

Northwest Family Services, Inc.
FY 2013 Annual Report
620 Flynn St. Alva, OK 73717
(580) 327-2900

Emergency Youth Shelter

Northwest Family Services, Inc. (NFS) provides emergency shelter services through the Host Home System of Emergency Shelter Care. Northwest Family Services is licensed as a child placing agency and must meet and maintain numerous requirements in order to keep our licensure current.

Throughout FY14 there were 10 children that received Host Home Care.

Of the 10 new shelter cases, 5 were female and 5 were male. The average length of stay was 13 days per child. Five of the children were younger than 6. One child was 6 years old. One was 7 years old. There were 3 in the 16 year age range for a total of 129 child care days provided this year.

Woods County Child Welfare	9 referrals
Parent	1 referral

The race of 8 children receiving care was listed as Caucasian and 2 as Native American.

We lost one Host Home this year in Woods County bringing our total number of Host Homes to 2.

Start Right

The Start Right program is an intensive home visitation Family Resource/Child Development program for families with one or more social, financial, Medicaid, or behavioral risk factors. This program provides services to the parents of young children and focus on child development issues, child safety information, parenting information, and resource awareness and usage.

The services are provided by trained parent educators who are also trained as Family Support Workers. This year our staff worked with a total of 53 families. There were 603 home visits this year.

The services were well received by all participants, and they were able to internalize the information they were given. Our Family Building Blocks staff made no referrals to child welfare this year.

There were 95 parenting education groups completed this year with 461 total participants.

Our on-site review from the Oklahoma State Department of Health in June 2014 was very positive. Our program was listed as achieving a score of 5 on each review section, with a score of 5 being the highest score possible.

Northwest Family Services, Inc. Annual Program Narrative Report

1. IDENTIFIED POPULATION

Northwest Family Services initiates services both prenatally and after the birth of the identified child. We use a variety of methods to identify families in the community that would benefit from our services. We have a brochure which is distributed to all medical professionals, schools, Health Departments, DHS, low income housing units, counselor, and various other places in the communities in our catchment area. Families which are participating in the program are also very good referral sources for our program and our best cheerleaders. The longevity of the staff in this program as well as the agency makes it easier for us to connect with families.

We have been able to enroll 62% of our families during the prenatal period, 11% of our families enrolled before the identified child turned 3 months old, and 27% of our families enrolled before the identified child was 12 months old.

2. SCREENING AND ASSESSMENT

Northwest Family Services uses the Health Families America screening tool to complete screenings and the KEMP Family Stress Checklist to complete the assessments. We completed 43 screenings between July 1, 2013 and June 30, 2014 and 45 assessments during the same time.

If we have a family that scores above 40 on the assessment we as a staff discuss how we should proceed with services. We are fortunate in our agency to have a counseling staff that is available to provide counseling services for our families if the need is there. We also provide services to a Women's Substance Abuse Treatment Center in our area and most all of these women score above 40 but are involved in an extensive treatment program that is covering all areas.

3. OUTREACH SERVICES

As previously discussed in identified population we use a variety of mechanisms to recruit families. Once families are enrolled in the program the FSW uses many tools to keep families engaged and active in the program. We are fortunate to have families that want to give back to other families once they are in a position to do so. These families will give many of the items listed below. We are able to get all other items from various organizations as well as individuals in our communities. These tools include but are not limited to:

- Exchange of contact information
- A calendar to write appointment with FSW as well as others
- Parenting notebook

- Christmas gifts for families provided by a local Church
- Age appropriate toys and books
- Free diapers, wipes, and formula (provided by a local Church)
- Transportation
- Access to other community resources
- Clothing
- Baby food as well as food for the family
- Persistent contact from FSW to family
- Notes on door
- Phone calls
- Baby equipment
- Furniture for the home
- Hand-made baby quilts
- Personal hygiene items as well as household items

4. HOME VISITATION SERVICES

Northwest Family Services has had a few Level 1 families that have requested less frequent home visits. The reasons the families have given include: doctor's appointments, WIC, counseling, Sooner Start, Sibling appointments, and work schedules. The FSW always explains that the program is designed to have weekly home visits but we also try to let the families determine the schedule as much as possible since this is a parent driven program. During this year most of our Level 1 families have participated in weekly home visits.

We have had 44 families end services during this year. We had one family that returned to school and work and couldn't make time for home visits, 3 families that declined further participation, 30 families moved out of the area and didn't want to transfer to another program, we were unable to locate 8 families, and 2 families left the program because of excessive cancellations or no shows.

We are currently providing services to many women in a Substance Abuse Treatment Facility. These women and their children are typically at this facility for 4-6 months. We are able to provide home visitation services to these families during this time. Some of these families relocate to this area after leaving treatment but many move out of state or back to the place they came from. Some of the women do not complete the Treatment Program and leave without any notice.

5. CULTURALLY SENSITIVE SERVICES

Northwest Family Services has provided services to 6% American Indian, 4% black, 5% Hispanic, and 90% white during this year. If we had a family that was not English speaking we have a network of translators available to our agency. Our service area is comprised of 97% Caucasian therefore most of our brochures and literature is reflective of this community. We have available to use handouts, brochures, and forms in Spanish if the need arise. Northwest Family Services has what we consider a large amount of Fatherhood literature. We are fortunate to have several fathers that participate in our program. We have hand-outs, brochures, books, and curriculum designed specifically for fathers. When we have had families with

different cultures we have researched online, learned from the families themselves, and also from the translators we use. We feel we have been sensitive to the different cultures we have had involved in our program in the past.

6. SUPPORTING FAMILIES

The FSW and family work together to come up with goals and objectives for the family support plan. The family is given a Family Support Plan worksheet as well as What I Want for My Child worksheet and What I would Like for Myself worksheet to help FSW and family brainstorm goal ideas.

Some of the goals established by families would be scheduling and keeping home visits, fixing healthy meals, eating together at the table, graduate from the Substance Abuse Treatment Program, stop smoking, child proof the home, enroll in Technology Center, find a job, ASQ and ASQSE and developmental activities, find suitable housing, and find appropriate daycare. The FSW provides information and support to families regarding these goals. The FSW encourages families to be accountable in order to achieve their goals.

We use information from the PAT curriculum, the I Am Your Child DVD series, materials provided to us by TSET, and materials from the National Center on Shaken Baby Syndrome to cover topics such as: smoking cessation, abusive head trauma, home safety, physical activity/nutrition, and breast/bottle feeding.

7. COMMUNITY REFERRALS

Northwest Family Services has many community partners that provide a variety of different assistance to our families. We have local churches that provide food, help paying bills, baby necessities, personal care items, clothing, furniture, hand-made quilts, and transportation. We have various clubs and organizations, private individuals, and school organization that help provide assistance to our families when needed.

8. WEIGHTED CASELOADS

Northwest Family Services provided services to 24 Level 1P families, 27 Level 1 families, 1 Level 2 families, and 1 Level 3 family during this year.

9. STAFF

Northwest Family Services had one staff change in June 2014. We were able to hire Pam Hess as our Support Staff. Northwest Family Services staff strives to stay up-to-date on the current information regarding child development, parent education, and resources available to our families. Brenda and Kathy are both life-long members of the community and have valuable connections with individuals as well as organizations in the community. They have both worked in this area for 20 plus years and are able to link families to necessary resources to enhance the families we serve.

10. TRAINING

See attached form.

11. SUPERVISION

The program supervisor, FSW, and agency director have informal contact on a daily basis. When a problem occurs it is usually discussed first at this level. The staff members discuss how the problem can be addressed. The supervisor and the FSW have weekly supervisory sessions. These sessions last 2 hours and we discuss the levels of families, check cases for completeness, any issues with families, training needs, and other issues related to the services provided to the families. The supervisor and the FSW also schedule, complete and discuss the shadow visit. We have completed two shadow visits during this year. The program supervisor which also acts as the FAW, FSW, and data entry clerk meets with the Executive Director on a weekly basis. The topics covered during these sessions include case management, any issues with data entry, and any other issue related to the services provided by this program. Northwest Family Services has group supervision twice a month with each session lasting 2 hours. We cover program policy, schedules, assessments, screenings, home visits, and other program activities during the month. We also discuss training needs and where we can receive the training we need. We discuss any other issues or problems regarding this program during this time.

12. GOVERNANCE AND ADMINISTRATION

A list of the Board Members and their area of expertise is attached. Our Board of Directors meets monthly on the second Thursday, 12:30 pm in the Board Room at Northwest Family Services, 620 Flynn Alva, Oklahoma. The Board is given a complete report of the activities provided by this program. The Board helps our staff maintain the program success by helping promote the program to individuals in our community. The Board approves Policy and Procedure changes when deemed necessary by the Executive Director.

13. CHILD PROTECTIVE SERVICE

Northwest Family Services did not have any Critical Incident in which forms needed to be completed. Northwest Family Services made no reports to OKDHS during this time.

14. SPECIAL POPULATIONS

Northwest Family Services did not provide any services to military families or homeless families during this time. We did not have any fathers that served as PCG's during this year. We have provided services to several Native American's during the year.

Behavioral Health Outpatient Services (BHOP)

Target Population

Behavior Health Outpatient Services (BHOP) target children less than 18 years of age, their families, or their legal caregivers who are experiencing one or more problems that put them at risk of entering or further infiltrating the juvenile justice system.

Admission Criteria

All clients served must have cognitive ability and short-term memory recall sufficient to derive a reasonable benefit from the services provided. All clients must demonstrate the ability to actively participate in their treatment process. Clients must not represent a danger to themselves or others.

Services Provided

Clients may receive one or more of the following services from the Northwest Family Services, Inc. Behavioral Health Outpatient services:

- Comprehensive Assessment
- Treatment Plan Development
- Individual, group, or family counseling
- Clinical Evaluation
- Satisfaction Survey
- Transition Planning
- Discharge Planning
- Discharge conference
- Follow-Up if requested

All counseling services are provided by licensed professional counselors or master level counselors under supervision for licensing. The NFS BHOP services are nationally accredited through the Commission on Accreditation of Rehabilitation Facilities.

There were 159 counseling cases served in FY14. There were 1220 hours of direct service provided by 2.75 full-time equivalent counseling staff. These hours are inclusive of those provided by our Extended Outreach staff in Major County.

Our reimbursement for CARS services totaled \$3,476 and our reimbursement from Title XIX was \$5,710. Our JSU worker was replaced about mid-year. We believe this is the reason our reimbursement for these two services were lower than expected.

Extended Outreach

Our counselor in Major County has done an excellent job in building bridges with other service providers, schools, and law enforcement. Seventy-five percent (75) of her time is spent providing counseling services and twenty five (25) percent is spent assisting the Woods County T-SET coordinator.

In Major County most of the counseling cases are located in Fairview and Nicole opened 25 new counseling cases.

First Time Offender Program

We had 12 children and 8 parents that completed the First Time Offender program classes in FY14.

Parenting through Separation and Divorce (PTSD)

Parenting through Separation and Divorce is an educational skill building program designed to help separated or divorcing parents develop or maintain a united approach to parenting issues.

This service was developed at the request of the area judges. Services are provided in Alva, Fairview, and Cherokee on a rotating basis. The class meets once each month for a 3 hour session. The class covers skills for relating to divorce issues, children's responses to divorce, and communication skills and guidelines for cooperative parenting.

Referrals for the class are received through the person requesting the service. Information about the service is made available to all area attorneys, judges, and court clerks.

There is a \$30.00 charge for this service. Thirty-four people participated in these classes in FY14. Amber Maier provides this service in Alva. Ginger Smith presents the information for our Cherokee group, and Nicole Martens presents for the Fairview group.

Within My Reach

The "Within My Reach" program is a 14-hour curriculum based psycho-educational program designed to teach positive relationship building to individuals.

In FY14 our staff spent 37 hours presenting this curriculum. There were 12 total participants but only 7 actually completed the curriculum. The lack of staff at the Waynoka Treatment Center did not allow for many of our sessions to be held. This was the reason for the decline in the numbers for this service compared to other years.

CARF

Our CARF on-site review was in March 2013. It was a three day review and Northwest Family Services did very well on all sections of the review. We were certified for another three year period at a 100% level and without any negative scoring. The CARF review put Northwest Family Services in the top three percent (3) of all agencies receiving a CARF review.

Licensing

Two Department of Human Services Licensing reviews were conducted in FY14. Both reviews were very positive.

OAYS and OJA

Our OJA contract review and the OAYS certification review were conducted together in September 2014. We had very positive comments from all reviewers. A copy of these reports is attached for review.

Community Resources Coordinator

This is a new position funded by DHHS-Runaway and Homeless Youth. Adelia Brown was hired in March 2014 to fill this position. Adelia has a history of working with disadvantaged youth as a school teacher. She was hired late in the year because we had trouble getting people to apply for this job. With only 2 ½ months of the school year left, Adelia has been very busy making resource manuals for the school counselors and youth to use and scheduling visits with school personnel to inform them of the services we have available for their youth. Adelia has met with 3 youth this summer and has assisted them in finding local resources.

This program targets youth who are attending school but not living in their own homes. Our initial school survey identified there were from 60-90 targeted youth in the 3 county area we serve. Services for youth include: building life skills, finding employment, family reunification when possible, post high school education applications, budgeting, and living arrangements.

Adelia has visited several school in the 3 county area as they begin the fall session to explain the program and meet some of the staff and youth.

CX Wave III: Major and Woods Counties FY14 Annual Report Part I – Narrative Summary

What would you describe as the most significant achievements this past year? (Achievements may or may not be indicator outcomes).

The most significant achievements this past year are as follows: Fairview Public School adopted an e-cigarette policy. This was a huge achievement because we have been working with this district to pass a 24/7 policy since the grant began. We provided the superintendent with the information about e-cigarettes, but didn't ask for any policy change. At the next school board, he got a 24/7 e-cigarette policy passed easily, but still hasn't been willing to ban other tobacco products. We think eventually this district will adopt 24/7, but this was an important step that shows they are willing to take some action.

We also had the City of Fairview adopt a Tobacco Free policy and e-cigarettes for city owned property indoors and outdoors. This was especially significant because this was the first city in our service area to adopt this policy. The newspapers covered this process and highlighted how the city planned to use some of the incentive grant money to build a walking trail. These articles generated a lot of community support for this policy, and in turn put pressure on the school district to pass a 24/7 policy.

The Alva and Fairview SWAT Teams have grown in number of members and in level of active membership. This is significant because having the youth engaged actively throughout our counties has gone a long way in building support for our grant. Business leaders have thanked them for their efforts, and partnered on activities, the media has covered their activities, and people in the community want their children to join the SWAT team.

Think about the work your grant has done in networking, planning and implementation and what it means to be a Community of Excellence in Tobacco Control. Which community or communities have experienced the most success or progress toward achieving the aims of the grant?

For each community, tell us how you are defining success and why you selected the community. Include community characteristics that set the community apart and boost its ability to experience success? For example, level of community engagement, approach to problem solving, resources, culture, politics, active partners, etc.

The communities that have experienced the most success and progress towards achieving the aims of the grant are Alva, Fairview, and Cleo Springs. When considering this question, I identified successful as a community as one that is willing and ready to adopt the policies we present. It didn't take a lot of convincing for them to make changes that encourage healthy lifestyles. Also I defined a successful community as one where we have been welcomed by businesses and members of the general public to participate in community activities. In these cities, we have also found partners who will not only donate time, but also money and resources to help us.

Alva has shown great community support for our efforts in moving our indicators. We have also had great support from the Alva Public School district with our SWAT Team. The district allows the SWAT Team to meet at the school, and to attend coalition meetings to learn and be more involved in tobacco prevention overall. We also have a great partnership with the Alva Chamber Commerce. This city is also willing to pass policy that we advocate for, in large part due to our strong community partners who are very influential. We have partnered with the University and with Sandridge Energy, and by doing so we become better known and better trusted in this community. The characteristics of this community that allow us to be successful are that they have a university, they have large worksites, and the school and city are proactive and ready to pass health policies. Alva is our largest community, and because of that a lot of people from the smaller communities attend events and activities in in Alva, and they also look to Alva as an example. They are more willing to take action if they see that Alva has already done it. We have had some struggles in Fairview, but the community overall has shown great support. The city of Fairview adopted a Tobacco Free and Vapefree Ordinance covering all city owned property indoors and outdoors. This policy covers all fair grounds also. The Major County Coalition and the Fairview Wellness Committee applied for a Walking Trail Grant and will be building a Walking Trail in the City of Fairview. We have a great partnership with the Fairview Chamber Commerce. This partnership also brings Woods and Major County Economic Development. Fairview is great to work with because they have identified obesity and health as issues they are most concerned about, even without the influence of the grant. They are taking proactive steps to make changes so we are able to partner with them easily. In addition, the people of Fairview tend to be quite civic minded. This is a Mennonite community, so they are very engaged with one another as members of a larger community. Making change together is something they are used to. This community also really values their youth. They are likely to support changes that are proposed by the youth, and because our grant has been able to partner so closely with our SWAT teams, we've been able to get a lot accomplished here.

Cleo Springs is our smallest community, but we have a great relationship with the mayor and the city council. They are so welcoming and open with CX staff; they really treat me like family even though I

don't live in the town. They don't have a lot of resources, but they are motivated to do what's best for their community. They are currently updating their policies to fit the requirement for the Certified Healthy Community and have identified renovations to their city park as something they want to work on. Because they are so small, we don't have a chance to work with them on many policy changes outside of the school or city, but the changes we make in Fairview affect this town as well. Finally, all of these cities have had stable leadership at the city level. There haven't been any scandals or issues to take attention away from the work we are doing. The majority of my communities in Major and Woods County have shown great support for the Community of Excellence.

Describe an instance when you experienced a setback in implementing your plans and obtaining results. What strategies were used to regroup or redirect efforts?

We have had a few setbacks in implementing our plan and obtaining results with Fairview Schools and Waynoka City Council. Fairview School has been a struggle since we began. Fairview School has never voted on the 24/7 Tobacco Free policy, but has turned us down many times on adopting a 24/7 Tobacco Free policy. This year we thought the school was moving forward on the policy but again they failed to adopt the policy. This time it was due to a lack of communication between the superintendent and the city manager. In this situation, after the school board failed to adopt the policy CX staff debriefed the coalition on what happened. Because the superintendent had called the CX coordinator personally and told her how upset he was that the city manager wasn't working with him, and that he blamed the CX coordinator for this, the CX coordinator came up with the new strategy independently and told the coalition that we will back off of this district for the next year and then gradually try to rebuild and approach them about a 24/7 policy in the future.

We also had a setback in the City of Waynoka. The mayor took me off the agenda of the city council meeting because the city council did not think the City of Waynoka wanted a tobacco free community. This community stated that they are a community that uses tobacco of all kinds and did want that taken away for any health reason. Again, in this instance, the CX Coordinator debriefed the coalition on what had happened and also shared with them her plan moving forward to work with the school first in this community.

In general, this is the strategy taken. The coalition doesn't often disagree or identify alternatives to the strategy proposed by the CX Coordinator. Our coalitions are supportive and willing to help, but they don't usually come up with plans, they pitch in and help the coordinator implement the proposed plan. In general, when we ask for a policy change and there are questions, or concerns about it, we try to present data on why these policy changes are necessary in the county and to show that the community supports the policy. We generally get all of this data together before hand, so we are prepared for any questions they might have when we meet or present. Going in prepared is very important so the group you are working with sees you as an expert. This information is also shared with our coalition members when they do presentations or meetings. When we encounter a barrier we don't usually go back to the strategic plan, though we do have a midyear meeting where we review our objectives and our progress and make sure we're on track.

What strategies have you found to be the most effective in expanding the reach of your grant? When thinking about reach, consider the general population of your service area, hard-to-reach groups, groups that experience tobacco-related disparities and the communities, schools and organizations implementing grant recommendations.

Are some strategies more effective based on specific contextual factors? For example, political environment, size of community, etc.

The strategies that I have found most effective are those that encourage community support for the grant: Coalition and SWAT Team activism, passing policies, and participating in various community

activities and events are all great ways to get your name out there, and build support for your program. Community support is built by networking, working within the community and being involved, and the community seeing the changes that our SWAT Teams are creating.

These strategies are most effective in our larger communities because they host events and have great networking opportunities. In the smaller communities we have to build relationships individually. We usually approach the city and schools in these places because that is where the majority of the people work. We have also found in these smaller towns that it's important to make personal connections and "make friends" vs. try to sell the program and ask for something before making that connection.

GY14 Annual Report Part II – Outcomes and Objectives

Community Indicator 1: Clean Indoor Air Ordinances

PART 1: Outcome Data:

	Number of Verified CIA Ordinances	Number of Non-Excluded Areas/Nations
Incorporated Areas:	0	5
Tribal Nations:	0	0

Record each Clean Indoor Air Ordinance that was passed or amended to meet the outcome measure for this indicator during FY 14.

1. City of Fairview; 10/1/2013 - NOT YET VALIDATED

PART 2: Strategy

For each incorporated area/tribal nation that you worked with successfully to pass a CIA ordinance during the reporting period, describe why you were successful.

Fairview-The city council adopted the policy, but we are currently waiting on a copy of the policy. I have contacted the city manager Mr. Southwick and he stated that they are working on writing the policy. He wants his policy to fit TSET needs and requirements for the Certified Healthy Communities. One barrier in this community is that Fairview Public School doesn't want to adopt a 24/7 Tobacco Free policy. When we started work on this policy, we began by talking about the policy with influential groups and collecting In the Clear Surveys. We also collected cigarette butts at the city park, Main Street, and the school. We approached the city by first having CX staff meet individually with the City Manager and the Mayor. The city manager came from Mangum, and already knew about the policies. He was also already aware about TSET and the whole process. The manager went further to advocate with the city council members to pass this policy. When we went to the city council to present, we had SWAT youth, a couple of coalition members and the CX Coordinator all presented. SWAT went over the data, and the coalition members and coordinator explained the policy and described the Certified Healthy Program. We also talked about the fact that the city couldn't apply for incentive grant money until the school passed a 24/7 policy. Our biggest lesson learned is that it is important to come prepared with data and be able to demonstrate community support for the policy. It is also important to meet with city leaders, like the city manager, mayor, and if possible the city councilmen so that you know the vote before you go in.

For each incorporated area/tribal nation that you worked with unsuccessfully to pass a CIA ordinance during the reporting period, describe why you were not successful.

Cleo-Springs- There was a lack of understanding with this community. The city manager stated that he thought they were adopting a gold standard policy when adopting the city park ordinance. They plan to adopt a Tobacco Free policy for grant year FY 15. Cleo-Springs is planning to have their policy in place so they can apply to become a Healthy Community and then apply for the Healthy Community Incentive

Grant so they can get new playground equipment for their park. The lesson learned with this town was that CX staff needs to be very clear about what we are asking for. This city passed their policy before the Center had drafted the sample policy for CIA and city property, so the city had to create their own. We have learned that CX staff needs to stay involved throughout the process so the final draft aligns with the city's intention.

Waynoka - City Mayor will not allow me to present to the city council. He stated that Waynoka will never be a tobacco free community and would never adopt this policy. The city council members agree with the mayor and city manager. They do not want this policy in place. They stated that I could promote the helpline at community events. The lessons learned is that is hard to promote health policies to a community that wants to stay in their old ways and make no changes.

Alva – When preparing to write this report, we learned that the Alva SF resolution will not meet the requirements of the new FY 15 indicator, so we contacted the city about upgrading to an ordinance and adding all types of tobacco products. Originally they passed a SF resolution as opposed to an ordinance because the city attorney was worried about requiring policy officers to write tickets for this infraction. When CX staff contacted them again, we went over the requirements for the Certified Healthy Program and the incentive grant program, and the city was very receptive to making the change. They have a committee meeting about the policy in August and plan to vote on the ordinance August 18. With the support of the city manager we're are confident this will pass. The lesson learned here is that one person, in this case the city attorney, had enough power to change the original ordinance to a resolution. In an ideal situation, we would be able to meet with everyone who will be involved in the process of voting, presenting and drafting the policy. We did meet with the mayor, city manager, and city councilmen, but not the city attorney.

PART 3: Objective Data

What was your work plan objective for this indicator?

By June 30, 2014, increase to 4 the number of communities with Clean Indoor Air ordinances that at least meet the provisions of state law.

Was your objective met?

No; we only partially met our objective

Community Indicator 8: Smokefree/Tobacco-Free Outdoor Recreational Facilities

Was CI 8 part of your work plan for Grant Year 12?

No, but we passed policies or ordinances designating outdoor recreational facilities (parks, fairgrounds, amusement parks, sport stadiums, etc.) in our service area smokefree or tobacco free in FY 14.

PART 1: Outcome Data:

Number of outdoor recreational facilities that have tobacco free or smokefree policies: 5

Report each policy passed or amended in FY 14:

1. Fairview City Parks; Passed 10/1/2013; Covers 5 parks - NOT YET VALIDATED

PART 2: Strategy

For each entity that you worked with successfully during the reporting period to pass a smokefree or tobacco free policy covering outdoor recreational facilities, describe why you were successful.

Fairview-City parks were included in the Clean Indoor Air ordinance passed in this city. See narrative from CI 1 above.

For each entity that you worked with unsuccessfully during the reporting period to pass a smoke-free or tobacco free policy covering outdoor recreational facilities, describe why you were not successful.

We did not work on any parks only ordinances during the year. All the cities we worked with, we presented CIA with coverage on all city property included. See narrative from CI 1 above.

Community Indicator 10: 24/7 Tobacco Free Campus Policies

PART 1: Outcome Data:

	Validated 24/7 policies	Validated 24/7 policies that prohibit the use of e-cigarettes/vapor devices	Total districts/schools in the service area
Public School Districts:	3	0	7
Private Schools:	0	0	0

Combined Outcome Measure: 42.9% (3/7)

Report each policy passed or amended in FY 14:

1. Fairview Schools; Passed a ban on e-cigs (12/02/2013). District is not 24/7.

PART 2: Strategy

Describe any highlights of your work in this area during the reporting period.

We did not pass any new, or amend any current 24/7 policies during the fiscal year. Alva, Aline-Cleo, and Cimarron Public Schools are currently working on adopting e-cig amendments to their 24/7 Tobacco Free policies.

Describe any barriers related to this indicator that were encountered during the reporting period.

Fairview Public Schools: The school has not agreed to vote on a 24/7 Tobacco Free policy. The school board did vote and pass an e-cigs policy in December 2013. The biggest hurdle we are currently facing is that Fairview School Superintendent wants the city manager to contact him and tell him he is applying for the Healthy Communities Grant and then the school will adopt the 24/7 Tobacco Free policy. We plan to promote healthy school policy with the school and build our relationship with the school again. A big lesson here was that sometimes the best strategy is to take a step back. We have been pushing this district for the past 4 years, and it finally came to a boiling point with the conflict between the superintendent and city manager with CX staff caught in the middle. We don't want to ignore this district however, so while we plan to back off of asking for the policy, we will try to demonstrate our value to the district by working with them on health promotion activities and anything else they ask of us while we rebuild this relationship.

Ringwood Public Schools: The school Superintendent will not meet with the CX Coordinator or allow us to present to the school board members on the policy. Yolanda Creswell has had multiple attempts to the school and emails to the school. Coalition members have tried to meet with the school superintendent on the 24/7 Tobacco Free policy, but the superintendent will not allow any of us to talk about the policy or present it to the school board members. When we call or drop in, they tell us the superintendent is out of the office, despite hearing his voice coming from the office. FY 15 we are planning to contact the school board members one on one and get on the school board agenda to present the 24/7 Tobacco Free policy. We have learned that it can be really hard to get policies passed when you don't have a local connection. No one from our coalition knows anyone from the school board or knows the super-

intendent well enough to get things moving. We are going to try to find some local partners this next year.

Freedom Public School: On May 20, 2013 we presented to the Freedom School Board. The school board didn't vote but wanted to review the policy and requirements. They were concerned with adopting the policy and thought they wouldn't be able to enforce the policy due to the use of smokeless tobacco. On January 31 the school superintendent, Mr. Danny Mcuiston contacted Yolanda Creswell and stated that Freedom schools would not be adopting a 24/7 Tobacco Free policy they felt that the school and community doesn't need this policy and it doesn't fit their community. The next steps Yolanda plans to do is to work on the city of Freedom and then maybe this will push the school to adopt a 24/7 Tobacco Free Policy. Our lesson learned with this district is that when a school isn't ready for this change they will come up with any number of excuses why they can't pass the policy. Even after it's explained why that isn't a valid excuse they come up with another. In the end, this district just isn't ready yet, and until they are, it won't matter how we approach them.

PART 3: Objective Data

What was your work plan objective for this indicator?

By June 30, 2014, increase the number of 24/7 Tobacco free policies by 2 school districts in Major/Woods Counties.

Was your objective met?

No; we did not make any progress toward our objective

Community Indicator 18: Oklahoma Tobacco Helpline Registrants

PART 1: Outcome Data:

Total Number of Tobacco User Registrants to the Helpline: - 72

Monthly Average of Tobacco User Registrants Enrolled for Services: - 6.0

PART 2: Strategy

Describe any highlights of your work in this area during the reporting period.

This year our primary strategies were to promote the helpline with groups who work with people that probably most need the services offered by the helpline like health care providers (Fairview Wellness Group, Waynoka Family Clinic, Fairview Clinic), our regional hospital (Fairview Regional Medical Center), and community agencies that work with families (Major County Child Care Providers group). We also promoted the helpline through our local Chambers of Commerce to business owners throughout the community through their Chamber Luncheons. And finally we made promoting the Helpline a big part of what we did at all of our community events throughout the year (Kick Butts Day Events in Fairview and Alva, Woods County Fair). We also engaged SWAT youth in promoting the Helpline at their presentations to groups throughout our counties (Backpack for Kids programs, Kick Butts Day Events). How we got involved in each of these activities and with each of these groups varied significantly. Sometimes coalition members invited CX staff to present to a group (Child Care Provider Group), other times we requested the meeting (Fairview Regional Hospital), and then there were a number of community events. Our lessons learned this year is that when working with health care providers or health care organizations to promote the Helpline it's best when you can get in at the beginning. We had 3 new doctors join Fairview Regional Hospital and we were able to meet with them right when they started. All three were receptive and willing to talk about the HL with their patients. When we talked to older doctors, or doctors who had already established their routine of seeing patients, they viewed this as "extra" work. We also found that working with nurses and radiologists can be better than working with primary care physicians. These two groups see a lot of tobacco users, and they collect a lot of the information from the initial intake, where tobacco interventions can be added to what they do already.

Describe any barriers related to this indicator that were encountered during the reporting period.

One barrier in our communities is the acceptance of smokeless tobacco. While we have seen some social norm change and the development of a negative view toward smoking, smokeless tobacco is still widely used and people don't really complain about it or look down on its use. We have tried to combat this with ads specifically targeting smokeless users, but this is deeply engrained and will take time to change. Another barrier has been moving past passive promotion of the helpline to a more active engagement and discussion about the helpline.

Our health care providers, businesses, and child care groups are glad to have helpline materials available for their staff and clients, but we haven't been able to get them to systematically discuss the helpline one-on-one. In the case of health care providers, we feel it is especially important that the doctors have a personal conversation and advise their patients to use the helpline. In the case of health care providers we know this is a time issue, and this is viewed as adding work to their already busy schedules. In the case of businesses and child care providers, we believe this is because they don't feel comfortable bringing up a potentially personal and sensitive topic with their clients.

PART 3: Objective Data

What was your work plan objective for this indicator?

By June 30, 2014, increase to a total of 180 the number of annual registered callers to the Helpline in Major/Woods Counties.

Was your objective met?

No; we only partially met our objective

Community Indicator 24: Earned Media Exposing Tobacco Industry Practices

PART 1: Outcome Data:

Number of Published Earned Media Pieces Exposing the Tobacco Industry: - 3

Total Number of Published Earned Media Pieces: - 13

Proportion of Earned Media that Exposed Tobacco Industry Practices: - 23.1%

PART 2: Strategy

Describe any highlights of your work in this area during the reporting period.

We have a great relationship with the Alva Review Courier and the Fairview Republican. They are great about covering our events and great about putting earned media in the paper. We ask our SWAT teams to get involved with this indicator by writing articles that expose the tobacco industry. The Fairview SWAT Team put together a press release talking about SWAT and e-cigs while exposing the tobacco industry. They talked about what they are working on within their community. It is a great article covering all these highlights from the tobacco industry and the e-cigs/vaps. Due to the push back on the 24/7 Tobacco Free Policy with Fairview School, the students and the coalition thanked the school for adopting a policy on banning all e-cigarettes on school property. The Alva Review Courier did a whole page on the Alva KBD event. The page reads Alva SWAT Youth band together to stand against Big Tobacco. The article states that we picked up 3.1 pounds of cigarette in a 45 minute period. The article states how this activity to educate both young people and adults about the tobacco industry's deceptive marketing practices and the benefits of a tobacco-free lifestyle. The Alva SWAT Team put together a press release talking about SWAT and e-cigs while exposing the tobacco industry. They talked about all the changes they have done within the community and currently what they are working on. It is a great article covering all these highlights from the tobacco industry and the e-cigs/vaps. The TSET ad for Kick Butts Day/When Big Tobacco's advertising gets in your face Tune it out.

One lesson learned with this indicator is to continue to have SWAT write articles that expose the tobacco industry. The stated mission of SWAT is to expose the industry, so it makes sense for them to be involved in this. Also, this is a great skill building activity for the SWAT youth. It's also important to have a strong relationship with the local papers. We place a lot of earned media throughout the year, and because these small papers are so reliant on the money they get through ads, they are more than willing to publish our press releases and cover our events.

Describe any barriers related to this indicator that were encountered during the reporting period.

Sample press releases provided by TSET don't usually focus on exposing the tobacco industry. We have used the campaign for tobacco free kids website to find information about the tobacco industry, but alot of their information is for a national audience, and our papers prefer to have local information. Additionally, it would be very helpful if we had more information about what sort of industry practices could be exposed. We know of some deceptive practices like packaging and targeting different groups through their marketing tactics, but unless these practices align with the purpose of our article, it feels out of place to add one sentence about industry practices that doesn't fit in with the overall purpose of the article. This year we placed earned media with our radio stations for the first time, but they didn't offer any help to us with interviews or coverage of our events. The most they would do was to post announcements on their Facebook page. Lesson learned for this indicator is to find a way to tie in exposure of the tobacco industry to every article. Also, to communicate with other grantees about the ways they expose the industry, and hopefully come up with some new ideas.

PART 3: Objective Data

What was your work plan objective for this indicator?

By June 30, 2014, increase to 15 the number of earned media pieces in Major and Woods Counties with at least 1/3 exposing tobacco industry practices.

Was your objective met?

No; we only partially met our objective

Social Capital Asset 1: Coalition Satisfaction

Strategy

Describe any highlights of your work in this area during the reporting period.

The partnership between the Major and Woods County Coalition and the Alva SWAT team has gone a long way in keeping both groups satisfied and engaged. The only policy that was passed this year was the City of Fairview TF City property and CIA ordinance, but the partnership between the youth and the coalition has grown in so many ways. Both groups work together to promote community awareness and work together on events and activities throughout the year. The growth in our coalition and the growth in the SWAT program is due to the partnership between the two. CX staff also sends regular updates to coalition members and always includes a brag section that highlights our coalition members who have been involved in recent activities. CX staff also gives the credit for all of the accomplishments of the program to the coalition. We are very conscious of thanking our members, and letting them know that all of these achievements are a result of their hard work and involvement.

Describe any barriers related to this indicator that were encountered during the reporting period.

In Major County, the umbrella coalition experienced some turnover in the chairperson position. While the position was unfilled, the umbrella coalition stopped meeting. Our tobacco team usually met right after the umbrella coalition, but without these meetings and these updates on what the other programs are doing in the county, it felt for a little while like we were losing momentum. Now they have hired a new chairperson, with experience in TSET grants, so we've gotten back on track.

Objective Data

What was your work plan objective for this indicator?

By June 30, 2014, increase to 6 the number of tobacco control policies passed as a result of collaboration between the Coalitions and SWAT youth in Major/Woods Counties.

Was your objective met?

No; we only partially met our objective

Social Capital Asset 2: Adult Activism

Strategy

Describe any highlights of your work in this area during the reporting period.

One way to get our coalition members involved and active is to match what we ask of them to their skills and interests. Not all coalition members are able to attend events on the weekend or make presentations after work hours, so we might ask them to work on earned media or other activities without a set time frame. We also get coalition members engaged in activism within their own networks. We don't ask someone with a connection to the Fairview school board to present to the Alva city council. We use them where their relationships exist because they are more comfortable advocating with the people they already know. It is also more effective because the group they are presenting to already trusts them and it's harder to say no to your friends. Another thing that keeps our members active is having CX staff work out a plan and then ask specific people to do specific tasks. We tried a more open approach, but the coalition prefers structure and this system works better for us. Also having the youth involved excites the coalition and keeps our adults engaged in our events and planning. The adults will work even harder to make sure everything is a positive experience for the youth. The youth excitement and energy that the youth bring is contagious.

Describe any barriers related to this indicator that were encountered during the reporting period.

We don't have any significant barriers to getting the coalition active overall, but we do have specific members who aren't able to complete specific tasks. This is really the case with after hour events and meetings, or anything that takes away from their family time or personal time. In this case, we just ask these members to participate in other ways.

Objective Data

What was your work plan objective for this indicator?

By June 30, 2014, maintain at 20 the number of activism events in which Coalition members will participate, with at least 30% meeting criteria for action activism events.

Was your objective met?

Yes; we met our objective

Social Capital Asset 3: Youth Activism

Strategy

Describe any highlights of your work in this area during the reporting period.

Using the campaigns is a great way to get youth engaged. They provide structure and direction, and really help the SWAT youth stay motivated. It also gives them a goal for each year. It is also important to keep them involved with the coalition. We have SWAT members get permission to leave school to attend coalition meetings. Having them there helps keep our SWAT teams plugged into what the coalition is doing. They understand what else is going on in the community, and they are aware of all the ways they can get involved and align their work with the work of the coalition. We also incentivized their participation this year. We got local businesses to donate tickets to a Thunder game (Tech Center) and a

Redhawks game (Local bank), and students who attended a certain number of meetings and completed a certain number of activities were invited to attend these games. In addition, both school districts (Fairview and Alva) allowed these students to miss school that day. We have learned the best way to get youth involved is to give them structure and goals, get them involved with the adults, and to incentivize their participation.

Describe any barriers related to this indicator that were encountered during the reporting period.

We really don't have any barriers with this asset. The school districts are really supportive of youth being involved in these programs and go out of their way to make sure the kids can participate in activities - even those that take place during school hours. One barrier to building new teams is a lack of staff time to nurture new programs. We focused on developing teams in our two biggest communities - one in each county, but don't think we could give an additional SWAT team the staff time and energy they would need to be as successful as the teams we already have. And we don't want to lose any of the momentum we have with these teams. We did have one teacher in Cimarron who started up a team independently. CX staff provided the materials and access to the training videos but wasn't able to attend their meetings or help them fully understand how they can get involved and make an impact outside of the school. The team meetings ended up being more like a health class where members were educated about tobacco, but they didn't get out and do any activism or share this knowledge.

Objective Data

What was your work plan objective for this indicator?

By June 30, 2014 2 SWAT teams in Major/Woods Counties will complete 6 24/7 MOPs.

Was your objective met?

Yes; we met our objective

Social Capital Asset 4: Coalition Member Diversity

Strategy

Describe any highlights of your work in this area during the reporting period.

The Woods and Major County Coalition has maintain our members in our community sectors. The reason for this is because of the success and the community awareness and involvement. The community support helps build our coalition and the MAPP's process in the Woods County Coalition has really help the coalition to plan achieve goals within our coalition. A lesson learned this year is that it's easier to recruit when communities are familiar with your program and know what you're trying to do. It's important to make sure we are getting out there and talking about all the things we are doing throughout the community. Also incorporating some wellness activities outside of just tobacco has expanded the pool of people who are interested in our work.

Describe any barriers related to this indicator that were encountered during the reporting period.

We have found that it is more difficult to recruit people in leadership positions to become members of the coalition. They will work with us as community partners, or may send a representative from their organization, but getting a principal or superintendent to join is very difficult because they just don't have the time in their schedule to attend coalition meetings and do all their other work. In Major county, the umbrella coalition experienced some turnover in the chairperson position. While the position was unfilled, the umbrella coalition stopped meeting. Our tobacco team usually met right after the umbrella coalition, but without these meetings and these updates on what the other programs are doing in the county, it felt for a little while like we were losing momentum. Now they have hired a new chairperson, with experience in TSET grants, so we've gotten back on track.

Objective Data

What was your work plan objective for this indicator?

By June 30, 2014, maintain at 13 the number of sectors represented on the coalition.

Was your objective met?

Yes; we met our objective

**Northwest Family Services, Inc.
Service Projections for cases served for FY15**

Emergency Youth Shelter	Projected Number
Children	13
Days in Care	169
Behavioral Health Outpatient Program	155
Parenting Through Separation And Divorce	30
First Time Offender	20
Family Building Blocks	50
Within My Reach	40
Holiday Families	15

Northwest Family Services, Inc.
Service Projections and number of cases served for FY14

Emergency Youth Shelter	Projected Number	Actual Number
Children	15	12
Days in Care	150	156
Behavioral Health Outpatient Program	130	159
Parenting Through Separation and Divorce	30	34
First Time Offender Program	15	20
Family Building Blocks	45	53
Within My Reach	40	12
Holiday Families	15	18

Northwest Family Services, Inc. Strategic Plan for FY15

Goal I: Continue efforts to get staff ready to meet new administration.

Objective 1: Prep staff to be ready to make changes in administrative style.

Responsibility: John R. Jones, Executive Director and selected Board Members.

Timeline: Throughout FY15

Objective 2: Be consistent in reminding staff that a new executive director will be chosen soon.

Responsibility: John R. Jones, Executive Director and selected Board Members.

Timeline: Throughout FY15

Goal II: Maintain the current level of agency integrity with regard to operational standards and provision of services.

Objective 1: Maintain all licensing and contractual standards at 100% as evidenced by licensing reports provided by OAYS, OJA, DHHS and OSDH on-site program audits and evaluations.

Responsibility: Executive Director and assigned program staff.

Timeline: Throughout FY15

Objective 2: Obtain Oklahoma Dept. of Mental Health and Substance Abuse (ODMHSAS) certification.

Responsibility: Executive Director and agency staff as assigned.

Timeline: Throughout FY15

Goal III: Maintain agency finances at a sufficient level to fund FY14 programs.

Objective 1: Pursue new funding by initiating contact with three new potential funding sources during FY15.

Responsibility: Executive Director and Board of Directors.

Timeline: Throughout FY15