



OKLAHOMA HOME VISITING

Annual Outcomes Report
FISCAL YEAR 2023



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 2023 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. John Delara, MIECHV Grants Manager, and 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 especially want to acknowledge family support professionals across Oklahoma for their dedicated service to Oklahoma 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 so more families have access to evidence-based home visiting programs.

Carrie Williams,
Executive Director

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ABOUT OPSR

In 2003, the Oklahoma legislature signed House Bill 1094, which 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

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. An updated measurement plan will be submitted to the Governor, Legislature, and Oklahoma Commission on Children and Youth in 2023.

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.

Home Visitation Leadership Advisory Coalition

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.

HOME VISITING

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).

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). The protective components of PACES focus on relationships and resources - two critical components of high-quality, evidenced-based home visiting programs.

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.¹ 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%.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 AND OUTCOMES

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 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

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.

HOME VISITING FUNDING

STATE INVESTMENTS

Since the 1990s, home visiting programs have been funded through state appropriations. In SFY2023, \$5,605,126.01 of state funds and \$637,529.04 of millage funds supported the Nurse-Family Partnership program, known as Children First. Additionally, \$2,014,000.00 state dollars were used to support the Parents as Teachers model in SFY2023.

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 MIECHV Program. SafeCare relies solely on federal dollars. In the 2023 state fiscal year, federal investments totaled \$3,013,422.00 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)
- »» Marketing efforts to reach families, including the creation of an electronic resources hub known as parentPRO

State Fiscal Year 2023 Home Visitation Funding by Funding Stream

State	\$7,619,126.01
Millage	\$637,529.04
Federal	\$3,013,422.00
Total	\$11,270,077.05

State Fiscal Year 2023 Cost Per Family by Funding Type

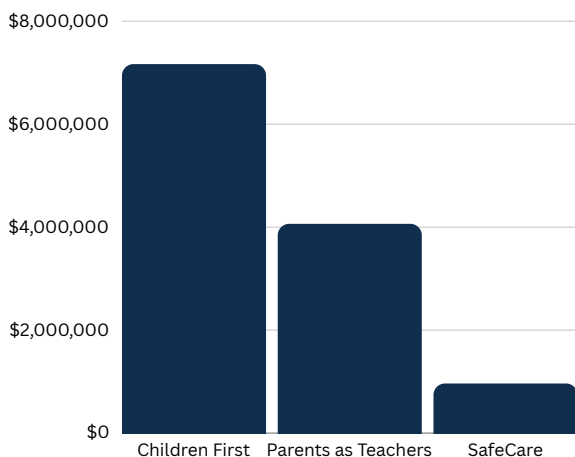
State	\$2,605.72
Millage	\$218.03
Federal	\$1,030.58
Total	\$3,854.34

COST OF SERVING FAMILIES

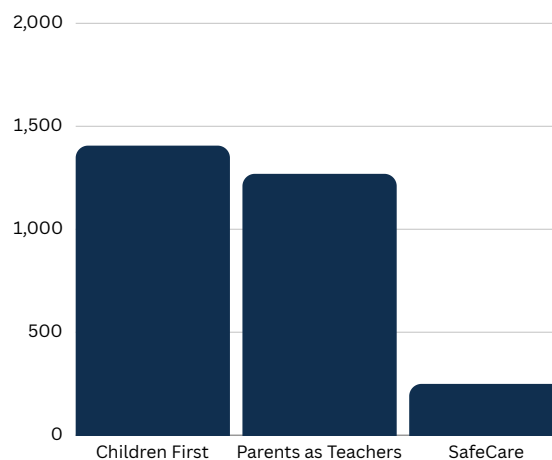
In state fiscal year 2023, 2,924 families received home visiting services and \$7,619,126.01 of Oklahoma state dollars contributed to help support serving families. With state, millage, and federal funds combined, the average cost to serve families participating in home visiting programs cost is \$3,854.34. This cost excludes more intensive services, like counseling for families in the child welfare system, which may result in higher per-family costs. Other program models offering only preventative and essential services may have lower costs. State and millage investments cover 73% of total program costs.

HOME VISITING BY PROGRAM

2023 Funding by Program



2023 Families Served by Program



HOME VISITING IN OKLAHOMA

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 Augmented.

AT A GLANCE



30,593

Home Visits
Completed



24,832

In-Person
Visits

5,761

Virtual
Visits



2,226

Children
Served



2,924

Families
Served



62

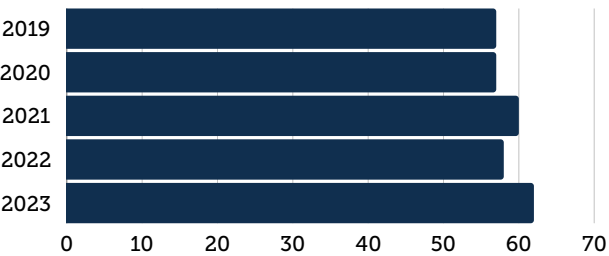
Counties Served

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.

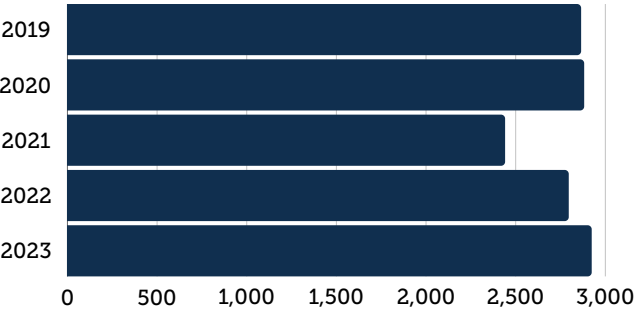
Over the last five years, home visiting services have seen declining numbers due to decreased funding and workforce shortages. While the number of overall counties offering home visiting services increased during this time period from 57 to 62, the number of completed visits decreased 10% during this same period.

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.

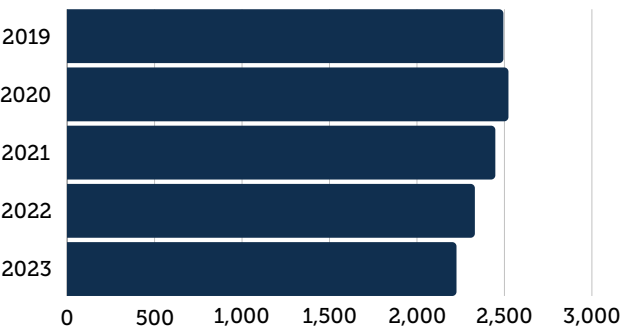
Counties Served



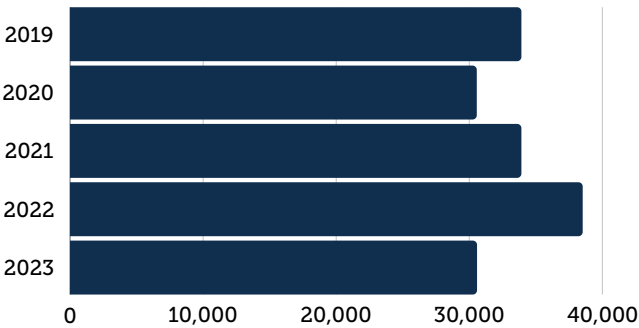
Families Served



Children Served



Home Visits Complete



*2022 and 2023 data includes both in-person and virtual visits

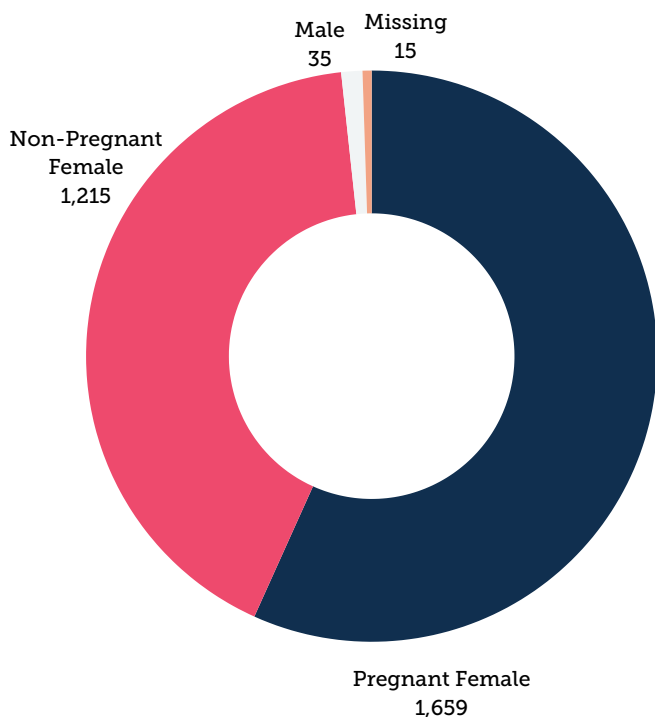
PARTICIPANT CHARACTERISTICS



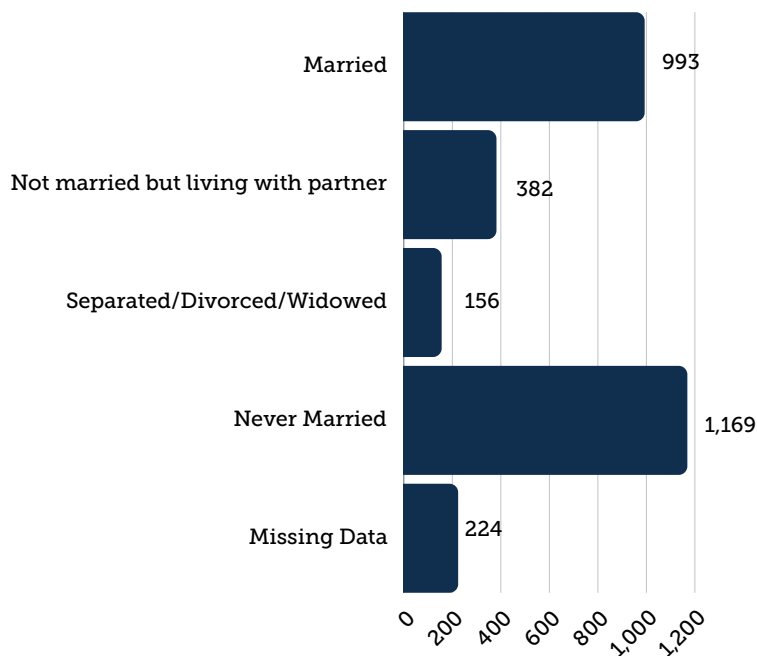
DURING STATE FISCAL YEAR 2023

- »» 13% of caregivers enrolled are teens.
- »» The majority of children (81%) served by home-based family support services in state fiscal year 2023 were age 2 or younger.
- »» 36% of all participants who reported their income, live at or below 50% of the federal poverty level - a yearly income of \$9,860 for a family of two in 2023.³

CAREGIVERS BY STATUS

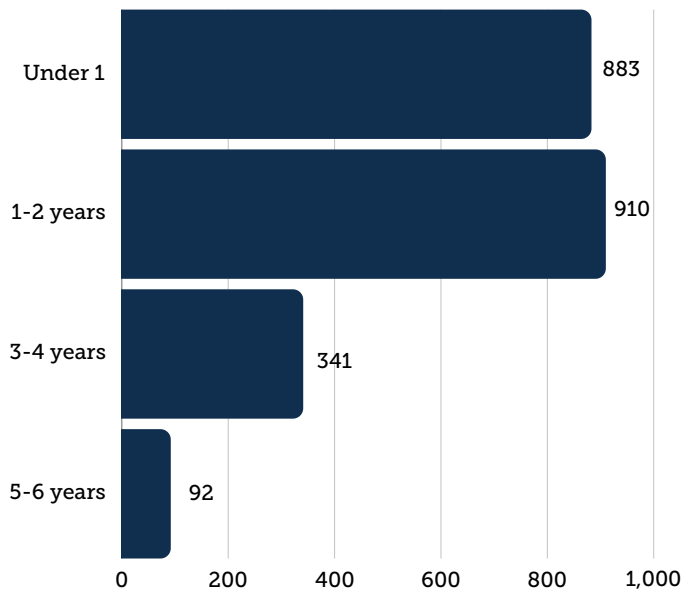


CAREGIVERS BY MARITAL STATUS

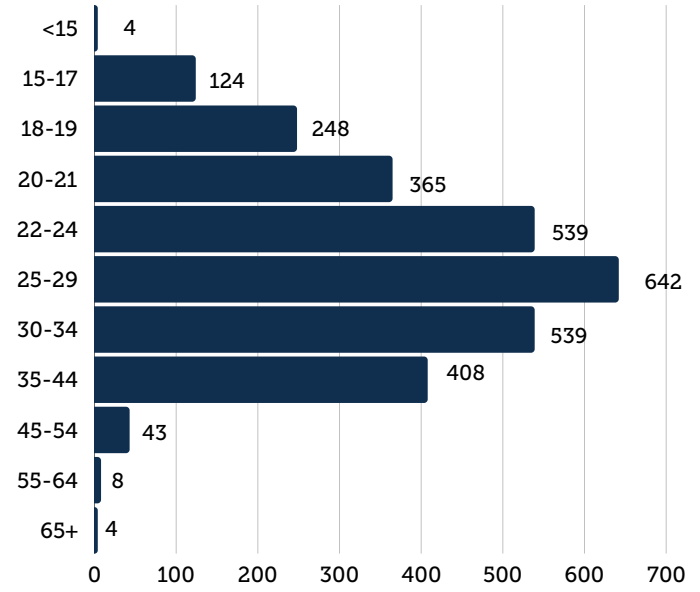




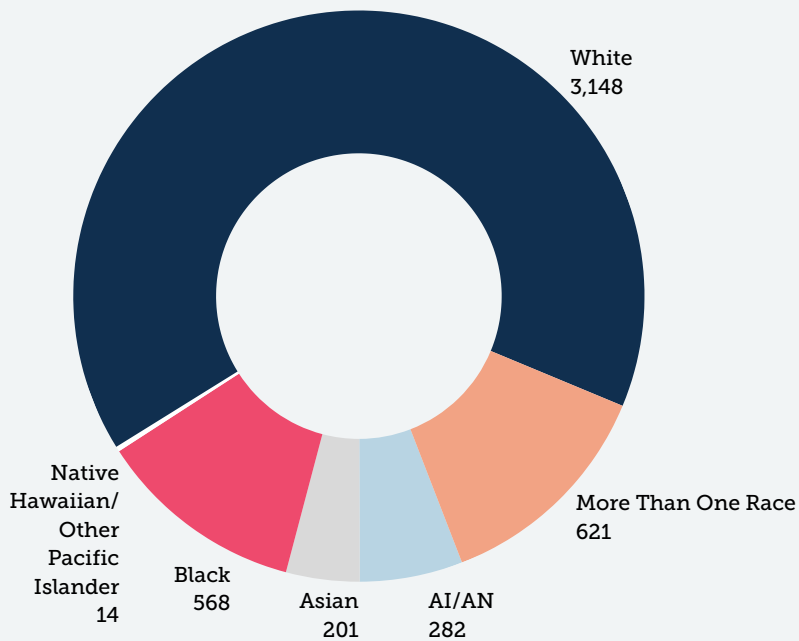
CHILDREN BY AGE



CAREGIVERS BY AGE

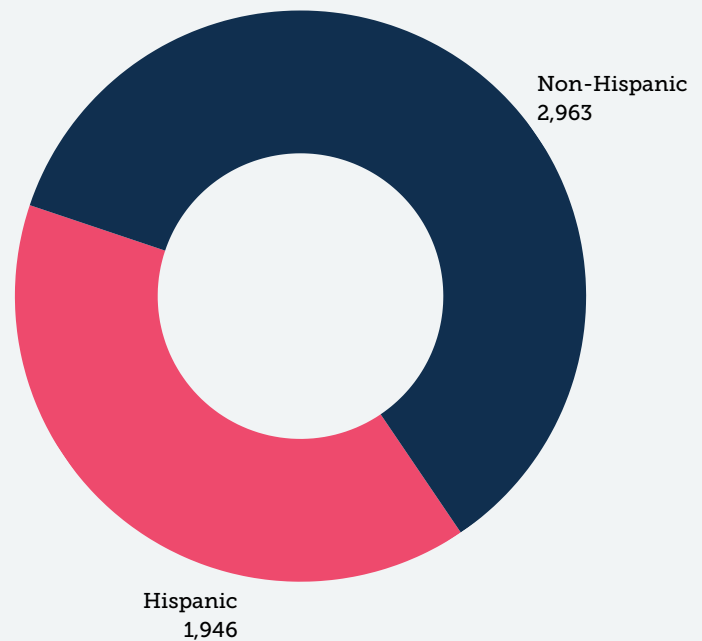


PARTICIPANTS BY RACE



Did not report: 316

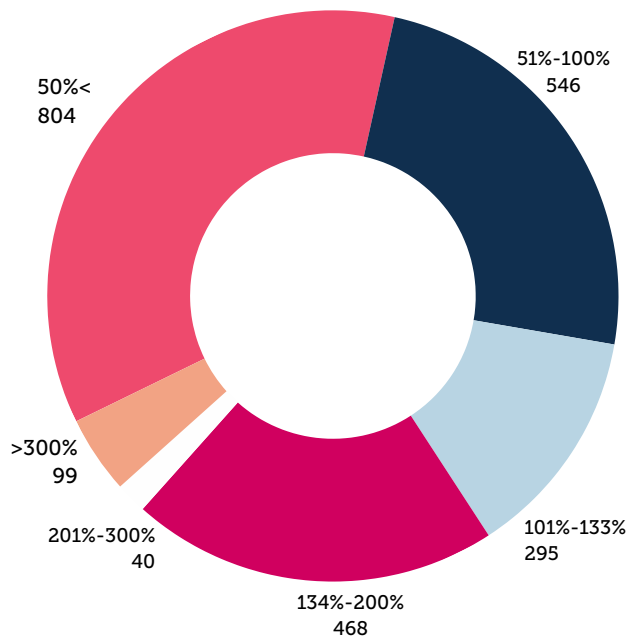
PARTICIPANTS BY ETHNICITY



Did not report: 241

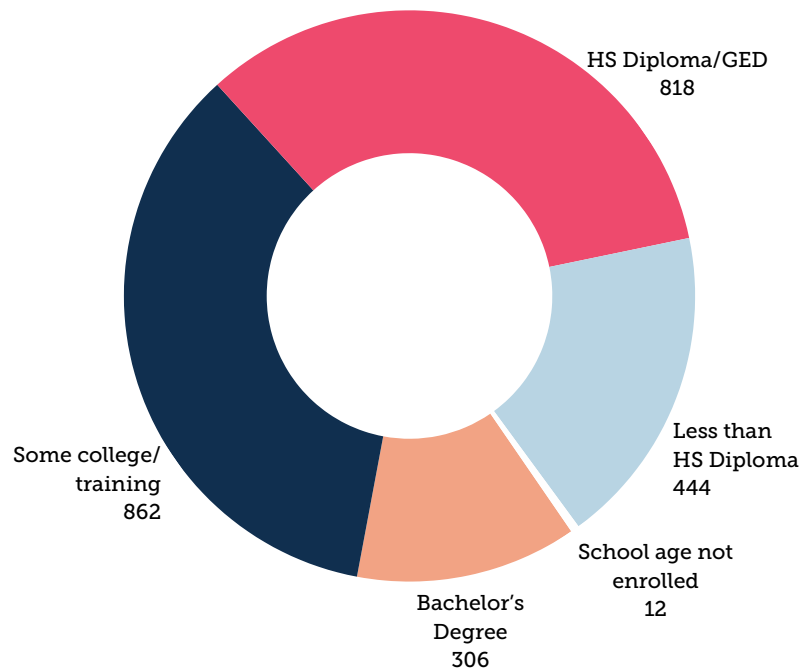


CAREGIVERS BY Poverty Level



Did not report: 672

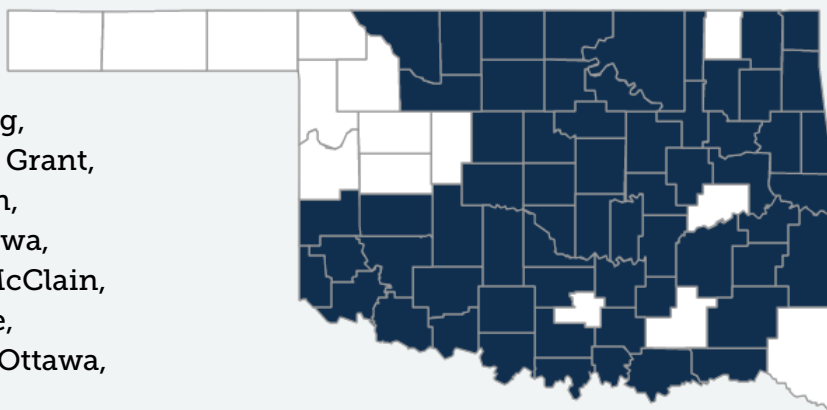
CAREGIVERS BY Educational Attainment



Did not report: 482

Counties Served

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



HOME VISITING PROGRAMS

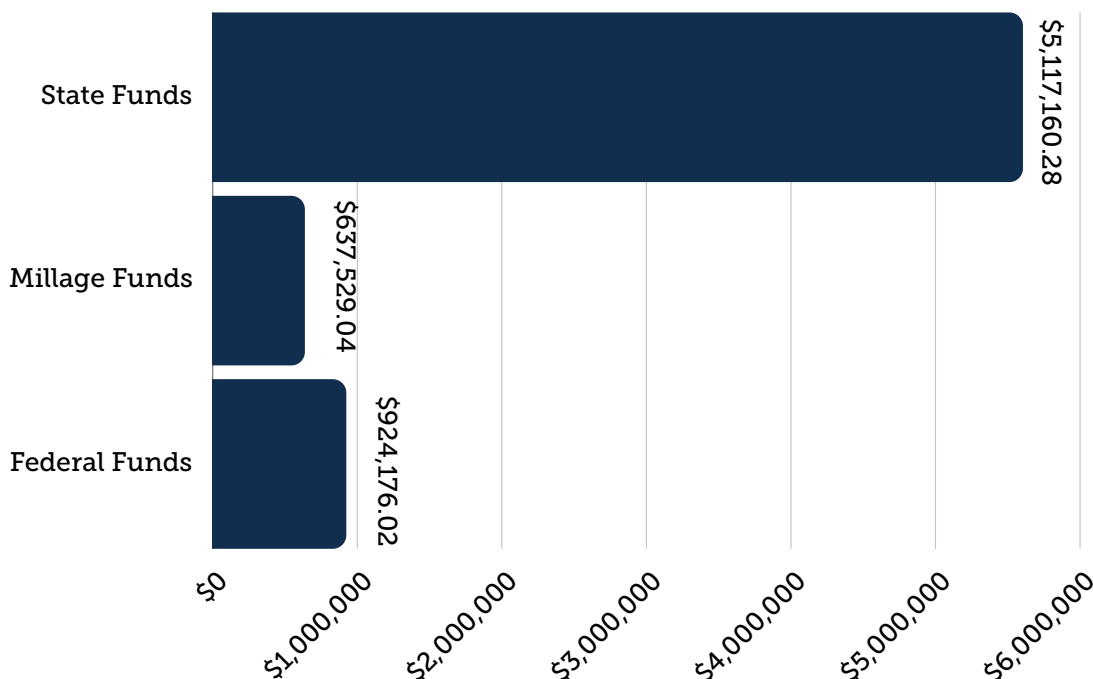
CHILDREN FIRST

Nurse-Family Partnership (NFP)

Children First was created in 1996 as a deterrent to child maltreatment and a means to 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.

- »» 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.

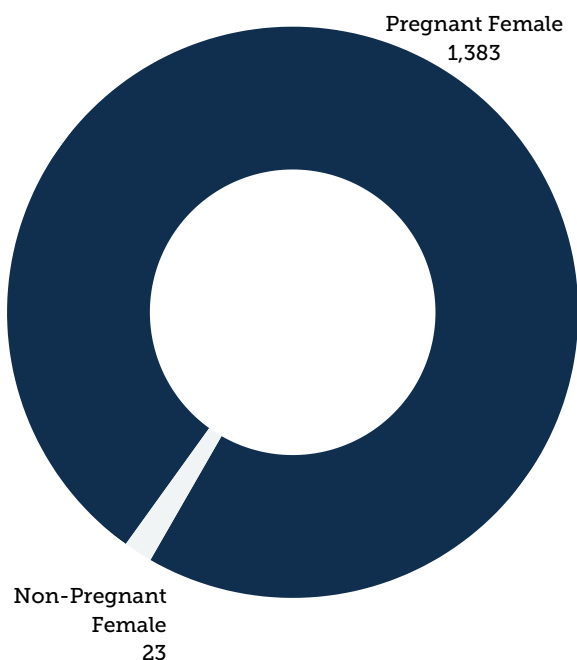
FUNDING



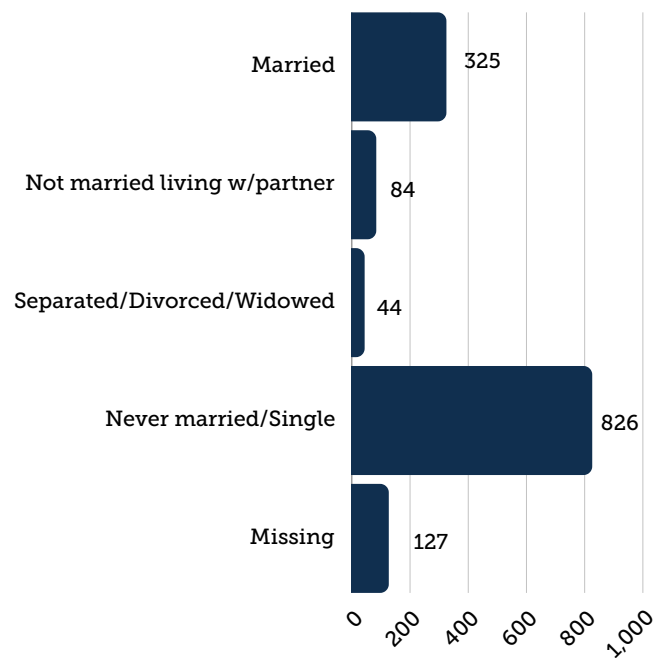
CHILDREN FIRST PARTICIPANT CHARACTERISTICS



CAREGIVERS BY STATUS

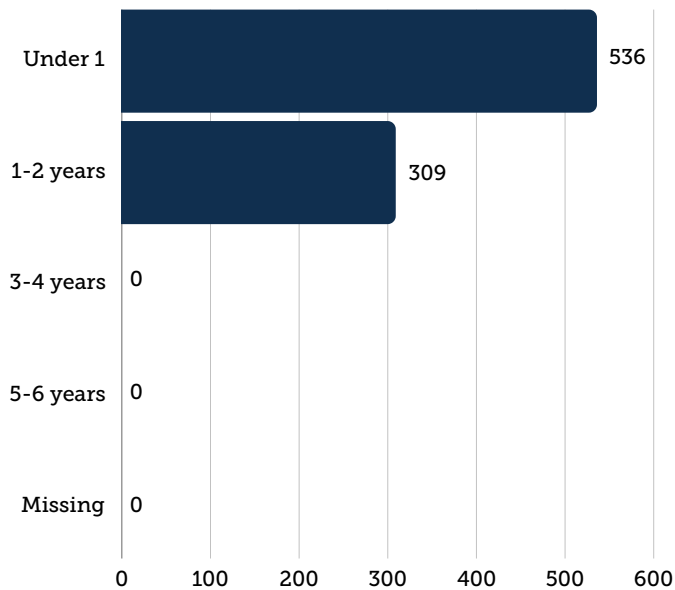


CAREGIVERS BY MARITAL STATUS

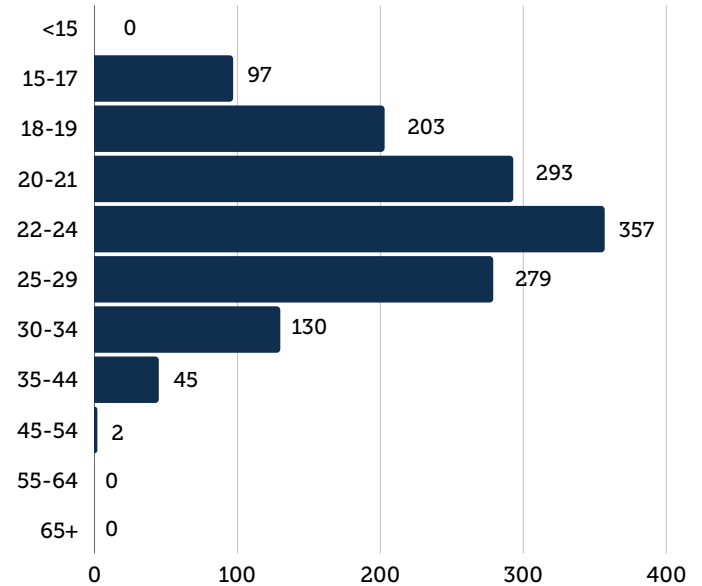




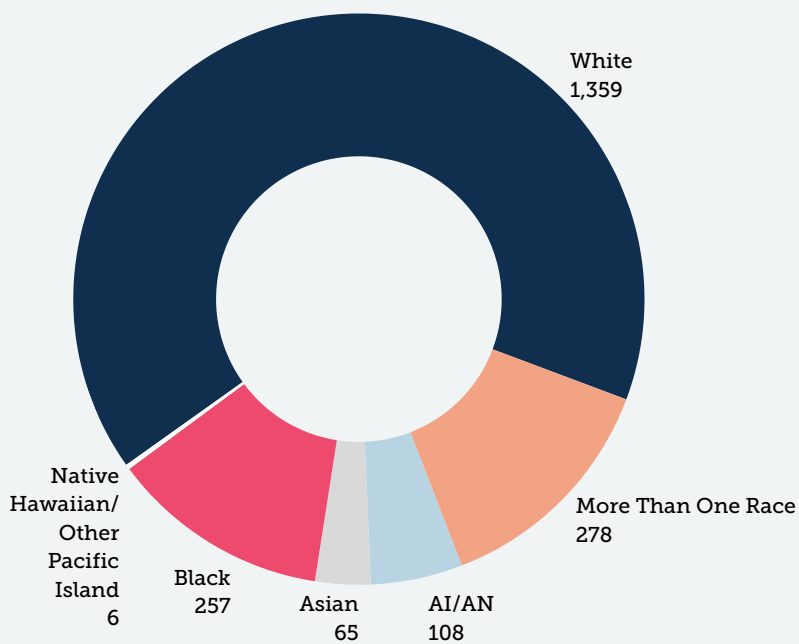
CHILDREN BY AGE



CAREGIVERS BY AGE

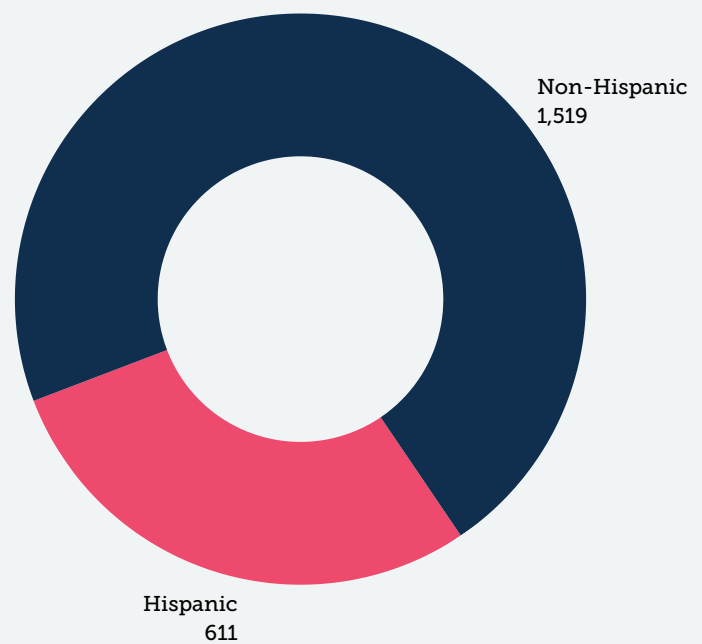


PARTICIPANTS BY RACE



Did not report: 278

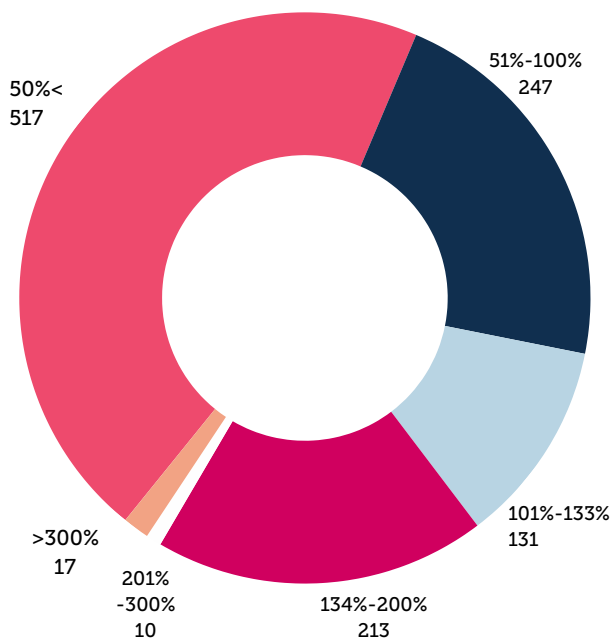
PARTICIPANTS BY ETHNICITY



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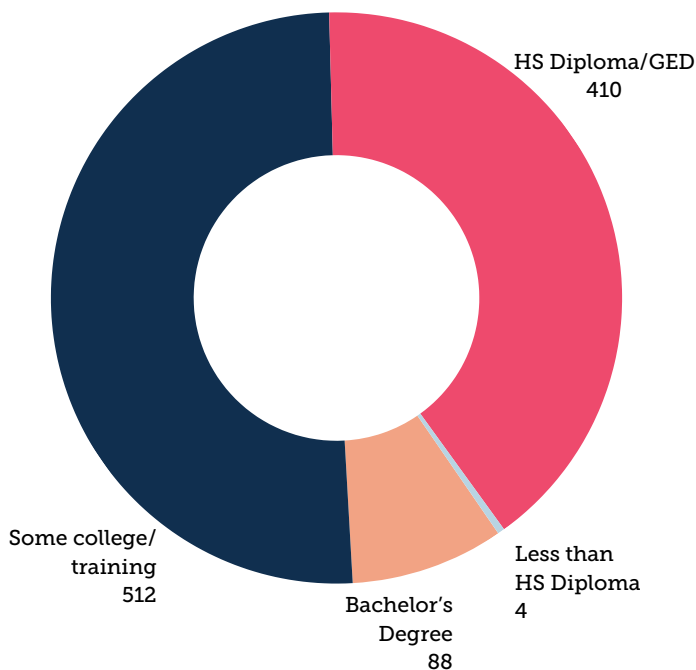


CAREGIVERS BY Poverty Level



Did not report: 271

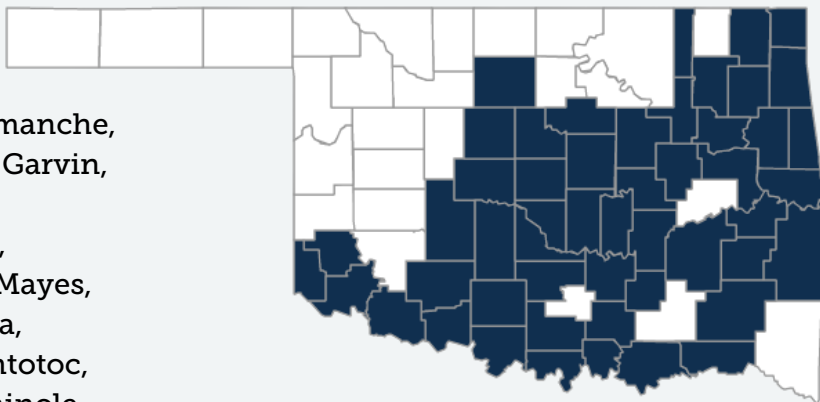
CAREGIVERS BY Educational Attainment



Did not report: 392

Counties Served

Adair, Bryan, Caddo, Canadian, Carter, Cherokee, Choctaw, Cleveland, Coal, Comanche, Cotton, Craig, Creek, Delaware, Garfield, Garvin, Grady, Greer, Harmon, Haskell, Jackson, Jefferson, Johnston, Kingfisher, Latimer, LeFlore, Lincoln, Logan, Love, Marshall, Mayes, McClain, Muskogee, Okfuskee, Oklahoma, Okmulgee, Ottawa, Payne, Pittsburg, Pontotoc, Pottawatomie, Pushmataha, Rogers, Seminole, Sequoyah, Stephens, Tillman, Tulsa, Wagoner, Washington



HOME VISITING 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.

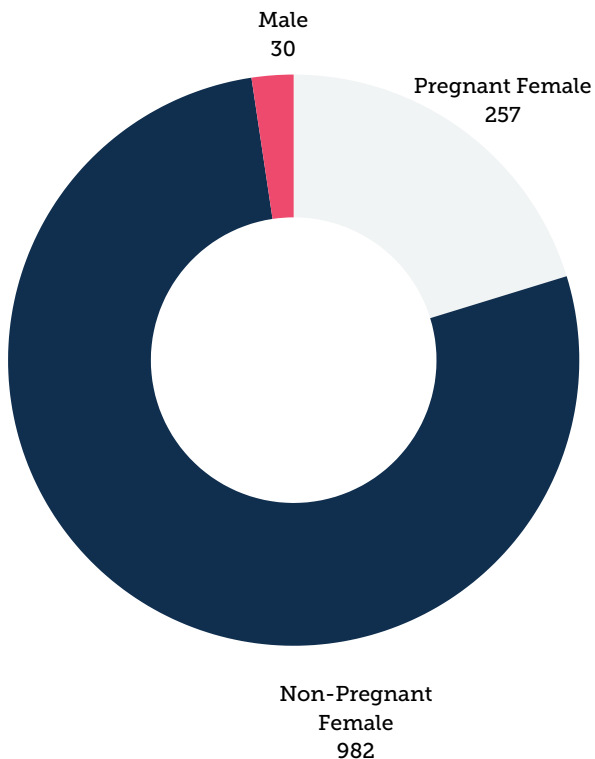
FUNDING



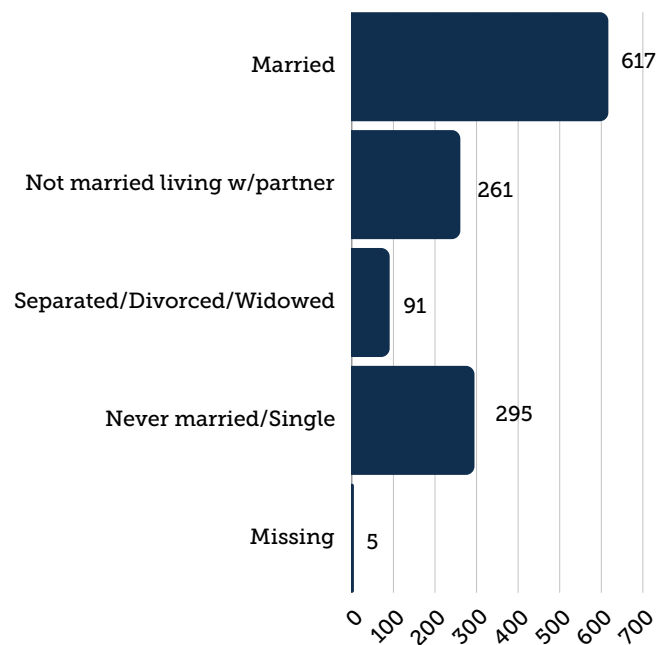
PARENTS AS TEACHERS PARTICIPANT CHARACTERISTICS



CAREGIVERS BY STATUS

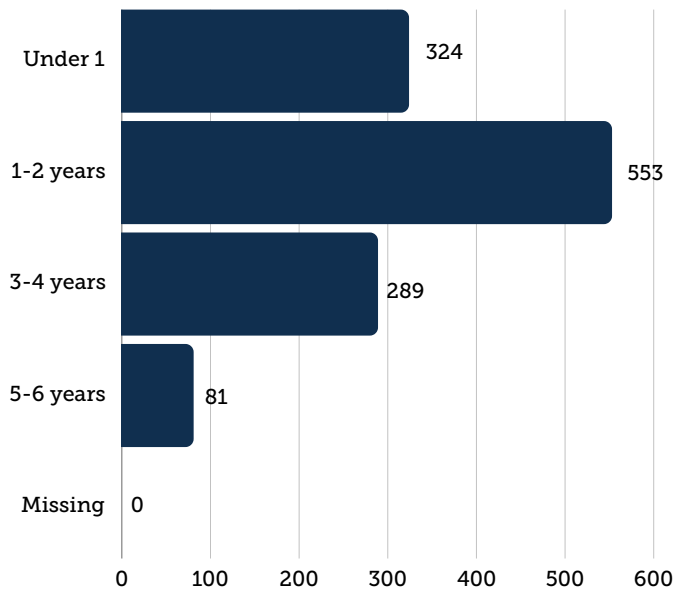


CAREGIVERS BY MARITAL STATUS

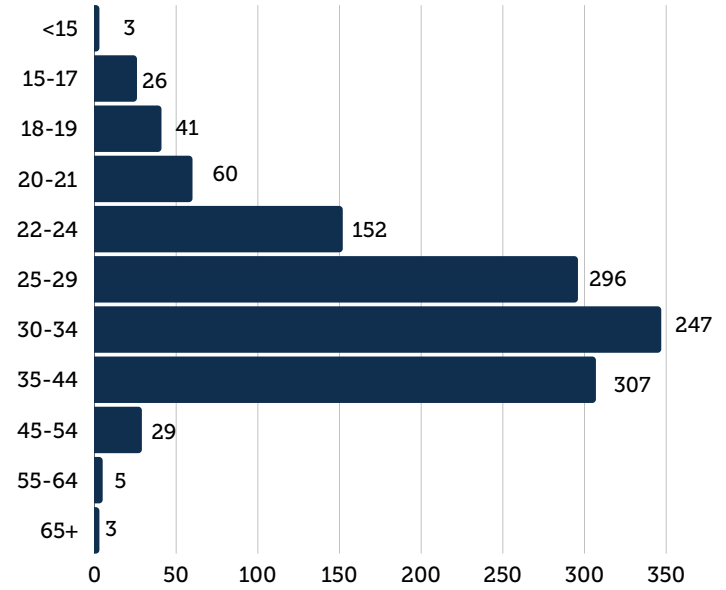




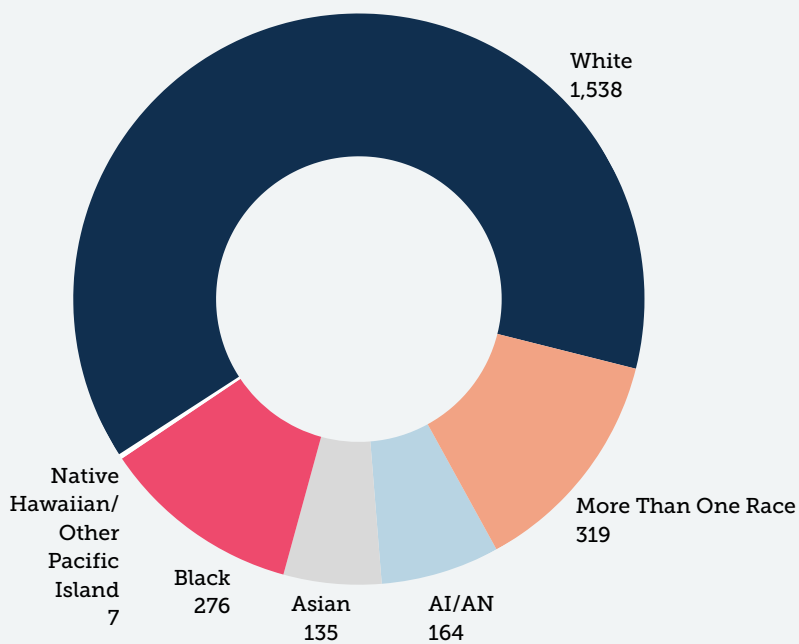
CHILDREN BY AGE



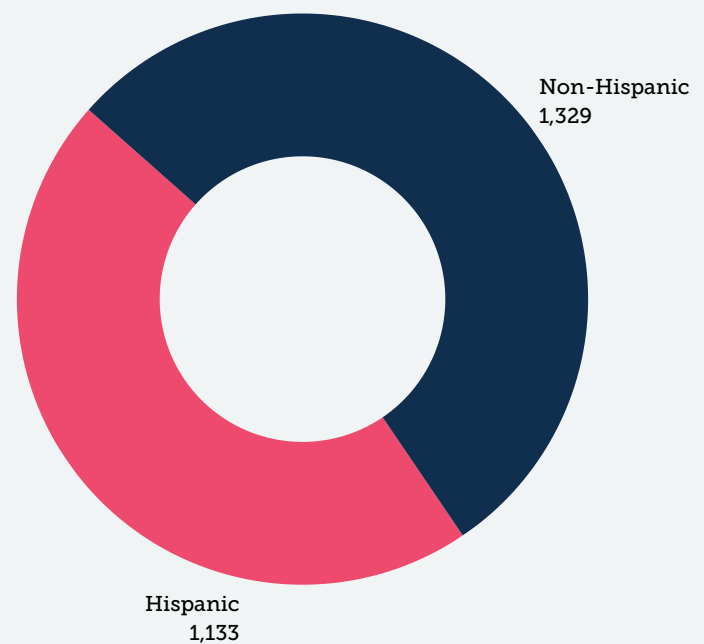
CAREGIVERS BY AGE



PARTICIPANTS BY RACE



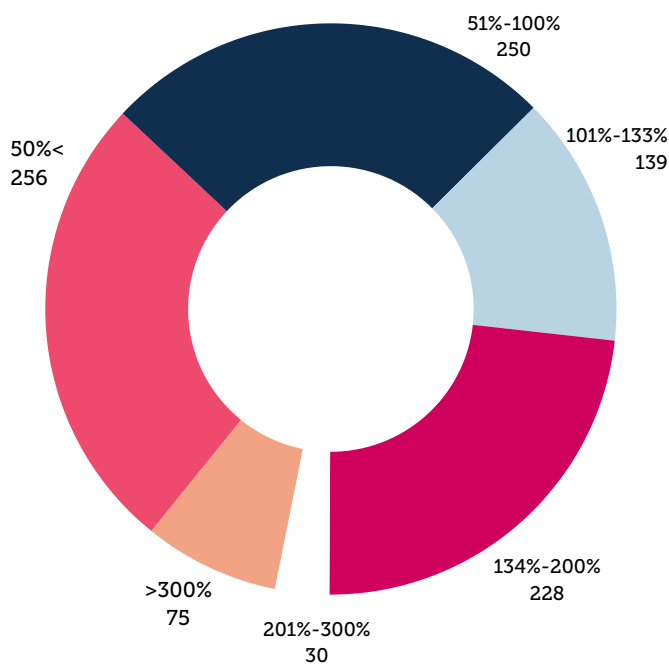
PARTICIPANTS BY ETHNICITY



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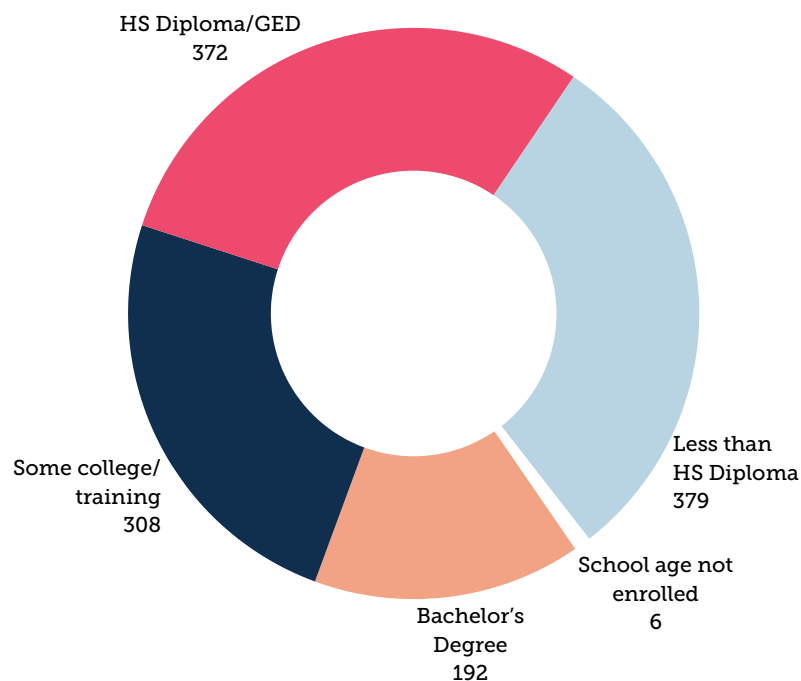


CAREGIVERS BY Poverty Level



Did not report: 291

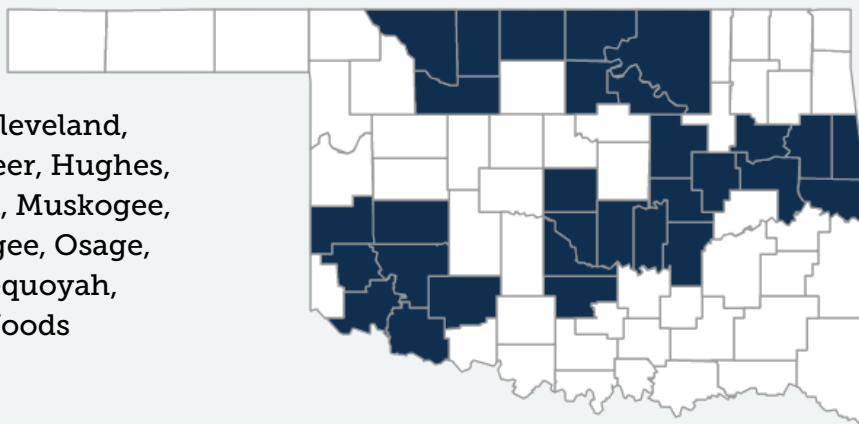
CAREGIVERS BY Educational Attainment



Did not report: 6

Counties Served

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



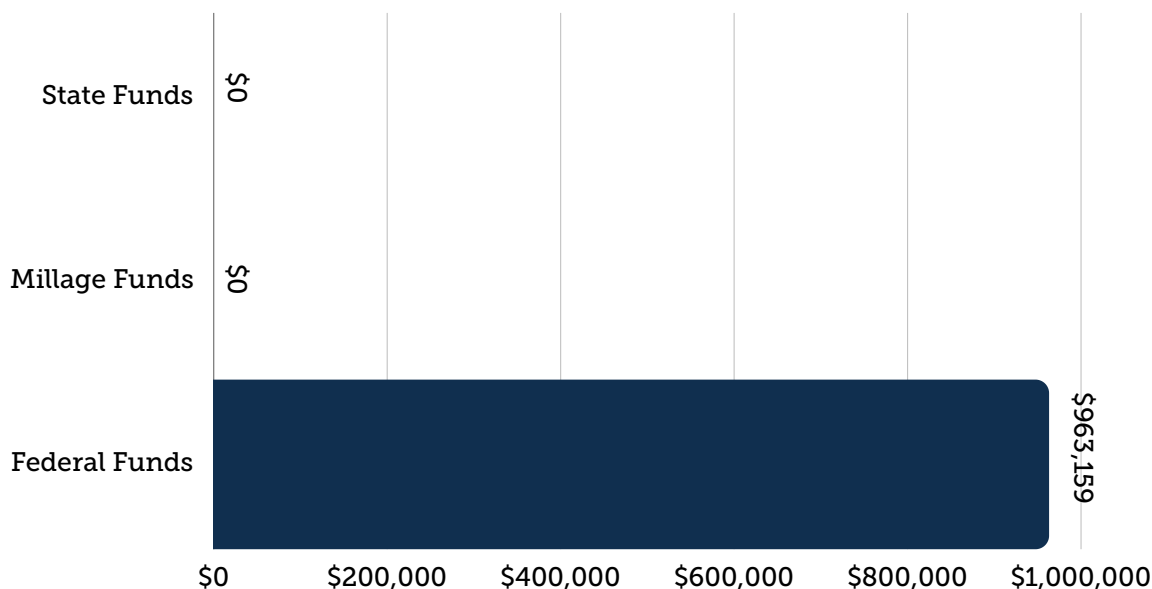
HOME VISITING PROGRAMS

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.

FUNDING



SAFECARE PARTICIPANT CHARACTERISTICS



3,062
Home Visits
Completed



2,898
In-Person
Visits



164
Virtual
Visits



249
Families
Served

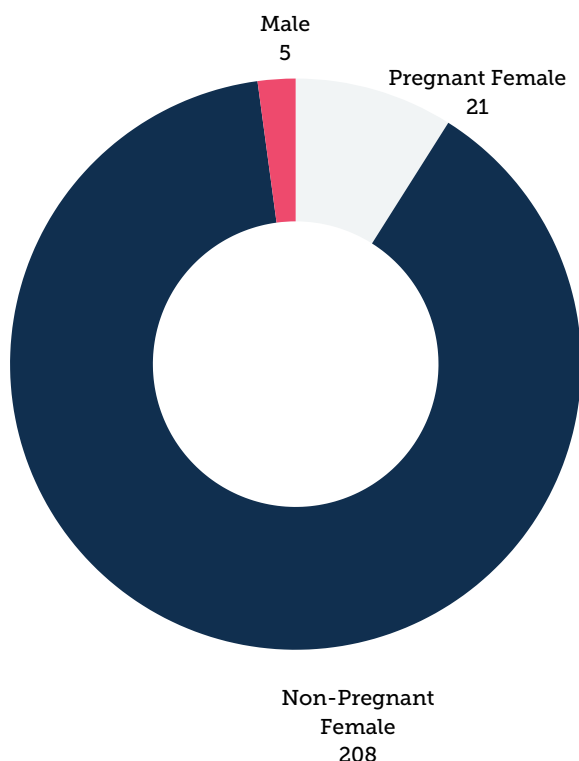
134

Children
Served

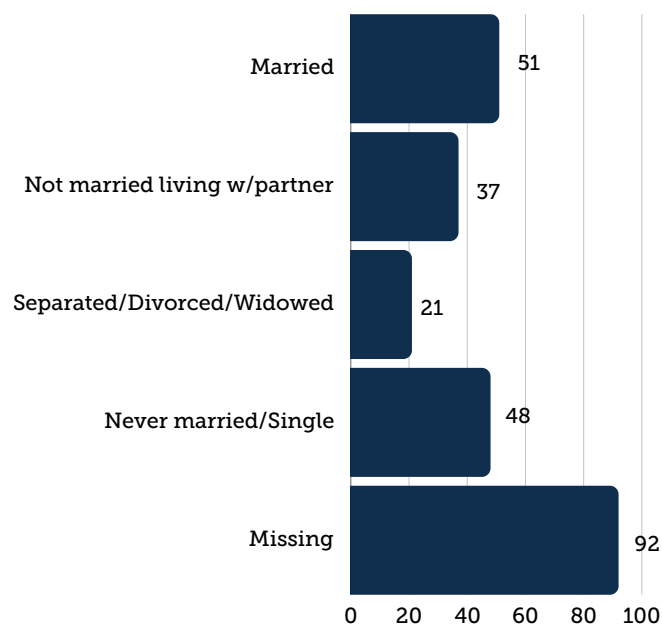


11
Counties
Served

CAREGIVERS BY STATUS



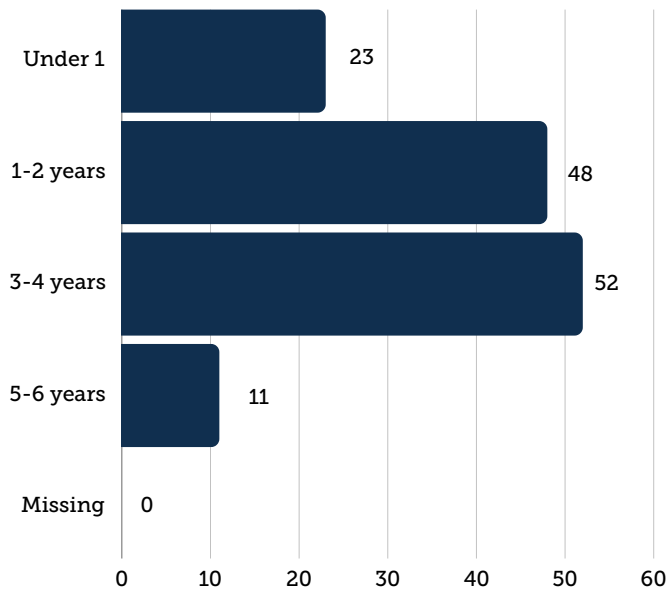
CAREGIVERS BY MARITAL STATUS



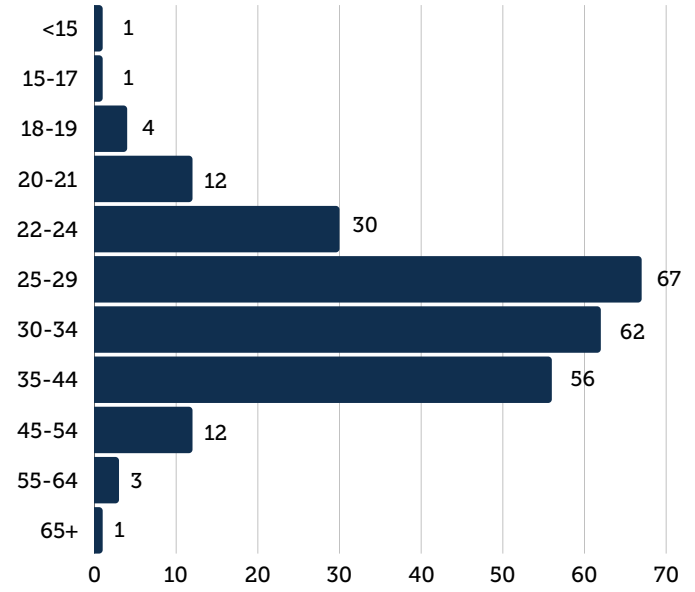
Did not report: 15



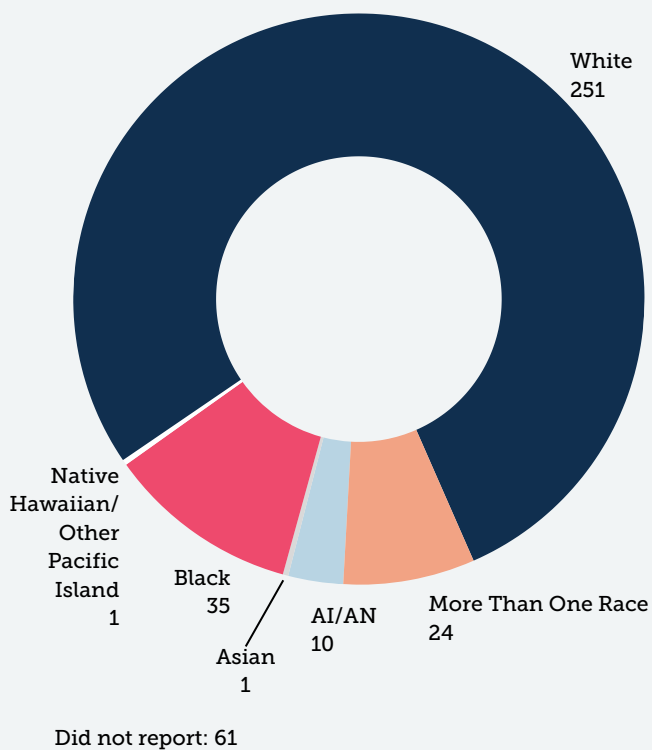
CHILDREN BY AGE



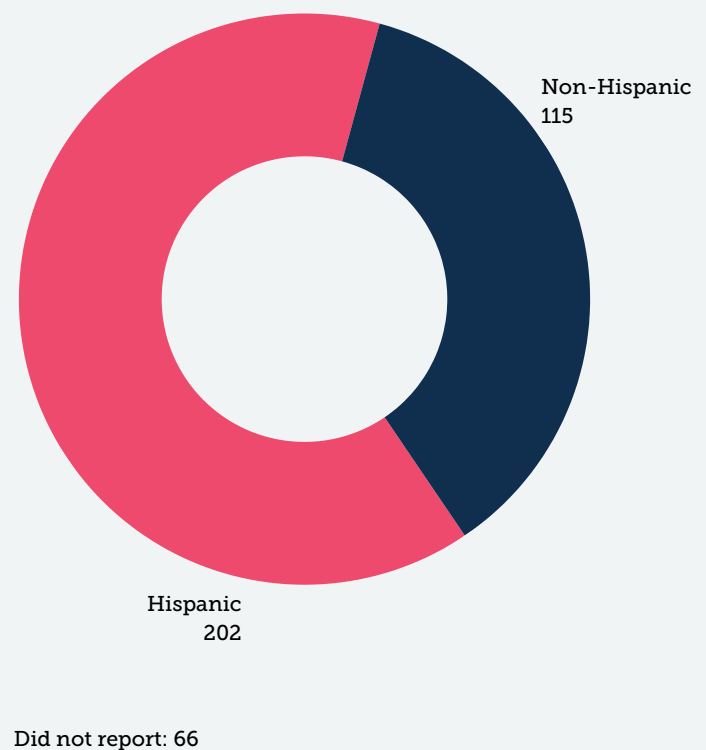
CAREGIVERS BY AGE



PARTICIPANTS BY RACE

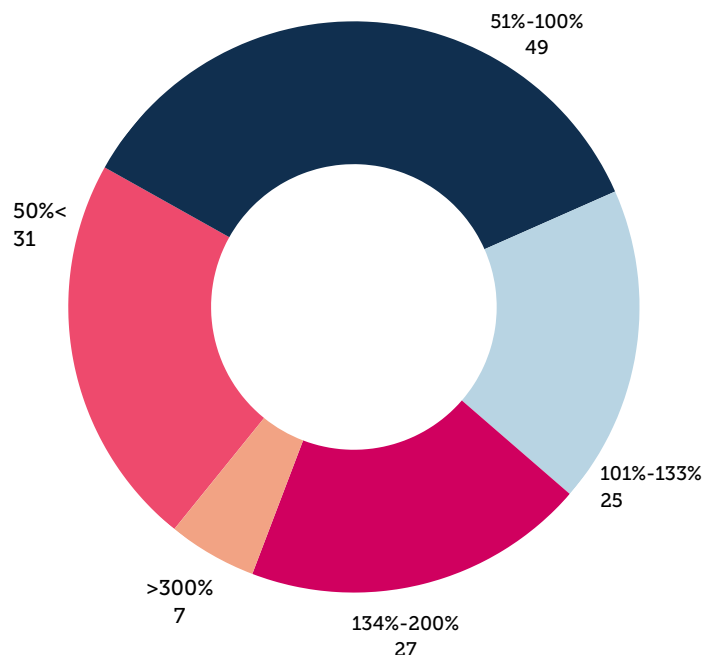


PARTICIPANTS BY ETHNICITY



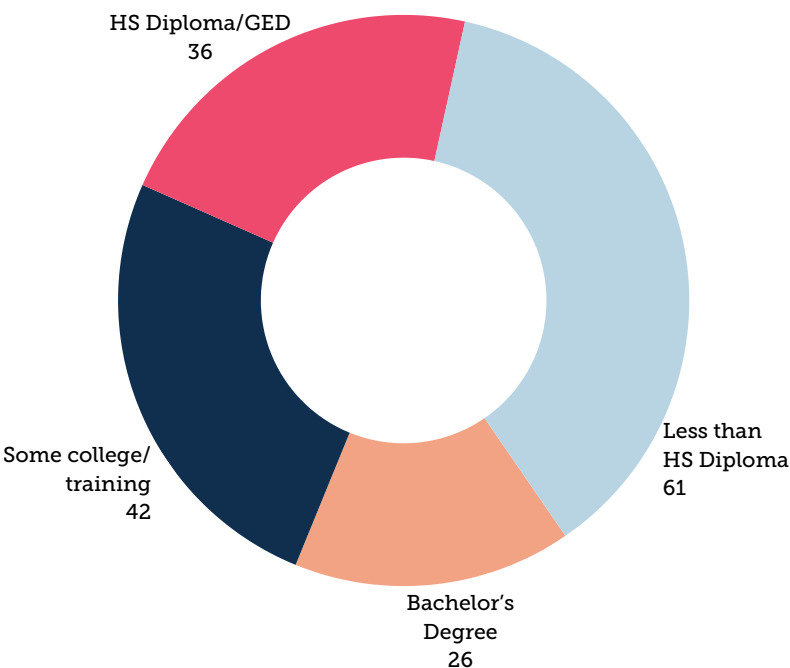


CAREGIVERS BY Poverty Level



Did not report: 110

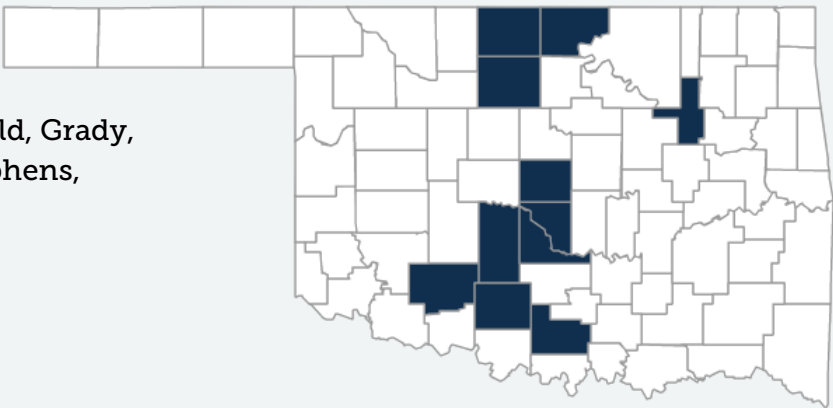
CAREGIVERS BY Educational Attainment



Did not report: 84

Counties Served

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



OUTCOME METRICS

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

Metric	Definition	Change from 2022
Preterm birth rates	Percent of participants who gave birth before 37 weeks	=
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 and had quit 90 days after enrollment in a 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	↓

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	↓
Substantiated child maltreatment	Percent of children participating in home visiting who are substantiated by child welfare as victims of child abuse or 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 became 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

ASQ-3 Referral	Percent of children referred for follow-up evaluation and intervention as indicated by developmental screening	↓
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GOAL: Improve children's social-emotional skills, including efforts at early identification of delays

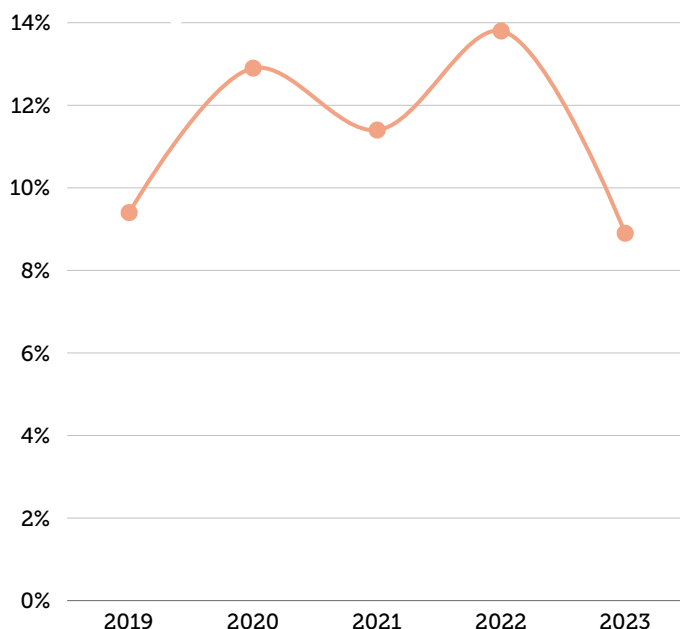
ASQ-SE Referral	Percent of children referred for follow-up evaluation and intervention as indicated by social-emotional development screenings	↓
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HOME VISITING OUTCOME DATA

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 slightly higher than the national average for preterm births at 11.2% in 2023. 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 2023, the preterm birth rate for home visiting participants was lower than the state average at 9%.

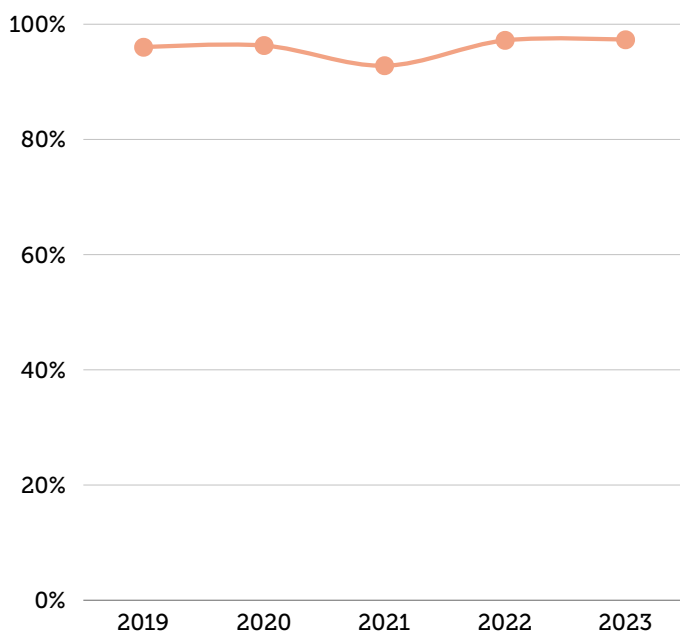
Percentage of Women Giving Birth Before 37 Weeks



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 2023, 97% of mothers participating in home-based family support services did not have another child within 18 months.

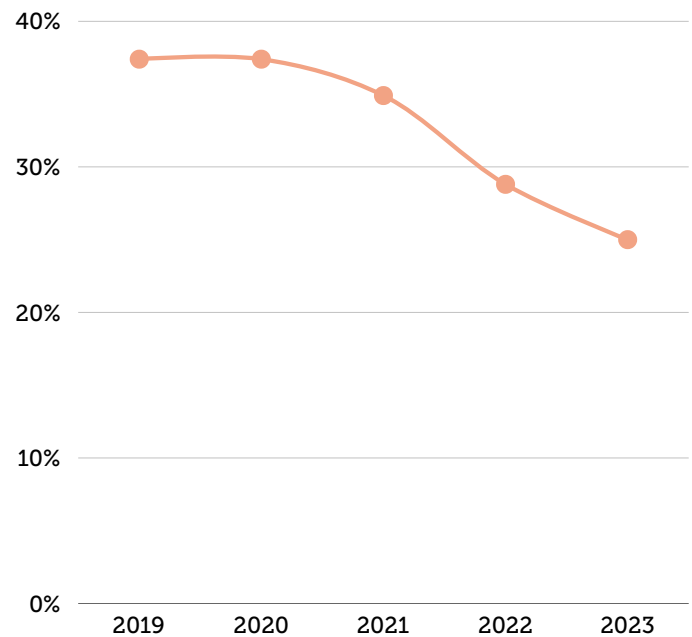
Percentage of Women with Interbirth Intervals Longer Than 18 Months



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. Home-based family support and prevention services help parents stop using and abusing alcohol and drugs. In state fiscal year 2023, 368 caregiver participants reported substance abuse, and of those 25% quit after 90 days in the home visiting program.

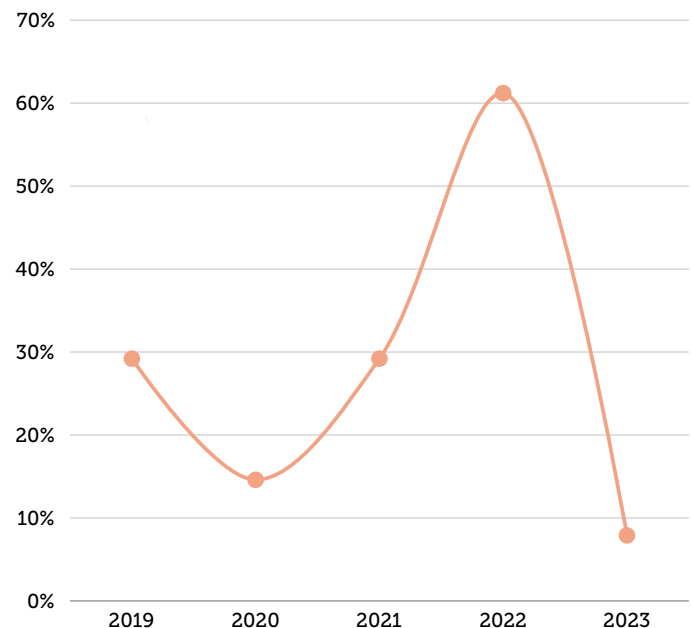
Substance Abusing Caregivers Who Quit Using After Enrollment



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 7.7% of mothers reporting smoking during pregnancy in state fiscal year 2023, compared to 4.6% nationally.⁴ Home-based family support services work with parents to quit smoking. During state fiscal year 2023, 89 caregivers reported tobacco use, and of those, 8% quit after enrollment in the home visiting program. This is a significant decrease from last year's record high of 62%.

Percentage of Participants Who Quit Tobacco Use

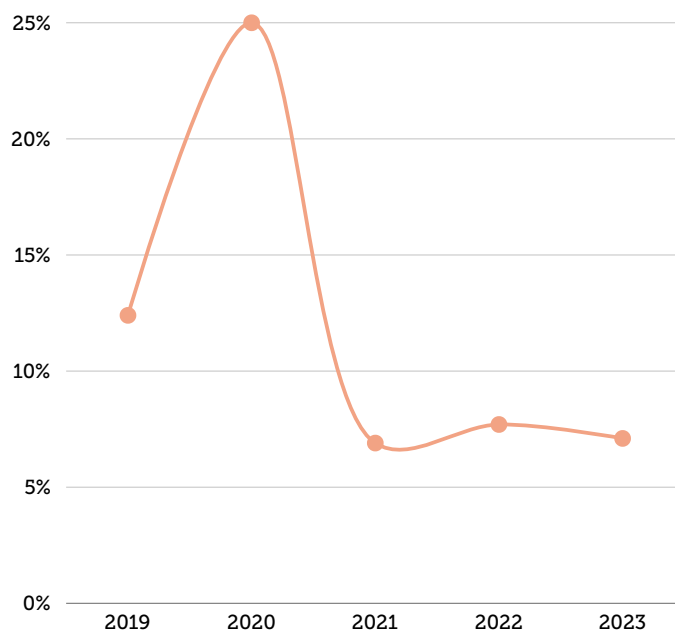


REPORTED AND SUBSTANTIATED CHILD ABUSE AND NEGLECT

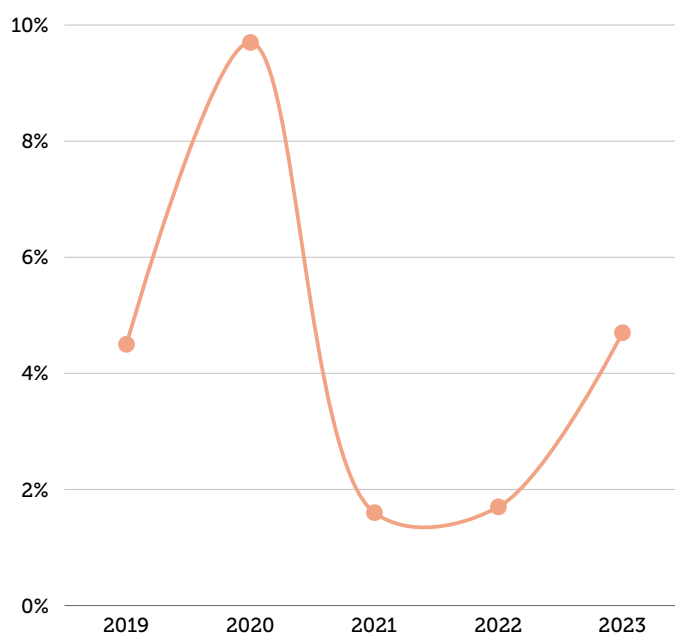
The resources and services provided by home visiting organizations are nationally recognized for their ability to help prevent child abuse and neglect. Unfortunately, the rate of infant-toddler maltreatment ranks higher in Oklahoma at 30.3 per 1,000 children than the national average at 15.5 per 1,000 children in 2023. Families who participate in home visiting programs often demonstrate several risk factors that increase the likelihood of child maltreatment. Of the 2,924 children involved in Oklahoma-based home visiting services, 118 met the criteria for confirmed abuse or neglect in state fiscal year 2023.



Percentage of Children Participants Reported for Possible Child Maltreatment



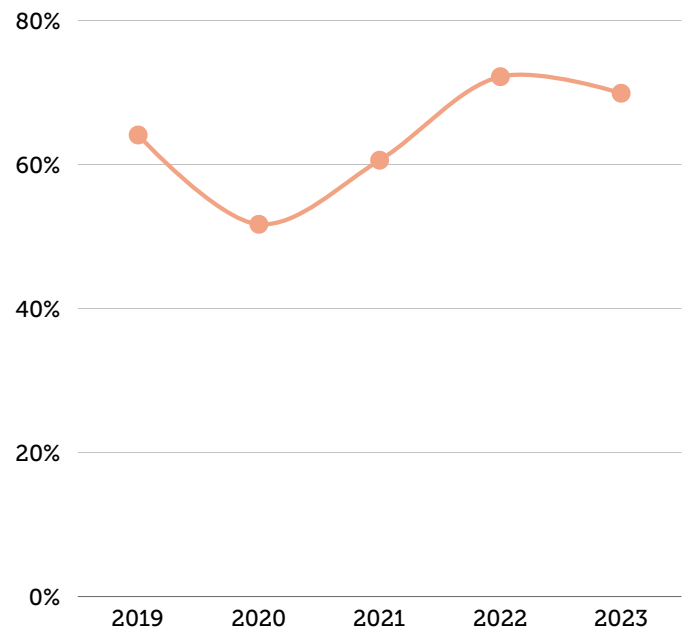
Percentage of Children Participants Substantiated as Child Maltreatment Victims



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. Mothers who participate in home visiting programs receive regular check-ins to monitor for symptoms and are referred for intervention. In state fiscal year 2023, 70% of women who scored higher on the depression screener received referrals. Of those who received those referrals, 23% received maternal mental health support services.

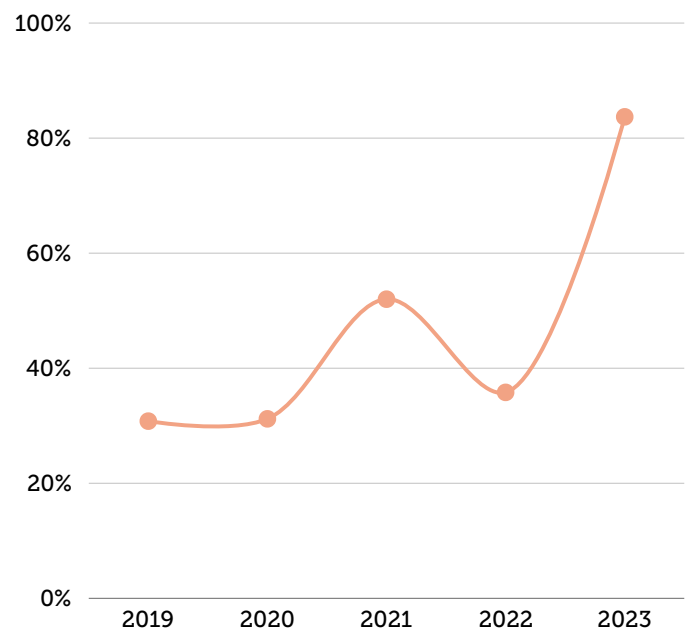
Percentage of Participants with High Scores on Depression Screener Receiving Referral



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. 84% of participants in state fiscal year 2023 who reported experiencing domestic violence had a safety plan put in place within six months of reporting.

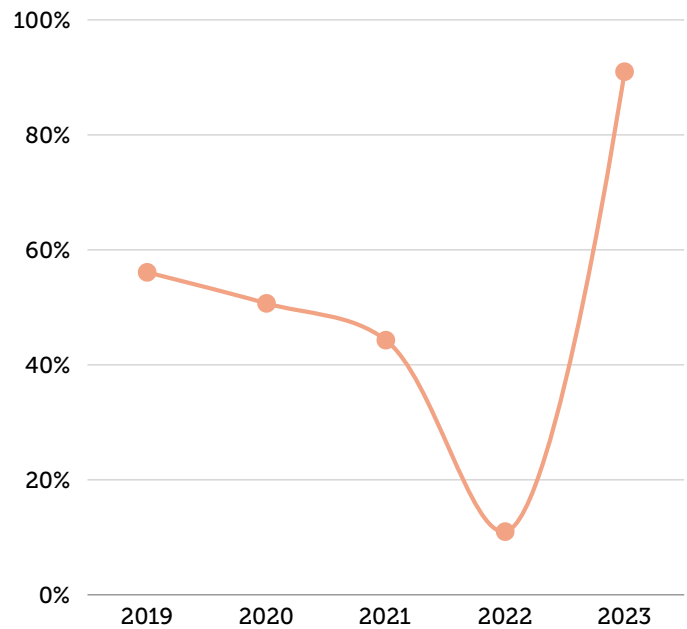
Percentage of Participants Reporting Domestic Violence with a Safety Plan



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. In state fiscal year 2023, 91% of parents who were previously unemployed were working after six months enrolled in a home visiting program. This is a remarkable increase after last year's lowest reporting for parental employment in five years. These large fluctuations could be the result of the effects of the pandemic on employment and child care accessibility and cost. Each program is gathering more information to better understand the change in parental employment.

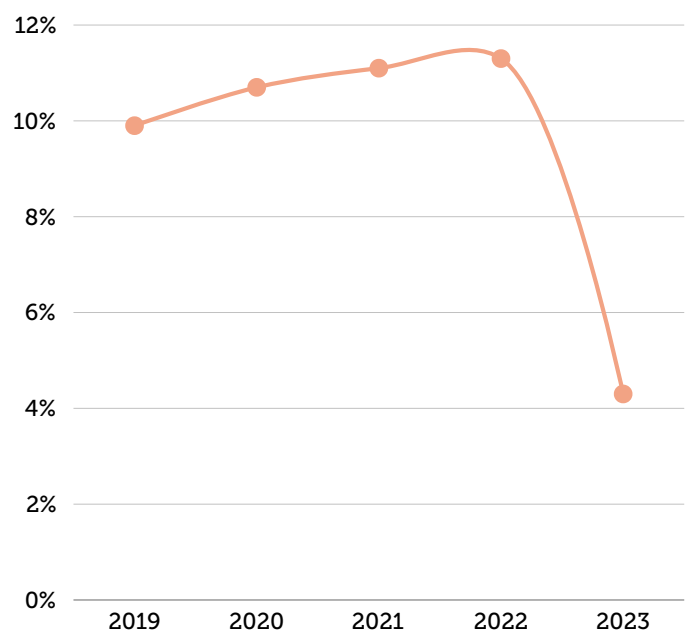
Percentage of Participants Seeking Work who Were Employed Six Months After Enrollment



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 a certificate, professional credential or degree by 2025.⁵ 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 2023, 4% of parents who had not completed an educational or vocational program became enrolled while participating in home visiting.

Percentage of Participants Enrolled in Educational or Vocational Programs

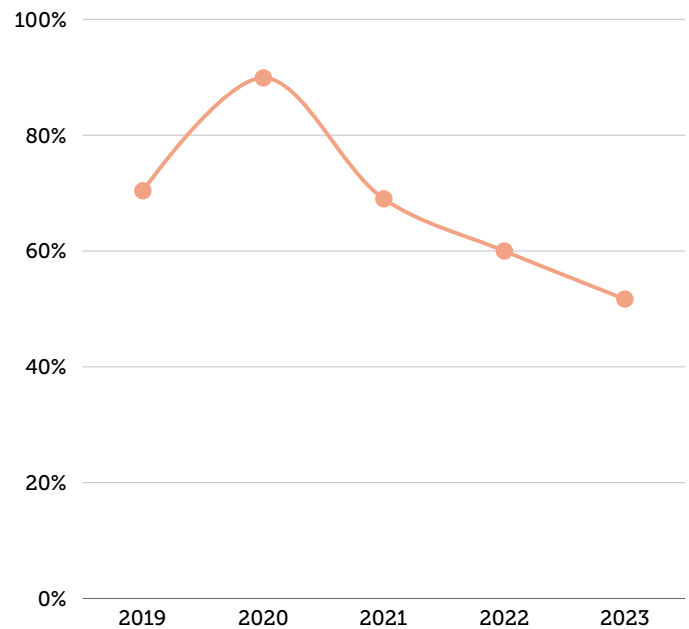


DEVELOPMENTAL MILESTONES

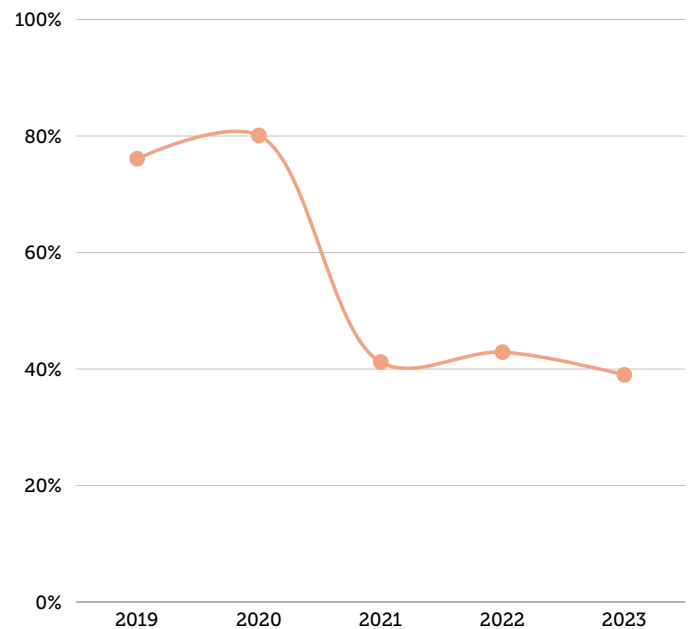
Early identification of developmental delays and disabilities, such as language and hearing, are vital to ensure children receive the early interventions necessary for school readiness. Home visiting programs routinely assess the development of children to ensure any delays are timely referred for evaluation and support. In state fiscal year 2023, 52% 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 41% 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 2023, 39% of children were identified in need of referral for evaluation and intervention based on the ASQ-SE-2. Of the children referred, only 32% receive these necessary services.

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. 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.⁶ 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.⁶

UPDATES FROM THE FIELD

PARENT CHILD ASSISTANCE PROGRAM (PCAP)

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 three 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.

Preliminary Descriptive Findings (n=32) at Baseline on Study Enrollees

The following table describes characteristics of the people enrolled in the study between December 2022 and September 2023. Their characteristics highlight some of the particular vulnerabilities faced by people who struggle with substance use during pregnancy. The study will be collecting data at regular follow-up intervals to make comparisons between our treatment and control groups in our target outcomes over time (e.g., abstinence, criminal justice involvement, economic security, child custody, use of reliable family planning).

DEMOGRAPHIC CHARACTERISTICS	SUBSTANCE USE ISSUES
<ul style="list-style-type: none">• Ages 22-41, average 31 years old• 3 American/Canadian Indian, 10 Black/African American, 1 Hispanic/Latinx, and 18 White• Just over ½ are high school graduates• Less than 1/3 reported full time work and over 1/3 unemployed• \$0-1,600/mo (\$79 avg.)• 4/5 currently receiving food stamps• 1/3 without stable living arrangements in past 3 years• ACEs (0-10): nearly all experienced at least 1 ACE; over half experienced 4+ ACEs	<ul style="list-style-type: none">• 4/5 used drugs and/or alcohol before age 18• ¼ were in an alcohol or drug treatment facility and just under half spent time in outpatient treatment within the 30 days prior to interview• Substance self-identified as major problem:• Polydrug, alcohol not a problem (12); Cannabis (5); Alcohol & drug(s) (5); Amphetamines (5); Other opiates/analgesics (3); and Alcohol (1)

DEMOGRAPHIC CHARACTERISTICS	SUBSTANCE USE ISSUES
<ul style="list-style-type: none">• Over 1/2 were incarcerated at least once in lifetime• 1/5 currently on probation or parole• 1/5 presently awaiting charges, trial, or sentence	<ul style="list-style-type: none">• Just under 1/2 not using any method of birth control• 16/33 TCs were born: About 1/2 living with client, 6 with a relative, and 3 in foster care• 1/2 reported father involvement with baby or pregnancy

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.

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July 1st, 2022-June 30th, 2023

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.

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