

Start Right

Healthy Families America Programs

2014 ANNUAL REPORT



Oklahoma State Department of Health
Family Support and Prevention Service
Office of Child Abuse Prevention



This report is respectfully submitted in compliance with Title 63, O. S. Section 1-227.

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PROGRAM OVERVIEW

Office of Child Abuse Prevention

The Office of Child Abuse Prevention (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.

As the field of prevention evolved, the efforts and activities to support families became more sophisticated. In 1995, the OCAP began work with Drs. Anne and Rex Culp of Oklahoma State University to pilot and research a relatively new prevention strategy: home visiting. Utilizing a blend of state and federal dollars, the efforts were implemented in six counties.¹

At the completion of the Culp’s evaluation, it was determined that home visiting was beneficial to families. After much consideration, the OCAP chose to continue the work in association with the nationally recognized home visitation model “Healthy Families America” (HFA). Since the early 2000’s, multiple contract cycles for HFA services have been awarded to Oklahoma communities. In Oklahoma, collectively these programs are known as *Start Right*.

Healthy Families America

HFA is an evidence-based model which provides family support and coaching in the home. The goals of HFA, and therefore all *Start Right* Programs, are to increase each family’s protective factors and reduce risk factors that often contribute to child abuse and neglect. HFA is equipped to work with families who have histories of trauma, intimate partner violence, mental health and substance abuse issues.² Developed in 1992 by Prevent Child Abuse America, the model now requires implementing agencies to complete a stringent affiliation and accreditation process in order to maintain model fidelity.³

Start Right/HFA Eligibility Criteria

Referrals to local *Start Right* Programs come from a variety of sources including Women, Infants, and Children (WIC) Clinics, the *parentPRO* free phone referral line, the Oklahoma Department of Human Services (OKDHS) and most often friends/family.



¹ Garfield, McCurtain, Muskogee, McIntosh, Washington and Nowata Counties

² About Healthy Families America. http://www.healthyfamiliesamerica.org/about_us/index.shtml

³ Healthy Families America Best Practice Standards, Effective July 1, 2014 – December 31, 2016.

<http://www.helpmegrow.ohio.gov/-/media/HelpMeGrow/ASSETS/Files/Professionals%20Gallery/HMG%20Home%20Visiting/HV%20Resources/HFA%20BEST%20PRACTICE%20STANDARDS.ashx>

Participation in *Start Right* is voluntary and the families may remain actively engaged in services until their child's sixth birthday.

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

- The mother is beyond her 29th week of pregnancy;⁴ or
- The mother is pregnant with at least her second child; or
- The mother/caregiver has a child under the age of 12 months;⁵ and
- The family scores a minimum of 25 out of 100 on the Kempe Family Stress Checklist.

Kempe Family Stress Checklist

Start Right uses the Kempe Family Stress Checklist (Kempe), a standardized assessment tool, to systematically identify and assess families that would benefit most from home visiting services. The Kempe identifies the various histories associated with increased risk for child maltreatment or other adverse childhood experiences.⁶ The ten item scale addresses topics such as mental health issues, criminal activity, substance abuse, childhood experiences, relationship stressors, inadequate housing and income, family stability and isolation as well as parent-child attachment and bonding.⁷ The *Start Right* Family Support Worker (FSW) uses the information from the Kempe to develop an individualized Family Support Plan focusing on the family's strengths and working towards the reduction of risk factors.



⁴ Start Right contracts require that all mothers who qualify for Children First: Oklahoma's Nurse Family Partnership Program (C1) be referred to C1 in order to avoid duplication of services. C1 focuses on low-income mothers expecting their first child. Mothers must enroll in C1 prior to the 29th week of pregnancy.

⁵ An adaptation has been granted by HFA for Oklahoma: Nationally, families may enroll prenatally or within three months of the baby's birth; however, in Oklahoma there is an allowance for up to thirty-three percent of families to be enrolled with a child between the ages of three months and twelve months of age.

⁶ HFA Best Practice Standards Critical Element #2, Effective July 1, 2014 – December 31, 2016.

⁷ Family Stress Checklist (FSC) (a.k.a. Kempe Family Stress Assessment/Checklist or Carroll-Schmidt Parenting Checklist). <http://friendsnrc.org/joomdocs/fsc.pdf>

START RIGHT CLIENT CHARACTERISTICS

Age

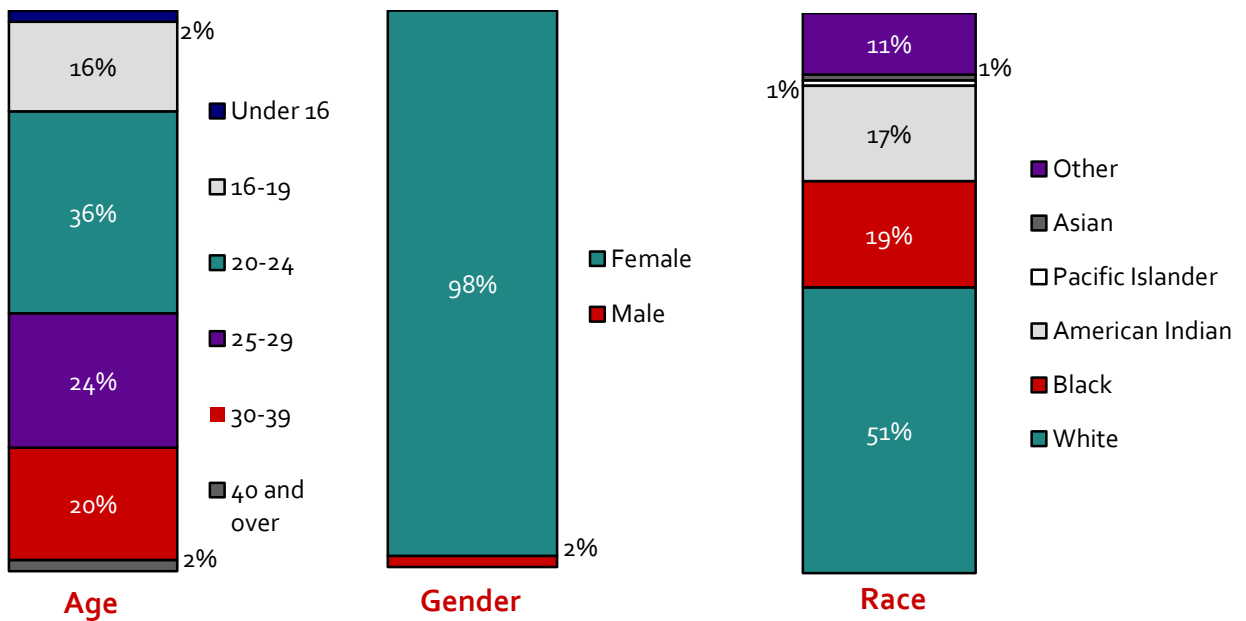
The average *Start Right* parent who enrolled in SFY 2014 was 25 years of age. More than half of the parents were under 25 years of age. The youngest parent was 12 years of age and the oldest was 57 years of age.

Gender

Almost all parents who enroll in *Start Right* are female, though males are encouraged to participate. Each year, male parents make up about two percent of the new enrollments.

Race

Minorities make up 25 percent of the Oklahoma population, but almost half of persons who enrolled in the *Start Right* program in SFY 2014 did not identify as Caucasian.



START RIGHT CLIENT CHARACTERISTICS

Marital Status

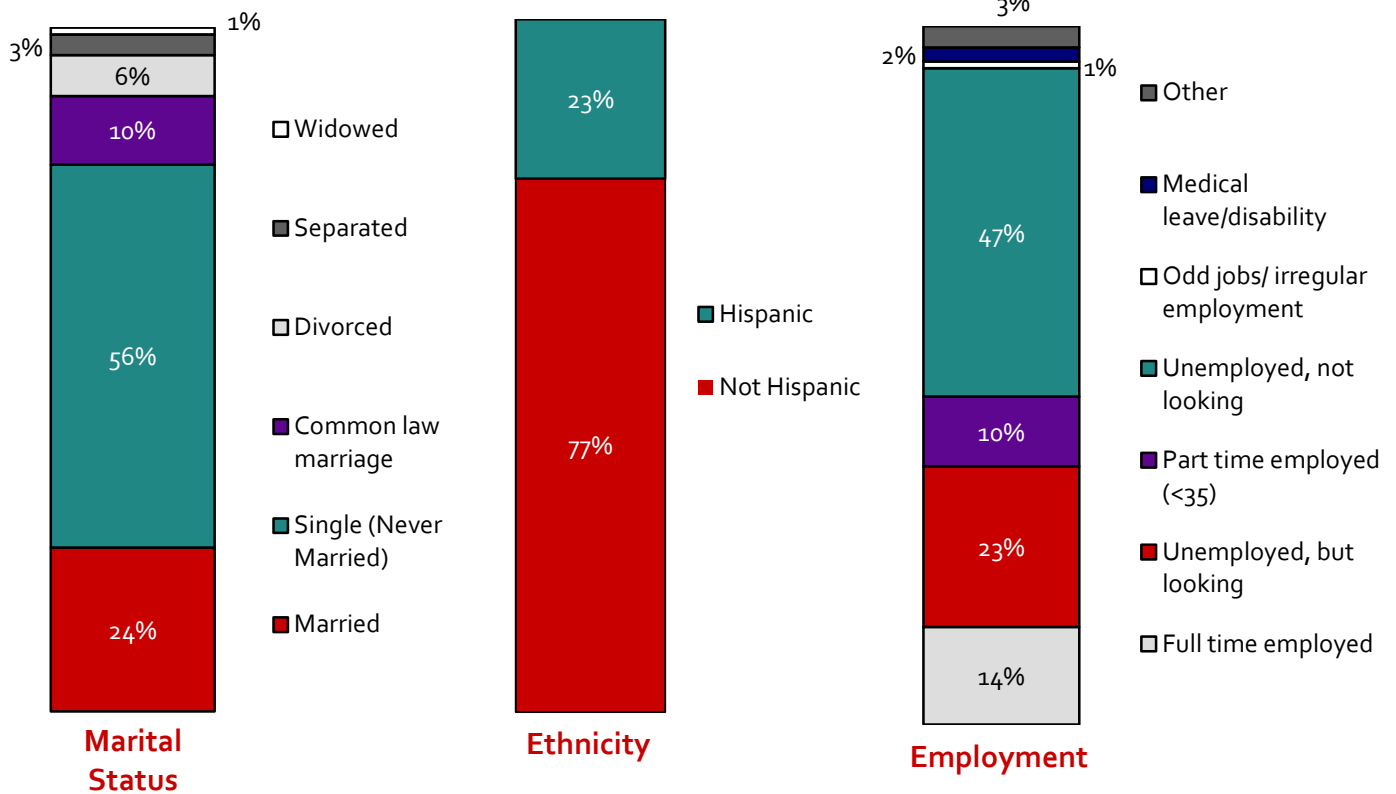
The majority of *Start Right* parents who enrolled in SFY 2014 were single and had never been married.

Ethnicity

Ten percent of Oklahomans identify as Hispanic, whereas 23 percent of new *Start Right* parents in SFY 2014 identified as such.

Employment

The majority of *Start Right* parents who enrolled in SFY 2014 were unemployed.



START RIGHT CLIENT CHARACTERISTICS

Education

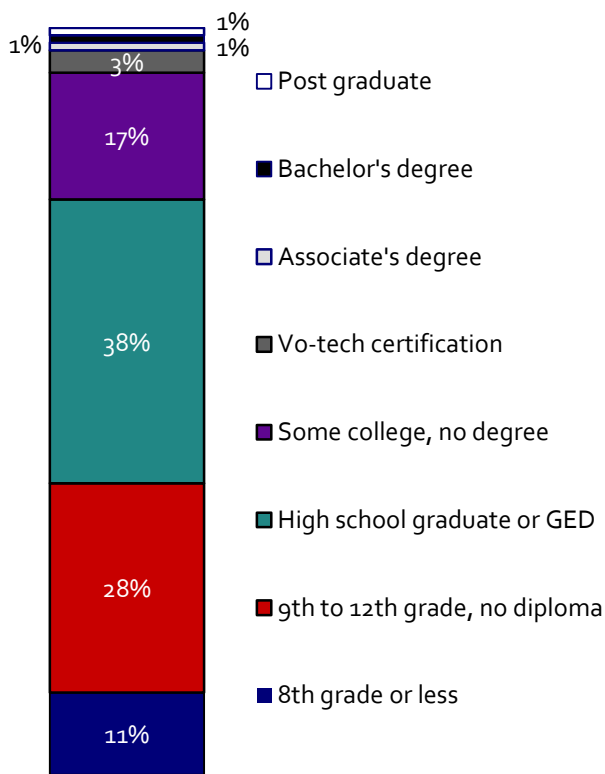
Of the new *Start Right* parents in SFY 2014, 39 percent did not have a high school diploma at the time of enrollment.

Number of Children in the Home

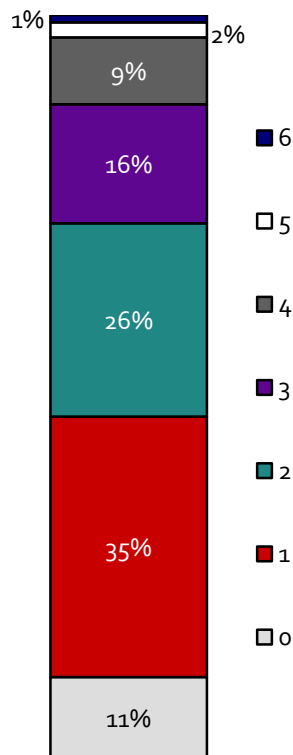
Almost half of *Start Right* parents who enrolled in SFY 2014 reported living with only one child or were pregnant at the time of enrollment.

Ages of Children in the Home

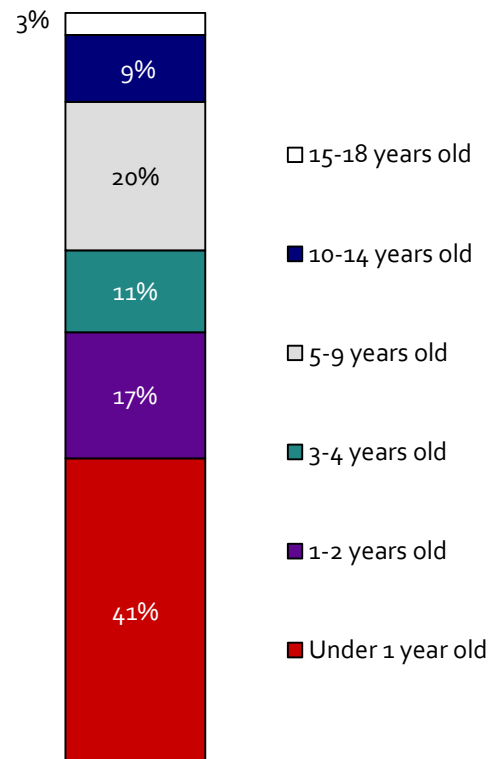
More than half of all children living in the home of new *Start Right* parents in SFY 2014 were under three years of age.



Education



Number of Children in the Home



Ages of Children in the Home

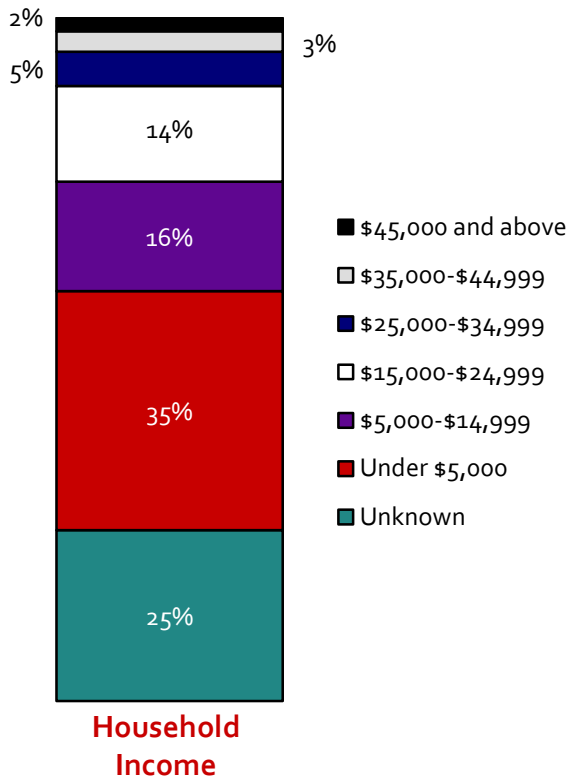
START RIGHT CLIENT CHARACTERISTICS

Household Income

Sixty-five percent of *Start Right* parents who enrolled in SFY 2014 reported having a household income of less than \$25,000.

Household Composition

Among the 349 *Start Right* families who enrolled in SFY 2014, there were 362 other adults living in the same household as the mother of the child(ren). Ninety-one persons reported living alone.



Adults Living in the Household other than the Mother	Number
Father of child	149
Grandmother of the child	70
Grandfather of the child	46
Others	35
Aunt of the caregiver	13
Sister of the caregiver	12
Friend of the caregiver	12
Brother of the caregiver	10
Boyfriend/Not father of child	7
Uncle of the caregiver	6
Stepfather of child	2
Total	362

START RIGHT CLIENT CHARACTERISTICS

Average Length of Enrollment

The length of time a family participates in *Start Right* services depends upon the families' specific needs and the goals they wish to achieve. The home visits are scheduled weekly, bi-weekly or monthly. Services may begin during the prenatal period and may last until that child's sixth birthday. During SFY 2014, 774 families participated in *Start Right*, including some families that began services in previous years and have continued. The average length of participation was 16 months. Below is the list of *Start Right* sites, the number of families served, and the average time in the program.

Site	Counties Served	Number of Families	Average Time in Program (In Months)
Center for Children and Families, Inc. <i>Start Right: Bringing Up Babies</i>	Cleveland, Pottawatomie	59	15
Community Health Centers <i>Start Right: Positive Parents</i>	Oklahoma	32	8
Early Childhood Resource Center <i>Start Right: Healthy Families Program</i>	Nowata, Washington	35	9
Great Plains Youth and Family Services, Inc. <i>Start Right: Growing in Family Training (GIFT)</i>	Beckham, Greer Jackson, Kiowa, Tillman, Washita	40	21
Help-In-Crisis, Inc. <i>Start Right: Helping U Grow (HUG)</i>	Adair, Cherokee, Wagoner	65	16
Latino Community Development Agency <i>Start Right: Nuestras Familias</i>	Oklahoma	63	26
McClain-Garvin County Youth and Family Center <i>Start Right: Healthy Beginnings Program</i>	McClain, Garvin, Grady, So. Cleveland	54	16
McCurtain County Health Department <i>Start Right: Bright Beginnings</i>	McCurtain	51	22
Northern Oklahoma Youth Services Center and Shelter, Inc. <i>Start Right: Family Resource Program</i>	Kay, Osage	34	15
Northwest Family Services, Inc. <i>Start Right: Family Building Blocks</i>	Alfalfa, Grant, Harper, Major, Woods	53	4
Okmulgee-Okfuskee County Youth Services, Inc. <i>Start Right: Family Resource and Support Program</i>	Okfuskee, Okmulgee	53	16
Parent Child Center of Tulsa, Inc. <i>Start Right: Great Beginnings Tulsa</i>	Tulsa	144	12
Parent Promise <i>Start Right: Family Resource Program</i>	Oklahoma	52	20
Youth and Family Services for Hughes and Seminole Co. <i>Start Right: Great Beginnings</i>	Hughes, Seminole	39	21
Total		774	16

START RIGHT CLIENT CHARACTERISTICS

Families Not Participating

Of those potential enrollees that were approached about enrolling in *Start Right*, 239 did not become participants. Below is the list of reasons why the families did not participate.

Reason For Not Participating	Percent
Potential enrollee did not return phone calls	23%
Potential enrollee currently participating in another program	16%
Potential enrollee not interested	15%
Potential enrollee's pregnancy ended in an abortion	12%
Potential enrollee did not feel the need for the program	8%
Potential enrollee requested additional time and never followed up	8%
Potential enrollee lived outside of program service area	6%
<i>Start Right</i> Program was unable to contact family for assessment	3%
Potential enrollee qualified for and was referred to Children First ⁸	3%
Potential enrollee could not be located (wrong address, etc.)	2%
Potential enrollee moved/plans to move out of state	2%
Potential enrollee's pregnancy ended in miscarriage	0.5%
Potential enrollee's pregnancy ended in adoption	0.5%
Potential enrollee's schedule (too busy, work conflict, etc.)	0.5%
Other	0.5%
Total	100%

⁸ Start Right contracts require that all mothers who qualify for Children First: Oklahoma's Nurse Family Partnership Program (C1) be referred to C1 in order to avoid duplication of services. C1 focuses on low-income mothers expecting their first child. Mothers must enroll in C1 prior to the 29th week of pregnancy.

START RIGHT OUTCOMES

The rapid growth and development that characterizes the earliest years of children's lives has drawn increased interest from parents and scientists, as well as professional service providers who continue to search for new knowledge to enhance their work. Extensive research in the neurobiological, behavioral, and social sciences has led to a better understanding of the conditions that influence child development. These scientific gains have shown the importance of early life experiences and more importantly, the critical role of early, positive relationships as they relate to brain development and overall physical health.⁹

FAMILY SAFETY

Violence and injuries are common and can affect anyone regardless of age, race or economic status. However, many of these incidents can be prevented or their consequences reduced if certain precautions are taken. For this reason, providing safety education and screenings, on both relationships and the environment, is integral to the FSW's work with families.

Child Maltreatment

During SFY 2014, the OCAP collaborated with the Oklahoma Department of Human Services (OKDHS) to match children served by **Start Right** to child maltreatment reports and confirmations. The family may or may not have been participating in a **Start Right** program at the time of the report. Of the 749 children who received at least one home visit from **Start Right** in SFY 2014, 633 of them (85 percent) had not been named as a potential victim of an OKDHS report after enrolling in **Start Right**. Furthermore, 723 of them (97 percent) have not had a confirmed child maltreatment case with OKDHS since enrolling in **Start Right**. None of the **Start Right** children served in SFY 2014 had been named in a report to OKDHS for sexual abuse.

In order to enroll in **Start Right**, the parent must score a minimum number of points on the Kempe Family Stress Checklist, a nationally recognized and validated tool that evaluates parents' risk for maltreating their children. It is noteworthy that only 15 percent of the **Start Right** families served in SFY 2014 had been reported for potential maltreatment despite all entering the program with high risk factors.

⁹ From Neurons to Neighborhoods: The Science of Early Childhood Development.
http://www.nap.edu/openbook.php?record_id=9824&page=1

The following table shows the data associated with the 26 confirmed cases of maltreatment among the *Start Right* children served in SFY 2014.

Gender of Children with a Confirmed Case of Maltreatment	
Gender	Percent
Male	69%
Female	31%
Type of Maltreatment in Confirmed Cases	
Type	Percent
Abuse	16%
Neglect	81%
Both	3%
Type of Neglect in Confirmed Abuse Cases	
Type	Percent
Threat of Harm	42%
Exposure to Domestic Violence	23%
Other*	35%
Type of Abuse in Confirmed Neglect Cases	
Type	Percent
Other**	100%
Perpetrators in Confirmed Maltreatment Cases	
Type	Percent
Mother	56%
Father	39%
Other***	5%

*Other neglect includes: Cutting/puncturing, exposure to domestic violence, failure to obtain medical attention, failure to protect, failure to thrive, lack of supervision, shaking, threat of harm.

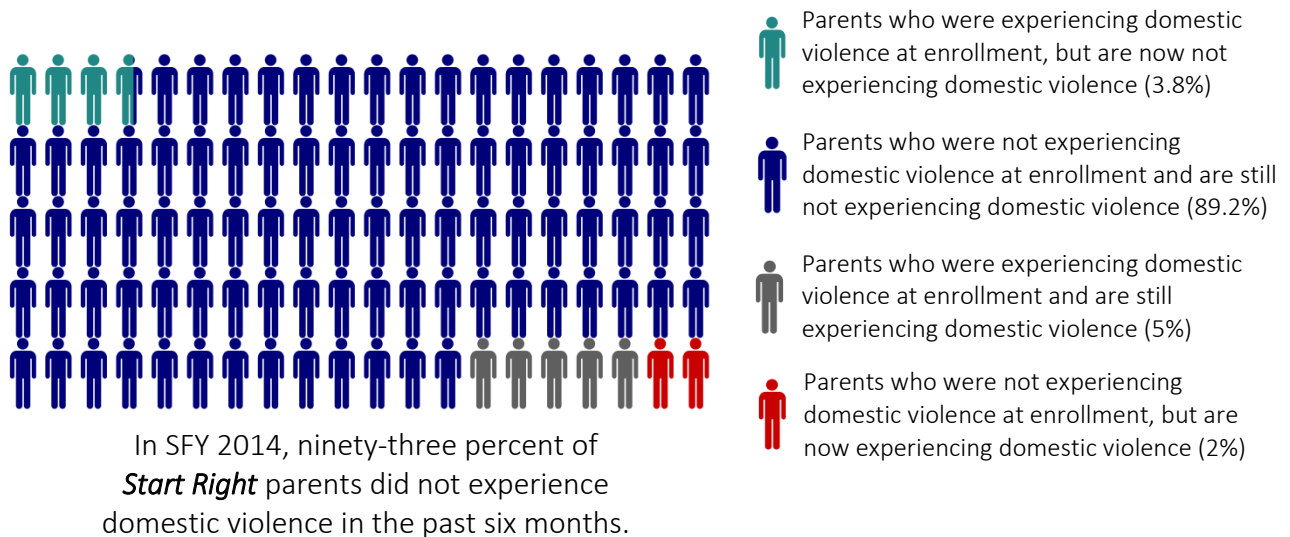
**Other abuse includes: Exposure to domestic violence, inadequate or dangerous shelter, inadequate physical care, lack of supervision, near death, and threat of harm.

***Other perpetrators include: Grandparents and “no relation”

FAMILY SAFETY

Domestic Violence

In recent years, increased attention has been focused on children who witness violence between family members at home. Even when children are not directly injured, exposure to violence can contribute to behavioral, social, emotional and physical problems. Additionally, research suggests that child maltreatment and domestic violence co-occur in an estimated 30 to 60 percent of cases.¹⁰ All participating *Start Right* mothers or primary caregivers are screened multiple times for being a victim of physical, sexual and verbal abuse. Those with identified needs are referred to local domestic violence services and safety plans are developed.



Preventable, Unintentional Injuries and Deaths

Unintentional injuries kill, injure and disable more children each year than all childhood diseases combined. The leading causes of unintentional injury-related deaths for children less than four years of age are car crashes, suffocation, drowning, and fires. *Start Right* FSWs conduct a home safety audit every six months with the family to ensure the safest environment possible. Should issues arise, FSWs connect the family with agencies that provide free or inexpensive safety items such as car seats, outlet covers, and smoke detectors.

Ninety-six percent of Start Right parents reported always traveling with their child in a car seat in SFY 2014.







¹⁰ <https://www.childwelfare.gov/pubs/usermanuals/domesticviolence/domesticviolencecb.cfm>

FAMILY SAFETY

Safe Sleep

Rolling over onto an infant or small child while sharing a sleep space is the leading cause of suffocation for young children. For this reason, FSWs educate parents about the importance of their child having an individual sleep space separate from any other person. Parents are instructed to create a safe sleep environment such as a crib without bumper pads, pillows, quilts or stuffed toys. Additionally, FSWs provide education on safe swaddling practices and the need to place infants on their back to sleep in order to reduce the risk of Sudden Infant Death Syndrome (SIDS).



-  Parents who have reduced co-sleeping with their child since enrollment (11.4%)
-  Parents who did not co-sleep with their child at enrollment and still did not co-sleep with their child (46.2%)
-  Parents who co-slept with their child at enrollment and still co-sleep with their child (33.8%)
-  Parents who increased co-sleeping with their child or began co-sleeping with their child since enrollment (8.6%)

Almost 58 percent of *Start Right* parents either reduced or never started co-sleeping with their child in SFY 2014.



Ninety-eight percent of Start Right parents reported never leaving their child unattended in or near water in SFY 2014.



Ninety-three percent of Start Right households had at least one working smoke detector in SFY2014.

SUCCESS STORY

Sydney Herman and Ian

Parent Child Center of Tulsa

Start Right: Great Beginnings

Tulsa County

Teen mother Sydney took her five month old son Ian to the local hospital for suspected rhinovirus. Additionally, Sydney reported that Ian was sleeping for long periods throughout the day. Upon examining Ian, the doctor discovered that Ian had a fractured rib and was underweight. It also appeared that Ian had not bonded with his mother. A report was made to OKDHS and at the same time, Sydney was referred to the *Start Right: Great Beginnings* Tulsa Program. *Start Right* FSW Erika conducted an assessment of Sydney's situation and soon realized that Sydney and Ian were victims of domestic violence perpetrated by Ian's father. OKDHS placed Ian in protective custody with his maternal grandmother.

FSW Ericka and Sydney quickly established a trusting and productive relationship. With support and encouragement from her FSW, Sydney found the strength to leave Ian's father. Today, Sydney's number one goal is to be legally reunited with baby Ian. She is fully dedicated to keeping her family safe.

Sydney continues to be actively engaged in *Start Right*. Because she is now feeling safer, she has a renewed spirit to learn positive parenting techniques. FSW Ericka has provided creative, simple activities for Sydney and Ian as well as exercises to strengthen Ian's neck muscles and improve his motor skills.

Ian's attachment to his mother is noticeable. He has gained weight, learned to roll over, sit up on his own and speak his first word, "Momma." Ian is a happy baby and laughs when mommy sings "Ian is a superstar, superstar, superstar!" Sydney stated "I've become proactive and I'm taking all of the steps I need to get my son back. He's my hero in the end because even after all he's been through, he still manages to smile."

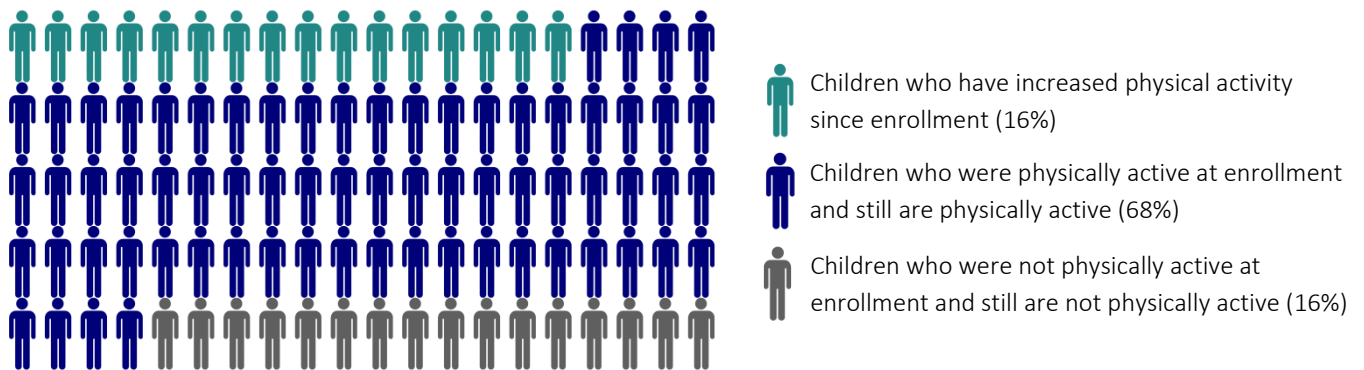


HEALTH AND DEVELOPMENT

Improving the health and development of infants and children is an important goal of the *Start Right* Program. It can be extra challenging for families with few resources and little time to physically play with their children, successfully breastfeed, provide nutritious meals and keep doctor appointments. However, parents that are able to practice healthy behaviors are role modeling these healthy behaviors for their children - paving the way to improved health for future generations.

Physical Activity of Children

The American Heart Association recommends that children and adolescents participate in at least 60 minutes of moderate to vigorous physical activity every day. Compared to children who are inactive, physically active children tend to be more physically fit, have stronger bones and muscles, and more self-esteem. They may even have reduced symptoms of anxiety and depression.¹¹ *Start Right* FSWs encourage parents to play with their children by demonstrating activities and games – causing both parents and children to move more.



Eighty-four percent of *Start Right* children over one year of age were physically active for 20 minutes or more at least one day per week in SFY 2014.

Breastfeeding

Breast milk is widely acknowledged to be the most complete form of nutrition for most infants with a range of benefits for their health, growth, immunity and development. Babies who are breastfed are typically healthier and have reduced risk for Sudden Infant Death Syndrome.¹² *Start Right* FSWs are providing breastfeeding training so that they can support mothers and make appropriate referrals to lactation consultants when necessary.



During SYF 2014, sixty-seven percent of new mothers participating in Start Right initiated breastfeeding.

¹¹ The AHA's Recommendation for Physical Activity in Children.

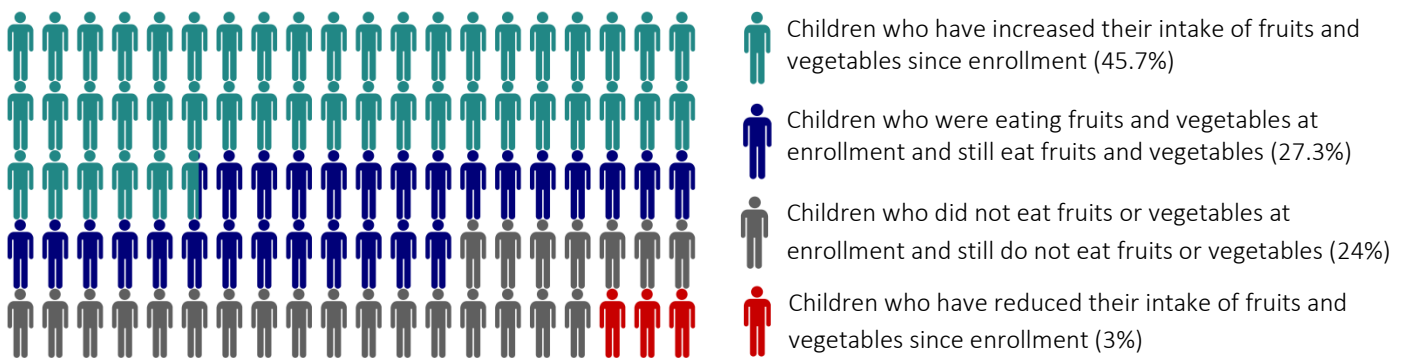
http://www.heart.org/HEARTORG/GettingHealthy/HealthierKids/ActivitiesforKids/The-AHAs-Recommendations-for-Physical-Activity-in-Children_UCM_304053_Article.jsp

¹² Breastfeeding and the Risk of Sudden Infant Death Syndrome. <http://ije.oxfordjournals.org/content/22/5/885.short>

HEALTH AND DEVELOPMENT

Nutrition

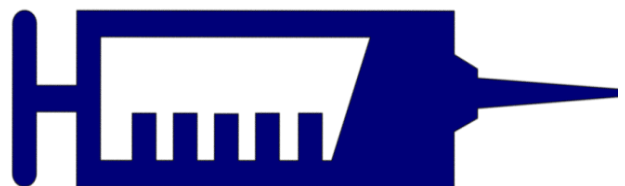
The Dietary Guidelines for Americans encourage families to focus on eating a healthful diet — one that focuses on foods and beverages that help achieve and maintain a healthy weight, promote health, and prevent immediate problems such as iron deficiency anemia, eating disorders, and dental issues.¹³ *Start Right* FSWs promote proper nutrition by providing tasty, child-friendly recipes, teaching food safety, and referring families to WIC, the Supplemental Nutrition Assistance Program and local food banks.



Over 25 percent of *Start Right* children over one year age increased the number of servings of fruits and vegetables eaten per day since enrollment.

Immunizations

Nearly 20 million cases of infectious diseases and 42,000 deaths are averted every year in the United States through timely vaccinations. Thanks to a successful vaccination programs, parents have been spared from having to witness the devastating effects of vaccine-preventable diseases.¹⁴ Today's vaccines are among the 21st century's most successful and cost-effective public health tools for preventing disease and death. In order to support parents, *Start Right* FSWs remind parents about immunizations that are due, provide immunization record keeping tools, and arrange for transportation if necessary.



During SFY 2014, ninety-six percent of Start Right parents reported that their children were up-to-date on their immunizations.

¹³ Dietary Guidelines for Americans. <http://www.cnpp.usda.gov/DietaryGuidelines>

¹⁴ Every Child by Two. http://www.ecbt.org/index.php/facts_and_issues/index.php

SUCCESS STORY**Latoya Alexander and Kasharri****Community Health Centers****Start Right: Positive Parents****Oklahoma County**

Latoya enrolled in the *Start Right: Positive Parents* Program when her baby, Kasharri, was four months old. She came to the program seeking assistance to stabilize her life and learn new techniques to nurture her precious baby girl. FSW Janis worked with LaToya to discern what was most important to her and to set goals. With FSW Janis' support, Latoya began to establish routines for her family. She secured transportation so that she could keep Kasharri's well child and immunization appointments. She took to heart the new parenting skills that she was taught such as reading her baby's cues and responding appropriately. All of LaToya's efforts proved to strengthen the bond and attachment she had with Kasharri. In return, Kasharri was developing into a happy, healthy toddler.



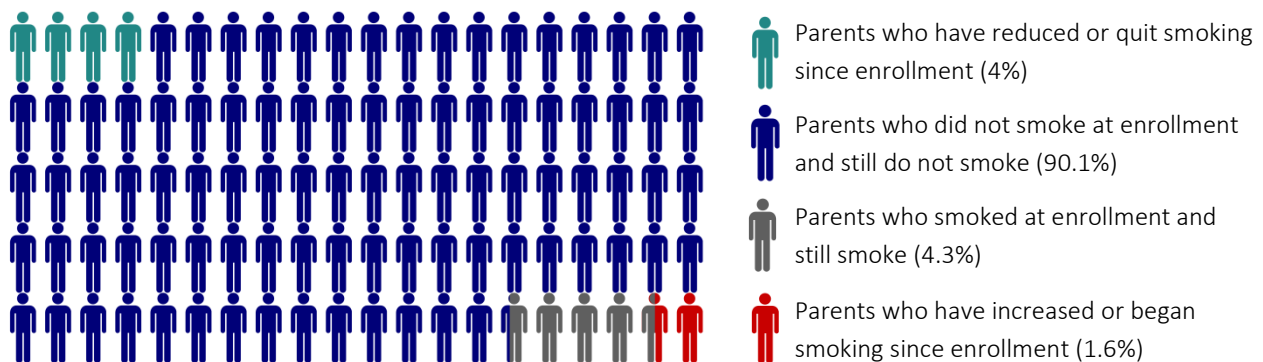
As Latoya began to feel more confident in her parenting abilities, she set new goals. She wanted to incorporate more healthy foods into Kasharri's diet. FSW Janis worked with LaToya to develop meal menus and shared recipes with her. Knowing the importance of reading to her child, LaToya wanted to start a bedtime reading ritual. FSW Janis brought age appropriate books for LaToya to read to Kasharri. "I now read to my baby four or five times a week," says LaToya.

With FSW Janis continuing to cheer on LaToya, Latoya has achieved great things. Recently, she graduated from the University of Central Oklahoma with a bachelor's degree. She was honored with the "Single Mother of the Year Award" by the Bethel Foundation. She has even testified in front of the United States Congress – giving praise to programs like *Start Right* for the support they provide mothers, infants and children. FSW Janis has seen LaToya's transformation. She is so very proud of her and all that she has accomplished.

HEALTH AND DEVELOPMENT

Tobacco Use

Smoking is one of the most preventable high risk behaviors associated with low birth weight and preterm delivery. It is also connected with many other adverse outcomes including increased risk for infertility, stillbirths, and Sudden Infant Death Syndrome. Additionally, exposure to secondhand smoke is a major cause of childhood diseases and illnesses as well as cancer, heart disease, and stroke. Secondhand smoke is estimated to cause more than 700 deaths in Oklahoma among non-smokers each year.¹⁵



Almost 95 percent of *Start Right* parents quit, reduced, or never began smoking from the time of enrollment to the end of SFY 2014.

Postpartum Depression

It is common for women to experience the “baby blues” — feeling stressed, sad, anxious, lonely, tired or weepy — following their baby’s birth. But some women, up to 1 in 7, experience a much more serious mood disorder — postpartum depression. Unlike the baby blues, postpartum depression doesn’t go away on its own. It can appear days or even months after delivering a baby and can last for many weeks or months if left untreated.¹⁶ *Start Right* FSWs administer early detection screenings of maternal depression using the Edinburgh Post-natal Depression Scale. Screenings take place prenatally and at 2, 4, and 6 weeks postpartum or any time if postpartum depression is suspected.



Three hundred twenty Edinburgh Postpartum Depression Screenings were administered to the new Start Right mothers in SFY 2014. Sixty-six percent indicated some signs of depression while thirty-three percent indicated the need for immediate referral to a healthcare professional.

¹⁵ Breathe Easy OK. <http://www.ok.gov/breathetheeasyok/>

¹⁶ What is Postpartum Depression & Anxiety? <http://www.apa.org/pi/women/resources/reports/postpartum-dep.aspx>

SUCCESS STORY

Rebecca White and Aven

**Okmulgee-Okfuskee County Youth Services, Inc.
Start Right: Family Resource and Support Program
Okmulgee County**

Rebecca, the mother of three active little boys, enrolled in the *Start Right*: Okmulgee-Okfuskee Family Resource and Support Program during the first trimester of her fourth pregnancy. During a routine ultrasound, it was discovered that the baby she was carrying had only one kidney. Rebecca was fearful about the complications that might occur during her pregnancy and delivery. She worried about her baby and the challenges that might lie ahead because of the physical anomaly.

However, FSW Rose was able to assist Rebecca by listening to concerns and keeping Rebecca focused on her own health as well as her baby's health. Thanks to FSW Rose securing dependable transportation, Rebecca was able to establish a solid relationship with her medical provider and make all of her appointments.

As Rebecca's pregnancy progressed, she grew more able to cope with her anxieties. Rebecca stated, "What will be, will be." With the support of her husband and FSW Rose, Rebecca was determined they could manage her baby's possible health problems.

Despite only having one kidney, Aven was born otherwise healthy. Today, Aven is thriving. Because of having four active boys, Rebecca and her husband set a goal to move out of Housing and Urban Development (HUD) into a home that provided ample backyard space for the boys to run and play. Aven is able to keep up with his brothers on the swing set and dig in the sandbox. The family was also able to purchase a van, which ensured Aven continues to attend all of his medical check-ups. "I am grateful for the weekly visits as well as the moral support in dealing with my baby's health issues," says Rebecca.

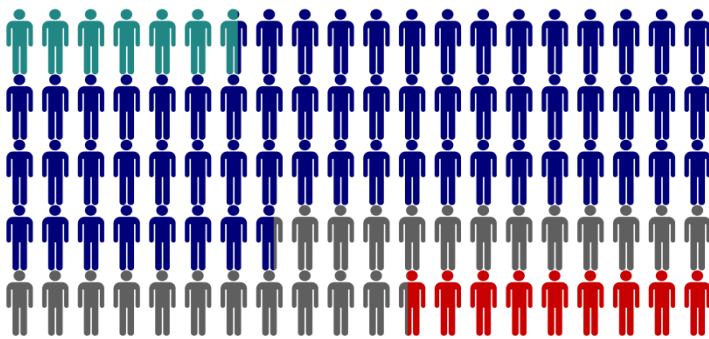






FAMILY STABILITY

Stability and routine are important to the well-being of children. Poverty and lack of interaction from key individuals place families with children at risk of experiencing unhealthy outcomes. *Start Right* helps to build stronger families by providing connections to services that assist in encouraging the completion of educational programs, which lead to increased employment opportunities, and thereby increase household income. Directly in-line with family stability is the involvement of fathers. When fathers are involved in the lives of their children, the children are more likely to exhibit healthy self-esteem and do well in school, in addition to a host of other added benefits to both mother and child.¹⁷

Father Involvement

Children with involved, loving fathers are significantly more likely to have healthy self-esteem. Generally, such children exhibit greater empathy and pro-social behavior compared to children who have uninvolved fathers. Committed and responsible fathering during infancy and early childhood is also known to contribute to a child's success in school, increasing their curiosity as well as their math and verbal skills.¹⁸



-  Fathers who have increased the time spent with their child since enrollment (6.7%)
-  Fathers who spent time with their child at enrollment and still spend time with their child (61%)
-  Fathers who did not spend time with their child at enrollment and still do not spend time with their child (23.5%)
-  Fathers who have decreased their time spent with their child since enrollment (8.8%)

Over 67 percent of fathers of *Start Right* children spent time with their child in SFY 2014.

Connections to Services

Families enrolled in *Start Right* are connected to services in order to help reduce stress levels, provide for basic needs and increase family stability.

Service	Number of Referrals Made
Clothing	2,928
Food	949
Transportation	477
Mental Health Services	211
Furniture	207
Car Seats	186
Primary Care Physician	176
Food Stamps	159
Housing	148
Family Planning	140
WIC	124

¹⁷ Engaging Fathers and Men in Early Education. http://www.hopkinshouse.org/assets/1/7/2013_-_Summer_Newsletter_High_Res_Pics.pdf

¹⁸ <http://fatherhood.hhs.gov/Parenting/index.shtml>

FAMILY STABILITY

Education

Studies have found that compared to a control group, parents participating in home visiting programs are more likely to work, be enrolled in education or training, and have higher monthly incomes.¹⁹ Parents with less education often have lower household incomes, even if they are employed full-time.



Of the Start Right parents served in SFY 2014, 15 percent have furthered their education since enrollment.

Household Income

Economic security is important to the well-being of children and families. The challenges families face living in or near poverty are many and often result in an overall lack of being able to meet their children's basic needs. Families living in poverty commonly lack education and transportation options and work in low-wage jobs without benefits (e.g., health insurance, sick leave) or opportunities for career advancement.²⁰ Child maltreatment can often be linked to stress, and families with low household incomes tend to be under more stress than the average family.



Of the Start Right parents served in SFY 2014, 39 percent have increased their household income since enrollment.

Employment

Unemployment is similar to other traumatic transitions that people experience such as divorce, death of a child, or acquiring a disability. All of these transitions often lead to high levels of stress both for the individuals involved and for their families and communities.²¹ A variety of studies have tied drops in family income to negative effects on children's development. Children especially can suffer high levels of stress due to poverty. Several academic studies have linked unemployment — especially that of fathers — to adverse impacts among children in areas like school performance and self-esteem.²²



Of the Start Right parents served in SFY 2014, who were unemployed at enrollment, 38 percent have found work.

¹⁹ Effective, Evidence-Based Home Visiting Programs in Every State at Risk if Congress Does Not Extend Funding. <http://www.cbpp.org/cms/?fa=view&id=4103>

²⁰ From Poverty to Child Welfare Involvement: The Critical Role of Housing in Family Stability. <http://www.socialworkers.org/practice/children/2009/sept2009.pdf>

²¹ Coping Well with Unemployment. <http://www.ext.colostate.edu/emptrans/feature0209.html>

²² Job Woes Exacting a Toll on Family Life. <http://www.nytimes.com/2009/11/12/us/12families.html?pagewanted=all>

SUCCESS STORY

Jennifer Bennett and Jerimiah **Northern Oklahoma Youth Services** **Start Right: Family Resource Program & The Total Dad Program** **Kay County**

Two months before the birth of her child, Jennifer's husband unexpectedly died from complications following a medical procedure. Jennifer delivered a healthy baby boy, but because Jennifer had two other children who were shaken when they were not in her care (the perpetrators were never prosecuted), DHS took Jerimiah from the hospital. Grieving and isolated, Jennifer's life seemed so bleak. She soon turned to the **Start Right: Family Resource Program** for compassion and support. She was determined to love baby Jerimiah with all of her heart and reunify with him. However, she struggled to find resources to meet basic needs to provide a stable environment for when Jerimiah returned home.

Thankfully, FSW LaChez stood ready to encourage Jennifer through tough days and connect her to a myriad of local services. Jennifer reported feeling discouraged and said "It seems like no one believes me," to which LaChez replied "It's time to get to work, together." Jennifer said with tears in her eyes "I will do anything to get my baby back." Jennifer now has affordable, safe housing. She has been able to obtain necessary baby items for Jerimiah. With reliable transportation options, Jennifer is gainfully employed in a full-time position and has acquired insurance for herself and Jerimiah.

Jennifer's latest challenges relate to her feelings of profound loss due to the death of her husband, loss of her two older children and unresolved childhood issues. FSW LaChez arranged for Jennifer to attend counseling sessions, so that Jennifer can learn new coping skills. She has subsequently noticed that these same skills are useful in dealing with her childhood traumas. "It was like a whole new life had been given to me and I am able to share it with my Jerimiah," says Jennifer who has been successfully working towards reunification with her baby.



ACCOMPLISHMENTS AND RECOMMENDATIONS

SFY 2014 Accomplishments

There were four areas of change and improvement for the Office of Child Abuse Prevention in SFY 2014: the *Start Right* Logic Model, Continuous Quality Improvement (CQI), child health and development outcomes, and father involvement.

Start Right Logic Model: Although the *Start Right* Logic Model has not been significantly changed, small adjustments have occurred to more accurately reflect the work being carried out by *Start Right* home visitors. *Start Right* evaluators continually analyze data and recommend areas for improvement on a regular basis. Areas of concentration include child health and development, primary caregiver health, family stability and family safety. It is anticipated that *Start Right* will continue to see positive changes with the families who are enrolled in home-based parenting services.

Continuous Quality Improvement: *Start Right* staff, in collaboration with other home-based parenting services funded by the Oklahoma State Department of Health, have received training and completed the CQI process. *Start Right* implemented Service By Design, a CQI training using an external CQI expert. The CQI projects were used to make systematic improvements in home-based parenting service processes and outcomes by gaining insights regarding program operations, recruitment and retention of families. *Start Right* contractors have continued to use the CQI process throughout the year to improve and increase services to families.

Child Health and Development Outcomes: *Start Right* has increased training to include topics specific to health education and preconception care. Each home visitor is equipped through training to address maternal health, child health and development. Primary caregivers receive education during home visits on preconception and inter-conception care, specifically on the harmful effects of alcohol, smoking, and drug use and on the importance of folic acid to help ensure a healthy pregnancy. If a primary caregiver enrolls during the prenatal period, home visitors offer support by helping mothers keep all prenatal appointments.

Father Involvement: *Start Right* has continued to implement strategies to involve fathers in home-based parenting services which emphasize the importance of a father's role and increase the bonding and attachment between a father and his child. Northern Oklahoma Youth Services has implemented a program designed for fathers. The Total Dad Program is staffed with one male and one female home visitor and promotes the program to mothers and fathers by providing home-based parenting services to families desiring increased father involvement. Materials and curriculum have been designed to appeal to fathers who are interested in learning more about child health and development, parenting, and family safety as well as local family resources. The concept of home-based parenting services for fathers has been a challenge to implement; as a result services have been expanded to include visits that include both a mother and a father to continue increasing father involvement.

SFY 2015 Recommendations

Recommendations for SFY 2015 are to focus on three areas of concentration that will define the future of the Office of Child Abuse Prevention *Start Right* Program: Healthy Families America (HFA) accreditation, implementing a new data system, and developing comprehensive policies and procedures that adhere to model fidelity.

Healthy Families America Accreditation: The Healthy Families America model is based upon twelve research-based critical elements. Sites that implement HFA commit to provide high quality home visiting services and demonstrate model fidelity through the Quality Assurance and Accreditation process.²³ *Start Right* has become affiliated with Healthy Families America and is working towards final accreditation by October 2015.

Implementing a New Data System: The Oklahoma State Department of Health has purchased a new database that is easy to navigate, provides a variety of standard reports, has a flexible query and custom report development feature at the user level, allows data retrieval that is real-time and is easily accessed from any computer. This unique database will help the contractors with Continuous Quality Improvement by collecting information about recruitment and retention of families and referral to potential resources. Implementation and training is anticipated to begin in January 2015.

Policies and Procedures: *Start Right* initiated the development of detailed and comprehensive policies and procedures which are in line with the HFA Best Practice Standards. The Best Practice Standards establish the expectation for policy and practice that has been determined either through research or consensus from the field, as a demonstration of excellence. The *Start Right* policies and procedures will detail the standards contained within each of the 12 Critical Elements which address and support Best Practice Standards. The policies and procedures will be completed by August 2015.

PROGRAM COSTS

The state expenditure per family during SFY 2014 was \$3,132. This amount was calculated by dividing the total contract expenditures of \$2,424,524 by the total number of unduplicated families participating in *Start Right*. During SFY 2014, a total of 774 families received at least one visit.

²³ Healthy Families America Best Practice Standards, Quality Assurance and Accreditation, Prevent Child Abuse America, Effective July 1, 2014-December 31, 2016. <http://www.healthyfamiliesamerica.org/home/index.shtml>