

Oklahoma Home Visiting

*Annual Outcomes Report
State Fiscal Year 2018*

December 1, 2018





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Governor Mary Fallin
Oklahoma State Legislature
Oklahoma Commission on Children and Youth

In accordance with:

The Family Support Accountability Act
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By:

Oklahoma Partnership for School Readiness (OPSR)
Oklahoma State Early Childhood Advisory Council

Acknowledgments

On behalf of the Oklahoma Partnership for School Readiness (OPSR), I would like to thank the Oklahoma State Department of Health (OSDH) leadership for their assistance in collecting and providing data on program outcomes and expenditures for this report. Thank you to Beth Martin, Program Director, and John Delara, Epidemiologist, Family Support and Prevention Service with OSDH. Both have transparently provided outcome data and expenditures for this accountability report with the knowledge and confidence that their programs are making a difference for families in Oklahoma. Thank you to also to OPSR's Gabrielle Jacobi, Program Coordinator, for her assistance in updating this year's report.

Finally and most importantly, thank you to the providers of home-based family support programs for their dedication to serving families of young children and for their diligence in reporting data for this report. We hope this report will serve as a guide for their work to improve outcomes for families in Oklahoma.

As highlighted in this report, home-based family support programs are proven to be effective in achieving outcomes for parents and their children. The OPSR will continue to support and encourage efforts to increase state investments for home-based family support programs as a smart decision for our state's economy!

Debra Andersen,
Executive Director

Executive Summary

Strong, stable families are the cornerstone of child health and well-being, but far too many Oklahoma families struggle to provide the kinds of nurturing environments young children need to thrive. Parents may be motivated to do well by their children, but lack the experience, family and social supports, mental health and substance abuse treatment, or other resources essential to provide the safe, enriching environments children need to prosper.

Home-based family support services, also known as home visiting, are one tool the state has been using for two decades to protect Oklahoma children. Oklahoma's home visiting system targets interventions to parents of young children to prevent abuse and neglect in order to ensure children are ready to enter and succeed in school. These evidence-based programs are provided to expecting mothers and parents of children less than six years of age. Providing information, education, developmental assessments and targeted interventions, home visiting programs teach parents about all facets of caregiving from proper nutrition and health, to typical developmental milestones and appropriate discipline techniques.

Caregivers who have participated in home visiting programs report, that among other things, the services:

- Improved their parenting skills by teaching them to engage with their children in positive, nurturing ways, therefore reducing maltreatment;
- Helped them better understand their child's development, which allowed them to better address concerns about their child's behavior or development;
- Improved children's early language and cognitive development, as well as academic achievement in grades 1 through 3
- Helped them address concerns about their child's behavior or development by better understanding; and
- Helped them access health or other services for their child, including prenatal care, which led to more babies being born to term [1] [3].

Research has proven evidence-based models of home-based family support services lead to fewer instances of child abuse and neglect, improved child health and improved child development that results in less need for expensive remedial education.[2] The benefits of early childhood investments unfold over time. There is strong evidence that programs can produce favorable economic returns when they target vulnerable children and families. When properly implemented in communities, these programs have shown returns on investment ranging from \$1.80-\$5.70 [3].

Executive Summary

Oklahoma has a long standing history of implementing high-quality home-based family support services. However, effectively measuring what works across the home visiting system has historically had its challenges. Different program models collect and measure different data. Programs vary in their length, intensity and populations served. Oklahoma is not alone in this struggle. States across the country have strived to implement assessment practices necessary to facilitate large-scale program reporting. Recognizing the need to better understand the outcomes of home-based family support services and implement systemic improvements, the state legislature introduced the Home Visiting Accountability Act during the 2015 legislative session.

In May 2015, Governor Mary Fallin signed into law the Home Visiting Accountability Act after it was passed with overwhelming support by both the House and the Senate [4]. The new law required 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. The Act also required the State Early Childhood Advisory Council to submit an annual outcomes report to the Governor and Legislature detailing program and participant characteristics, outcomes achieved, state expenditures, and recommendations for quality improvements and future investments.

The Oklahoma Home Visiting Outcomes Measurement Plan [5] was submitted in accordance with this Act on January 1, 2016. This annual outcomes report was prepared according to the requirements of the Act and the Outcomes Measurement Plan and is designed to inform policymakers and practitioners about the home visiting system's impact on Oklahoma families and children. This report is also intended to examine the current state of Oklahoma's home visiting system and determine strategies for improvement.

In 2018, a data linking project was initiated between home visiting and SoonerStart data to determine if children referred for evaluation by a home visitor completed the evaluation within 45 days of the referral. The analysis of this data is under development and this additional component will be added to the 2019 report.

Finally, during the 2018 fiscal year the state-funded contracts for the Start Right family support home-based program through the Oklahoma State Department of Health were temporarily discontinued due to a reported budget shortfall. This resulted in a reduction of home-based services for eight months during SFY 2018. By the end of SFY 2018, the department was in the process of announcing a new request for proposal to reinstate programs.

Outcome Metrics

Goal: Improve prenatal, maternal, infant or child health outcomes	
Outcome	Measurement
<i>Preterm birth rates</i>	<i>Percent of women who had a preterm birth</i>
<i>Parental substance abuse</i>	<i>Percent of parents who report substance abuse</i>
<i>Parental tobacco use</i>	<i>Percent of parents who report use of smoking tobacco</i>
<i>Interbirth interval</i>	<i>Percent of mothers participating in home visiting before the target child is three months old who have an interbirth interval of at least 18 months</i>

Goal: Reduce entry into the child welfare system	
Outcome	Measurement
<i>Reported child abuse and neglect</i>	<i>Percent of children reported to child welfare for child abuse and neglect</i>
<i>Substantiated child abuse and neglect</i>	<i>Percent of children who are substantiated by child welfare as victims of child abuse and neglect</i>

Goal: Improve positive parenting and relationship skills	
Outcome	Measurement
<i>Maternal Depression</i>	<i>Percent of mothers referred for follow-up evaluation and intervention as indicated by depression screening with a validated tool</i>
<i>Domestic Violence</i>	<i>Percent of parents who reported domestic violence that completed a safety plan</i>

Outcome Metrics

Goal: Improve parental self-sufficiency

Outcome	Measurement
<i>Parental Employment</i>	<i>Percent of parents who were seeking employment and become employed after program enrollment or the birth of a child</i>
<i>Parental Educational attainment</i>	<i>Percent of parents who are enrolled in or complete an education or job training program</i>

Goal: Improve children's readiness to succeed in school

Outcome	Measurement
<i>Developmental milestones</i>	<i>Percent of children referred for follow-up evaluation and intervention as indicated by developmental screening</i>

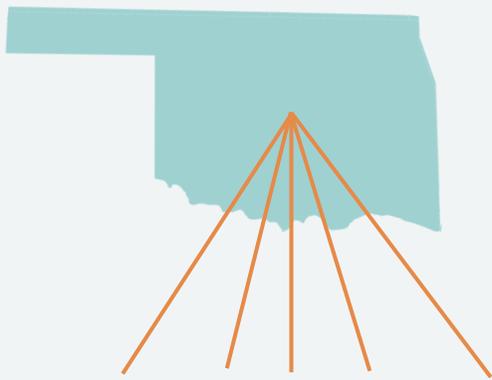
Goal: Improve children's social-emotional, cognitive, language and physical development, including efforts at early identification of delays

Outcome	Measurement
<i>Developmental milestones</i>	<i>Percent of children referred for follow-up evaluation and intervention as indicated by social-emotional development screenings</i>

About Home Visiting in Oklahoma

OK HOME VISITING

At a Glance



Home Visits Completed: **33,916**

Families Served: **3,506**

Children Served: **3,001**

Counties Served: **71**

Programs: **26**

Oklahoma provides a variety of voluntary home-based family support programs that deliver services to parents expecting a baby and families with children younger than six years old. Parents who choose to participate in a home-based family support program are matched with specially trained professionals who periodically come to the parent's home and offer education, resources, developmental screenings and other supports that assist parents in caring for infants and young children. Topics addressed during visits include child development, relationship skills, health and safety. Family support programs are provided to parents free-of-charge and are targeted to those families with the greatest need. Parents served by home-based family support programs face challenges including poverty, low educational attainment, single parenthood and young parental age. All of these factors are associated with increased incidence of child maltreatment, poorer health and decreased school readiness.



Defining Evidence-Based Models

Home-based family support services utilize program models, or a specific framework, for service delivery. In Oklahoma, the models used are evidence-based, meaning the models have been thoroughly researched and proven to have statistically significant impacts when replicated among similar populations. See page 24 for a list of current evidence-based models currently being used and their descriptions.

About Home Visiting in Oklahoma

Why Home Visiting Is an Effective Strategy

Evidence in which families and children are most likely to be involved in abuse and neglect investigations shows:

- The majority of DHS cases are categorized as neglect and more children in Oklahoma die from neglect than abuse.
- The majority of children that die from abuse or neglect are under the age of two years.
- The most commonly named perpetrator in child deaths are the biological mother. The second most common is the biological father.

Reaching families of young children in a home environment with strategies to support and enhance parenting skills is a more cost effective intervention compared to the costs of involvement in the child welfare system. During SFY 2017, the Oklahoma Department of Human Services reported a nine percent increase in expenditures from SFY 2016 for child welfare services, reaching expenditures of \$461.9 million.

History of Home Visiting in Oklahoma

Oklahoma first implemented a home visiting program in 1992 through the Oklahoma State Department of Education called Parents as Teachers. The state was one of the first in the nation to make such services available statewide with rapid growth and expansion occurring in the late 1990s and early 2000s. Early on, the state invested in creating the infrastructure to implement the evidence-based program models necessary to provide a continuum of services to expecting parents, infants, toddlers and children prior to Kindergarten entry. However diminishing resources over the years have caused the availability of services to dwindle. During the past five years, the number and availability of home-based family support services have declined. Instability in funding in recent years has come at a cost to the state's overall home visiting system. Decreases in funds not only mean less resources for direct services, it also creates inefficiencies in maintaining a statewide system. Ongoing budgetary threats 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.

Understanding Home Visiting

How Programs Match Community Needs

Rather than adopt a single, one-size-fits-all program, Oklahoma has chosen to implement three different evidence-based models of home visiting with varying levels of service intensity targeted to meet specific family needs and risk factors. These program models vary in the populations they serve, the length of time services are provided, and in the required education and experience of home visitors carrying out model activities. Such a statewide framework allows rural and urban communities to meet their unique needs. Home-based family support programs are delivered through county health departments and local community-based non-profits. Depending on the needs and size of the community, more than one program may exist in a county and in some cases, more than one program may exist in the same agency.

During SFY 2018, 26 home visiting programs provided services to families in 71 of 77 Oklahoma counties. Services are strategically coordinated to create a continuum of services while reducing duplication.

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 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
- Promote safe sleep practices
- Offer information about child development



Make Referrals and Coordinate Services

- Help pregnant women access prenatal care
- Check to make sure children attend well-child visits
- Connect parents with job training and education programs



Who Home Visitors Are

Home visitors have a variety of professional training ranging from nursing, social work and child development. Requirements for being a home visitor vary by program because services differ based on family needs. Regardless of personal background, all Oklahoma home visitors are required to have specialized training in service delivery, child development, safety, child abuse and neglect, domestic violence and a variety of other vital topics.

About the Data

Data for all 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 are used for external accountability reporting, as well as for internal quality assurance and improvement efforts. Data included in this report represents de-identified, aggregate data. All names and identifying information was removed for analysis.

Home Visiting Funding

State and Federal Investments

The state has long invested in the creation and sustainability of a comprehensive early childhood system to ensure the long-term health, safety, well-being and educational success of the youngest Oklahomans. Since the mid-1990s, state appropriations have supported home visiting programs as one piece of the early childhood system. Over the years, state investments have diminished. In SFY 2018, \$7.1 million in state funds were used to support home visiting.

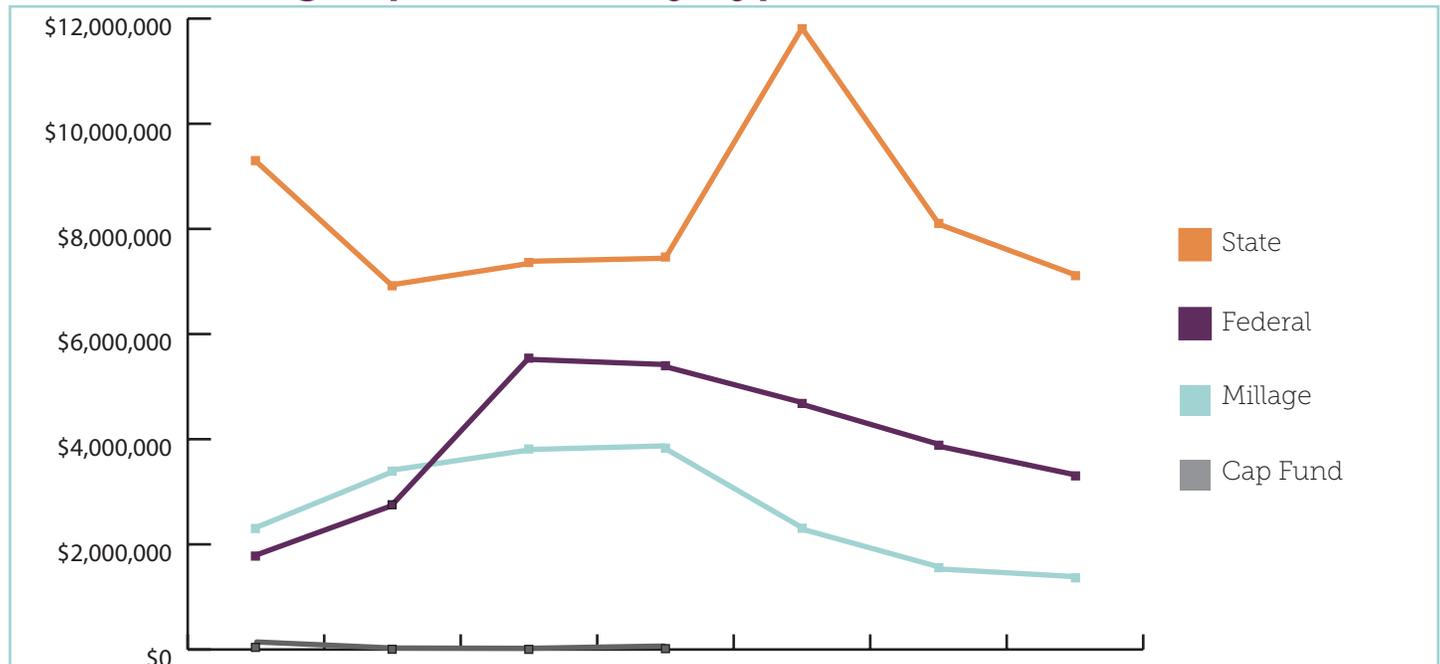
While state funding decreased prior to SFY 2015, federal investments increased. Beginning in 2011 with the American Recovery and Reinvestment Act, and continuing with the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV Program) funded by the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA), federal investments have helped sustain home visitation programs in Oklahoma.

SFY 2018 Cost Per Family by Funding Type

State	\$2,027
Millage	\$391
Federal	\$944
Cap Fund	—
Total	\$3,362

*Costs per family by funding type is not reflective of funding type for each family served, as this varies by program model.

Home Visiting Expenditures by Type SFY12 – SFY18



State and Federal Investments

These federal funds have not only contributed to direct services for families, they have supported investments in:

- Continuous quality improvement aimed at increasing the effectiveness and efficiency of programs
- The creation of Efforts to Outcomes (ETO) data systems which collects programmatic and outcomes data for all home visiting programs funded through the Oklahoma State Department of Health
- 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 Parent Pro.

Cost of Serving Families

During SFY 2017, 4,558 families received home-based family support services. During that time, \$13,750,106 of state, federal and local dollars were used to serve families, resulting in an average cost per family of \$3,016. On its face, this amount per family may be slightly misleading, as some program models offer more intensive, and therefore more costly services. For example, services provided to families already involved in the child welfare system, like counseling, might result in higher costs per family because of the types, intensity and frequency of services provided.

Whereas other programs providing more basic, preventive services to families might have lower costs per family. State investments for home-based family support services reflect 60 percent of the total program costs.

Programs Funded

During SFY 2018, Oklahoma implemented three models of home-based family support programs. Among all the models, 26 home-based family support program sites provided services to families in 71 of 77 Oklahoma counties. Programs available included:

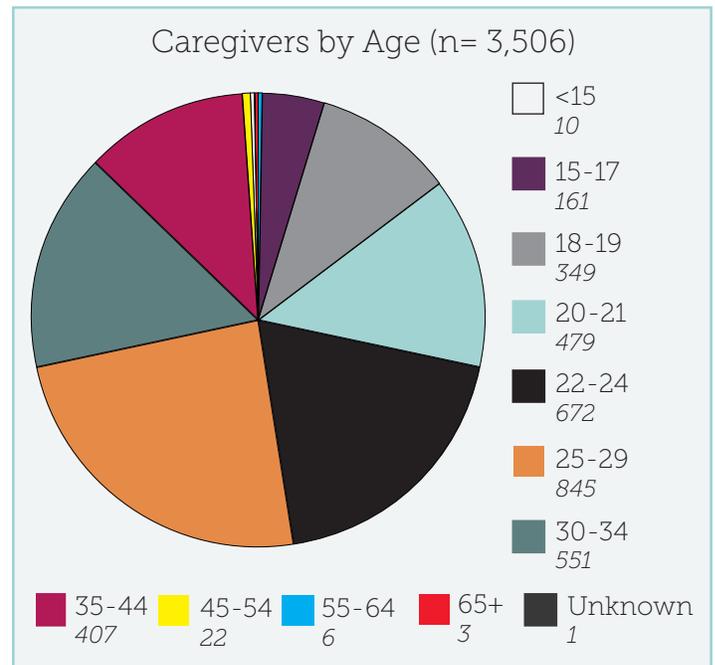
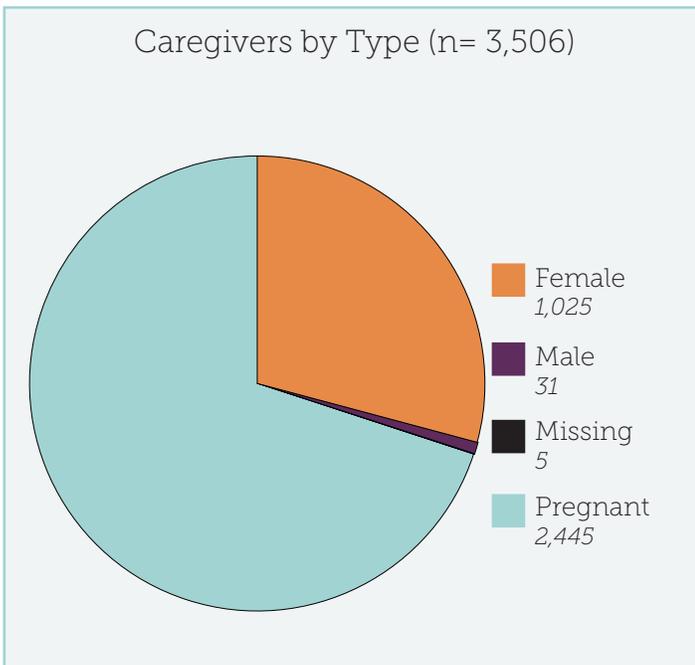
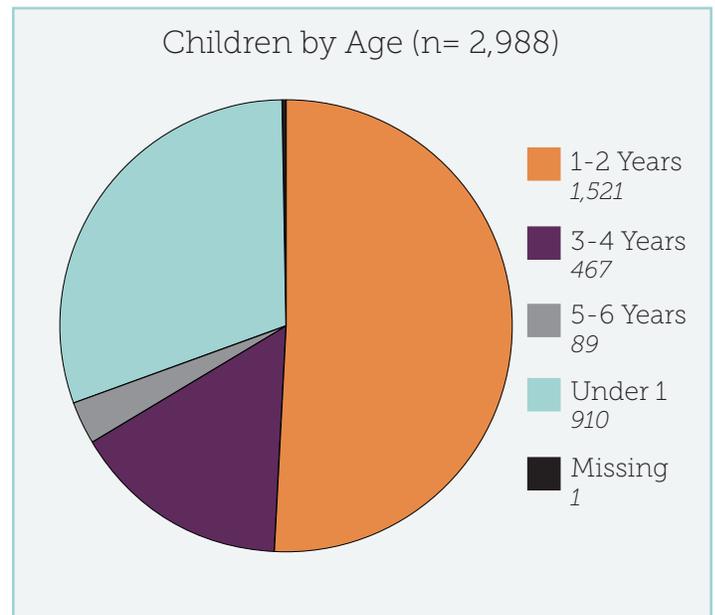
- 17 Parents As Teachers (known as Start Right) regional program sites were available to families in 30 counties;
- 7 Nurse-Family Partnership (known as Children First) regional program sites were available to families in 65 counties; and
- 2 SafeCare program sites were available to families in two counties.

Oklahoma Participant Characteristics

During SFY 2018, home visitors completed 33,916 visits with 3,506 families enrolled in various home-based family support services. These families included 3,001 children. Home-based family support services are targeted to parents and children at greatest risk for experiencing adverse childhood outcomes. Among the family characteristics that increase the risk of poor outcomes are financial stress, teen pregnancy/parenting and low educational attainment.

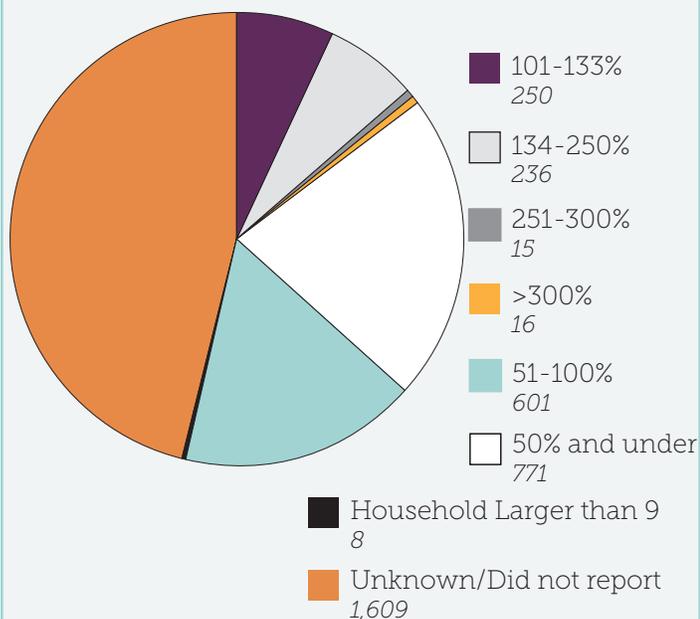
During SFY 2018:

- Nearly 15 percent (520) of caregivers enrolled were teens.
- Thirteen percent (466) of caregivers enrolled either did not have a high school diploma or were currently attending high school.
- Less than 40 percent of caregivers were married.
- The majority of children (81 percent) served by home-based family support services were two years-old and younger.

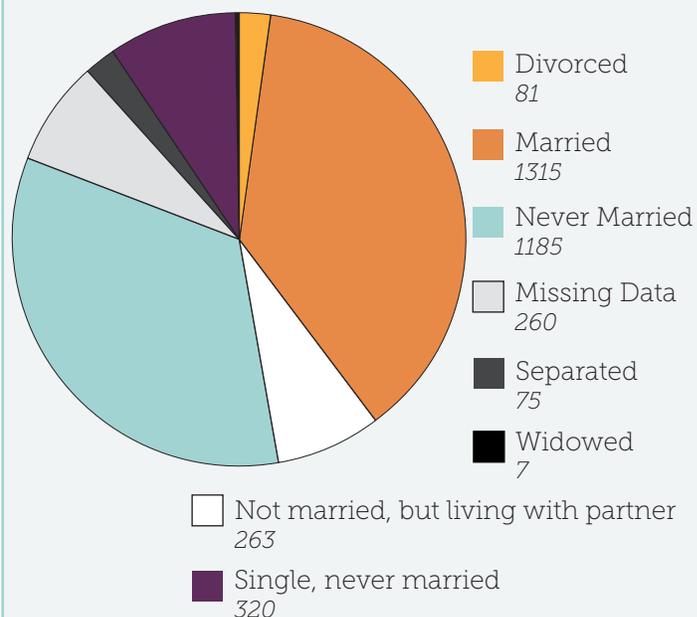


Oklahoma Participant Characteristics

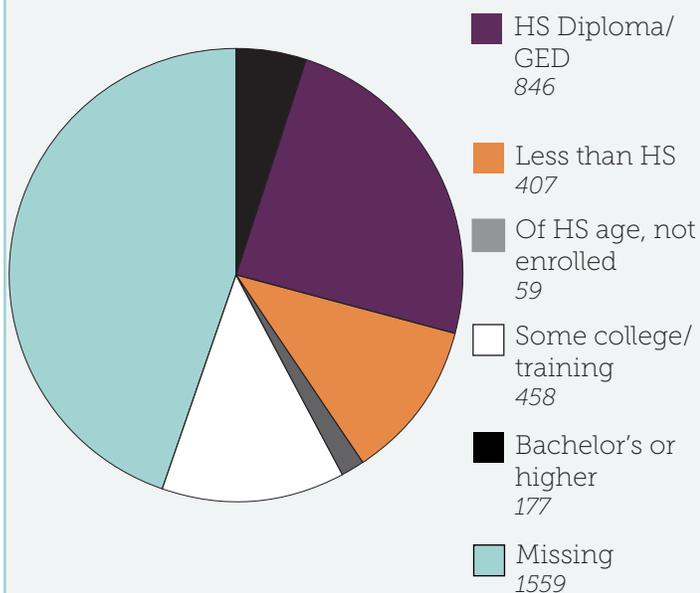
Caregivers by Poverty Level (n= 3,506)



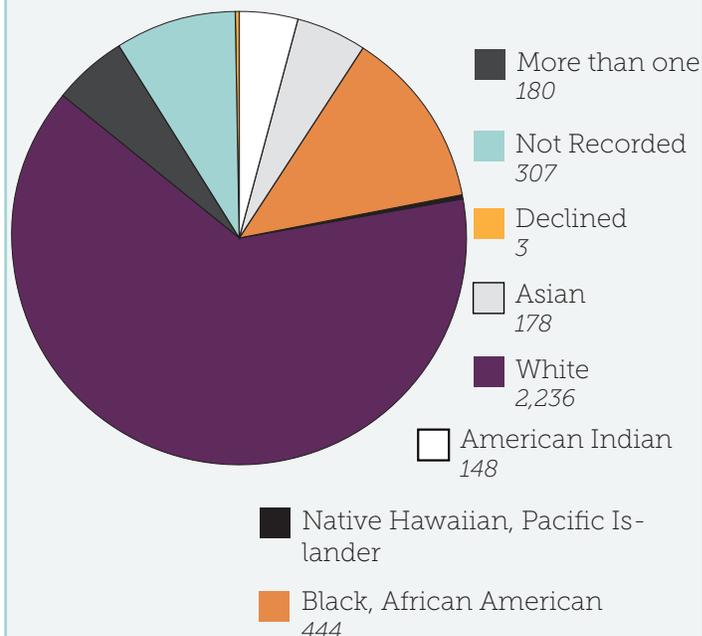
Caregivers by Marital Status (n= 3,506)



Caregiver Educational Attainment (n= 3,506)



Caregivers by Race (n= 3,506)

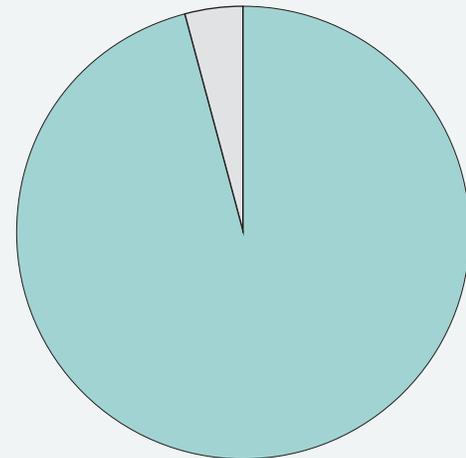


Home Visiting Outcome Data

Interbirth Interval

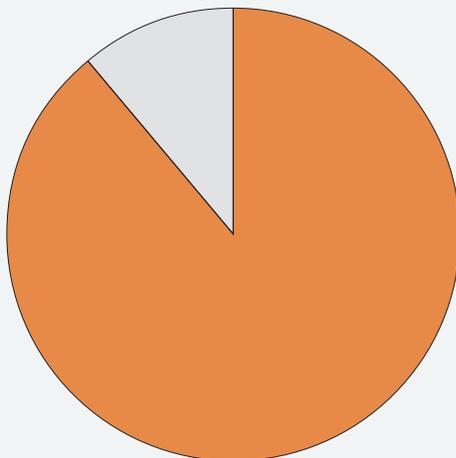
Giving birth less than 18 months apart increases the risk of babies experiencing poorer health outcomes like being born too early, at low weights or even dying before their first birthday. Moreover, increasing the length of time between births can have positive impacts on maternal educational achievement, employment and family self-sufficiency. During SFY 2018, 96 percent of mothers participating in home-based family support services did not have another child within 18 months.

Interbirth Intervals of HV Participants



- Longer than 18 months
96%
- Shorter than 18 months
4%

Preterm Births of HV Participants



- Babies born after 37 weeks
89.2%
- Babies born before 37 weeks
10.8%

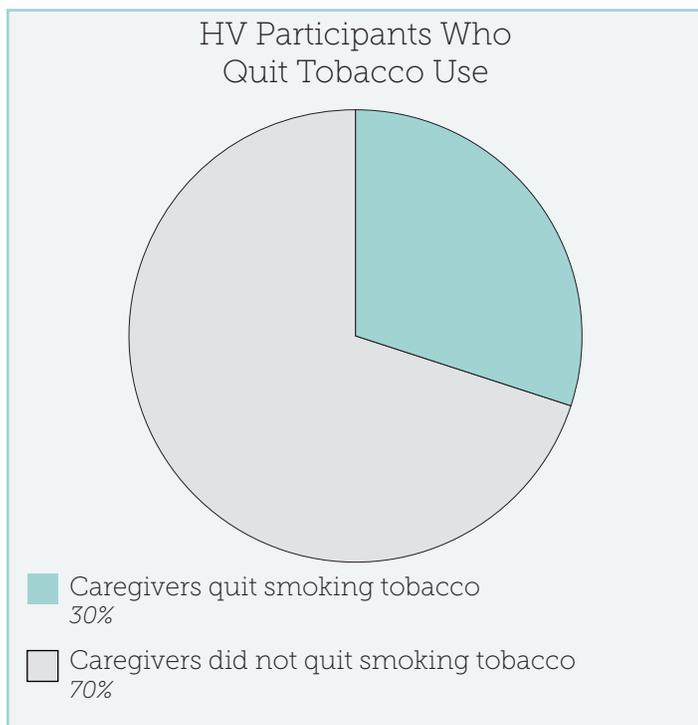
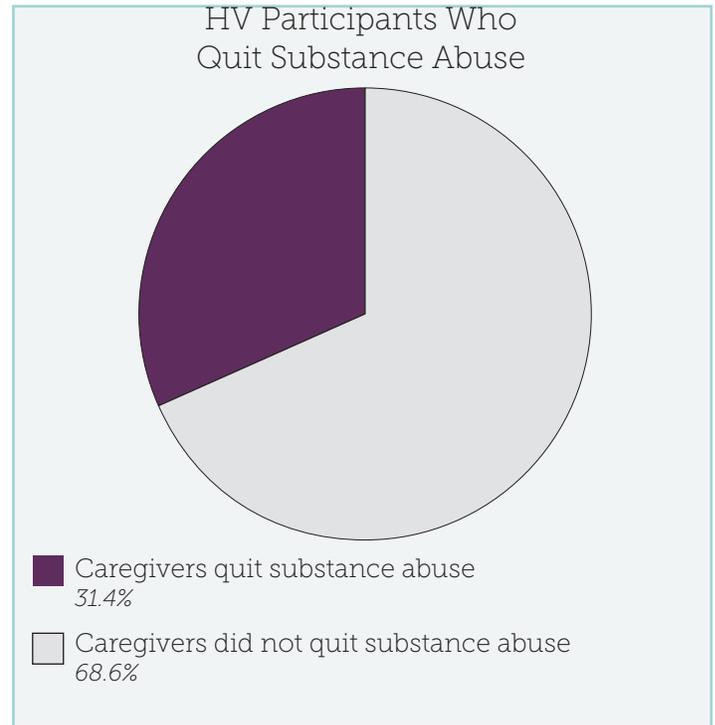
Preterm Births

Preterm birth, or births occurring before the 37th week, is the leading cause of infant death and long-term neurological disabilities in children, and costs the U.S. more than \$26 billion each year. During SFY 2018, 10.8 percent of babies born to mothers participating in home-based family support programs had babies prematurely. Home-based family support services target women with multiple factors that put them at the highest risk for poor birth outcomes. Program participants give birth prematurely at the same rate as all mothers in Oklahoma. This is considered a success because program participants are at higher risk than the general population for experiencing premature births.

Home Visiting Outcome Data

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 physical and mental health problems. The 2015 National Survey on Drug Use and Health showed Oklahoma ranked first in the nation in the abuse of prescription painkillers[7]. The survey further indicated adults 18-25 years-old have the highest rates of abuse. This is particularly worrisome for the state, as the average age of mothers giving birth to their first child in Oklahoma is 24 years. Home-based family support and prevention services help parents stop using and abusing alcohol and drugs. During SFY 2018, only 31.4 percent of caregivers who reported substance abuse at the time of program enrollment had quit after 90 days.



Parental Tobacco Use

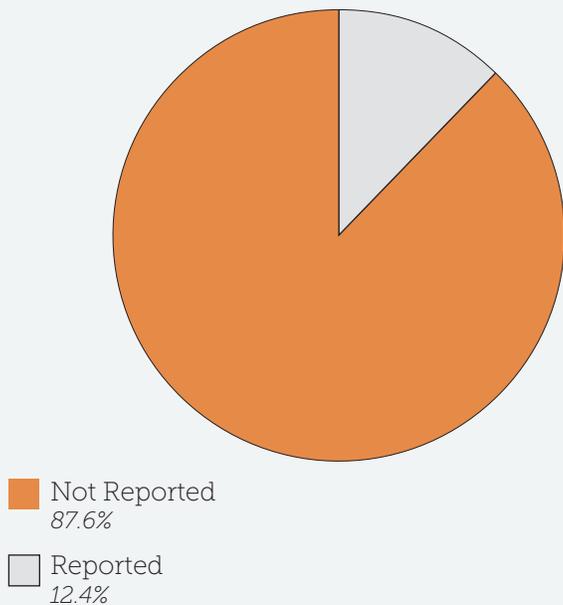
Smoking while pregnant increases the risk of miscarriage, low birth weight, preterm birth, serious health problems and Sudden Infant Death Syndrome (SIDS). Moreover, the health risks do not end after the baby is born. Secondhand smoke increases the risk of children developing pneumonia, bronchitis, asthma and ear infections. Home-based family support services work with parents to quit smoking. During SFY 2018, thirty percent of caregivers who reported smoking tobacco at program enrollment had quit.

Home Visiting Outcome Data

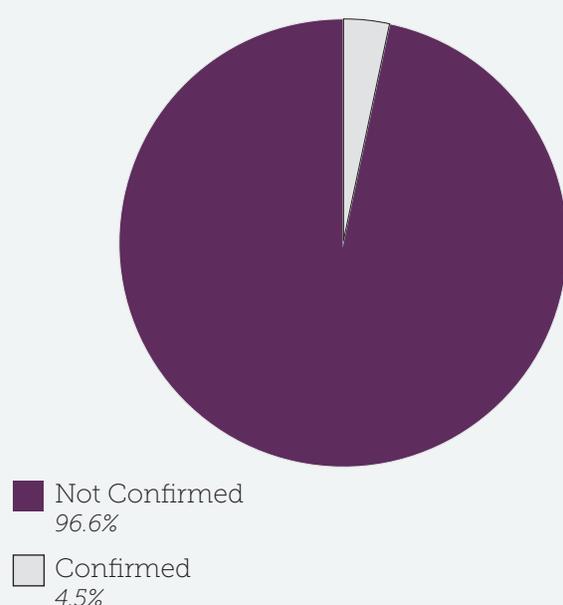
Reported and Substantiated Child Abuse and Neglect

Home-based family support services are nationally recognized tools to help prevent child abuse and neglect. Families participating in home visiting programs typically exhibit multiple risk factors associated with an increased risk of child maltreatment. In SFY 2018, 15,951 Oklahoma children were victims of abuse and neglect and 9,044 children were in foster care. While Oklahoma has the highest rates of child maltreatment in the country and program participants exhibit the highest risk for abuse and neglect, only 12.4 percent of children participating in home visiting were reported for possibly experiencing maltreatment. Of those reported to the Oklahoma Department of Human Services, only 27 percent were confirmed victims of abuse and neglect, representing 3.4 percent of the children receiving services. Ensuring the health and safety of children at-risk for maltreatment results in significant cost savings related to child welfare involvement and out-of-home placements.

HV Participants Reported as Suspected Victims of Maltreatment



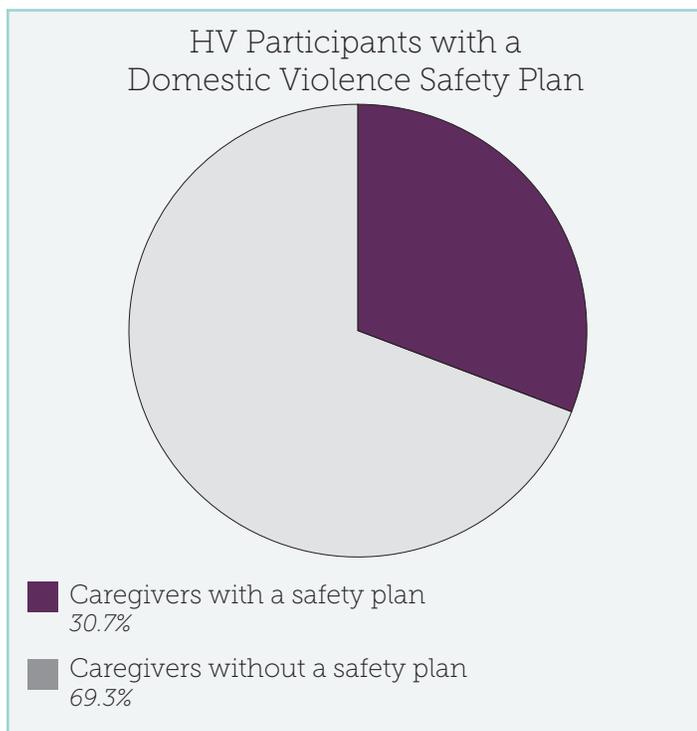
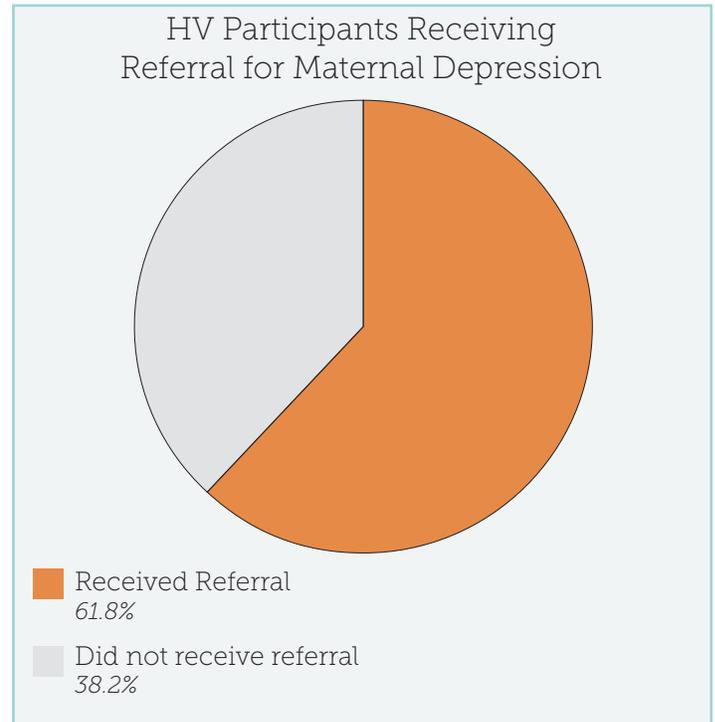
HV Participants Confirmed Victims of Maltreatment



Home Visiting Outcome Data

Maternal Depression

Maternal depression is associated with short- and long-term impacts on mothers and their children, including poor health, developmental delays, increased need for early intervention and special education services, poor academic performance, increased child maltreatment, and decreased maternal employment and income. Mothers participating in home-based family support programs are routinely screened at regular intervals and referred for follow-up evaluation and intervention when indicated. During SFY 2018, 61.8 percent of program participants whose maternal depression screening indicated the need for additional services or treatment received such a referral.



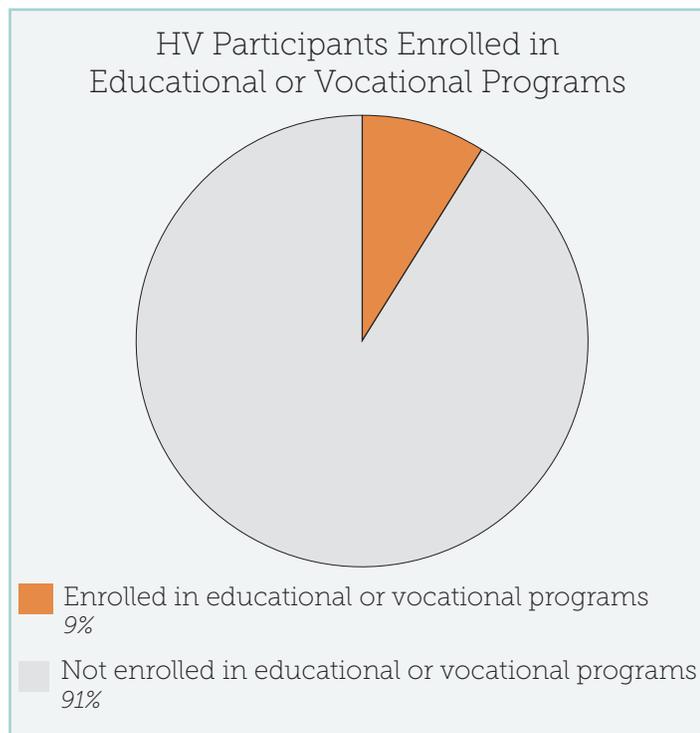
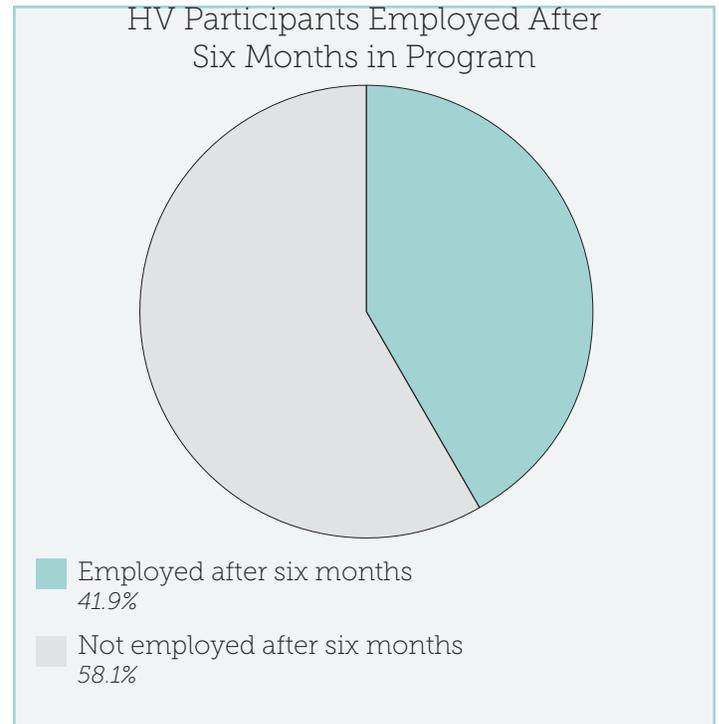
Domestic Violence

Children exposed to domestic violence experience psychological and health impacts, including behavioral problems, emotional disturbances and physical health issues. Program participants in home-based family support programs are routinely screened at regular intervals for domestic violence and are referred to services if appropriate. For those who are not yet ready to leave the relationship or situation, home visitors help caregivers develop a safety plan to ensure the physical safety of themselves and their children. During SFY 2018, 30.7 percent of those who reported currently experiencing domestic violence had a safety plan in place within six months of reporting the abuse.

Home Visiting Outcome Data

Parental Employment

Stable parental employment is a vital indicator of financial stability and well-being for families. Long-term impacts on children include better health, behavior, academic achievement and financial well-being as adults. During SFY 2018, 41.9 percent of caregivers not working, but seeking employment at the time of enrollment or child's birth, were working after six months in the program.



Parental Educational Attainment

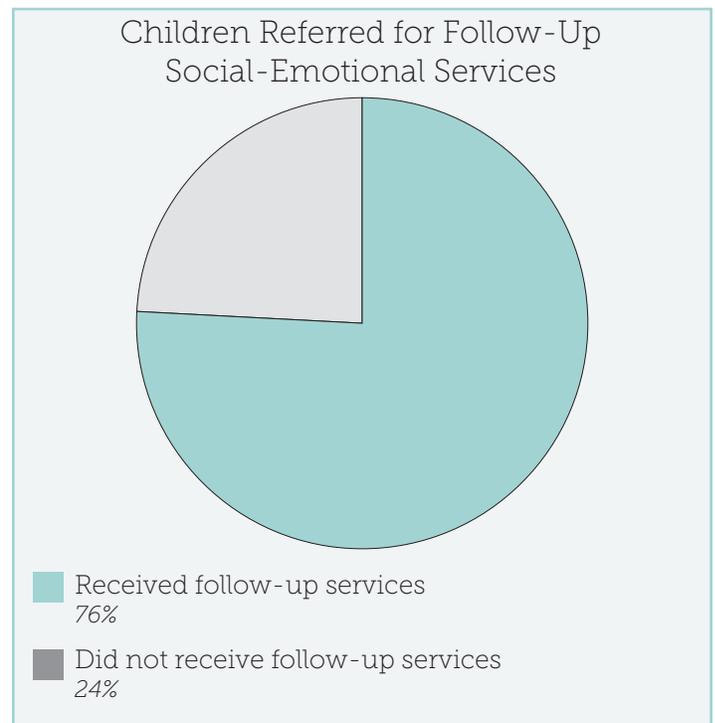
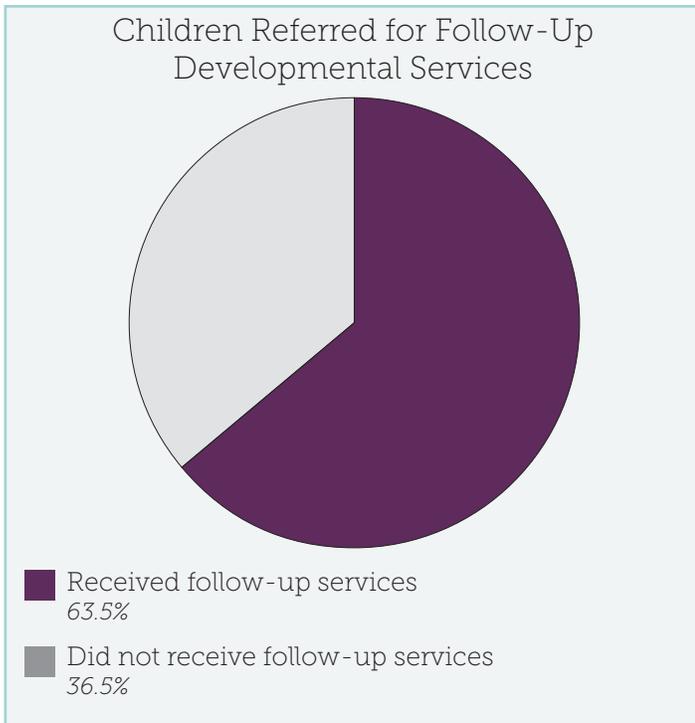
Increased educational attainment by parents leads to improved employment opportunities and the potential for increased household income. Home-based family support programs provide resources to caregivers interested in returning to school or vocational training. During SFY 2018, nine percent of caregivers who had not completed any kind of educational or vocational programs, and were not enrolled in any at the time of program entry but were interested in doing so, had enrolled in such programs while participating in home visiting

Home Visiting Outcome Data

Developmental Milestones

Early identification of developmental delays and disabilities, such as language and hearing, are vital to ensuring children receive early intervention services necessary for school readiness. Children enrolled in home-based family support services routinely receive developmental screenings at regular intervals. During SFY 2018, 63.5 percent of children who were referred for follow-up evaluation and intervention had received the needed follow-up services.

Social-Emotional skills are also a vital component of school readiness and the early identification of developmental delays. Well developed social-emotional skills are associated with improved academic performance and lower risk for aggression and anxiety disorders. Having good social-emotional skills early lay a solid foundation for vital employability skills necessary later in life. Children enrolled in home-based family support services are also routinely screened for social-emotional development at regular intervals. During SFY 2018, 76 percent of children who were referred for follow-up evaluation and intervention had received the needed follow-up services.



Home-based family support is a relatively new field, with longitudinal research studies examining the long-term impacts on families still being released today. This means evidence-based program models that exhibit effectiveness in a research setting are still being tweaked for field implementation to achieve the kinds of desired outcomes realized in academic settings. Therefore, missing the established outcome target does not necessarily mean failure; it indicates a need for continuous quality improvement. With this in mind, the following actions are recommended to improve home-based family support service delivery and to strengthen the state's early care and learning system:

Implement Targeted Quality Improvement Efforts

Quality improvement efforts strategically targeted to improve outcomes in the following measures are needed to strengthen the state's early childhood system:

- Increase the number of caregivers experiencing domestic violence who have an established safety plan in place within six months of reporting abuse.
- Increase the number of referrals given to program participants whose maternal depression screening indicated 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.
- Decrease the number of caregivers smoking tobacco.
- Decrease the number of caregivers abusing substances.

Such efforts should seek to understand the barriers to improving these outcomes and implement strategies to overcome identified barriers. Quality improvement initiatives should be informed by families' experiences and respond to their needs. Efforts should also include the exploration of partnerships to improve the above listed outcomes. Examples of collaborative partnerships for quality improvement include training and consultation to increase the development of safety plans with victims of domestic violence, as well as the establishment of funding initiatives to decrease

Review Policies and Infrastructure Impacting Home-Based Family Support Programs

Public policy and systemic infrastructure can be contributing factors to poor programmatic performance outcomes. The social safety net exists to support families and allow them to enter the middle class. However, parents participating in home-based family support programs sometimes fall victim to the so-called cliff effect. The cliff effect occurs when families no longer qualify for support programs, like housing and child care assistance, or receive reduced benefits due to a modest increase in earnings. Such phenomena cause a net loss in income for families and becomes problematic for home-based family support programs trying to help parents achieve economic self-sufficiency. Oklahoma must thoughtfully review existing policies and systemic barriers in order to successfully implement quality improvement initiatives.

Increase Flexibility to Fund Cost-Efficient and High Performing Home-Based Family Support Programs that Meet Individual Community Needs

Home-based family support programs are funded in different ways. Some programs are awarded through competitively bid contracts that require fiscal efficiency and attainment of high performance standards. Other programs are funded with general revenue dollars through county health departments with no contractual relationship to state-level administrators. Varied funding streams allot specific amounts of money to individual program models that are then dispersed throughout the state. Such a structure creates little flexibility for communities to implement the kinds of services they most need, and at times, offers little recourse for state administrators to address performance issues or implement cost-efficiencies. Placing all dollars used to support home-based family support services into one fund that competitively bids awards to applicant community organizations would allow communities to select the services that best fit their needs, control costs, and allow performance issues to be addressed by state administrators.



Home Visiting Programs

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Program Name: Start Right

<i>Model:</i>	<i>Parents as Teachers (PAT)</i>
<i>Model Description:</i>	<i>PAT is designed to ensure that young children are healthy, safe and ready to learn. The PAT model aims to increase parent knowledge of early childhood development and improve parenting practices; provide early detection of developmental delays and health issues; prevent child abuse and neglect; and increase children's school readiness and success in school.</i>
<i>Target Population:</i>	<i>Pregnant women and families with children one year of age or younger with services continuing as needed through age five. Services are targeting to low-income parents.</i>
<i>Service Area:</i>	<i>30 counties</i>
<i>Funding Sources:</i>	<ul style="list-style-type: none"><i>— State</i><i>— Federal</i><i>— Private</i>

Home Visiting Programs

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Program Name: Children First

<i>Model:</i>	<i>Nurse-Family Partnership (NFP)</i>
<i>Model Description:</i>	<i>NFP nurse home visitors use nursing experience, practice and input from parents to promote low-income, first time mothers' health during pregnancy, care of their child and own personal growth and development. NFP is designed to improve prenatal health, child health and development, and families' economic self-sufficiency and/or maternal life course development.</i>
<i>Target Population:</i>	<i>Low-income mothers pregnant with their first child with services continuing through two years of age.</i>
<i>Service Area:</i>	<i>65 counties</i>
<i>Funding Sources:</i>	<ul style="list-style-type: none"><i>— State</i><i>— Federal</i><i>— Local Millage</i><i>— Medicaid</i>

Home Visiting Programs

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Program Name: SafeCare Augmented

<i>Model:</i>	<i>SafeCare</i>
<i>Model Description:</i>	<i>SafeCare aims to prevent and address factors associated with child abuse and neglect among clients served. Eligible clients include families with a history or at risk of child maltreatment. SafeCare was developed to offer a streamlined and easy to disseminate program by providing parent training in three focused areas: child development and school readiness, child health and positive parenting practices.</i>
<i>Target Population:</i>	<i>Families with at least one child under six years of age and families with risk factors such as substance abuse, domestic violence or mental illness.</i>
<i>Service Area:</i>	<i>2 counties</i>
<i>Funding Sources:</i>	<i>— State — Federal</i>

About

In 2003, the Oklahoma legislature signed HB 1094, which created our organization, the Oklahoma Partnership for School Readiness (OPSR). This legislation recognized more state-level action is required to successfully support families and children from birth to five-years-old. At this state level, OPSR engages and informs policy makers and the public on how to improve children's health and development. Together, we lead public and private partnerships, so that children arrive at school with the knowledge, skills and physical and emotional health to achieve success. We also utilize data, research and best practices that engage parents, nonprofit leaders, community partners and business leaders to inform recommendation to the Governor and legislature.

Mission

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

Vision

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

OPSR Board

The Oklahoma Partnership for School Readiness Board is comprised of 32 members that are responsible for carrying out state and federal legislatively-defined mandates.

OPSR Foundation

In conjunction with the establishment of the Oklahoma Partnership for School Readiness, the OPSR Foundation was created to solicit and receive public and philanthropic funds. The foundation supports OPSR's vision and mission by expanding the breadth in which our organization can financially support early childhood research, programs and initiatives.

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Title 10 O.S. §601.80