existing prevention programs developed.
- Literature pulled relating to various prevention programs.
- Draft assessment of child abuse and neglect and other factors contributing to abuse and neglect completed.

Strategy 5: Enhance professional development of existing workforce on prevention of and early intervening in abuse and neglect by 2010.

Activities:

- Enhance existing and/or develop new training for professionals working in the field on identifying and intervening with families exhibiting stress factors.
- Implement training across agencies and programs beginning in 2011.
- Provide professional working families with interventions aimed at reducing stress factors and strengthening protective factors.
- Support child abuse prevention programs that serve special populations:
  - I. Contract with Tribal Nations in order to assure their population is provided child abuse prevention services;
  - II. Contract with agencies that serve special populations such as teen parents, physically and mentally challenged parents and racial and ethnic minority parents; and
  - III. Allow OCAP Contractors to incorporate culturally-specific curriculums if supported by research.

Measurable Outcomes:

1. **Annual reports for OCAP/Start Right, Children First and CBCAP completed.**
2. **Specific plan for SFY 2011 developed.**
3. **County-by-county assessment of resources completed.**

Activities Completed as of September 2009:

- Research on cross training for professionals; review other state models, initiate discussions with training entities about implementation of training; no funding at this time.
- Presentation on protective factors at various conferences such as the Family Child Care Conference.

PUBLIC WILL

Strategy 6: Strengthen the public will and community capacity to prevent abuse and neglect and raise awareness of the impact of abuse and neglect on children, families and communities.

Activities:

- Based on recommendations for the five year plan, develop a policy agenda that supports the goals of the plan.
- Develop a statewide campaign that promotes specific child abuse prevention programs (as family support programs).
- Develop a statewide campaign that celebrates the diversity of families in Oklahoma and provides tips on supporting families in your community.
- Develop a statewide campaign that promotes positive parenting practices utilizing television, radio, billboard and/or other print mediums and reframing principles.
- Provide the following educational materials upon request when funding is available, e.g., Identification and Reporting of Child Abuse and Neglect Brochures and Child Abuse Hotline Cards.

- Promotion and Community Involvement of Child Abuse Prevention Month (every April) through coordination of Child Abuse Prevention Day at the Capitol and other planned community events.

Measurable Outcomes:

1. **Policy agenda that defines needed resources for a comprehensive system focused on prevention of abuse and neglect.**
2. **Statewide media campaign implemented.**
3. **Education materials provided when requested by programs.**
4. **Annual Child Abuse Prevention Day at the Capitol.**

Activities Completed as of September:

- Funding for educational materials cut due to budget reduction.
- Invitation to Bid developed for a free-standing Parent Website; not accomplished because against agency policy; will pursue developing pieces of it on the OSDH website.
- Have conducted four or more interviews with the media including Telemundo; focused on budget cuts and the need of citizens to become involved in child abuse prevention.
- Pursued utilization of social media (Facebook, Twitter); not allowed at this time.
- Created art work to be used in child abuse awareness items.
- Annual Child Abuse Prevention month activities are being planned.
- Poll information regarding community awareness and perceptions of child abuse gathered by Prevent Child Abuse Oklahoma; will be used for public awareness, funds permitting, and included in the next iteration of the State Plan.
- Upcoming Institute for Child Advocacy Fall Forum will identify key policy issues for upcoming legislative session.
- OCAP/Start Right Program Consultant developed a postcard individuals can send to compliment a business for being family-friendly as her OICA Kids Count Leadership project.

✪ Section VIII. Application Narrative

STATE PLAN ACTIVITIES FOR 2010 - 2013

The 2010 – 2013 State Plan includes broad goals and needed strategies to achieve those goals. It may be that shifting resources or seeking additional resources will be required in order to implement some strategies. It may be that certain goals and/or strategies are not achievable because funding has been eroded or eliminated. These are very challenging times. The will to do the work may not be matched by the resources to see the tasks completed. However, the Oklahoma State Department of Health, the Interagency Child Abuse Prevention Task Force, and all prevention partners stand ready to employ the most current best practices to serve and support parents.

INFRASTRUCTURE

The prevention of child abuse and neglect is broader than just programs. It is the responsibility of our communities and neighborhoods to keep all children safe, and caregivers to raise children in healthy, safe environments. Leadership takes a commitment at all levels to keep children safe and assure that they reach their optimal potential.

LEADERSHIP BY SERVICE PROVIDERS

Leadership is needed to engage a broad array of partners. These include traditional state and local partners such as social services, substance abuse/mental health, health and education as well as non-traditional partners such as housing, finance and the private sector.

The Interagency Task Force to Prevention Child Abuse and Neglect is committed to leading our state in accomplishing the goals for the State Plan.

GOAL 1:
Increase the capacity, ownership and leadership within the child abuse prevention professional community.

Strategy 1: The OSDH and the Interagency Child Abuse Prevention Task Force (ITF) will work collaboratively, continuing to stay informed and grow in their knowledge of current best practice, policies and models that positively impact the field of child abuse prevention and enhance the landscape for Oklahoma's children.

Strategy 2: The OSDH and the ITF will collaborate and provide technical assistance and training to professionals in related fields that have the ability to impact child abuse prevention.

Measurable Outcomes:

1. Start Right programs funded for FY10 and beyond.
2. Presentations given on topics related to prevention of child abuse at each ITF meeting.
3. Training provided that increases the skills of providers delivering home visitation services in recognizing and responding to high risk, high stress families.

PARENT LEADERSHIP

Meaningful Parent Leadership occurs when parents address the challenges of parenting, gain the knowledge and skills to function in meaningful leadership roles and represent a "parent voice" to help shape the direction of their families, programs and communities. Shared leadership is successfully achieved when parents and professionals build effective partnerships and share responsibility, expertise and leadership in decisions being made that affect families and communities.[1]

GOAL 2:
Establish a Parent Advisory/Leadership Group.

Strategy 1: The OSDH and the ITF will research, seek and secure speakers, training opportunities, technical assistance and information on the importance of a parent advisory/leadership group, the process to creating such a group, and how best to collaborate with said group once that is achieved.

Strategy 2: The OSDH and the ITF will take the necessary steps to institutionalize and operationalize a parent advisory/leadership group.

Measurable Outcomes:

1. Establish a functioning Parent Advisory Group that provides input and leadership in the area of the prevention of child abuse and neglect by June 30, 2011.

EVALUATION:

Evaluation is a critical element of child abuse prevention program sustainability, as funders and policymakers increasingly ask for evidence of the effectiveness of the programs they fund. It is also necessary for child abuse and neglect prevention and family support programs to conduct evaluation activities as part of their ongoing quality assurance efforts.

Currently, there is widespread acceptance among many social science fields that the use of evidence-based or evidence-informed practices promotes the efficiency and effectiveness of funding, as there is an increased chance that the program will produce its desired result. In turn, research suggests that effective programs often have long-term economic returns that far exceed the initial investment.

There are various types of evaluation. Program evaluation is a systematic study that assesses how well a program is working; process evaluation assesses the extent to which the program is operating as intended; and outcomes evaluation, which assesses the intended results of the program. Evaluation of programs leads to replication that maintains model fidelity and uniformity of implementation thus achieving the intended outcomes that make a difference for children and families.

GOAL 3:
Support the evaluation of social services including child abuse and neglect services and other social services provided to children and families.

Strategy 1: Assure evaluations are conducted in an objective fashion and evaluation results are distributed freely.

Measurable Outcomes:

1. Established process to review a program's evaluation and assess effectiveness.

PRIMARY PREVENTION

Primary prevention activities are directed at the general population and attempt to stop maltreatment before it occurs. All members of the community have access to, and may benefit from, these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers and decision-makers about the scope and problems associated with child maltreatment.[2]

CREATE A CULTURE OF CHANGE

We must mobilize a critical mass of policy makers, employers, community leaders, educators and providers to act on a commitment to families and to the health and safety of all children.

A public engagement campaign can fuel this change and is a structured, organized initiative to garner public support for a problem as a way of achieving needed change and sustaining this change as a community norm.

Public engagement campaigns have been shown to mobilize communities, organizations and individuals to call for policy or program changes in order to deal with problems. Educating the public about an issue and giving them the information and course of action to address the problem has driven many of the social changes that have occurred in our country.

A public engagement campaign can focus on strategies ranging from media campaigns to policy changes and providers sharing the merits of their approaches to strengthening families or sponsoring community events focused on positive parenting.

We must also recognize the informal supports offered in our neighborhoods and broader communities. Communities know best the needs of its families and the informal and formal resources available to meet their needs. Building the capacity of communities to support its families at all levels leads to safer, healthier communities with more productive citizens.

GOAL 4:
Create a culture of change that values the health, safety, and well-being of children.

Strategy 1: The OSDH and the ITF will educate and mobilize communities to change community norms so that child abuse and neglect is viewed as preventable and unacceptable.
Strategy 2: The OSDH and the ITF will support the implementation of quality early childhood programs through the Oklahoma Department of Human Services, Smart Start Oklahoma, the Oklahoma Department of Education, and Head Start.
Strategy 3: The OSDH and the ITF will strive to assure the six Strengthening Families Protective Factors[3], developed by Center for the Study of Social Policy, are integrated into all prevention programs serving children and families.
Strategy 4: The OSDH and the ITF will engage non-traditional partners to get involved in and support child abuse prevention efforts (i.e. business community, libraries, civic groups, etc).

Measurable Outcomes:

1. Policy agenda that defines needed resources for a comprehensive system focused on the prevention of abuse and neglect.
2. Quality early childhood programs available statewide.
3. Annual Child Abuse Prevention Day at the Capitol.
4. Statewide multi-media campaign implemented to recruit non-traditional partners.

SUPPORTING PARENTS

All parents and caregivers need support in the job of raising healthy, productive citizens. Support can be informal, such as parents sharing information with each other; or formal, such as parenting classes or home visitation.

The continuum from prenatal to high school would include programs that strengthen parenting skills and improve outcomes in the following areas: parent-child interactions, effective communication, positive discipline, stress and anger management, self-awareness and empathy building, early learning and family literacy.

GOAL 5:
Assure that general parent education and family support is universally available across the state.

Strategy 1: The OSDH and the ITF will engage others to work collaboratively in seeking and implementing various vehicles for providing educational information to parents and caregivers to assist them in providing safe, stable and nurturing environments for children.
Strategy 2: The OSDH and the ITF will assist parents and caregivers in meeting the basic needs (sometimes called "concrete needs") of their family/children.

Measurable Outcomes:

1. Provide information regarding parenting and child development to parents and caregivers in various formats.
2. Families aware of and able to access formal and informal community resources and concrete supports.
3. Families receive referrals to specific individuals at service agencies as well as transportation to those services, if necessary and possible.
4. Develop parent website and warmline available 24 hours a day to provide information on parenting and child development.
5. Provide information on parenting and child development to all parents of newborns including abusive head trauma and safe sleep.

Prevention and treatment of sexual abuse is a special challenge, different in many of its dimensions from other types of child maltreatment. Enormous strides have been made to understand the problem, educate the public and mobilize resources to address it. Recent research has indicated that current strategies may not be the most effective. Additional research and program development is needed to prevent initial harm to children and reduce occurrences. [4]

GOAL 6:
Implement strategies to prevent child sexual abuse.

Strategy 1: The OSDH and the ITF will work with partners across the state to implement programs that emphasize adult education and responsibility in keeping children safe from sexual predators.
Strategy 2: The OSDH and the ITF will put training in place to provide age-appropriate education to children about child sexual abuse.

Measurable Outcomes:

1. Child sexual abuse prevention programs in place and available statewide.
2. Information on prevention of child sexual abuse developed and distributed to various stakeholder groups.

SECONDARY PREVENTION

Secondary prevention activities with a high-risk focus are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services for communities or neighborhoods that have a high incidence of any or all of these risk factors.

Currently, there is an emphasis across human services that evidence-based or evidence-informed practices promote the efficiency and effectiveness of funding, as there is an increased chance the program will produce its desired result. In turn, research suggests that effective programs often have long-term economic returns that far exceed the initial investment.[5]

Understanding what evidence-based or evidence informed practice is, and is not, is a necessary step for programs, as they continue to strive towards providing the best, most effective services. This focus on effective use of resources leading to positive outcomes for families will create a culture of accountability among all of those involved in the prevention of child abuse and neglect. The process of continually educating, evaluating and informing, not only professionals, but communities, will contribute to a focus on quality programs and services.

GOAL 7:
Identify best practices, programs and models that show evidence of improving child health, safety, and well-being.

Strategy 1: The OSDH and the ITF will seek and provide to interested partners, best practice and evidence-based/evidence informed models on a continual basis to assure quality services are provided and prevention dollars are well spent.
Strategy 2: The OSDH and the ITF will continue to redefine the components needed for the comprehensive system as the child abuse prevention field evolves.

Measurable Outcomes:

1. Comprehensive Plan for the Prevention of Child Abuse and Neglect is completed and continued progress toward goals is reported.
2. Oklahoma implements programs with measurable outcomes that meet the needs of children and families.

COMPREHENSIVE SYSTEM

Prevention is a long–term investment in the wellbeing of children and families. Various public agencies have responsibilities for prevention programs with different funding streams, policies and procedures and populations served. We know that piecemeal, single focused solutions do not address the complex issues that families face. A coordinated, interagency approach is needed to provide the supports that families need.

Coordination and collaboration strategies can range from those that are easy to implement to those that are multi-faceted. Interagency coordination can lead to efficient use of resources and a coordinated response to family needs.
Oklahoma has a broad array of public and private services focused on the needs of families. We are recognized for the evidence-based programs implemented and our history of helping our neighbors in need. In order to develop a five year comprehensive plan, it is first necessary to identify all of our current resources, gaps in resources, needed resources, assess the best strategies to support families and develop a clear plan with identified actions and measurable results to prevent abuse and neglect among our families.

One key component of supporting parents and child development is through statewide home visiting implemented through several state agencies, the OSDH and Oklahoma State Department of Education.

Voluntary home visiting programs tailor services to meet the needs of individual families, and offer information, guidance and support directly in the home environment. While home visiting programs, such as Healthy Families America, the Nurse-Family Partnership, the Parent-Child Home Program and Parents as Teachers, share similar overall goals of enhancing child well-being and family health, they vary in their program structure, specific intended outcomes, content of services and target populations.

A growing body of research demonstrates home visiting programs that serve infants and toddlers, can be an effective method of delivering family support and child development services, particularly when services are part of a comprehensive and coordinated system of high quality, affordable early care and education, health and mental health, and family support services for families prenatally through pre-kindergarten.[6]

GOAL 8:
Work towards the establishment of a comprehensive system of prevention programs available across the state to families with risk factors for child abuse and neglect.

Strategy 1: The OSDH and the ITF will work with partners across the state to increase the number and quality of center-based parent support groups and parent education programs.
Strategy 2: The OSDH and the ITF will work with partners across the state to increase the number and quality of home visitation services.

Measurable Outcomes:

1. Oklahoma implements programs with measurable outcomes that meet the needs of children and families.
2. ITF coordinates and integrates program activities and funds for the prevention of child abuse and neglect with regard to primary and secondary prevention.
3. Home visitation services are available and funded statewide.

TERTIARY PREVENTION

Tertiary prevention activities focus on families where maltreatment or identified challenges have already occurred, seek to reduce the negative consequences of the maltreatment and to prevent its recurrence.

GOAL 9:
Include in the comprehensive system, prevention programs focused on serving families identified by the child welfare, mental health, substance abuse, and/or domestic violence systems.

Strategy 1: The OSDH and the ITF will support the Oklahoma Department of Human Services, Child Welfare as they continue to implement the new Practice Model and Standards emphasizing child safety.
Strategy 2: The OSDH and the ITF will provide support in increasing the number and quality of mental health services available to both adults and children.
Strategy 3: The OSDH and the ITF will provide support in increasing the number and quality of substance abuse treatment services for both adults and children.
Strategy 4: The OSDH and the ITF will provide support in increasing the number and quality of domestic violence services.
Strategy 5: The OSDH and the ITF will continue to explore the overlap between child abuse and domestic violence incidents, investigations, as well as best practices for prevention and intervention.

Measurable Outcomes:

1. Implement Practice Model and standards leading to reduction in number of children entering the child welfare system and improvement of care for those that do.
2. Mental health and domestic violence services available to meet the needs of all children and families.
3. Integrate child abuse prevention strategies into mental health and domestic violence programs.

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross–cultural situations. Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes.[7]

There are five essential elements that contribute to a system's ability to become more culturally competent. The system should (1) value diversity, (2) have the capacity for cultural self–assessment, (3) be conscious of the "dynamics" inherent when cultures interact, (4) institutionalize cultural knowledge, and (5) develop adaptations to service delivery reflecting an understanding of diversity between and within cultures.[8] Furthermore, these five elements must be manifested in every level of the service delivery system. They should be reflected in attitudes, structures, policies and services.

Valuing diversity means accepting and respecting differences. People come from very different backgrounds and their customs, thoughts, ways of communicating, values, traditions, and institutions vary accordingly. The choices that individuals make are powerfully affected by culture. Cultural experiences influence choices that range from recreational activities to subjects of study. Even how one chooses to define family is determined by culture.

As we further define a comprehensive approach for the prevention of child abuse and neglect, we must attend to the unique culture of Oklahoma, recognizing our strengths and weaknesses.[9]

GOAL 10:
Promote and/or provide culturally appropriate services that maximize the participation of various cultural and ethnic populations.

Strategy 1: The OSDH and the ITF will seek and provide to interested partners best practice and evidence-based/evidence informed models on a continual basis to assure appropriate services are available to culturally diverse populations.

Strategy 2: The OSDH and the ITF will continue to redefine the components needed for the comprehensive system as child abuse prevention programs' populations evolve.

Measurable Outcomes:

1. Families are able to access needed services.
2. Workforce reflects diversity of families served.

[1] *www.parentsanonymous.org*
[2] *framework for Prevention Child Maltreatment, www.childwelfare.gov*
[3] *1) parental resilience; 2) social connections; 3) knowledge of parenting and child development; 4) concrete support in times of need; 5 social and emotional competence of children; and 6) healthy parent-child relationships.*
[4] *Guidelines for CBCAP Lead agencies on Evidence-based and Evidence Informed Programs and Practices: Learning Along the Way (Revised 11/13/07)*
[5] *Guidelines for CBCAP Lead Agencies on Evidence-based and Informed Programs and Practices FRIENDS National Resource Center for CBCAP (2007)*
[6] *Statement of Mathew Melmed, Executive Director, Zero to Three, submitted to the subcommittee on income security and family support of the House Committee on Ways and Means hearing on Early Childhood Home Visitation, June, 2009.*
[7] *(Davis, 1997 referring to health outcomes)*
[8] *Isaacs, M. and Benjamin, M. (1991). Towards a culturally competent system of care, volume II, programs which utilize culturally competent principles. Washington, D.C.: Georgetown University Child Development Center (CASSP Technical Assistance Center*
[9] *Knitzer, J. (1982). Unclaimed Children: The failure of public responsibility to children and adolescents in need of mental health services. Washington, D.C.: U.S. Government Printing Office.*

Section IX COLLABORATION AND COORDINATION

COLLABORATION AND COORDINATION

(NOTE: some entries are duplicated from earlier sections)

✪ Annual Report Narrative

CBCAP Lead Agency (OSDH) and Child Maltreatment Prevention Partnerships and Collaborations (Federal, State, Local, and Private Efforts)

THE INTERAGENCY CHILD ABUSE PREVENTION TASK FORCE

The Interagency Child Abuse Prevention Task Force (ITF) has a mandated membership of representatives from: 1) public agencies with responsibilities for children and families, such as the Department of Health, Department of Education, Department of Human Services, Department of Mental Health and Substance Abuse, Office of the Attorney General and Judiciary/Law Enforcement agency; 2) private organizations such as the American Academy of Pediatrics and the Oklahoma Partnership for School Readiness Board; 3) private agencies and programs that specialize in the identification and intervention of child abuse and neglect; 4) local government or business community; and 5) parents participating in a family resource and support program. The Task Force is staffed by the OCAP. As directed by the CAP Act, the ITF reviews and evaluates all prevention program proposals submitted to the OCAP for funding through the CAP Fund, reports findings to the Oklahoma Commission on Children and Youth and makes recommendations to the Commissioner of Health, the final authority for contract awards. The ITF with its broad representation and expertise assist the OCAP in the development of the *State Plan*.

OKLAHOMA STATE PLAN FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT

The State Plan written by the ITF and the OCAP is a compilation of findings, recommendations and efforts spanning the continuum of child abuse and neglect prevention in Oklahoma. It is written with the acknowledgment that the prevention of child abuse and neglect requires collaboration, coordination and commitment of public agencies, private agencies, private citizens, prevention and intervention professionals and the legal system.

OKLAHOMA COMMISSION ON CHILDREN AND YOUTH

Oklahoma law created the Oklahoma Commission on Children and Youth (OCCY), a state agency, to develop and improve services to children and youth. The OCCY facilitates planning and coordination among public and private agencies serving children and youth and provides administrative oversight for all children's programs and services. OCCY is mandated to ensure that the provisions of the CAP Act are implemented. Its duties include: 1) the review and approval of the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect*; 2) the appointment of ITF members; 3) the appointment of CATCC members; and 4) the recommendations of prevention program proposals for funding to the Commissioner of Health.

COMMUNITY PARTNERSHIP BOARDS

The Oklahoma Commission on Children and Youth, Office of Planning and Coordination is implementing the visionary legislation passed in 1989 and 2000 by the Oklahoma Legislature, which developed the structure of the Community Partnership Boards for Services to Children and Youth. A statewide planning process to

develop the Oklahoma State Plan for Services to Children and Youth was also designed to coordinate public and private efforts to improve services to children and youth at both the state and local level. These responsibilities were placed under the auspices of the Oklahoma Commission on Children and Youth. The legislation recognized that ownership and responsibility for finding solutions to children's problems belongs to local communities. In other words, the responsibility for assuring the future of Oklahoma's families and children must be shared by every citizen. Composed of local citizens and service providers, the purpose of the Community Partnership Boards is to collaboratively plan and implement programs and services, which benefit the children, youth and families in our communities. This structure unites communities across the state around common issues and identifies unique concerns and strategies within communities.

Drawing on the diverse as well as common issues faced by the larger community, the Community Partnership Boards created a mechanism for the boards to be working bodies of community leaders concerned with children's issues. They are the networks around which gaps, strengths, and needs in services to children, youth, and families in communities may be identified using available reports, statistics, experiences, and wisdom. Further, they can provide leadership and advocacy for the provision of family-centered, community-based, culturally sensitive approaches to meeting the needs of Oklahoma's children, youth and families. The boards also provide an opportunity for networking with many child advocates and service providers. At this time, there are forty-four (44) active boards, statewide.

The statutory function of the Community Partnership Boards is to develop local plans of action that will effectively move our communities towards improving services to children and youth. It is an opportunity to provide a voice for the children, youth and families from local communities to the state and help focus priorities through participation in the development and implementation of the Oklahoma State Plan for Services to Children and Youth. The issues addressed in the Oklahoma State Plan for Services to Children and Youth can cut across the myriad of problems of today's families ... violence, education, jobs, poverty, juvenile delinquency, deprived and neglected children, abuse, alcohol and drug abuse, teen pregnancy, and many more. Many of the local boards have collaborated to successfully address specific needs in their communities and across the state. Many of these efforts rely on planning and coordination of existing resources and require little or no new money. Even in times of tight budgets, improved projects and programs can occur with communication, coordination and planning.

STATE EARLY CHILDHOOD COMPREHENSIVE SYSTEMS (ECCS)

The Oklahoma State Department of Health (OSDH) Early Childhood Comprehensive Systems (ECCS) Project works collaboratively with the Oklahoma Partnership for School Readiness (OPSR) Board and Smart Start Oklahoma (SSO) to implement the Early Childhood Comprehensive State Plan. The mission of OPSR and ECCS is to lead Oklahoma in coordinating an early childhood system focused on strengthening families and school readiness for all children. If successful, it will be possible for all families with young children across the state to access services when needed in the areas of parent education and family support, primary health care, social and emotional support, and quality early care and education. The implementation of the early childhood comprehensive state plan will help achieve the vision of all Oklahoma children entering school safe, healthy, eager to learn and ready to succeed.

CHILD ABUSE TRAINING AND COORDINATION PROGRAM

As a part of the continuum, multidisciplinary and discipline-specific training programs for professionals with responsibilities affecting children, youth, and families are mandated responsibilities of the Child Abuse Training and Coordination Program (CATC). This program provides training, technical assistance and assessment of the developing and functioning county-level multidisciplinary child abuse and neglect teams throughout the state and improves education and training of professionals with responsibilities for children and families. The CATC program works with the Child Abuse Training and Coordination Council (CATCC) and Multidisciplinary Child Abuse and Neglect Teams (MDTs). Funding for the CATC Program and Council is provided through state appropriations and the Children's Justice Act Grant, a collaborative effort with the Oklahoma Department of Human Services.

CHILD ABUSE TRAINING AND COORDINATION COUNCIL (CATCC)

Defined by the CAP Act, CATCC has the mandate to make available multidisciplinary and discipline-specific training on child abuse and neglect for professionals with responsibilities affecting children, youth and families. The CATCC members (22 in all) establish multidisciplinary and discipline-specific training guidelines and objectives and make curricula recommendations to other agencies with professionals who have responsibilities for children, youth and families.

In conjunction with the CATCC, the CATC program facilitates the multidisciplinary and discipline-specific trainings. The CATC Program provides training to child protective services, law enforcement, district attorneys, judges, medical personnel, mental health consultants and other professionals. Specific trainings have included: "Investigating Severe Neglect and Physical Injury of Children and Infants", "Taking Your Investigation to the Courtroom" and "Advanced Forensic Interviewing."

Examples of partnerships of the CATC program are as follows: assists the Oklahoma Lawyers for Children fall and spring trainings, the Oklahoma District Attorney's Office Annual Summer Conference, Oklahoma Association for Infant Mental Health Conference, the Oklahoma Department of Mental Health and Substance Abuse and the 18th Oklahoma Conference on Child Abuse and Neglect and Healthy Families.

The CATC Program is expanding efforts to include children that witness Domestic Violence or Domestic Violence homicides and Human Trafficking.

HOME VISITATION LEADERSHIP ADVISORY COALITION (HVLAC)

The Family Support and Prevention Service (FSPS) steers the efforts of the Home Visitation Leadership Advisory Coalition (HVLAC) by convening, hosting, and facilitating home visitation meetings and providing this as a networking opportunity. Members from various agencies and programs working at all levels, from supervisory roles to the front lines, participate in this dynamic group that strives for best practice in home visitation. Comprised of representatives from state agencies, such as the Oklahoma State University, Oklahoma Health Sciences Center, public school districts, youth and family services agencies, Prevent Child Abuse Oklahoma, parent-child centers and other private non-profits, the committee provides recommendations to improve services. HVLAC coordinates efforts throughout the year on various activities related to child abuse prevention (for child abuse prevention month and advocacy, for example) and best use of funds for those involved in home visitation for child abuse prevention, school-readiness, child abuse intervention and early intervention. They also address other critical issues as it relates to home visitation. New in FY2010, this group was instrumental in guiding the efforts and making recommendations on the

Oklahoma Affordable Care Act (ACA) Federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Grant. Members benefit from sharing resources, learning about each other's programs, special speaker presentations, and collaborating on various projects. *(For more information regarding specific dates and related activities, see previous section.)*

THE OKLAHOMA STRENGTHENING FAMILIES INITIATIVE

The ***Oklahoma Strengthening Families Initiative*** has now been in existence for four years. The pilot sites have continued their collaboration with their local child-care centers and involvement in other community organizations and events are shown as examples below:

- Child Care Centers were awarded mini grants to make some type of change in their center that would enhance family involvement in their program. Some created clothing/diaper resource rooms for parents, while others made physical changes to their buildings that make them more family friendly.
- Pilot sites implemented parent involvement projects of their choosing such as parent resource libraries.
- Ongoing "Caregiver Café's" continue and these café's have been extremely helpful in breaking down barriers between the Head Start providers, parents, and community. Social networks have been developed and families and staff look forward to the meetings.
- Continued partnering opportunities are taking place with Oklahoma Department of Human Services/Child Welfare, Oklahoma State University Cooperative Extension Services, Tulsa Community College and the Early Childhood Program at the OU/Tulsa Campus.
- Collaborated with community partners to establish a community facility at a low-income apartment complex where parenting classes and student tutoring can be held, a resource library with over 1,000 donated books, and some donated computers for use by the residents to promote family literacy and enhanced job skills for the parents; project not yet completed.
- Provided two provider mini-grants and one provider scholarship to promote seeking advance STAR levels for facilities.
- Oklahoma has embedded the Strengthening Families Protective Factors framework in the state's Early Childhood Comprehensive Systems Grant, the Smart Start Initiative and the State Plan for Prevention of Child Abuse and Neglect
- Front Porch Training – Abuse and Neglect Intervention/Prevention Training for the Average Citizen
- F.A.T.H.E.R. Program – parenting for fathers in prison.

CHILD ABUSE PREVENTION ACTION COMMITTEE (CAP ACTION)

After a meager ***Child Abuse Prevention Month*** and ***Day at the Capitol*** five years ago when first arriving on the scene of Prevention, this OSDH/FSPS staff member went looking for help (believing there is strength in numbers). The CAP ACTION workgroup was born and has steadily grown into a voluntary hearty workforce. Members represent state agencies, non-profit programs, businesses, universities, foster parents, faith-based individuals, concerned citizens, etc. The current listserv includes over 160 participants. Every year, we continue to maintain the membership of many of the original group as well as add new inspired Oklahomans who want to make a difference in the lives of children. In preparation for the 2010 Child Abuse Prevention Month, the group at large met eight times with several subcommittees meeting separately. The meetings during FFY10 took place on – October 7, 2009; December 9, 2009; January 3, 2010; March 3, 2010; May 5, 2010 and August 18, 2010. In preparation for the Child Abuse Prevention Day at the Capitol, which took place on February 23, 2010, the group met an additional four times on November 6, 2009; December 2, 2009; January 6, 2010 and February 1, 2010.

Subcommittees that developed or continued included all of the below:

TRAIL OF PREVENTION: Worked on creating a CAP CHALLENGE newsletter/email blast that would be sent electronically to a multitude of distribution lists.	**LINKING WITH CHILDCARE** : Created and distributed materials for licensed childcare providers to accompany and support CAP Month activities.
LINKING WITH LIBRARIES: For the fourth year, the Oklahoma Department of Libraries joined our efforts encouraging libraries and staff to get involved with Child Abuse Prevention Month. The Public Information Officer disseminated timely information. CAP Month materials were made available for libraries in the way of buttons, posters, etc. Suggestions were provided to create awareness in each community: CAP Month Bulletin Boards, Celebrating Parent Groups, display table of parenting and caregiver resources, etc.	**LINKING WITH PEDIATRICIANS** – Worked on getting pediatricians involved with CAP Month efforts. Information and a survey specifically for pediatricians were shared with the American Academy of Pediatrics (Oklahoma Chapter). They included some of this information in two of their newsletters as well as a link to the survey that was completed by six pediatricians and one nursing staff. A display table was also set up at the Capitol focusing on Linking with Pediatricians.
ART/POSTER CONTEST: In its third year, directed school involvement with an art poster contest that was then utilized in the creation of a large one-page 12-month calendar.	**LINKING WITH THE FAITH-BASED POPULATION:** Information was disseminated through various faith-based groups and a display table was also set up at the Capitol focusing on Linking with this target group.
BUILD A BLUE RIBBON TREE FOR KIDS CAMPAIGN: For the second year, we continued our Build a Blue Ribbon Tree, which proved quite popular in 2009. Participants were encouraged to complete an official Tree Registry and a beautiful slideshow of trees was a highlight of the CAP Day at the Capitol.	**MEDIA/MARKETING** – Worked on building a media toolkit for CAP Month as well as some of the network partners taking the lead on messaging through social marketing (i.e. facebook, twitter, etc).
CAP DAY AT THE CAPITOL: Worked on all of the details of the day.	**ADVOCACY:** Worked on building a common message among child advocates.

THE OKLAHOMA PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)

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. Thirty-six other states conduct a PRAMS survey. Oklahoma has been a PRAMS participant since the CDC project began in 1988.

The purpose of PRAMS is to discover why some babies are born healthy and why others are not, in an effort to increase the numbers 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 as many as three mail questionnaires, with follow-up phone interviews for women who do not respond to the mailed surveys. All information is kept confidential.

Oklahoma currently collects PRAMS data on the following topics: health insurance, prenatal care, breastfeeding, maternal smoking and secondhand smoke exposure, alcohol use, social support and family planning.

MATERNAL MORTALITY REVIEW PROJECT

Maternal death continues to be the international standard by which a nation's commitment to women's status and their health can be evaluated. Each year in the state of Oklahoma, women die of complications related to pregnancy. The Maternal Mortality rate for Oklahoma from 2003-2007 was 27.0 maternal deaths per 100,000 live births. The goal of Healthy People 2020 is to reduce the Maternal Mortality rate to no more than 11.4 maternal deaths per 100,000 live births. Through appropriate interventions, prevention of risks, and reduction of racial disparities, these mortality rates can be dramatically decreased. A process must be in place, however, to determine why and how the deaths occur.

The Maternal Mortality Review (MMR) is an essential community process used to enhance and improve services to women, infants and their families. These qualitative, in-depth reviews investigate the causes and circumstances surrounding a maternal death. Through communication and collaboration the MMR serves as a continuous quality improvement system that will result in a comprehensive understanding of the maternal issues and provide a better future for women, infants and families. The overall goal of MMR is prevention through understanding of causes and risk factors.

The Oklahoma MMR operates under the auspices of the Oklahoma State Department of Health (OSDH). Through uniform procedures, defined processes and assigned responsibilities, the OSDH initiates the MMR process by identifying pregnancy-related cases.

MMR is designed 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.
- 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.

THE OKLAHOMA TODDLER SURVEY (TOTS)

The Oklahoma Toddler Survey (TOTS) is a two-year follow-back survey to the Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS), and was created by Oklahoma in 1994. TOTS re-surveys PRAMS respondents the month the child turns two years old. TOTS is funded by the Title V Maternal and Child Health Block Grant and the Oklahoma State Department of Health. Oklahoma was the first state to begin a follow-back survey to PRAMS; currently three other states have something similar.

The purpose of TOTS is to learn about the health and well being of Oklahoma's toddler population and their health experiences from birth to age two. The information is used to help guide programs and health policy in Oklahoma, and to help make better use of limited resources.

Similar to PRAMS, TOTS sends as many as two mail questionnaires to between 150 to175 women each month followed by phone contact for those mothers have not responded by mail. All information is kept confidential.

Currently, TOTS includes questions about health care and insurance, illness and injury, childcare, safety, breastfeeding, secondhand smoke exposure, and family structure.

SMART START OKLAHOMA

Established under the Oklahoma Partnership for School Readiness Act in 2003, Smart Start Oklahoma through a community approach is charged with increasing the number of children who are ready to succeed by the time they enter kindergarten. In 2008, the Partnership Board was designated by the Governor as the State's Early Childhood Advisory Council, as required by each state under the 2007 Head Start Reauthorization Act. To further solidify the Partnership's role, in 2010, legislation established the Board as the Early Childhood Advisory Council. As a public-private partnership, Smart Start Oklahoma pursues strategies for improving learning opportunities and environments for children birth to age six.

State legislation charges the Partnership with promoting and enhancing community collaboration for early childhood programs and services. To accomplish this, Smart Start Oklahoma has an 18-member community-based network serving 52 counties across the state and reaching 88% of children under the age of six. At the state level, Smart Start Oklahoma supports communities with grants, technical assistance and fiscal management.

Smart Start Oklahoma focuses on four key strategy areas:

- Community Development
- Public Engagement
- Public Policy and Systems Development
- Resource Development

Smart Start Central Oklahoma, a member of the community-based network, played a key role in collaboration with OCAP during Child Abuse Prevention Day at the Capitol in April 2011. Seven Smart Start Oklahoma communities continue to focus on the Strengthening Families Initiative.

OKLAHOMA INSTITUTE FOR CHILD ADVOCACY

The Oklahoma Institute for Child Advocacy is a statewide non-profit organization that raises awareness and identifies problems facing Oklahoma's children. The Institute takes action by moving ideas and issues forward in ways that mobilize people, promote effective solutions and achieve real results. The Institute has been an independent voice for Oklahoma's children for more than 25 years and continues to advocate for policies that strengthen families and help children grow into healthy and productive adults.

OKLAHOMA DOMESTIC VIOLENCE FATALITY REVIEW BOARD

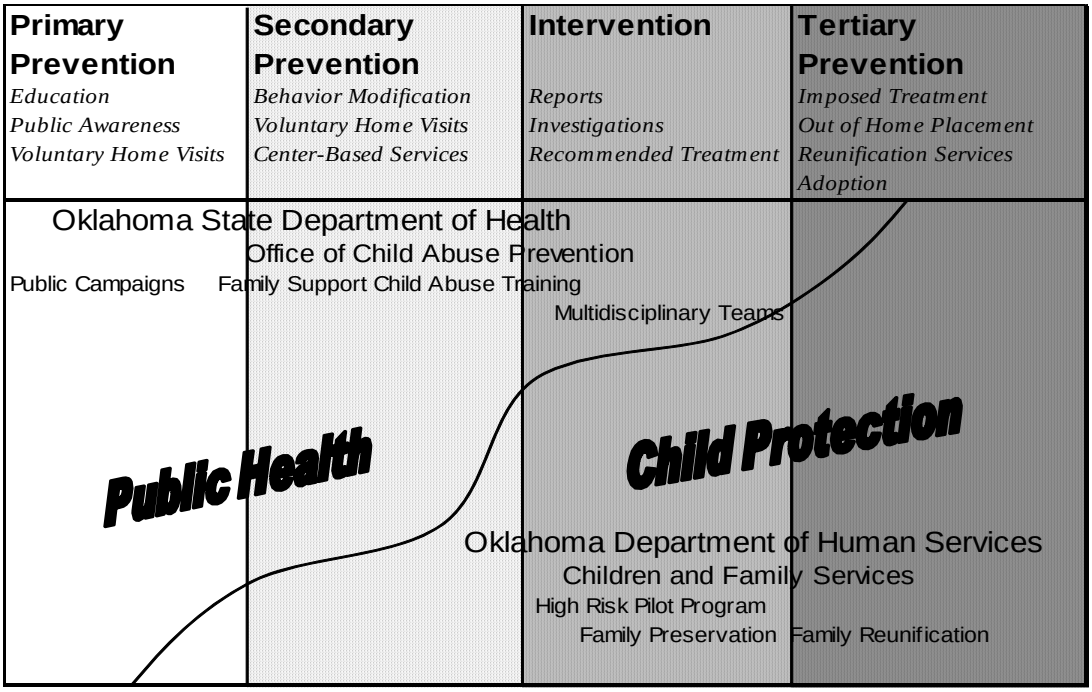
The mission of the Oklahoma Domestic Violence Fatality Review Board is to reduce the number of domestic violence related deaths in Oklahoma. The Board performs multi-disciplinary case reviews of statistical data and information derived from disciplines with jurisdiction and/or direct involvement with cases. Their purpose is to make recommendations to improve policies, procedures and practices within the systems involved and between agencies that protect and serve victims of domestic abuse. The CATC program manager is the designee of the Commissioner of OSDH to this board. State law allows the Domestic Violence Fatality Review Board and the Child Death Review Board to jointly review cases.

OKLAHOMA DEPARTMENT OF HUMAN SERVICES

The Family Support and Prevention Service (OSDH) works collaboratively with the Oklahoma Department of Human Services (OKDHS) in many areas including Children and Family Services, Child Abuse Multidisciplinary Teams, Developmental Disabilities and Children with Special Health Care Needs. Joint projects include the respite care voucher system.

The OSDH and OKDHS must work closely as child abuse prevention spans a continuum ranging from prevention (an active, assertive process of creating conditions and/or personal attributes that promote the well-being of people) to treatment or remediation (reactive, corrective effort to rectify or bring about change related to a recognized problem or need). Human service activities often range all along the continuum. The purpose of the program or service determines whether the service is prevention or treatment/remediation. Treatment or remediation programs and services are often titled as tertiary prevention. Once a program moves along the purpose continuum past the mid-point between prevention and remediation, the purpose of the program is remediation (an overarching issue must be treated before positive parenting skills can be addressed).

The figure below is a simple graphic representation of some of the child abuse prevention programs and services available at two state agencies and how the continuum of prevention co-exists between the agencies. Not represented in the figure, but certainly other agencies, such as the Oklahoma Department of Mental Health and Substance Abuse and private organizations, add to the comprehensiveness of the programs and services available that impact child abuse and neglect and its prevention.



RESPITE CARE

Developed within the Developmental Disabilities Service at the Department of Human Services, the Respite Care Program has expanded to the idea of lifespan respite. Lifespan respite embraces the concept that the stress relief provided by respite can benefit families who care for children with developmental disabilities or special health care needs, dependent adults or who experience crisis that impact the family's ability to safely care for its members. Using a voucher system, family members hire their own respite providers and negotiate their own payment. After the care is provided, the vouchers are redeemed. Through the Oklahoma Respite Resource Network, the respite care program has expanded to accommodate many agencies and private foundations in providing respite. OCAP and Children First is a part of the network and will continue to utilize the DHS voucher system to provide respite care. In SFY 2010, 180 families served by child abuse prevention programs received respite using the OKDHS respite voucher system.

OKLAHOMA DEPARTMENT OF EDUCATION

The Family Support and Prevention Service (FSPS) works collaboratively with the Oklahoma Department of Education (DOE) in the following ways:

- Oklahoma *Parents As Teachers* participates in the Home Visitation Leadership Advisory Coalition led by FSPS;
- The Department of Education also has a representative seat on the State Interagency Child Abuse Prevention Task Force (ITF);
- FSPS provides training opportunities to community-based DOE programs;
- SDE has a seat on the Child Abuse Training Council (CATC) which provides workshops and funding to MDTs across the state;
- Oklahoma law requires every certified and licensed Oklahoma teacher receive professional development annually on "Reporting and Recognition of Child Abuse and Neglect";
- The Safe and Healthy Schools section provides training on Child Abuse Prevention at their annual fall conference
- The Department of Education provides opportunities for state child abuse prevention personnel to present programs at state-wide conferences;
- The Department of Education collaborates with the FSPS to provide professional development opportunities for public schools; and
- OPAT participated in the Child Abuse Prevention Day at the Oklahoma State Capitol, and sat on the CAP ACTION planning committee which plans both the Day at the Capitol and Child Abuse Prevention Month events, campaigns, and activities.

CENTER ON CHILD ABUSE AND NEGLECT

The Center on Child Abuse and Neglect (CCAN) was established in the Department of Pediatrics, College of Medicine, at the University of Oklahoma Health Sciences Center in 1992. The purpose of CCAN is to organize the Health Sciences Center's efforts in the treatment and prevention of child abuse and neglect. CCAN is a university-based center that has25 faculty and over 100 staff and students that focus on research, professional and public education, clinical services, and administrative programs in the field of child maltreatment. The Center directs research on child abuse fatalities, children with sexual behavioral problems, clinical interventions with parents/caregivers with drug-exposed infants, family preservation programs, parent-child interaction therapy and a research study in Russia on prevention of fetal alcohol

syndrome. Administrative programs include the Oklahoma Child Death Review Board, 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 (ITP).

Oklahoma Conference on Child Abuse and Neglect *(CCAN)*

The Center on Child Abuse and Neglect and OCAP co-sponsor this annual event. In addition to providing co-sponsorship, OCAP utilizes this conference to provide training to staff that work in various family support programs and also the ITF members, including the parent representatives.

REACHING FOR THE STARS (CHILD CARE RATING SYSTEM PROMOTING QUALITY CHILD CARE)

Research has demonstrated that the quality of childcare impacts the cognitive, social, emotional, and physical development of a child. The Oklahoma Department of Human Services developed a child care rating system to provide an easily understandable guide to the quality of care available at licensed child care facilities, including centers, homes, and Head Start. The goals of the Stars program are to provide a system to help parents evaluate quality child care; improve the quality of child care by increasing the competence of teachers; and raise the Department's subsidy reimbursement rate, resulting in more slots for children whose families are receiving child care assistance.

- One Star facilities meet minimum licensing requirements that focus on health and safety.
- One Star Plus programs meet the minimum requirements plus additional quality criteria that includes: additional training, reading to children daily and parent involvement.
- Two Star programs meet further quality criteria including master teacher/home provider qualifications and program evaluation or accredited by a national accreditation body.
- Three Star programs meet additional quality criteria AND are nationally accredited.

OKLAHOMA CHILD DEATH REVIEW BOARD

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.

There are five review teams that comprise the Oklahoma Child Death Review Board, with review meetings occurring in frequency from once a month to once a quarter. The Chief of the Family Support & Prevention Service serves on the State Team of CDRB, served two terms as Chair of the State Team, and continues participating in the Executive Committee. Her contributions to the Board and its goals have been invaluable. Many accomplishments were made during the Chief's reign as Chair including, but not limited to:

- The creation of a public service campaign (print, radio, and television) aimed at reducing child fatalities;
- The expansion of the total number of review teams from three to five, including the expansion of the areas of coverage for a team (which required a statutory change); and

- Increased awareness on the legislative level of the Child Death Review Board and its activities.

In addition to case review, the CDRB is active in groups with a focus on reducing deaths and improving the quality of services including:

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

The Chief of FSPS has also contributed significantly with the activities of the Injury Prevention work group, which is currently in the middle of a project aimed at reducing abusive head trauma by providing delivery hospitals across Oklahoma with the *Period of PURPLE Crying®*. The *Period of PURPLE Crying®* program approaches SBS prevention by helping parents and caregivers understand the frustrating features of crying in normal infants that can lead to shaking or abuse.

The Family Support and Prevention Services has also taken the lead in coordinating the Shaken Baby Prevention Education Initiative, which was created in the 2010 Oklahoma legislative session, also aimed at reducing abusive head trauma.

OKLAHOMA FAMILY RESOURCE COALITION

The Oklahoma Family Resource Coalition (OFRC) is a membership organization that is made up of individuals who believe that families are the primary influence in the lives of children. The mission of the Oklahoma Family Resource Coalition is to support resources within our communities that build on family strengths to ensure the best possible outcome for Oklahoma families. This is an alliance of committed individuals, both professional and non-professional, that share their knowledge and expertise with one another in order to address issues affecting families in Oklahoma. By joining forces, they are able to increase their own ability to produce resources, build networks, and gather knowledge to help parents in the important job of rearing their children. The Coalition is comprised of members from state agencies, non-profit organizations and educational institutes. The Family Support and Prevention Service staff collaborates with the coalition and its partners to provide training opportunities, resource sharing and networking in the area of school-readiness and strengthening families when possible and also takes leadership in their yearly campaign, NATIONAL (OKLAHOMA) FAMILY WEEK.

The Oklahoma Family Resource Coalition was formed in 1991 and became a non-profit, incorporated entity in 1992. The membership represents a broad spectrum of state-wide services, ethnicity, and occupation. A board consisting of 30 members is elected to provide direction for the membership, which includes the Family Support and Prevention staff.

Family Matters Conference

The Oklahoma Family Resource Coalition, Department of Education, and FSPS co-sponsor this annual event. In addition to providing co-sponsorship, FSPS utilizes this conference to provide training to staff that work in various community-based programs when funding is available.

Family Matters Award

Every year at the Family Matters Conference, a person is chosen to receive the "Family Matters Award". In March 2010, Sherie Trice (OSDH/FSPS staff) was proud to accept the Family Matters Award for her work in strengthening families and building resources and networks that provides scaffolding for child abuse prevention efforts in our state.

COLLABORATION WITH CFSR/PIP

NOTE: In an effort to avoid duplication, the narrative has been omitted here. Please see previous section.

COLLABORATION AND COORDINATION

✪ **Section IX. Application Narrative**

OSDH and OCAP plan to continue collaboration and coordination with the child and family systems listed above (in the annual report section).

Please check each agency or system that the CBCAP Lead will plan to collaborate and coordinate with in the upcoming year:

✓ State Child welfare agency
__ Differential response or alternative response systems
✓ Public health/ maternal and child health
✓ Education and special education
✓ Early childhood
✓ Home Visiting
✓ Substance abuse
✓ Mental health
✓ Domestic Violence
✓ Head Start/ Early Head Start
✓ Child care
__ TANF or Public assistance
✓ Tribal programs
✓ Fatherhood programs
✓ Other, please specify *(please see all of the above)*

(Please see previous section for the coordinating narratives describing collaboration and coordination of efforts for some of the items checked.)

Section X CRITERIA FOR FUNDED PROGRAMS

PREVENTION SERVICE ARRAY

- Annual Report Narrative

A Look at Oklahoma's Community-Based Child Abuse Prevention Network of Services

A comprehensive inventory of "Oklahoma's Community-Based Child Abuse Prevention Services" is included as "Appendix A" accompanying this report, including program description, funding source, numbers served, measurable outcomes, contact information, and so forth. The programs and services that were included are not inclusive of EVERY child abuse prevention program or related program in the state; however, the inventory does represent a majority of the larger programs and services that are available.

(*Please note: Information was gathered with due diligence from each of the program's lead agency. The Family Support and Prevention Service, a division of the Oklahoma State Department of Health, has made every attempt to share results, numbers, and program information that are both accurate and current.)*

Please refer to APPENDIX-A – Oklahoma's Child Abuse Prevention Network for complete details.

Needs Assessment

OSDH (MCH and FSPS) have collaborated in creating the ***Oklahoma Needs Assessment*** in response to the second phase of the Affordable Care Act - Maternal, Infant and Early Childhood Home Visitation Grant (MIECHV). It can be found as "Appendix B" and is a detailed global view of the needs of our state, looking at several critical indicators as they pertain to children and families.

Please refer to APPENDIX-B – Oklahoma Child Abuse Prevention Needs Assessment for complete details.

CRITERIA FOR FUNDED PROGRAMS

✪ Section X, Application Narrative

START RIGHT (OCAP) CRITERIA FOR FUNDED PROGRAMS

Certain selection criteria are used by the OSDH to prioritize the selection, development and funding of programs as a part of prevention network development. The Federal CBCAP funds used will be prioritized based on the child abuse and neglect prevention needs and goals identified by the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect*. Many 'areas of need' have been identified for development, maintenance and expansion:

- Training of Start Right providers in the Healthy Families America® approach (including family support and assessment), the Parents As Teachers® Born to Learn™ curriculum (prenatal to three years), and Circle of Parents©;
- Native American child abuse prevention program;
- Evaluation of the Start Right programs including the refinement of a web-based data collection system;
- Respite care for Start Right parents, for families with children with disabilities, for the promotion of healthy marriages and the development of parent leaders;
- Technical assistance to ITF, local task forces, multidisciplinary teams, and community-based family resource and support programs to develop the spectrum of child abuse and neglect prevention programs and activities;
- Collaborative work with ITF to develop parent leadership;
- Incorporation of fatherhood initiatives into family resource and support programs;
- Promotion of Child Abuse Prevention Month;
- Promotion of the Positive Fathering Initiative; and
- Development of the annual report.

COMMUNITY-BASED CHILD ABUSE PREVENTION PROGRAMS

HISTORY OF THE DEVELOPMENT OF FUNDED CHILD ABUSE PREVENTION PROGRAMS

Using federal funds, Oklahoma conducted a quasi-experimental trial of the Healthy Families America® model of home visitation from 1997-2000. Drs. Rex and Anne Culp of the University of Alabama were the primary investigators. The study compared families served by child abuse prevention programs at five sites with families with similar characteristics (age, ethnicity, educational level, and marital status) who did not have services available in six other sites. The longitudinal study followed the program participants and the contrast group from pregnancy until the child was 12 months of age.

Compared to the contrast group, model site mothers:

- reported using more appropriate birth control methods (measured at the baby's age of newborn, 6 months, and 12 months);
- reported smoking fewer cigarettes (measured at the baby's age of 6 months);
- were more organized at home (measured at the baby's age of 6 months);

- better understood some of the effects of smoking on their infants (measured at the baby's age of 6 and 12 months);
- had a more acute sense of self in some ways (measured at the baby's age of 6 and 12 months);
- used more community resources (measured at the baby's age of 6 and 12 months);
- were more accepting of their infants (measured at the baby's age of 6 and 12 months);
- had better understanding of infant developmental expectations (measured at the baby's age of 6 and 12 months);
- had a better understanding of the use of non-corporal punishment (measured at the baby's age of 6 and 12 months);
- had safer homes (measured at the baby's age of 12 months); and
- had fewer subsequent pregnancies (measured at the baby's age of 12 months).

Based upon the results of the trial, OCAP revised the program requirements of the Start Right programs for the following years, including the current contract cycle. Other modifications were made to the process in order to facilitate quality, accountability, and productivity, such as minimum qualifications of staff, expanded funding cycle (five years as opposed to one to three years), training requirements and minimum number of services based upon award amounts.

CURRENT REQUIREMENTS OF CAP FUNDED CHILD ABUSE PREVENTION PROGRAMS

A copy of the 'Invitation to Bid' for the state fiscal years 2008 – 2012 programs is included in the Attachments Section and contains the detailed description of the criteria for funded programs.

Potential contractors had to attend one of two bidder's conferences that were held in Oklahoma City and Tulsa. Every potential bidder, including faith-based organizations, had the same opportunity to equally compete for funding. All contractors were encouraged to promote father involvement, marriage/relationship building skills and partnership building with other community organizations, such as faith-based organizations.

The CAP Fund programs meet the Title II definition of a family resource and support program. The comprehensive services provided by the programs are:

- Home visits;
- Center-based support and education groups, including parent-child interaction playgroups;
- Parent-led support groups;
- Family events such as health fairs and public awareness activities;
- Community outreach to children and families;
- Family screenings and assessments;
- Child development screenings and assessments;
- Linkage to health care providers;
- Referral to community resources such as mental health care, drug and alcohol treatment, occupational and housing assistance, job training and counseling, domestic violence prevention, educational resources; and
- Additional support services such as transportation, childcare, respite care and life management skills education.

The foundation of services is home visitation, which is supplemented by center-based activities or community-based parent support groups, screenings and assessments, referrals to other community resources and additional services that may include transportation, interaction playgroups and respite care.

The programs serve families who enroll while expecting a baby and parents of newborns who enroll currently within one year after the birth of the baby, and who screen/assess positive for moderate to severe risk factors. The programs are voluntary. Families are served for up to six years.

In accordance with the *Oklahoma State Plan for the Prevention of Child Abuse and Neglect*, the OCAP issued an 'Invitation to Bid' containing specifications identifying the Healthy Families America® home visitation approach using the *Parents As Teacher* curricula, in conjunction with center-based activities, as the model to be followed by the contractors. The Healthy Families America® approach is defined by its twelve critical elements.

Prevent Child Abuse America's, Healthy Families® Initiative, Twelve Critical Elements

Initiation of Services
1. Services initiated before or within one year after birth of child.
2. Standardized assessment identifies families who would most benefit from the program.
3. Participation is voluntary.
Service Content
4. Services are offered intensively and decreasingly intensive over a long-term period of time.
5. Culturally competent services are offered.
6. Services focus on supporting the family, parent-child interaction, and child development.
Service Providers
7. Linkage to medical provider and additional services to be facilitated by the service providers.
8. Service providers should have limited caseloads to assure adequate amounts of time for each family.
9. Service providers should have the personal characteristics, willingness, and skills to do the job.
10. Service providers should have the education and/or experience necessary for working with at-risk families.
11. Service providers should have intensive training specific to their role in home visitation and family assessment.
12. Service providers should receive ongoing, effective supervision so they are able to develop realistic and effective plans to empower families and avoid unhealthy expectations.

Adherence to the elements ensures quality services, yet allows implementation flexibility to better meet the needs of individual families. Based upon the critical elements, their rationale and supporting literature and the evaluation requirements, the Start Right programs are funded at a minimum of $109,223 (state funds) and $115,000 (federal funds) with a required 11 percent local match for both.

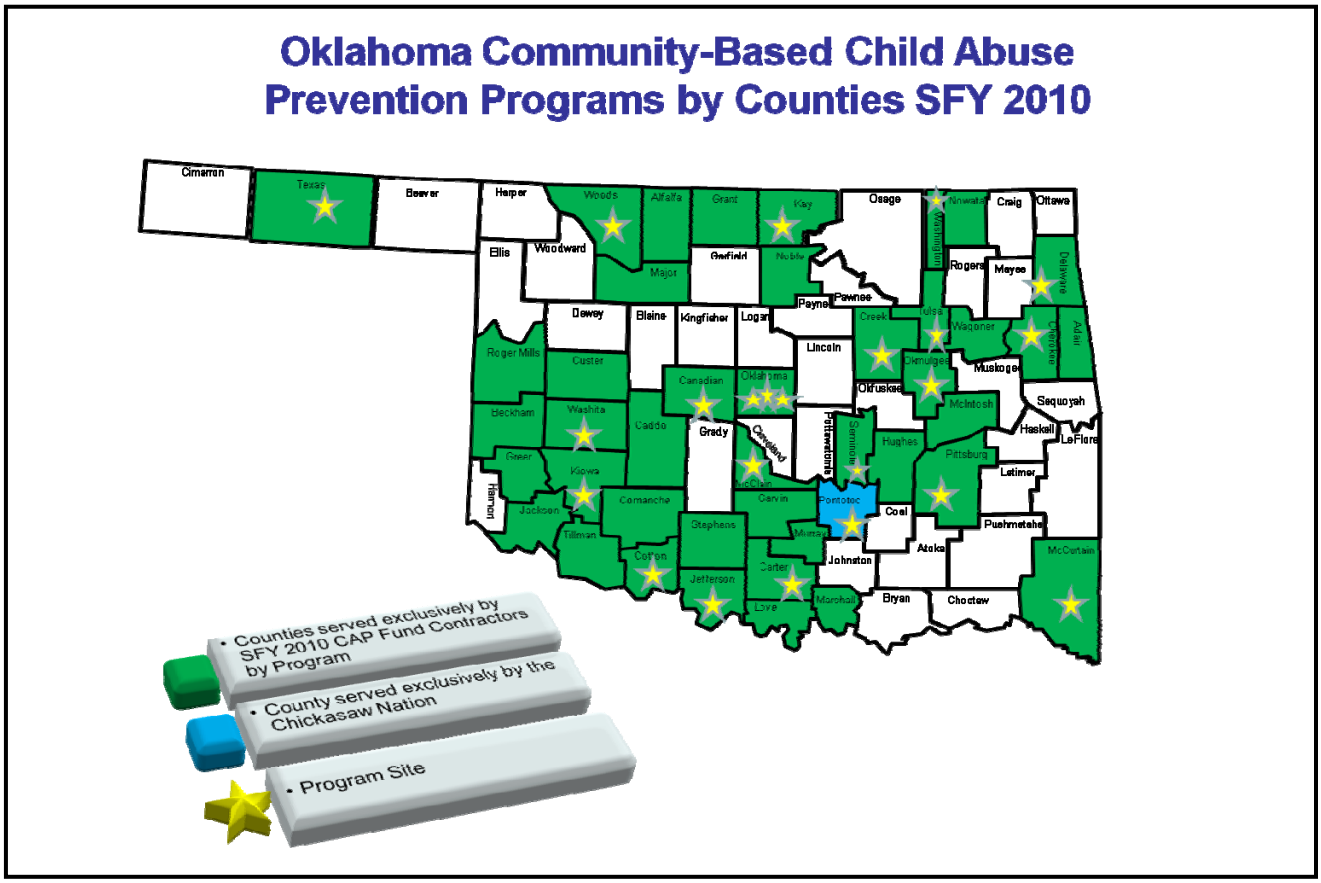
Core Funded Program (Full or Part time)   ***Staff Must Include***
Agency Administrator
Program Supervisor
Family Assessment Worker
Family Support Worker
Center-Based or Parent Support Group Services Leader

Clerical/Data Entry Staff

The minimum expected services provided by a Start Right program includes:

- 590 home visits;
- 39 families enrolled in home visitation;
- 43 follow-up family assessments;
- 47 family screenings;
- 1 Child Abuse Prevention Month public awareness activity;
- 2 public awareness activities;
- 1 hour of individual supervision per week to include both professional and administrative aspects of supervision;
- 4 hours of group supervision per month to include both professional and administrative aspects of supervision;
- 103 (Ages & Stages) child development screenings;
- 1 structured parent education group or community-based, parent-led parent support group;
- 2 family support events.

Start Right programs participate in the statewide evaluation that began in SFY 2000. A new set of evaluation and documentation instruments, based on a defined logic model, were also introduced in SFY 2008. Evaluation measures (quality assurance, program model fidelity, goal attainment and outcomes) are incorporated in numerous standardized data collection forms. Data entry into a web-based application began in October 2002.



FUTURE START RIGHT PROGRAMS AND ACTIVITIES

The Start Right contractors began their fourth year of a five-year renewable contract that began July 1, 2008.

Along with public comments, that were gathered via statewide public hearings and in written form (coordinated by the FSPS staff), and a new, comprehensive evaluation process, the Office of Child Abuse Prevention will assure there is an emphasis placed on the following efforts associated with home visitation services:

- Increased parent involvement by incorporating proven parent leadership practices;
- Increased partnering with early childcare and education organizations including Smart Start Oklahoma;
- Promoting the protective factors identified within the Strengthening Family Initiative;
- Increased collaboration with the Oklahoma State Department of Health's Child Guidance Service due to their parenting education and child development screening efforts; and
- Serving a broader range of at-risk families referred to the home-visitation services provided by OCAP.

CHILDREN FIRST
Oklahoma's Nurse Family Partnership Program

HISTORY

Children First was created in 1996 with the goal of reducing child abuse and neglect. To accomplish this, the State Legislature and the Oklahoma State Department of Health (OSDH) chose to implement the Nurse-Family Partnership (NFP) model of nurse home visitation services. This evidence-based model, founded by David Olds, PhD, has been researched for over 30 years and proven to deliver beneficial multi-generational outcomes and reduce the costs of long-term social service programs.

Pilot programs were implemented in February 1997, in Garfield, Garvin, Muskogee and Tulsa Counties. By October 1998, the program, delivered through Oklahoma's county health department system, had expanded statewide to serve clients in all 77 counties. At its peak in 2002, funding for Children First supported 270 nurse positions. Budget cuts have reduced funding to a level that currently supports 119 nurses.

SERVICES

Children First, Oklahoma's Nurse-Family Partnership, meets the Title IV definition of a family resource and support program. Services are delivered through OSDH administrative regions and through a contract with Tulsa City-County Health Department and Oklahoma City-County Health Department. The foundation of services for Children First is home visitation to low-income families expecting their first child. Services begin prior to the 29th week of pregnancy and may continue until the child is two years old.

Nurses partner with the family and their providers to achieve goals related to improving pregnancy and birth outcomes, maternal and child health and the family's self sufficiency goals. Services provided by the nurses include:

- Brief health assessments for mom and child;
- Child development screenings and assessments;
- Psychosocial assessments and screenings;
- Postpartum depression screenings;

- Assessments and observation of the parent-child relationship;
- Education and information related to healthy lifestyles, parenting, home and car safety;
- Linkage and referrals to health care providers, respite services, community resources such as mental health treatment, drug and alcohol treatment, educational and job training programs, housing services and domestic violence prevention programs; and
- Community outreach through family events and public awareness activities.

Services are implemented in accordance with the Nurse-Family Partnership Model Elements to ensure that program outcomes are comparable to those achieved at by the NFP benchmarks.

ELEMENTS OF THE NFP MODEL

CLIENTS

- Client participates voluntarily in the Nurse-Family Partnership program.
- Client is a first-time mother.
- Client meets low-income criteria at intake (less than 185% of Federal Poverty Line).
- Client is enrolled in the program early in her pregnancy and receives her first home visit no later than the end of week 28 of pregnancy.

INTERVENTION CONTEXT

- Client is visited one-to-one; one nurse home visitor to one first-time mother or family.
- Client is visited in her home.
- Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the Nurse-Family Partnership guidelines.

EXPECTATIONS OF THE NURSES AND SUPERVISORS

- Nurse home visitors and nurse supervisors are registered professional nurses.
- Nurse home visitors and nurse supervisors complete core educational sessions required by the Nurse-Family Partnership National Service Office and deliver the intervention with fidelity to the Nurse-Family Partnership model.

APPLICATION OF THE INTERVENTION

- Nurse home visitors, using professional knowledge, judgment and skill apply the Nurse-Family Partnership visit guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains.
- Nurse home visitors emphasize the self-efficacy, human ecology and attachment theories throughout the home visits.

REFLECTION AND CLINICAL SUPERVISION

- A full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors.
- Nurse supervisors provide nurse home visitor's clinical supervision with reflection. In addition, they demonstrate integration of the theories and facilitate professional development through specific

supervisory activities including one-to-one clinical supervision, case conferences, team meetings, and field supervision.

PROGRAM MONITORING AND USE OF DATA

- Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and use Nurse-Family Partnership reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality and demonstrate program fidelity.

Section XI OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

✪ Annual Report Narrative

(NOTE: In an effort to avoid duplication, please refer also to the Application Narrative below)

Many families benefited from the statewide network that is funded by the CBCAP grant. Public awareness campaigns implemented at the local level by local groups impact a large number of families that cannot be enumerated. Those campaign activities include: the use of display booths with educational materials exhibited across the state and materials sent to professionals and families at their request. A large number of families benefited from CAP Fund community-based family support programs that received training, monitoring, and assessing by the Family Support and Prevention Service.

For specific information regarding the Start Right Programs and the Children First Program, please see the attached annual reports referred to earlier.

CHILDREN WITH DISABILITIES

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

Child Guidance program staff, consists of speech-language pathologists, audiologists, child development specialists and psychologists, which worked collaboratively with the Start Right Programs and the Children First Program in order to provide in-depth child development assessments when needed. The Child Guidance staff are located at local county health departments.

Start Right Programs and Children First provided regular child development screenings and assessments for the children of enrolled families. When a possible developmental delay was detected, the families were referred to SoonerStart for further assessment and intervention. Services were coordinated at the local level so that the families received the services that most appropriately met their needs.

DIVERSITY OF FAMILIES

The diversity of families involved in the design, operation and evaluation of the programs included diverse populations, including fathers, Native American Tribes, childcare providers and families with mental health, domestic violence and substance abuse issues. It should be noted that in the past when the programs were being initiated, teen parents were asked their perspective regarding evaluation and Hispanic families have assisted with the translation of evaluation materials.

NATIVE AMERICAN PROGRAM

Intergovernmental agreement has been established and continues with the Chickasaw Nation, headquartered in Ada, Oklahoma. Under the agreement, the Nation is to provide child abuse prevention services to tribal members. The program provides culturally relevant services to their families. In addition to utilizing the Healthy Families approach and the Parents as Teachers curriculum, the Chickasaw Nation continues to offer

group sessions, teaching the Chickasaw language and hosting "Dream Catcher" parenting groups. These additional components reaffirm traditional customs while incorporating the best in parenting techniques.

OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

(Please also refer back to the early sections related to the Start Right (OCAP) programs, specifically the Chickasaw Nation Start Right Program site)

- **Section XI, Application Narrative**

During the next grant cycle, there will be a renewed effort on outreach for the lead agency as well as the CBCAP programs utilizing some of the "reframing techniques" promoted by Prevent Child Abuse America's latest research. Many action steps will be taken to maximize the participation of racial and ethnic minorities and members of other under-served or under-represented groups, including fathers, teens and parents with mild to moderate disabilities.

SPECIAL POPULATIONS

NATIVE AMERICAN POPULATION

Start Right Program (utilizing CBCAP funds) - Oklahoma has one of the largest populations of Native Americans in the United States. CBCAP dollars have allowed an intergovernmental agreement to be awarded to the Chickasaw Tribe. The current agreement is for a five-year period ending Sept. 30, 2012, contingent upon funding. The Native American program follows the same requirements specified in the ITB (noted in previous section).

HISPANIC POPULATION

Start Right Program – The Latino Community Development Agency (LCDA) was founded in 1991 as a community response to the needs in the Hispanic community. The mission of the agency is "working to enhance the quality of life of the Latino community through education, leadership, services and advocacy". Services offered at LCDA are focused on social, educational and economic needs of the community. LCDA serves as a point of contact for and with a number of agencies and Hispanic individuals in need of services. Our goal is to form partnerships and link individuals in need with the resources available in the community, fill the gaps in services by exploring funding sources to meet the needs of a growing Latino population. During the last decade, Latinos accounted for 50.5% of the overall U.S. population growth. By 2050, the U.S. Census Bureau estimates that Latinos will make up 25% of the entire U.S. population and 50% of the K-12 population. In Oklahoma City Public Schools, Latinos already comprise 43% of the K-12 population.

LCDA offers 22 programs in four different categories: prevention, health, treatment and child development. LCDA strives to offer effective services with qualified bilingual and bicultural staff.

Other Start Right Programs – In addition to the Latino Community Development Agency, seven other Start Right Programs have bilingual staff, which enables them to provide program services to families who speak either English or Spanish. Those programs serve a total of 16 Oklahoma counties.

Children First Program – Nurses partnered with local Tribes to provide visits to mothers on Tribal lands. The program also offers bilingual nurses and/or translators.

RESPITE CARE

Federal CBCAP dollars will be used to provide respite care to families enrolled in the Start Right and Children First Programs that are identified as overly stressed and at high-risk for child maltreatment. The program staff is trained on how to assist the families in accessing the respite system. Approved families will be issued respite vouchers and will negotiate the terms of the care with care providers whom they chose.

Respite care providers are paid through the Oklahoma Department of Human Service's voucher system. The voucher system procedure is as follows:

- Parents receive a $100 voucher packet for a three month or 90 day period.
- Families are eligible to receive respite for up to three quarters per year or nine months.
- Each new quarter request must be obtained by submitting a new approval through the supervisor at the local program.
- Parents negotiate the payment rate with the respite care provider and are considered the employer.
- Payment may be hourly, daily or weekly.
- A voucher form is filled out by the parent and given to the respite care provider.
- The respite care provider mails the voucher to the Oklahoma Department of Human Services for reimbursement.
- Voucher packets contain six vouchers. The caregiver is instructed that the vouchers may be used as long as the total amount of all six does not exceed the $100 amount.
- If a parent/caregiver pays a respite care provider $600 or more in a calendar year, the provider would receive a 1099 for tax reporting purposes.
- A Social Security Number must be provided for the provider.
- The provider that actually provides respite care to the care recipient is the only one who can receive the respite care reimbursement.
- Respite care providers are not allowed to return any portion of the money they receive for providing care back to the caregiver or split money with the caregiver.

PARENTS WITH MILD TO MODERATE DISABILITIES

The prevention of child abuse among families with issues of disabilities is a concern in Oklahoma as well as the rest of the nation. Multiple-need families often fall within a blurred area between prevention and treatment. The child abuse prevention programs may be focused on improving parenting skills, enhancing parent-child interaction and providing referrals to other appropriate community resources. However, depending on the severity of the issues, the family's presenting issues may overshadow the efforts of the programs. Start Right and Children First will continue to work in conjunction with other state agencies and private organizations in providing an appropriate system of referrals, develop resources and assure appropriate prevention models for those who need higher levels or assistance.

CBCAP funding is utilized to partner with state conferences, which provide participant training opportunities to staff involved with SoonerStart, Oklahoma's early intervention program, including both the Conference on

Child Abuse and Neglect and the Family Matters Conference. Other training opportunities may be available and provided, depending on events and trainings during the year.

It is worth noting that Safe Care, an enhanced home visiting program, serving families at a much higher risk level that those participating in Start Right, has become an adjunct service at the Latino Community Development agency. Specially trained professionals work with parents for a maximum of six months helping to stabilize the family. During the initial screening, a family is referred either to Start Right or Safe Care. If the family accepts enrollment in Safe Care they often transition to the Start Right program.

FATHERHOOD INITIATIVE

(Fatherhood covered in the next section – PLANS FOR PARENT INVOLVEMENT)

NDIRITU FAMILY STORY
A FATHER'S STORY

When Karen DeBella, a Children First Nurse in Tulsa County began visiting the Nbiritu Family, she had no idea the positive impact she would make on this family over the next two and a half years. In fact, although she thoroughly enjoyed interacting with Grace and her child, Karen didn't realize how important her visits were to Masuka (Grace's husband) until it was time for the family to graduate from the program.

Upon graduation, Masaku explained that in Kenya, the family's country of origin, men do not usually participate in the daily rearing of their children. Masaku never experienced a relationship with his own father because, in his culture, a father's job was to go to work and take care of the family's needs. Masaku did not feel that he had the skills necessary to care for his child. He told Karen he did not know "how" to be a father since he had no example to follow. He told Karen that it meant so much to him to be able to have a nurse come into his home and help him understand about how to care for his child and learn what kinds of things he could do to interact with his child. Masaku said that, especially in the early postpartum period, Grace was very stressed out in her new role and had no family close by to help her. Masaku would become very excited in anticipating Karen's visits, because then he knew everything was going to be okay.

The Ndiritu has had their 2nd child since graduating from Children First, Masaku expressed that he felt so much more comfortable knowing what to expect and how to interact with the new baby. He said that he was very grateful for the Children First program and doesn't know how he would have managed without it!

Karen DeBella has worked as a Children First nurse for the past 8 years. Karen continues to provide the families she visits with information, education and a spirit of commitment to the vision of Children First.

(NOTE: In an effort to avoid duplication, please also see Annual Report Narrative above)

Section XII PLANS FOR PARENT LEADERSHIP AND INVOLVEMENT

PLANS FOR PARENT LEADERSHIP AND INVOLVEMENT

✪ Annual Report Narrative

The Start Right Programs were required to have at least two parents (current or former recipients of program services) on their advisory councils. The Start Right contracts no longer require advisory councils, but many sites continue to participate in local councils that guide, direct and assess community needs. The ITF has amended the by-laws to create additional parent seats on the ITF.

CIRCLE OF PARENTS® is a component of the Start Right programs, which is a nation-wide organization based on the premise that parent leadership empowers families to affect change within the family unit. Circle of Parents provides peer support in dealing with situations unique to at-risk families and resource poor communities. Circle of Parents allows for parent involvement by members organizing the support group with a focus on special interests or parenting in general, setting weekly or monthly agendas, and accessing resources through a co-facilitator usually connected with a local service agency. It is a parent-led, parent-driven effort to provide immediate, local and personal support to families sharing similar experiences and challenges raising children and strengthening families. The OCAP requires of Start Right programs, the choice of offering program participants a series of structured parent education sessions, or the development of a Circle of Parents support group.

The OCAP contracted with Circle of Parents during SFY 2010 for $1,500 for consultation, updates and materials, and the annual membership fee for affiliation in their national network.

FATHERHOOD INITIATIVE

The Statewide Network is working to engage fathers at all levels. When available and possible, the Family Support and Prevention Service continue to provide fatherhood-training opportunities to the Start Right contractors, Children First, SoonerStart, and Child Guidance staff. Open enrollment to other agencies and organizations within the prevention network may also be allowed.

Recommendations for the community level programs include developing education and parenting groups based on the father's point of view and incorporate the groups into center-based activities.

Efforts will include assisting community-based family resource and support programs, Children First and Child Guidance in providing services for fathers including:

- Home visits using a child development curriculum;
- Center-based support services for fathers and parents;
- Center-based education services using marriage strengthening/communication curriculums;
- Referrals to other community agencies and services;
- Workshops on family planning, HIV/STD and tobacco prevention;
- Father-focused resource materials.

Annually, some funds are dedicated to providing fatherhood state of the art resources to share throughout the community and the above listed programs.

For specific, programmatic fatherhood events, see next page.

Start Right Sampling of Local Fatherhood Efforts

Several of the Start Right programs across the state were involved in Fatherhood Initiatives and father-focused events and activities during FFY10. Partial samplings of these events are included below:

START RIGHT PROGRAM	DATE	EVENT
Latino Development Agency	April 27, 2010	Physical and Behavioral Indicators of Child Abuse and Neglect; 27 fathers participated
	June 15, 2010	For Father's Day, Latino Agency provided a presentation for fathers. The presentation was motivational with the objective of encouraging fathers to be more active in their children's lives, and to help enhance their parenting skills.
		One single father is enrolled in the Latino Agency's home visitation program. Twenty-seven fathers have been participating in the home visits and family support events.
Center for Children and Families		32 fathers were involved in the assessment process, and were present during home visits. Fathers learned about child development, fun play activities to promote learning and attachment, nutrition, safety, and basic baby/child care issues. They learned out to provide infant massage, how to support breastfeeding mothers, and how to effectively set limits with their young children. Fathers-to-be learned how to support mothers during pregnancy, and preparing for child birth. Fathers also learned about financial support and were assisted in goal setting.
McCurtain County Health Department	Within SFY 2010	32 fathers participated in Circle of Parents meetings "Directions for Dad" compact disks were provided fathers on a Fathers' Day activity; Fathers were the main attraction at a Christmas activity at a center-based meeting of parents; a total of 7 center-based special events were provided families during the fiscal year that involved fathers specifically
Oklahoma State University Cooperative Extension Service – Delaware County	Dec. 2009, Dec. 2010	Couples activities special parent involvement and learning activities, "Newlywed Game" format
	Nov. 1 – Dec. 7, 2009; January 25 – March 18, 2010	16 fathers attending parent education classes 12 sessions of parent education classes of only fathers
Chickasaw Nation	June 2010	June was dedicated to fathers and positive male role models. Men attended, presented, and interacted with children at the center-based groups. Weekly drawings for the participating men were held; special presentation on other males filling the father role was presented to tribal members; "Overcoming Obstacles" presentation on promoting male interaction with their families and children; "Father Appreciation Picnic" was conducted during June, 2010; children worked with fathers creating a Gorgette, a traditional Chickasaw chest piece and symbol of honor at one event
	Sept. 2010	Special Saturday event held as a day of activities focused on family involvement and interaction at the Jasmine Moran Children's Museum with transportation provided; father involvement addressed regularly at monthly council meetings with assessments and discussion on approaches to better engage fathers.

PLANS FOR PARENT LEADERSHIP AND INVOLVEMENT

✪ Section XII, Application Narrative

Efforts to involve families who are participating in the child abuse prevention programs will be continued with the Federal CBCAP funds. As mentioned, the funded child abuse prevention programs include parents who are currently being served or newly recruited families. Parents are encouraged to take active roles in program monitoring and quality improvement through participation in the new evaluation instruments that were introduced in SFY 2008.

Start Right acknowledges and embraces parent leadership and will continue to infuse the prevention network and funded child abuse prevention programs with strategies, training and opportunities geared toward promoting the role of parent leadership. During this coming fiscal year, the Office of Child Abuse Prevention will provide structure for parental involvement with our programs by exploring nationally recognized and evaluated models that can be incorporated into our ongoing efforts, and continuing to implement the Circle of Parents® national support group in several of our programs. In addition, parent leadership and involvement will be more thoroughly discussed in the training and technical assistance section of this application, especially at the Family Matters Conference. The Office of Child Abuse Prevention has continued an option introduced in SFY and FFY 2009 that allows parents to help develop and co-facilitate local parent support groups. *Circle of Parents®* national network is the model chosen by Start Right. This program promotes parent leadership by setting meeting agendas, introducing family support and child development experts to group and other community members, and provides a forum for families to share on a regular basis, the trials and successes of the most important task of child-rearing.

Parent Involvement is also a priority for our Oklahoma State Interagency Task Force for the Prevention of Child Abuse (ITF) with members actively providing critical input and participating on creation of the Oklahoma State Plan for the Prevention of Child Abuse and Neglect. As of July 2007, the law regarding representative seats for the ITF changed, increasing the parent seats from one to three (with one of those being a parent currently receiving services through SafeCare/SafeCare+ (Oklahoma's high risk program). Integration into the ITF network for new members (including parent seats) consists of the following:

- ITF/OCAP overview orientation session;
- ITF orientation manual;
- Invitation to participate in the Child Abuse Prevention Day at the Capitol (accompanied by Start Right staff);
- Personal consultation with OCAP staff on an as needed basis;
- Additionally, an ITF member will mentor each new parent member so that he/she is more comfortable in participating at the ITF meetings.

Parents who fill ITF seats (along with every ITF member) are offered training opportunities throughout the year as well as attendance to the ITF retreat (when applicable).

In addition to parent involvement via parent representatives serving on the ITF, specific parent input is elicited for review of the Oklahoma State Plan for the Prevention of Child Abuse and Neglect with the last submission to the Governor taking place on July 1, 2009 (renewing on a five-year cycle).

Section XIII

PLAN FOR SUPPORT, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION ASSISTANCE

PLAN FOR SUPPORT, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION ASSISTANCE

✪ **Annual Report Narrative**

(NOTE: In an effort to avoid duplication, please refer also to the Application Narrative below)

GENERAL TRAINING AND TECHNICAL ASSISTANCE ACROSS NETWORKS

The Annual Child Abuse and Neglect and Healthy Families Oklahoma Conference

The Center on Child Abuse and Neglect and OSDH co-sponsor this annual event. In addition to providing co-sponsorship, OSDH utilizes this conference to provide training to staff that work in various family support programs and ITF members. Consistent with years passed, CBCAP funds were utilized to co-sponsor the 18th Annual Conference on Child Abuse and Neglect/Healthy Families Oklahoma Conference, funding scholarships for 48 participants. This three-day conference is organized by The University of Oklahoma's Center on Child Abuse and Neglect. This year's conference was held August 31 – September 2, 2010 at the Embassy Suites Hotel and Convention Center, Norman, OK. Approximately 483 individuals attended all or part of this yearly event, including 338 registered participants, 53 speakers, and 42 volunteers and staff. A variety of continuing education credits were offered for attorneys, social workers, psychologists, counselors, and others. Attendees included prevention specialists, child development specialists, mental health professionals, attorneys, child welfare workers, psychologists, and more. The workshops offered were as diverse as the attendees. In an effort to expand the number of our network partners that could attend this excellent conference, OCAP negotiated for a special registration rate and then utilized CBCAP funds to cover 48 registration scholarships. Professionals from the Start Right programs, Children First, SoonerStart (Oklahoma's early intervention program), Maternal and Child Health, the Women Infants and Children (WIC) Program, Child Guidance and the state Dental Program as well as others from the child protection systems attended on the CBCAP scholarships.

The Annual Family Matters Conference

The annual Family Matters Conference is also sponsored through collaboration of the Office of Child Abuse Prevention (OSDH) and the Oklahoma Family Resource Coalition (OFRC). The FY10 conference was held on March 26, 2010 at the Tulsa Marriott Southern Hills. Approximately 156 participants attended the conference with Robert Brooks, Ph.D., serving as the keynote. Dr. Brooks is a leading speaker on the themes of resilience, self-esteem, motivation, and family relationships with 30 years of experience. His presentation was titled, "Challenging Children/Worried Parents". Several other breakout sessions on a variety of parent education topics were offered in addition to the keynote address.

During the conference award presentation ceremony, one of the FSPS staff was honored with the annual FAMILY MATTERS award.

Please see **ATTACHMENT FOLDER 4** for conference brochures.
Attachment Folder 4: MISCELLENEOUS ITEMS/CONFERENCES
1) 19th Annual Oklahoma Conference on Child Abuse and Neglect Brochure
2) 2010 Family Matters Conference Brochure

OKLAHOMA INSTITUTE FOR CHILD ADVOCACY LEGISLATIVE FALL FORUM

The Oklahoma Institute for Child Advocacy (OICA) annually hosts the Fall Children's Legislative Forum. Hundreds of Oklahoma child advocates convene to study, discuss, and debate children's issues. Next, through a democratic voting process, the advocates prioritize legislative/policy action on behalf of Oklahoma's children. The goal of the Forum is to strategically develop the action plan so advocates can lead their elected officials, and other decision makers/opinion leaders, to positive policy changes resulting in the outcomes Oklahoma children deserve. In 2010 the advocates developed a set of "Guiding Principles" that laid the foundational framing for Oklahoma elected officials, agency heads and opinion leaders to use as their starting point from which children's policy decisions develop.

THE OKLAHOMA STRENGTHENING FAMILIES INITIATIVE EVALUATION ASSISTANCE AND TRAINING

Oklahoma has received a grant from the National Alliance of Children's Trust and Prevention Funds to evaluate the community impact of Strengthening Families. The evaluation will investigate the necessary "ingredients" for a successful community-level initiative and the impact it has. Through this effort, Oklahoma will construct a toolkit about the "how-to's" of starting Strengthening Families efforts at the community level. The final analysis will be completed by late spring 2011.

START RIGHT AND CHILDREN FIRST TRAINING AND TECHNICAL ASSISTANCE

Start Right and Children First provided many training events for their program staff – often jointly. The training events and workshops were held in order to increase the knowledge of prevention specialists and increase the capacity of local programs to provide quality and effective services. The trainings were provided at no cost to the staff – very beneficial for programs that operate on very tight or restrictive budgets.

These Healthy Families America-related trainings were held for Start Right Programs during the FY2010:

- Training sessions were provided on the HFA model, family assessment, family support and program supervision to Start Right program staff.
- The Start Right programs continued utilizing the Ages and Stages Questionnaires (ASQ), with ongoing training to OCAP program staff. Two trainings were held using this screening tool to train staff on the administration of the Ages and Stages Questionnaires (ASQ) and Ages and Stages Questionnaires: Social-Emotional (ASQ:SE). One important emphasis of the training was using the screening results to make appropriate referrals. A total of 11 staff attended the trainings.

  The Start Right Program conducted one Circle of Parents training session. Circle of Parents is a model for ongoing support meetings with parent leadership. Training participants included both program staff and community members. **Sept. 8, 2010)**

In addition, presenters from Oklahoma State Department of Health service divisions and other agencies provided the following Required Supplemental Training throughout the year to Start Right program staff:

- Parent-Child Attachment (one four hour sessions – 35 attendees)
- Child Lead Screening (two one hour sessions – 22 attendees)
- Postpartum Depression (one one hour sessions – 13 attendees)
- Adoption (one four hour session – 19 attendees)

- Substance Abuse (one four hour session – 34 attendees)
- Domestic Violence (two four hour session – 22 attendees)
- Grief (three four hour session – 37 attendees)
- Breastfeeding, Nutrition & Physical Activity (one two hour session – 43 attendees)
- Child Abuse-Medical Examiner-Training (one twelve hour session – 27 attendees)
- Car Seat Safety (two one hour sessions – 15 attendees)
- Family Planning (two one hour sessions – 9 attendees)
- Home Safety (two one hour sessions – 15 attendees)
- Home Visitor Safety (two two hour sessions – 15 attendees)
- Tobacco Cessation (two one hour sessions – 16 attendees)

START RIGHT

Technical Assistance and Quality Assurance

Start Right staff provided additional training for the community which included: Child Development Training for the Oklahoma Coalition for Domestic Violence; Home Visitor Safety for the Oklahoma Health Care Authority; and Child Abuse and Neglect Prevention for the Exchange Club of Norman. Start Right consultants and evaluation staff provided technical assistance for various elements of program maintenance that included but were not limited to data entry, documentation, caseload management and retention prioritizing. Site visits were completed throughout the year, with follow-up visits and communication to those agencies needing special assistance.

Quarterly, mid-year, and annual numerical and narrative reports were submitted per a required schedule defined in the Contract Procedure Manual. Special training was required of each program site staff that included core training and enhanced service provision education such as domestic violence, safety for home visitors, lead screening, tobacco cessation, postpartum depression, adoption training, Medicaid/TANF, grief, attachment, car seat safety, and a variety of other courses designed to prepare workers to effectively interact with an increasingly higher risk population. Continuing data for future assessment of trends in behavior changes in five long-term outcome domains were documented: Primary Caregiver Health, Child Health and Development, Family Stability, Positive Parenting & Parent-Child Interaction, and Family Safety. Evaluation also included reference to DHS statistics on child abuse prevention reports, and identified which Start Right families were involved. This provided baseline information in tracking future involvement with DHS referrals with current families as well as parents newly participating in the Start Right program. Child development screenings, changes in program level status, and referrals to outside resources were also documented throughout the contract year. The majority of contractors were in compliance with program service and financial requirements.

Program Evaluation Training

A onetime comprehensive training was provided to contractors on evaluation and documentation during the annual contractor meetings. The training was conducted via videoconference to reinforce and reintroduce the Start Right evaluation forms to newly hired staff. The training was attended by the family support workers, assessment workers, program supervisors, data entry clerks and agency administrators of the

funded child abuse prevention programs. Training also consisted of a review of the Start Right logic model, evaluation forms, and evaluation protocol.

The OCAP ensured that each contractor possessed an evaluation manual that described program evaluation, process and outcome data, qualitative and quantitative data, logic model for Start Right programs, measures of success, and the description and use of the evaluation forms.

Evaluation Database Training

During FFY10, individual consultation and specialized training was provided as needed on the operation of the Oklahoma Child Abuse Prevention Program Application (OCAPPA) database. OCAPPA is the web-based application that is used to gather and report the evaluation data for the Start Right programs.

Each program was given an Oklahoma Child Abuse Prevention Program Application (OCAPPA) User's Guide that described the application, access to the system, process of entry, and managing staff/program information.

For programs that experience trouble with the system, on-site training and technical support were also available through the OSDH information technology department.

CHILDREN FIRST TRAINING

To build competency in providing home visitation services, assure fidelity to the Nurse Family Partnership model and meet the requirements outlined in the Oklahoma Health Care Authority contract, Children First nurses are required to attend core trainings as listed below and meet annual continuing education requirements.

Children First provided core trainings for 2 new nurse home visitors and 4 new nurse supervisors hired during SFY10. The low number of new nurses trained reflects low staff turnover and budget constraints during this period.

Training for new nurses included:

- NFP Units 1, 2, 3 - NFP Model, Motivational Interviewing and Partners in Parenting Education
- NFP Unit 4 (for supervisors only) – Reflective Supervision and Motivational Interviewing
- Training I – NFP Model , Therapeutic Relationships, Stages of Change, Motivational Interviewing, Home Visitor Safety, Maternal Health Assessment, Family Planning, Labor and Delivery, Postpartum Health Assessment, Maternal Depression, Program Guidelines, Documentation and Nursing Case Management;
- Training II – Infant and Toddler Assessment, Infant and Toddler Growth and Development, Ages and Stages, Keys to Caregiving and Newborn Screening;
- Training III – NFP Model, Reflective Practice, Concerns Based Adaptation Model, Therapeutic Relationships, Approaches to Problem Solving and Behavior Change, Program Guidelines, Documentation and Partners in Parenting Education;
- NCAST – Feeding and Teaching Scales;
- Breastfeeding Educator Training.

New nurses are also required to complete agency required training in Public Health Nurse Orientation, Sudden Infant Death Syndrome, Cultural Competency and Ethics.

In order to promote consistency in training content, Children First and Start Right co-sponsored the following trainings for all new providers.

- Adoption
- Attachment
- Car Seat Safety
- Child Abuse Medical Examiner
- Domestic Violence
- Grief
- Medicaid/TANF
- Paternity/Legal
- Newborn Screening and Assessment (Hearing and Lead Screening, Metabolic Testing and Genetics)
- Substance Abuse

All nurses employed one or more years are required to attend 12 hours of continuing education annually to fulfill the Oklahoma Health Care Authority (OK Medicaid Agency) Nursing Assessment contract requirements. In SFY10 nurses received training in Motivational Interviewing.

Lead nurse meetings were held every other month using the Webinar format to provide program updates and address common supervisory issues.

Technical Assistance and Quality Assurance

C1 State Nurse Consultants (SNCs) work closely with C1 teams at the county level to ensure fidelity to the NFP model and adherence to Agency standards. SNCs utilized a standard site visit tool to assess the strengths and identify areas of improvement for local programs implementing the NFP model. SNCs provided technical assistance on specific topics such as documentation, nursing case management, caseload management, utilizing NFP Visit Guidelines and additional topics as requested by the site. Site visits were completed for Tulsa and Oklahoma Counties and nine other county health department sites. Comprehensive reports were provided to each site and supervisors provided corrective action plans to address findings and recommendations for improvement. Follow-up technical assistance was provided as necessary.

Additionally, all Lead Nurses completed quarterly record audits as outlined in the Lead Nurse Manual. Two audits provided a general review of the client/child record and two focused on appropriate nursing documentation and Postpartum Depression.

✪ **Section XIII, Application Narrative:**

(NOTE: In an effort to avoid duplication, please also see Annual Report Narrative above)

TRAINING AND SUPPORT OPPORTUNIES (IN GENERAL)

THE ANNUAL OKLAHOMA CHILD ABUSE AND NEGLECT CONFERENCE

A statewide training conference will be held to promote the prevention of child abuse. This annual event will provide a 3-day opportunity for family resource and support service providers, ITF members (including parent participants), child welfare workers and child abuse prevention workers from across the State to benefit from each other's experiences and the experiences of professionals from across the nation. Basic, intermediate and advanced training and skills-related topics will be presented. Workshops on a variety of meaningful topics will be presented. OCAP will use the federal funds to provide speakers and most importantly scholarships to child abuse prevention program staff, as well as staff from Children First, Child Guidance and SoonerStart and members of the ITF, local task forces, CATCC and MDTs from across the state.

FAMILY MATTERS CONFERENCE

The OCAP will use Federal funds to co-sponsor, in conjunction with the Oklahoma Family Resource Coalition and the Oklahoma Department of Education (SDE), the Family Matters Conference. Family Matters is a one-day conference focusing on parent education for family resource and support program home visitors, including child abuse prevention programs, infant mortality reduction programs, Early Head Start, Children First and Oklahoma *Parents As Teachers*. OCAP will work to provide a parent leadership track for the conference in 2012 and provide scholarships for parent leaders from the funded child abuse prevention programs as well as those serving on the ITF.

STATE PLANNING RETREAT

Annually or bi-annually, OCAP sponsors a planning retreat for the ITF, community networks, local task forces, and other prevention programs. The retreat provides an opportunity for networking, coordinating, and planning for the fulfillment of the ***Oklahoma State Plan for the Prevention of Child Abuse and Neglect*** as well as fine-tuning various campaigns and events already in place regarding raising awareness and the prevention of child abuse and neglect. The retreat falls under the Oklahoma Open Meeting Act.

START RIGHT

Support, Training, Technical Assistance and Evaluation Assistance

During the grant cycle (10/01/09 to 9/30/10), Start Right has provided and will continue to provide support, training, and technical assistance for the development, operation and enhancement of community-based, child abuse prevention. The contractual period for the community-based child abuse prevention programs began July – 2008 and concludes in June – 2012. Funded programs, including the Native American programs, are required to have substantial pre-service training their staff must complete before providing services. Utilizing resources made available by the Federal grant program, technical assistance and consultation on training issues, primarily focusing on understanding, appreciation and knowledge of diverse populations and the promotion of strong families will continue to be sought.

Program Consultants

The OCAP Program Consultants will provide consultation and technical assistance to the funded child abuse prevention programs to assure quality and best practice services. The Start Right staff will continue to provide technical assistance to the ITF and local task forces to develop interagency cooperation, private-public agency collaboration, networking of family resource and support programs, and the continuum of child abuse prevention services. The Start Right will continue training and providing technical assistance to the funded child abuse prevention programs, local task forces, and parents on reaping the benefits of parental experience on local task forces and program advisory boards. Technical assistance will be provided by the Start Right Program Consultants via site visits, general meetings, telephone consultation or e-mail exchange and in specialized efforts.

Healthy Families America® Training

With two of the OCAP staff being nationally certified Healthy Families America® trainers (for family support worker or family assessment worker, and prenatal tracks), the OCAP will provide in-state, low-cost Healthy Families America® training required for the funded programs. The OCAP Program Consultants will continue to provide core training for family support workers and family assessment workers, supervisory training for program managers, and prenatal training for home visitors who staff the funded child abuse prevention programs. For a fee, OCAP retains the rights to copy the Healthy Families America® training manuals for the funded child abuse prevention programs to further decrease the cost of prevention program implementation.

New developments in the Healthy Families America curriculum development and training routine begun during the SFY 2011 funding period, and may impact future use of materials, training, and affiliation with the Start Right program as it continues to provide services in Oklahoma to at-risk families.

Maddie, Kiowa County – December 2010

Madison Lamb is not a statistic. Madison is sweet, social, happy, active baby who has two parents that love and care for her. Madison is not a statistic, but she could have been.

Monica Lewis was pregnant with Madison when her mother passed away. Monica was very close to her mother and she was Monica's only support system besides Paul Lamb, Madison' father. When Monica's mother passed away, she was devastated and almost inconsolable. Monica's doctor prescribed her a medication that would calm her down and she took it. When Madison was born, that medication showed up in Monica's urine and so Madison was taken away. Monica and Paul were beside themselves with grief that they had lost their little girl , they were going to do whatever it took to get her back. The Beckham County Department of Human Services told them that, among other things, they were to take a parenting class to get Madison back. DHS called our office and told us about this family and I was assigned as their Family Support Worker.

Through the visits, I saw Monica and Paul become surer of themselves as parents. Monica didn't doubt her parenting skills when other's questioned it because, according to Monica, "I have the information you gave me and I can refer to it whenever I am in doubt."

After several months, the DHS case was closed but Monica and Paul chose to continue Start Right in their home because of all of the help and information they had received.

Around Christmas, an upset Monica called me because her electricity was about to be shut off. Paul worked full time, but he was on commission and the paychecks had been smaller. I gave Monica some numbers to call to try and find some financial assistance. After I hung up with her, I continued to do some calling and asking of my own. Monica called me the next day so happy and relieved because one of the numbers I had given her led to help.

Monica, Paul and Madison all live in Washita County, now. They moved to a better house and are working hard to give Madison a great family life. I still see them twice a month and am just so proud at what great strides they have taken.

I recently told Monica and Paul about the possibility of our program closing due to budget cuts. Monica became very upset. She said, "I am just sad because you have helped us so much. If it wasn't for you, we probably wouldn't have our Madison with us. It also makes me sad for other families who won't be able to use this program. Don't they know that there aren't any other programs like this out here?"

by Dori Lientz, Family Support Worker

Parents as Teachers® Training

Start Right collaborates with the Oklahoma Department of Education (SDE) in providing curricula and other types of training for home visitors with child abuse prevention programs and school-readiness programs. Start Right requires the funded child abuse prevention programs to use the Parents As Teachers® curricula in home visitation. The SDE uses the Parents As Teachers® curricula, Born to Learn™, in certain school districts where small programs are funded. Start Right and SDE work together to foster closer working relationships at the community-level. Collaborative relationships at the community level ensure that programs serve families that best fit their needs. Start Right and SDE will continue to work together to present combined Parents As Teachers® Born to Learn™ training events (when available and contingent on contractor funding levels) and family support conferences.

Other Training

Start Right will also require of supervisors and field staff, specialized trainings through the prevention network. Often, the child abuse prevention programs hold special curricula or other training (such as, pregnancy-related issues training) and open the enrollment to other agencies and organizations within the prevention network. Funded child abuse prevention programs often train using local resources such as physicians, hospitals, vocational technology centers, and contractors for special programs and trainings. Start Right sponsored training is often open to Children First Program staff. Specific training on areas of needs is described in the following paragraphs.

Annual Contractors Meeting

At the beginning of each State Fiscal Year (SFY), the Start Right Program staff gathers for an annual meeting sponsored by OCAP. Program supervisors, home visitors, assessment workers, agency administrators and financial staff receive an update of the financial and administrative procedures for the upcoming year as well as revised procedure manuals. Additionally, updates are given for the program areas of respite, data collection, home visitation, parent leadership and evaluation.

Program Supervisors Meeting

Midway through the SFY, program supervisors and other staff from the Start Right programs meet to network and to obtain additional consultation and training. Last year, the meeting was held jointly with the Children First and other home visitation programs.

Staff Training

In order to provide research-based or best practices services and use up-to-date methods of training, engagement and network building, the Start Right staff must keep current with national programs and emerging practices. To facilitate the continuing education of the Start Right program consultants, director, and epidemiologist, the staff will use the Federal Funds to attend the following training and conferences:

- Prevent Child Abuse America National Conference held in conjunction with the Healthy Families America® Advanced Training – two Start Right program consultants that are certified trainers are required to attend to maintain certification.

- National Fatherhood Conference – contingent upon funding one OCAP program consultant will attend, funding permitting, the national conference to bring back to Oklahoma new ideas and research results from other states.
- National Alliance of Children's Trust Funds Annual Meeting – a representative of OCAP will attend the annual meeting of the Trust Fund Alliance to maintain networking and idea development.
- Other national conferences – representatives of Start Right may attend the conference to identify emerging practices and relevant research in the area of family resource and support.

Seven Challenges Curricula

Seven Challenges: *Parenting Young Children*
Family Toolkit: *Raising Positive Parents*

The 7 Challenges Curriculum is based on the research of Dr. Barton D. Schmitt, Associate Professor of Pediatrics, University of Colorado School of Medicine. Research has shown that the seven normal stages of development are often frustrating for parents and can present challenges in parenting strategies. The curriculum is designed to offer practical parenting tips and can be used as a supplement to existing curriculum. The information contained in this curriculum was made possible through a collaborative effort between the Office of Child Abuse Prevention and Child Guidance Services; Family Support Services, Oklahoma State Department of Health.

7 Challenges Curriculum served as a springboard and the Family Toolkit was developed. The Family Toolkit as proven to be a useful resource and teaching tool for many early childhood practitioners. This curriculum can be used in its entirety or pieces can be used. It is also a nice compliment to the Parents as Teachers curriculum which is used on home visits. It was important to the development of the curriculum to get feedback from the practitioners who work directly with families. Therefore, a survey is sent out each year to determine the topics that will be covered. Home visitors and early childhood specialists alike have found the Family Toolkit a useful addition to their resource library and parenting classes.

The Family Toolkit: Raising Positive Parents was developed and the first five Modules were sent out in December 2007. As the need grew, three modules were added and sent out in May 2009 and an additional three were added June 2010. The Modules will continue to be created with the goal of three per year.

SEVEN CHALLENGES
Exploratory Behavior
Normal Negativism
Separation Anxiety
Picky Eaters
Toilet Learning
Colic Packet
Night Crying
FAMILY TOOLKIT
Single Parenting
The Biting Years
Communication and Listening
Sibling Rivalry
Television & Children
Caring for Children with Special Needs
Working Parents Survival Guide
Families and Communities: Working Together Family Literacy Teen Parenting Getting Organized: Home and Family

CHILDREN FIRST

Training

In order to provide services in the ***Children First*** program, nurses must complete core training and continuing education requirements.

Core training includes model specific training provided by Nurse-Family Partnership and agency training identified as meeting Oklahoma Health Care Authority contract requirements. During the first year of employment nurses complete training in the following content areas:

- NFP Model training to assure model fidelity;
- Infant and Toddler Assessment training to increase skills in providing brief health assessments;
- Child Abuse Medical Examiner training to address recognizing, reporting & documenting child abuse;
- Breastfeeding Educator training to assist clients in initiating and continuing breast feeding;
- Postpartum depression;
- Keys to Caregiving and NCAST training to provide skills needed to assess parent-child interactions and improve parenting skills;
- Partners in Parenting Education (PIPE) training to teach parents how to have positive parent-child interactions; and
- Additional training in adoption, attachment, car seat safety, cultural awareness, domestic violence, grief, newborn screening and assessment, paternity and legal issues, substance abuse, SIDS, TANF/Medicaid and targeted case management which includes information about utilizing community services.

Nurses, who have been employed more than twelve months, are required to complete 12 hours of continuing education annually. Six of the twelve hours must cover model specific topics, and the content of the other six hours is determined by reviewing a needs assessment and current industry trends. During SFY 2010, nurses received training in Motivational Interviewing to develop expertise in using these skills to assist clients in making behavior changes.

Technical Assistance, Quality Assurance and Quality Improvement

Children First utilizes several methods to assure fidelity to the Nurse-Family Partnership model, adherence to agency policy and movement toward positive program outcomes.

- Lead nurse meetings are scheduled monthly to address common programmatic concerns, develop leadership skills and promote collegial relationships. Lead nurses receive orientation and mentoring from Children First nurse consultants during their first year as a new supervisor.
- Site visits are provided regularly to assess compliance with NFP and agency policies. During the site visit local teams provide information about their efforts to recruit, enroll, engage and retain clients. Data records are reviewed to ensure appropriate data collection and entry. Clinical records are reviewed to assess nurse practice and visit documentation. Corrective action plans are developed to address compliance issues.
- Technical assistance is provided as issues are identified and as requested by nurse supervisors.
- Monthly reports are provided to assist teams in managing caseload and nurse productivity.
- A critical incident reporting and record review system has been developed to respond to issues related to child maltreatment and child or maternal death.

Children First

Lindsey McCaslin (*Logan County)*

Teen mom starts support group to help others –

Lindsey McCaslin is a Children First client who knows the challenges of being a teen parent. She's been holding down one or more jobs, finishing the Dental Assistant's program at Meridian Tech, and will soon begin an internship, all while raising her daughter Kaitlyn. Lindsey admits it's been tough juggling those responsibilities, and says "you have to have it set in your mind or you won't succeed."

A strong support system, including her church and Children First Nurse, Pam Junkersfeld, has been key in Lindsey's success. When she enrolled in Children First, Lindsey was scared. "I didn't know what to do, and Pam helped me so much. She's the one who got me through everything."

Now Lindsey is providing a network of support to others in her community by creating a Teen Moms Support Group, which allows her to offer encouragement to other young mothers in situations similar to hers. "They were going through stuff like me, but every story was different."

The group's motto is "We're Strong Together," and Lindsey says the conversation is one of the most important parts of the group. "It's just girls getting out their emotions ...it's a big stress relief," Lindsey continues, "We're definitely not telling girls to go out and get pregnant. We're saying that if you are pregnant, we're here for you. You're not alone."

Lindsey's goal is to attend a dental hygienist program. Lindsey and Kaitlyn will graduate from Children First in April 2011.

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Teenage mom starts support group to help others

Lindsey McCaslin and her daughter Kaitlin McCaslin

Photo Submitted

Submitted by the Logan County Health Department – Lindsey McCaslin knew there were other girls out there like her. "They were going through stuff like me, but every story was different," she said. Lindsey is a teen mother who knows firsthand how difficult that can be. It was out of that frustration that she started the Teen Moms Support Group at the First Presbyterian Church in Guthrie.

"The first week we had four moms … now we have eleven," says McCaslin. The group meets the 1st and 3rd Tuesday of each month from 5-7 p.m., and they usually have a guest speaker, food, and a time for conversation. The group's motto is "We're Strong Together," and McCaslin says the conversation is one of the most important parts of the group. "It's just girls getting out their emotions …it's a big stress relief."

Not only has she been busy starting this support group, but she's also been holding down one or more jobs, finishing the Dental Assistant's program at Meridian Tech, and will soon begin an internship at Dr. Turney's office in Guthrie, all while she's raising her daughter Kaitlin. McCaslin says it's been tough to juggle all those responsibilities, and that "you have to have it set in your mind or you won't succeed." She also says that her daughter has been her motivation to achieve all her goals.

"We're definitely not telling girls to go out and get pregnant. We're saying that if you are pregnant, we're here for you. You're not alone," says McCaslin. She also wants people to know how much she appreciates the help of her church, First Presbyterian Church of Guthrie, and her pastor, Scott Foster. "My church is very, very supportive … they've never judged us, and I wouldn't have known how to start this group without them." The church has even set up a fund for the support group, and donations can be sent to the church.

Another of the important influences in McCaslin's life has been Pam Junkersfeld, a Children First Nurse at the Logan County Health Department. McCaslin says she was "scared … I didn't know what to do, and Pam helped me so much. She's the one who got me through everything."

Children First, or C-1, is a community-based support program throughout Oklahoma that offers home visitation services to families during pregnancy and until the child's second birthday.

Along the way, the mother and child receive support and resources, including child and maternal health assessments, health/safety/nutrition education, and parenting education.

Right now McCaslin is trying to get into UCO, and hopes to one day complete Rose State's Dental Hygienist Program. Pam, her C-1 nurse at the health department, says that "Lindsey's not afraid to set goals and work towards them. She's the best client I could hope for … I'm very proud of her.

(NOTE: In an effort to avoid duplication, please also see Annual Report Narrative above)

Section XIV EVALUATION PLANS

EVALUATION PLANS

- Annual Report Narrative

OMB PROGRAM ASSESSMENT RATING TOOL (PART) REPORTING REQUIREMENTS

The Family Support and Prevention Service will continue to develop plans, with guidance from the FRIENDS technical assistance, for meeting the reporting requirements regarding the OMB Program Assessment Rating Tool (PART).

The office will provide data of all the CBCAP funded programs along with their level of evidence and total CBCAP funding used to support evidence-based and evidence-informed programs and practices.

Please see **ATTACHMENTS FOLDER** **PART ATTACHMENTS**

START RIGHT (OCAP) PROGRAM OUTCOMES

Presented below are some of the outcomes based on new measures collected during SFY 2010. The following tables describe the achievements for OCAP programs:

- 93% of OCAP children were up-to-date on immunizations
- Between 1997 and 2007 3,035 children were served by Start Right programs, only 10% of which were confirmed on a DHS report of abuse or neglect
- 35% of families utilized child care services of these, 38% used a licensed child care facility
- 4,012 Ages and Stages screenings were administered
- 18,656 home visits were conducted
- 2,890 referrals were made through the state-funded contractors
- 2,545 screenings were made (initial contact with families)
- 1,176 assessments were made
- 1,393 families were active or enrolled during SFY 2010

Table 1: Center Based Service Summary, SFY 2010	
8%	Percent of prenatal families
720	Center-based parent education or support activities
123	Circle of Parents sessions
36%	Percent of sessions providing a parent-child interactive activity
6,325	Participating adults (duplicate count)
64%	Percent of mothers in group
17%	Percent of fathers in group
2%	Percent of grandparents in group

Table 2: Home Visitation Service Summary, SFY 2010	
22	OCAP Programs
40	Oklahoma counties served
659	Families enrolled in home visitation services
683	Families retained from the previous year
2,545	OCAP screenings provided for active outreach and program recruitment
1,176	Family assessments (Kempe) provided
1,393	Number of families served by home visitation program
18,656	Completed home visits
2,890	Service referrals Initiated
4,012	Child development screenings performed
344	Lead assessments performed
3%	Caregivers identified with an area of concern using Healthy Families Parenting Inventory
47%	Caregivers received Postpartum depression screenings performed using the Edinburgh Postnatal Depression Scale

CHILDREN FIRST PROGRAM OUTCOMES

Presented below are some of the outcomes reported during SFY 2010. The following tables describe the achievements of Children First (C1), Oklahoma's Nurse-Family Partnership program:

- 92.7% of C1 babies were born at normal birth weights (more than 5.5 lbs.)
- 89.5% of C1 babies were carried to term (more than 37 weeks gestation)
- 85% of C1 children were fully immunized at 24 months
- 80% of C1 mothers initiated breast feeding
- 84% of C1 mothers sought prenatal care during their first trimester
- 12% of C1 mothers who smoked at program intake reported quitting during their pregnancy
- 96% of C1 mothers were married to or dating the father of their child
- 39% of C1 mothers who reported intimate partner violence at program intake experienced no physical abuse during their pregnancy
- 29% of C1 mothers who consumed alcohol at program intake reported quitting during their pregnancy. C1 mothers also reduced marijuana use (42%), cocaine use (50%) and other drug consumption (37%) during pregnancy
- If the state's general population of 0-2 year olds had the same confirmation rate as C1 families between 2002-2005, 914 fewer children would have been confirmed maltreatment victims.
- 496 referrals to mental health services were made to C1 mothers, including those who screened positively for symptoms of post partum depression
- 44% of C1 mothers who entered the program without a high school diploma or GED completed their education by program completion and 13% were continuing their education beyond high school; an additional 12% were still working toward their diploma/GED

Table 1: Children First Services Delivered, SFY 2010	
109	Nurses (number of non-supervisory, full-time/part-time nurse home visitors)
3,566	Eligible referrals (number of women referred to program who met eligibility requirements)
1,890	New enrollees (number of women who enrolled in the program during SFY2010)
4,073	Current participants (number of families that received at least one visit during the last year)
39,464	Completed visits (number of completed home visits or supervisory visits)
1,189	Births (number of families with a completed birth form)
749	Families remaining in program until child's 2nd birthday)
98	Reports of suspected child maltreatment made by C1 nurse home visitors
66	Counties with C1 services available to families

CHILD ABUSE PREVENTION MONTH EVALUATION

Each year, Child Abuse Prevention Month activities, materials, and events are evaluated. The purpose is to measure the activities (including materials, events, etc) utilized for FY 2010, in order to prepare for and improve future Child Abuse Prevention Month activities. CAP Month evaluation consists of implementing two surveys tools, one for CAP Month in general and another for CAP Day at the Capitol. The surveys items ask the respondents to:

1. Rate the CAP materials and events at the Capitol
2. Generate new ideas for posters
3. New items to promote CAP
4. Opinion of the current theme
5. Participation in Cap month activities,
6. Estimate number of people reached with awareness activities
7. Feedback on improving CAP activities and Day at Capitol
8. Recruitment for CAP Action Committee 2011-2012

Evaluation results were shared with the CAP month Action Committee and other stakeholders. Responses from the two surveys were utilized to guide future planning efforts. Please see attachment for details of CAP month 2010 evaluation results.

Please see ATTACHMENT FOLDER 5 CAP MONTH EVALUATION

✪ Section XIV, Application Narrative

START RIGHT (OCAP) EVALUATION PLANS

Evaluation is an intricate part of the funded child abuse prevention programs and the Start Right operation and has been in place since FY 2000. The evaluation of Start Right programs includes process as well as outcome measures. Steady progress has been made in the implementation of the comprehensive evaluation that includes quality assurance (including site visits), program model fidelity and uniformity between contractors, goal attainment, and outcome-based measures. The first phase of the evaluation included the development and implementation of standardized data collection forms to collect process and outcome measures. Extensive work has been put into revising evaluation plans based on research of other comparable programs at national level. Program outcomes have been refined and appropriate measurement tools adopted to collect data. Database revision has been made to accommodate these changes.

The evaluation plan for FY 2010 will include evaluation manual and protocol, database technical assistance and training, monitoring site visits, and annual report including an inventory of services. Every training and even site visits will be concluded with satisfaction and evaluation forms that cover the content, materials, application, and speaker qualities such as knowledge, presentation, and method.

Statewide Evaluation of the Child Abuse Prevention Programs

Current evaluation activities have been revised to assure investment in effective programming at the local level. The primary benefit of revising the evaluation activities is to determine if the goals and objectives of the community based family resource and support programs are efficiently being met, i.e. the elimination of the risk factors associated with child abuse and neglect. If program services are effective, it will result in savings of the following costs:

- intervention, investigation, and treatment costs of circumstances of child abuse and neglect;
- out-of-home placement or foster care for victims of child abuse and neglect;
- intervention and treatment related to other social problems such as teen pregnancy, substance abuse, juvenile delinquency, and adult criminal behavior;
- mental health services for victims of child abuse and neglect; and
- use of social welfare income support.

OCAP Home Visitation Logic Model

A logic model provides a frame of reference for the process and evaluation of a program. The Office of Child Abuse Prevention (OCAP) has developed a logic model that defines the Start Right program. The OCAP logic model defines some **assumptions** about child abuse prevention, the **inputs** necessary to conduct business, and the **activities, objectives, and goals** of the program (see **Attachment: OCAP Home Visitation Program Logic Model**). The model shows the sequence of these elements and how they work together to bring about change (i.e., prevention). The components of the program evaluation were designed using the logic model.

The impact of the program will be assessed using several outcome measures, including: increased immunization rates, earlier identification of developmental delays, reduced maternal smoking, increased time between pregnancies, increased knowledge of child development, improved nutritional habits, and increased utilization of community resources.

The program evaluation forms (see Attachment in Evaluation Folder: OCAP Forms Manual) were designed to assist with the documentation of the community-based child abuse prevention program services and to provide a foundation for systematic evaluation. The forms are made available in English as well as in Spanish language for the Hispanic populations. These forms serve several objectives:

- provide documentation of services delivered;
- serve to identify special needs of the family members;
- provide a framework for the program;
- assist family support workers to track families' progress;
- assist high-risk families who enter the program based on need;
- enable the production of statistical, quarterly and annual reports;
- provide standard definitions and sequence of services for all family resource and support programs;
- help the supervisor identify areas of guidance for family support workers; and
- allow for systematic, statewide evaluation.

Programs have varying capabilities and equipment to locally perform evaluation activities. In addition, contractors change from bid period to bid period and it is important to assure one methodology is consistently used across all sites to ensure continuity, comparability, and comprehensiveness. The OCAP has assured that input was sought from participating programs throughout the evaluation process.

Evaluation of Activities

Evaluation is relevant to nearly all of the activities conducted by the OCAP. Evaluation of the OCAP programs has been described in detail, but additional evaluation is conducted. Each contract executed by the OCAP/OSDH contains an evaluation section, including deliverables. The Oklahoma Department of Central Services also requires an end of the year Vendor Performance Quality Report for each contract vendor. Thus, speakers, programs, network development work, and vendors receive evaluation through the contracting process.

The OCAP promotes the evaluation of the services and activities that it provides. Each training and conference has evaluation of the sessions, independently and as a whole. Another example is the evaluation of the site visit process and the Start Right Program Consultants by the funded community-based, child abuse prevention programs. Consumer feedback is used to improve evaluation forms and the web-based application, including report development.

Monitoring Site Visits

Program site visits are an important component of the overall assessment of the community-based, child abuse prevention programs. The Start Right will provide annual on-site visits of each of the funded programs in FY 2011. The site visits are a complimentary piece that works with the evaluation to provide a comprehensive assessment of each program, as well as an overall view of the combined statewide programs. Program consultants and other professionals from the OCAP will assess the programs using a standardized checklist of essential elements of community-based, child abuse prevention programs (see **Attachment in Evaluation Folder: Site Visit Review Tool**) as a guide. The checklist was developed using the Healthy Families America's twelve critical elements, contract requirements, and other essential elements such as the Americans with Disabilities Act and financial check sheets. The site visit will entail:

- opening/closing sessions with the program staff;
- shadowing of a home visit with a family being served by the program;
- financial and contractual agreements review;
- staff qualifications and training documentation review;
- a review of closed and open family folders to assess clinical quality assurance;
- interviews with the family assessment and family support workers; and
- a limited safety and handicap-accessible inspection of the building in which the program is housed.

The Start Right staff will provide technical assistance to the programs through a comprehensive site visit report that documents the program's strengths and recommendations (with timelines) for improvement. Follow-up technical assistance visits will be made as needed.

Please see APPENDIX A-30 START RIGHT LOGIC MODEL

CHILDREN FIRST EVALUATION PLANS

The foundation of the Nurse-Family Partnership (NFP) Model is rooted in rigorous randomized controlled trials conducted by David Olds, Ph.D., in Elmira, New York, Memphis, Tennessee, and Denver, Colorado. These trials have produced outcomes related to improved maternal health, improved child health and development and improved parental life-course development which include:

- Improved prenatal health;
- Fewer childhood injuries;
- Fewer subsequent pregnancies;
- Increased intervals between births;
- Increased maternal employment;
- Improved school readiness;
- A reduction in child abuse and neglect;
- A reduction in arrests among children;
- A fewer number of convictions of mothers;
- A reduction in ER visits for accidents and poisonings; and
- A reduction in behavioral and intellectual problems among children.

As with NFP, evaluation and data analysis are cornerstones of the Children First program and includes process as well as outcome measures. The current comprehensive evaluation plan is based on outcomes identified in the C1 Logic Model and an overarching goal to provide family support to clients in order to promote optimum health, self-reliance, positive parenting and ultimately build stronger families and communities. The plan includes activities to improve quality (including annual site visits and quarterly chart audits), promote program model fidelity and achieve client and program goals.

The program evaluation forms (see Attachment: C1 Forms Manual) were designed to assist with the data collection and provide a foundation for evaluation, both in Oklahoma and nationally through the Nurse-Family Partnership National Service Office (NSO). The forms are made available in English as well as in Spanish. These forms serve several objectives:

- provide an electronic and physical record of services received by clients;
- serve as tools for management and accountability;
- assist in tracking families' progress in attaining program goals;
- assist in providing feedback to individual home visitors on strengths and areas for improvement;
- assist in planning quality improvement activities to enhance program implementation and outcomes;
- enable the production of statistical, quarterly and annual reports;
- provide standard definitions and instruction for completion of forms; and
- allow for systematic, statewide evaluation.

CHILDREN FIRST EVALUATION ACTIVITIES CONDUCTED DURING SFY 2010

Data Collection

In 2010, C1 collaborated with the NFP National Service Office (NSO) to revise all data collection forms and re-map all program data to the newly introduced Efforts to Outcomes (ETO) system utilized by the NSO. The first phase of this process focused on the development of standardized data collection forms to collect process and outcome measures. Once completed, database revisions were made to accommodate these changes and nurse home visitors were trained in the use of the revised forms.

Site Visits and Record Audits

C1 State Nurse Consultants (SNCs) work closely with C1 teams at the county level to ensure fidelity to the NFP model and adherence to Agency standards. SNCs utilized a standard site visit tool to assess the strengths and identify areas of improvement for local programs implementing the NFP model. SNCs provided technical assistance on specific topics such as documentation, nursing case management, caseload management, utilizing NFP Visit Guidelines and additional topics as requested by the site. Site visits were completed for Tulsa and Oklahoma Counties and nine other county health department sites. Comprehensive reports were provided to each site and supervisors provided corrective action plans to address findings and recommendations for improvement. Follow-up technical assistance was provided as necessary.

Additionally, all Lead Nurses completed quarterly record audits as outlined in the Lead Nurse Manual. Two audits provided a general review of the client/child record and two focused on appropriate nursing documentation and Postpartum Depression.

Program Model Fidelity

Implementing interventions with model fidelity has been shown to positively impact client and program outcomes. The NFP has drafted objectives to help implementing agencies track their fidelity to the model and monitor program outcomes related to common indicators of maternal and child health and family functioning (see Attachments "NFP Model Elements"). The objectives have been drawn from the program's research trials, early dissemination experiences and current national health statistics. The objectives are intended to provide guidance for quality improvement efforts and are long-term targets for implementing agencies to achieve over time. C1 strives to meet NSO objectives of fidelity through site visits, record audits, annual continuing education in the Model and a collaborative/contractual relationship with the NSO to provide training and technical assistance. According to the latest NFP Evaluation Report, Oklahoma Children First performs well against the national NFP averages. Also noted in the report, Oklahoma has achieved statistically significant reductions in:

- Smoking during pregnancy;
- Marijuana use during pregnancy;
- Alcohol use during pregnancy; and
- Experience of violence during pregnancy.

Additional Evaluation Activities

Although evaluation of the C1 program has been described in detail above, additional evaluation is also conducted. C1 holds a contract with the University of Oklahoma, Department of Biostatistics and Epidemiology to provide additional non-partisan program evaluation, as required by state statute.

In the past, this contract has been utilized to study client outcomes such as the incidence of child maltreatment, infant mortality and other birth outcomes such as preterm and low birth weight births. During SFY2010, an annual report detailing client demographics, maternal health and birth outcomes was provided.

CHILDREN FIRST - FUTURE EVALUATION PLANS

The evaluation plan for SFY 2011 will include revision and development of management reports, available through the current database to assist in caseload management and data cleaning. In addition to data centered evaluation, the program will continue routine site visits and record audits, annual continuing education for staff and the production of an annual report. C1 will also proceed with the ongoing collaboration with the University of Oklahoma Health Sciences Center, Department of Biostatistics and Epidemiology to further explore programmatic outcomes and possible areas of improvement.

CHILDREN FIRST LOGIC MODEL

Both NFP and C1 have developed logic models that define program goals and expectations as they pertain to client outcomes and theories of change. The NFP and C1 logic models define the necessary inputs to achieve desired program goals. The models show the sequence of these elements and how they work together to bring about change. The components of the program evaluation were designed using the logic model. (see Attachments “C1 Logic Model” and “Nurse-Family Partnership Logic Model”)

IMPROVEMENTS IN EVALUATION

The State of Oklahoma has been investing in home visiting services for families with young children since 1996. Fortunately, those establishing the programs appreciated the need for evaluating such services. However, there was not much knowledge about evaluating home visitation in the mid 1990's.

Evaluating home visitation has certainly evolved over the years. Home visitors soon found that they were not only to work with families, but they were also to collect data – lots of data, lots of paper. The Oklahoma State Department of Health had databases developed to store the data and epidemiologists were then tasked with analyzing it.

There is now a critical need to overhaul both the Children First and Start Right databases. While the Children First database still works, many updates and edits need to be made. The Start Right database has major technical problems and for that reason, it appears impossible to pull accurate and meaningful data. The data for Start Right is so inconsistent that for the first time in years, no annual report was completed for the program.

In addition to the basic need to "fix" or reconstruct the existing Children First and Start Right databases, the ACA MIECHV Grant requires the collection of data for all FEDERALLY funded home visitation programs. With OSDH potentially funding Parents as Teachers programs as well as Children First and Start Right in the identified at-risk communities of Kay and Garfield counties, there will be the need to develop a system that collects data from all of the programs and measures the required benchmarks and constructs.

Oklahoma will be utilizing CBCAP funds to make improvements or redesign if necessary the home visitation databases so that ongoing evaluation can occur. The idea of collecting data electronically, as opposed to the pencil and paper process now being utilized, is also being explored. Should home visitors be able to use either tablets or laptops for collecting data, less paper would be used, the home visitor's time entering data would be reduced and perhaps the risk of errors would be reduced as well.

Section XV

PLAN FOR CHILD ABUSE PREVENTION MONTH AND PUBLIC AWARENESS

✪ **Annual Report Narrative**

A portion of CBCAP funds were utilized to sponsor the statewide Child Abuse Prevention Month campaign.

CHILD ABUSE PREVENTION MONTH (APRIL 2010)

CHILD ABUSE PREVENTION CAP ACTION COMMITTEE

After a meager ***Child Abuse Prevention Month*** and ***Day at the Capitol*** five years ago when first arriving on the scene of Prevention, this OSDH/FSPS staff member went looking for help (believing there is strength in numbers). The CAP ACTION workgroup was born and has steadily grown into a voluntary hearty workforce. Members represent state agencies, non-profit programs, businesses, universities, foster parents, faith-based individuals, concerned citizens, etc. The current listserv includes over 160 participants. Every year, we continue to maintain the membership of many of the original group as well as add new inspired Oklahomans who want to make a difference in the lives of children. In preparation for the 2010 Child Abuse Prevention Month, the group at large met eight times with several subcommittees meeting separately. The meetings during FFY10 took place on – October 7, 2009; December 9, 2009; January 3, 2010; March 3, 2010; May 5, 2010 and August 18, 2010. In preparation for the Child Abuse Prevention Day at the Capitol, which took place on February 23, 2010, the group met an additional four times on November 6, 2009; December 2, 2009; January 6, 2010 and February 1, 2010.

Subcommittees developed or continued included all of the below:

TRAIL OF PREVENTION:
Worked on creating a CAP CHALLENGE newsletter/email blast that would be sent electronically to a multitude of distribution lists.

LINKING WITH CHILDCARE :
Created and distributed materials for licensed childcare providers to accompany and support CAP Month activities.

LINKING WITH LIBRARIES:
For the fourth year, the Oklahoma Department of Libraries joined our efforts encouraging libraries and staff to get involved with Child Abuse Prevention Month. The Public Information Officer disseminated timely information. CAP Month materials were made available for libraries in the way of buttons, posters, etc. Suggestions were provided to create awareness in each community: CAP Month bulletin boards, building a blue ribbon tree, parent groups/workshops, display table with parenting and caregiver resources, etc.

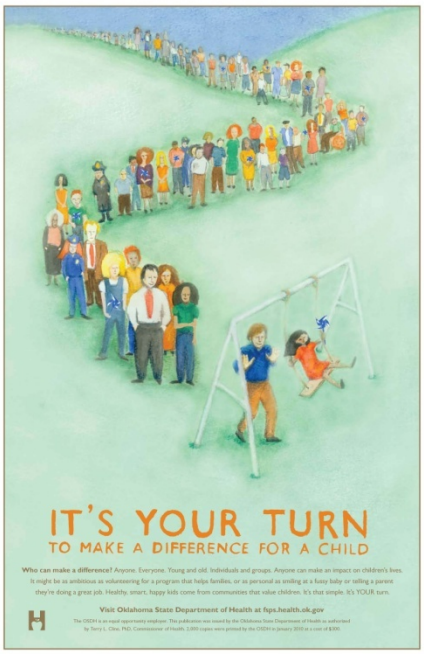
ART/POSTER CONTEST:
In its third year, this subcommittee directed school involvement with an art poster contest that was then utilized in the creation of a large one-page 12-month calendar (April to April). The artwork

LINKING WITH THE FAITH-BASED POPULATION:
Committee members provided materials to the faith-based organizations and hosted a display table at the CAP DAY at the Capitol.

was showcased in a display at the CAP Day at the Capitol.	
BUILD A BLUE RIBBON TREE FOR KIDS CAMPAIGN: For the second year, we continued our Build a Blue Ribbon Tree, which proved quite popular in 2009. Participants were encouraged to complete an official Tree Registry and a beautiful slideshow of trees was a highlight of the CAP Day at the Capitol.	**MEDIA/MARKETING –** Worked on building a comprehensive media toolkit for CAP Month that was distributed electronically. Partners outside of OSDH took the lead on messaging through social marketing (i.e. facebook, twitter, etc).
CAP DAY AT THE CAPITOL: Worked on all of the details of the day.	**ADVOCACY:** Worked on building a common message among child advocates.
LINKING WITH PEDIATRICIANS: Worked on getting pediatricians involved with CAP Month efforts. Information and a survey specifically for pediatricians were shared with the American Academy of Pediatrics (Oklahoma Chapter). They included some of this information in two of their newsletters as well as a link to the survey that was completed by six pediatricians and one nursing staff. A display table was also set up at the Capitol focusing on Linking with Pediatricians.	

CAP MONTH THEME

Building on the theme from the last two years "It Only Takes a Minute – to make a difference in the life of a child", the theme for 2010 was slightly reshaped to - "It's Your Turn... to make a difference for children" (adopted with permission from Prevent Child Abuse America). Promotional materials (including a poster), media releases, messaging, and an electronic toolkit were created utilizing this 2010 theme.



BUILD A BLUE RIBBON TREE FOR KIDS CAMPAIGN

After a popular first year of building blue ribbon trees for kids (and tweaking some of the guidelines for submitting photos and an official tree registry), year two was another successful bountiful tree year with Oklahoma streets everywhere being adorned with blue ribbons. This was a simple idea that would cost very little to nothing and every community could participate. This event was promoted with postcards, blurbs in community newsletters and bulletins, press releases, and by last year's word of mouth. New this year, were two handouts created to be used by teachers or caregivers with preschool or nursery age children and a second one to be used with groups of school age children. When all the tree photos were submitted, they were incorporated into a beautiful dual slideshow that was displayed at the CAP Day at the Capitol on Tuesday, February 23, 2010 and also displayed in the official 2010 CAP Month Scrapbook.

Instructions to Building a Blue Ribbon Tree:

1. Build a tree (homemade from scratch or tie blue ribbons to a local tree with permission);
2. Register trees through the 'official tree registry' (one-page form);
3. On the form, participants are asked to share what their ribbons represent:
    a. Number of babies born in their community.
    b. Number of confirmed child abuse and neglect cases in their county.
    c. Number of families they serve.
    d. A general show of support for all children and families.

CAP MONTH TOOLKIT

A toolkit was distributed to all electronic listservs, which included:

- **A Media Section** - statewide press release, locally adaptable fill-in-the-blank press release, radio public service announcements, governor's/mayor's proclamation templates, and various other pieces to assist with promoting April events.
- **A Community Section** - an invitation to get involved, details of the history of CAP Month, suggested ideas for local activities, and a community event form.
- **Training Opportunities** – "Staff Not Stuff" became the motto for the year in a time when budgets were tight and funding decisions were needed to be made carefully. Wanting to deliver a valuable resource with impact, OSDH/FSPS creatively offered presentations on critical trending topics to assist in expanding community resources and knowledge (such as, Bridges Out of Poverty; Child Abuse Reporting and Identification; Circle of Parents: The Front Porch Project; etc).

OTHER MATERIALS DISTRIBUTED

- **Distribution of Professionally Designed, Colorful Posters** More than a thousand posters were distributed to accompany efforts to raise awareness and promote the prevention of child abuse.
- **Community Resource Guides** Hundreds of the Community Resource Guides from the Children's Bureau's Office on Child Abuse and Neglect, along with Child Welfare Information Gateway and the FRIENDS National Resource Center for Community-Based Child Abuse Prevention were distributed to partners across the state (i.e. school counselors at all Oklahoma public schools, all Children First programs, OCAP and CBCAP programs, county health departments, local task forces and others upon request).

MEDIA COVERAGE OF CHILD ABUSE PREVENTION MONTH

The Oklahoma State Department of Health (Office of Communication staff) drafted and distributed a series of press releases associated with child abuse prevention month that included general information while incorporating the 2010 CAP Month theme. Press releases were also distributed for the Art Poster Contest, Blue Ribbon Tree Campaign, and Child Abuse Prevention Day at the Capitol and Press Conference.

Please see ATTACHMENT FOLDER 5 FOR ALL CHILD ABUSE PREVENTION MONTH MATERIALS.

CAP DAY AT THE CAPITOL: STRONG FAMILIES ARE AS AMERICAN AS APPLE PIE!

TUESDAY, FEBRUARY 23, 2010

With 'save the date' cards, successful CAP DAYS preceding 2010, and plenty of spark around CAP Month activities in general, "CAP DAY at the Capitol" was again a very well attended event in 2010. The theme for the day was "***Strong Families are as American as Apple Pie***", which was adopted when we opted to forego the lunch event and creatively came up with a less costly option, "Coffee and Pie with Your Legislators". Over 150 participated in the day and two professional photographers joined the activities for a third year in a row to capture all of the highlights.

Planning was fierce leading up to the day with securing sponsorships of anything similar to what we had in the past becoming a major challenge due to the tight budget year. Smart Start Oklahoma (Oklahoma's Partnership for School Readiness) provided the sponsorship for the coffee and pie function and the Nurse-Family Partnership sponsored the Legislative (light) Breakfast, which included opening comments from Oklahoma Lieutenant Governor, Jari Askins. Other activities included a children's choir, advocacy 101 course (primer for child advocates), Lt. Governor's Photo with child advocates, display tables (with a requirement that each table have a message of 'prevention' and some element of the "blue ribbon tree" theme), art poster contest display, and a "Brownies for the Road" Closing Ceremony with a debriefing of the day.

In preparing for the day at the Capitol, the CAP ACTION committee met an additional four times on November 6, 2009; December 2, 2009; January 6, 2010 and February 1, 2010.

Please see **ATTACHMENT FOLDER 5** CHILD ABUSE PREVENTION MONTH
1) 2010 - CAP DAY AT THE CAPITOL BROCHURE

LASTING REMINDER

An official "2010 CAP Month Scrapbook" was compiled with mementos of the month, promotional materials, newspaper articles, and photographs gleaned from the events and festivities. CAP Day at the Capitol photographs were uploaded and available via the OSDH website as well as sent out as a web link for all to view and download as desired. We continue to grow our Child Abuse Prevention Month efforts and plan to build higher, bigger, wider next year and for years to come.

PUBLIC AWARENESS

Generally speaking - OCAP staff has provided technical assistance, public awareness, and promotional materials to ITF, CBCAP programs, local task forces and the community at large accompanied by media involvement through press releases, fact sheets, and countless radio/television interviews related to child abuse prevention and when given the opportunity to do so.

NATIONAL FAMILY MONTH (JUNE)

In celebration of June being **National Family Month,** OCAP continues to work with Moroch and Associates, Inc. (public relations firm for the statewide McDonalds Restaurants) to promote positive family relationships. Artwork and an important 'strengthening families' message was provided to Moroch, which they converted to fit their McDonald tray liners and then printed, providing over 277,000 tray liners (1,500 tray liners to 185 different McDonald's locations) to area McDonald's at no cost to us (about two weeks of tray liners). Child abuse prevention efforts will be highlighted on tray liners again in June 2011 and 2012.

Please see ATTACHMENT FOLDER 4 MISCELLANEOUS
1) MISC/NATIONAL FAMILY MONTH for further details and related materials.

NATIONAL FAMILY WEEK 2009 (THANKSGIVING WEEK NOVEMBER 22 – 28, 2009)

National Family Week, *not to be confused with National Family Month*, is celebrated during Thanksgiving week in November each year directed by the Alliance for Children and Families (with the support of the Annie E. Casey Foundation). The FSPS staff collaborated with the Oklahoma Family Resource Coalition (OFRC) members to promote National Family Week/Oklahoma Family Week in 2009, utilizing their theme, ***"Connections Count… in the Family, and in the Community"***. The National Family Week premise is that, "Children do better when their families are strong and families do better when they live in communities that help them succeed". Posters were created and distributed along with an electronic toolkit that included a yearlong Parent-Child Activity Calendar. This is a yearly campaign in which we take the lead and collaborate not only with OFRC, but also various affiliates and programs across the state. What better message to send out when striving to strengthen families and communities... Connections count!

Please see ATTACHMENT FOLDER 4 MISCELLANEOUS
1) MISC/NATIONAL FAMILY WEEK for further details and related materials.

✪ Section XV, Application Narrative

PLANS FOR CHILD ABUSE PREVENTION MONTH AND PUBLIC AWARENESS, 2012

(NOTE: In an effort to avoid duplication, please also see Annual Report Narrative above as 2012 will be a continuation of earlier efforts albeit an expanded and enhanced version building upon the past.)

BUILDING FOR NEXT YEAR

It's always difficult to share highlights from CAP Month of the past (2010) when we just completed a banner 2011 that seemed to exceed all hopes and expectations. In a grim budget year where programs looked to be in jeopardy and spirits were challenged, folks banned together and collaborative partnerships struck a consistent and loud cord asking the resounding question "**Is it good for kids**?" The CAP ACTION committee derived a creative albeit simple mechanism for sending this message during a time when the state of Oklahoma was in a budget 'CRUNCH'. Staff from Smart Start Central Oklahoma and the Oklahoma Institute for Child Advocacy led this advocacy effort and creative messaging with a chocolate Crunch bar in tow with a small Crunch card attached. Thus, the lesson learned was that a successful ***CAP DAY AT THE CAPITOL*** doesn't require lunch or a small breakfast or even coffee and pie. If you have a message... that people who care about kids can embrace and you build it, they will indeed come. Reports suggest that 1,500 constituents participated in the Crunch Card activity with many receiving written feedback from legislators about their stance on child abuse prevention efforts within Oklahoma.

We hope to continue and build on these efforts in 2012 and for years to come.

The CAP ACTION committee has already begun efforts with 2012 in mind. The first meeting took place on May 11, 2011 and future planning meetings are scheduled for August 24 and October 19, 2011 and January 25, 2012 as well as other subcommittee meetings not yet scheduled.

We also plan to continue the ***Build a Blue Ribbon Tree for Kids*** campaign and other activities from this year into 2012. We would like to reinvigorate and re-establish the monthly CAP CHALLENGE/Eblast with general, yet timely child abuse prevention messages to be shared electronically.

The CAP ACTION committee would like to develop two additional workgroups to target which include 1) Marketing to the business sector and 2) Linking with Schools as a new networking partner. Additionally, generating a new recruitment brochure to bring more participants to the CAP ACTION planning table was discussed.

PUBLIC AWARENESS

Generally speaking - OCAP staff will continue to provide technical assistance, public awareness, and promotional materials to ITF, CBCAP programs, local task forces and the community at large accompanied by media involvement through press releases, fact sheets, and radio/television interviews related to child abuse prevention and when given the opportunity to do so. Various educational resource materials will be purchased with the Federal funds and distributed to CBCAP programs and other child abuse prevention programs to increase the local availability of state of the art resources.

Section XVI CHALLENGES AND OPPORTUNITIES

CHALLENGES AND OPPORTUNITIES

✪ CHALLENGES

FINANCIAL CHALLENGES

Continued budget woes plague state agencies. It is not certain if future years will be brighter in regards to revenue for social services. Within the Family Support & Prevention Service, staff positions that have been vacated such as program consultants, evaluators and administrative support have gone unfilled. Remaining staff are doing their best to absorb additional job duties.

Because of budget shortfalls, the state funded Start Right Contracts will be reduced yet again. While most agencies are pleased to still have a funded contract, their budgets are stretched to the maximum. There have been no salary increases over the past few years for many Contractors. This has made it difficult for some Start Right Contractors to retain staff. In addition, some Contractors have had to restrict their service areas because of reduced travel monies. While all Contractors are required to provide a match of 10% for their Contract, it is evident that some Contractors are significantly subsidizing their Contracts with other funding. Not all have that capability, though. In fact, one Contractor terminated the contract January 1, 2011 citing that they could no longer provide services for the contract amount.

EVALUATION CHALLENGES

There is now a critical need to overhaul both the Children First and Start Right databases. While the Children First database still works, many updates and edits need to be made. The Start Right database has major technical problems and for that reason, it appears impossible to pull accurate and meaningful data. The data for Start Right is so inconsistent that for the first time in years, no annual report was completed for the program.

In addition to the basic need to “fix” or reconstruct the existing Children First and Start Right databases, the ACA MIECHV Grant requires the collection of data for all FEDERALLY funded home visitation programs. With OSDH potentially funding Parents as Teachers programs as well as Children First and Start Right in the identified at-risk communities of Kay and Garfield counties, there will be the need to develop a system that collects data from all of the programs and measures the required benchmarks and constructs.

CHALLENGES AND OPPORTUNITITES

✪ OPPORTUNITIES

SYSTEMS DEVELOPMENT

On June 30, 2012, the Office of Child Abuse Preventions' Start Right contracts will be ending a five year cycle. Over the past five years, 22 community-based agencies have provided home visiting services using the Healthy Families America framework and the Parents as Teachers curriculum. They were also required to provide center-based education and supports groups. Some utilized the Circle of Parents model while other implemented lesser known curriculum or program guides.

It is now time to reflect on what has been effective and what changes should be made for the future contract cycle. Taking into consideration the new landscape, some changes may be made:

The OSDH Child Guidance Service is a multidisciplinary program consisting of behavioral health, child development, speech/language pathology and audiology for children birth to age 13 years. The goals of the Child Guidance Service include improving the quality of family relationships, including parent-child relationships as well as the family's relationships to their community. Additional goals include increasing a parent's ability to provide appropriate guidance and learning opportunities for their children and improving the capacities of communities to provide support and resource for families to successfully raise their children. Child Guidance and Start Right Contractors certainly refer families to each other for specific services. However, the idea should be explored that perhaps a stronger partnership be created. One such item to consider would be having Child Guidance provide all center-based parent education and support groups and requiring Start Right Contractors to only provide home visitation services. Child Guidance has considerable expertise in this area and utilizes evidence-based models such as *Incredible Years and Parent-Child Interaction Therapy*.

Another opportunity comes along with the new MIECHV Grant. The possibility to strengthen our partnerships with Smart Start in our two at-risk communities/counties will allow us hire a "connector" for the home visiting programs. This part-time worker can employ new strategies for marketing the home visiting programs, distributing referrals to the appropriate home visitation program and facilitating meetings where programs can learn about each other and learn from one another. Should the concept of "connector" reap rewards, it might be that the idea should be taken to scale across the state.

Last but certainly not least, hospitals are becoming an increasingly more important collaborator in the child abuse prevention network. At this time, 18 out of 60 birthing hospitals have voluntarily agreed to implement the *Period of Purple Crying* project. Hopes are that within a year that number will have significantly grown. CBCAP funds were used to purchase 60,000 *Purple* DVDs – enough to provide a DVD to every mother delivering with a one-year timeframe. Along with the DVDs, the Home Visitation Leadership Advisory Coalition and CBCAP Grant Coordinator, Sherie Trice, developed a county-by-county home visitation directory. Every hospital was provided with this directory so that they could easily connect new mothers to home visitation services in their community of residence.

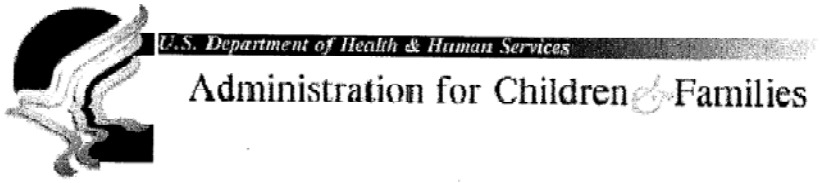
Section XVII CERTIFICATIONS (LOBBYING)

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: [b] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	**2. Status of Federal Action:** [a] a. bid/offer/application b. initial award c. post-award	**3. Report Type:** [a] a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: [x] Prime [ ] Subawardee Tier _____, *if known*: **Congressional District**, *if known*: 4c	**5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:** **Congressional District**, *if known*:	
6. Federal Department/Agency: U.S. Department of Health and Human Services	**7. Federal Program Name/Description:** Family Support & Prevention Service/Office of Child Abuse Prev. CFDA Number, *if applicable*: _____	
8. Federal Action Number, *if known*:	**9. Award Amount**, *if known*: $	
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*):	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.	Signature: _____ Print Name: Terry Cole, Ph.D. Title: Commissioner/Secretary of Health and Human Services Telephone No.: 405-271-4200 Date: 6/3/11	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)



CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

Signature

Commissioner/Secretary of Health and Human Services
Title

Oklahoma State Department of Health
Organization