

## Start Right: Oklahoma's Healthy Families America Programs Oklahoma State Department of Health

**The Healthy Families America Mission:** Promote child well-being and prevent the abuse and neglect of our nation's children through home visiting services.

**History:** The Office of Child Abuse Prevention (OCAP) at the Oklahoma State Department of Health was created in 1984 by the Oklahoma Child Abuse Prevention Act.<sup>1</sup> The Act declared prevention of child maltreatment a priority and a public health issue in Oklahoma. As the prevention field evolved, the efforts to support families became more sophisticated. In 1995, the OCAP partnered with Drs. Rex and Anne Culp of Oklahoma State University to research the strategy of home visiting in preventing child abuse and neglect in six counties.<sup>2</sup> Based upon the positive results of this research project, competitive contracts were awarded to community-based agencies to implement home visiting services and utilize the Healthy Families America (HFA) approach. This process continues and today these programs are collectively known as **Start Right**.

**The HFA Model:** HFA is recognized as an evidence-based model by the United States Department of Health and Human Services as an evidence-based model<sup>3</sup> with the following goals:

- Build and sustain community partnerships to systematically engage overburdened families with young children;
- Cultivate and strengthen nurturing parent-child relationships;
- Promote healthy childhood development and growth; and
- Enhance family functioning by reducing risk and building protective factors.

**Enrollment Criteria:** In order to enroll, the following criteria must be met by the family:

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

Participation in **HFA** is voluntary. While the **HFA** intervention is designed to start as early as pregnancy and continue until the child's sixth birthday, clients are not obligated to participate for any finite length of time.

### **Kempe Family Stress Checklist:**

**HFA** uses the Kempe Family Stress Checklist (Kempe), a standardized assessment tool, to systematically identify families that would benefit most from HFA home visiting services. The Kempe identifies the various histories associated with increased risk for child maltreatment or other adverse childhood experiences.<sup>6</sup>

**Services:** **HFA** services are provided by community-based organizations such as youth and family services, domestic violence shelters, and health centers. Currently, there are 13 contracts serving 29 counties. In addition, there are three county health departments<sup>7</sup> providing **HFA** services, too. Specially-trained Family Support Workers provide assessments, education, information and linkages to community services to meet needs identified for each family. Standardized assessment tools are utilized to assess risks for depression, substance abuse, intimate partner violence, as well as developmental delays.

**Participant Characteristics:** A total of 774 families were served during State Fiscal Year (SFY) 2014. For those that enrolled during SFY 2014, 18 percent of participants were under the age of 20 and 52 percent were under the age of 25; 56 percent

<sup>1</sup> Title 63, O.S. Section 1-227.1.

<sup>2</sup> Garfield, McCurtain, Muskogee, McIntosh, Washington and Nowata Counties

<sup>3</sup> Avellar, S., Paulsell, D., Sama-Miller, E., and Del Grosso, P. (2013). Home Visiting Evidence of Effectiveness Review: Executive Summary. Office of Planning Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, Washington, D.C., <http://homvee.acf.hhs.gov/Models.aspx>

<sup>4</sup> Start Right contracts require that all mothers who qualify for Children First: Oklahoma's Nurse-Family Partnership (NFP) be referred to NFP in order to avoid duplication of services. Mothers must enroll in NFP prior to the 29<sup>th</sup> week of pregnancy.

<sup>5</sup> 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.

<sup>6</sup> Family Stress Checklist (a.k.a. Kempe Family Stress Assessment/Checklist or Carroll-Schmidt parenting checklist). <http://friendsnrc.org/loomdocs/fsc.pdf>

<sup>7</sup> Carter, Comanche and Muskogee County Health Departments

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were single, never married; 51 percent identified themselves as white; sixty percent had an annual household income of \$25,000 or less; 38 percent had completed high school or a GED; and 70 percent were unemployed.

### **Selected Outcomes:**<sup>8</sup>

**Child Maltreatment:** Of the 749 child who received at least one **HFA** home visit during SFY 2014, 633 of them (85 percent) had not been named as a potential victim of an OKDHS report after enrolling in **HFA**. Furthermore, 723 of them (97 percent) have not had a confirmed child maltreatment case with OKDHS since enrolling in **HFA**. None of the **HFA** children served in SFY 2014 were named in a report to OKDHS for sexual abuse. Note: In order for a family to enroll in **HFA**, the family must score a minimum of a 25 on the Kempe – meaning that they exhibit risk factors often associated with child abuse and neglect.

**Postnatal Depression:** During SFY 2014 Edinburgh Postnatal Depression Scale screenings were administered to 320 mothers, with approximately 66 percent of these screenings requiring immediate attention by a healthcare or mental health professional.

**Smoking Cessation:** Ninety-five percent of participants served quit, reduced or never began smoking from time of enrollment to the end of SFY 2014.

**Breastfeeding:** Of those participants that gave birth during SFY 2014, 67 percent initiated breastfeeding.

**Immunizations:** At their last home visit during 2014, 96 percent of participants reported that their child was up-to-date on their immunizations.

**Car Safety:** Ninety-six percent of participants reported always traveling with their child in a car seat.

**Safe Sleep Practices:** Almost fifty-eight percent of participants either reduced or never started co-sleeping with their child during SYF 2014.

**Education:** Of the **HFA** participants served in SFY 2014, 15 percent have furthered their education since enrollment.

**Household Income:** Thirty-nine percent of the participants served during SFY 2014 increased their household income since their enrollment.

**Employment:** Of those participants that were unemployed at enrollment during SFY 2014, 38 percent had found work.

### **Program Expenditures for SFY 2015 to date:**

State:	\$2,599,990
County Millage:	\$ 28,017
MIECHV	\$ 731,026
<b>TOTAL:</b>	<b>\$3,359,033</b>

<sup>8</sup> Data does not include information from HFA teams funded by the Federal MIECHV Grant. For this data and more, please see the Start Right: Healthy Families America Programs 2014 Annual Report: <http://www.ok.gov/health2/documents/OCAP%20Annual%20Report%20SFY%202014%20.pdf>