

# OKLAHOMA HOME VISITING

Annual Outcomes Report

Fiscal Year 2024

July 1, 2023 – June 30, 2024



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 2024 Home Visiting Outcomes 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. Juan Delara, MIECHV Grants Manager, and Dr. Dannielle Ayers, MIECHV Program Evaluator, for their 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.

We would like to particularly recognize the dedication of family support professionals throughout Oklahoma for their unwavering commitment to supporting families with young children. We understand that home-based family support programs, particularly those that serve families with very young children, are proven to produce positive outcomes for both parents and children. This report showcases successes, highlights areas for improvement, and helps raise awareness about the effectiveness of home visiting programs. OPSR will continue to advocate for the advancement of home visiting initiatives in Oklahoma and push for greater state investments to ensure that more families have access to these evidence-based programs.



Carrie Williams

Executive Director, Oklahoma Partnership for School Readiness

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## 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.

## FAMILY SUPPORT ACCOUNTABILITY 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. OPSR recommends a new, comprehensive measurement plan that reflects the current home visiting landscape in Oklahoma and includes family/parent voice data collection. A new, comprehensive measurement plan will be submitted to the Governor, Legislature, and Oklahoma Commission on Children and Youth in January 2025.

## HOME VISITING COLLABORATIONS

### SUSTAINABLE IMPLEMENTATION COMMITTEE

The University of Oklahoma Health Sciences Center's Center on Child Abuse and Neglect received the Administration for Children and Families' Evidence-Based Home Visiting (EBHV) Grant in 2008. As part of the grant requirements, the Sustainable Implementation Committee was formed to explore funding opportunities for sustaining the grant program. The EBHV grant eventually shifted to the federally funded Maternal Infant and Early Childhood Home Visitation (MIECHV) program administered by Oklahoma State Department of Health. After this shift, the Sustainable Implementation Committee broadened its focus to include all evidence-based home visitation programs in Oklahoma.

The committee monitors the latest research on home visitation programs, identifies funding sources, develops marketing strategies for accurate EBHV understanding, and supports increased family participation. Members include representatives from state agencies (OSDH, OKDHS, OCHA), nonprofits (NorthCare Center, Parent Child Center of Tulsa, Latino Community Development Agency), Oklahoma Tribes (Choctaw Tribe, Cherokee Tribe), Oklahoma Institute on Child Advocacy, Oklahoma Partnership for School Readiness, University of Oklahoma Health Sciences Center, Oklahoma State University, and the business community.

### 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.

### ACES AND PACES

Home visiting programs 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). ACEs can include experiencing or witnessing violence in the home or community, and/or growing up in a household with substance use or mental health problems.

Extensive research has been conducted on the negative impact of ACEs into adulthood, but the harm caused by ACEs can be mediated with protective and compensatory experiences (PACES). The protective components of PACES focus on relationships and resources - two critical components of high-quality,

evidenced-based home visiting programs. PACEs can include unconditional love from a caregiver and being active in sport or social group.

Oklahoma ranks higher than the nationwide average for infants and toddlers experiencing ACEs. In 2023, 26% of Oklahoma's infants and toddlers experienced one ACE compared to 19% nationally, and 14% experienced two or more ACEs compared to 7% nationally.<sup>1</sup> Higher numbers of ACEs experienced by children indicate a need for parents to receive critical resources and support to effectively manage the rigors of parenthood and child development.

### 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%.<sup>2</sup> 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

### 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 use, 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
- 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

## HOME VISITING 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.

## State Fiscal Year 2024 Home Visitation by Funding Stream

- State: \$10,344,246.03
- Millage: \$529,357.02
- Federal: \$3,432,641.42
- Total: \$14,306,244.47

## STATE INVESTMENTS

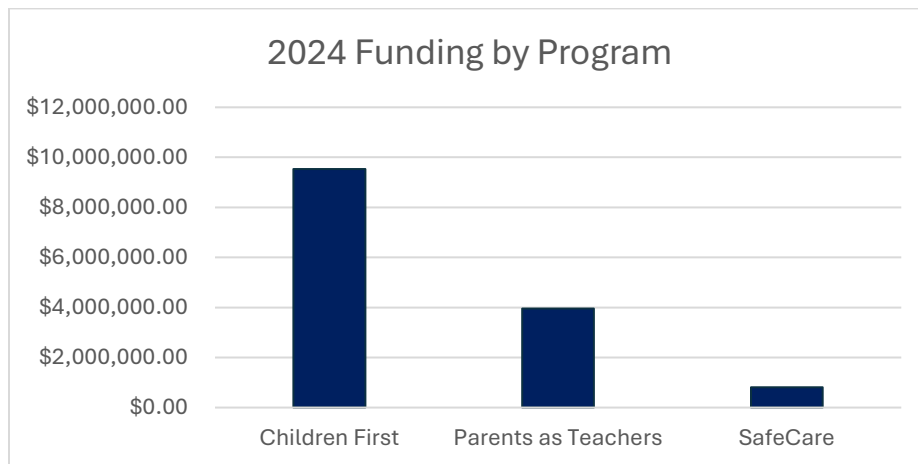
Home visiting programs have been funded since the 1990s through state appropriations. In SFY2024, \$8,511,075.03 state funds and \$529,357.02 millage funds supported the Nurse-Family Partnerships were used to support the Nurse-Family Partnership home visiting program, known as Children First. Additionally, \$1,833,171.00 state dollars were used to support the Parents as Teachers home visiting model in SFY2024.

## FEDERAL INVESTMENTS

Since 2015, federal investments have bolstered home visiting programs as state support declined. The American Recovery and Reinvestment Act in 2011 and the Health Resources and Services Administration fund the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV Program). SafeCare relies solely on federal dollars. In state fiscal year 2024, federal investments totaled \$3,432,641.42 for Oklahoma home visiting programs.

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

- 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



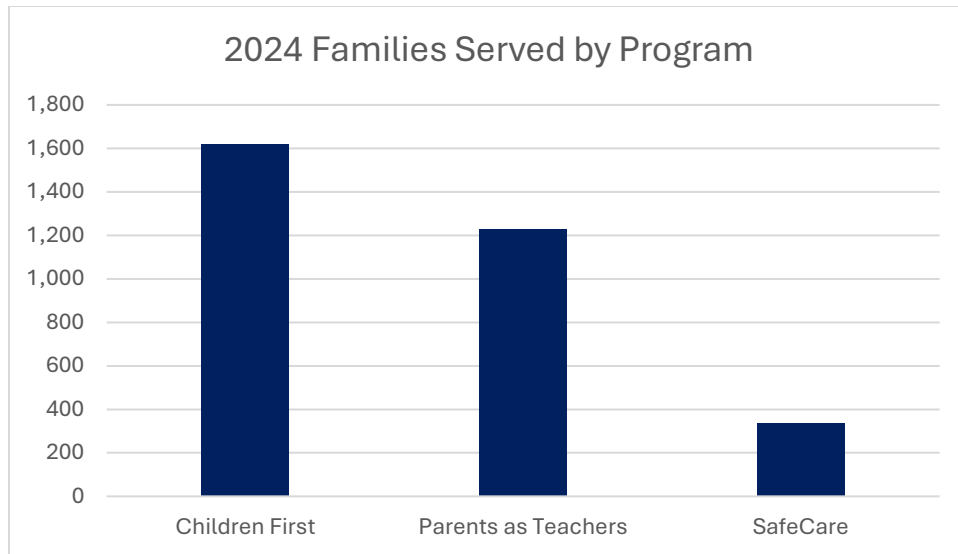


### State Fiscal Year 2024 Cost Per Family by Funding Type

- State: \$3,243.73
- Millage: \$165.99
- Federal: \$1,076.40
- Total: \$4,486.12

### COST OF SERVING FAMILIES

In state fiscal year 2024, 3,189 families received home visiting services and \$10,344,246.03 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 \$4,486.12. 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 76% of the total program costs.



## HOME VISITING IN OKLAHOMA

### SERVICE NUMBERS:

- 32,520 Home Visits Completed
- 29,183 In-Person Visits
- 3,337 Virtual Visits
- 2,367 Children Served
- 3,189 Families Served
- 58 Counties Served

In 1992, Oklahoma introduced its inaugural home visiting program, Parents as Teachers, through the State Department of Education. As one of the early states to offer statewide services, programs expanded significantly in the late 1990s and early 2000s. Initial state investments established infrastructure for evidence-based models, delivering a range of services to expecting parents and children prior to kindergarten completion.

Oklahoma home visiting programs deliver a wide variety of services to expectant parents and families with children under age six. 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 in these programs are paired with trained professionals for home visits, providing education, resources, developmental screenings, and other support.

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.

The three models differ in the populations served, service duration, and home visitor qualifications and experience. Programs are administered by county health departments and nonprofits. Counties may offer multiple programs based on community needs, strategically coordinating efforts to minimize duplication and maximize efficiency.

Funding challenges have led to uncertainty among service providers, creating costly turnover. Increased costs for recruiting and training new home visitors further limit funds available for serving families, quality assurance and improvement, and essential technical assistance and supervision necessary for a well-functioning family support system.

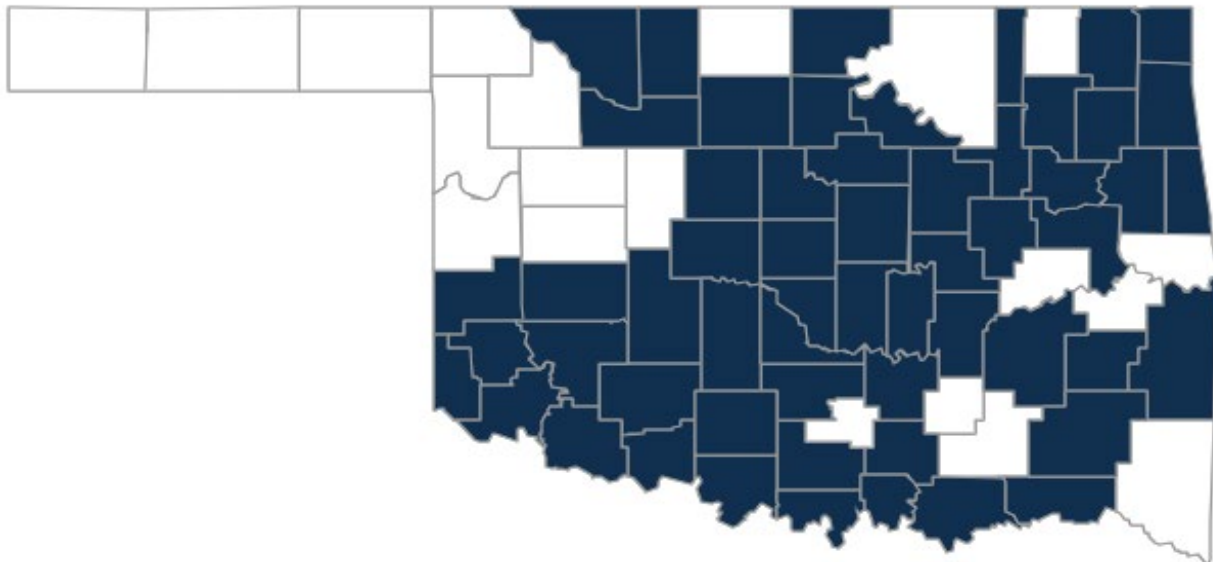
Home Visiting Participant Characteristics		
Status	Number of Participants	
	Pregnant female	1,856
	Non-pregnant female	1,283
	Male	34
	Missing	16
Marital Status		
	Married	1,098
	Not married but living with partner	541
	Separated/Divorced/Widowed	172
	Never married	1,214
	Missing data	164
Children by Age		
	Under 1	941
	1-2 years	960
	3-4 years	372
	5-6 years	94
Age Range		
	<15	0
	15-17	121
	18-19	255
	20-21	376
	22-24	649
	25-29	769
	30-34	554
	35-44	415
	45-54	34
	55-64	8
	65+	6
	Missing data	2
Race		
	American Indian or Alaska Native	167
	Asian	109
	Black or African American	370
	More than one race	172
	Native Hawaiian/Other Pacific Islander	11
	White	2,133
	Did not report	227
Ethnicity		
	Hispanic	1,104
	Non-Hispanic	1,931
	Did not report	154
Poverty Level		
	<50%	980
	51-100%	585
	101-133%	341
	134-200%	589
	201-300%	54
	>300%	110
	Did not report	530
Educational Attainment		
	Less than HS diploma	477
	HS diploma or GED	1,364
	Some college/training	647
	Bachelor's degree	249
	School age not enrolled	0
	Did not report	452

PARTICIPANT CHARACTERISTICS, ALL PROGRAMS  
DURING STATE FISCAL YEAR 2024

- 11.8% of caregivers enrolled are teens.
- Most children (80.3%) served by home-based family support services in state fiscal year 2024 were age 2 or younger.
- 30.7% of all participants who reported their income live at or below 50% of the federal poverty level - a yearly income of \$10,220 for a family of two in 2024.

COUNTIES SERVED

Adair, Alfalfa, Beckham, Bryan, Caddo, Canadian, Carter, Cherokee, Choctaw, Cleveland, Comanche, Cotton, Craig, Creek, Delaware, Garfield, Garvin, Grady, Greer, Harmon, Hughes, Jackson, Jefferson, Johnston, Kay, Kingfisher, Kiowa, Latimer, Leflore, Lincoln, Logan, Love, Major, Marshall, Mayes, McClain, Muskogee, Noble, Oklahoma, Okfuskee, Okmulgee, Ottawa, Parent Promise<sup>1</sup>, Payne, Pittsburg, Pawnee, Pontotoc, Pottawatomie, Pushmataha, Rogers, Seminole, Stephens, Tillman, Tulsa, Wagoner, Washington, Washita, Woods



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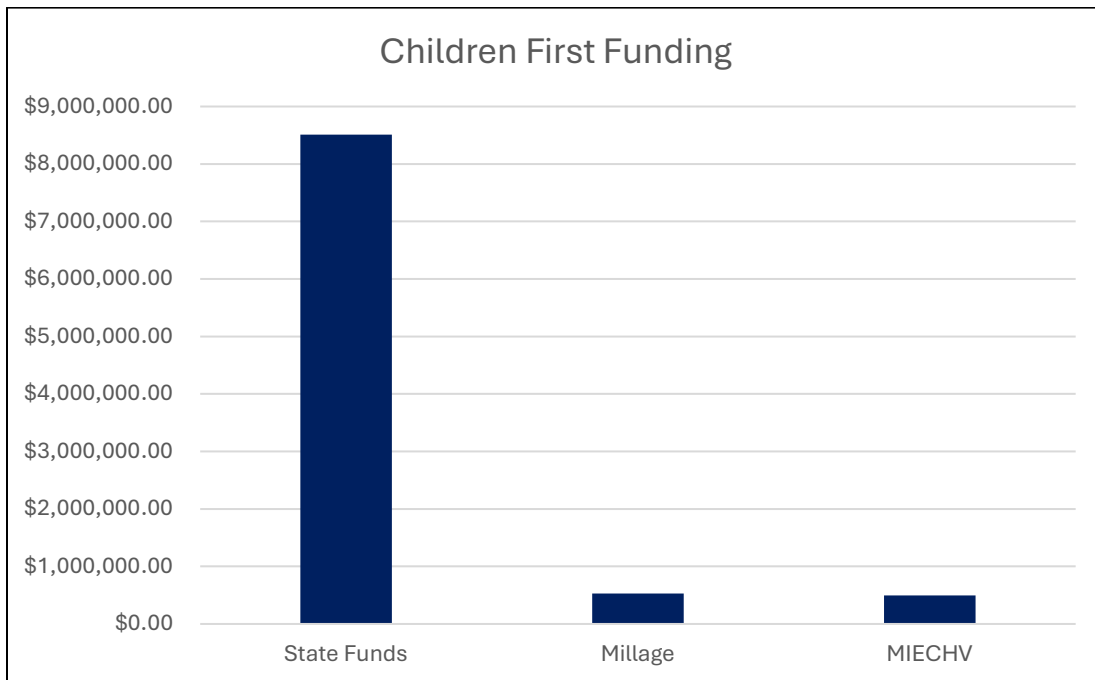
<sup>1</sup> Parent promise is a new public private partnership for children first in Oklahoma County.

## HOME VISITING PROGRAMS

### CHILDREN FIRST

Nurse-Family Partnership (NFP): Children First was created in 1996 as a deterrent to child maltreatment and a means to improve 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.

- 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 and provides content that is based on client requests, nursing assessment, and program topics.



### CHILDREN FIRST PARTICIPANT CHARACTERISTICS

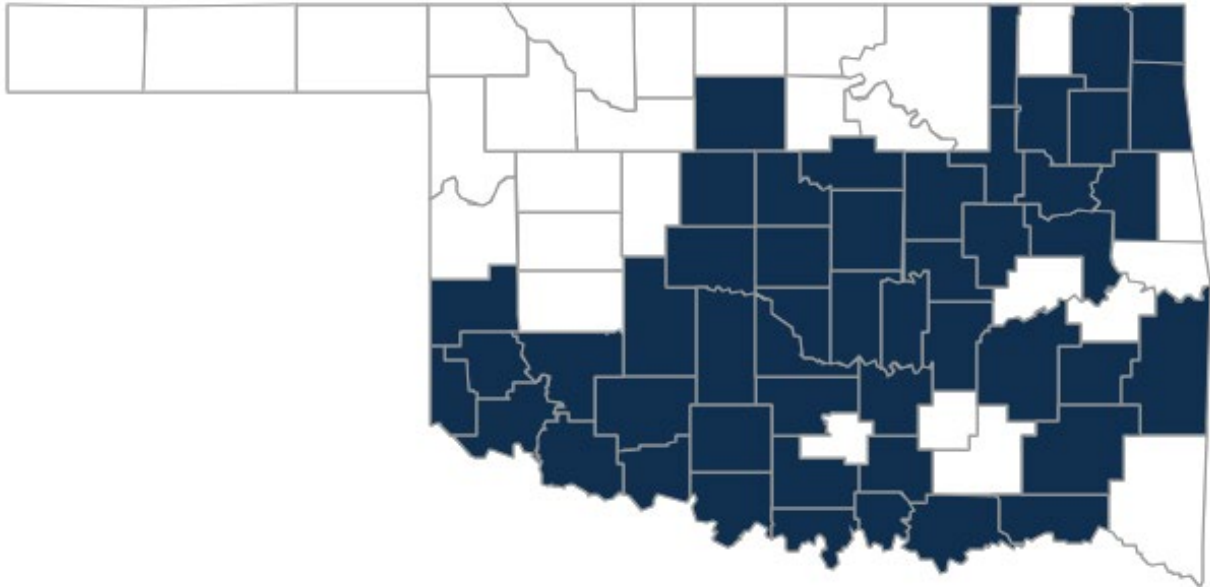
#### SERVICE NUMBERS:

- 14,245 Home Visits Completed
- 13,702 In-Person Visits
- 543 Virtual Visits
- 881 Children Served
- 1,621 Families Served
- 50 Counties Served

Children First Participant Characteristics		
Status	Number of participants	
	Pregnant female	1,578
	Non-pregnant female	43
	Male	0
	Missing	0
Marital Status		
	Married	411
	Not married but living with partner	174
	Separated/Divorced/Widowed	51
	Never married	848
	Missing data	137
Children by Age		
	Under 1	531
	1-2 years	350
	3-4 years	0
	5-6 years	0
Age Range		
	<15	0
	15-17	89
	18-19	210
	20-21	281
	22-24	438
	25-29	366
	30-34	168
	35-44	67
	45-54	2
	55-64	0
	65+	0
	Missing data	0
Race		
	American Indian or Alaska Native	77
	Asian	52
	Black or African American	186
	More than one race	105
	Native Hawaiian/Other Pacific Islander	9
	White	1,056
	Did not report	136
Ethnicity		
	Hispanic	392
	Non-Hispanic	1,143
	Did not report	86
Poverty Level		
	<50%	610
	51-100%	279
	101-133%	168
	134-200%	294
	201-300%	19
	>300%	23
	Did not report	228
Educational Attainment		
	Less than HS diploma	5
	HS diploma or GED	897
	Some college/training	266
	Bachelor's degree	27
	School age not enrolled	0
	Did not report	426

## COUNTIES SERVED BY CHILDREN FIRST

Beckham, Bryan, Caddo, Canadian, Carter, Cherokee, Choctaw, Cleveland, Comanche, Cotton, Craig, Creek, Delaware, Garfield, Garvin, Grady, Greer, Harmon, Hughes, Jackson, Jefferson, Johnston, Kingfisher, Kiowa, Latimer, Leflore, Lincoln, Logan, Love, Marshall, Mayes, McClain, Muskogee, Okfuskee, Oklahoma, Okmulgee, Ottawa, Parent Promise<sup>2</sup>, Payne, Pittsburg, Pontotoc, Pottawatomie, Pushmataha, Rogers, Seminole, Stephens, Tillman, Tulsa, Wagoner, Washington



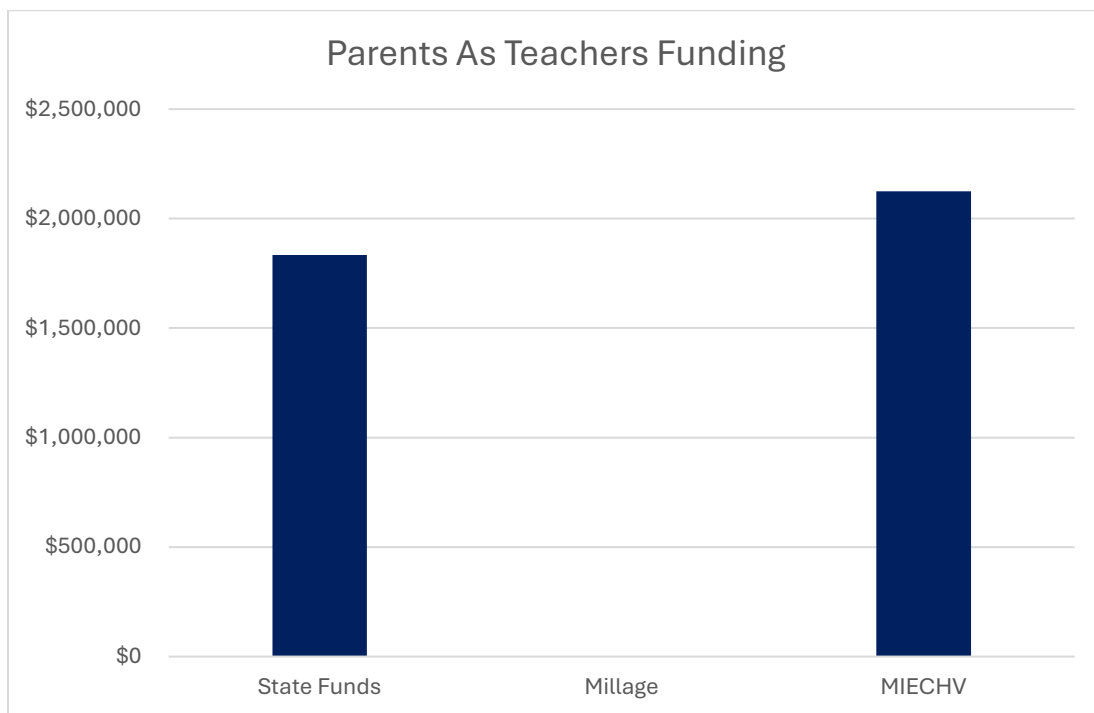
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<sup>2</sup> Parent promise is a new public private partnership for Children First in Oklahoma County.

## 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.



## PARENTS AS TEACHERS PARTICIPANT CHARACTERISTICS

### SERVICE NUMBERS:

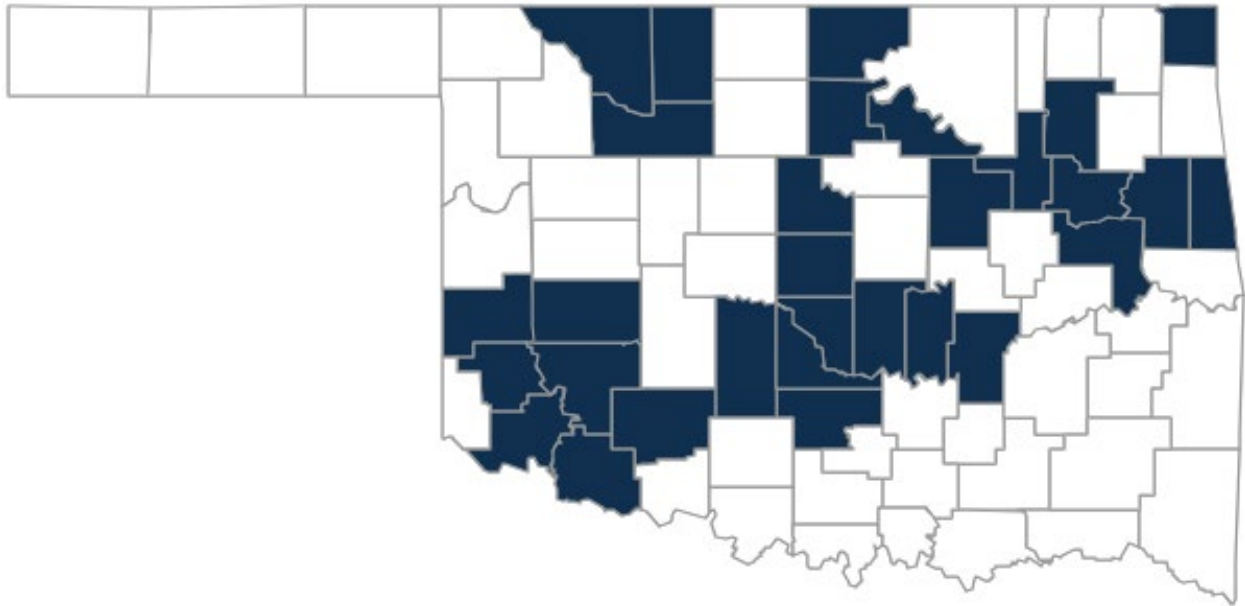
- 13,940 Home Visits Completed
- 11,295 In-Person Visits
- 2,645 Virtual Visits
- 1,202 Children Served
- 1,231 Families Served
- 30 Counties Served



Parents As Teachers Participant Characteristics		
Status	Number of participants	
	Pregnant female	255
	Non-pregnant female	945
	Male	29
	Missing	2
Marital Status		
	Married	583
	Not married but living with partner	290
	Separated/Divorced/Widowed	79
	Never married	275
	Missing data	4
Children by Age		
	Under 1	334
	1-2 years	499
	3-4 years	299
	5-6 years	70
Age Range		
	<15	0
	15-17	26
	18-19	35
	20-21	66
	22-24	154
	25-29	292
	30-34	316
	35-44	306
	45-54	22
	55-64	8
	65+	4
	Missing data	2
Race		
	American Indian or Alaska Native	81
	Asian	55
	Black or African American	139
	More than one race	56
	Native Hawaiian/Other Pacific Islander	2
	White	864
	Did not report	34
Ethnicity		
	Hispanic	558
	Non-Hispanic	661
	Did not report	12
Poverty Level		
	<50%	291
	51-100%	224
	101-133%	142
	134-200%	244
	201-300%	29
	>300%	77
	Did not report	224
Educational Attainment		
	Less than HS diploma	363
	HS diploma or GED	375
	Some college/training	305
	Bachelor's degree	183
	School age not enrolled	0
	Did not report	5

## COUNTIES SERVED BY PARENTS AS TEACHERS

Adair, Alfalfa, Beckham, Cherokee, Cleveland, Comanche, Creek, Garvin, Grady, Greer, Hughes, Jackson, Kay, Kiowa, Logan, Major, McClain, Muskogee, Noble, Oklahoma, Ottawa, Pawnee, Pottawatomie, Rogers, Seminole, Tillman, Tulsa, Wagoner, Washita, Woods

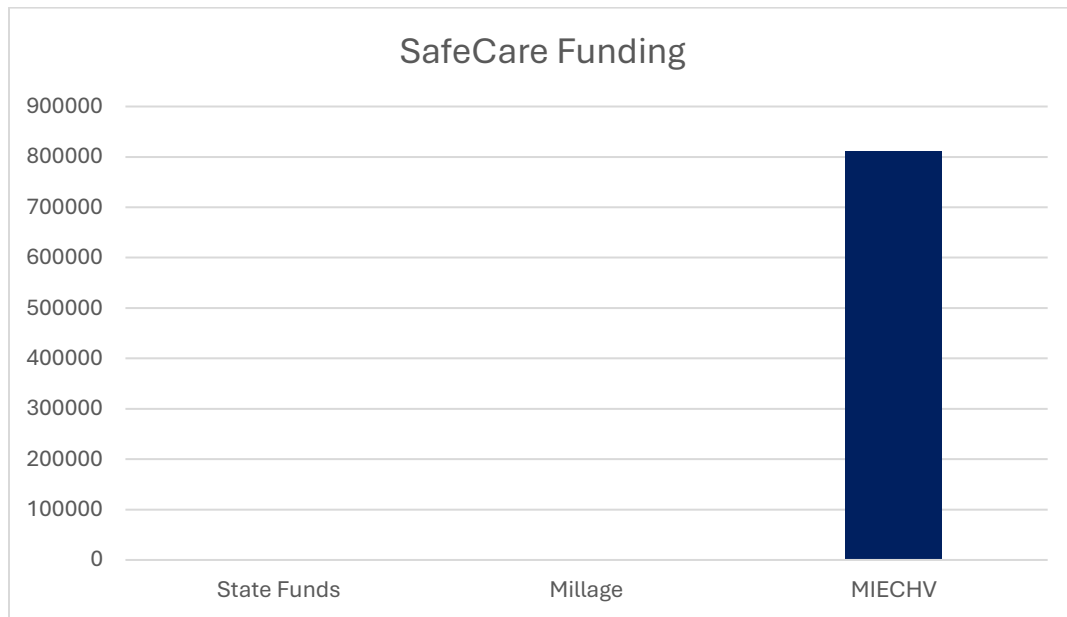


## SAFECARE

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.

- 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.



## SAFECARE PARTICIPANT CHARACTERISTICS

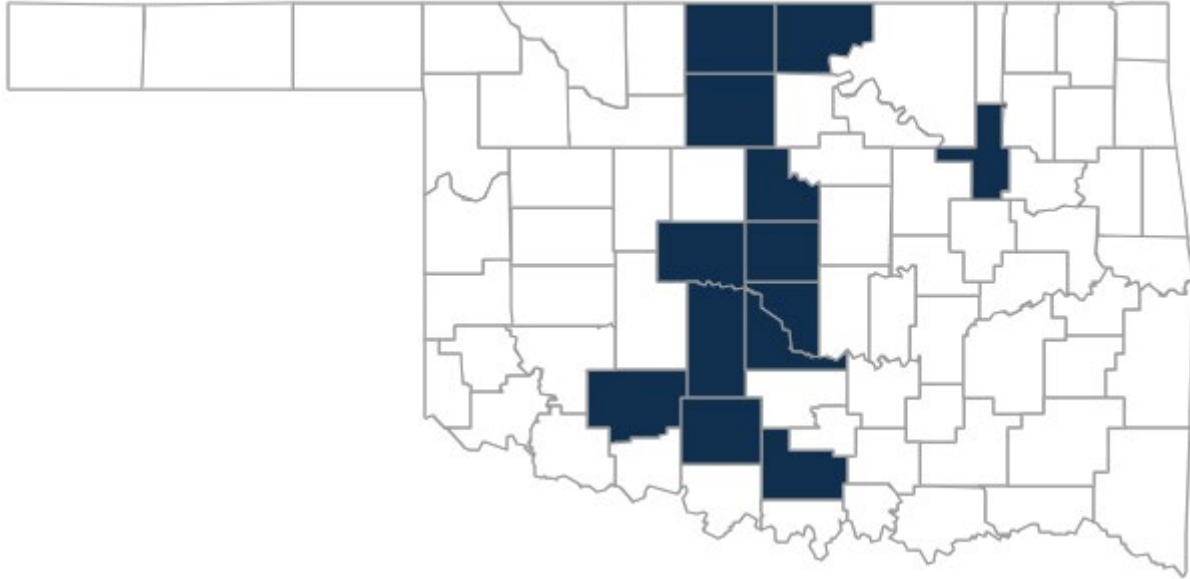
### SERVICE NUMBERS:

- 4,335 Home Visits Completed
- 4,186 In-Person Visits
- 149 Virtual Visits
- 284 Children Served
- 337 Families Served
- 13 Counties Served

SafeCare Participant Characteristics		
Status	Number of participants	
	Pregnant female	23
	Non-pregnant female	295
	Male	5
	Missing	14
Marital Status		
	Married	104
	Not married but living with partner	77
	Separated/Divorced/Widowed	42
	Never married	91
	Missing data	23
Children by Age		
	Under 1	76
	1-2 years	111
	3-4 years	73
	5-6 years	24
Age Range		
	<15	0
	15-17	6
	18-19	10
	20-21	29
	22-24	57
	25-29	111
	30-34	70
	35-44	42
	45-54	10
	55-64	0
	65+	2
	Missing data	0
Race		
	American Indian or Alaska Native	9
	Asian	2
	Black or African American	45
	More than one race	11
	Native Hawaiian/Other Pacific Islander	0
	White	213
	Did not report	57
Ethnicity		
	Hispanic	154
	Non-Hispanic	127
	Did not report	56
Poverty Level		
	<50%	79
	51-100%	82
	101-133%	31
	134-200%	51
	201-300%	6
	>300%	10
	Did not report	78
Educational Attainment		
	Less than HS diploma	109
	HS diploma or GED	92
	Some college/training	76
	Bachelor's degree	39
	School age not enrolled	0
	Did not report	21

COUNTIES SERVED BY SAFECARE

Canadian, Carter, Cleveland, Comanche, Garfield, Grady, Grant, Kay, Logan, McClain, Oklahoma, Stephens, Tulsa



## OUTCOME METRICS FOR FY 2024

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

- Preterm birth rates – percent of participants who gave birth before 37 weeks = 9.4%
  - > 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 slightly higher than the national average for preterm births at 11.2% in 2023.<sup>1</sup> This year, home visiting participants 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. In SFY 2024, the preterm birth rate for home visiting participants was lower than the state average at 9.4%.
  
- 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 = 97.3%
  - > 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 2024, 97.3% of mothers participating in home-based family support services did not have another child within 18 months.
  
- Parental substance abuse – percent of parents who report substance abuse and had quit 90 days after enrollment in a home visiting program = 55.6%
  - > 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. Home-based family support and prevention services help parents stop using and abusing alcohol and drugs. In state fiscal year 2024, 36 caregiver participants reported substance abuse, and of those 55.6% quit after 90 days in the home visiting program.

- Parental tobacco use – percent of parents who report use of smoking tobacco and had quit 90 days after enrollment in a home visiting program = 33.3%
  - > 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 6.6% of mothers reporting smoking during pregnancy compared to 3.7% nationally.<sup>4</sup> Home-based family support services work with parents to quit smoking. During state fiscal year 2024, 54 caregivers reported tobacco use, and of those, 33.3% quit after enrollment in the home visiting program.

**GOAL: Reduce entry into the child welfare system**

- Reported child maltreatment – percent of children participating in home visiting reported to child welfare for possible child abuse or neglect = 8.1%
  - > 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 infant-toddler maltreatment ranks higher in Oklahoma at 30.3 per 1,000 children than the national average at 15.5 per 1,000 children in 2023.<sup>1</sup> Families who participate in home visiting programs often demonstrate several risk factors that increase the likelihood of child maltreatment. Of the 2,630 children involved in Oklahoma-based home visiting services, 212 children participating in home visiting were reported for possibly experiencing maltreatment in state fiscal year 2024.
  
- Substantiated child maltreatment – percent of children participating in home visiting who are substantiated by child welfare as victims of child abuse or neglect = 2.5%
  - > Of the 2,630 children involved in Oklahoma-based home visiting services, 65 met the criteria for confirmed abuse or neglect in state fiscal year 2024.

**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 = 8.0%
  - > 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. Mothers who participate in home visiting programs receive regular check-ins to monitor for symptoms and are referred for intervention. In state fiscal year 2024, 8.0% of women who scored higher on the depression screener received referrals.

- Domestic violence – percent of parents who reported domestic violence that completed a safety plan = 34.1%
  - > 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. 34.1% of participants in state fiscal year 2024 who reported experiencing domestic violence had a safety plan put in place within six months of reporting.

#### **GOAL: Improve parental self-sufficiency**

- Parental employment – percent of parents who were seeking employment and became employed after program enrollments or the birth of a child = 7.7%
  - > 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. In state fiscal year 2024, 7.7% of parents who were previously unemployed were working after six months enrolled in a home visiting program.
- Parental educational attainment – percent of parents who are enrolled in or complete an education or job training program = 30.0%
  - > 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 a certificate, professional credential or degree by 2025.<sup>5</sup> The resources home visiting programs provide to



parents support their interests in returning to school or vocational training and connect them with resources to ensure their success. In state fiscal year 2024, 30.0% of parents who had not completed an educational or vocational program became enrolled while participating in home visiting.

**GOAL: Improve children’s readiness to succeed in school**

- ASQ-3 Referral – percent of children referred for follow-up evaluation and intervention as indicated by developmental screening = 51.0%
  - > 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 2024, 51.0% 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 42.2% of children receive these necessary services based upon this referral.

**GOAL: Improve children’s social-emotional skills, including efforts at early identification of delays**

- ASQ-SE Referral – percent of children referred for follow-up evaluation and intervention as indicated by social-emotional development screening = 38.6%
  - > 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 2024, 38.6% of children were identified in need of referral for evaluation and intervention based on the ASQ-SE-2. Of the children referred, only 31.8% receive these necessary 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. 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.

### RECRUIT AND RETAIN A QUALIFIED HOME VISITING WORKFORCE

A consistent, well-supported workforce is critical to ensuring home visiting programs can effectively build relationships with families and communities, which yields positive outcomes. However, stressors like job burnout and compassion fatigue, low pay, and difficulty accessing services for their clients leads to challenges retaining a well-qualified home visiting workforce. High turnover can have impact program quality, model fidelity, and costs. Oklahoma should invest in evidence-based strategies for recruitment and retention like enhancing training and professional development, increased supervisor support, and creating supportive working conditions.<sup>6</sup>

### ENHANCE SERVICES FOR FATHERS AND MALE CAREGIVERS

Expand the focus of home visiting programs to include services and support for fathers and male caregivers, recognizing their critical role in child development. Engaging fathers leads to better developmental outcomes for children and strengthens family bonds, contributing to healthier communities.

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