OKLAHOMA HOME VISITING

Annual Outcomes Report

FISCAL YEAR 2022

July 1st, 2021-June 30th, 2022

Submitted to: Governor Stitt, Oklahoma State Legislature, and Oklahoma Commission on Children and Youth.

Submitted by: Oklahoma Partnership for School Readiness as the Oklahoma State Early Childhood Advisory Council.

In accordance with: The Family Support Accountability Act Title 10 O.S. §601.80.

OKLAHOMA PARTNERSHIP FOR SCHOOL READINESS

ACKNOWLEDGMENTS

To Governor Stitt, Oklahoma Legislature, and Oklahoma Commission on Children and Youth:

Oklahoma Partnership for School Readiness (OPSR), serving as the state's Early Childhood Advisory Council, is pleased to present the 2022 Home Visiting Report. This report further demonstrates the collaborative efforts of Oklahoma home visiting programs, as program leadership offered guidance and support for this report. We thank Oklahoma State Department of Health's Mr. John Delara, MIECHV Grants Manager, for his assistance in collecting and providing data on program outcomes and expenditures for this report. We are especially grateful to the Sustainable Implementation of Evidence-Based Home Visiting Committee, led by University of Oklahoma Health Sciences Center's Center on Child Abuse and Neglect, for their collaborative leadership to promote evidence-based, home visiting programs across Oklahoma. Thank you also to OPSR's Adelaide Webb and Taylor Knooihuizen, for their contribution to the development of this year's report.

We especially want to acknowledge family support providers (home visitors) across Oklahoma for their dedicated service to families of young children. We know that home-based family support programs, especially those serving families with very young children, are proven effective in achieving positive outcomes for parents and their children. This report highlights successes, identifies improvement opportunities, and educates a broader audience about home visiting and its effectiveness. OPSR will continue to uplift Oklahoma's home visiting work and encourage increases in state investments for equitable and evidence-based home visiting programs.

Carrie Williams

Carrie Williams,
Executive Director

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FAMILY SUPPORT ACCOUNTABLITY ACT

The Family Support Accountability Act (Title 10 O.S. §601.80), signed into law in 2015, requires the State Early Childhood Advisory Council to establish statewide metrics by which to measure the performance outcomes of all state funded and implemented home visiting programs. Additionally, the State Early Childhood Advisory Council will submit an annual outcomes report to the Governor, Legislature, and Oklahoma Commission on Children and Youth that details the following:

- State expenditures.
- Program and participant characteristics.
- Outcomes achieved.
- Recommendations for quality improvements and future investments.

Further, under the Family Support Accountability Act, an outcomes measurement plan must be updated every five years that includes home visiting metrics and efficiency of program implementation. An updated measurement plan will be submitted to the Governor, Legislature, and Oklahoma Commission on Children and Youth in 2023.

OKLAHOMA PARTNERSHIP FOR SCHOOL READINESS

SUSTAINABLE IMPLEMENTATION COMMITTEE

The University of Oklahoma Health Sciences Center's Center on Child Abuse and Neglect was an awardee for the Administration for Children and Families' "Evidence-Based Home Visiting" (EBHV) Grant in 2008. One of the requirements of the grant was to create a committee that would investigate future funding opportunities that could sustain the EBHV grant-funded program that was funded through the ACF grant (i.e., SafeCare augmented). After OSDH was awarded the Maternal Infant and Early Childhood Home Visitation (MIECHV) Grant and the EBHV grant shifted under the MIECHV mechanism, the Sustainable Implementation Committee expanded the scope to include sustained implementation of all evidence-based home visitation programs in Oklahoma.

This committee stays abreast of the latest research and evaluation findings of home visitation programs in Oklahoma, identifies current and potential sources of funding, develops strategies for marketing and messaging to facilitate accurate understanding about EBHV, and supports expanded participation of families, with a focus on engaging fathers. The Sustainable Implementation Committee includes members from multiple state agencies (e.g., OSDH, OKDHS, OCHA), nonprofit agencies (e.g., NorthCare Center, Parent Child Center of Tulsa, Latino Community Development Agency), tribes (Choctaw Tribe, Cherokee Tribe), the Oklahoma Institute on Child Advocacy, Oklahoma Partnership for School Readiness, University of Oklahoma Health Sciences Center, Oklahoma State University, and the business community.

During this past fiscal year, the Sustainable Implementation Committee worked with communities to identify their needs with the goal of helping guide the State's use of the American Rescue Plan Act (ARPA) funds. Updates on new and expanding programs were shared, such as the TANF funded expansion programs for SafeCare rolling out across the designated counties, and the introduction of two new programs: the Modified Attachment Biobehavioral Catch-Up (ABC) Model, and the Parent-Child Assistance Program (PCAP). The Parent Partnership Advisory Committee (PPAC) was established from the Parent Partnership Board, with the plan of expanding and providing trainings and consultation to other PPACS wanting to start across the state.

HOMEVISITING COLLABORATIONS

parentPRO

parentPRO supports Oklahoma pregnant mothers and families with young children by linking them with programs that best fit their family. There are a variety of programs across Oklahoma and each of these programs has unique features and specific enrollment criteria. parentPRO simplifies the enrollment process and connects expectant mothers or families from pregnancy through kindergarten to services in their area.

Home Visitation Leadership Advisory Coalition (HVLAC):

The Home Visitation Leadership Advisory Coalition (HVLAC) is led by the Family Support and Prevention Services team at Oklahoma State Department of Health. Membership is comprised of multi-level representatives from state agencies, universities, child-serving agencies, and other private nonprofits. This coalition allows members to share information, work together to find solutions to common problems, and disseminate best practices.

HOMEVISITING

Home-based family support programs (home visiting) support parents and caregivers to provide safe, stable, and nurturing environments for their children. As a two-generational approach, both adults and children benefit from in-home visits. Caregivers who receive support and coaching during home visits learn skills that protect their children from adverse childhood experiences (ACEs).[1]

Extensive research has been conducted on the negative impact of ACEs into adulthood, but the harm caused by ACEs can be mediated through the use of protective and compensatory experiences (PACEs).[1] The protective components of PACEs focus on relationships and resources - two critical components of hiqh-quality, evidenced-based home visiting programs.

IS HOME VISITING EFFECTIVE?

Studies focused on the cost-effectiveness of home visiting programs have found strong returns on investment. For example, a Nurse Family Partnership (NFP) model study found a 7% reduction in TANF payments nine years postpartum and costs for those on Medicaid decreased by 10%. [2]

Home visiting programs also have been shown to improve caregivers' financial stability and reduce substance abuse, while reducing taxpayer costs due to child welfare involvement.

HOME VISITING MODELS

Home visiting models vary in the outcome, duration, frequency of visits, and intended target population. Some begin in pregnancy, while others start during the first year of a child's life. Models may last two years, up to age 6, or kindergarten completion.

Potential outcomes include:

- Improvements in maternal and infant health
- Prevention of child injuries, abuse, neglect or maltreatment
- Reduction in emergency department visits
- Increased school readiness and achievement
- Lower incidence of crime or domestic violence
- Improvements in family economic self-sufficiency
- Better coordination of and referrals for community resources and supports

1 Hays-Grudo, J., Sheffield Morris, A., Beasley, L., Ciciolla, L., Shreffler, K., & Croff, J. (2021). Integrating and synthesizing adversity and resilience knowledge and action: The ICARE model. American Psychologist, 76(2), 203-215.

2 Nurse-Family Partnership: Outcomes, Costs and Return on Investment in the U.S. Nurse Family Partnership (2017). Nurse-Family Partnership https://www.nursefamilypartnership.org/wpcontent/uploads/2017/02/Miller-State-Specific-Fact-Sheet_US_20170405-1.pdf

ABOUT THE DATA

Data outcome measures reported in this document are collected, maintained, and managed in the Efforts to Outcomes (ETO) data system housed at the Oklahoma State Department of Health. Data from ETO is used for external accountability reporting as well as for internal quality assurance and improvement efforts. Data included in this report represent de-identified, aggregate data. All names and identifying information were removed for analysis.

WHO ARE HOME VISITORS?

Home visitors have a variety of professional training ranging from nursing, social work, and child development. Requirements for being a home visitor vary by the program because services differ based on family needs. Regardless of their professional background, all Oklahoma home visitors are required to have specialized training in service delivery, child development, safety, child abuse and neglect, domestic violence as well as other relevant fields necessary to effectively support families.

WHAT HOME VISITORS DO

Home visitors meet with parents and families in their homes at agreed-upon, regularly scheduled intervals. Visits can occur as frequently as weekly, bi-weekly, or monthly and continue as long as the parent desires to continue in the program. Programs can last from six months to several years depending on the family's risk factors and needs. During these meetings, home visitors conduct a variety of assessments and address a myriad of concerns for parents, including:

Gather Family Information to Tailor Services

- Screen parents for issues like postpartum depression, substance abuse, and domestic violence
- Screen children for developmental delays

Provide Direct Education and Support

- Provide knowledge and training to make homes safer and promote safe sleep practices
- Offer information about child development
- Screen children for developmental delays

Make Referrals and Coordinate Services

- Help pregnant women access prenatal care
- Encourage parents take children to their well-child visits
- Connect parents with job training and education programs

ACES&PACES

ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences (ACEs) include 10 categories of experiences before the age of 18: physical, sexual, and emotional abuse, physical and emotional neglect, domestic violence, parental divorce, and household mental illness, incarceration, and substance use. Having multiple ACEs impairs development and increases the risk of poor health. [3]

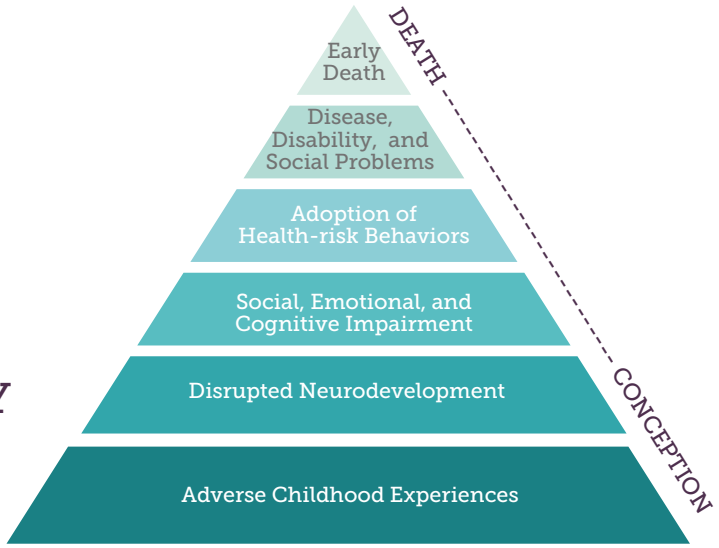
PROTECTIVE AND COMPENSATORY EXPERIENCES

Protective and Compensatory Experiences (PACEs) are experiences that protect against risk and increase resilience. Like ACEs, PACEs influence development. Unlike ACEs, this foundation provides the relationships and resources needed for healthy development.[3] PACEs include:

1. Unconditional love from a parent/caregiver
2. Having a best friend
3. Volunteering in the community
4. Being part of a social group
5. Having support from an adult outside of the family
6. Living in a clean, safe home with enough food
7. Having resources and opportunities to learn
8. Engaging in a hobby
9. Regular physical activity
10. Having daily routines and fair rules

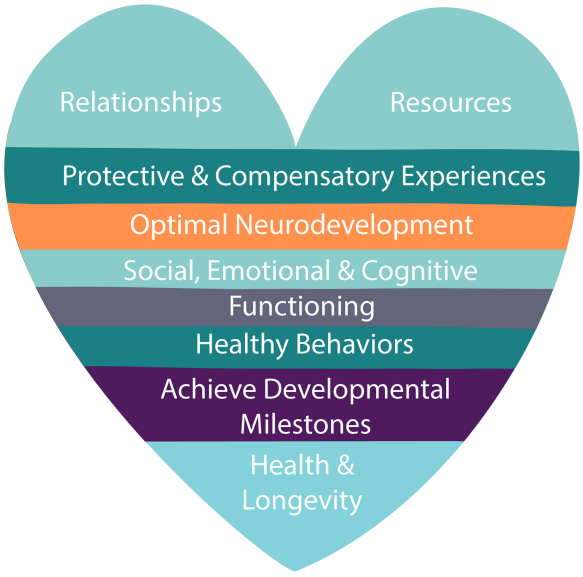
Protective experiences provide the basis for the heart model. Supportive relationships and resources lead to healthy development. Individuals then adopt behaviors resulting in healthy, long lives. [3]

THE ACES MODEL [3]



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-Being Throughout the Lifespan

PACES HEART MODEL [3]



3 Ratliff, E., Sheffield Morris, A., & Hays-Grudo, J. (2020). The impact of adverse and protective childhood experiences. Oklahoma State University Extension. Retrieved from https://extension.okstate.edu/fact-sheets/the-impact-of-adverse-and-protective-childhood-experiences.html

HOMEVISITING IN OKLAHOMA

In 1992, Oklahoma implemented its first home visiting program, Parents as Teachers, through the Oklahoma State Department of Education. Oklahoma was one of the first states to make these services available statewide, and programs consistently grew and expanded in the late 1990s and early 2000s. Early on, state investments created the infrastructure to implement evidence-based models with a continuum of services to expecting parents, infants, toddlers, and children prior to kindergarten completion.

Oklahoma home visiting programs deliver a wide variety of services to both expectant parents and families with children under six years old. Providing supports to parents enrolled in home visiting programs increases PACEs in the home, which can positively influence developmental health outcomes and school readiness. Caregivers who choose to participate in a home visiting program are matched with specially trained professionals who periodically come to the caregiver's home and offer education, resources, developmental screenings, and other resources.

Oklahoma home visiting programs use evidence-based models that have been thoroughly researched and proven to have statistically significant impacts when replicated among similar populations. Currently, Oklahoma implements three evidence-based home visiting models: Children First, Parents as Teachers, and SafeCare Augmented.

AT A GLANCE

38,522
Home Visits Completed

2,796
Families Served

2,331
Children Served

58
Counties Served

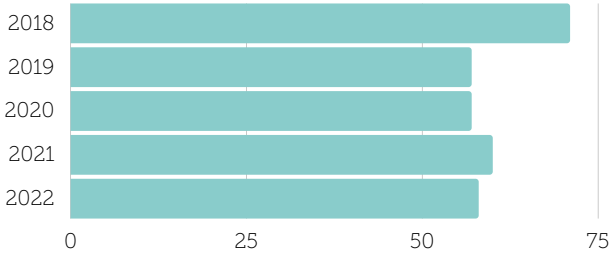
27
Programs

The three models vary in the populations they serve, the length of time services are provided, and the required education and experience of home visitors carrying out activities. Home visiting programs are delivered through county health departments and community-based nonprofits. Depending on the needs and size of the community, more than one program may be offered in a county, and programs are strategically coordinated to reduce duplication of effort and maximize efficiency.

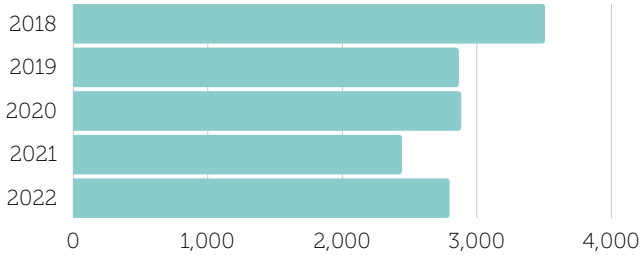
Over the last five years, home visiting services have seen declining numbers due to decreased funding. Since 2018, the number of counties with home visiting programs has decreased from 92% to 75%, the number of children served has decreased by 22%, and families served have decreased by 20%. However, due to the availability of virtual visits and the increased accessibility they provide for families to utilize home visiting services, completed visits have increased by 12%.

Funding challenges have caused uncertainty among service providers, creating costly turnover considering the amount of specialized training required for effective service delivery. Additionally, the more funds required to recruit and train new home visitors due to turnover means even fewer funds available to serve families, provide quality assurance and improvement, and deliver technical assistance and supervision – all of which are vital to a well-functioning family support system.

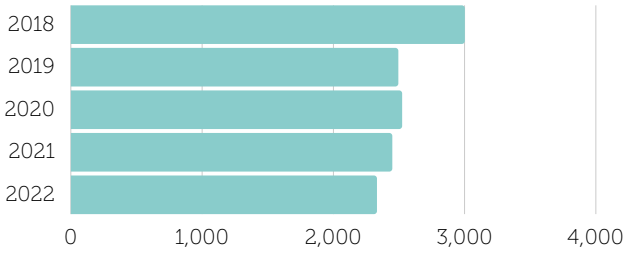
Counties Served



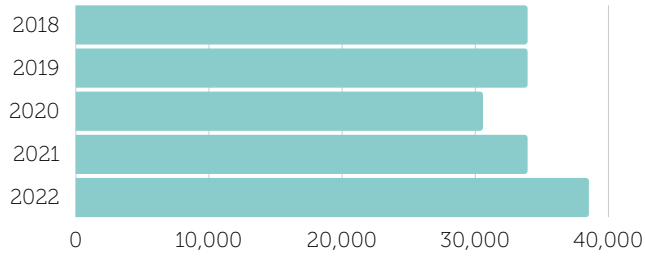
Families Served



Children Served



Home Visits Complete



*2022 data includes both in-person visits (26,293) and virtual visits (12,229)

HOMEVISITING
FUNDING

STATE INVESTMENTS

Home visiting programs have been funded since the 1990s through state appropriations. In SFY2022, $5,873,438.68 of state funds and $756,278.40 millage funds supported the Nurse-Family Partnerships were used to support the Nurse-Family Partnership home visiting program, known as Children First. Additionally, $1,752,798.00 state dollars were used to support the Parents as Teachers home visiting model in SFY2022.

FEDERAL INVESTMENTS

Since 2015, federal investments have increased and helped to sustain home visiting programs where state investments have waned. In 2011, the American Recovery and Reinvestment Act contributed federal dollars followed by the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV Program), which is funded by the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA). SafeCare does not currently receive state support and is funded solely through federal dollars. In state fiscal year 2022, federal investments contributed $3,813,038.78 toward Oklahoma home visiting programs.

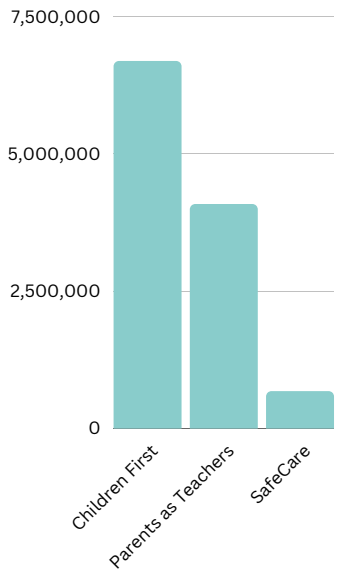
Federal funds contribute to direct services for families and also support:

State Fiscal Year 2022 Home Visitation Funding by Funding Stream

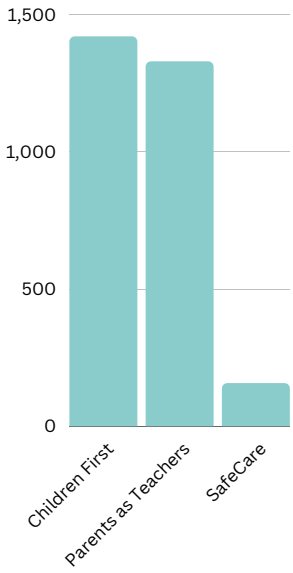
State	$6,869, 958.28
Millage	$756,278.40
Federal	$3,813,038.78
Total	$11,439,275.46

Home Visiting by Program

2022 Funding by Program



2022 Families Served by Program



- Continuous quality improvement that increases program effectiveness and efficiency.
- Efforts to Outcomes (ETO) data system that collects data for all home visiting programs funded through Oklahoma State Department of Health (OSDH)
- Targeted marketing efforts to reach more families in need of home-based family support services, including the creation of an electronic resources hub known as parentPro

COST OF SERVING FAMILIES

In state fiscal year 2022, 2,796 families received home visiting services and $7,626,236.68 of Oklahoma state dollars contributed to help support serving families. With state, millage, and federal funds combined, the average cost to serve families participating in home visiting programs is $4,091.30. It is important to note that this cost per family does not include some of the more intensive services some program models offer that could be more costly. For example, services provided to families already involved in the child welfare system, such as counseling, may result in higher costs per family because of the type, intensity, and frequency provided. Other program models may provide solely preventative and essential services to families, which may have lower costs per family. State and millage investments in home visiting programs reflect 67% of the total program costs.

State Fiscal Year 2022 Cost Per Family by Funding Type

State	$2,457.07
Millage	$270.49
Federal	$1,363.75
Total	$4,091.30

STATE AND FEDERAL INVESTMENTS

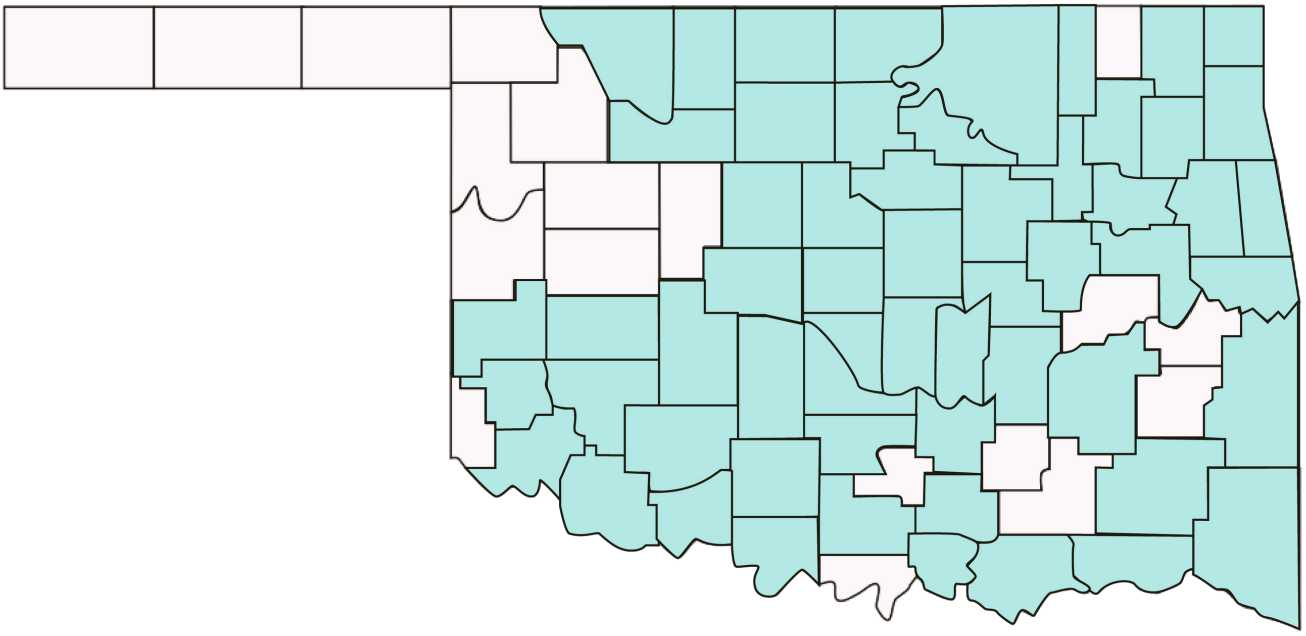
In state fiscal year 2022, Oklahoma used three models of home-based family support programs. Among all the models, 27 home-based family support program sites provided services to families in 58 of 77 Oklahoma counties. Programs available included:

- 10 Nurse-Family Partnership (known as Children First) regional program teams were available to families in 47 counties; and
- 12 Parents As Teachers regional program sites were available to families in 29 counties;
- Five SafeCare program sites were available to families in 11 counties.

HOMEVISITING
BY COUNTY

Counties Served by Programs

Adair, Alfalfa, Beckham, Bryan, Caddo, Canadian, Carter, Cherokee, Choctaw, Cleveland, Comanche, Cotton, Craig, Creek, Delaware, Garfield, Garvin, Grady, Grant, Greer, Hughes, Jackson, Jefferson, Johnston, Kay, Kingfisher, Kiowa, LeFlore, Lincoln, Logan, Major, Marshall, Mayes, McClain, McCurtain, Muskogee, Noble, Okfuskee, Oklahoma, Okmulgee, Osage, Ottawa, Pawnee, Payne, Pittsburg, Pontotoc, Pottawatomie, Pushmataha, Rogers, Seminole, Sequoyah, Stephens, Tillman, Tulsa, Wagoner, Washington, Washita, and Woods.



HOMEVISITING PROGRAMS

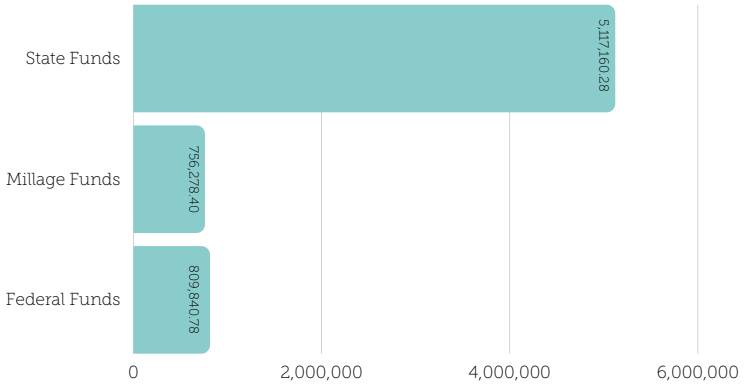
CHILDREN FIRST

Nurse-Family Partnership (NFP)

Children First was created in 1996 as a deterrent to child maltreatment and a means to improving children's health and wellbeing. Originally piloted in four counties, Children First is now delivered across much of the state through the regional/county health department system. Since 1996, the program (administered by the Oklahoma State Department of Health) has served more than 42,000 families.

- NFP is targeted to low-income mothers pregnant with their first child with services continuing through age 2.
- The program schedules home visits with each first-time mom over a two-and-a-half year period provide content that is based on client requests, nursing assessment, and program topics.

FUNDING



AT A GLANCE

11,057 Home Visits Completed

1,419 Families Served

874 Children Served

CAREGIVER SNAPSHOT

23 median age

96% received prenatal care

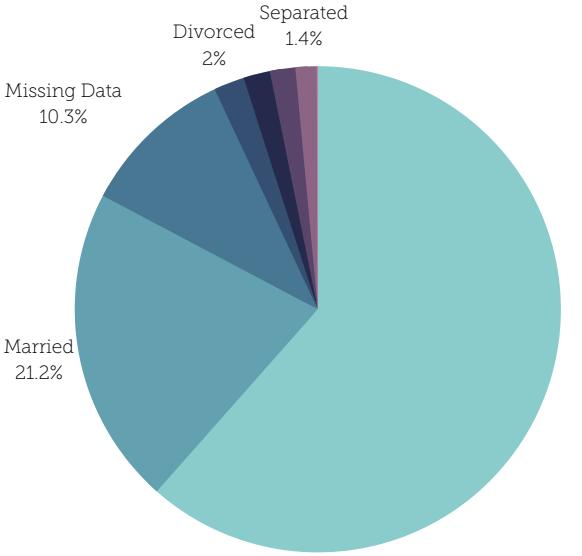
$22,695 median annual household income level

67% are unmarried

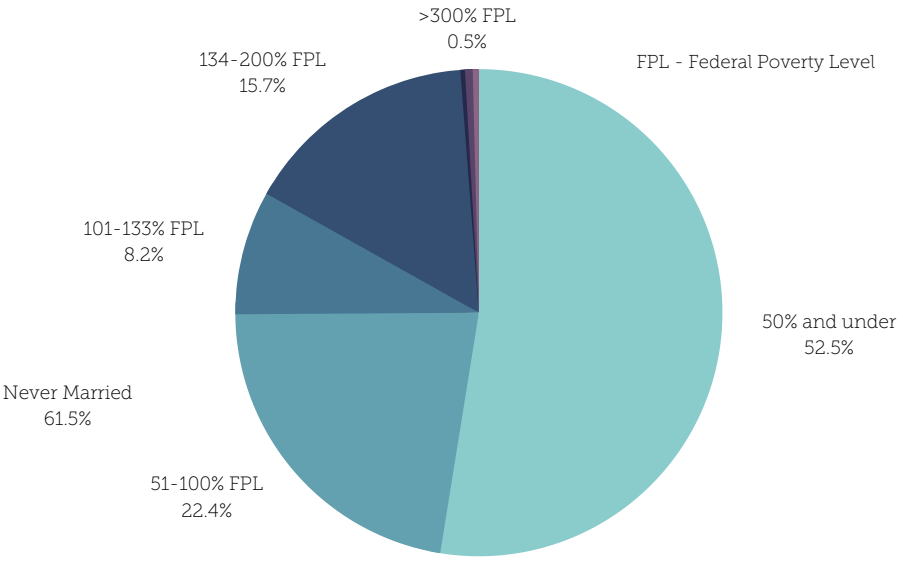
44% are unemployed

Children First: Caregiver Information

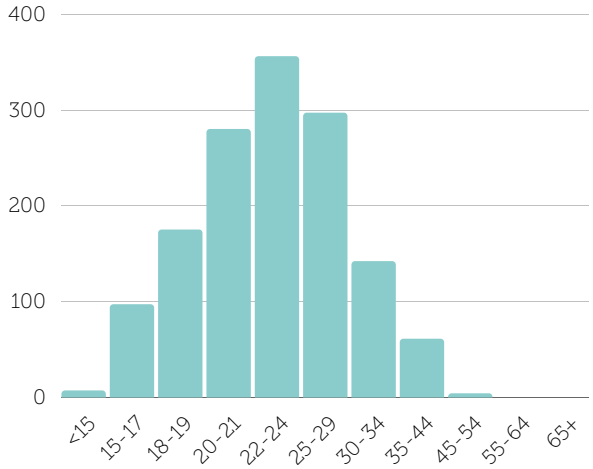
Marital Status



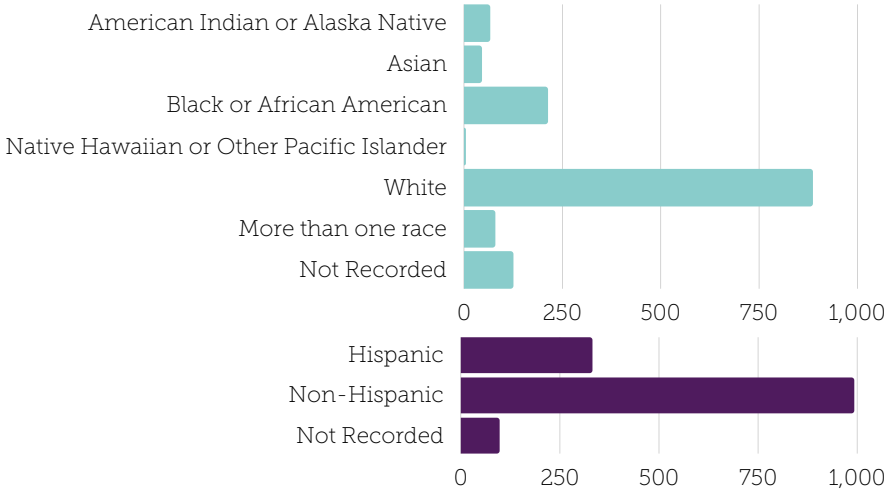
Poverty Level



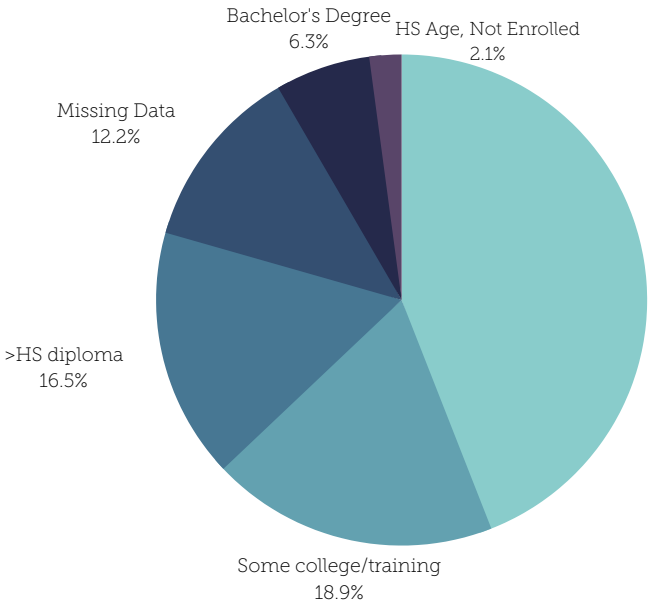
Age



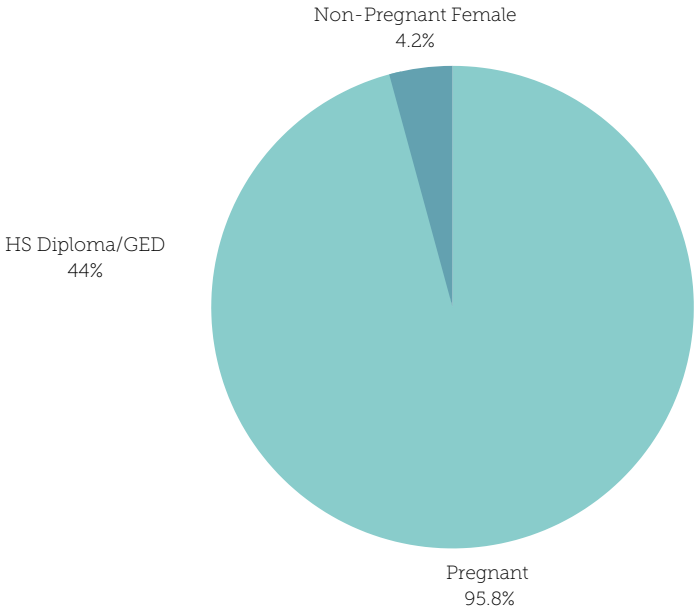
Race and Ethnicity



Caregiver Educational Attainment

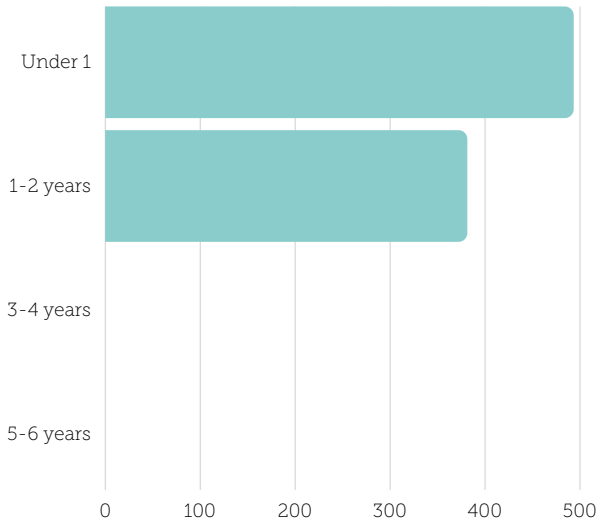


Caregiver type

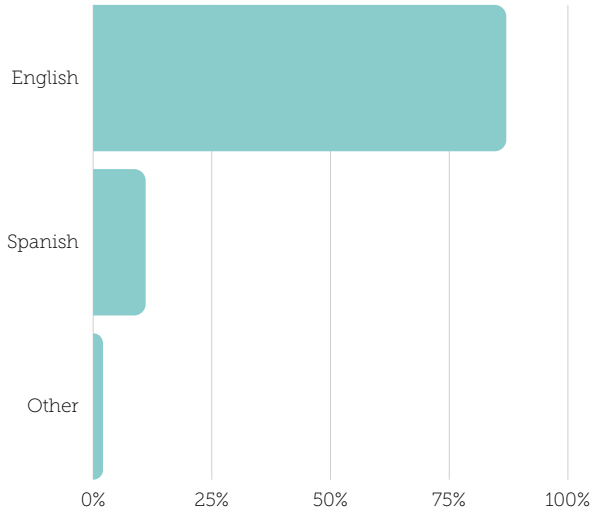


Children First: Child Information

Age

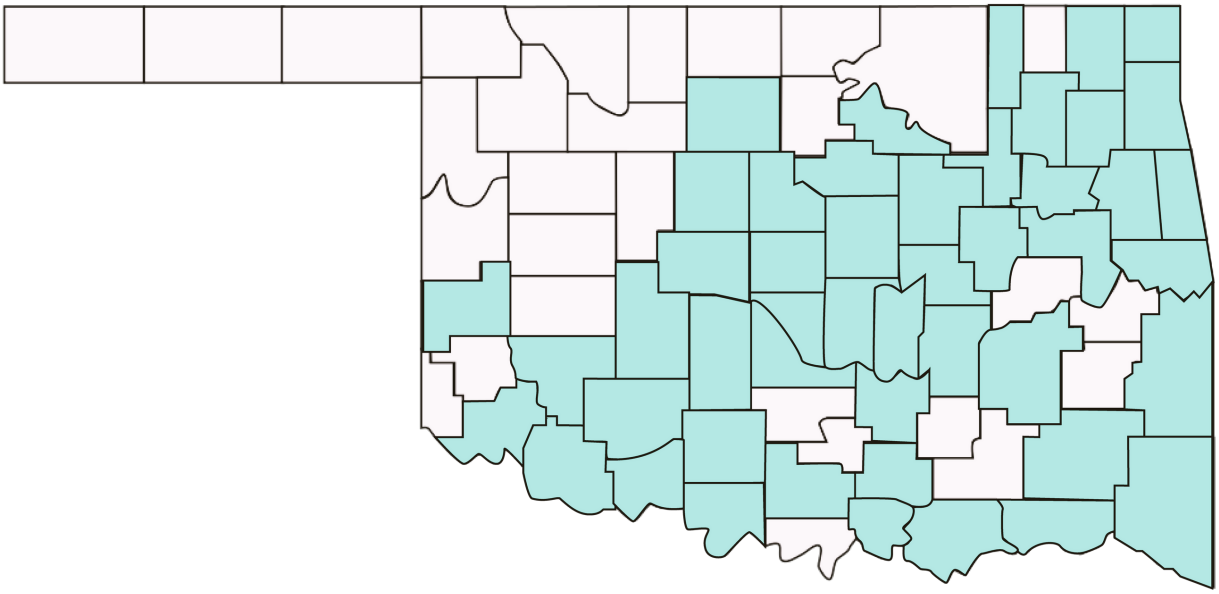


Primary Language Exposure



Counties Served by Children First

Adair, Beckham, Bryan, Caddo, Canadian, Carter, Cherokee, Choctaw, Comanche, Cotton, Craig, Creek, Delaware, Garfield, Grady, Hughes, Jackson, Jefferson, Johnston, Kingfisher, Kiowa, LeFlore, Lincoln, Logan, Marshall, Mayes, McClain, McCurtain, Muskogee, Okfuskee, Oklahoma, Okmulgee, Ottawa, Pawnee, Payne, Pittsburg, Pontotoc, Pottawatomie, Pushmataha, Rogers, Seminole, Sequoyah, Stephens, Tillman, Tulsa, Wagoner, and Washington.



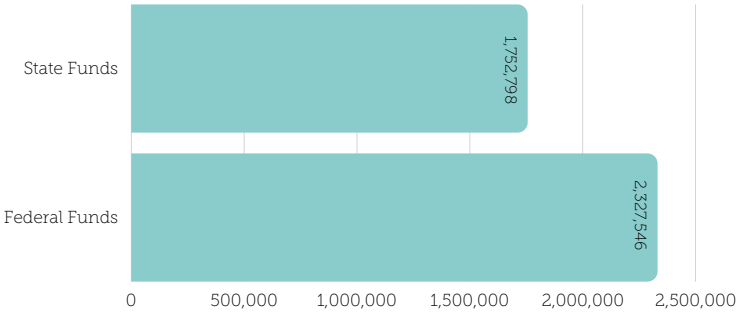
HOMEVISITING PROGRAMS

PARENTS AS TEACHERS

Parents As Teachers (PAT) has been serving Oklahoma families since 1991 and is based on the philosophy that parents are their children's first and most important teachers. The program is designed to maximize a child's overall development during the first three years of life by laying a foundation for school success and minimizing developmental problems that interfere with the child's learning.

- PAT targets universal enrollment to any woman who is pregnant, and any primary caregiver until the child completes kindergarten.
- Families in PAT can expect two visits per month with each visit lasting about an hour and emphasizing parent-child interaction, development-centered parenting, and family wellbeing.

FUNDING



AT A GLANCE

14,187 Home Visits Completed

1,328 Families Served

1,390 Children Served

CAREGIVER SNAPSHOT

26 median age

22% received prenatal care

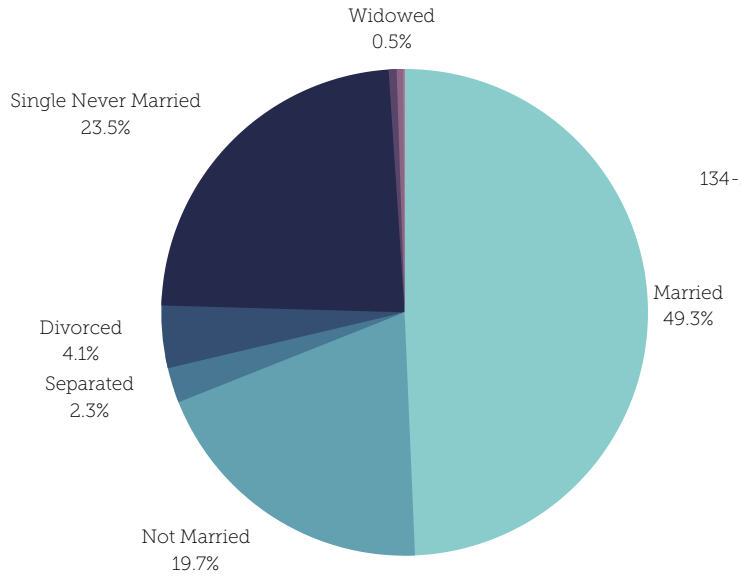
$22,695 median annual household income level

47% are unmarried

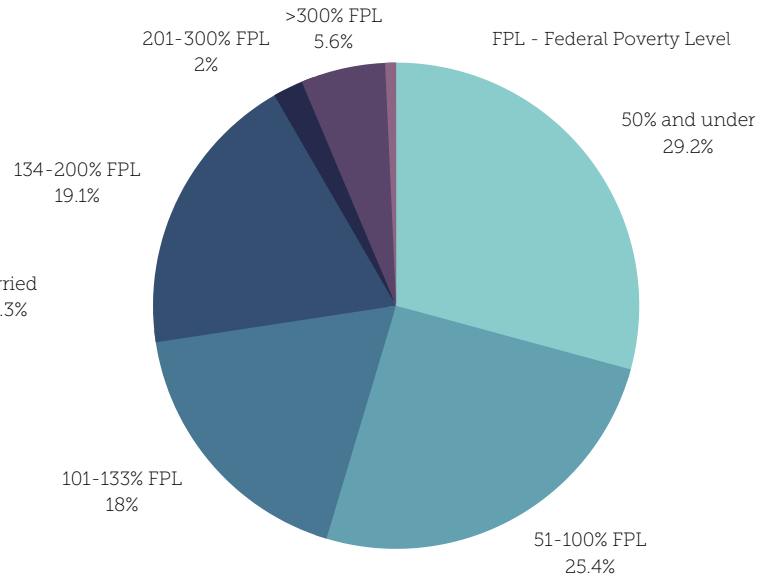
94% are unemployed

Parents As Teachers: Caregiver Information

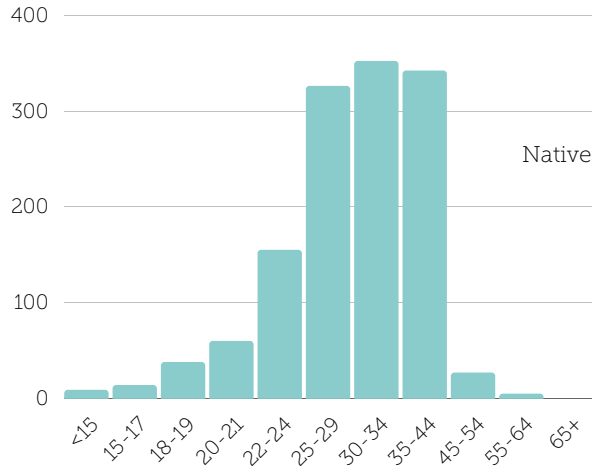
Marital Status



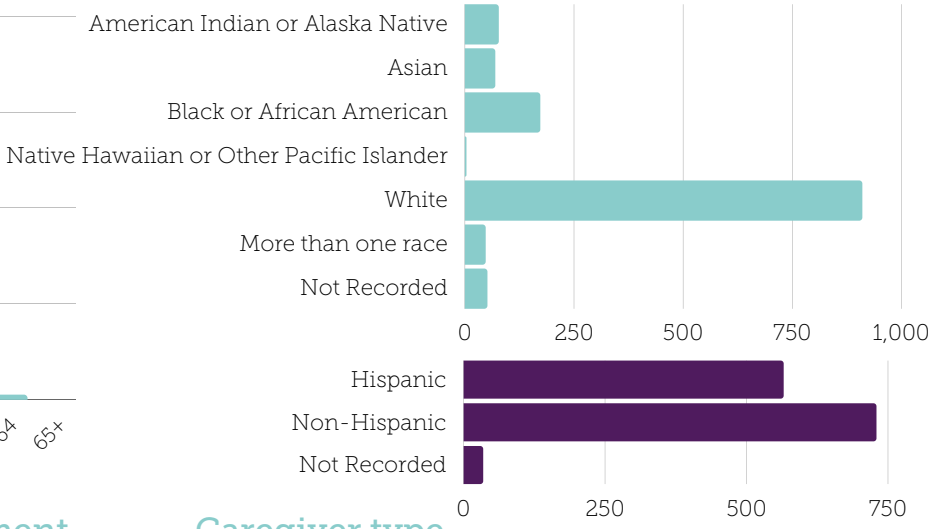
Poverty Level



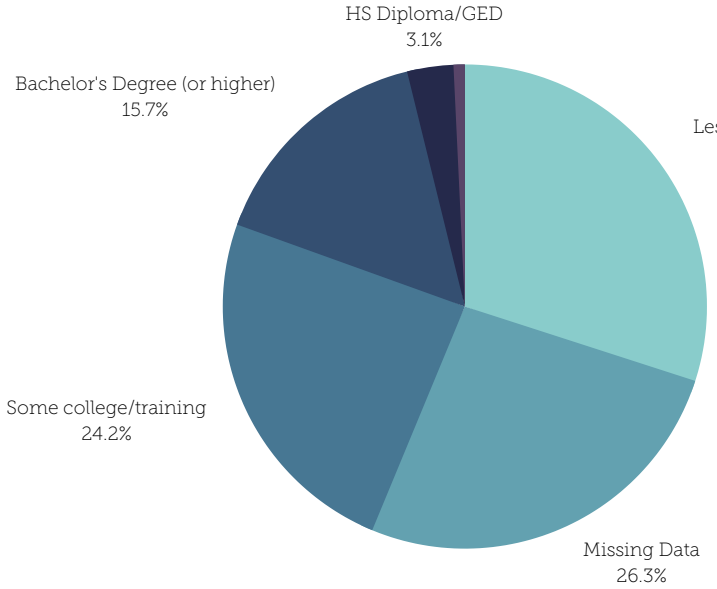
Age



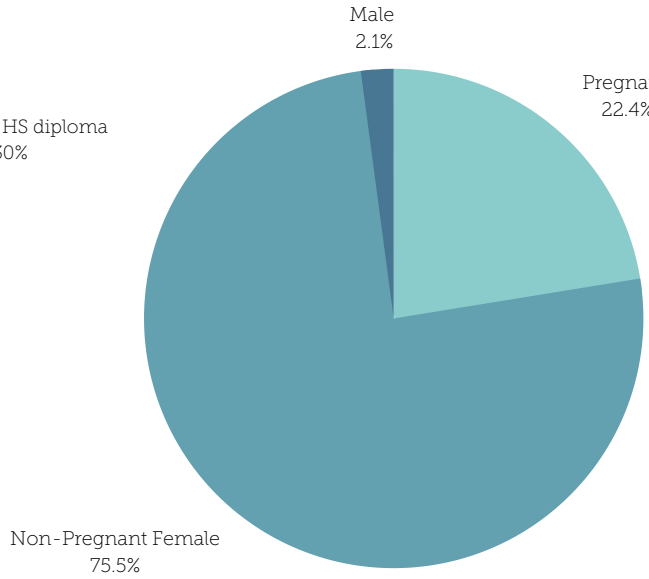
Race and Ethnicity



Caregiver Educational Attainment

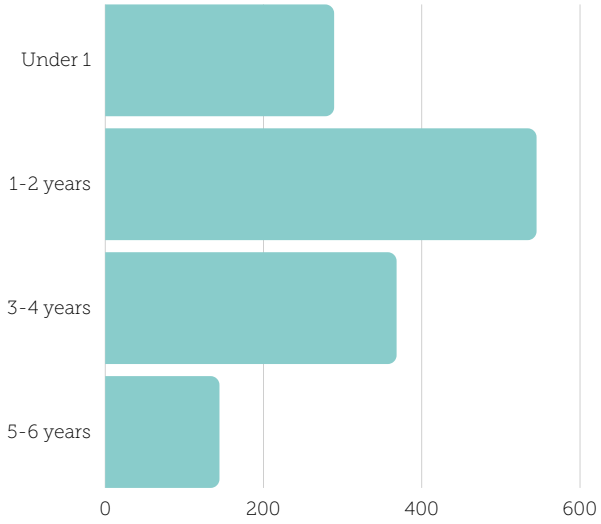


Caregiver type

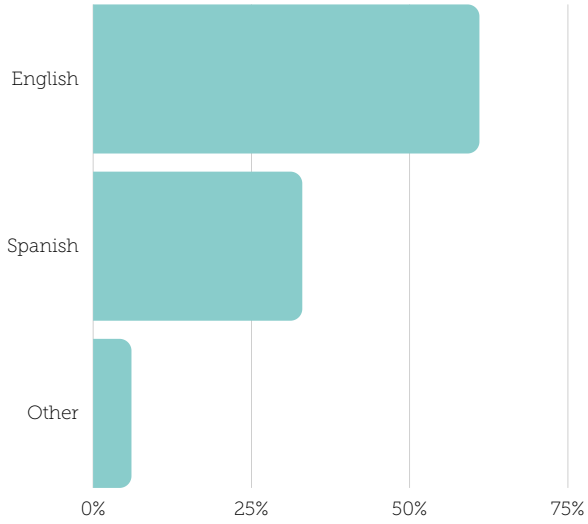


Parents As Teachers: Child Information

Age

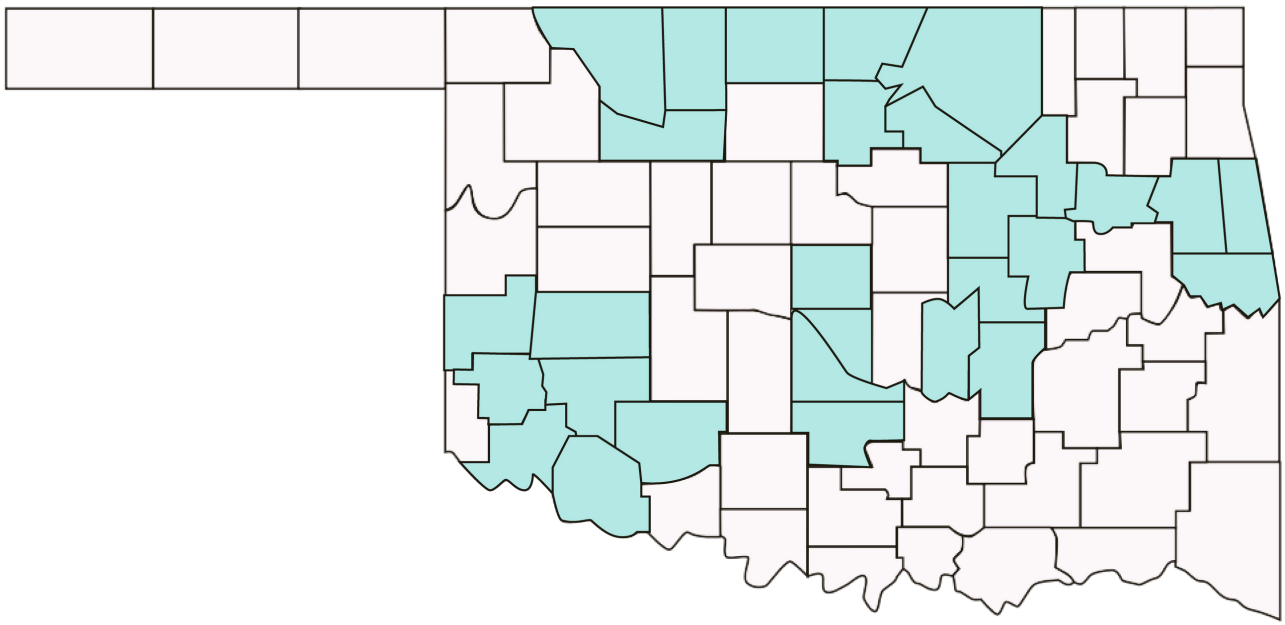


Primary Language Exposure



Counties Served by Parents As Teachers

Adair, Alfalfa, Beckham, Cherokee, So. Cleveland, Comanche, Creek, Garvin, Grant, Greer, Hughes, Jackson, Kay, Kiowa, Major, McClain, Noble, Okfuskee, Oklahoma, Okmulgee, W. Osage, Pawnee, Seminole, Sequoyah, Tillman, Tulsa, Wagoner, Washita, and Woods.



HOMEVISITING PROGRAMS

SAFECARE AUGMENTED

SafeCare

SafeCare was established in 1979 as an evidence-based, behavioral parent-training program for families at-risk or reported for physical abuse or child neglect. SafeCare providers work with families in their homes to improve parents' skills in three areas: parent-infant/child interaction skills, health care skills, and home safety. Families who received SafeCare were 21-26% less likely to experience CPS reports than families receiving the same home visiting services without SafeCare.

- SafeCare is delivered across 18 weekly home visits, which typically last 50-90 minutes each.
- SafeCare can be delivered to any family with a child between birth and age 5, with no other inclusion or exclusion family characteristics necessary for enrollment.

FUNDING

AT A GLANCE

2,285 Home Visits Completed

156 Families Served

193 Children Served

CAREGIVER SNAPSHOT

26 median age

18% received prenatal care

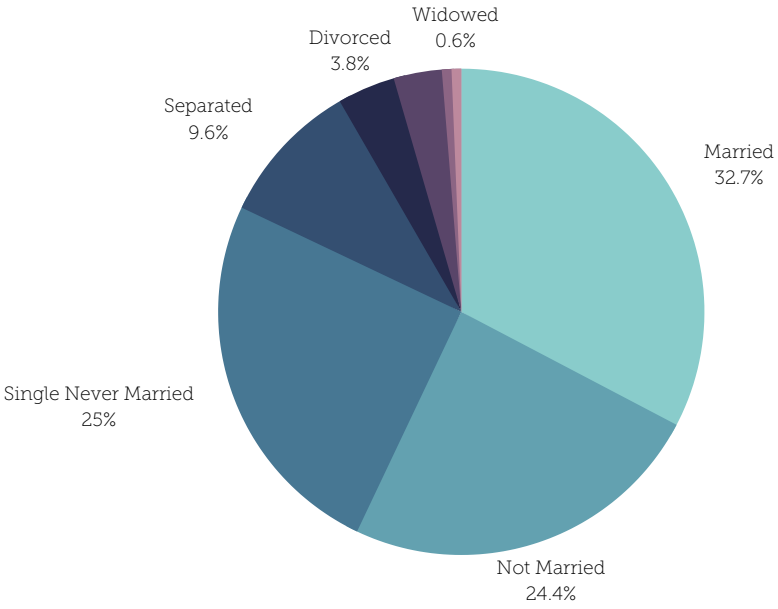
$15,764 median annual household income level

54% are unmarried

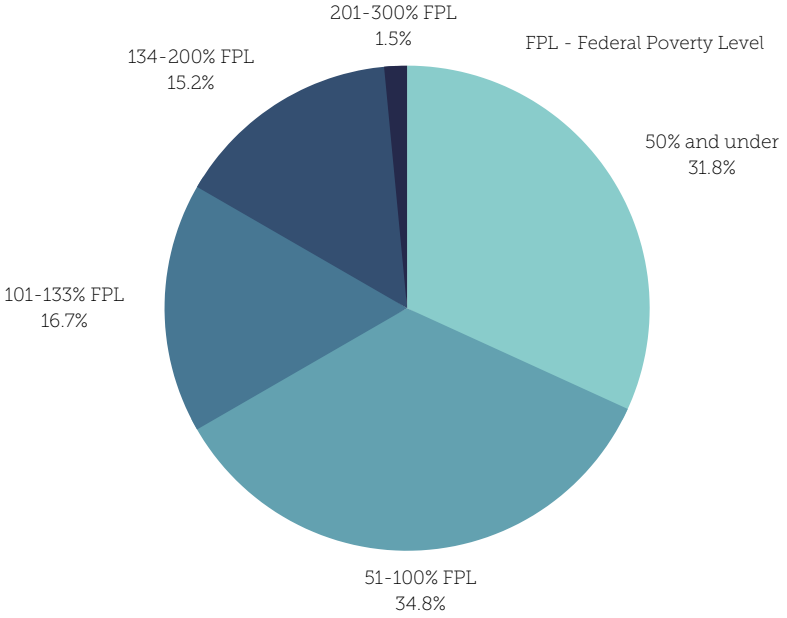
89% are unemployed

SafeCare Augmented: Caregiver Information

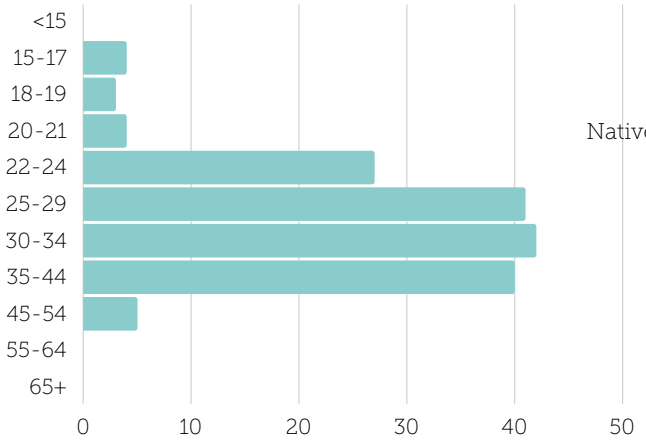
Marital Status



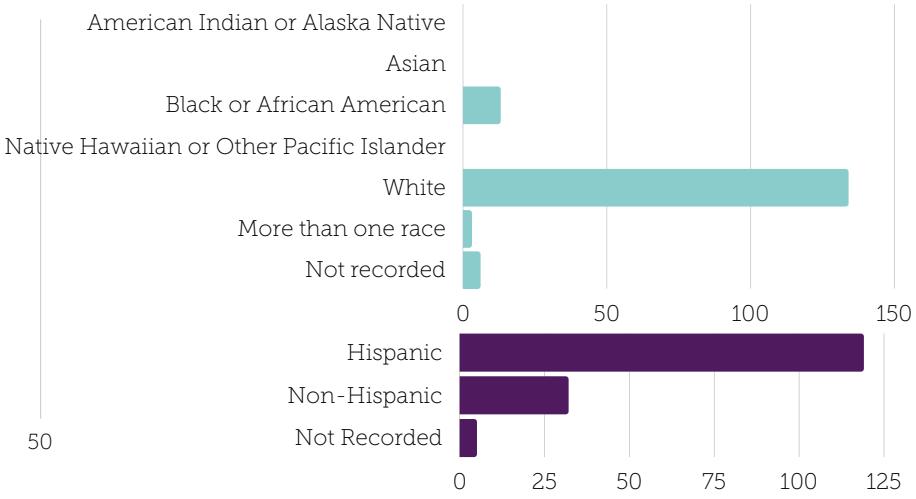
Poverty Level



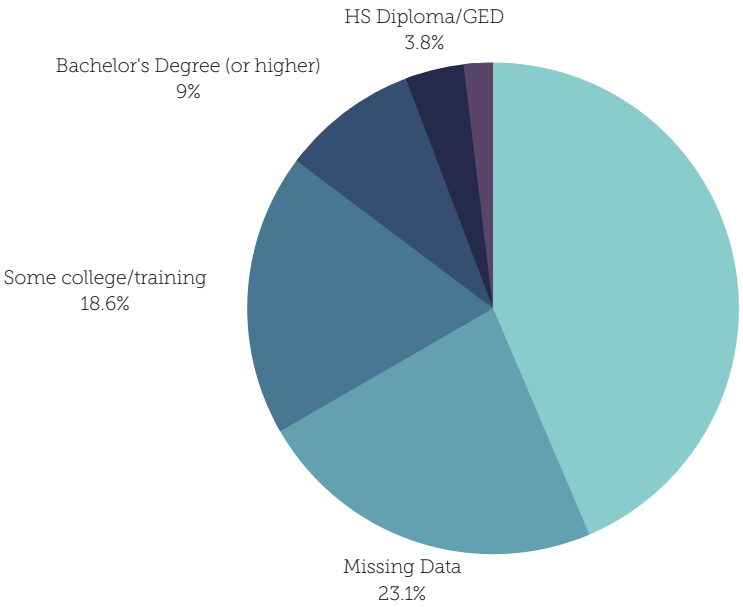
Age



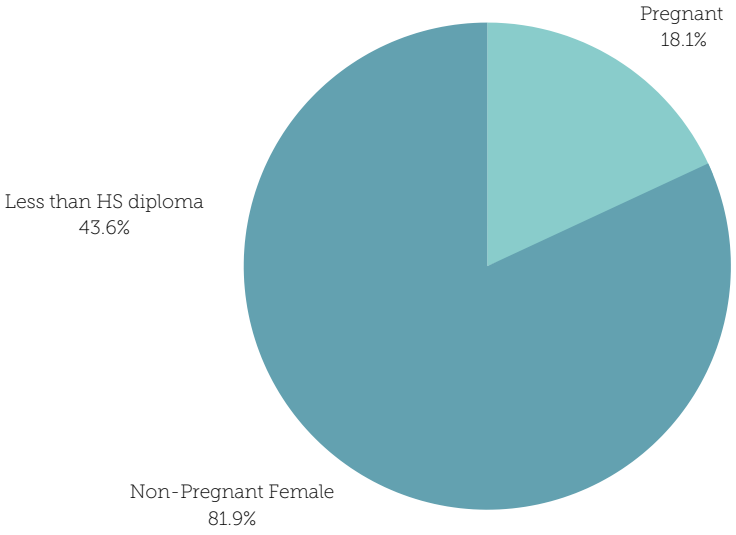
Race and Ethnicity



Caregiver Educational Attainment

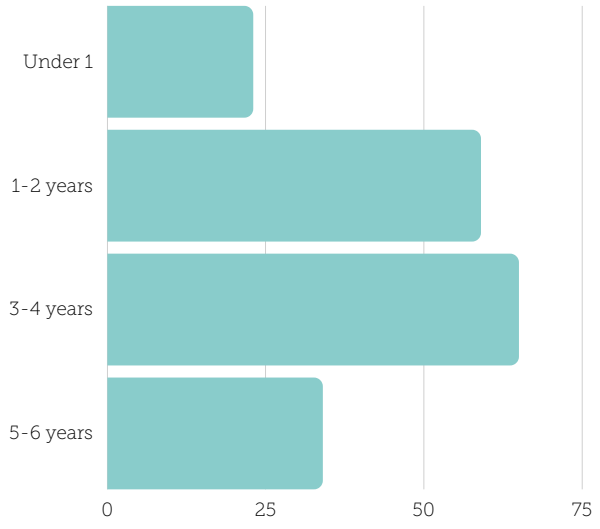


Caregiver type

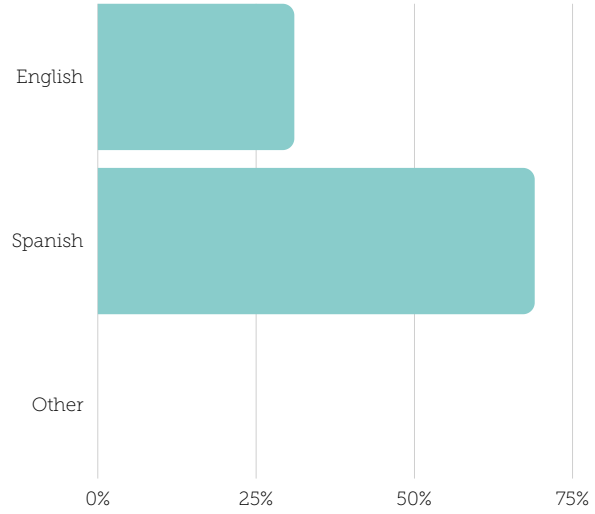


SafeCare Augmented: Child Information

Age

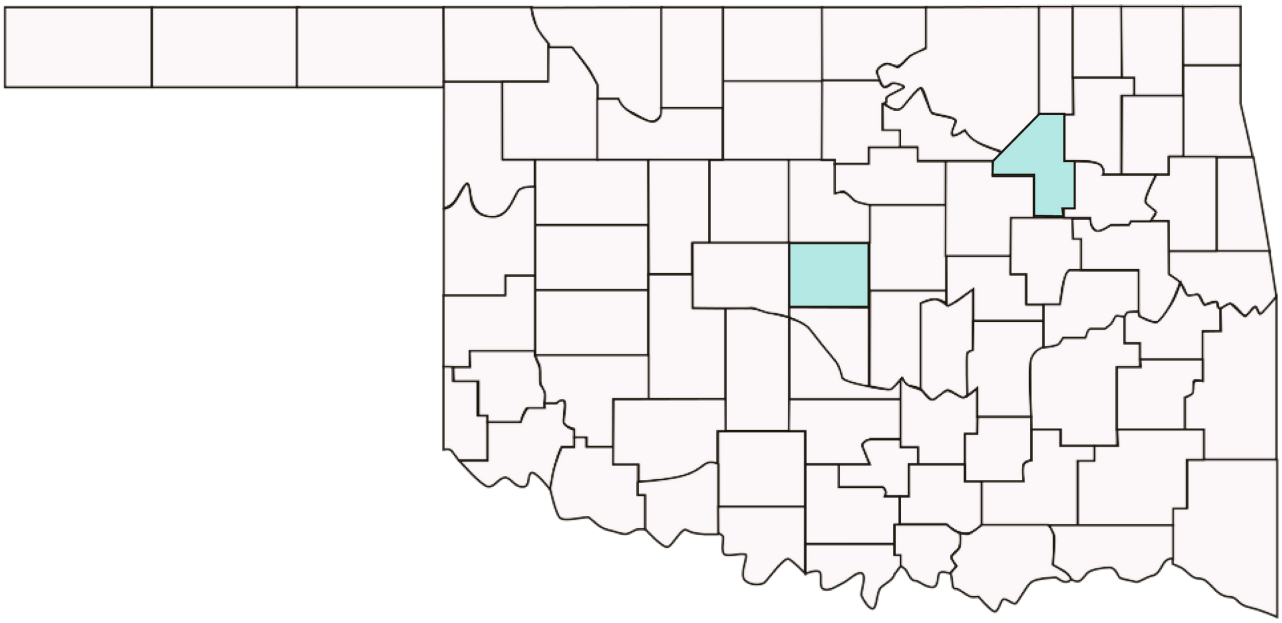


Primary Language Exposure



Counties Served by SafeCare Augmented

Oklahoma and Tulsa.



SAFECARE EXPANSION

NorthCare and Family & Children's Services

NorthCare and Family & Children's Services (FCS) receive funding through the Temporary Aid for Needy Families (TANF) block grant for expansion of SafeCare Prevention Services in Oklahoma. This expansion allows NorthCare to support the western side of the state and FCS to support the eastern side of the state.

NorthCare and FCS offer free parenting programs delivered in the home to help reduce stress by providing support, education, and resources. Education focuses on parent-child interaction, managing child behavior, health, safety, and healthy relationships. With the TANF expansion of SafeCare, nine more counties were able to receive services and support.

- Families who wish to enroll in NorthCare must have at least one child under the age of six and reside in Oklahoma, Cleveland, Canadian, Comanche, Carter, McClain, Stephens, Grady, Kay, and Garfield counties. NorthCare has two regional offices located in Lawton and Enid.

- Families who wish to enroll in FCS must have at least one child under the age of six and reside in Tulsa, Creek, Mayes, Muskogee, Okmulgee, Osage, Pawnee, Rogers, Wagoner, and Washington counties.

AT A GLANCE

646 Home Visits Completed

67 Families Served

67 Children Served

CAREGIVER SNAPSHOT

32 median age

4% received prenatal care

$20,521 median annual household income level

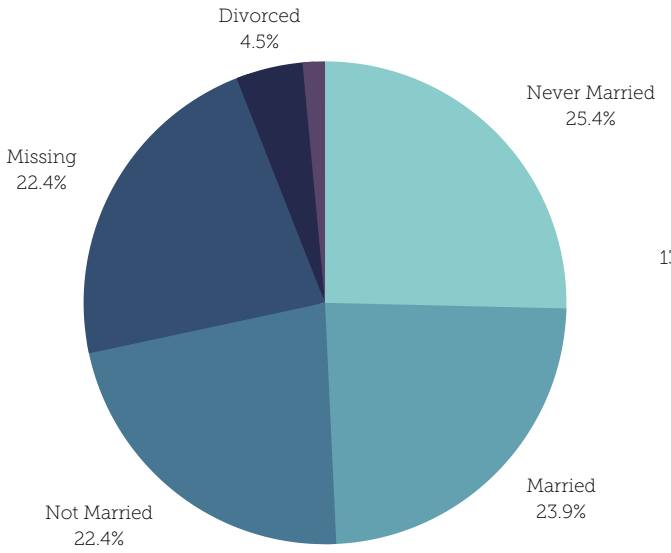
52% are unmarried

86% are unemployed

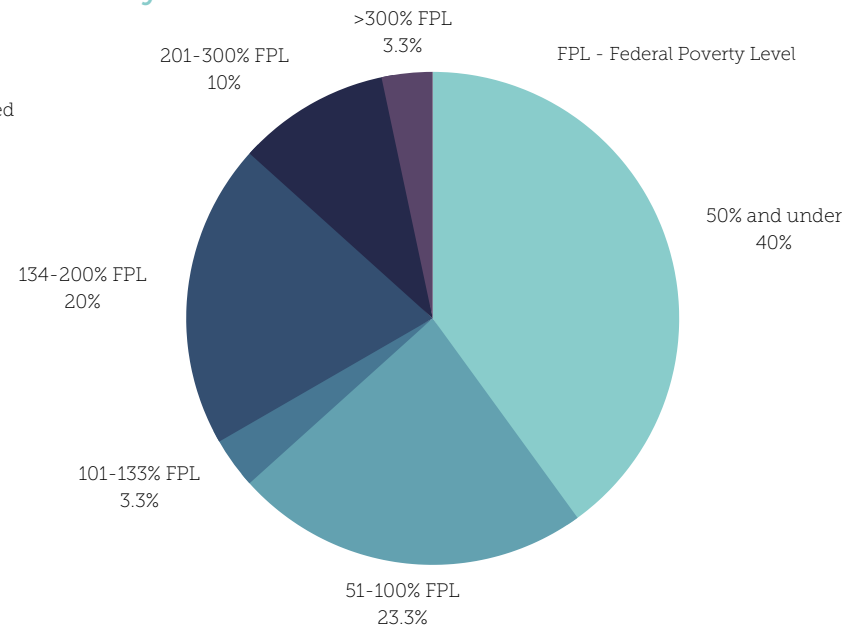
SAFECARE
EXPANSION DATA

SafeCare: Caregiver Information

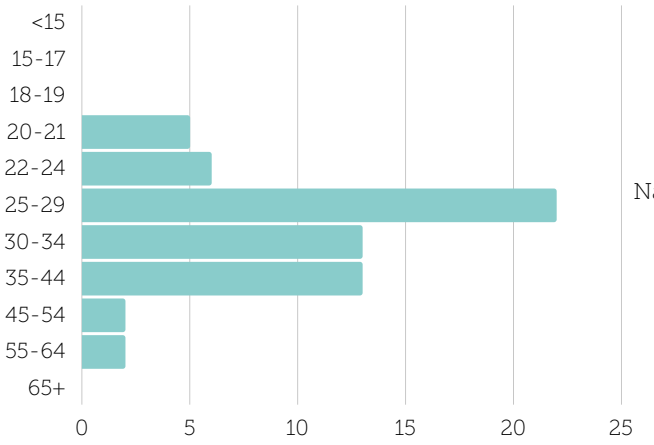
Marital Status



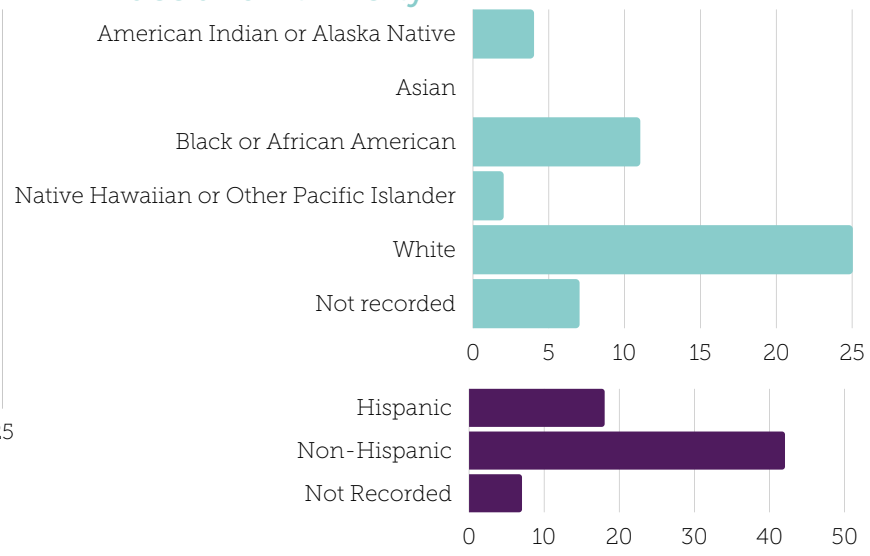
Poverty Level



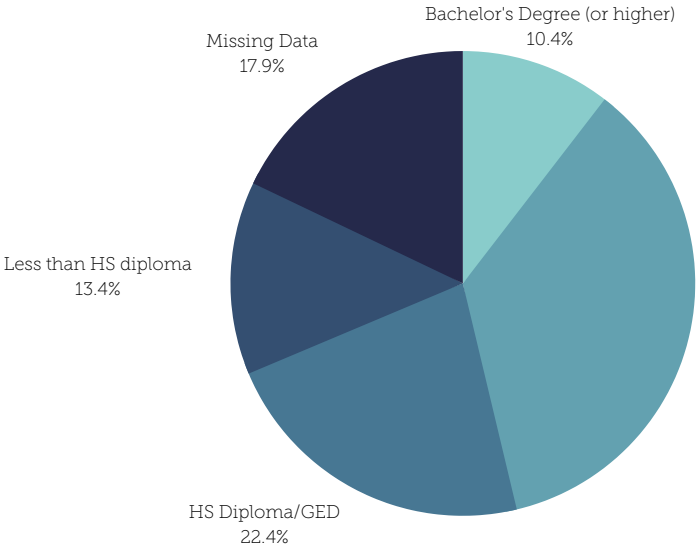
Age



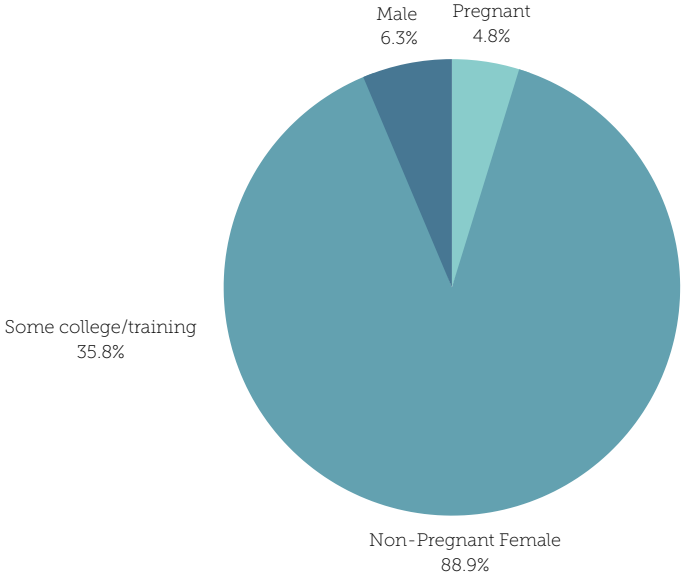
Race and Ethnicity



Caregiver Educational Attainment

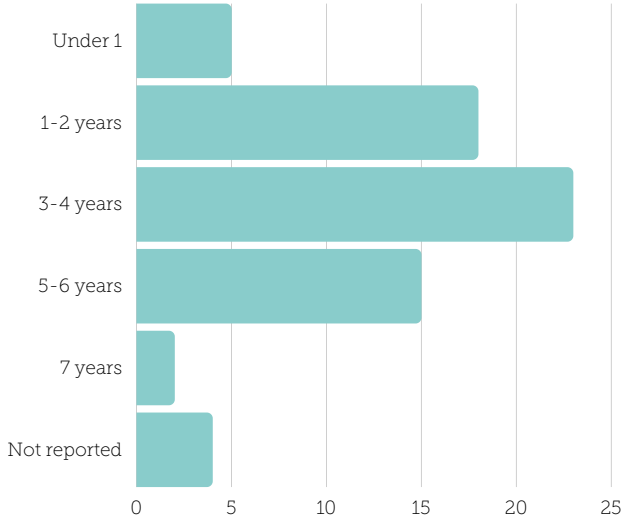


Caregiver type

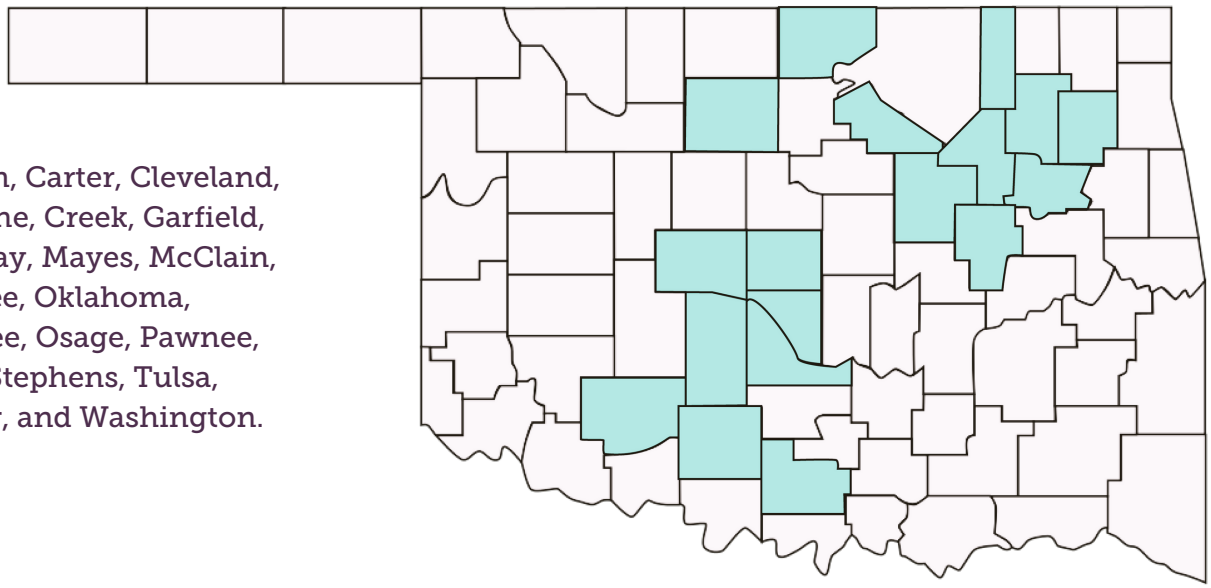


SafeCare: Child Information

Age



Counties Served by SafeCare Expansion



Canadian, Carter, Cleveland, Comanche, Creek, Garfield, Grady, Kay, Mayes, McClain, Muskogee, Oklahoma, Okmulgee, Osage, Pawnee, Rogers, Stephens, Tulsa, Wagoner, and Washington.

ANNUAL PROGRAM UPDATES

Due to the positive reception and increased engagement from families, home visiting programs continued to offer both in-person and virtual visits during the COVID-19 pandemic. Presently, Oklahoma families are still navigating the effects of the pandemic and home visiting programs have adapted to families' changing needs and the impacts of COVID-19. It remains critical for home visiting services to adjust to the growing needs of families and integrate the lessons learned since the beginning of the pandemic in 2020. The following updates are from the three home visiting programs and were provided by program administrators.

CHILDREN FIRST

Visits are expected to be in person at the client's home (or location of the client's choice) unless there are health concerns and in that case, the nurses follow the post-COVID-19 Decision Tree to determine if a virtual or telephone visit should be performed. While it is preferred that visits are in person, the opportunity to provide virtual or telephone visits is still critical to maintain the nurse-client relationship when in-person visits cannot be performed. The use of audio and virtual encounters offers quality patient-centered, care coordination, and education to clients in the State of Oklahoma. Children First follows the Nurse Family Partnership (NFP) guidelines for virtual/telephone visits. Virtual/Telephone visits may be completed when clients meet certain criteria. NFP National Service Office has completed an evaluation regarding virtual visits.

November, 2021, Children First hosted an Afghan Cultural Awareness webinar with Veronica Laizure, Civil Rights Director for Council on American-Islamic Relations (CAIR). Fifty Home visiting providers and Oklahoma State Department of Health employees attended the webinar to prepare for the expected 1,000 Afghan refugees arriving in Oklahoma. Additionally, Children First Nurse Consultant arranged for CAIR Refugee Services Coordinator Jennifer Hund to present during the Home Visitation Leadership Advisory Council meeting in May, 2022. Ms. Hund provided an update on Afghan resettlement activities and provided resources during her presentation.

Children First Nurse Consultant has assisted Nurse Supervisors and Nurse Home Visitors in connecting with resources for their Afghan clients in Oklahoma City and Stillwater. For example, a Nurse Home Visitor in Stillwater connected her clients to a local church which provided baby items to the family. A Children First Nurse Consultant presented the team's efforts to recruit and provide support for Afghan families at the Nurse-Family Partnership State Nurse Consultants Quarterly meeting in April, 2022.

PARENTS AS TEACHERS

Parents As Teachers has added virtual service delivery to its implementation guidelines. During the COVID pandemic, virtual services allowed caregivers to continue participation in the program. Post-COVID, PAT has permanently implemented a hybrid approach due to the success of virtual visits and guidance from the PAT National Center. PAT utilizes both a Rapid Response Virtual Home Visiting collaborative process and outcome evaluation to establish replicability and fidelity. Virtual services improve participation for families with access barriers such as transportation, location, time of visit, and comfort level. Since offering virtual visits as a delivery option, PAT has seen increased father involvement in the program. PAT does encourage providers to resume in-person visits but offers virtual visits if a family prefers.

PAT providers attended training through Council on American-Islamic Relations (CAIR). During the training, a community representative discussed cultural norms, ideas, and resources when engaging with our new neighbors. PAT sites were encouraged to attend and refine implementations practices to include this new knowledge. Some PAT sites have partnered with individuals in the community that speak Dari and/or Pashto for translation services. Due to the high cost of translation services, not all sites have the ability to have a translator.

SAFECARE AUGMENTED

SafeCare services have returned to pre-COVID implementation practices, as in-person home-based services is best practice for implementation of the SafeCare model. SafeCare relies on the provider modeling skills for the caregiver, and the caregiver demonstrating those skills. It is difficult to capture the caregiver's acquisition of those skills without being present in the home.

However, telehealth services are offered when participants are experiencing COVID symptoms or have COVID or another transmittable illness. Telehealth services allows the family to continue services even when sick or quarantined. Additionally, telehealth services gives program staff more scheduling flexibility (ex. evening appointments) and solves safety concerns of in-person visits in less safe neighborhoods or locations. Program administrators found that families returned to the program once services returned to in-person.

The National SafeCare Training and Research Center has updated the SafeCare curriculum that improves cultural competencies. Providers are now trained in the updated curriculum and best practices for supporting diverse families.

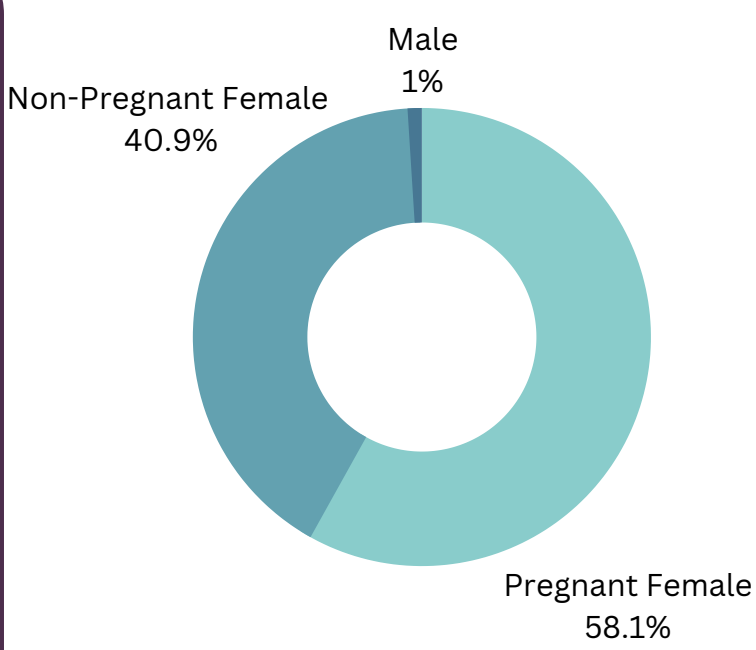
PARTICIPANT CHARACTERISTICS

In state fiscal year 2022, home visitors completed 38,522 visits with 2,796 families enrolled in various home-based family support services, which included 2,331 children. Home visiting programs are targeted at families who require additional coaching and resources to protect their children against the impact of ACEs. Among the family characteristics that increase the risk of poor outcomes are financial stress, teen pregnancy and parenting, and low educational attainment.

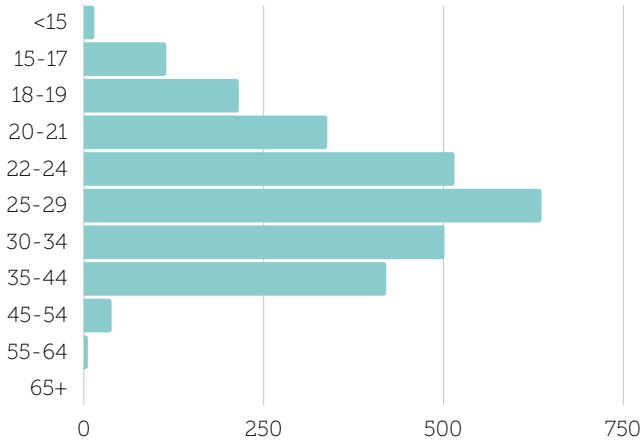
DURING STATE FISCAL YEAR 2022

- 12% of caregivers enrolled are teens.
- 22% of caregivers have received a high school diploma or GED in state fiscal year 2022.
- 25% of all participants who reported their income, live at or below 50% of the federal poverty level - a yearly income of $18,310 for a family of two in 2022. [4]
- The majority of children served by home-based family support services in state fiscal year 2022 were age 2 or younger.

CAREGIVERS BY STATUS

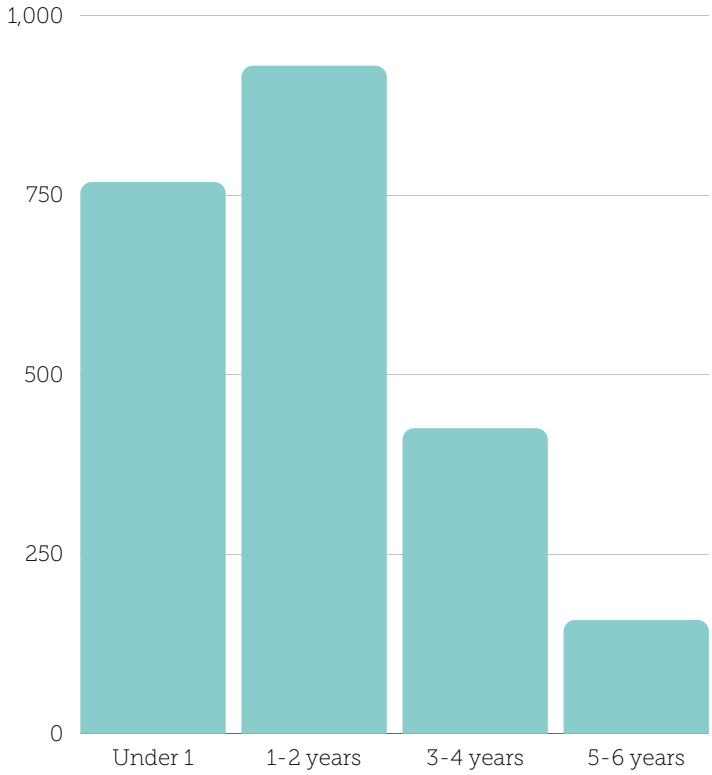


CAREGIVERS BY AGE

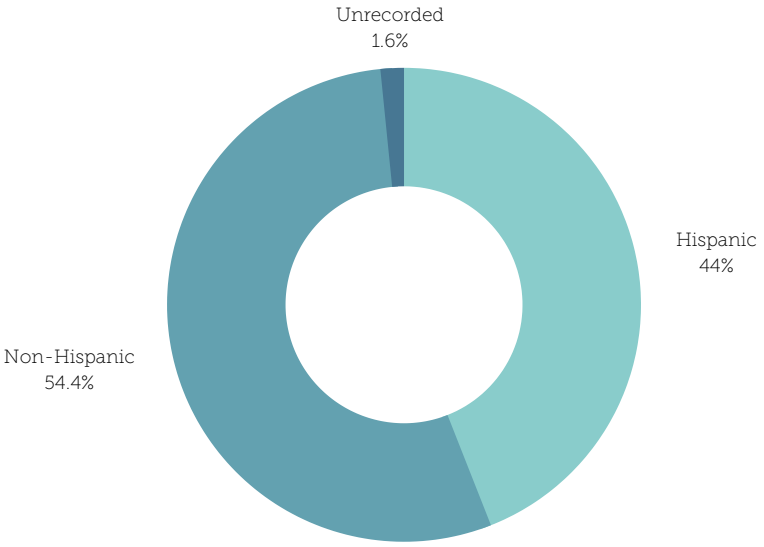


4 Poverty Guidelines. (2022). ASPE Office of the Assistant Secretary for Planning and Evaluation. Retrieved from https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

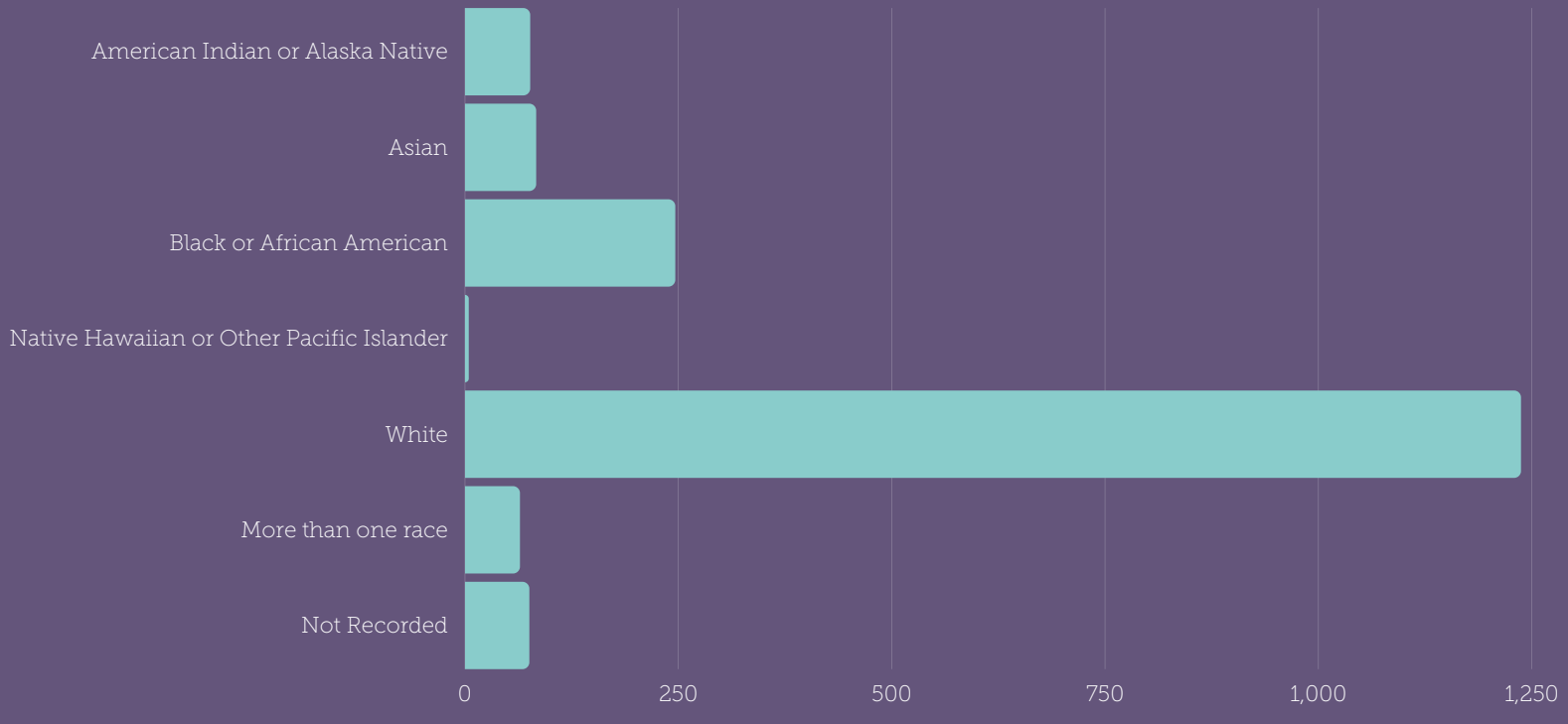
CHILDREN BY AGE



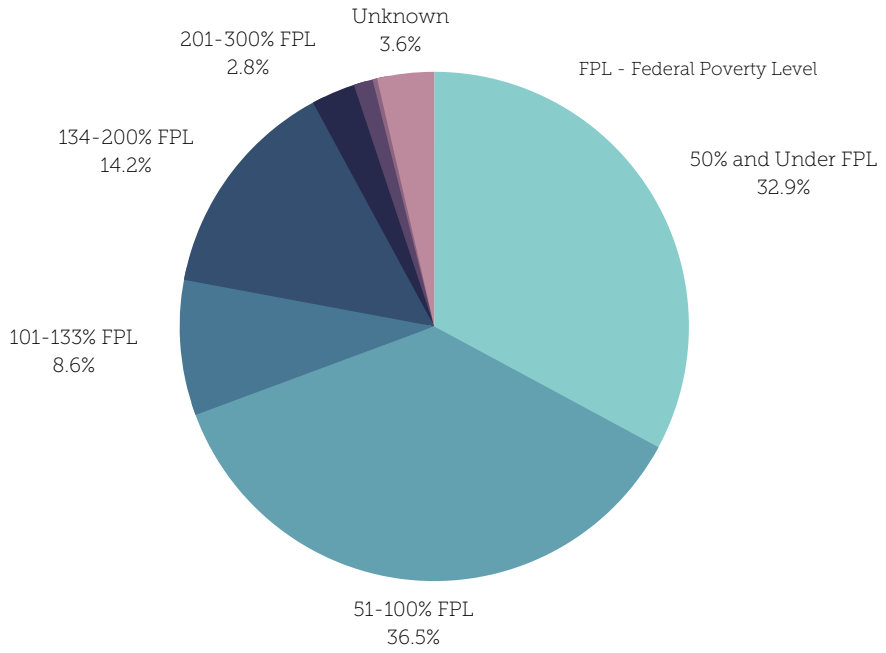
CAREGIVERS BY ETHNICITY



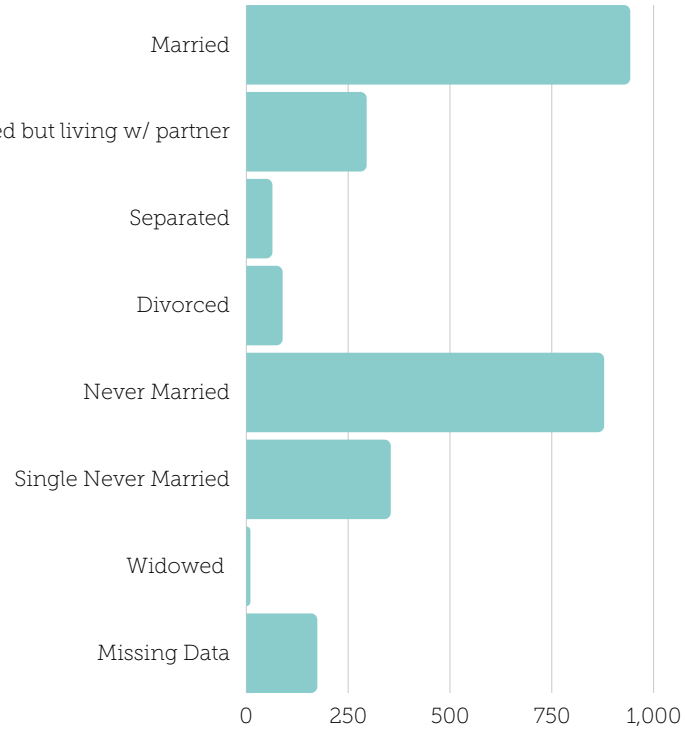
CAREGIVERS BY RACE



CAREGIVERS BY POVERTY LEVEL



CAREGIVERS BY MARITAL STATUS



CAREGIVERS BY EDUCATIONAL ATTAINMENT

OUTCOME METRICS

GOAL: Improve prenatal, maternal, infant or child health outcomes

Preterm birth rates	Percent of women who had a preterm birth
Interbirth interval	Percent of mothers participating in home visiting before the target child is 3 months old who have an interbirth interval of at least 18 months
Parental substance abuse	Percent of parents who report substance abuse
Parental tobacco use	Percent of parents who report use of smoking tobacco

GOAL: Reduce entry into the child welfare system

Reported child abuse and neglect	Percent of children reported to child welfare for child abuse and neglect
Substantiated child abuse and neglect	Percent of children who are substantiated by child welfare as victims of child abuse and neglect

GOAL: Improve positive parenting and relationship skills

Maternal depression	Percent of mothers referred for follow-up evaluation and intervention as indicated by depression screening with a validated tool
Domestic violence	Percent of parents who reported domestic violence that completed a safety plan

GOAL: Improve parental self-sufficiency

Parental employment ..... Percent of parents who were seeking employment and become employed after program enrollment or the birth of a child

Parental educational attainment ..... Percent of parents who are enrolled in or complete an education or job training program

GOAL: Improve children's readiness to succeed in school

Developmental milestones ..... Percent of children referred for follow-up evaluation and intervention as indicated by developmental screening

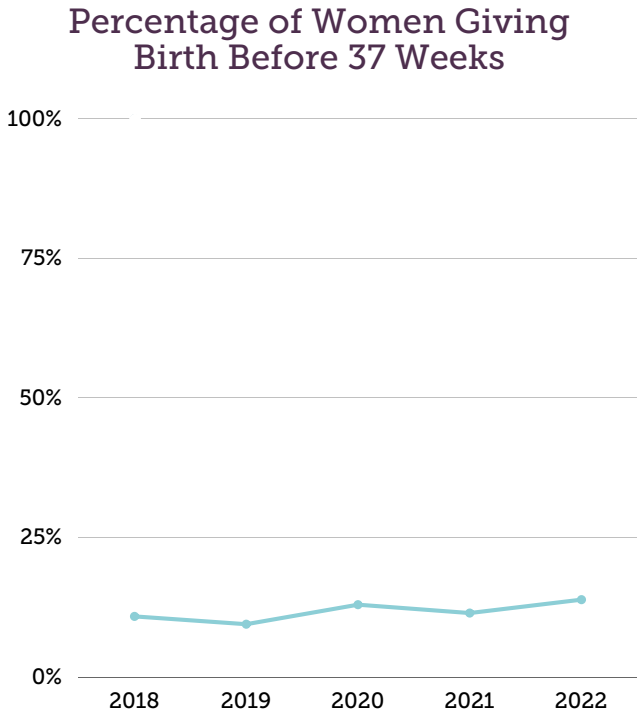
GOAL: Improve children's social-emotional skills which includes efforts at early identification of delays

Developmental milestones ..... Percent of children referred for follow-up evaluation and intervention as indicated by social-emotional development screenings

HOMEVISITING
OUTCOME DATA

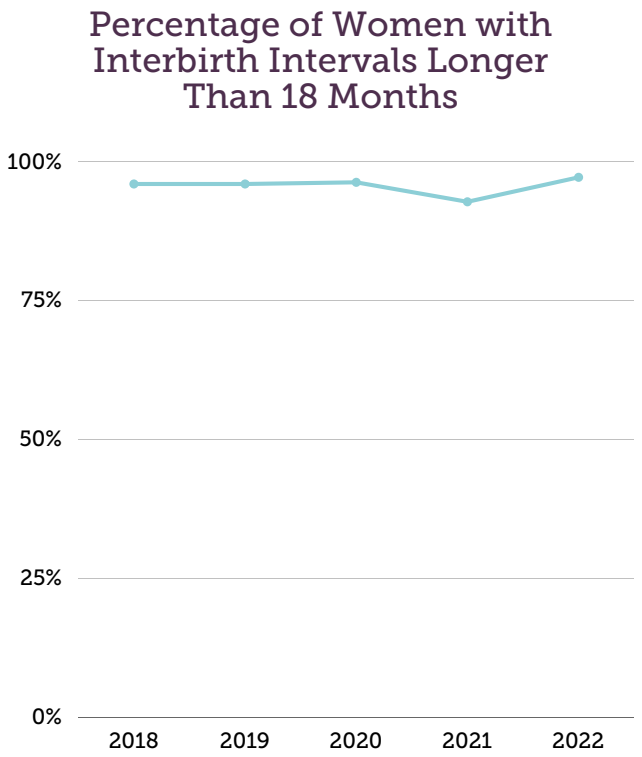
PRETERM BIRTHRATE

Preterm birth, or births occurring before the 37th week of pregnancy, is the leading cause of infant death and long-term neurological disabilities in children. Oklahoma ranks higher than the national average for preterm births at 11.5%.[5] In previous years, home visiting participants have had lower rates of preterm births than the general Oklahoma population. This is considered a success because program participants are at higher risk than the general population for experiencing premature births. However, in SFY 2022, the preterm birth rate for home visiting participants was higher than the state average at 13.8%.



INTERBIRTH INTERVAL

Giving birth less than 18 months apart from the previous pregnancy increases the risk of babies experiencing poorer health outcomes such as being born premature, having low birth weight, or possibly dying before their first birthday. Increasing the length of time between births can have positive impacts on maternal health, educational achievement, employment, and family self-sufficiency. During state fiscal year 2022, 97.2% of mothers participating in home-based family support services did not have another child within 18 months. This figure is a 4.4% increase from 2021 of 92.8%.

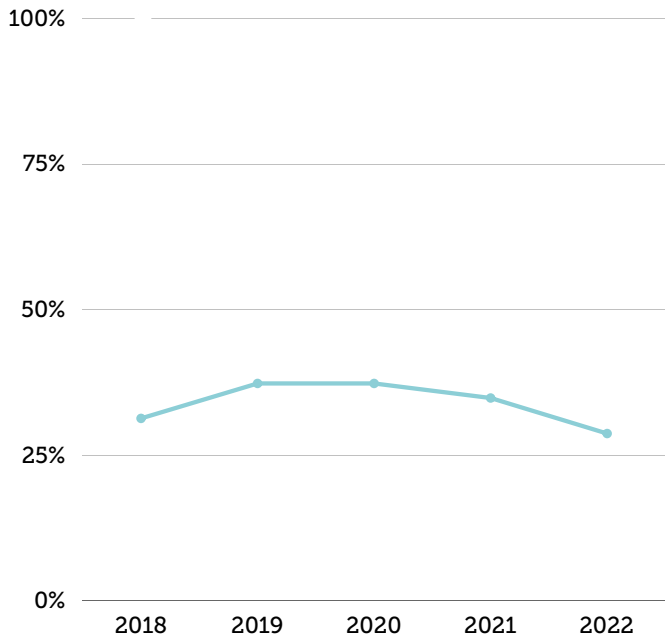


5 Zero to Three. (2022). The state of Oklahoma's babies. Retrieved from https://stateofbabies.org/state/oklahoma/

PARENTAL SUBSTANCE ABUSE

Children with parents who abuse alcohol or other illicit drugs are at increased risk for abuse and neglect, as well as academic, behavioral, and personal health problems. Oklahoma Department of Mental Health and Substance Abuse Services has identified substance abuse as a top public health problem. Neonatal opioid withdrawal syndrome (NOWS) and Neonatal Abstinence Syndrome (NAS) have steadily increased over the past two decades both nationally and in Oklahoma. In state fiscal year 2022, for every 1,000 births in Oklahoma, 6.3 tested positive for substance exposure and demonstrated signs of withdrawal.[6]Home-based family support and prevention services help parents stop using and abusing alcohol and drugs. In state fiscal year 2022, 354 parent participants reported substance abuse, and of those 28.8% quit after 90 days in the home visiting program.

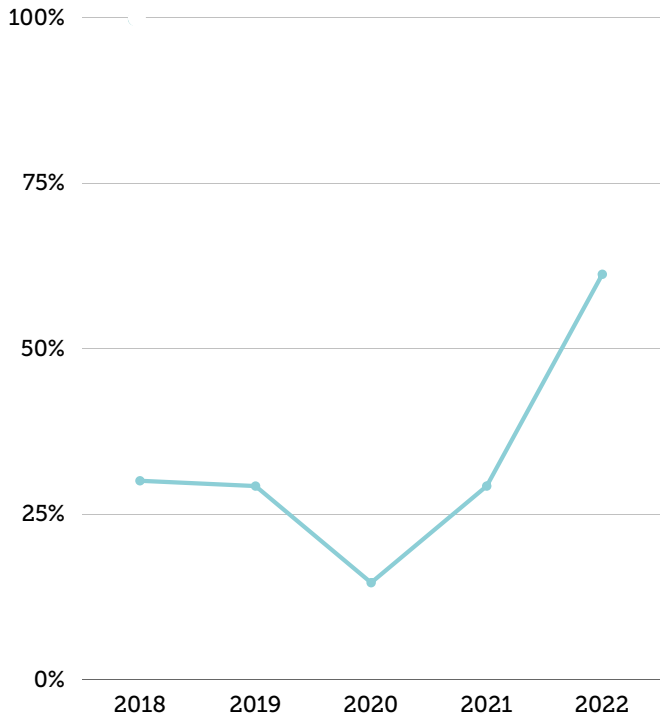
Substance Abusing Parents Who Quit Using After Enrollment



PARENTAL TOBACCO USE

Smoking while pregnant increases the risk of miscarriage, preterm birth, low birth weight, serious health problems, and Sudden Infant Death Syndrome (SIDS). Once the baby is born, health risks due to continued exposure to tobacco products persist. Secondhand smoke increases the risk of children developing pneumonia, bronchitis, asthma, and ear infections. Oklahoma has higher rates of tobacco use during pregnancy with 9.3% of mothers reporting smoking during pregnancy in state fiscal year 2022, compared to 5.5% nationally.[6] Home-based family support services work with parents to quit smoking. During state fiscal year 2022, 85 caregivers reported tobacco use, and of those, 61.2% quit after enrollment in the home visiting program. This is a significant increase from previous years by 32%.

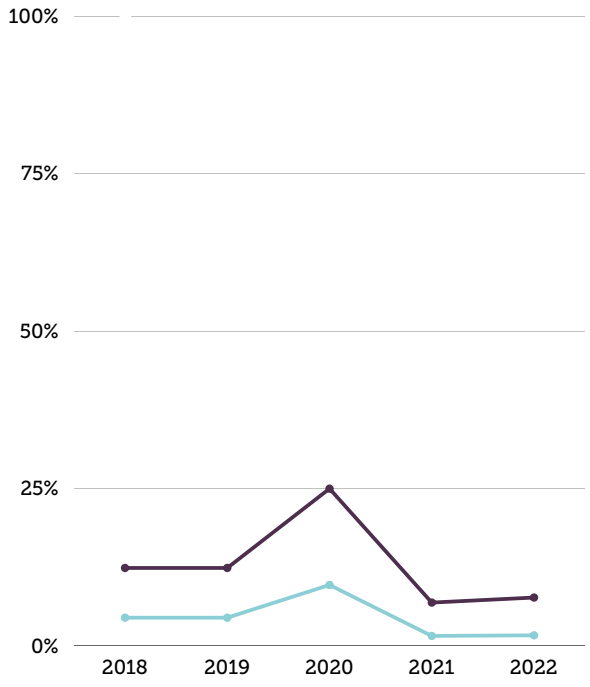
Percentage of Participants Who Quit Tobacco Use



6 United Health Foundation. (2022). America's health rankings annual report. Retrieved from https://www.americashealthrankings.org/learn/reports/2022-health-of-women-and-children-report/state-summaries-oklahoma

REPORTED AND SUBSTANTIATED CHILD ABUSE AND NEGLECT

The resources and services provided by home visiting organizations are nationally recognized for their ability to help prevent child abuse and neglect. Unfortunately, the rate of child maltreatment ranks higher in Oklahoma at 32.3 per 1,000 children than the national average at 15.9 per 1,000 children.[7] Families who participate in home visiting programs often demonstrate several risk factors that increase the likelihood of child maltreatment. Of the 2,331 children involved in Oklahoma-based home visiting services, 39 met the criteria for confirmed abuse or neglect in state fiscal year 2022. This is the lowest confirmed maltreatment rate there has been in several years. However, the added strain and stress the ongoing COVID-19 pandemic has placed on families compels researchers and early child care advocates to believe these numbers are a cause for concern.[8]



Suspected Victims of Maltreatment

Confirmed Victims of Maltreatment

Oklahoma ranks higher than the nationwide average for infants and toddlers experiencing ACEs. 29% of Oklahoma's infants and toddlers have experienced one ACE compared to 19.6% nationally and 15.8% have experienced two or more ACEs compared to 7.3% nationally. Higher numbers of ACEs experienced[9] by children indicate a need for parents to receive critical resources and support to effectively manage the rigors of parenthood and child development.

7 Zero to Three. (2022). The state of Oklahoma's babies. Retrieved from https://stateofbabies.org/state/oklahoma/

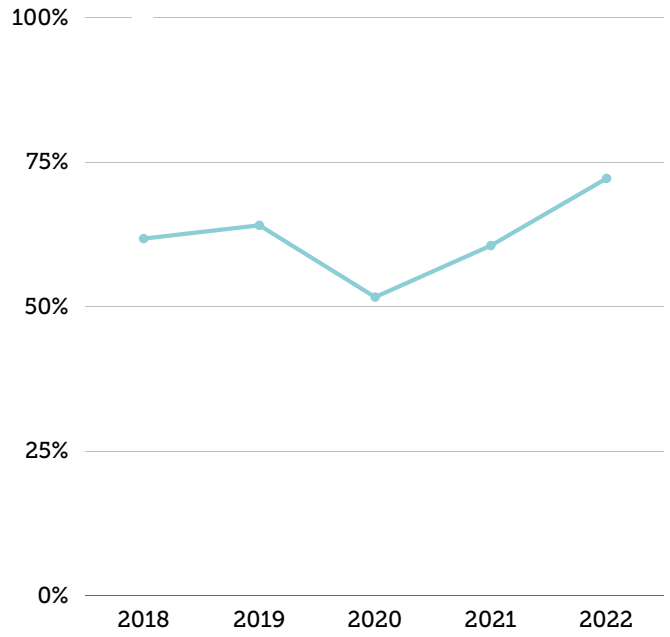
8 Killman, C. (2021, March 31). Child abuse, neglect reports decline statewide during pandemic. Tulsa World. Retrieved from https://tulsaworld.com/news/local/child-abuse-neglect-reports-decline-statewide-during-pandemic/article_fd8da7dc-916c-11eb-96b1-9bc77caa80a8.html

9 Zero to Three. (2022). The state of Oklahoma's babies. Retrieved from https://stateofbabies.org/state/oklahoma/

MATERNAL DEPRESSION

The impacts of maternal depression are far-reaching both in the short and long term for mother and child. Higher rates of depression can affect the mother's physical health, increase the risk of comorbid diagnoses and child maltreatment, and decrease employment, educational attainment, and income. The effects of maternal depression on the child are poorer health outcomes and academic performance, developmental delays, higher prevalence of early intervention and special education services, and increased risk of abuse and neglect. While Oklahoma women have not reported postpartum symptoms since state fiscal year 2019, depression is reported at 31.9% compared to 26.1% nationally.[10] Mothers who participate in home visiting programs receive regular check-ins to monitor for symptoms and are referred for intervention. In state fiscal year 2022, 72.2% of women who scored higher on the depression screener received referrals. Of those who received those referrals, 33.4% received maternal mental health support services.

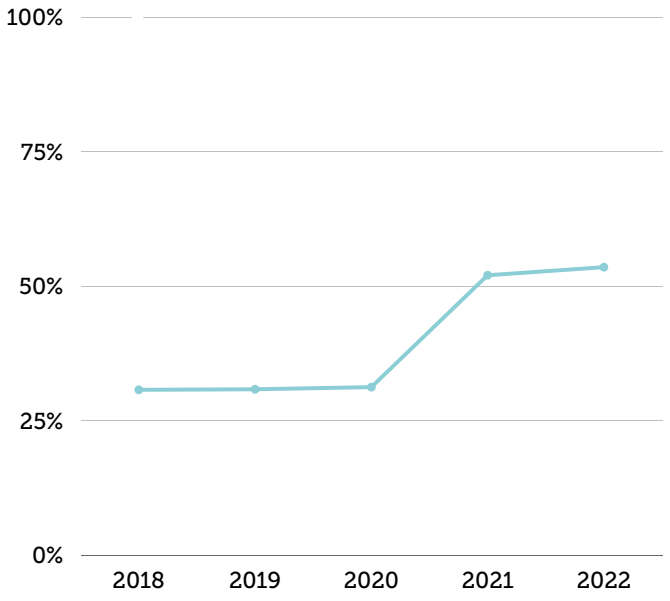
Percentage of Participants with High Scores on Depression Screener Receiving Referral



DOMESTIC VIOLENCE

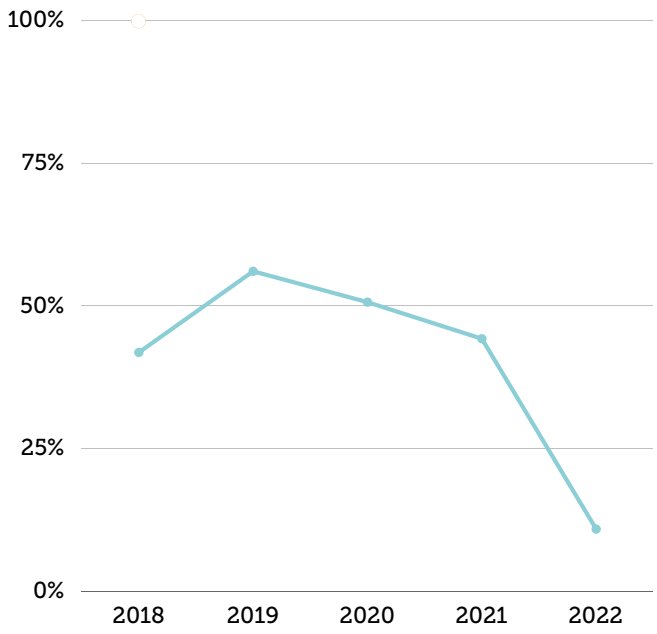
Children who are exposed to domestic violence experience behavioral problems, emotional disturbances, and developmental health issues. Routine screenings for signs of domestic violence are provided throughout the process of receiving home visiting services. Families who are in unsafe home environments are referred for support to assist with the process of leaving safely. Participants who are not ready to leave coordinate with their home visiting program to develop a safety plan to ensure the physical safety of themselves and their children. 35.8% of participants in state fiscal year 2022 who reported experiencing domestic violence had a safety plan put in place within six months of reporting.

Percentage of Participants Reporting Domestic Violence with a Safety Plan



10 United Health Foundation. (2022). America's health rankings annual report. Retrieved from https://www.americashealthrankings.org/learn/reports/2022-health-of-women-and-children-report/state-summaries-oklahoma

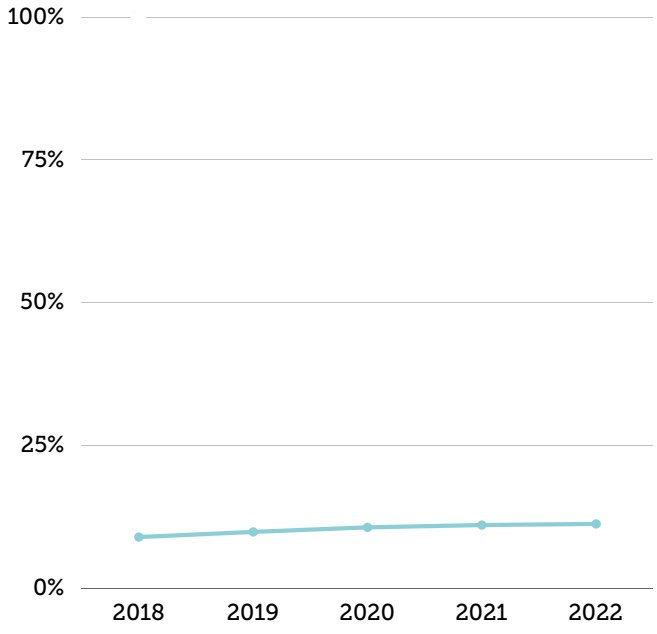
Percentage of Participants Seeking Work who Were Employed Six Months After Enrollment



PARENTAL EMPLOYMENT

Consistent and stable parental employment is a critical factor in financial stability and well-being for families. This stability can place parents closer to self-sufficiency while increasing their confidence as a provider and caregiver. Enhanced parental self-sufficiency has short-term effects on children such as improved physical and mental health, academic achievement, and engagement with others in and outside of the classroom. Financial stability and self-sufficiency also serve as strong models for children to implement as they become adults. In state fiscal year 2022, 11% of parents who were previously unemployed were working after six months enrolled in a home visiting program. This is the lowest reporting for parental employment in five years. This steep decline could be the result of the effects of the pandemic on child care accessibility and cost. Each program is gathering more information to better understand the change in parental employment.

Percentage of Participants Enrolled in Educational or Vocational Programs



PARENTAL EDUCATIONAL ATTAINMENT

Increased access to parental educational attainment leads to higher-quality employment opportunities with the possibility of a higher household income. Projections demonstrate by 2025, 70% of Oklahoman jobs will require post-secondary education.[11] This would require the current and emerging workforce to obtain post-secondary education, credentials, certificates, or degrees. The resources home visiting programs provide to parents support their interests in returning to school or vocational training. In state fiscal year 2022, 11.3% of parents who had not completed an educational or vocational program became enrolled while participating in home visiting.

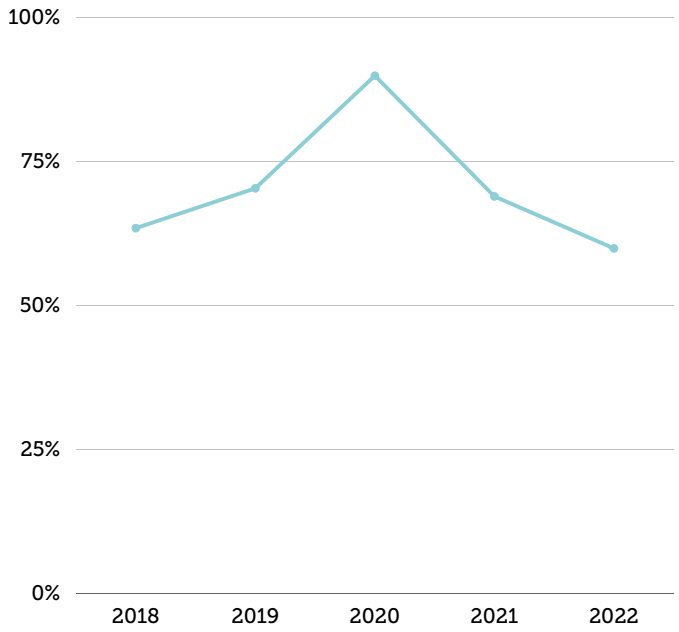
11 Launch Oklahoma Strategic Plan. (2017). Oklahoma Works. Retrieved from https://oklahomaworks.gov/wp-content/uploads/2017/04/Launch-OKStrategic-Recommendations-2017.pdf

DEVELOPMENTAL MILESTONES

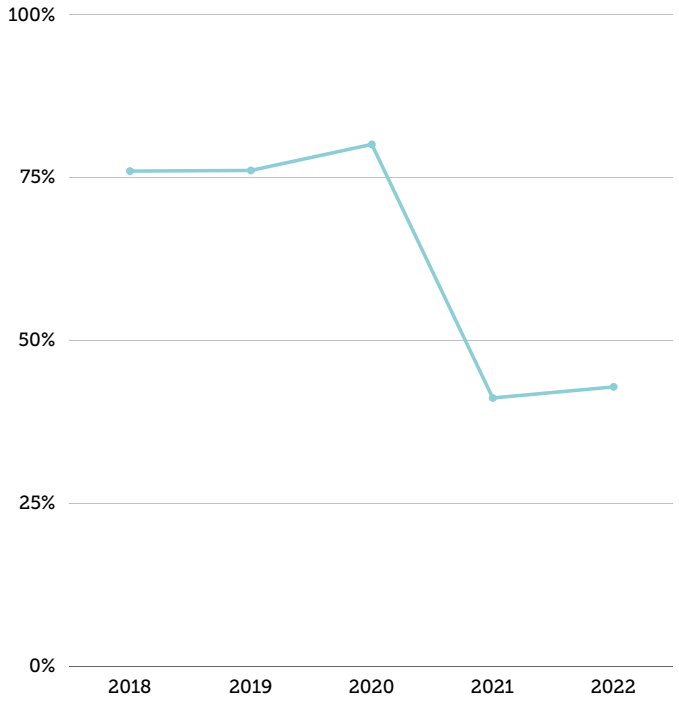
Early identification of developmental delays and disabilities, such as language and hearing, are vital to ensure children receive the early interventions necessary for school readiness. Home visiting programs routinely assess the development of children to ensure any delays are timely referred for evaluation and support. In state fiscal year 2022, 60% of children were identified as in need of referral for evaluation and intervention based on the child's Ages and Stages Questionnaire (ASQ-3). Only 51% of children receive these necessary services based upon this referral.

Social-emotional development is also a critical component of healthy development and school readiness. Healthy social-emotional development is associated with improved academic performance, engagement with others, and lower risk for aggression and anxiety disorders. Developing strong social-emotional skills early on lays a solid foundation for core skills necessary later in life. Home visiting professionals routinely assess the development of children's social-emotional skills. In state fiscal year 2022, 42.9% of children were identified in need of referral for evaluation and intervention based on the ASQ-SE-2. Of the children referred, only 30% receive these necessary services. (Confirmed responses to SoonerStart).

Percentage of Children Referred for Follow-up Development Services



Percentage of Children Referred for Follow-up Social-Emotional Services



QUALITY IMPROVEMENTS

CONTINUOUS QUALITY IMPROVEMENTS FOR HOME VISITING PROGRAMS:

- Increase the number of safety plans within six months of reporting abuse for caregivers experiencing domestic violence.
- Increase the number of referrals for program participants whose maternal depression screening indicates the need for additional services or treatment.
- Increase the number of children who receive follow-up evaluation and intervention services related to developmental milestones.
- Increase the number of caregivers enrolling in or completing education or vocational training.
- Increase the number of caregivers seeking employment who are working after six months of participation in a home visiting program.
- Decrease the number of caregivers smoking tobacco.
- Decrease the number of caregivers abusing substances.
- Increase translated messaging and materials to expand reach to underserved populations.
- Increase father engagement through inclusive messaging and implementation that encourages their participation.

POLICY RECOMMENDATIONS

REVIEW ELIGIBILITY POLICIES IMPACTING HOME VISITING PARTICIPATION

An increase in income eligibility criteria for expectant parents and families with infant and toddlers will expand access for parents to participate in evidence-based home visiting programs. Further, public policy, including agency policies, must avoid negatively impacting program participation. The social service safety net supports families experiencing poverty with basic needs, child care, and job training. However, parents in home-based family support programs sometimes experience a "cliff effect." The cliff effect occurs when a slight increase in income causes a loss of eligibility for parent support programs. Oklahoma must thoughtfully review existing policies that block parent participation in home visiting programs and hinder families financial and self-sufficiency success.

INCREASE STATE INVESTMENT FOR EVIDENCE-BASED HOME VISITING PROGRAMS THAT MEET COMMUNITY NEEDS

Oklahoma legislature should increase state funding to address the need in Oklahoma for more home visiting services. The state has failed to realize the full benefit of home visiting programs due to funding reductions that have compromised program infrastructure, including staffing. Additionally, flexible funding mechanisms are necessary so that Oklahoma communities implement programs that respond best to their unique local population needs.

INCREASE STATE INVESTMENTS TO MAXIMIZE USEFULNESS OF EARLY CHILDHOOD DATA

Investment in an early childhood integrated data system (ECIDS) is necessary in order to examine the long-term benefits of all early childhood programs and services, including home visiting programs. ECIDS investment will help Oklahoma enhance and accelerate decision-making, improve program performance, optimize public policies, assess outcomes, and enable multiple agencies and departments to work together more efficiently to improve child and family outcomes. Oklahoma should join the long list of other states who have successfully built an ECIDS that guides strategic direction to strengthen Oklahoma's early childhood system.

LOOKINGAHEAD

PARENT CHILD ASSISTANCE PROGRAM LAUNCHES IN OKLAHOMA

The Oklahoma Parent-Child Assistance Program (PCAP) is an intensive home-visiting and case management program providing assistance to pregnant and parenting mothers who struggle with addiction. The University of Oklahoma and the University of Washington are jointly conducting a randomized control trial to evaluate the program's effectiveness in Tulsa and Oklahoma City over the next four years.

PCAP Goals:

- Mothers obtain substance use disorder treatment and remain in recovery.
- Mothers connected to community resources.
- Prevent future prenatal exposure to drugs and alcohol.

PCAP Study Goals:

- Establish PCAP as an evidenced-based home visiting model in order to receive federal MIECHV funding.
- Scale program to serve more mothers through a National Training and Implementation Center.

The PCAP study will enroll women in Oklahoma City and Tulsa who struggle with substance use during pregnancy. Referrals to this voluntary program can be made through our website at www.ou.edu/pcap/refer or by calling 405-876-2095. The study is supported by a consortium of public and private funders including the Arnall Family Foundation, Oklahoma Department of Human Services, Oklahoma Department of Mental Health and Substance Abuse Services, Casey Family Programs, and in-kind support from other community partners.

INNOVATIVE CARE COORDINATION FOR POST-PANDEMIC HOME VISITING SERVICES (HRSA AWARD 1 U4GMC45638-01-00)

Families participating in home visiting programs have been adversely impacted by the pandemic. This project aims to address critical social supports related to social determinants of health, including housing and food insecurity, developmental delays, and parental alcohol and substance abuse.

The state of Oklahoma proposes to introduce a technology-driven innovation aimed to streamline and amplify methods of care coordination among home visiting programs managed by the Oklahoma State Department of Health. The innovation is a readily available, end-to-end systems of care solution, the Unite Us application.

The University of Oklahoma Center on Child Abuse and Neglect will independently evaluate six objectives:

- Increase number of referrals for HV services
- Increase number of outgoing referrals to quality services
- Close the referral loop for outgoing referrals to three local organizations
- Increase retention of clients, particularly among groups facing care inequity,
- Enhance assessment and care coordination skills of our HV workforce
- Explore feasibility of the care coordination application.

Use of this technology solution will enable point-of-care data capture of social and structural determinants of health affecting eligible and participating home visiting clients. Unite Us will also expedite integration of these data across systems of care that confront disparities in neighborhood adversity, economic stability, education, healthcare, and basic necessities. The bidirectional data exchange facilitated by this innovative portal will also amplify efforts to recruit and retain HV clients. A stronger referral network will promote greater home visiting access for those who are historically unserved.

ABOUT OPSR

In 2003, the Oklahoma legislature signed House Bill 1094, which created our organization, the Oklahoma Partnership for School Readiness (OPSR). OPSR leads public and private partnerships so that children arrive at school with knowledge, skills, and physical and emotional health to achieve success. The OPSR Partnership Board is a public-private governing body created under the Oklahoma Partnership for School Readiness Act (Title 10 O.S. § 640). The OPSR Foundation Board is a 501(c)(3) private nonprofit created under Oklahoma law (Title 10 O.S. § 640.3) to serve as a fiduciary partner with the OPSR Board and accepts both public and private funds to support early childhood initiatives.

OPSR is designated as Oklahoma's Early Childhood State Advisory Council, authorized under the federal Head Start Act of 2007 (PL 110-134, Section 642B). Early Childhood State Advisory Councils (SACs) work to improve the quality, availability, and coordination of programs and services for children birth to age five.

Vision

Our vision is that all Oklahoma children are safe, healthy, eager to learn and ready to succeed by the time they enter school.

Mission

Our mission is to lead Oklahoma in coordinating an early childhood system that strengthens families and ensures all children are ready for school.

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