



Oklahoma State Department of Health  
Creating a State of Health

# Office of Child Abuse Prevention

## State Fiscal Year Annual Report

2019

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## **Overview:**

### **Mission**

The Office of Child Abuse Prevention's (OCAP) mission is to promote health and safety to children and families by reducing child abuse and neglect through the funding of direct services; the training of professionals who work in the child abuse prevention and protection arenas; and conducting activities which educate the public about child maltreatment and enhance the infrastructure that supports prevention efforts.

### **History**

The OCAP was created in 1984 by the Oklahoma Child Abuse Prevention Act, Title 63, O.S. Section 1-227.1. The Act declared prevention of child maltreatment as a priority in Oklahoma. Recognizing child abuse and neglect as a significant public health issue, the legislature placed the OCAP at the Oklahoma State Department of Health – emphasizing the importance of prevention rather than “after-the-fact” intervention. In 1995, the OCAP, in partnership with Oklahoma State University, began researching home visiting as an effective prevention strategy. The Health Families America Model was implemented in Oklahoma to provide such services, and in 2016, the decision was made to transition to the Parents as Teachers (PAT) Model. The PAT Model allowed a broader enrollment criteria and universal access to all Oklahoma families.

### **Program Costs**

SFY 2019 was a rebuilding period for the state PAT program. Funds which were eliminated in SFY 2018 were reinstated at their previous levels. The OCAP repeated the process of developing an Invitation-To-Bid (ITB) to identify contractors to provide program services. Nine contracts serving 28 counties were awarded. Awarded contractors had to re-hire staff, provide training and recruit families. Due to this delay, the first PAT families were not enrolled into the program until November 2018. The PAT Evidence-Based Home Visiting Model estimates the average cost per family to participate in the program is \$3,750 annually. Current available funding would allow approximately 535 families to receive home visiting services. Due to the process of awarding contracts, training staff and initiating services, the OCAP provided PAT services to 386 families at a cost of \$5,479 per family, for a total cost of \$2,014,668 and \$100,281 administrative costs in SFY 2019.

### **Parents as Teachers Eligibility Criteria**

Referrals to local PAT Programs come from a variety of sources including Women, Infants, and Children (WIC) clinics, the ParentPRO free telephone referral line, the Oklahoma Department of Human Services (OKDHS), and most often friends and family.

Participation in PAT is voluntary and the families may remain actively engaged in services until their child completes kindergarten.

In order to enroll, the following criteria must be met:

- The mother is beyond her 29th week of pregnancy; or
- The mother is pregnant with at least her second child; or
- The mother/caregiver has a child under the age of kindergarten completion.

## Activities of the Office:

### Quality Assurance Site Visits

The OCAP provides on-site technical assistance to assist contractor sites with implementation of the PAT Evidence-Based Home Visiting Model as well as adherence to the OCAP policies and procedures and the provisions of the contract. The goal of the quality assurance site visit is to increase quality assurance in program delivery through:

- Reviewing program documentation to ensure contract compliance.
- Identifying technical assistance needs.
- Providing onsite consultation, technical assistance, and training to program staff.
- Continuing to build on the positive working relationship between staff at the contractor site and the OCAP.

Upon completion of the site visit, a monitoring plan which addresses strengths as well as any challenges meeting the contractual and/or PAT Model requirements are shared with the contractor site. If a formal recommendation is issued, contractor sites will develop a success plan and action steps to address areas of deficiencies.

### Continuous Quality Improvement Projects

A Continuous Quality Improvement Project (CQI) is a formal approach to the analysis of performance and systematic efforts toward improvement. These efforts can seek “incremental” improvement over time or “breakthrough” improvement all at once. The tool that is used by the OCAP for CQI is a four-step quality model, the Plan-Do-Check-Act process (PDCA):

- Plan: Identify an opportunity and plan for change.
- Do: Implement the change on a small scale.
- Check: Use data to analyze the results of the change and determine whether it made a difference.
- Act: If the change was successful, implement it on a wider scale and continuously assess results. If the change did not work, begin the cycle again.

The contractor site will complete at least one CQI project annually. The following steps will be taken by the contractor to ensure adherence to model, and OCAP CQI guidelines:

- Complete and submit the CQI Application
- CQI project implementation
- CQI project completion
- Complete storyboards
- Present story boards at the designated meeting

During SFY 2019, the following CQI Projects were submitted to the OCAP\*:

Contractor Site	Counties Served	Description of Project	Reason for Focus
CREOKS	Adair, Cherokee, Creek, Okfuskee, Okmulgee, Sequoyah, Wagoner	Increase each Parent Educator’s caseload to equal 20 families by February 2020	To expand knowledge of services offered in each county served while meeting a minimum of 85% of production.

Frontline Family Solutions	McClain, Garvin, Cleveland	Demonstrate interactive reading for parents and children during home visits and Group Connections <sup>1</sup> .	To increase reading incidence per week; to relaunch story time at local libraries; and to improve parents story telling skills.
Great Plains Youth and Family Services, Inc.	Beckham, Greer, Jackson, Kiowa, Tillman, Washita	Build caseloads for each first-year parent educator.	To meet QEIP Requirements; and to meet caseload requirements
NW Family Services	Alfalfa, Grant, Major, Woods	Enroll 15 families by June 30 <sup>th</sup> , 2020.	Reestablish Northwest Family Services PAT in the four county service areas by actively recruiting families in each county.
Youth & Family Services for Hughes and Seminole Counties	Hughes & Seminole	Increase enrollment of families by a minimum of 20%.	To serve more families in target population and meet minimum caseloads according to the PAT Model Essential Requirements <sup>2</sup>

\*Those sites who received federal funding submitted CQI Plans on the Federal Fiscal Year.

## Professional Education and Training Provided

### Orientation

<b>Supervisors and parent educators receive orientation training (separate from intensive role specific training) prior to direct work with families to familiarize them with the functions of the site. New supervisors who do not perform direct services with families must receive orientation training within three months of hire.</b>	
Boundaries	Onsite training by a trained staff member, prior to delivering home-based parenting services (HBPS).
Confidentiality	Onsite training by a trained staff member, prior to delivering HBPS.
Community Resources	Onsite training by a trained staff member, prior to delivering HBPS.
Provisional Child Abuse and Neglect Indicators	Onsite Training, developed by the Contractor. New staff must complete CAME to satisfy this requirement.
Provisional Child Screenings: Hearing & Vision	Onsite training by a trained staff member, prior to administering the child screenings. Must complete the required training to satisfy this requirement.
Provisional Efforts to Outcomes (ETO) Database Training	Onsite training by a trained staff member, prior to entering data into the ETO Database. May schedule an onsite training with the ETO Administrator, please contact the Central Office for scheduling.
Provisional Life Skills Progression (LSP)	Onsite training by a trained staff member, prior to completing an LSP for a family. Must view the following webinar and be provided with an overview from the LSP User's Manual. <a href="https://www.youtube.com/watch?v=ct0kWXaFu44">https://www.youtube.com/watch?v=ct0kWXaFu44</a>
Provisional Staff Safety	Onsite Training, developed by the contractor. Must complete the required training to satisfy this requirement.
Site and Role Specific Orientation	Onsite training by a trained staff member, prior to delivering HBPS.

<sup>1</sup> Group Connections are designed to offer opportunities for parents/caregivers and children to come together to participate in a variety of hands-on learning activities.

<sup>2</sup> Quality Improvement; <https://parentsasteachers.org/research-and-quality-improvement-index#research-results>

## Parents as Teachers (PAT) Model Training

Registration for all PAT trainings listed below can be found on the <a href="#">Parents as Teachers Training Page</a> . All parent educators and supervisors are required to complete all PAT trainings below.	
PAT Foundational I	Complete prior to performing home visits with families who are prenatal, parents of newborns to 3 years
Model Implementation	Model Implementation must be completed after affiliation and before delivering home-based parenting services.
PAT Foundational II	Complete prior to performing home visits with families who have children ages 3-5.

## Annual Training

Completed within 30 days of employment and every year thereafter.	
Cultural Competency Based on their current service population	A provisional training may be offered onsite until training is available.
Child Abuse and Neglect Indicators Training	During the first year of model implementation, the CAME training will satisfy this requirement. During the second year of model implementation, the ROAR training will satisfy this requirement. The site may develop an onsite training, or repeat the CAME or ROAR trainings to satisfy this requirement during the third year of model implementation or beyond.
HIPAA (Health Insurance Portability and Accountability Act)	HIPAA training can be found on LEARN or onsite training may be used to satisfy this requirement.
SEAT	Seat training can be found on LEARN.

## Required Training

Registration for all required trainings can be found on the OSDH training calendar unless otherwise noted.
<b>Completed within months of employment</b>
ASQ 3, ASQ;SE 2
Child Abuse Medical Examiners (CAME) Training including Child Abuse and Neglect Reporting**
Developmental Milestones
Family/Domestic Violence
Home Visitors Safety Training
Maternal Depression/Reproductive Health
PICCOLO
Reflective Supervision for Supervisors
Reflective Supervision for Parent Educators & Supervisors
S.O.A.P. Notes – Documentation Trainings
Supervisor’s Day
Tobacco Cessation/Substance Abuse & Addictive Behaviors
<b>Completed within 5-8 months of employment</b>
Attachment
Breastfeeding
Child Screening, Hearing
Child Screening, Vision
Keys to Caregiving
Mental Health Issues
Newborn Screening/Grief
Safe Sleep

<b>Completed within 9-12 months of employment</b>
Adoption
Autism Screening Training (MCHAT)
Child Passenger Safety
Circle of Parents
Period of Purple Crying
ROAR Training
Special Needs
Standards of Quality for Family Strengthening and Support
Strengthening Families: Protective Factors
Special Needs

*\*\*Can count as the annual training requirement, Child Abuse and Neglect Indicators*

## Professional Development

<b>Parent Educators and Supervisors obtain competency-based professional development and renew certification with the national office annually.</b>	
First year of certification and beyond	20 clock hours
Core Competencies (optional)	Annual

## National Family Support Network

The National Family Support Network (NFSN) was founded in 2011 and is comprised of a group of statewide networks. This group of networks represents more than 3,000 family support programs across the U.S. The mission of the NFSN is to promote positive outcomes for all children, families, and communities by leveraging the collective impact of statewide networks and championing quality family and support and family strengthening practices and policies.<sup>3</sup>

Oklahoma joined the network and the Oklahoma Family Support Network (OFSN) was formed in 2018. The OFSN is currently in the assessment phase of the NFSN's Family Support and Strengthening Network Development Continuum. During this phase of the network development, the OFSN is developing a survey to identify existing programs, disseminating and conducting surveys to identify Family Resource Centers (FRC), and determining the interest of the existing FRC's in joining the Oklahoma Network and being trained on the Standards of Quality. The OFSN will utilize the results of the survey to inform the network planning process. The OFSN attended the NFSN's Bi-Annual Together for Families Conference in Cleveland, Ohio and the NFSN's Annual Member Convening and Forum in Washington, D.C. in 2018 and 2019 respectively.

The OFSN hosted the inaugural Standards of Quality for Family Strengthening and Support training in July 2019, certifying 36 participants in the standards. Participants in attendance represented organizations statewide including Oklahoma City Public Schools PAT, the Oklahoma City Housing Authority, Positive Tomorrows, Parent Promise PAT, The Oklahoma State Department of Health Family Support and Prevention Service, The YMCA of the Greater Oklahoma City, Smart Start of Central Oklahoma, the Reach Out and Read Program, the Evolution Foundation, North Care, the Potts Family Foundation, the Oklahoma University of Health Science Center's Center of Child Abuse and Neglect, and Safe Families Oklahoma.

The next steps for the OFSN include the development stage. During this time, there will be an initial meeting convening, where a mission, vision, and goals will be developed. In addition,

<sup>3</sup> National Family Support Network; <https://www.nationalfamilysupportnetwork.org/>

operating guidelines and leadership roles will be determined. The OCAP staff will participate in the NFSN Annual Member Convening and National Forum in Washington, D.C. in the spring of 2020 as well as the bi-annual Together for Families Conference in Seattle, WA in the fall of 2020.

## Child Abuse Prevention Month

Every year in April, the OSDH, Family Support and Prevention Service (FSPS) observes National Child Abuse Prevention Month to raise public awareness of child abuse and neglect, recommit efforts and resources aimed at protecting children and strengthening families, and promote community involvement through activities that support the cause.<sup>4</sup> In SFY 2019, the OCAP participated in statewide events to recognize efforts to support strong families, including but not limited to:

- Lawton mayor declared April as Child Abuse Prevention Month
- Wear Blue Day occurred on April 5<sup>th</sup>. The FSPS partnered with the OKC Energy Soccer Team to raise awareness of child abuse prevention.
- Trees around the state were decorated with blue ribbons to represent child abuse prevention. A Blue Ribbon Tree slide show was compiled by the FSPS to showcase community awareness.<sup>5</sup>
- The awards ceremony honoring individuals and organizations who are champions in the field of child abuse prevention was held April 9<sup>th</sup>.
- OSDH employees donated 300lbs of diapers to Infant Crisis Services.
- April was proclaimed as Child Abuse Prevention Month at the Capitol by the House and Senate.
- April 28<sup>th</sup> was Blue Sunday Day of Prayer.
- The Skydance Bridge was illuminated in blue for Child Abuse Prevention Month on April 30<sup>th</sup>.
- Provided support for the Child Abuse and Neglect Conference (CCAN) held on April 17-19, 2019.

## Demographic Characteristics

### Age of Client

Age of Client	Percent
Under 16 years	1%
16–19 years	6%
20-24 years	20%
25-29 years	27%
30-39 years	40%
40 years & Older	6%
Total	100%

<sup>4</sup> Children’s Bureau; <https://www.acf.hhs.gov/cb/news/child-abuse-prevention-month>

<sup>5</sup> Blue Ribbon Tree Slide Show; <https://www.youtube.com/watch?v=vBMib4EC0Ig>

### Marital Status of Client

Marital Status of Client	Percent
Divorced	6%
Married	38%
Never Married	51%
Separated	4%
Widowed	1%
Total	100%

### Age of Children Living in Household

Age of Children	Number
Under 1 year	126
1-2 years	168
3-4 years	89
5-9 years	18
10-14 years	7
15-18 years	2
Total	410

### Household Composition of Families Served

Household	Percent
Father of the Child	40%
None	22%
Others	4%
Boyfriend – Not father	2%
Grandparent of the child	26%
Stepfather of the child	0%
Friend of the client	0%
Sister of the client	2%
Brother of the client	4%
Aunt of the client	4%
Uncle of the client	4%
Total***	108%

\*\*\*Totals may be more than 100% due to “check all that apply” selection

### Number of Families Accepted to Program & Average Length of Enrollment

Site	Number of Families	Average Time Enrolled (Months)
Great Plains	23	6
CREOKS	48	6
Latino Community Development Agency	50	6
Frontline Family Solutions	25	7
Northwest Family Services	14	4
Northern OK Youth Services	25	3
Parent Child Center of Tulsa	132	10
Parent Promise	45	16
Youth & Family Services for Hughes & Seminole Counties	24	8
Total	386	7

## Number of Families Not Accepted to Program & Reason

Potential Enrollee	Number
Moved out of service area	7
Unable to locate	113
Other	16
Accepted into another program	10
Schedule (too busy, work conflict, etc.)	23
Did not return phone calls	6
Does not feel the need for the program	50
Child was too old	1
Child no longer in their care	3
Incarcerated	0
Total	229

## Program Recommendations for SFY 2020:

### Continue Program Re-Building

Upon receiving the award for SFY 2019, contractor sites began hiring and training parent educators (PEs). The PAT Model allows a one-year ramping up period, giving contractor sites ample time to complete required trainings and build a caseload. Within the first year, a PE's optimal caseload is 20 families, building to 25 families by the end of the second year. All families are seen twice a month, regardless of life stressors. Although the number of families the OCAP anticipated was not reached, the majority of contractor sites are fully staffed and trained in the PAT Model. It is anticipated that the number of families served in SFY 2020 will increase.

### Enhanced Training Plan

The training plan has been enhanced by creating a two-day track that includes the National Family Support Network Standards Training and the Circle of Parents Support Group Trainings. Participants will be certified in the standards and trained to implement the Circle of Parents Support Groups within their Community Family Resource Centers. The training will be held in several locations in the state, focusing on rural areas.

### Supervisor Activities

#### Monthly

The OCAP schedules monthly supervisor calls on the last Friday of each month. In order to improve communication, each contractor site purchased webcams so the contractor and the OCAP can provide a more interactive meeting. This allows the OCAP to also give presentations such as PowerPoints, videos and webinars.

#### Bi-Annual

During SFY 2019, bi-annual meetings were scheduled for PAT Supervisors. The objectives of these face-to-face meetings are to create a platform to continue to dive deeper into topics discussed during the monthly supervisors call. Many of the contractor sites will be participating

in the PAT Quality Endorsement and Improvement Process (QEIP) and require additional support and technical assistance.<sup>6</sup>

## **Annual Meeting**

An annual meeting is scheduled each year for the Family Support and Prevention Service, which includes Child Guidance, Parents as Teachers, Children First and SafeCare. This meeting includes a robust selection of speakers, addressing the most up-to-date issues that families face today. Topics included:

- Incorporating Mindfulness Strategies in Your Work
- Trauma Informed Responses
- An Update of Suicide and Children
- Working with Young Children Who Stutter and Their Parents
- Autism and Early Identification: An Introduction
- Fatherhood: A Female Perspective
- Promoting Health eating
- Working with American Indian Culture
- Ethics and Maltreatment
- Defying Gravity: Speech Language Pathologist's Launch into Reading
- Brush Up on Dental Health
- Have You Made the Connection? Having an Impact of Child Abuse
- The Evolution of E-Cigarettes: Parental Exposure and Youth Use
- Growing Up with Drug Abuse
- The Dynamics of Domestic Violence and its Effects on all Family Members

Attendees of the annual meeting submitted evaluations to inform the FSPS staff of topics that were well received as well as improvements that could be made. The FSPS took those comments and engaged in a SWOT Analysis, which is a compilation of the strengths, weaknesses, opportunities and threats that were identified. The primary objective of the SWOT analysis is to help FSPS develop a full awareness of all the factors involved in planning and continuing to improve the Annual Meeting.<sup>7</sup>

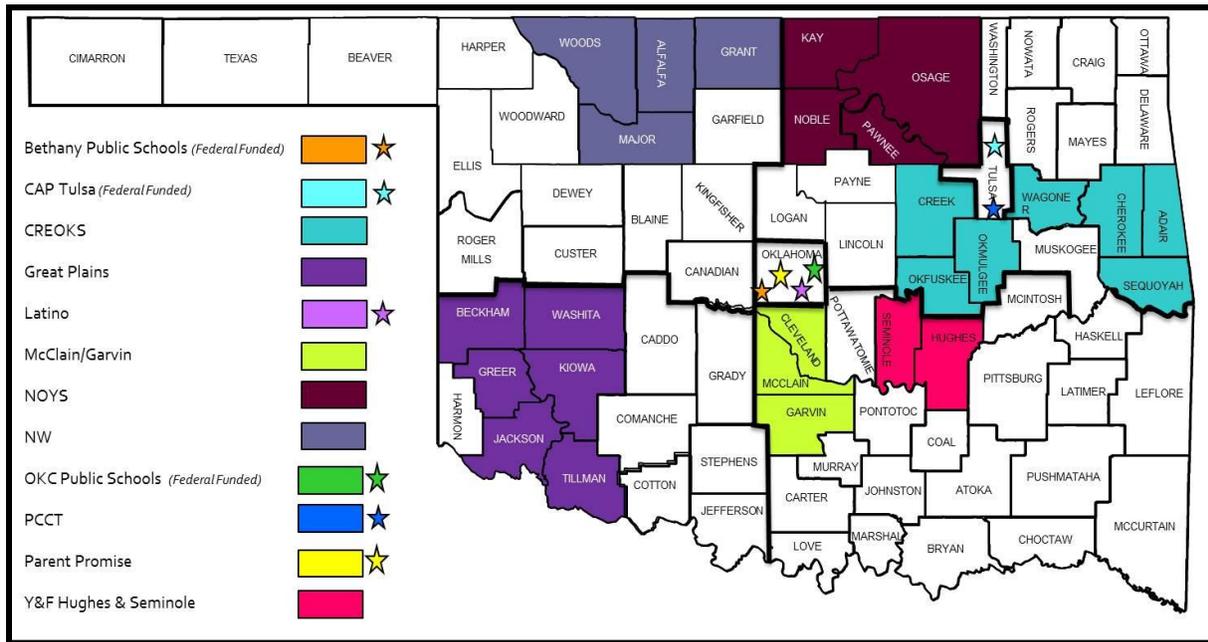
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<sup>6</sup>Quality Improvement: <https://parentsasteachers.org/research-and-quality-improvement-index#quality>

<sup>7</sup> SWOT Analysis: What It Is and When to Use It; <https://www.businessnewsdaily.com/4245-swot-analysis.html>

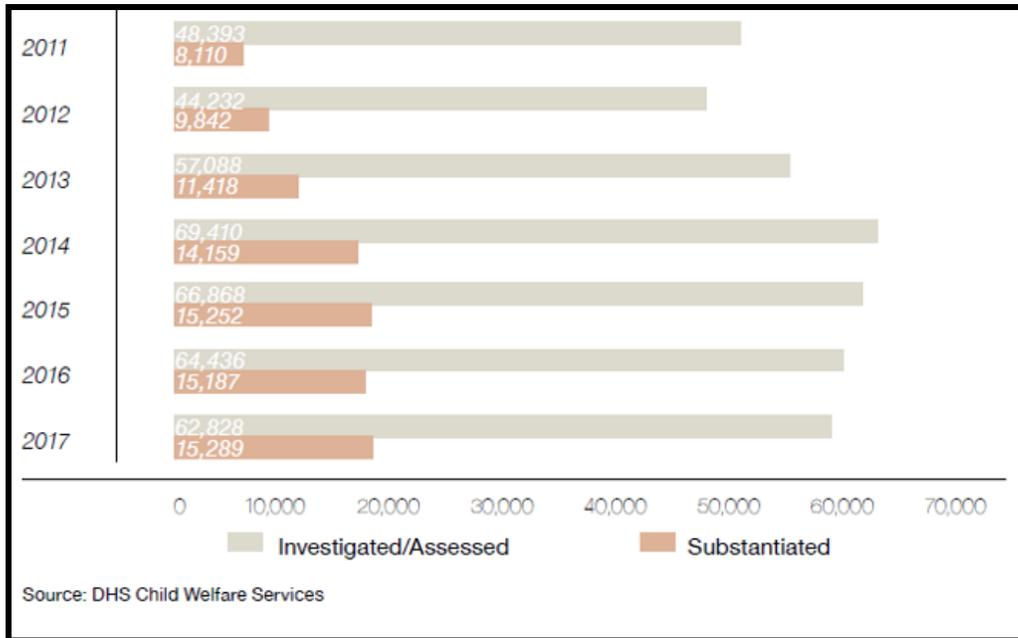
## Budget and Program Needs:

The OCAP dispersed \$2,014,668 to nine contractor sites, serving 28 counties during SFY 2019.



Over the course of the last 10 years, the child abuse prevention fund has steadily decreased and the number of substantiated cases of child abuse has increased. (See tables below). While a direct casual association has not been determined between the reductions in prevention funding and increases in substantiated child abuse cases, there does appear to be some correlation.

State Fiscal Year	Total Expenditures	Number of Families Served	Average Cost per Family	Number of Contractors	Number of Counties Served
2011	\$2,964,476	1,085	\$2,732	21	39
2012	\$2,790,426	1,068	\$2,613	19	37
2013	\$2,711,578	786	\$3,450	14	30
2014	\$2,788,042	774	\$3,602	14	30
2015	\$2,613,823	738	\$3,542	13	28
2016	\$2,440,713	672	\$3,632	13	28
2017	\$2,246,365	608	\$3,695	11	26
2018	\$906,145	321	\$2,823	9	23



In order to build infrastructure and fill gaps in services the OCAP has the following needs:

- Increase home visitation services across the state. Continue identifying gaps in the continuum of home visiting services between PAT and Children First (Oklahoma’s Nurse Family Partnership) by identifying underserved populations.
- Identify partners through other state agencies, private non-partners and local communities to achieve a more robust home visiting footprint.
- Enhance the training plan to include more extensive training for staff at contractor sites to include substance abuse, early childhood trauma, mental illness and domestic violence.

## Success Story:

Crystal Conley and her husband C.J. learned about home visitation services from the [parentPRO](#) website and were connected to Parent Promise PAT. Kim Berger, a PAT Parent Educator immediately contacted the family and started home visitation services. Upon enrollment, Kim learned that Crystal, C.J. and baby Evander were facing homelessness; they were desperate to find a safe place to live. Kim’s first goal with the family was to provide resources, and supported Crystal and C.J. while navigating the system until they were able to secure adequate housing.

After a few home visits, Kim learned that Crystal has been in recovery from substance abuse since May 2018. Crystal stated, “I’m able to stay sober by putting Evander and C.J. first and focusing on things I can control.” Even though Crystal has been sober since 2018 and made healthy changes to multiple areas of her life, she still struggled with embracing motherhood; sharing with Kim, “I never wanted to be a mother.” Kim took Crystal’s



*Crystal and Evander Conley  
Parent Promise  
Oklahoma County*

cues and began to focus on bonding and attachment between Crystal, C.J. and Evander. Crystal now reports “Evander is our entire world now; this tiny squealing person is the best thing that’s ever happened to us!”

The family was making steady progress toward their goals when a devastating tragedy struck the family. C.J. committed suicide. Crystal’s world crumbled, as she was forced to face motherhood alone. Kim was there to support Crystal in her efforts to put Evander’s needs first, by remaining sober and continuing home visits. Crystal said, “I’m working my way through my grief without losing sight of being a good mom to Evander.” Kim referred Crystal to a grief support group where Crystal was able connect with others that are dealing with the death of a loved one. Crystal stated, “My support group has helped me so much, and made me realize I can’t blame myself for C.J.’s death.”

Kim is happy to report that during the course of Crystal’s home visitation services, she has enrolled in college classes, working towards a Bachelor’s Degree in Psychology, obtaining full time employment and has become financial stable, securing a bright future for herself and baby Evander.

Crystal said “Kim helped me meet my goals by getting into school and find a safe home for Evander when C.J. and I were facing homelessness,” adding, “Kim made me feel like I’m doing okay at this mom thing, she has been a strong force in helping me feel like I can help Evander and be a good mom.”

## **Acknowledgements:**

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