Office of Child Abuse Prevention

Family Support & Prevention Service

Statute Required Report – SFY 2008

The Office of Child Abuse Prevention (OCAP)

OCAP is authorized by statute to create a statewide approach towards the prevention of child abuse and neglect.

OCAP awards Child Abuse Prevention (CAP) funds to community based agencies to provide services to families at risk for child maltreatment. OCAP also evaluates and monitors these programs and provides training and technical assistance. During SFY 2008, 22 programs received $3,224,681 of state appropriated CAP funds.

Mission -
The mission of OCAP is to promote the health and safety of children and families by providing public education through **community – based activities**, support parents through **center-based services** and provide more intensive service to prevent child maltreatment through **home visitation service**.

Office of Child Abuse Prevention Programs

An OCAP program is modeled after the Healthy Families America (HFA) initiative. HFA is a national effort to establish a voluntary home visitor system for all new parents to help give their children a healthy start.

Enrollment Criteria –
An OCAP program provides home visits to first-time mothers after the 29th week of pregnancy, pregnant women expecting a subsequent child, and parents who have a baby less than 12 months of age and until the child is six years of age, if necessary.

Service Delivery -

- 23 OCAP programs provided services in 40 counties during SFY 2008.
- Screened 2,353 persons and further assessed 949 families for program enrollment.
- Enrolled 543 new families and 605 families that had enrolled in a previous year continued participating in home visitation services.
- 68 OCAP program staff provided 15,903 home visits to 1,148 families.
- 373 families attended 716 center-based parent education/ support groups.
- The average actual state expenditures per family during SFY 2008 is estimated at $2,177. This amount was derived by adding the CAP Fund expended amount ($3,224,681) plus the OCAP Administrative Fund (general revenue at the discretion of the commissioner $315,540) divided by the total number of unduplicated families served by state-funded OCAP Programs (1,481).

Home Visit Participant Characteristics

- 35% of the parents were aged 20-24 years old, 99% were females and more than half were Caucasian (59%) while 17% were Hispanic.
- 62% were single/never married, 35% were high school graduates, 29% had a household income less than $5,000, and 41% were unemployed.
- Household usually composed of two adults (56%). Most often the second adult was the child's father (43%) or child's grandparents (34%).
- 589 children were enrolled, where 77% of the children were less than 6 months of age and majority were Caucasian (45%)
- Conducted 3,295 developmental screenings for children using Ages & Stages Questionnaire.

The Child Abuse Training & Coordination (CATC) Program

OCAP also supports the CATC Program, which provides training for professionals with responsibilities for children and families in the prevention, intervention, and treatment of child maltreatment.

CATC is responsible for training, technical assistance, and assessment of the multidisciplinary child abuse and neglect teams (MDTs) throughout the state.

CATC Activities and MDT Cases Review-

1. CATC provided 34 training opportunities at 24 different locations across the state to 1,342 registrants.
2. There were 46 functioning Multidisciplinary Teams across the state.
3. MDTs reviewed 1,944 cases of child abuse and neglect.
4. 54% of the cases reviewed were female, 60% of the cases were Caucasian and 67% of the cases had parent or stepparent as the perpetrator.
5. 38% of cases involved neglect. Other conditions involved included alcohol or drugs (49%) and domestic violence (26%).

Evaluation

A Statewide evaluation of all OCAP programs began in SFY 2000. During past 18 months, evaluation activities have focused on refining the program theory through development of a program logic model and defining new measures to gather accurate data on program outcomes.

Revisions made to the standardized evaluation forms and the statewide database (OCAPPA) was implemented in February of 2008. The activities, objectives and goals of the OCAP programs fall into the following evaluation domains:

1. Primary caregiver health
2. Child health and development
3. Family stability
4. Positive parenting and parent-child interaction
5. Family safety

For more information, please contact:
Office of Child Abuse Prevention
Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, OK 73117
405-271-7611

Oklahoma State Department of Health

Office of Child Abuse Prevention

Family Support & Prevention Service

Statute Required Report – SFY 2008

Office of Child Abuse Prevention Home Visitation Program - Logic Model

ASSUMPTIONS

1. Program services are guided by literature on primary prevention programs and risk & protective factors of child abuse and neglect that show positive results such as:

- Prevention programs are most effective when they are tailored to the specific needs of the target population.
- The timing of the intervention matters.
- Intensity and duration of the intervention matters.
- Programs using modeling, role-playing are nearly twice as effective as programs using non-directive strategies such as counseling and group discussions.
- Enhancement of protective factors and minimization of risk factors reduces the occurrence of child abuse and neglect amongst children and families.

2. OCAP Home Visitation program will utilize the Healthy Families America model and Parents as Teachers curriculum to deliver services.

i. The program will follow the critical elements of the HFA model i.e. service initiation, service content, and staff characteristics to ensure model fidelity.

ii. Program benefits from the research-based PAT curriculum will depend on the core values and assumptions of the PAT model.

INPUTS

- OCAP contracting agencies.
- HFA & PAT trained agency staff including program supervisors, FAWs, FSWs, data entry support.
- Transportation for conducting home visits.
- Social services / resources.
- Partnerships to provide referrals.
- Stable OCAP funding.
- OCAP central office staff.
- Program Evaluation.
- Program monitoring and contract compliance to ensure program fidelity.

POPULATION SERVED

Identified families from 40 out of 77 counties within Oklahoma, regardless of race/ethnicity, gender, or socio-economic status.

Enrollment Criteria –
- Any woman pregnant for first time and beyond 29th week of pregnancy; or
- Any woman pregnant with a child regardless of gestational age; or
- Any family with a child less than 1 year of age, and
- Identified as being at-risk for suspected child abuse and neglect based upon screening and assessment.
- Family is served till the child is 6 years of age.

OUTPUTS-Activities

- Link to health care.
- Link to prenatal care.
- Educate on consequences of smoking, alcohol and drugs.
- Educate on personal care.
- Identify depression and make referrals.
- Promote healthy nutrition and exercise.

- Link to health care.
- Conduct developmental screenings and make referrals.
- Promote prenatal care.
- Promote breast-feeding.
- Educate about nurturing home environments.
- Educate about proper nutrition.
- Promote play and exercise.
- Educate about the effects of smoking around the child.
- Promote positive parenting practices.
- Link parents to licensed and star-rated day care facilities.

- Enroll in education, employment and housing services.
- Set FSP goals.
- Build skills for problem solving.
- Build skills in finding and linking to appropriate community resources.
- Educate on family planning, contraceptive use.
- Link to community services, as needed.

- Utilize Parents as Teachers curriculum.
- Set FSP goals.
- Provide positive role model for parent-child interaction.
- Promote and increase father involvement.

- Educate on safe practices and safe home environment such as water, fire, vehicle and wheeled toys safety, poisons, child-proofing home,abusive head trauma and safe sleeping practice.
- Educate on domestic violence.
- Access risk of child maltreatment.

SHORT-TERM OUTCOMES-Objectives

- Connect 90% of PCGs without health insurance, but eligible, to a health insurance plan within 6 months of enrollment.
- Seek to have 80% of insured mothers, who enrolled during 1st trimester, complete at least 10 prenatal visits by birth.
- Reduce the use of smoking, alcohol and drugs.
- PCG's score a 14 or above on the 'personal care' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score.
- PCG's score a 24 or above on the 'depression' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score.
- Screen and refer all postpartum mothers that score 23 or less on the 'depression' section of the Healthy Families Parenting Inventory, with the Edinburgh Postnatal Depression Scale.
- Increase in consumption of fruits and vegetables servings per day.
- Increase exercise/physical activity among PCGs.

- Connect 90% of identified children without health insurance but eligible to a health insurance plan within 6 months of enrollment.
- Seek to have 90% of identified children up to date with immunizations by 2nd year and 95% of identified children by 6th year.
- Screen 90% of identified children for appropriate development with the ASQ / ASQ SE and refer for services, if needed.
- Conduct lead assessments for at least 90% of identified children with the LERAQ according to the recommended schedule and refer for services, if needed.
- Seek to have at least 85% of those mothers enrolled prenatally, deliver a child with normal birth weight (5 lbs 8 oz or more).
- Seek to have at least 75% of mothers enrolled prenatally to initiate breast-feeding.
- PCG's score a 29 or above on the 'home environment' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score.
- Increase in intake of healthy nutrition.
- Increase exercise and physical activity.
- Reduction in smoking around children.
- Seek to have at least 95% of children needing child care in a licensed day care facility.
- Seek to have at least 50% of the children needing child care in a day care facility with a CHS rating of 2 star and above.

- Refer all families for public assistance programs, if needed.
- Increase in family stability as measured by education, income level, employment status or housing stability.
- Increase in number of PCGs who have stayed in a safe residence for at least 6 months.
- PCG's score a 17 or above on the 'problem-solving' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score.
- PCG's score a 14 or above on the 'social support' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score.
- PCG's score a 17 or above on the 'mobilizing resources' section of the Healthy Families Parenting Inventory showing no area of concern or an improvement in score.
- Seek to have no more than 30% of mothers have a subsequent pregnancy within 2 years of the birth of the identified child.
- Seek to strengthen parental relationships regardless of marital status by making appropriate referrals.

- PCG's score for 'parenting efficacy' section of the Healthy Families Parenting Inventory will show no area of concern (score above 17) or show an improvement in score.
- PCG's score for 'role satisfaction' section of the Healthy Families Parenting Inventory will show no area of concern (score above 17) or show an improvement in score.
- PCG's score for 'parent/child behavior' section of the Healthy Families Parenting Inventory will show no area of concern (score above 29) or show an improvement in score.
- Increase in father involvement as measured by financial contribution, engagement in home visits and playing/taking care of child.

- Improvement in scores of parent's self-reported safety practices as measured by the Home Safety Checklist.
- Decrease in use of ER or hospitalizations due to injuries, ingestion or poisonings.
- Identify and refer families for domestic violence.
- Seek to have no more than 5% of the families enrolled, confirmed as a child abuse and neglect case by the child protective service, while participating in program.
- Decrease the percentage of identified children removed from their homes.

LONG-TERM OUTCOMES-Goals

Primary Caregiver Health

To systematically assess primary caregiver prenatally or at birth for strengths and needs and provide appropriate information and referrals

Child Health & Development

To enhance healthy child growth and development

Family Stability

To enhance family functioning by establishing a trusting, nurturing relationship, improving the family's support system, and teaching problem-solving skills

Positive Parenting & Parent-Child Interaction

To promote positive parent-child relationships

Family Safety

To promote safe practices and reduce the risk of deaths

OCAP GOALS COLOR GUIDE

Yellow: PCG health | Purple: Child health & Development | Blue: Family Stability | Pink: Positive Parenting & Parent-Child Interaction | Gold: Family Safety