

{ Children } first

State Fiscal Year (SFY) 2004

annual report

Submitted in compliance with Oklahoma Statute
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{ contents }

section 1

Overview of *Children First*

section 2

Statutory Reporting Requirements

section 3

University Evaluation

section 4

Further Reading

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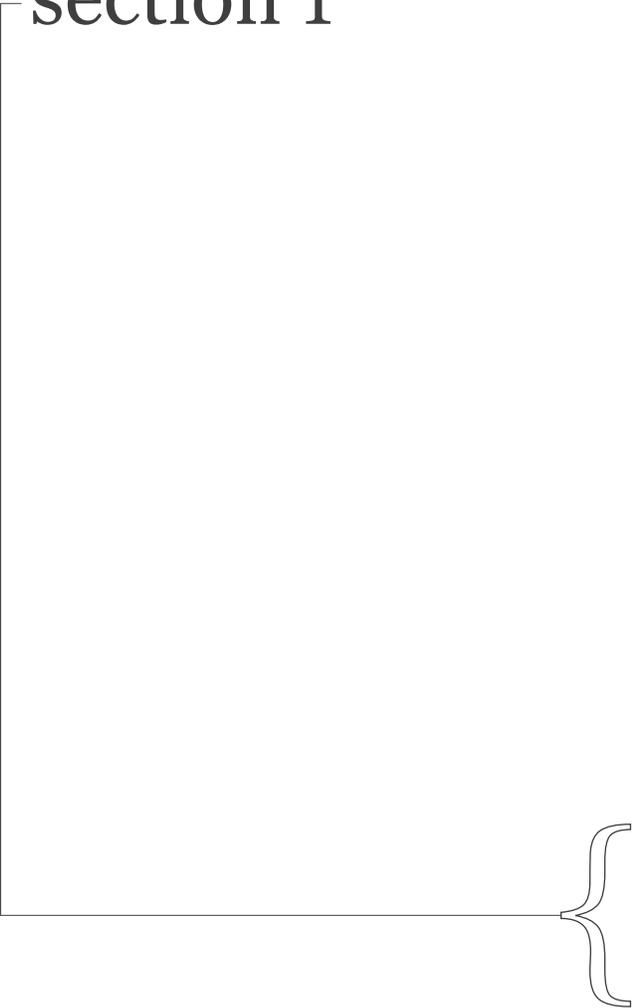
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section 1



Section one contains general information regarding the history of *Children First* and the *Nurse-Family Partnership*.

Public Health Plays an Important Role in Child Well-Being

Most of Oklahoma's children grow to be healthy and happy. Sadly, some do not due to emotional, physical and perhaps sexual mistreatment. While such child maltreatment has traditionally been thought of as a legal issue, it is also very much a public health issue.

The personal and societal consequences of child maltreatment are severe. It is a problem that can affect any family in our state regardless of race, ethnicity or socio-economic status. Often child victims experience adverse health effects and behaviors as adults. These behaviors may include smoking, alcoholism, drug abuse, physical inactivity, severe obesity, depression, suicide, sexual promiscuity and certain diseases. Certainly a variety of services are needed to support and treat those that have been abused as children.

The public health system is deeply dedicated to preventing the abuse from ever occurring. Promoting healthy lifestyles and parenting techniques is an extremely important priority of the Oklahoma State Department of Health. The public health system, including our community contractors, provides home visitation and center-based services to thousands of families each year.

History of the *Children First*

During state fiscal year 1997, the Oklahoma State Department of Health piloted a new family service program that would address the issues of child abuse and neglect. The model implemented was the *Nurse-Family Partnership* (NFP) Model developed and researched by David L. Olds, Ph.D. and colleagues. This evidence-based model had been tested over the past 20 years and had shown effectiveness in not only reducing child abuse and neglect, but increasing child health and development, parent-child interactions and the family's ability to care for itself.

There is at least one *Nurse-Family Partnership* site in 23 states. In Oklahoma, NFP is known as *Children First* (C1). *Children First*, operating through local county health departments, began serving clients in the spring of 1997. A total of 19 public health nurses served four counties: Garfield, Garvin, Muskogee and Tulsa. By SFY 1999, C1 had expanded to approximately 270 nurses to provide statewide service. In fact, Oklahoma was the first statewide implementation of *The Nurse-Family Partnership* model.

Due to budget reductions over the past two years, there are now approximately 153 nurses providing statewide coverage. These nurses carry an average case load of 38 clients each.

Indicators of Child Well-being

Children First addresses the risk factors that increase child abuse and neglect through assessment, education and referral for issues related to prenatal health, parenting and family self-sufficiency.

examples

- 1 Infant mortality is seen as an indicator of poverty and negative social conditions. These indicators are also risk factors of child maltreatment. A primary goal of C1 is to reduce the risks of children dying within the first year of life.
- 2 Injuries are the leading cause of death among children. Yet, they are preventable through supervision, age appropriate expectations and parental guidance.
- 3 Education and employment for parents are critical for a family to care for itself. Parents that plan for their future and their subsequent pregnancies are at less risk to abuse their children.

Outcomes Begin at Onset

Children First enrolls women early in the pregnancy and services may continue for two years after the child's birth. Research has shown that by enrolling clients prenatally, there is a better chance for a healthier birth outcome. Also, the birth of the first baby presents a unique teachable moment for the newly developing family. One of the most important aspects of early enrollment is the building and support of positive parenting practices (before bad practices are established or the child is harmed). Emphasis is placed on the first few years of life when there is rapid development.

Client enrollment criteria

- Pregnant women less than **29** weeks gestation;
- First-time mother; and
- Income at or below **185%** of poverty level.

The mission of *Children First* is

to produce HEALTHY family members and ENHANCE a family's ability to care for themselves,

• **which leads to:**

- Improvement of pregnancy outcomes;
- Improvement of child health and development;
- Improvement of parenting skills;
- Strengthened bond between child and parent;
- Achievement of personal goals; and
- Improved utilization of community resources while becoming self-sufficient.

**Encouraging Results:
Nationally & in Oklahoma**

The *Nurse-Family Partnership* has been recognized as a cost effective prevention program by the RAND Corporation and as a promising prevention strategy by the CDC. The NFP model has had research findings published in many medical and other peer review journals. The Centers for Disease Control and Prevention (CDC) recognized the NFP model as a research proven model for preventing child maltreatment. Recently, the NFP model was recognized by the Washington State Institute of Public Policy as one of the most cost effective early childhood social programs. The *ABC News* identified the home visitation model in the segment, “Promoting Health” and “Healthy Lifestyles Found to Be Powerful Tool.”

Positive outcomes in health behaviors and prevention planning have been documented by the program in Oklahoma.

Several KEY measures include

- A significant reduction (**15%**) of smoking by the mother during pregnancy;
- Immunization rates at 24 months for the child were **97%** with the exception of HIB (**83%**); the state rate is **72%**; and
- Only **32%** of the mothers reported a subsequent pregnancy within two years of the first child’s second birthday.

The OU College of Public Health found that in a four-year period, *Children First* had prevented 22 very premature births and 14 very low weight babies. In addition, *Children First* babies were about one-half the risk of dying during their first year compared to a retrospective control group. These figures represent significant cost savings to our state.

**Research Project: Reducing Program
Attrition in the Nurse-Family Partnership**

Dr. David Olds believes that attrition of families from *Children First*, as well as other *Nurse-Family Partnership* sites, is the most significant clinical challenge facing the model as it is being replicated in non-research settings across the nation. The rates of attrition in the national replication effort have been higher than in the randomized trials using this same model.

Therefore, Dr. Olds selected approximately six sites from three states to participate in a quality improvement effort of national importance. The participating *Nurse-Family Partnership* sites are located within Colorado, Pennsylvania and Oklahoma. The NFP staff have estimated that 25% of attrition is due to factors over which programs have little control (e.g., fetal loss, family moves out of state). The remaining portion of attrition (e.g., family declines further participation, family cannot be located) is theoretically amenable to improvements in the model’s design and implementation or may indicate that the family has successfully met their programmatic goals and no longer need the service.

Oklahoma counties are now involved in Phase II of this research project. *Children First* is honored to participate in such a ground-breaking initiative and believes that the benefits of this project will ultimately make a difference for the C1 families.

Confirmed Cases of Child Abuse & Neglect on Downward Trend

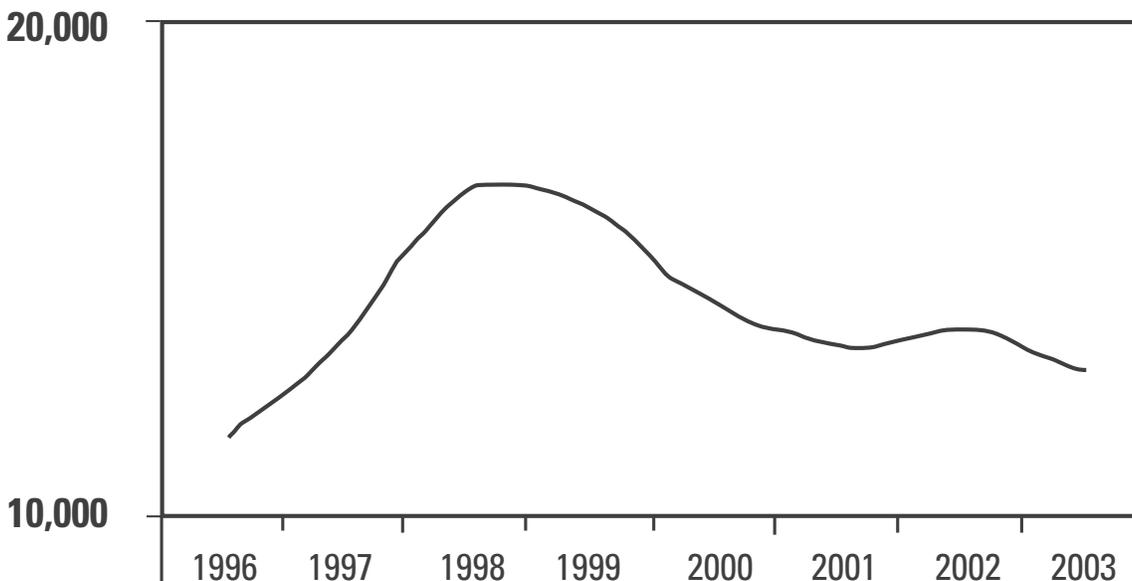
Each year the Oklahoma Department of Human Services (DHS) publishes the "Child Abuse and Neglect Statistics." In SFY 2003 DHS reported 12,971 cases of confirmed child abuse and neglect. Fewer cases were confirmed in 2003 than in 2002. The downward trend has continued since the late 1990's when cases peaked at 16,710.

Another trend that continued in SFY 2003 is that the majority of confirmed cases were due to neglect (81%). Physical abuse (13%) and sexual abuse (6%) accounted for the remainder of the confirmed cases.

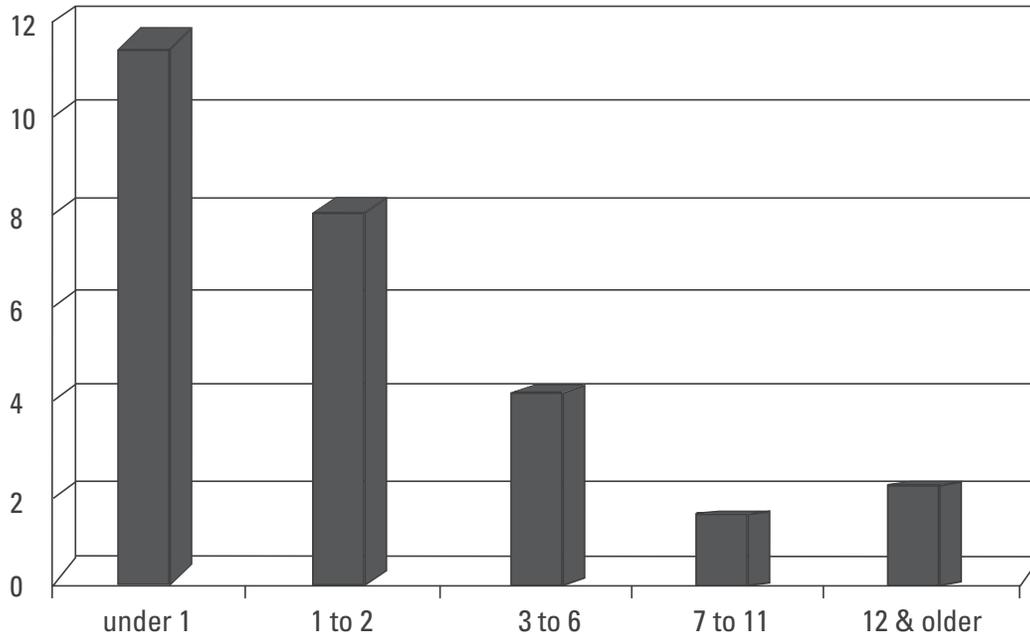
In SFY 2003, 27 child abuse and neglect deaths were confirmed. This is down from the 48 child abuse and neglect deaths confirmed just three years ago. Nearly half (48%) of the deaths were due to neglect alone. Physical abuse and neglect combined accounted for 26% of the deaths.

Three of every four child abuse and neglect-related deaths occurred among children 0-2 years of age. In 60% of the cases, the mother was identified as the perpetrator of the child's death. These are important facts when choosing a model to address risk factors related to child deaths. It is important to note that the *Nurse-Family Partnership* model was primarily chosen for its outcomes related to working with mothers and children under 2 years of age.

Cases of Confirmed Child Abuse & Neglect
Source: 2003 Child Abuse & Neglect Statistics



Confirmed Child Abuse & Neglect Deaths
Source: 2003 Child Abuse & Neglect Statistics



Substance Abuse & Mental Health Services are Essential

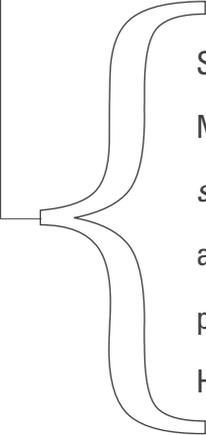
Substance abuse, mental health issues, domestic violence and child abuse and neglect are issues that often occur in the same families. As stated in the U.S. Department of Health and Human Services’ report, “Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection”, 1999, two-thirds of those in substance (alcohol and drug) abuse treatment programs and four-fifths of persons referred to mental health services reported a history of child abuse and neglect. The report also states that one- to two-thirds of child welfare cases have parental substance abuse as a contributing factor. As many as 70% of domestic violence incidents involved alcohol use by the abuser, victim or both. Nearly half of substance abusing women have experienced at least one mental health problem.

Families with young children who experience substance abuse, mental health issues and/or domestic violence are a vulnerable population. They are of special concern to child protection services, health care professionals, educators and child abuse prevention advocates.

Children First nurses assess clients for domestic violence, mental health issues, substance abuse and other risk factors. Referrals are made to community services that best meet the client’s needs. In a recent survey, one-quarter to one-half of *Children First* nurses felt that in/out-patient alcohol and drug treatment and mental health services were not sufficiently available in their client’s area.

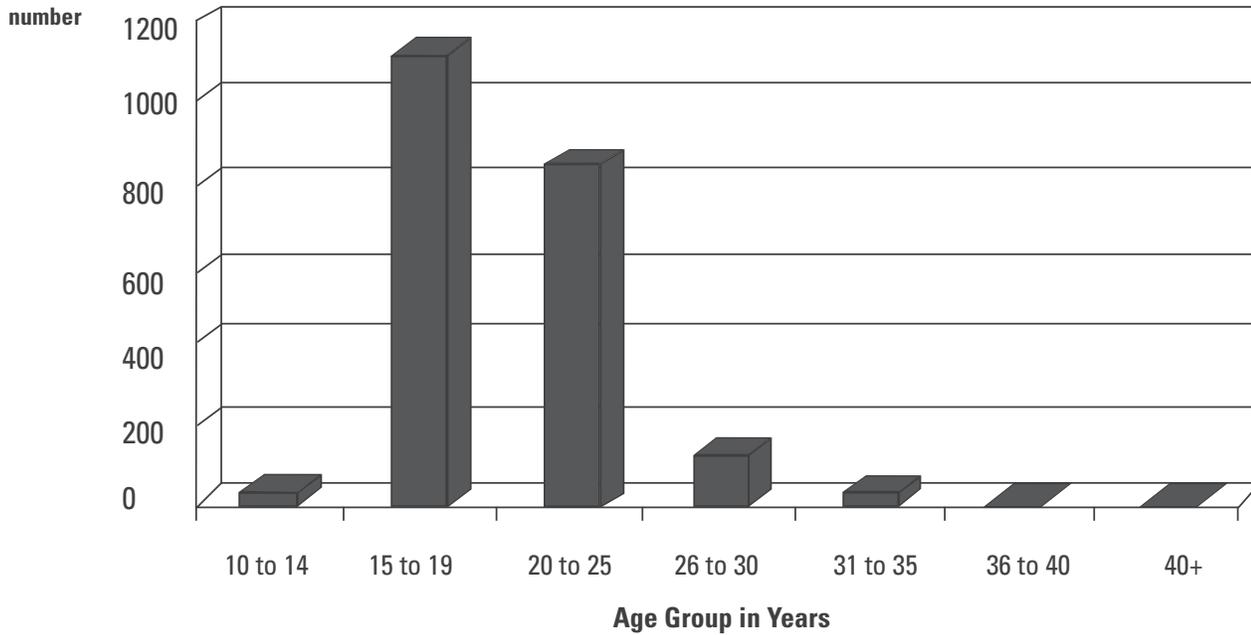
Self-sufficiency, positive parenting and general family well-being depends upon the availability of such services. *Children First* strongly supports the Governor’s Task Force on Mental Health, Domestic Violence, and Substance Abuse and those agencies that address these issues.

section 2



Section two contains information regarding the statutorily required items. Most of the statistical analyses were produced by the *Nurse-Family Partnership* staff at the University of Colorado. Because the NFP staff does not have access to all programmatic information, such as the financial aspects, some portions of Section two were provided by Oklahoma State Department of Health staff.

Children First Mothers Age Group at Time of Enrollment: SFY 2004



Children First Statistics for SFY 2004 •

During SFY 2004, 5,869 *Children First* clients received at least one home visit by a public health nurse. A total of 56,426 home visits were completed during the year. For every 5.3 home visits that were completed, another home visit was attempted. In other words, home visits were completed 84% (56,426/66,964) of the time.

• Demographic Characteristics

The following statistics are representative of mothers and children who enrolled in *Children First* during the period of July 1, 2003 through June 30, 2004. During SFY 2004, 2,247 mothers completed a demographics intake. The information collected on the demographics intake represents the *Children First* mothers at their time of enrollment.

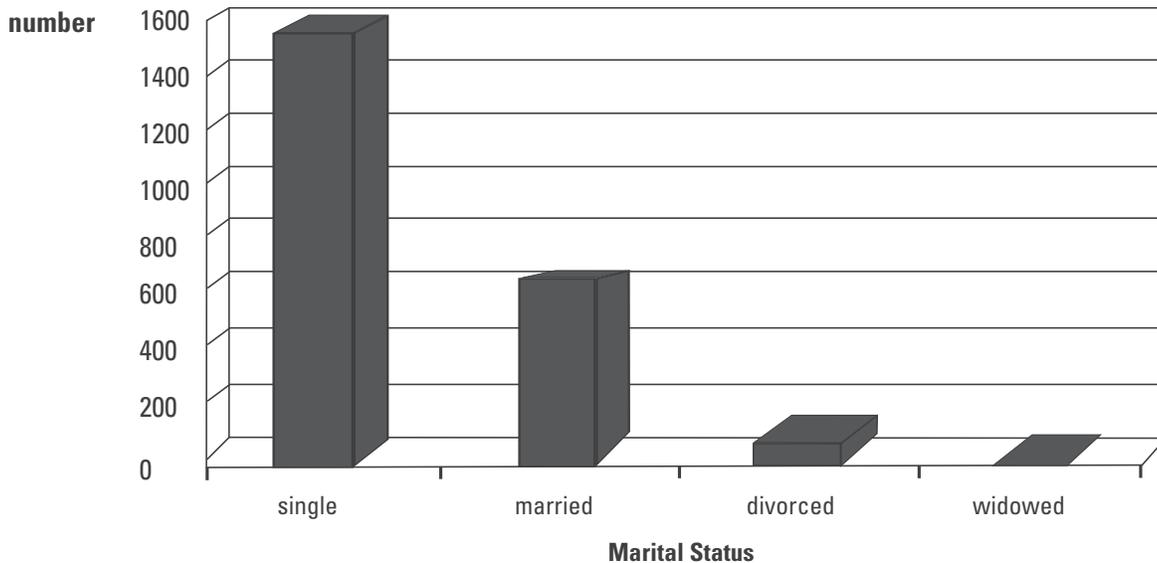
Age of Mother at Initiation of *Children First Services*

- Slightly more than half (**52%**) of mothers who enrolled in *Children First* during SFY 2004 were in their pre-teens or teens.
- Nearly four mothers out of every ten mothers (**38%**) who enrolled were in their early 20's.
- Only **8%** of mothers who enrolled were more than 25 years of age.
- The youngest mother who enrolled in 2004 was 11 years old.
- On the other end of the age spectrum, one mother was 44 years of age.
- Both the younger and older mothers are at risk of medical complications during pregnancy.

Marital Status of Mother at Initiation of *Children First Services*

- Seven mothers out of every ten mothers (**69%**) who enrolled in *Children First* in SFY 2004 were single and had never been married.
- Just over one-quarter (**26%**) of mothers who enrolled were married.
- Only **3%** of the mothers who enrolled in SFY 2004 were divorced or separated, while **< 0.1%** were widows.

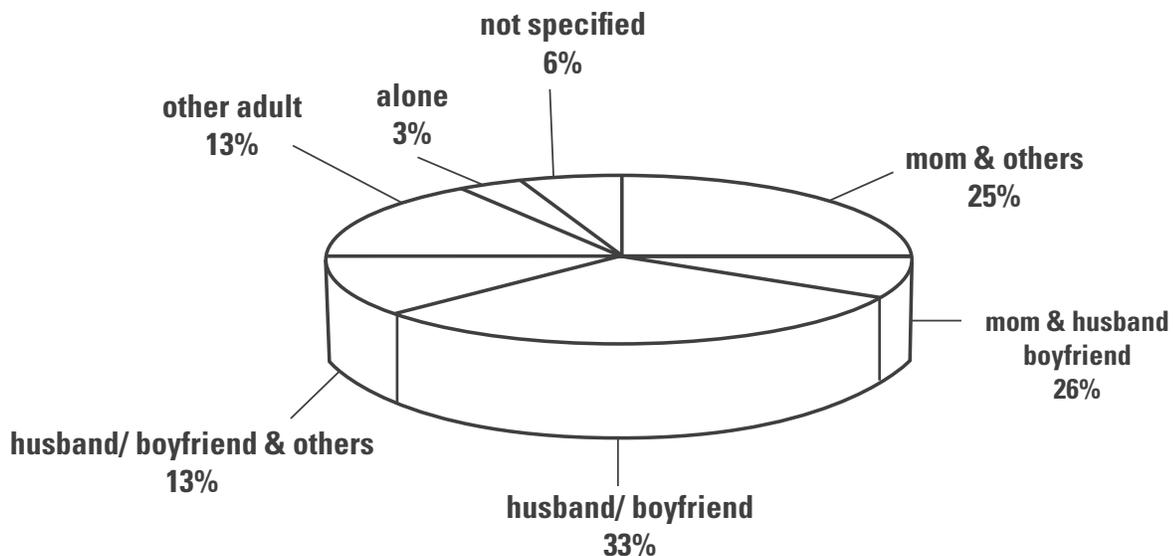
Children First Marital Status at Time of Enrollment



Mothers' Household Composition at Initiation of *Children First* Services

- During SFY 2004, almost all of the women who enrolled in *Children First* lived with someone else.
- Overall, just over half (**52%**) of the mothers lived with their husbands or boyfriends.
- One out of every three mothers lived with a husband or boyfriend only.
- About one out of every seven mothers lived with a husband or boyfriend and other persons.
- Overall, about one-third of the mothers lived with their own mothers.
- **6%** lived with their husbands or boyfriends and their own mothers.
- Over one-quarter lived with their own mothers and others.
- **13%** lived with other adults (like aunt or sister), but not their own mothers or spouses.
- A very small number lived alone.

***Children First* Mothers, Number of People in the Home at the Time of Enrollment, SFY 2004**

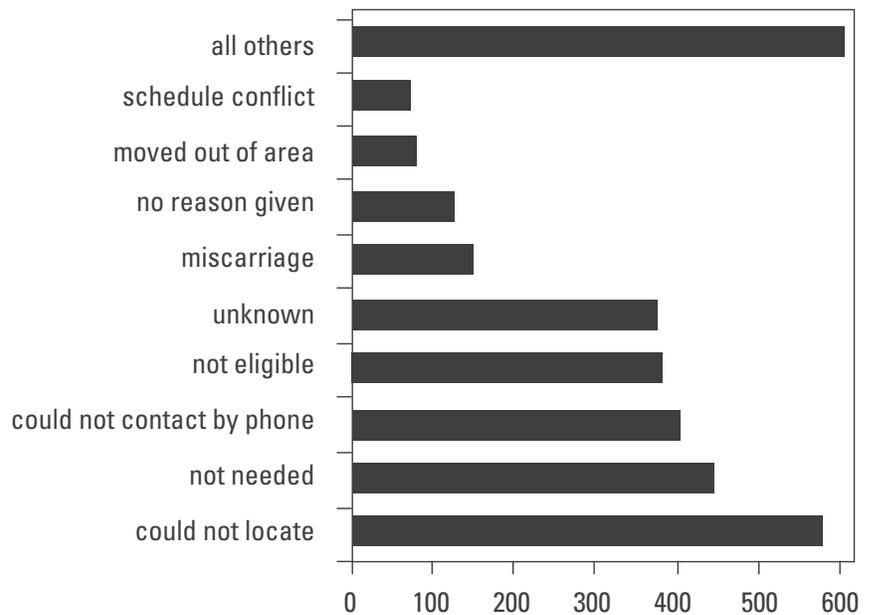


Referrals Made on the Behalf of Families Not in the Program

During SFY 2004, 5,312 referrals were made to *Children First*. Forty-three percent of the referrals chose to enroll in the program. Fifty-seven percent did not enroll into the program. The reasons for not enrolling are as follows:

- Nearly one out of every four referrals (**27%**) were not enrolled because the family could not be located or contacted by telephone.
- **14%** of the referrals did not enroll in the program because they did not think that they needed the service.
- **12%** of the referrals did not meet the eligibility criteria.
- Those who did not enroll were referred to other services in the community. Service availability varied by community, but included clinics, *Parents as Teachers*, and *Office of Child Abuse Prevention* programs.

Reasons for not Enrolling in *Children First*, SFY 2004



Number of Families Accepted by Location & Average Length of Time Enrolled

The following table presents the location of services, the number of families served in the location from program implementation through June 30, 2004, the average length of service and the minimum and maximum length of enrollment for the location. Approximately 110 to 145 weeks is the maximum range for services for one pregnancy until the child is two years of age. Due to the calculation methods, maximums greater than 145 weeks are possible due to pregnant women who miscarried while receiving services and continued services with the next pregnancy.

Location	Number of Families	Average Length of Enrollment (weeks)	Minimum Length (weeks)	Maximum Length (weeks)
Adair	119	45.55	0.00	128.71
Alfalfa	9	58.06	3.14	141.71
Atoka	75	39.05	0.00	114.14
Beaver	48	40.20	0.00	125.43
Beckham	110	48.97	0.00	141.57
Blaine	100	50.60	0.00	137.00
Bryan	208	41.80	0.00	137.57
Caddo	182	47.09	0.00	126.43
Canadian	302	44.56	0.00	131.74
Carter	209	42.28	0.00	135.86
Cherokee	242	45.56	0.00	128.57
Choctaw	144	49.12	0.00	133.86
Cimarron	8	49.66	1.14	115.00
Cleveland	637	43.90	0.00	140.86
Coal	52	40.02	0.00	119.14
Comanche	650	44.43	0.00	155.71
Cotton	26	46.22	0.00	142.71
Craig	86	47.78	0.00	136.00
Creek	175	36.45	0.00	128.57
Custer	109	57.37	0.00	144.57
Delaware	135	48.71	0.00	129.14
Dewey	9	59.35	2.86	118.43
Ellis	14	38.22	2.14	100.29

Number of Families Accepted by Location & Average Length of Time Enrolled continued

Location	Number of families	Average Length of Enrollment (weeks)	Minimum Length (weeks)	Maximum Length (weeks)
Garfield	378	43.23	0.00	133.29
Garvin	151	44.37	0.00	136.00
Grady	160	58.22	0.00	144.86
Grant	15	45.64	0.00	99.43
Greer	33	47.97	2.00	124.00
Harmon	36	36.46	0.00	126.14
Harper	11	75.99	9.71	152.86
Haskell	70	30.17	0.00	123.57
Hughes	81	45.67	0.00	132.43
Jackson	297	45.63	0.00	131.43
Jefferson	40	32.50	0.00	120.86
Johnston	41	28.48	0.00	112.86
Kay	240	42.11	0.00	140.71
Kingfisher	111	49.92	0.00	135.86
Kiowa	104	38.91	0.00	134.14
Latimer	86	51.05	0.00	131.00
LeFlore	263	52.57	0.00	136.00
Lincoln	179	42.95	0.00	149.00
Logan	231	42.63	0.00	155.86
Love	49	43.74	0.00	136.86
McClain	54	36.00	0.00	135.71
McCurtain	180	29.72	0.00	148.57
McIntosh	127	44.42	0.00	119.43
Major	26	46.19	4.00	119.43
Marshall	83	46.78	0.00	135.00
Mayes	91	46.03	0.00	135.29
Murray	64	45.12	0.00	120.86
Muskogee	328	44.27	0.00	143.29
Noble	41	51.03	0.00	129.00

Number of Families Accepted by Location & Average Length of Time Enrolled continued

Location	Number of families	Average Length of Enrollment (weeks)	Minimum Length (weeks)	Maximum Length (weeks)
Nowata	6	28.62	1.00	74.14
Okfuskee	32	27.64	0.00	134.00
Oklahoma	1387	40.32	0.00	153.14
Okmulgee	184	38.69	0.00	154.86
Osage	27	34.11	0.00	111.14
Ottawa	168	51.90	0.00	137.14
Pawnee	90	29.50	0.00	101.71
Payne	290	49.71	0.00	131.00
Pittsburg	350	46.96	0.00	140.57
Pontotoc	175	26.96	0.00	124.71
Pottawatomie	236	40.59	0.00	132.86
Pushmataha	50	43.97	0.00	113.00
Roger Mills	2	29.50	0.00	59.14
Rogers	230	40.19	0.00	149.00
Seminole	198	39.61	0.00	129.14
Sequoyah	245	49.56	0.00	155.57
Stephens	80	58.86	0.00	134.71
Texas	142	43.83	0.00	132.00
Tillman	67	30.84	0.00	125.71
Tulsa	1790	42.74	0.00	138.71
Wagoner	131	42.50	0.00	136.14
Washington	105	41.39	0.00	140.86
Washita	34	60.94	5.71	127.86
Woods	78	46.32	0.00	130.00
Woodward	117	36.22	0.00	128.00
State	13,465	43.45	0.00	155.86

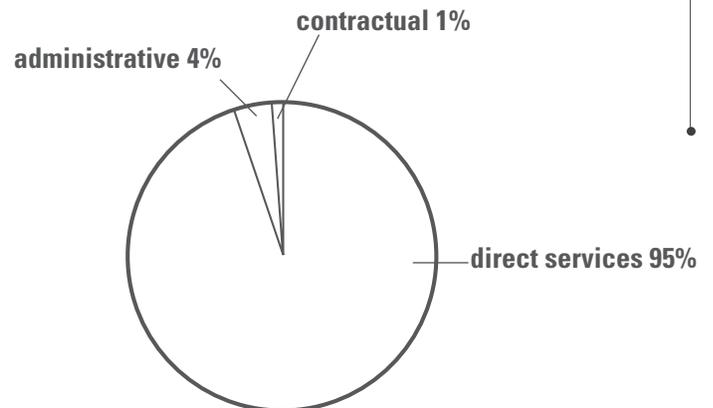
Program Costs

Full Accounting of Administrative Costs: The following are expenditures incurred by the *Children First* central office during the past fiscal year. **Note:** This amount is approximately 4% of the total state appropriations provided to C1.

Salary and Fringe	\$353,322
Travel	\$ 4,933
Contractual	\$ 30,875
Supplies	\$ 23,949
Equipment	\$ 405
Other	\$ 20,438
Data Processing	\$ 23,210
TOTAL	\$457,132

Average Actual Expenditures per Family

- A total of **5,869** families were visited by a C1 public health nurse at least once during SFY 2004.
- A total of **\$10,053,036** (state appropriations and Medicaid) was expended during SFY 2004.
- The average actual expenditure per family was **\$1,712** during SFY 2004.



section 3

Section three of this report is the standard report the *Nurse-Family Partnership* provides to all of its sites across the country. It is important to note since *Children First* has now been operating for over seven years, it is possible to compare the earlier C1 clients with the later C1 clients. This would be a very helpful exercise except that funding and staff have not been constant over the past few years. With the fear that the funding for the program was in jeopardy, many C1 public health nurses left the program. When C1 nurses quit, C1 clients were lost to the program. In many cases, vacant C1 nurse positions were not filled and clients were left without home visitation services due to existing nurses having a maximum case load. For this reason, caution should be used when comparing C1 Cohort One and C1 Cohort Two in the NFP section of this report.

Another added benefit to having the *Nurse-Family Partnership* program provide a report is that comparisons can be made with those across the nation that have implemented the same model. It appears that even during C1's most challenging years, Oklahoma's outcomes fall favorably within the range of the other NFP sites. This helps us gage our productivity and effectiveness.

the Oklahoma

{ Children } First program

{management report}

report time span——{ initiation through 06.30.04 }



section 4

Section four describes the *Nurse-Family Partnership* model, outcomes achieved and benefits and costs associated with utilizing this intervention strategy.

Copies of the following articles are available upon request:

For Further Reading

“Benefits and Costs of Prevention and Early Intervention Programs of Youth.” Washington State Institute for Public Policy, 2004.

“First Reports Evaluating the Effectiveness of Strategies for Preventing Violence: Early Childhood Home Visitation.” MMWR, 2003;52(RR14); 1-9.

“Investing In Our Children: What We Know and Don’t Know About the Costs and Benefits of Early Childhood Interventions.” RAND Corporation, 1998.

“Long-term Effects of Nurse Home Visitation on Children’s Criminal and Antisocial Behavior: Fifteen-year Follow-up of a Randomized Trial.” JAMA, 998;280:1238-1244.

“Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect: Fifteen-year Follow-up of a Randomized Trial.” JAMA,1997;278:637-643.

“Effects of Home Visits by Paraprofessionals and by Nurses: Age 4 Follow-up Results of a Randomized Trial.” Pediatrics, 2004;114;1560-1568.

“Effects of Nurse Home-visiting on Maternal Life Course and Child Development: Age 6 follow-up Results of a Randomized Trial.” Pediatrics, 2004;114;1550-1559.