Start Right
HEALTHY FAMILIES AMERICA

ANNUAL REPORT
2016

FAMILY SUPPORT AND PREVENTION SERVICE
OKLAHOMA STATE DEPARTMENT OF HEALTH
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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 Culp’s work, it was determined that home visiting was beneficial to families. After much consideration, the OCAP chose this strategy in association with the nationally recognized model “Healthy Families America” (HFA).

PROGRAM COSTS

The state expenditure per family for HFA during SFY 2016 was $3,632. This amount was calculated by dividing the total contract expenditures of $2,440,714 by the total number of unduplicated families participating in HFA. During SFY 2016, a total of 672 families received at least one home visit.

1 Garfield, McCurtain, Muskogee, McIntosh, Washington and Nowata Counties
HEALTHY FAMILIES AMERICA

Healthy Families America is an evidence-based model which provides family support in the home. The goals of HFA are to increase each family’s protective factors and reduce risk factors that often contribute to child abuse and neglect. Healthy Families America is equipped to work with families who have histories of trauma, intimate partner violence, mental health, and substance abuse issues. Developed in 1992 by Prevent Child Abuse America, the model requires implementing agencies to complete a stringent affiliation and accreditation process to ensure the quality of home-based services.

ELIGIBILITY CRITERIA

Referrals to local HFA Programs come from a variety of sources including Women, Infants, and Children Clinics (WIC), the parentPRO free telephone referral line, the Oklahoma Department of Human Services (OKDHS), and most often friends and family. Participation in HFA 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; or
- The mother is pregnant with at least her second child; or
- The mother/caregiver has a child under the age of 12 months; and
- The family scores a minimum of 25 out of 100 on the Kempe Family Stress Checklist

THE KEMPE FAMILY STRESS CHECKLIST

Healthy Families America uses the Kempe Family Stress Checklist, a standardized assessment tool, to systematically identify and assess families that would benefit most from home visiting services and identifies the various histories associated with increased risk for child maltreatment or other adverse childhood experiences. The Kempe identifies the family strengths as well as family history and/or issues related to higher risk of child maltreatment and/or poor childhood outcomes. The HFA 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.

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3 HFA contracts require that all mothers qualifying for Children First (C1), Oklahoma’s Nurse Family Partnership Program, be referred to C1 in order to avoid duplications of services. C1 focuses on low-income mothers expecting their first child between the ages of three months and twelve months of age.
4 An adaptation has been granted by HFA for Oklahoma. Families may enroll prenatally or within three months of the baby’s birth; however, in Oklahoma there is an allowance for up to thirty percent of families to be enrolled with a child between the ages of three months and twelve months of age.
**CLIENT CHARACTERISTICS**

**AGE**
The average *HFA* parent who enrolled in SFY 2016 was 28 years of age. The youngest reported parent was 14 years of age and the oldest reported parent was 57 years of age.

**RACE**
Minorities make up thirty-four percent of the Oklahoma population.7 Thirty-two percent of the *HFA* population who enrolled in SFY 2016 identified as minorities.

**GENDER**
Ninety-seven percent of parents who enroll in *HFA* are female, though males are encouraged to participate. During SFY 2016, male parents made up three percent of the new enrollment.

**MARITAL STATUS**
A little over half of *HFA* parents who enrolled in SFY 2016 were single and had never been married.

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CLIENT CHARACTERISTICS

ETHNICITY
Ten percent of Oklahomans identify as Hispanic, whereas thirty percent of HFA parents in SFY 2016 identified as such.

EDUCATION
Of the HFA parents participating in SFY 2016, forty-five percent did not have a high school diploma at the time of enrollment.

EMPLOYMENT
A majority of HFA parents who enrolled in SFY 2016 were unemployed.

NUMBER OF CHILDREN IN THE HOME
Forty-eight percent of HFA clients who enrolled in SFY 2016 reported living with one child or were pregnant at time of enrollment.

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CLIENT CHARACTERISTICS

AGE OF CHILDREN IN THE HOME
Sixty-six percent of the children living in the home of new HFA parents in SFY 2016 were two-years old or younger.

HOUSEHOLD INCOME
Fifty-eight percent of HFA parents who enrolled in SFY 2016 reported having a household income less than $15,000.

HOUSEHOLD COMPOSITION
Among the HFA families who enrolled in SFY 2016, there were 228 other adults living in the same household as the mother of the children. Forty-two persons reported living alone.

<table>
<thead>
<tr>
<th>Adult Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father of child</td>
<td>92</td>
</tr>
<tr>
<td>None</td>
<td>42</td>
</tr>
<tr>
<td>Grandmother of the child</td>
<td>39</td>
</tr>
<tr>
<td>Others</td>
<td>24</td>
</tr>
<tr>
<td>Boyfriend/Not father of child</td>
<td>3</td>
</tr>
<tr>
<td>Grandfather of the child</td>
<td>19</td>
</tr>
<tr>
<td>Stepfather of child</td>
<td>0</td>
</tr>
<tr>
<td>Friend of the client</td>
<td>12</td>
</tr>
<tr>
<td>Sister of the client</td>
<td>12</td>
</tr>
<tr>
<td>Brother of the client</td>
<td>13</td>
</tr>
<tr>
<td>Aunt of the client</td>
<td>8</td>
</tr>
<tr>
<td>Uncle of the client</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>270</strong></td>
</tr>
</tbody>
</table>
### Average Length of Enrollment

The length of time a family participates in HFA services depends upon the family’s specific needs and the goals that 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 2016, 672 families participated in HFA. The average length of enrollment was 21 months (some families began services in previous years and have continued).

#### Site

<table>
<thead>
<tr>
<th>Site</th>
<th>Counties Served</th>
<th># of Families</th>
<th>Average Time in Program (In Months)</th>
<th>Amount Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center for Children and Families, Bringing Up Babies</td>
<td>Cleveland, Pottawatomie</td>
<td>50</td>
<td>22</td>
<td>$ 193,575</td>
</tr>
<tr>
<td>Community Health Centers, Positive Parents</td>
<td>Oklahoma</td>
<td>31</td>
<td>18</td>
<td>$ 150,000</td>
</tr>
<tr>
<td>Great Plains Youth and Family Services, Healthy Families Great Plains</td>
<td>Beckham, Greer, Jackson, Kiowa, Tillman, Washita</td>
<td>43</td>
<td>23</td>
<td>$ 170,850</td>
</tr>
<tr>
<td>Help-In-Crisis, Helping U Grow (HUG)</td>
<td>Adair, Cherokee, Wagoner</td>
<td>43</td>
<td>29</td>
<td>$ 200,000</td>
</tr>
<tr>
<td>Latino Community Development Agency, Healthy Families OKC-Nuestras Familias</td>
<td>Oklahoma</td>
<td>51</td>
<td>28</td>
<td>$ 199,193</td>
</tr>
<tr>
<td>McClain-Garvin County Youth and Family Center, Healthy Beginnings</td>
<td>McClain, Garvin, Grady, S. Cleveland</td>
<td>54</td>
<td>25</td>
<td>$ 150,000</td>
</tr>
<tr>
<td>McCurtain County Health Department, Healthy Families McCurtain County</td>
<td>McCurtain</td>
<td>46</td>
<td>17</td>
<td>$ 200,000</td>
</tr>
<tr>
<td>Northern OK Youth Services, Healthy Families Kay &amp; Osage Counties</td>
<td>Kay, Osage</td>
<td>31</td>
<td>28</td>
<td>$ 150,000</td>
</tr>
<tr>
<td>Northwest Family Services, Family Building Blocks</td>
<td>Alfalfa, Grant, Harper, Major, Woods</td>
<td>53</td>
<td>12</td>
<td>$ 150,000</td>
</tr>
<tr>
<td>Okmulgee-Oklfuskee County Youth Services, Family Resource and Support Program</td>
<td>Okfuskee, Okmulgee</td>
<td>48</td>
<td>20</td>
<td>$ 150,000</td>
</tr>
<tr>
<td>Parent Child Center of Tulsa, Healthy Families Tulsa</td>
<td>Tulsa</td>
<td>127</td>
<td>15</td>
<td>$ 424,067</td>
</tr>
<tr>
<td>Parent Promise, Family Resource Program</td>
<td>Oklahoma</td>
<td>69</td>
<td>15</td>
<td>$ 258,329</td>
</tr>
<tr>
<td>Youth and Family Services for Hughes and Seminole Co., Great Beginnings</td>
<td>Hughes, Seminole</td>
<td>26</td>
<td>39</td>
<td>$ 150,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>672</strong></td>
<td><strong>21</strong></td>
<td></td>
</tr>
</tbody>
</table>
FAMILIES NOT PARTICIPATING

Four hundred ninety-six families who were referred to **HFA** did not enroll in home-based parenting services due to several factors including moving out of the area, scheduling conflicts, or they enrolled in another program.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential enrollee moved out of service area</td>
<td>51</td>
</tr>
<tr>
<td>Unable to locate potential enrollee</td>
<td>83</td>
</tr>
<tr>
<td><strong>HFA</strong> Program unable to contact family for assessment</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>121</td>
</tr>
<tr>
<td>Potential enrollee accepted into another program</td>
<td>17</td>
</tr>
<tr>
<td>Potential enrollee’s schedule (too busy, work conflict, etc.)</td>
<td>22</td>
</tr>
<tr>
<td>Potential enrollee did not return phone calls</td>
<td>112</td>
</tr>
<tr>
<td>Potential enrollee does not feel the need for the program</td>
<td>37</td>
</tr>
<tr>
<td>Potential enrollee’s child was too old</td>
<td>10</td>
</tr>
<tr>
<td>Potential enrollee lived outside of program service area</td>
<td>23</td>
</tr>
<tr>
<td>Potential enrollee’s child no longer in their care</td>
<td>15</td>
</tr>
<tr>
<td>Potential enrollee incarcerated</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>496</strong></td>
</tr>
</tbody>
</table>
FAMILY SAFETY

During home-based parenting services, FSWs provide safety education regarding the family and the home including topics such as child abuse and neglect, intimate partner violence, home safety and preventable unintentional injuries and deaths. Family Support Workers help families create a safe environment by connecting them with community-based resources. Families are given safety strategies and education to reduce environmental hazards, avoid injuries and promote a healthy home.

Araya, Robin, Adien & Arianna Hines, Tulsa County
CHILD MALTREATMENT

During SFY 2016, the OSDH collaborated with the Oklahoma Department of Human Services (OKDHS) to match children served by HFA to child maltreatment reports and confirmations. The family may or may not have been participating in a HFA program at the time of the report. Of the 726 children who received at least one home visit from HFA in SFY 2016, 566 of them (seventy-eight percent) had never been named as a potential victim in an OKDHS report after enrolling in HFA. Furthermore, 674 of them (ninety-three percent) have never had a confirmed child maltreatment case with OKDHS since enrolling in HFA. None of the HFA children served in SFY 2016 has been named in a report to OKDHS for sexual abuse.

In order to enroll in HFA, the parent must score a minimum number of points on the Kempe Family Stress Checklist. The Kempe is conducted to identify the family strengths as well as family history and/or issues related to higher risk of child maltreatment and/or poor childhood outcomes. It is noteworthy that only seven percent of the HFA families served in SFY 2016 had a confirmed child maltreatment case despite all entering the program with risk factors associated with child maltreatment.

<table>
<thead>
<tr>
<th>CHILDREN WITH A CONFIRMED CASE OF MALTREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Maltreatment in Confirmed Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
</tr>
<tr>
<td>Neglect</td>
</tr>
<tr>
<td>Both</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Abuse in Confirmed Abuse Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threat of Harm</td>
</tr>
<tr>
<td>Other Includes: Beating/hitting, exposure to domestic violence, failure to protect, inadequate or dangerous shelter, and inadequate physical care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Neglect in Confirmed Neglect Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threat of Harm</td>
</tr>
<tr>
<td>Other Includes: Abandonment, beating/hitting, burning/scalding, cutting/puncturing, failure to obtain medical attention, failure to thrive, inadequate or dangerous shelter, inadequate physical care, lack of supervision, mental injury and shaking.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Perpetrators in Confirmed Maltreatment Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
</tr>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Other Includes: Grandparents and “no relation”</td>
</tr>
</tbody>
</table>
INTIMATE PARTNER VIOLENCE

Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of Americans. The term “intimate partner violence” describes physical, sexual, or psychological harm by a current or former partner or spouse. Children who are exposed to violence in their homes can suffer significant physical, mental and emotional harm with long-term effects that can last well into adulthood. More than one in nine (eleven percent) of children are exposed to some form of family violence, including one in fifteen (seven percent) exposed to IPV between parents or between a parent and that parent’s partner. One in four children (twenty-six percent) are exposed to at least one form of family violence during their lifetime.\(^9\)


In SFY 2016, ninety percent of HFA parents did not experience intimate partner violence in the past six months.
PREVENTABLE, UNINTENTIONAL INJURIES AND DEATHS

Unintentional injuries—such as those caused by burns, drowning, falls, poisoning and road traffic—are the leading cause of mortality and unintentional injuries among children. For children less than one year of age, two-thirds of injury deaths are due to suffocation. Drowning is the leading cause of injury death for those one to four years of age.\(^{11}\) Child injury death rates have decreased twenty-nine percent in the last decade indicating progress has been made in preventing childhood injuries.\(^{12}\) Injuries are predictable and preventable and children can be kept safe if parents are equipped with safety tools and knowledge. Family Support Workers conduct a home safety audit every six months, and at any time they see a hazard that could compromise the child’s safety. The goal is to provide the safest environment possible. Should an issue arise, FSWs connect the family with agencies that provide free safety items such as car seats, outlet covers and smoke detectors.

SAFE SLEEP

Each year in the United States, there are about 3,500 Sudden Unexpected Infant Deaths (SUID). These deaths occur among infants less than one year old and have no immediate obvious cause. The three commonly reported types of SUID are SIDS, an unknown cause, and accidental suffocation and strangulation in bed.\(^{13}\) For this reason, FSWs educate parents about the importance of their child having an individual sleep surface separate from any other person. Family Support Workers help families create a safe sleeping environment such as a crib without bumper pads, pillows, quilts and stuffed toys. Additionally, FSWs provide education about safe swaddling practices and the need to place infants on their back in order to reduce the risk of Sudden Infant Death Syndrome (SIDS). Family Support Workers also connect families with services that provide appropriate sleep surfaces.

CAR SEAT SAFETY

Ninety-seven percent of HFA parents reported always traveling with their child appropriately restrained in a car seat in SFY 2016.

FIRE SAFETY

Ninety-three percent of HFA households had at least one working smoke detector in SFY 2016.

WATER SAFETY

Ninety-nine percent of HFA parents reported never leaving their child unattended near water in SFY 2016.

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\(^{13}\) Sudden Unexpected Infant Death and Sudden Infant Death Syndrome. http://www.cdc.gov/sids/data.htm
Northern Oklahoma Youth Services (NOYS) in Ponca City offers a Teen Parenting Education High School Completion Program for students who are pregnant or have a child. Sierra and 11-month-old Brice participated in the program because Sierra wanted to be a better mother, and hoped that it would improve the relationship with her husband. Sierra found out about the services offered through NOYS, which focus on parenting and the importance of father involvement. She enrolled with hopes of encouraging her husband to participate by having a male home visitor. Sierra’s FSW, Jeremy, met weekly with the family and continued to encourage her husband to participate. Despite efforts, Jeremy was unable to engage him during the visits. Adding to an already unstable home life, Sierra’s mother would come in and out of her life, staying with the family when she was out of prison or drug rehabilitation. Sierra felt overwhelmed with caring for her mother and baby, attending school and trying to provide for her family.

Due to low income and instability, the family moved frequently and sold their belongings for money. Through all of the uncertainty, Jeremy was there for them. Sierra stated “Jeremy helped us so much by referring us to services in the community which helped us get through it,” adding “I never felt judged by Jeremy.”

Sierra became pregnant with her second child, and her relationship was crumbling. Her husband became verbally abusive and controlling of Sierra. He isolated her by not allowing her to have friends, a driver’s license or to get her high school diploma. With the continued support of Jeremy, Sierra found the courage to leave the relationship. Jeremy helped Sierra enroll in a TANF-based program that enabled her to secure housing, put a restraining order in place to keep her family safe, and enroll in high school. Sierra exclaimed “I was the first person in my family to graduate high school!” Sierra now lives in secure housing, has a driver’s license and is attending full time classes at the technical school in Ponca City.

Sierra said “Through all of these changes in our lives, Jeremy provided emotional support to me, and helped me remain focused on the health and welfare of my children.”
A child’s future depends on opportunities to achieve optimal physical growth and psychological development. Never before has there been so much knowledge to assist families in their desire to raise children to meet their potential. Childhood is an important phase in life which determines the quality of health, well-being, learning and behavior across the life span. It is a period of great opportunity, but also of great vulnerability to negative influences. Family Support Workers provide parents with an array of resources to promote healthy habits for the family including physical activity and nutrition, breastfeeding, timely vaccines, tobacco cessation, and referrals for postpartum depression.

References:
PHYSICAL ACTIVITY OF CHILDREN
Physical activity is an easy, fun way for families to spend time together. By engaging in an active lifestyle, children and parents will benefit from the exercise they need to stay healthy. In addition, children will develop healthy habits to carry with them into the future. Family Support Workers provide parents with valuable information regarding how physical activity promotes motor development and creates a healthy environment.

BREASTFEEDING
Breast milk is best for infants, and the benefits extend well beyond basic nutrition. Breast milk is tailored to fit the needs of an infant by providing vitamins and nutrients babies need in the first six months of life as well as providing disease-fighting substances that protect babies from illness. Family Support Workers are provided breastfeeding training so that they can support mothers and make appropriate referrals to lactation consultants when necessary.

During SFY 2016, sixty-one percent of new mothers participating in the HFA program initiated breastfeeding.

16 Shape Your Future, Move More/Family. http://shapeyourfutureok.com/move-more/family-
NUTRITION
Eating healthy helps families live a longer, healthier life. Not only do nutritious foods have positive effects on mental and physical well-being, they also help reduce the risk of chronic diseases like stroke, diabetes, heart disease and some cancers. Family Support Workers encourage parents to serve healthy snacks and nutritious foods at every meal by providing child-friendly recipes, teaching food safety, and referring families to WIC, the Supplemental Nutrition Assistance Program, and local food banks.

Eighty-three percent of HFA children reported eating at least one serving of fruits or vegetables each day in SFY 2016.

VACCINES
It is always better to prevent a disease than to treat it after it occurs. The best way to protect children and communities is to ensure timely vaccines are administered. Diseases that used to be common in this country and around the world have been prevented by vaccination. Over the years vaccines have prevented countless cases of disease and saved millions of lives. Immunizing children also helps to protect the health of communities, by preventing the spread of deadly diseases. Family Support Workers provide an immunization schedule upon enrollment and assist the families when making appointments for timely vaccines. In addition, FSWs provide transportation or referrals for transportation so families can get to clinics for appointments.

During SFY 2016, eighty-one percent of HFA parents reported that their children were up-to-date on vaccines.

POSTPARTUM DEPRESSION
Many women have the baby blues after childbirth. Symptoms may include mood swings, feeling sad, anxious or overwhelmed, crying spells, loss of appetite, and trouble sleeping. The baby blues most often go away within a few days or a week. However, the symptoms of postpartum depression last longer and are more severe. Postpartum depression can begin anytime within the first year after childbirth. Hormonal and physical changes after birth and the stress of caring for a new baby may play a role. Family Support Workers administer an early detection screening of maternal depression using the Edinburgh Postnatal Depression Scale. Depending on time of enrollment, screenings take place prenatally, at two, four and six weeks postpartum; and any time postpartum depression is suspected. If the parent enrolls after six weeks postpartum, a screening is administered within two months of engaging in home-based parenting services.

Three hundred and thirty-four Edinburgh Postpartum Depression Screenings were administered to new HFA mothers in SFY 2016. Seventy percent indicated some signs of depression; thirteen percent indicated the need for immediate referral to a health care professional.

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20 Centers for Disease Control and Prevention, Why are Childhood Vaccines So Important? http://www.cdc.gov/vaccines/vac-gen/howvpd.htm
TOBACCO USE

Being tobacco free is necessary for a healthy lifestyle and reduces the risk of cancer and chronic diseases. A tobacco-free life not only improves the parents’ health, but the health of their children. Secondhand smoke contains over 70 cancer-causing chemicals, and even brief exposure to secondhand smoke can be harmful to one’s health. But by supporting tobacco-free environments at home, families can protect their children from secondhand smoke. Family Support Workers help families in their efforts to quit smoking by providing them with Oklahoma Tobacco Helpline information and additional education and resources needed to quit.

Of the HFA parents who smoked, fifty-six percent either did not increase or reduced smoking between enrollment and the end of SFY 2016.

Of the total enrollment (smokers and non-smokers) the majority of HFA parents did not increase or never began smoking from the time of enrollment to the end of SFY 2016.

NUMBER OF CIGARETTES

Parents who did not increase the number of cigarettes since enrollment (29%)
Parents who reduced the number of cigarettes since enrollment (27%)
Parents who increased the number of cigarettes since enrollment (44%)

SMOKING

Parents who did not smoke at enrollment and still do not smoke (71%)
Parents who smoked at enrollment and still smoke (15%)
Parents who increased or began smoking since enrollment (8%)
Parents who reduced or quit smoking since enrollment (6%)

22 Shape Your Future, A Program of TSET, Be Tobacco Free. http://shapeyourfutureok.com/be-tobacco-free/
Kendra came to the McClain-Garvin Healthy Beginnings Program seeking help when she was pregnant with twins. Kendra was going to be a first time mother, while her husband, Christopher, already had children from a previous relationship. Kendra had grave concerns about how to raise her babies, given the fact she had suffered severe abuse as a child. Kendra stated “I felt dehumanized from emotional and sexual abuse from a family member. The fear I had in raising my kids was extreme since I did not have normalcy growing up.” Kendra’s FSW, Sharla, listened to Kendra voice her desperation to be a “good mom” and quickly began providing her with information, activities and support to help Kendra reach her goal. The first goal Sharla helped Kendra with was to deal with her past issues of abuse. Kendra was ashamed and hesitant to speak to anyone about her experiences. With Sharla’s support, Kendra was able to start counseling and has been consistent with her appointments.

As Kendra began to gain confidence, she set additional prenatal goals, including a healthy diet and exercise. Sharla began to see Kendra’s fears of being a “good mom” melt away into excitement about the arrival of her twins, Jake and McKenzie. In 2012, Kendra and Christopher had two healthy babies.

Kendra continues home-based parenting services consistently learning new things about Jake and McKenzie and sharing her knowledge with Christopher. Sharla has been with Kendra every step of the way, watching Jake and McKenzie learn colors, letters, how to spell their names and counting. Kendra’s goals have shifted from being a “good mom” to preparing her children to enter kindergarten ready to learn.

Kendra stated “Sharla has given me the tools, methods, and self-belief that I wasn’t tainted by a dark past,” adding “They say God gives us with what we need, and I’m grateful every week that I see Sharla.”
Children who experience family stability have parents who remain constant, consistent, and bonded to them over time. Parents who provide a nurturing and stimulating home environment and engage in appropriate parenting with their baby are laying the foundation for optimal child development. Characteristics of the home environment, such as warmth, emotional availability, stimulation, family cohesion, and day-to-day activities, have been linked to family stability. Children are more likely to have trusting relationships with parents who are consistent and nurturing, which leads to a number of positive developmental outcomes. 

FATHER INVOLVEMENT

The benefits of father involvement start at birth. Babies with more involved fathers are more likely to be emotionally secure, confident in new situations, and eager to explore their surroundings. As they grow, they are more sociable. Toddlers with involved fathers are better problem-solvers and have higher IQs by age three. They are more ready to start school and can deal with the stress of being away from home all day better than children with less involved fathers.25

EMPLOYMENT

Of the HFA parents served in SFY 2016 who were unemployed at enrollment, forty-eight percent have found work.

HOUSEHOLD INCOME

Eighty-eight percent of HFA parents served in SFY 2016 have maintained or increased their household income.

EDUCATION

Of the HFA parents served in SFY 2016, twenty-two percent have furthered their education since enrollment.

CONNECTIONS TO SERVICES
Families enrolled in HFA are connected with services in order to help reduce stress levels, provide for basic needs, and increase family stability.

SERVICE REFERRALS

<table>
<thead>
<tr>
<th>Services</th>
<th># of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clothing</td>
<td>917</td>
</tr>
<tr>
<td>Medicaid/SoonerCare</td>
<td>72</td>
</tr>
<tr>
<td>Women, Infants, &amp; Children</td>
<td>78</td>
</tr>
<tr>
<td>Food</td>
<td>394</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>112</td>
</tr>
<tr>
<td>Dental</td>
<td>163</td>
</tr>
<tr>
<td>Immunizations</td>
<td>85</td>
</tr>
<tr>
<td>English as a Second Language (ESL)</td>
<td>72</td>
</tr>
<tr>
<td>Parenting Classes</td>
<td>290</td>
</tr>
<tr>
<td>Transportation</td>
<td>341</td>
</tr>
<tr>
<td>Rent</td>
<td>135</td>
</tr>
<tr>
<td>Car Seats</td>
<td>188</td>
</tr>
<tr>
<td>Vision</td>
<td>73</td>
</tr>
<tr>
<td>General Education Diploma (GED)</td>
<td>90</td>
</tr>
<tr>
<td>Furniture</td>
<td>46</td>
</tr>
<tr>
<td>Smoke Detectors</td>
<td>56</td>
</tr>
</tbody>
</table>

The data was reported as an unduplicated count due to an improved database and more comprehensive method of cleaning the data.

Lashawnda Crockett & A-Keilah Gordon, Seminole County
Leah, a young mother of Brian and Beretta, moved to Hobart to escape an abusive relationship. New to the community, Leah had no sense of direction, but did have some family support. Leah’s aunt told her about the Healthy Families – Great Plains Program (HF-GP), so Leah made a visit. As soon as she walked in the door, the staff at HF-GP provided Leah with basic needs such as diapers, wipes and infant supplies for her two small children. Jamie, her FSW sat down with Leah and listened to her wants and needs. Leah was in need of a job to support her family and her top priority was to gain full time employment. Jamie referred Leah to the Workforce Innovation Opportunity Act (WIOA) Program. She knew it would be difficult to obtain all the paperwork necessary to be accepted because Leah was from another state and a member of the Kiowa Tribe. Leah felt like she was hitting roadblock after roadblock, to the point of giving up. Each time Leah would get discouraged, Jamie was there to encourage her by telling her “Leah, life may seem dim and dull, but there is a light at the end of the tunnel and with each new day, that light will get brighter and brighter.” Leah never gave up hope as she and Jamie navigated the state and tribal systems. Eventually, the documentation was in place and Leah was able to successfully enroll in the WIOA Program. Yet, Leah was not out of the woods. Brian and Beretta were placed in temporary state custody until Leah could meet the requirements of her Safety Plan. With a heart of determination and the support of Jamie, Leah saved enough money to afford housing and utilities. Jamie helped Leah get furniture and develop a monthly budget.

Through the WIOA Program, Leah was able to gain part-time employment. Jamie continued to offer Leah referrals for support, but Leah was determined to do it on her own, telling Jamie “I want to save the money myself” she added, “I made the decision after losing my children that I would make sure to get into a position that I would never lose my children again and that I would get there by doing it myself.” Jamie knew she could do it and cheered her on towards success. Leah and her children are reunited, living in safe housing, and Leah is employed full-time. When Jamie asked Leah if she could share her success story, Leah smiled a big smile and replied with a soft “Yes.”
SFY 2016 ACCOMPLISHMENTS

IMPLEMENTATION OF NEW DATA SYSTEM

The implementation of the Efforts to Outcomes Database (ETO) has allowed Contractors the freedom to access a multitude of data reports that support quality improvement. Contractors are able to identify the number of families served, monthly retention reports, and completed home visits vs. attempted home visits. In addition, the ETO Database is a mechanism to streamline communication between the OSDH and Contractors, from Contractor to Contractor, and communication to other home visiting programs such as Children First (C1), Parents as Teachers (PAT), and SafeCare.

parentPRO

parentPRO is a free service that connects families to home-based parenting services.26 Families can call a 1-800 number and speak to a referral specialist, or they can navigate the website to find services in their area. During SFY 2016, parentPRO referred 173 families to home-based parenting services. parentPRO is designed to provide a continuum of services to fit the needs of all families seeking support.

SFY 2016 RECOMMENDATIONS

COST SAVING MEASURES

After careful consideration, and in an effort to broaden the home-based parenting services net, the OSDH made the decision to end the HFA Model and implement the Parents as Teachers (PAT) Model. The Parents as Teachers Model has universal access and broad enrollment criteria based on the age of the child which allows families to access the program during the prenatal period through completion of kindergarten. By implementing the PAT Model, contractors are able to serve the same population, with less administration and training costs. In order to make this transition the Contractors were required to submit a PAT Affiliation Plan and attend the PAT Model Implementation Training. The PAT Affiliation Plans have been approved by the PAT National Office, and staff (including supervisors and direct service staff) has completed the Model Implementation Training. The Contractors implemented the PAT Model on November 7, 2016. The ODSH anticipates an increase in the number of families served and a decrease in costs in SFY 2017.
This report is respectfully submitted in compliance with Title 63 O.S., Section 1-227.3.

**ACKNOWLEDGMENTS**

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