The Office of
Child Abuse
PREVENTION

ANNUAL REPORT
State Fiscal Year 2011

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HISTORY

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. The Act declared that the prevention of child abuse and neglect was a priority in Oklahoma.

During State Fiscal Year 2011, The OCAP awarded 22 contracts[1] to community-based agencies for prevention services to families at-risk for child maltreatment. Services were provided by various agencies such as Oklahoma State University Cooperative Extension Services, youth & family services and county health departments. Collectively these programs are known as the Start Right Programs. OCAP staff monitors and evaluates these prevention programs as well as provided training and technical assistance to local staff.

This report includes the following statutorily required information and data elements:

1) Age and marital status of parents;
2) Number and age of children living in the household;
3) Household composition of families served;
4) Number of families accepted into the home visitation services by contract site and average length of time enrolled;
5) Number of families not accepted into the program and the reasons therefore; and
6) Average expenditure per family during the most recent fiscal year.

In addition, recommendations are included for further development and improvement of services and programs for the prevention of child abuse and neglect.

All Start Right Contractors were required to provide two types of prevention services: home visitation and center-based. The majority of staff time and effort was dedicated to providing home visitation services. Only families with risk factors related to abuse and neglect were enrolled in home visitation services because evidence has shown they benefit the most. Center-based services may have been utilized by home visited families as a supplement or have been utilized by families that did not qualify for home visiting.

[1] Pittsburg County Health Department, Healthy Families Program ended their contract December 31, 2010.

START RIGHT: PROMOTING CHILD WELL-BEING AND SAFETY

Start Right Programs serve families that demonstrate characteristics known to contribute to high risk behaviors and poor health outcomes, as well as risk factors that are associated with child abuse and neglect. The majority of Start Right families are comprised of a single mother, aged 20-29 years, with less than a high school education and an average household income less than $5,000.

The following outcome data is specific to State Fiscal Year 2011 unless otherwise noted. In areas where most recent updates occurred, the time frame varies for each family depending on time of enrollment and birth of the identified child.

PARENT/CAREGIVER HEALTH

TOBACCO USE: Tobacco use during pregnancy remains one of the single most preventable causes of poor birth outcomes, including preterm delivery and low birth weight.[2] Start Right home visitors that work with women during their pregnancy have a unique opportunity because women are generally more motivated to quit smoking at this time for the sake of their babies' health.[3] During the SFY 2011, 29% of Start Right participants were attempting to reduce their smoking at time of enrollment. **At the most recent update, 40% of the Start Right participants that smoke reported that they were attempting to reduce their rate of smoking.**

VEGETABLE CONSUMPTION: Start Right encourages families to eat more produce not only for good health, but to model healthy eating habits for their children. If a family has healthy food readily available in the home, the child is much more likely to make better food choices. At enrollment, only 19% of the Start Right participants consumed the recommended daily servings of vegetables. **At the most recent update, 22.5% of the Start Right participants consumed the recommended daily servings of vegetables. In addition, Start Right Programs referred families to local food banks/pantries, Women, Infants and Children (WIC), and other social services.**

CHILD HEALTH & DEVELOPMENT

IMMUNIZATIONS: Disease prevention is critical for overall public health. Immunizations prevent disease among the children that receive them and protect those that come in contact with them.[4] **Ninety-three percent (93%) of the Start Right children were up to date on their immunizations.** Only 70% of all Oklahoma children completed the primary series of 15 doses according to the Centers for Disease Control.[5]

BREASTFEEDING: Start Right Programs include breastfeeding education and support to women in an effort to promote bonding between mothers and their infants. Breastfeeding is also known to improve children's health, decrease post-partum depression and decrease child maltreatment.[6] **Among those Start Right mothers who gave birth, 72% initiated breastfeeding.** The overall state rate for any woman who had a live birth and was breastfeeding is 77%.[7] Considering the fact that Start Right participants are part of an at-risk population, the Start Right rate should be viewed as a success.

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[2] March of Dimes. Smoking During Pregnancy. http://www.marchofdimes.com/professionals/14332_1171.asp
[3] Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal Smoking, Volume 9, Number 4, Oklahoma State Department of Health
[4] How Vaccines Prevent Disease. http://www.cdc.gov/vaccines/vac-gen/howvpd.htm
[5] 2009 National Immunization Survey, Centers for Disease Control. Unpublished table. http://www.cdc.gov/vaccines/stat-surv/nis/default.htm#nis
[6] http:// ok.gov/health/child_and_family_health/breastfeeding/why_and_how_long_to_breastfeed/index.html
[7] Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS), unpublished 2009 data. Maternal and Child Health Assessment, Oklahoma State Department of Health

Family Stability

The likelihood of a child experiencing maltreatment is often associated with his/her social and economic environment.[8] Children from households with lower income and lower parental education and who live in communities with greater concentrations of disadvantaged people, housing stress, low social capital and lack of social support are more likely to be exposed to child maltreatment.[9]

Employment: Twenty-four percent (24%) of Start Right participants were employed at time of enrollment. **At the most recent update, the number of participants who were employed increased to 36.2%.**

Household Income: At enrollment, 23% of participants were earning an annual income of $5,000 or less. **At the most recent update, the number of participants who were earning $5,000 or less decreased to 15.9%.**

Housing: At enrollment fifty-nine percent (59%) of the Start Right participants lived in rented housing and 22% owned their home. **At the most recent update, the rate of Start Right participants that lived in rented housing decreased to 55% while the rate of those that owned their home increased to 26%. Start Right referred 85 families to appropriate services for housing assistance and referred 91 families to appropriate services for rent and utility assistance.**

Positive Parenting & Parent-Child Interaction

Depression: Studies have shown that postnatal depression affects new mothers, and that many remain untreated. These mothers may cope with their baby and with household tasks, it is possible that there are long-term effects for the child. The Edinburgh Postnatal Depression Scale has been developed and is used to detect mothers suffering from postnatal depression; which is a distressing disorder more prolonged than the "blues" that occur in the first week after delivery.[10] **In SFY 2011, 786 primary caregivers were screened for depression. Of these, 30 primary caregivers (3.8%) were identified with depression-related concerns. These mothers were referred to a primary care physician for further evaluation and treatment.**

Family Safety

Safe Sleep: In order to reduce the risk of sleep-related deaths from Sudden Infant Death Syndrome and accidental suffocation and strangulation, the American Academy of Pediatrics recommends that babies be placed on their backs on their own firm sleeping surface free of soft bedding.[11] Families participating in Start Right are routinely educated about safe sleep practices. **Sixty-six percent of Start Right parents place their baby on his/her back compared to 64.9% of all Oklahoma parents. Only 18% of Start Right babies always share a sleep space with others such as their parents or other children and 40% of Start Right babies never share a sleep space.** Over 20% of all Oklahoma babies always share a sleep space with others and only 29% never share a sleep space.[12]

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[8] A Better Start: Child Maltreatment Prevention as a Public Health Priority. Francie Zimmerman, The Doris Duke Charitable Foundation, James A. Mercy, Centers for Disease Control and Prevention. http://www.zerotothree.org/maltreatment/child-abuse-neglect/

[9] Kotch, Browne, Ringwalt, Dufort, & Ruina, 1997; Runyan, Wattman, Ikeda, Hassan, & Ramiro, 2002. Sidebotham & Heron, 2006. http://www.zerotothree.org/maltreatment/child-abuse-neglect/30-5-zimmerman.pdf.

[10] British Journal of Psychiatry June, 1987, Vol. 150 by J.L. Cox, J.M. Holden, R. Sagovsky http://childbirthsolutions.com/articles/edinburgh-postnatal-depression-scale-epds/

[11] SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;128/5/e1341?rss=1

[12] Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS), unpublished 2009 data. Maternal and Child Health Assessment, Oklahoma State Department of Health

CAR SAFETY: During SFY 2010, the Oklahoma Child Death Review Board reviewed and closed 127 cases involving accidental deaths of children under the age of 18. Vehicular accidents comprised 62.2% of all of these accidental deaths. Of those children that died in motor vehicle accidents, 62% were not properly restrained.[13] **During SFY 2011, 97% of all Start Right parents had a car safety seat properly installed in their car. In addition, Start Right referred 158 families to appropriate agencies/services in order to obtain a car safety seat and assure that it was properly installed.**

DOMESTIC VIOLENCE: There has been a growing awareness of the co-occurrence of domestic violence and child maltreatment.[14] Research suggests that in a family where either domestic violence or child maltreatment is identified, it is likely that both forms of abuse exist.[15] Studies show that for victims who experience severe forms of domestic violence, their children also are in danger of suffering serious physical harm. [16] **In SFY 2011, 16 Start Right families were identified and referred to Domestic Violence Crisis Intervention.**

HOME VISITATION SERVICES

Start Right Programs provide intensive home visitation services utilizing the evidence-based, nationally recognized Healthy Families America (HFA) model to address and minimize the risk factors known to contribute to child maltreatment. HFA is designed to work with overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences. The HFA model meets the needs of families who may have histories of trauma, intimate partner violence and mental health and/or substance abuse issues. HFA services are offered voluntarily and have a strong research base which includes randomized control trials and well designed quasi-experimental research. In 2006, HFA was named a "proven program" by the RAND Corporation based on research conducted on the Healthy Families New York programs. Additionally, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) have rated HFA as "Effective".[17]

The Start Right implementation of HFA allows a family to enroll in home visitation services as long as they have a child in the household under the age of one year; however, it is best to engage a family as early as possible-particularly during the prenatal period.[18]

At the first contact, an initial screening is conducted to determine if the family exhibits risk factors associated with child-maltreatment. Next, the Kempe Family Stress Checklist is used to uncover mental health issues, criminal and substance abuse history, childhood history, attitudes towards and perception of their child, discipline strategies and level of stress in the parent's life. If home visiting is deemed appropriate, a family support worker will provide weekly, bi-weekly or monthly visits depending on the needs of the family. Services may continue until the child's sixth birthday.

[13] Oklahoma Child Death Review Board Annual Report 2010. http://www.okkids.org/CDRB/reports.htm
[14] Appel, A.E., & Holden, G. W. (1998). The co-occurrence of spouse and physical child abuse: A feview and appraisal. *Journal of Family Psychology,* 12(4), 578-599; Edleson, J. L. (1999). The overlap between child maltreatment and woman battering.
[15] Appel, A. E., & Holden, G. W. (1998). Co-occurring spouse and child abuse: Implicatrions for CPS practice. *APSAC Advisor, 11*(1), 11-14; Edleson, J. L. (1999); Stark, E., & Filcraft, A. H. (1988); Hughes, H. M., Parkinson, D., & Vargo, M. (1989). Witnessing spouse abuse and experiencing physical abuse: A "double whammy"? *Journal of Family Violence,* 4(2), 197-209.
[16] Barentt, O. W., Miller-Perrin, C.L. & Perrin, R. D. (1997). *Family Violence Across the Lifespan: An Introduction.* Thousand Oaks, CA: Sage; Hughes, H. M. et al. (1989)
[17] Healthy Families America Overview. http://www.healthyfamiliesamerica.org/about_us
[18] Start Right contracts require that all parents qualifying for Children First (C1) Program (Oklahoma's Nurse Family Partnership) be referred to that program in order to avoid duplication of services. C1 is a state funded home visitation program focusing on low-income mothers expecting their first child. Mothers may enroll up to the 29th week of pregnancy.

-- Home Visitation Data --

Age and Marital Status of Parents

Age: The caregiver's age may be a risk factor for some forms of maltreatment. Some studies of physical abuse in particular have found that mothers who were younger at the birth of their child exhibited higher rates of child abuse than did older mothers.[19] Other contributing factors, such as lower economic status, lack of social support, and high stress levels may influence the link between younger childbirth-particularly teenage parenthood-and child abuse.[20] The table below indicates that Start Right is reaching this vulnerable population.

Age of Parents	New Clients		Returning Clients		Clients with Unknown Start Date		Total Clients	
	N	%	N	%	N	%	N	%
Under 16	21	4.0	2	0.4	0	0	23	1.9
16-19	143	27.1	76	13.6	4	2.6	223	18.0
20-29	270	51.1	339	60.9	91	59.9	700	56.6
30-39	87	16.5	116	20.8	44	28.9	247	20.0
40 and Over	7	1.3	24	4.3	13	8.6	44	3.6
Missing	0	0.0	0	0.0	0	0	0	0.0
Total	**528**	**100%**	**557**	**100%**	**152**	**100%**	**1,237**	**100%**

Marital Status: Over two-thirds of primary care givers in Start Right are unmarried. Single-parent households are substantially more likely to have incomes below the poverty line. Low income, the increased stress associated with the sole burden of family responsibilities, and fewer supports are thought to contribute to the risk of single parents maltreating their children.[21]

Marital Status	New Clients		Returning Clients		Clients with Unknown Start Date		Total Clients	
	N	%	N	%	N	%	N	%
Married	124	23.5	187	33.6	89	58.6	400	32.3
Widowed	0	0	2	0.4	1	0.7	3	0.2
Separated	34	6.4	40	7.2	7	4.6	81	6.5
Single, Never Married	334	63.3	285	51.2	42	27.6	661	53.4
Divorced	32	6.1	38	6.8	10	6.6	80	6.5
Missing	4	0.8	5	0.9	3	2.0	12	1.0
Total	**528**	**100%**	**557**	**100%**	**152**	**100%**	**1,237**	**100%**

[19] Black, D.A. et al. (2001a); Straus, M.A., Hamby, S.L., Finkelhor, D., Moore, D.W., & Runyan, D. (1988). Identification of child maltreatment with the parent-child conflict tactics scales: Development and psychometric data for a national sample of American Parents. *Child Abuse a Neglect* 22, 249-270; Connelly, C.D., & Straus, M.A. (1992). Mother's Age Risk for physical abuse. *Child Abuse and Neglect* 16(5), 709-718.

[20] Buchholz, E.S.,. & Korn-Bursztyn, C. (1993). Children of adolescent mothers: Are they at risk for abuse? *Adolescence*, 28, 361-382; Kinard, E.M., & Klerman, L.V. (1980). Teenage parenting and child abuse: Are they related? *American Journal of Orthopsychiatry*, 50(3), 481-488.

[21] http://www.childwelfare.gov

Number and Age of Children Living in the Household

Studies have found that compared to similar non-neglecting families, neglectful families tend to have more children or greater numbers of people living in the household.[22]

Start Right Programs educate families about family planning and spacing subsequent births at least 24 months for optimum maternal and child health outcomes. Referrals are given to support family planning and regular pre-natal visits. The benefits of family planning as it relates to child abuse and neglect are:

- Mothers will have more energy and be less stressed;
- Mothers will have more time to bond with the baby; and
- Families will have less financial stress.[23]

Age at the End of SFY 2011	New Clients		Returning Clients		Clients with Unknown Start Date		Total Clients	
	N	%	N	%	N	%	N	%
Under 1 year old	234	32.4	35	4.0	4	1.4	273	14.6
1 to 2 years old	192	26.6	430	49.3	40	14.3	662	35.3
3 to 4 years old	93	12.9	157	18.0	104	37.3	354	18.9
5 to 9 years old	108	14.9	144	16.5	99	35.5	351	18.7
10 to 14 years old	66	9.1	73	8.4	21	7.5	160	8.5
15 to 18 years old	25	3.5	26	3.0	9	3.2	60	3.2
Other Ages	5	0.7	8	0.9	2	0.7	15	0.8
Total	**723**	**100%**	**873**	**100%**	**279**	**100%**	**1,875**	**100%**

**Data is only collected for up to four children per family.*

[22] Sedlak, A.J., & Broadhurst, D.D. (1996); Chaffin, M. et al. (1996); Polansky, N.A., Guadin, J.M., Ammons, P.W., & Davis, K.B. (1995). The psychological ecology of the neglectful mother. Child Abuse and Neglect, 9, 265-275; Zuravin, S.J., & Taylor, R. (1987).
[23] Public Health Division of Contra Costa Health Services, Conde-Agudelo et al. 295 (15) 1809 — JAMA.html

HOUSEHOLD COMPOSITION OF FAMILIES SERVED

Chronically neglected families often are characterized by a chaotic household with changing constellations of adult and child figures (e.g. a mother and her children who live on and off with various others, such as the mother's mother, the mother's sister, or a boyfriend).[24]

ADULTS LIVING IN THE HOUSEHOLD OTHER THAN THE MOTHER	NEW CLIENTS		RETURNING CLIENTS		CLIENTS WITH UNKNOWN START DATES		TOTAL CLIENTS	
	N	%	N	%	N	%	N	%
None	88	11.3	71	9.8	22	12.0	181	10.9
Father	228	31.2	298	41.3	87	47.3	613	37.0
Stepfather	4	0.5	8	1.1	10	5.4	22	1.3
Boyfriend/Not Father	3	0.5	18	2.5	6	3.3	27	1.6
Grandmother	148	19.8	117	16.2	19	10.3	284	17.1
Grandfather	102	13.5	74	10.3	17	9.2	193	11.6
Aunt	18	2.3	10	1.2	0	0	28	1.7
Uncle	15	2.0	4	0.6	3	1.6	22	1.3
Sister	42	5.6	30	4.2	5	2.7	77	4.6
Brother	36	4.8	23	3.2	6	3.3	65	3.9
Friend	9	1.1	10	1.4	3	1.6	22	1.3
Other	60	7.5	58	8.0	6	3.3	124	7.5
TOTAL OF ABOVE RESPONSES	**753**	**100%**	**721**	**100%**	**184**	**100%**	**1,658**	**100%**
TOTAL CLIENTS	**528**		**557**		**152**		**1,237**	

[24] Polansky' N.A., Gaudin, J.M., & Kilpatrck, A.C. (1992). Family radicals. *Children and Youth Services Review, 14*, 19-26.

AVERAGE LENGTH OF ENROLLMENT

The ultimate length of service is based on individual family successes. While the goal is to empower families, it is important that they are able to maintain stability specifically as related to a safe environment for their child. The duration on each level of service intensity will vary based on the goals achieved by the family, program location and community resources.[25]

START RIGHT PROGRAMS -- COUNTIES SERVED	TOTAL NEW & RETURNING FAMILIES	AVERAGE TIME IN PROGRAM (IN YEARS)
Center for Children & Families Inc - Bringing Up Babies - Cleveland	57	1.0
Community Children's Shelter & Family Services Inc - Family Resource Program - Carter, Love & Murray	36	1.0
Community Health Centers - Positive Parents - Oklahoma County	36	0.8
Great Plains Youth & Family Services Inc - Growing in Family Training (GIFT) - Greer, Jackson, Kiowa, Tillman	38	1.1
Great Plains Youth & Family Services Inc - Growing in Family Training (GIFT) - Beckham, Custer, Roger Mills, Washita	36	0.9
Help-In-Crisis Inc - Helping U Grow (HUG) - Adair, Cherokee, Wagoner	44	1.0
Latino Community Development Agency - Nuestras Familias - Oklahoma County	37	1.4
McClain-Garvin County Youth & Family Center - Healthy Beginnings Program - McClain, Garvin, Southern Cleveland County	33	1.3
McCurtain County Health Department - Bright Beginnings - McCurtain	52	1.2
Northern Oklahoma Youth Services Center & Shelter Inc - Family Resource Program - Kay	44	1.1
Northwest Family Services Inc - Family Building Blocks - Alfalfa, Grant, Major & Woods	42	1.2
Oklahoma State University Cooperative Extension Service - Parent Child Connections - Canadian	28	1.5
Oklahoma State University Cooperative Extension Service - Parent Child Connections - Delaware	36	0.9
Oklahoma State University Cooperative Extension Service - Parent Child Connections - Comanche, Cotton, Jefferson & Stephens	86	1.2
Oklahoma State University Cooperative Extension Service - Parent Child Connections - Texas	39	1.4
Okmulgee-Okfuskee County Youth Services Inc - Family Resource & Support Program - Okmulgee	41	1.2
Parent Child Center of Tulsa Inc - Great Beginnings Tulsa - Tulsa	168	1.1
Parent Promise - Family Resource Program - Oklahoma	102	1.3
Pittsburg County Health Department - Healthy Beginnings/ Families Program - Pittsburg	12	1.8
Sapulpa Public Schools - Sapulpa Area Family Education Resource Center - Creek	43	1.8
Washington County Child Care Foundation - Healthy Families & Babies - Nowata, Washington	40	1.6
Youth & Family Services for Hughes & Seminole Counties - Great Beginnings - Hughes & Seminole	35	1.3
TOTAL NUMBER OF FAMILIES	1,085[26]	

[25] Healthy Families America Participants Manual
[26] 152 families have missing data.

Families Declining Participation And Reasons Provided

2,199 families were screened for risk factors associated with child maltreatment. Of those screened, 78% were further assessed to determine if they exhibited risk factors that were amenable to home visiting services. The remaining 22% of families did not continue the assessment process. Below are the reasons why these families did not continue the assessment process.

Reason	Number of Families	Percent
Person not interested	48	10.8
Person does not feel the need for the program	21	4.7
Person did not return phone call	38	8.6
Program was unable to contact family for assessment	46	10.4
Person moved/plans to move out of state	7	1.6
Person could not be located (wrong address, etc.)	6	1.4
Person requested additional time and never followed up	3	0.7
Person lives outside of program service area	47	10.6
Person currently participating in another program	8	1.8
The pregnancy ended in a miscarriage	3	0.7
Schedule conflict (too busy, work conflict, etc.)	11	2.5
Qualified for and was referred to Children First[27]	31	7.0
Person did not provide specific reasons	3	0.7
Child Protective Services are currently involved with the family	2	0.5
Child does not meet the age requirement	128	28.7
Other	35	7.9
Missing	6	1.4
Total	**443**	100

[27] Children First, Oklahoma's Nurse Family Partnership, is a state funded home-visitation program, focusing on low-income mothers expecting their first child. Mothers must enroll in Children First by the 29th week of pregnancy.

CENTER-BASED SERVICES

Out of the 205 participants who enrolled in center-based services during SFY 2011, 104 were the child's primary caregiver, 20 were not the child's primary caregiver and the status was unknown for 81 participants. All Start Right Contractors are required to provide center-based services. There are two types of center-based services that the Contractors may provide: 1) Structured Parent Education groups or 2) Circle of Parents® support groups.

Parents that have a low to moderate number of risk factors associated with child maltreatment are offered center-based services as opposed to home visitation services. Parents participating in home visitation services are also encouraged to enroll in center-based services in order to reduce parents' feelings of isolation and provide opportunities to develop informal support networks with other parents.

STRUCTURED PARENT EDUCATION GROUPS

Structured Parent Education groups are led by professional staff utilizing curricula approved by OCAP. The groups may meet from four to twelve weeks on a weekly, bi-weekly or monthly basis. Ten to fifteen minutes of parent-child interaction is incorporated into every session. Subject matters covered include topics such as child development, discipline, health and safety, managing personal finances, preparing for job interviews, and stress reduction.

CIRCLE OF PARENTS® SUPPORT GROUPS

These support groups are co-facilitated by a participating parent or parents and a staff facilitator. The topics or theme for the group sessions are determined by the parents' interests and needs. This particular model emphasizes parent involvement and leadership. The groups are designed to be flexible and on-going. Parents decide whether they meet on a weekly, bi-weekly or monthly basis and sessions usually last one to two hours. Meetings utilize a discussion format and are focused on developing social and emotional support among parents.

-- CENTER-BASED DATA --

Data Note: Due to the design of the current data collection forms, the data for center-based services is limited to those that began participating during SFY 2011. In addition, the data presented represents those families participating in center-based services only as opposed to those that participate in both center-based and home visiting services. Plans are underway to improve the data collection in this area for the next contract cycle beginning July 1, 2012.

MARITAL STATUS		
	N	%
Married	103	51.2
Single, never married	67	33.3
Widowed	1	0.5
Divorced	13	6.5
Separated	17	8.5
Missing	4	0%
Total	**205**	**100%**

RACE/ETHNICITY		
	Freq	%
White Non-Hispanic	102	50
Black Non-Hispanic	13	6
Al Non-Hispanic	15	7
Hispanic	58	30
Multiracial Non-Hispanic	9	4
Other Non-Hispanic	2	1
Missing	5	2
Total	**204**	**100%**

GENDER		
	N	%
Males	18	9
Females	180	88
Missing	7	3
Total	**205**	**100%**

Most participants of center-based services are mothers. However, all caregivers are encouraged to attend – particularly fathers.

HOUSEHOLD INCOME		
	N	%
Under $5,000	35	17
$5,000 - $14,999	21	10
$15,000-$24,999	23	12
$25,000-$34,999	11	5
$35,000-$44,999	1	1
$45,000 and above	12	6
Unknown	87	42
Missing	15	7
Total	**205**	**100%**

In 2010, the state of Oklahoma median household income was $42,072 and the median family income was $51,958.[28]

[28] A median household is defined as including all the people who occupy a housing unit as their usual place of residence. A median family is defined as a group of two or more people who reside together and who are related by birth, marriage, or adoption.

Number of Families with Children <Six Years of Age In the Home		
	N	%
Zero Children	27	13.2
One Child	95	46.3
Two Children	52	25.4
Three Children	8	3.9
Four Children	2	1
Missing	21	10.2
Total	**205**	**100%**

Employment		
	N	%
Full time	30	14.6
Unemployed, but looking	52	25.4
Part-time	14	6.8
Unemployed, not looking	91	44.4
Odd jobs/irregular employment	1	0.4
Medical leave/disability	5	2.4
Other	4	2.0
Missing	8	3.9
Total	**205**	**100%**

Program Costs Per Family for SFY 2011

The average state expenditure per family during SFY 2011 was $2,129. This amount was calculated by dividing the total contract expenditures of $3,070,267 by the total number of unduplicated families participating in Start Right Services: 1,442 new and returning clients enrolled in home visitation and new clients enrolled in center based services only.

Recommendations for Further Development and Improvement

In preparation for the next bid cycle of child abuse prevention contracts, the Commissioner of Health requested that an external evaluation of the Family Support and Prevention Service (FSPS) with a particular emphasis on OCAP and their associated efforts be conducted. The purpose of the evaluation was to determine the strengths and challenges of FSPS/OCAP and to assure that future funding of contracts would support best practices and the highest quality services to families.

Ms. Joan Sharp of Seattle, Washington served as the evaluator. Ms. Sharp is a former Executive Director of the Washington Council for Children & Families and now serves as a consultant with organizations such as the Center for Study of Social Policy and the National Alliance of Children's Trust and Prevention Funds. She has expertise with a variety of prevention strategies including home visiting, family support and early learning centers, and postpartum depression interventions.

Below are the highlights of Ms. Sharp's findings:[29]

STRENGTHS

- The FSPS strategy of supporting a portfolio of evidence-based home visiting models is sound.[30]
- The inclusion of Healthy Families America (HFA) in the FSPS portfolio of home visiting programs is a solid policy choice, based on what is currently known about the effectiveness of home visiting program models and the evidence that is emerging regarding the value of such an approach.
- Oklahoma's public health approach to the prevention of child abuse and neglect as demonstrated by its many productive internal and cross-agency partnerships is a key system strength.
- FSPS/OCAP continues to work closely with its early education partners to strengthen professional development, parent leadership and family engagement.
- FSPS/OCAP actively reaches out and engages special populations. Current contracts with the Chickasaw Nation and the Latino Community Development Agency are evidence of such work. Additional efforts in this area are warranted.

AREAS OF IMPROVEMENT

- Developing a new data system is critical to improving OCAP's internal evaluation/accountability capacity and strengthening confidence in the ability of Oklahoma's home visiting portfolio to deliver desired outcomes. Use of new technologies should be explored as part of this process.
- Developing a comprehensive, integrated referral system that leverages the many access portals available in Oklahoma's array of early childhood and family services represents a major opportunity for systems improvement.
- Filling the FSPS/OCAP staff vacancies quickly (especially that of the epidemiologist) and with highly capable staff is a critical early step towards improving FSPS' internal evaluation/accountability capacity.
- Shift FSPS towards an explicitly capacity-building approach by inviting OCAP contractors into data-driven quality improvement processes as respected learning partners and ensure that the resources are available to support ongoing share learning aimed at continuous quality improvement.
- While FSPS/OCAP benefit from many partnerships, it appears that enhancing some internal partnerships may be useful.
- Supporting the Interagency Child Abuse Prevention Task Force (ITF) in filling existing parent vacancies will strengthen the ITF's governance capacities and support the achievement of key goals identified in the Oklahoma State Plan for the Prevention of Child Abuse and Neglect 2010 – 2013.
- FSPS/OCAP must ensure that ITF members are well oriented to their responsibilities and have ongoing learning opportunities.

[29] Report to the Commissioner of the Oklahoma State Department of Health. Sharp, J. 10/31/2011
[30] The FSPS also supports Children First, Oklahoma's Nurse-Family Partnership.

CONCLUSION

SUMMARY OF FINDINGS

The Office of Child Abuse Prevention Start Right Program is designed to offer important services to needy families in the most vulnerable situations. Based on the findings from the external evaluation it is clear that the level of need and program feasibility in the population is consistent with the Healthy Families home visitation model which is utilized. Oklahoma has a broad systems approach to child abuse prevention and the Office of Child Abuse Prevention will continue with cross-agency partnerships in order to strengthen the portfolio of evidence-based home visitation models. The development of a new data system will improve not only data collection, but strengthen our relationship with the contractors and collaborative partners. The development of the data system is in the process of being established.

In conclusion the Office of Child Abuse Prevention Start Right Program reached its goals of confirming the need and feasibility of the program within the range of the current best practices. The Office of Child Abuse Prevention will proceed with the current model and revise the data collection process to show the effectiveness and benefit of the twenty-one contracts providing services that support 1,237 needy and vulnerable families of Oklahoma.