

Oklahoma Home Visiting

Annual Outcomes Report



State Fiscal Year

2020



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Submitted to:

Governor Kevin Stitt
Oklahoma State Legislature
Oklahoma Commission on Children and Youth

In accordance with:

The Family Support Accountability Act
Title 10 O.S. §601.80

By:

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

Acknowledgments

On behalf of the Oklahoma Partnership for School Readiness (OPSR), we would like to thank the Oklahoma State Department of Health's (OSDH) leadership Beth Martin, Program Director and John Delara, MIECHV Program Evaluator for their assistance in collecting and providing data on program outcomes and expenditures for this report. Our state faced unique challenges during the final quarter of SFY2020 in response to the impact of the coronavirus. While OSDH served as the lead for the response efforts, leadership with the Family Support and Prevention Service juggled multiple priorities to assist with the response and continue to serve families receiving home-based services. Their innovation is detailed in this report. Thank you also to OPSR's Gabrielle Jacobi, Program Coordinator, for significant contribution in developing this year's report.

We especially want to acknowledge family support providers (home visitors) across the state for their service to families. During this difficult time, they stepped up and figured out how to connect with families when in-person visits were not an option. We appreciate 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.

The time frame of this report is between July 1, 2019 through June 30, 2020. Closures and reduction of services due to the pandemic began in mid-March in Oklahoma, resulting in a partial impact on the services delivered this fiscal year. We know that home-based programs, especially to families with very young children, are critically important during these difficult and challenging times. 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 in order to prevent abuse and neglect with the long-term goal that 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 the risk of 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 first through third
- Increased knowledge and understanding about their child's behavior and development
- Helped them access health care during pregnancy, which led to more babies being born to term.¹

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.

¹ Oklahoma Partnership for School Readiness Parent Survey. (2017).

² Karoly, L.A., Kilburn, M.R., and Cannon, J.S. (2005). Early Childhood Interventions: Proven Results Future Promise. Rand Corporation, Santa Monica, CA. <http://www.rand.org/pubs/monographs/MG341.html>.

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 Oklahoma House and the Senate. The new law required the State Early Childhood Advisory Council establish statewide metrics to measure the performance outcomes of all state funded 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 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.

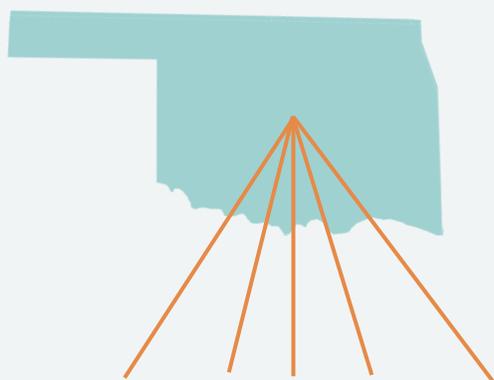
In 2018, Oklahoma was one of five states selected by Child Trends, the nation's leading research organization focused on improving children's lives, to participate in the State-level Home Visiting Integration with Early Child Data Systems (SHINE) Initiative. Benefits of linking data include ensuring services are reaching all families in need, assessing the impact of home visiting services by analyzing service and outcome data, and creating more coordinated and aligned services at the state level. Through the SHINE Initiative, 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. In January 2019, 163 participants' data were linked through the project. Of the 163, 35 received an initial assessment with SoonerStart within the 45 day time period and 118 participants had received an assessment prior to the home visitor administering the ASQ-3.

³ (2016). Oklahoma Home Visiting Outcomes Measurement Plan. Oklahoma Partnership for School Readiness, Oklahoma City, OK. <http://www.ok.gov/health2/documents/OK%20HV%20Outcomes%20Measurement%20Plan%20Final.pdf>.

About Home Visiting in Oklahoma

OK HOME VISITING

At a Glance



Home Visits Completed: **30,564**

Families Served: **2,882**

Children Served: **2,523**

Counties Served: **57**

Programs: **26**

Oklahoma provides a variety of voluntary home-based family support programs that deliver services to both expectant parents 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 great 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 outcomes and decreased school readiness.



Defining Evidence-Based Models

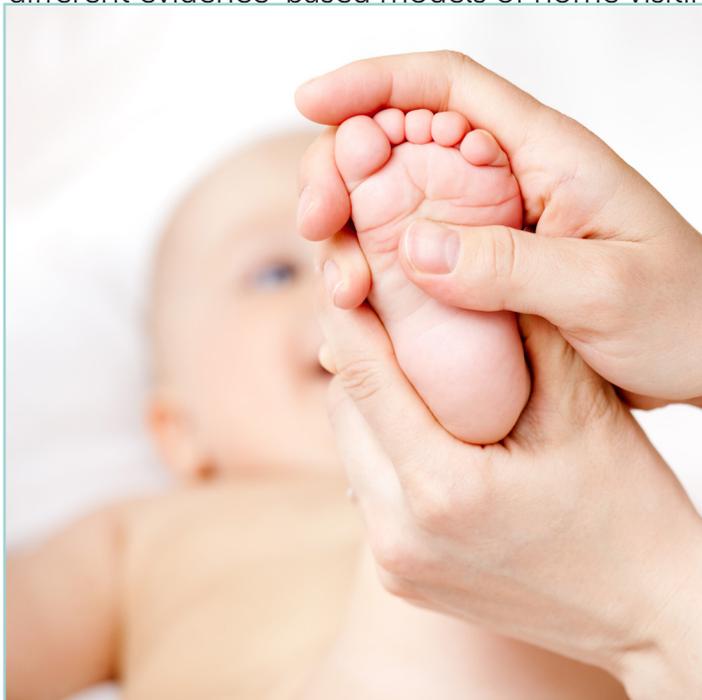
Home-based family support services utilize program models, or a specific framework, for service delivery. In Oklahoma, the models used are evidence-based, meaning the models have been thoroughly researched and proven to have statistically significant impacts when replicated among similar populations. See page 14 for a list of current evidence-based models currently being used and their descriptions.

About Home Visiting in Oklahoma

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 six 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 means less resources for direct services, it also creates inefficiencies in maintaining a statewide system. Since OPSR began developing this Annual Outcomes Report in 2017, the number of counties with home visiting programs has decreased from 100 percent to 74 percent, the number of completed visits has decreased by 32 percent, the number of children served has decreased by 33 percent, and the number of families served has decreased by 37 percent. 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.

Rather than adopt a single, one-size-fits-all program, Oklahoma chose to implement three different evidence-based models of home visiting with varying levels of service intensity targeted



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 community-based non-profits. Depending on the needs and size of the community, more than one program may be offered in a county and in some cases, more than one program may exist in the same agency. Services are strategically coordinated to create a continuum of services while reducing duplication.

About Home Visiting in Oklahoma

Oklahoma Home Visiting Collaborations

The Home Visiting Advocacy Community of Practice (CoP):

This CoP began in 2016 and includes representatives from across the nation. Oklahoma has participated in this CoP since its inception and attends meetings every other month. During these meetings, participants share their expertise, lessons learned, successes, and challenges. A variety of topics are covered and include, home visiting accountability legislation, practical and tactical strategies for advancing home visiting in states, coordinated/centralized intake and referral through a policy lens, and messaging in home visiting.

HVLAC:

As a number of evidence-based home visitation programs were being implemented across the state in the mid 1990's, a competitive atmosphere began to develop at both the local and state levels. For that reason, the Home Visitation Leadership Advisory Coalition (HVLAC) was created in 2003 led by the Family Support and Prevention Service (OSDH) along with the OSU Cooperative Extension Office. Members from various agencies and programs working at all levels, from supervisory roles to the front lines, participate. Membership is comprised of representatives from state agencies, such as counterparts at the DHS and the Oklahoma State Department of Education, and others from the University of Oklahoma, public school districts, youth and family services agencies, PCAOK, parent-child centers and other private non-profits. This coalition allows members to share information, work together to find solutions to common problems and disseminate best practices.

Understanding Home Visiting

Need for Home Visiting in Oklahoma

Economic, familial and structural barriers stand in the way of statewide child and parent wellbeing. For more than a decade, the state's poverty rate has been higher than the national average, and in recent years this gap has widened.⁴ Children from birth to age five in Oklahoma are more likely to live in poor and low-income households with 41 percent living in households earning 199% of the federal poverty level (FPL) or below in 2019.⁵ In SFY 2020, half of all home-based family support service participants lived at or below 50 percent of the FPL, or at a maximum, a yearly income of \$8,620 for a family of two.

Structural barriers associated with the state's rural geography make it difficult for many families to access not only home visiting services, but all early childhood care and education (ECCE) programs. Oklahomans who do not own a car and lack adequate access to public health transportation may struggle to get to childcare, work, school, job training and healthcare services. Our state's rural geography has also contributed to high rates of food insecurity and poor internet access, which limits families' awareness of services and ability to search and apply for jobs.

The hardship caused by these various issues can cause trauma in people's lives. Research has increasingly recognized the consequences of various types of childhood adversity. Oklahoma is the only state that falls in the highest prevalence quartile for eight of the most commonly assessed Adverse Childhood Experiences (ACEs). Oklahoma families are more likely to experience ACEs with 50.2 percent of the population having experienced at least one ACE, compared to 39.8 percent nationally.⁶ The prevalence of ACEs in Oklahoma is concerning given that research has linked ACEs to a variety of outcomes, including higher likelihood of risky behaviors, chronic health conditions, incarceration, lower education attainment, and lower earnings. Adults' ACEs can also affect children's development. One study found that for each parental ACE identified, a child's suspected risk of developmental delay increased by 18 percent.⁷

Home-based family support services and other ECCE programs that have traditionally served over-burdened and under-served families have faced recent budget cuts that limit their ability to meet demand for services. In SFY 2020, home-based family support services served 2,523 children and 2,882 families. However, the National Home Visiting Resource Center's 2020 Yearbook estimates that an additional 238,100 families could have benefited from these services because they meet at least one of the following criteria: there is a child younger than one year-old, they are a low-income family, there is a single-mother caregiver, there is a caregiver without a high school diploma/GED, there is a pregnant caregiver, or they are a caregiver younger than 21 years of age.⁸

⁴ https://www.okschoolreadiness.org/uploads/documents/OKFutures_NEEDS%20ASSESSMENT_FINAL%20VERSION.pdf

⁵ <https://www.childhealthdata.org/browse/survey/results?q=7974&r=1&g=787>

⁶ <https://www.childhealthdata.org/browse/survey/results?q=7915&r=1%20&r2=38>

⁷ <https://pediatrics.aappublications.org/content/141/4/e20172826>

⁸ https://nhvrc.org/state_profile/oklahoma-2020/

Understanding Home Visiting

Need for Home Visiting in Oklahoma



In SFY 2020, Oklahoma home-based family support services were offered in 57 of 77 Oklahoma counties. This is a 26 percent decrease in the number of counties served since 2017 when home visiting programs were available in all 77 counties. Local agencies may serve families outside the counties in which they operate and this is often the case in rural areas in which families live miles from the local agency. However, Oklahoma has demonstrated a concerted effort in making ECCE programs, including home-based family support programs, available to low-income populations.

Notably, a 2016 OKDHS report found that the reach of publicly funded ECCE and home-based family support services is higher in counties at greater risk for poor school readiness.⁹

Home-based family support services have great potential to improve the lives of young children and families, but limited resources hinder the number of children and families that can receive such services. Reaching families of young children in a home environment with strategies to support and enhance parenting skills is a cost-effective intervention compared to the costs of involvement in the child welfare system. In order to maximize what resources are available, most services are targeted toward particular subpopulations that are most in need. Priority populations include:

- Single mothers
- Low-income families
- Parents with low education
- Families with a history of substance abuse or child maltreatment
- Children with developmental delays or disabilities

Parents report benefiting from support services provided by ECCE programs. A 2018 survey of parents receiving home-visiting services found that 69 percent said the visits helped them better understand their child's development, 67 percent said their parenting skills improved, 62 percent said they supported their child's early learning, and 57 percent said they helped them feel more confident as a parent.¹⁰

⁹ http://www.okdhs.org/OKDHS%20PDF%20Library/S16058_OklahomaSchoolReadinessReach-by-RiskReport2016_opoa_03092017.pdf

¹⁰ https://okschoolreadiness.org/uploads/documents/OKFutures%20Needs%20Assessment_Oct.%202019.pdf

Understanding Home Visiting

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
- 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 2019, \$9.5 million in state funds were used to support home visiting.

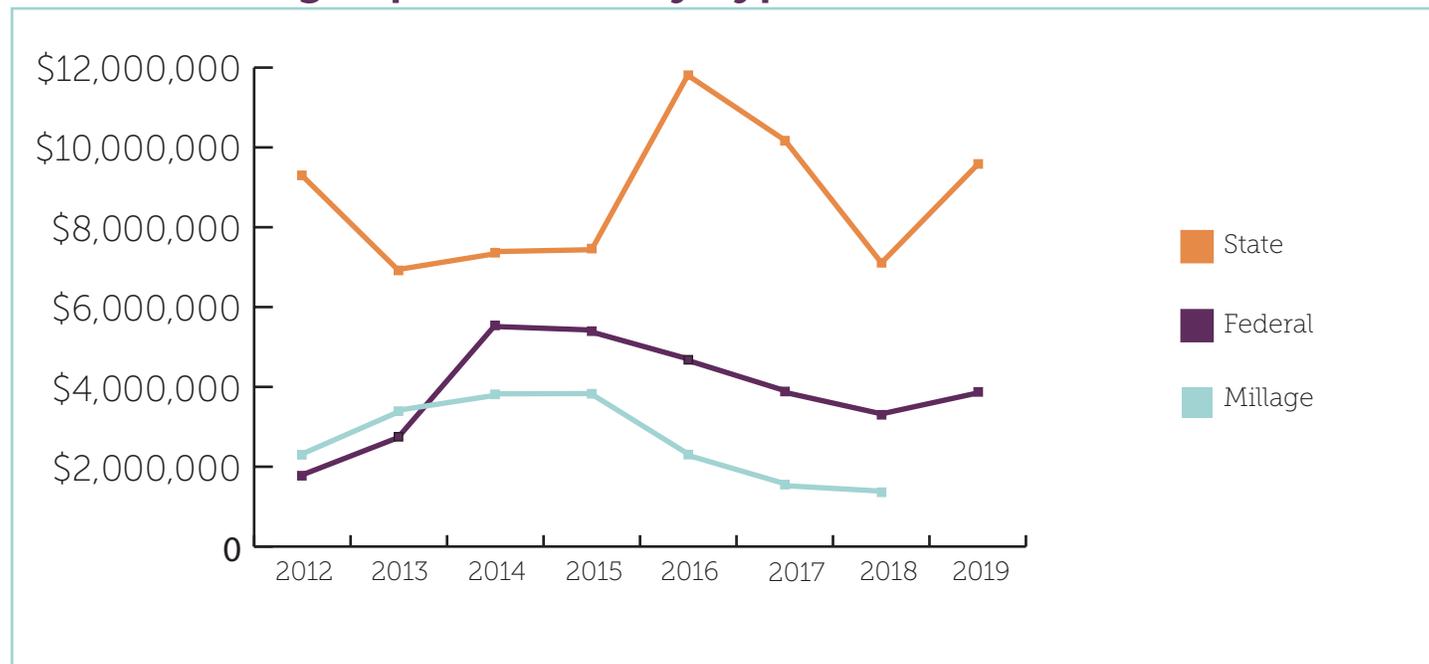
While state funding decreased prior to SFY 2015, federal investments increased. Beginning in 2011 with the American Recovery and Reinvestment Act, and continuing with the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV Program) funded by the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA), federal investments have helped sustain home visitation programs in Oklahoma. As of publication of this report, SFY 2020 HV Expenditures are not available.

SFY 2019 Cost Per Family by Funding Type

State	\$1,724.96
Millage	\$263.73
Federal	\$1,354.13
Cap Fund	—
Total	\$3,342.82

*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 – SFY19



State and Federal Investments

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 (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 Parent Pro.

Cost of Serving Families

During SFY 2019, 2,865 families received home-based family support services. During that time, \$9,577,175.79 of state dollars were used to serve families, resulting in an average cost of \$3,342.82 per family. 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. Other programs providing more basic, preventive services to families might have lower costs per family. State investments for home-based family support services reflect 51 percent of the total program costs.

Programs Funded

During SFY 2019, 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 56 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 56 counties; and
- 2 SafeCare program sites were available to families in two counties.

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 target 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>56 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

Program Name: SafeCare Augmented

<i>Model:</i>	SafeCare
<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>Targeted families will have a child five years or younger and have risk factors of domestic violence, depression, substance abuse, and/or disability. The goal is to reach these families before they ever enter the child welfare system or state custody; thus relieving the already overburdened state child welfare system, and saving Oklahoma thousands of dollars each year.</i>
<i>Service Area:</i>	2 counties; Cherokee Nation SafeCare
<i>Funding Sources:</i>	<ul style="list-style-type: none">— State— Federal— Private— Tribal

Implications of COVID-19

The first confirmed case of the coronavirus 2 (COVID-19) in Oklahoma occurred March 6, 2020 and a Safer at Home order was first issued March 24th.¹¹ Unfortunately, many families across the state and country lost their jobs and/or childcare, creating financial stress. This additional financial burden, compounded by increased mental distress, increased risk for substance abuse, increased parental duties, and decreased availability of social supports all caused by the COVID-19 pandemic, added to the risk for child maltreatment. Additionally, early childhood professionals, or those who interact with children as part of their job, comprise 67.3 percent of all child maltreatment reports.¹² With increased isolation and decreased time spent with protective adults, normal means of detected child maltreatment were debilitated.

A November 2020 study utilized analyzed court filings pertaining to child maltreatment in Oklahoma over a ten-year time span in order to forecast trends in child abuse charges during February 2020 to June 2020. Criminal cases related to child maltreatment between February and June 2020 had an overall 25.7 percent lower average than forecasted.¹³ This led researchers to conclude that it is likely that "interruptions within conventional surveillance systems due to stay-at-home orders, social distancing, and mandated closures are causing cases of abuse and neglect to go unreported."¹⁴

Given the strong body of research that shows the lasting effects of child maltreatment and the knowledge that children are even more vulnerable during emergencies, it was critical for home visiting services to adapt to the growing needs of families and limitations of in-person meetings during the COVID-19 pandemic. The following is a brief summary of how certain programs responded in SFY 2020.

Children First

In March 2020, as a result of the COVID-19 pandemic, Children First nurses were required to begin providing home visitation via telephone for their safety and for the safety of the clients. Additionally, the majority of home visiting nurses were needed to assist in the statewide pandemic response. While Children First Nurses worked to maintain their relationships with their clients, many were required to spend 80 percent of their time working assisting in COVID-19 efforts. As a result, the caseloads for the Children First Program have significantly dropped across the state.

It is important to note that Children First clients are typically at a much lower risk for maltreatment than other home visiting program populations. Although more time and research will be needed to confirm causation, a decline in Children First caseloads could have resulted in higher maltreatment rates across all home visiting participants in SFY 2020.

¹¹ <https://www.sos.ok.gov/documents/executive/1919.pdf>

¹² <https://pubmed.ncbi.nlm.nih.gov/33298325/>

¹³ <https://pubmed.ncbi.nlm.nih.gov/33298325/>

¹⁴ <https://pubmed.ncbi.nlm.nih.gov/33298325/>

Office of Child Abuse Prevention (OCAP)

On March 17th, 2020, the OCAP notified the contractors that in-person home visits would cease due to the COVID-19 pandemic. Prior to implementation of a virtual home visits, Parent Educators in the Parents as Teachers (PAT) program were required to complete the PAT Webinar – Virtual Personal Home Visits on the PAT Workspace. A Skype meeting was scheduled to review information and answer questions from the contractors. One concern among many was the families and their ability to access needed resources. The OCAP offered additional flexibility when purchasing concrete support for the families including \$25.00 gift cards, phone minutes and emergency funds to assist with rent and utilities. This allowed the families to complete their visits virtually, and reduce the stress brought on by COVID. Another concern was the increased risk of child abuse and neglect in times of extreme stress and uncertainty associated with the pandemic. The OCAP provided the contractors with several resources, including tips for parents and children and ideas about how they can support the families to help prevent child abuse and neglect.

Parents as Teachers National Center (PATNC) established practices that contractors could put into place during closures and other preventative measures to mitigate the spread of COVID-19. This included ways to minimize exposure by approving virtual and telecommunications personal visits. PATNC recommended social distancing strategies using the Centers for Disease Control and Prevention as a primary resource. In addition to the guidance from PATNC, the OCAP required that the contractors submit protocol describing their individual approach to virtual home visits.

SafeCare

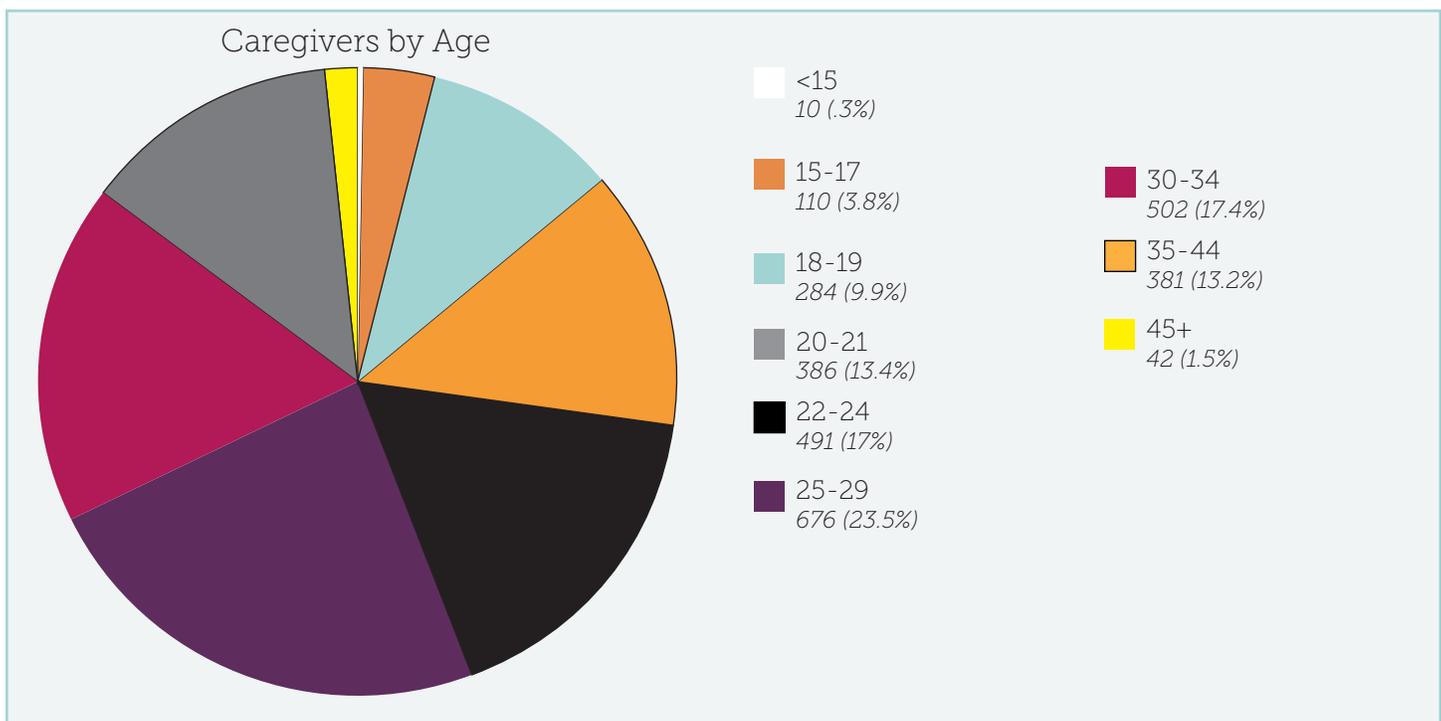
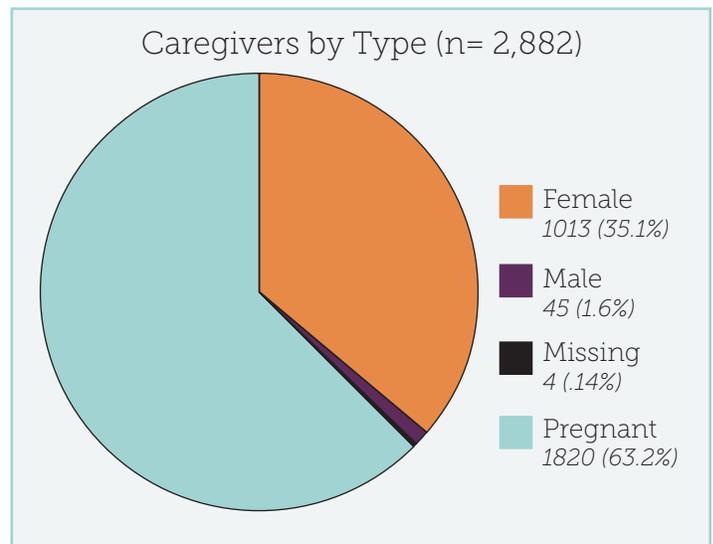
Beginning in March, home visitors began conducting virtual and telephone visits due to the COVID-19 pandemic. The National SafeCare Training and Research Center provided guidance and modifications in order to deliver the SafeCare curriculum virtually. Additionally, SafeCare providers completed porch drop offs of materials and concrete supplies for their clients.

Oklahoma Participant Characteristics

During SFY2020, home visitors completed 30,564 visits with 2,882 families enrolled in various home-based family support services. These families included 2,523 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.

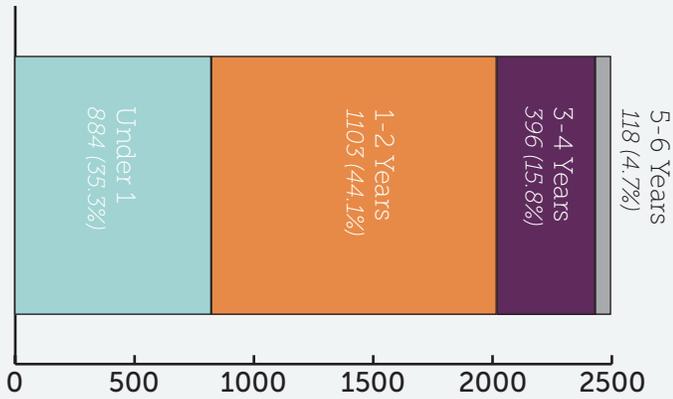
During SFY 2020:

- Nearly 14 percent of caregivers enrolled were teens.
- Although the overall number of caregivers receiving services decreased, the number of caregivers with a High School Diploma/GED increased from 697 in SFY 2019 to 936 in SFY 2020.
- Half of all participants (50.3%) live at or below 50 percent of the FPL, or a yearly income of \$8,620 for a family of two in 2020.
- The majority of children (79.4 percent) served by home-based family support services in SFY 2020 were two years-old and younger.



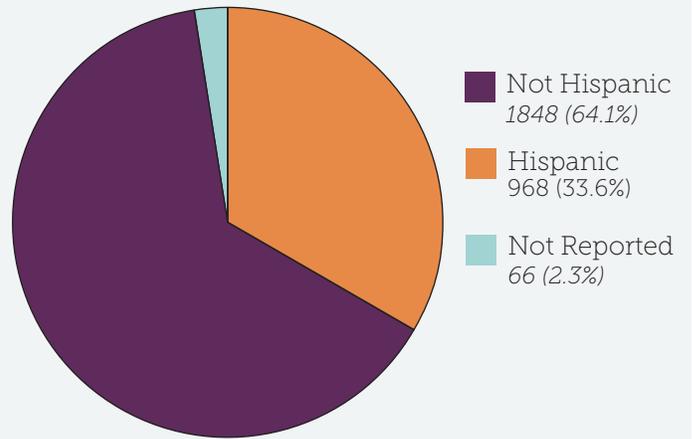
Oklahoma Participant Characteristics

Children by Age (n= 2,501*)

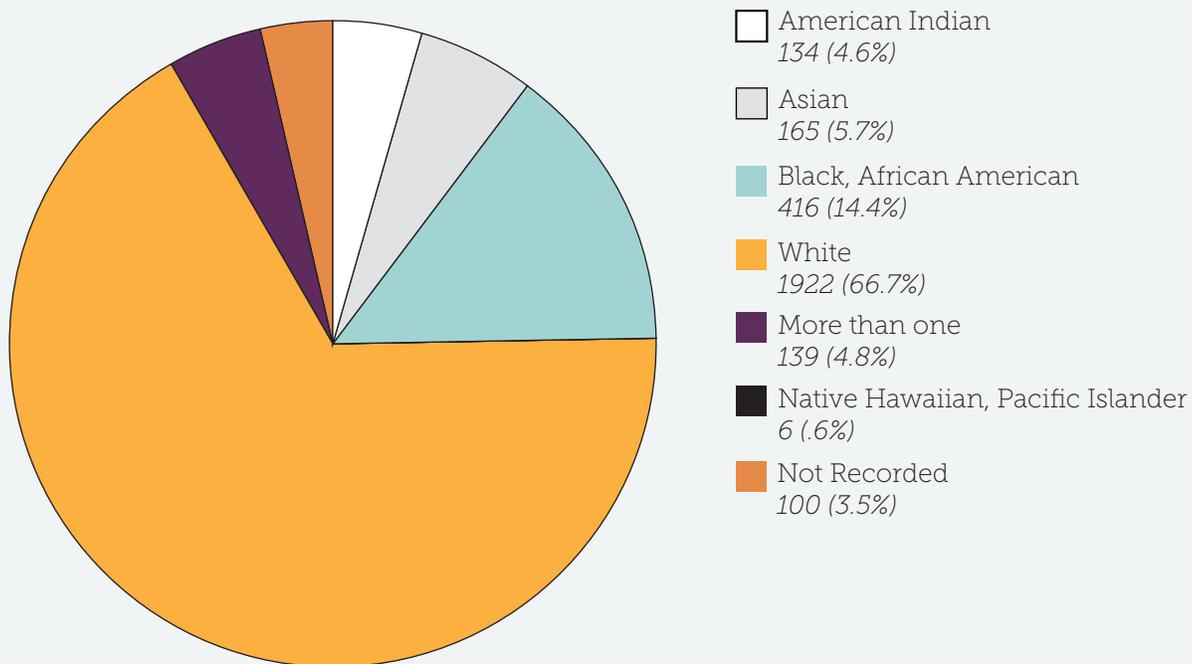


*Unknown/Did not report
22

Caregiver by Ethnicity (n= 2,882)

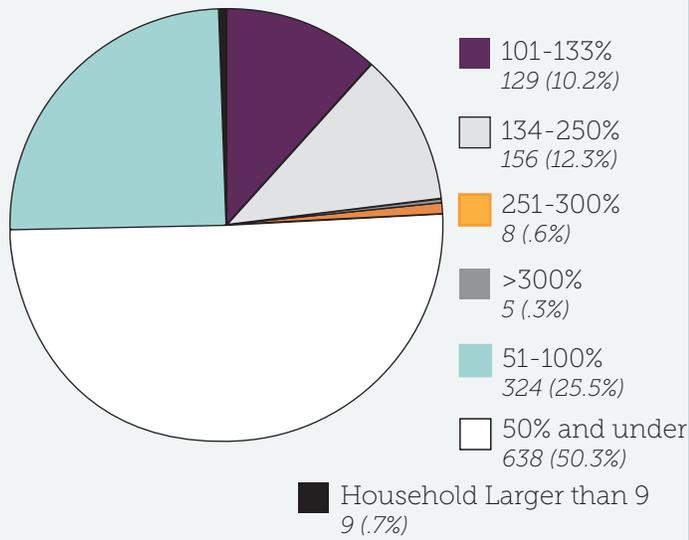


Caregivers by Race



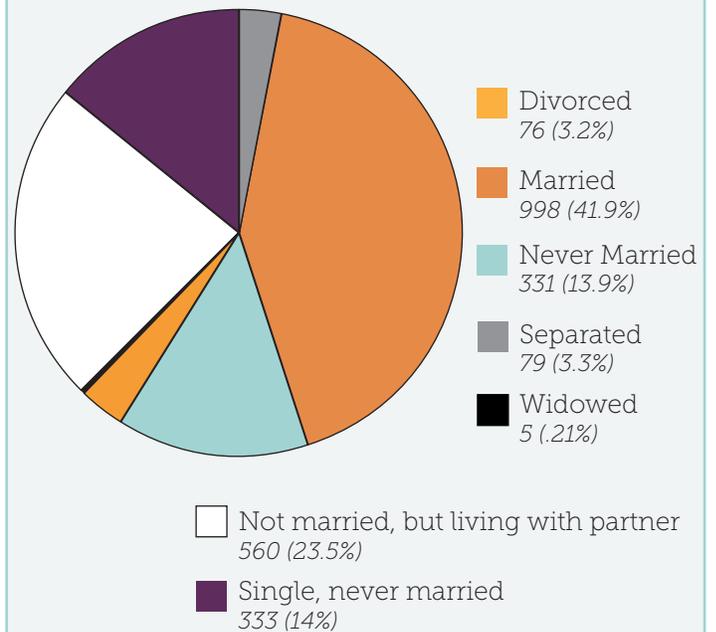
Oklahoma Participant Characteristics

Caregivers by Poverty Level (n= 1,269*)

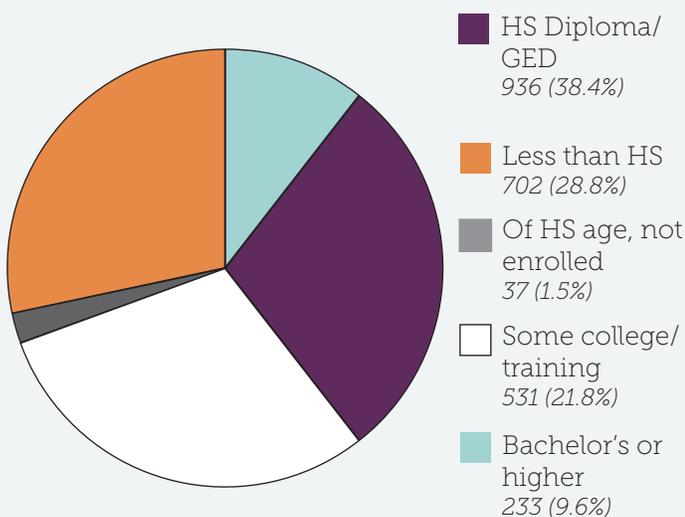


*Unknown/Did not report
1,613

Caregivers by Marital Status (n= 2,382)



Caregiver Educational Attainment (n= 2,439*)



*Unknown/Did not report
443

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>

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

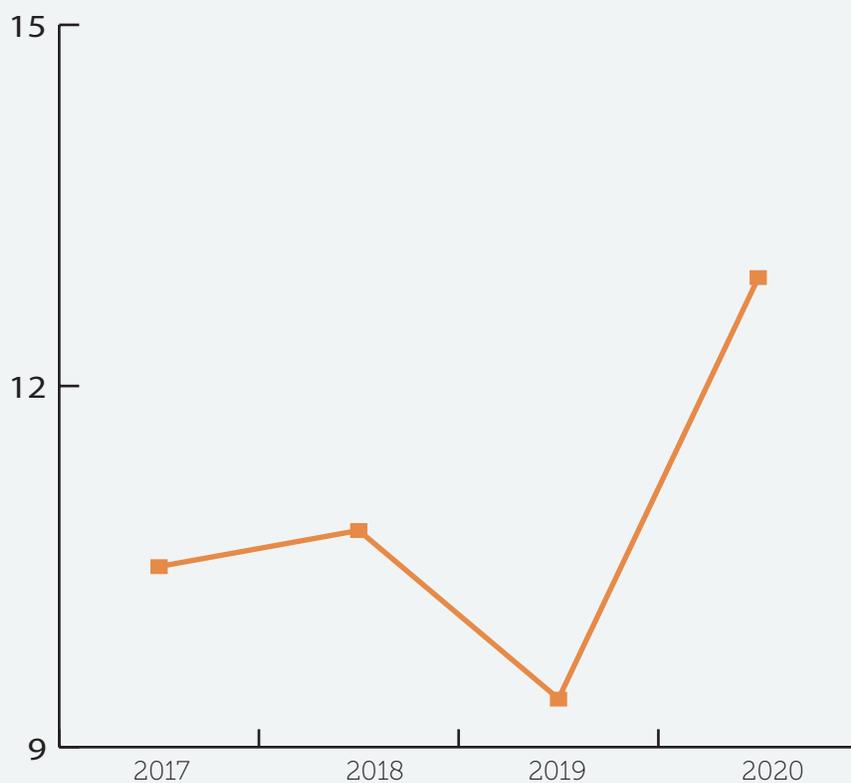
Outcome	Measurement
<i>Developmental milestones</i>	<i>Percent of children referred for follow-up evaluation and intervention as indicated by social-emotional development screenings</i>

Home Visiting Outcome Data

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.¹⁵ In 2020, Oklahoma had one of the highest pre-term birth rates in the country with 11.4% of all births happening before the 37th week.¹⁶ In previous years, home visiting participants have had lower rates of preterm births than the general Oklahoma population. This is considered a success because program participants are at higher risk than the general population for experiencing premature births. However, the preterm birth rates for home visiting participants increased in SFY 2020 from 9.4 percent to 12.9 percent. Therefore, they slightly surpassed the preterm birth rate seen in the general population.

Percentage of Women Giving Birth Before 37 Weeks



■ Home Visiting Participants

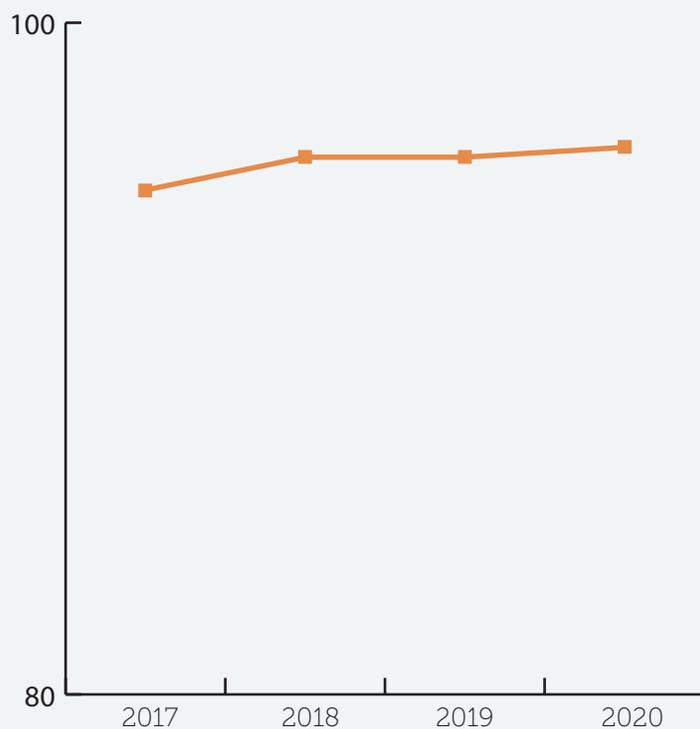
¹⁵<https://www.who.int/news-room/fact-sheets/detail/preterm-birth>

¹⁶<https://stateofbabies.org/state/oklahoma/>

Interbirth Interval

Giving birth less than 18 months apart increases the risk of babies experiencing poorer health outcomes like being born premature, at a low weight, 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 2020, 96.3 percent of mothers participating in home-based family support services did not have another child within 18 months. Although the percentage of all women in Oklahoma who had an interbirth interval longer than 18 months has steadily increased, the percentage has consistently been higher for home visiting participants.

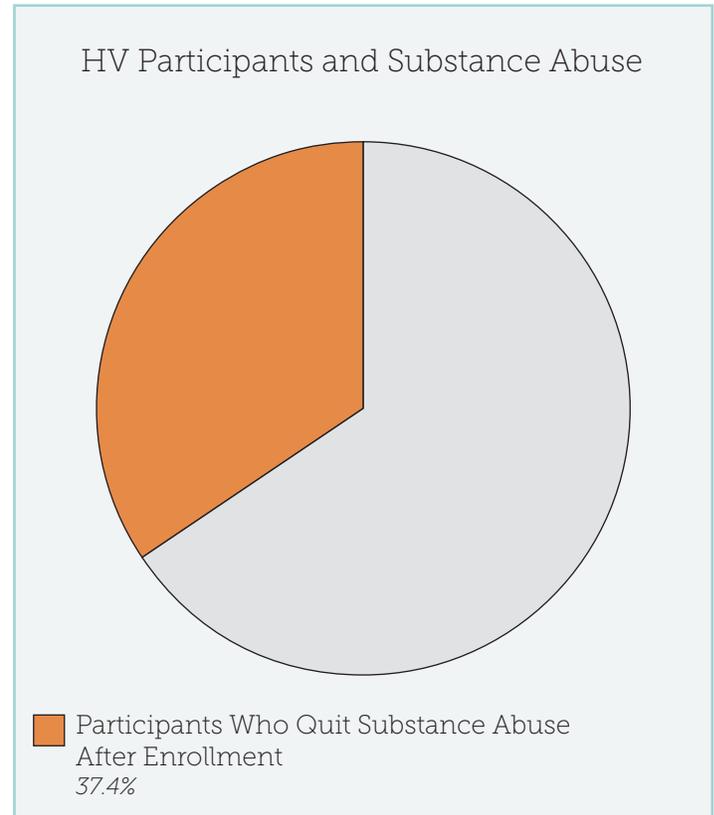
Percentage of Women with Interbirth Intervals Longer Than 18 Months



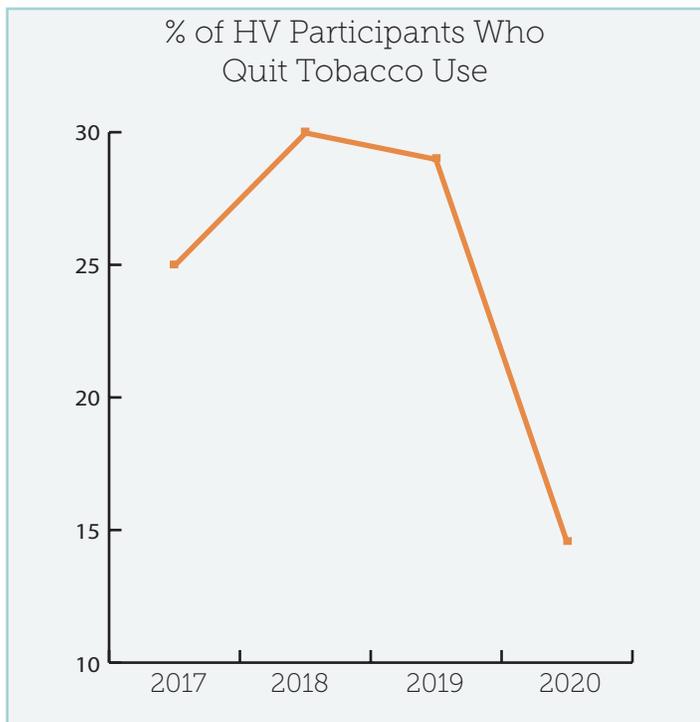
■ Home Visiting Participants

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. Substance abuse is a major issue in the state with the Oklahoma Department of Mental Health and Substance Abuse Services identifying it as Oklahoma's number one 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. The most recent data shows the incidence rate of NAS/ NOWS in Oklahoma in 2017 was 6.8 per 1000 live births.¹⁷ Homebased family support and prevention services help parents stop using and abusing alcohol and drugs. In SFY 2020, 303 parent participants reported substance abuse and of those 34.3 percent had quit after 90 days in the home visiting program. Although the percentage of parents who reported quitting is comparable to the year prior, the number of parents who reported substance abuse at enrollment increased from 147 parents in SFY 2019 to 303 in SFY 2020.



¹⁷<https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/oklahoma-opioid-involved-deaths-related-harms>



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. Oklahoma has higher rates of tobacco use during pregnancy with 10.6 percent of mothers reporting using tobacco during pregnancy in 2020, compared to 6.5 percent nationally.¹⁸ Home-based family support services work with parents to quit smoking. During SFY 2020, 260 caregivers reported tobacco use and of those, 14.6 percent quit after enrollment in the home visiting program. While this is encouraging, it is unfortunately a sharp decline in the percentage of caregivers who reported quitting tobacco use the year before.

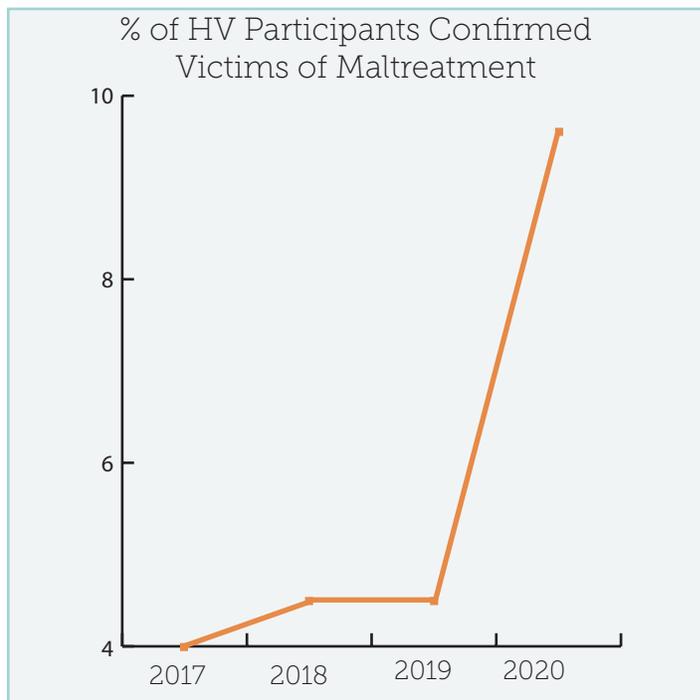
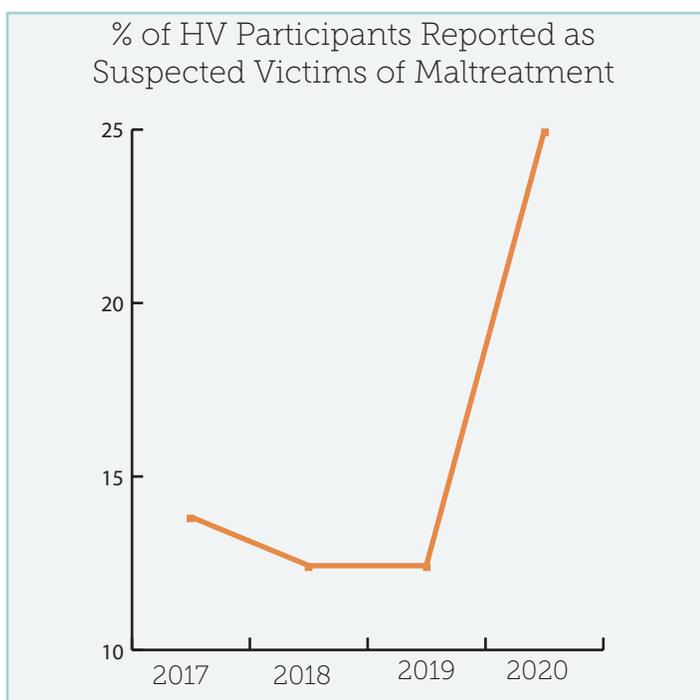
¹⁸https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/Smoking_pregnancy/state/OK

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 2019, 15,809 Oklahoma children were confirmed victims of abuse and neglect. Unfortunately, Oklahoma’s rate of child maltreatment ranks higher than national averages on a number of indicators. For example, the infant and toddler maltreatment rate in Oklahoma is nearly double that of the national average (30 and 15.9 per 1,000 children respectively) in 2020.¹⁹ And while substantiated cases of child abuse have dropped 57% since 2012, substantiated cases of neglect have risen 211% in that same time frame.²⁰ This rise may be due to increased efforts to educate citizens and professionals on how to recognize and report neglect, which is more broadly defined than physical abuse.

Unfortunately, in SFY 2020, both the percentages of children reported as possible victims of child maltreatment, and children confirmed as victims of child maltreatment doubled from the previous year. There are several potential reasons for this possible spike, all of which will require additional analysis. The first possibility is that during SFY 2020 the COVID-19 pandemic disrupted regular home visiting services and also brought unexpected challenges and stressors to caregivers. The ongoing pandemic, and the isolation and economic challenges that has come with it, has been a cause for concern for many early childhood practitioners. For more information about how COVID-19 has impacted home visiting services and outcomes, please look at page 17. 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.



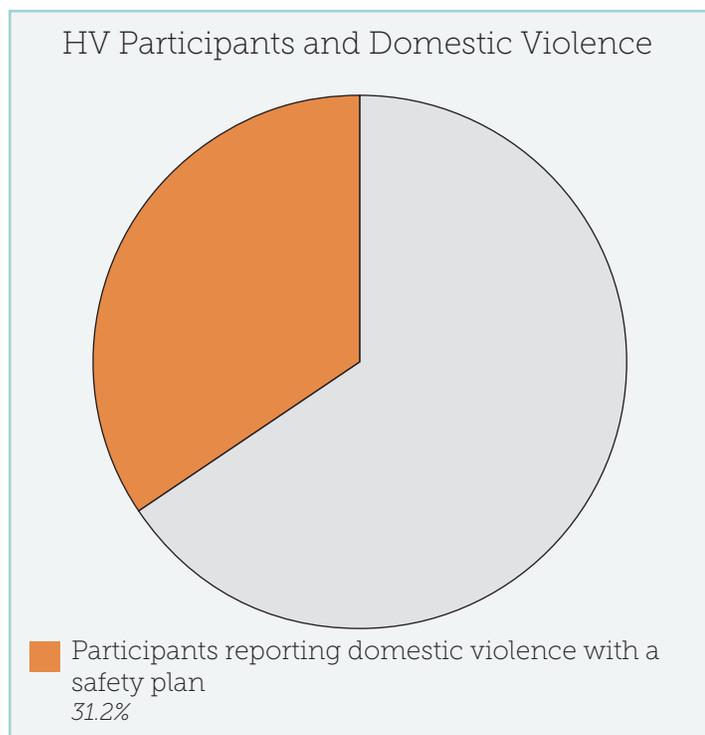
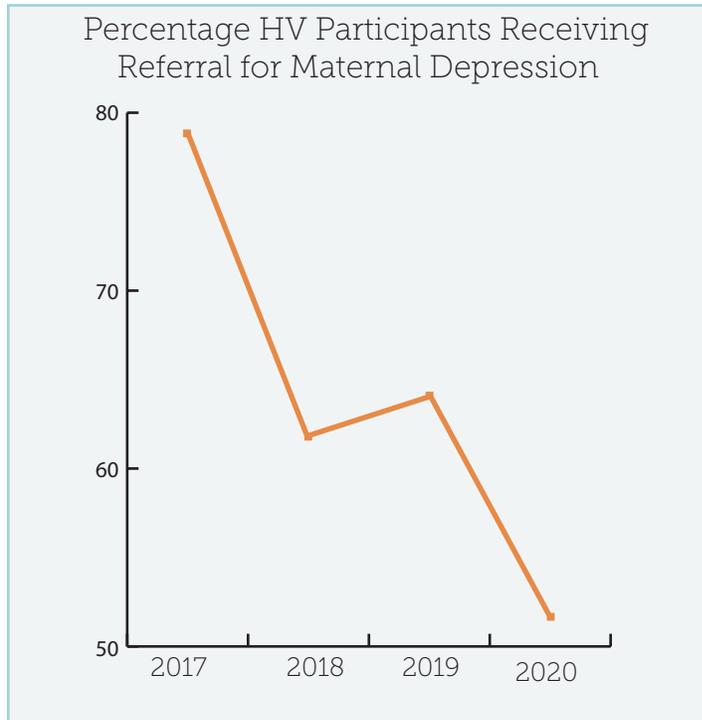
¹⁹<https://stateofbabies.org/state/oklahoma/>

²⁰<https://oklahomawatch.org/2019/09/19/the-good-the-bad-and-the-puzzling-in-child-maltreatment-counts/>

Home Visiting Outcome Data

Maternal Depression

Maternal depression is an acute problem within the state with 15 percent of Oklahoma women with a recent live birth reporting depressive symptoms in 2019, compared to 12.5 percent nationally.²¹ It 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 2020, 51.7 percent of program participants whose maternal depression indicated the need for additional services or treatment received such a referral. Unfortunately, this is the lowest reported percentage since the creation of these outcome measures.



Domestic Violence

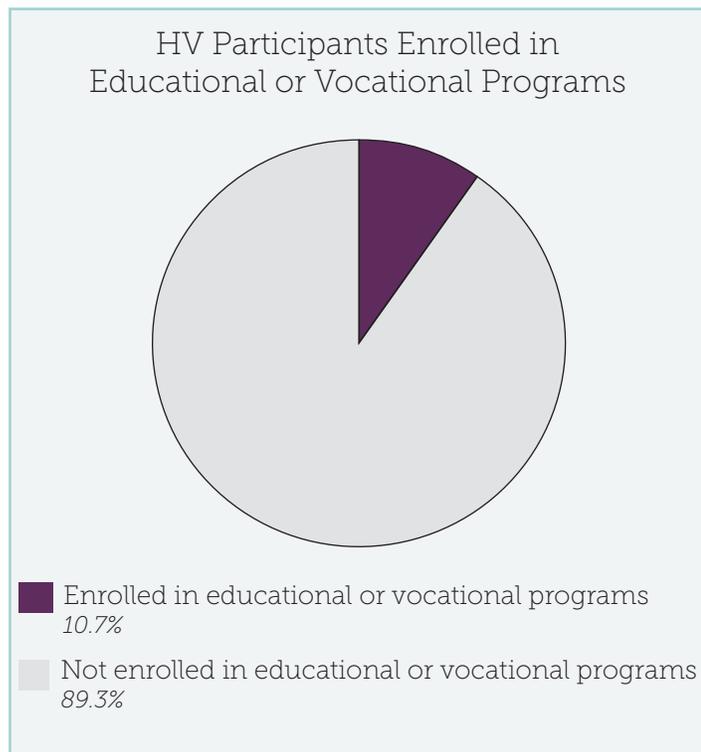
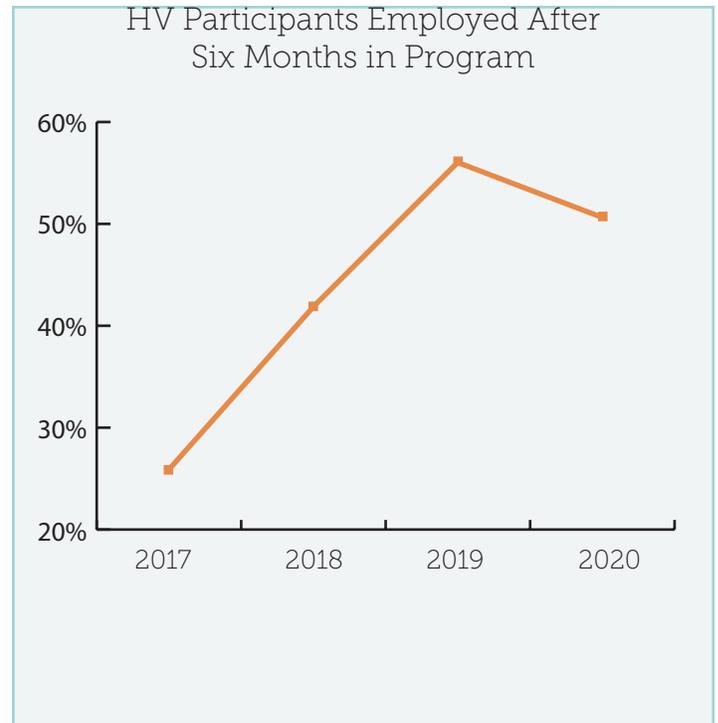
Children exposed to domestic violence experience psychological and health impacts, including behavioral problems, emotional disturbances and physical health issues. Program participants in home-based family support programs are routinely screened at regular intervals for domestic violence and are referred for 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 2020, 31.2 percent of those who reported currently experiencing domestic violence had a safety plan in place within six months of reporting the abuse.

²¹https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/postpartum_depression/state/OK?edition-year=2019

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 2020, 50.7 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. This means 1016 people joined the workforce, boosting Oklahoma's economy and our state's overall wellbeing because of home visiting programs.



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 2020, 10.7 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. Increasing the number of participants enrolled in educational or vocational programs is especially critical because by 2025, 70 percent of Oklahoma jobs will require postsecondary certificates, credentials and degrees.²²

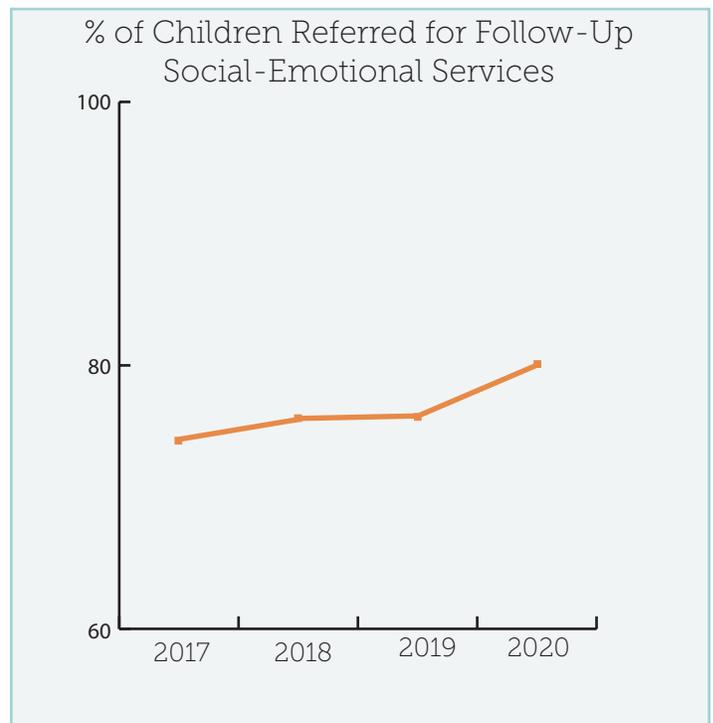
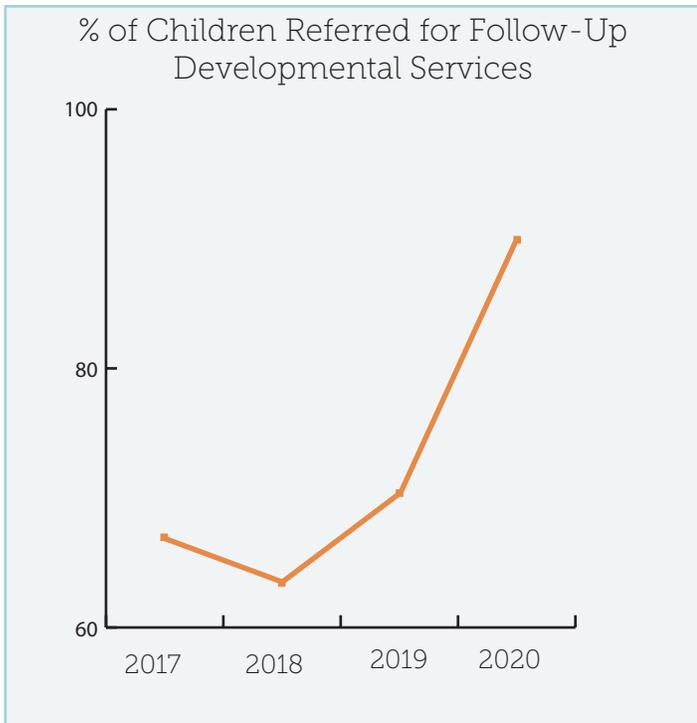
²² <https://oklahomaworks.gov/attainmentgoal/#:~:text=To%20address%20this%20skills%20gap,and%20other%20high%20quality%20credentials>

Home Visiting Outcome Data

Developmental Milestones

Early identification of developmental delays and disabilities, such as language and hearing, are vital to ensure 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 2020, 89.9 percent of children who were identified as in need of referral for follow-up evaluation and intervention had received the needed follow-up services. This is an increase from prior years' rates.

Social-Emotional skills are also an important 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 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 2020, 80.1 percent of children who were identified as in need of referral 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 safety plans within six months of reporting abuse for caregivers experiencing domestic violence.
- 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 exposure of young children to secondhand smoke.

Review Policies and Infrastructure Impacting Home-Based Family Support Programs

Public policy and systemic infrastructure can unintentionally create a negative impact on outcomes. The social service safety net exists to support families in poverty to increase their economic opportunities by supporting basic needs, child care and job training. However, parents who are successfully participating in home-based family support programs sometimes fall victim to the cliff effect. The cliff effect occurs when families no longer qualify for support programs, like housing, food, and child care assistance due to a modest increase in earnings. A slight increase in income can cause a sudden loss of eligibility for these supports. 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 transition families into increased self-sufficiency.

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 competitive 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.

Increase State Funding for Home-Based Family Support Programs and Accountability Systems

The Oklahoma legislature should increase funding to address the need in Oklahoma for more home-based family support services and to build an early childhood integrated data system to examine the long-term benefits of these programs. The OPSR OKFutures Strategic Plan, created under the federal Preschool Development Grant Birth through Five, prioritized five goals to improve outcomes for young children. Goal 4 in the strategic plan articulates a need to expand the reach, eligibility and family choices for home visiting programs to support expectant parents, children in out of home care including licensed child care, family, friend and neighbor care, and children in foster care or adoptive placements. Oklahoma has a clear plan to link data in order to understand the long-term impact of home-based family support programs. Funding should be allocated to support integrated data in order to inform future decisions on program funding levels and the benefits of home-based family support programs with eligible populations.

About

In 2003, the Oklahoma legislature signed House Bill 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, nonprofits, community partners and business leaders to inform recommendations 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 agency leaders and governor appointees that are responsible for carrying out state and federal legislatively-defined mandates.

OPSR Foundation

In conjunction with the establishment of OPSR, the OPSR Foundation was created to solicit and receive public and private funds. The foundation supports OPSR's mission and vision by expanding the breadth in which our organization can financially support early childhood research, programs and initiatives. In this capacity, the OPSR Foundation operates as a 501(c)3. Currently the Foundation is made up of passionate, dedicated advocates, some of whom worked to improve school readiness even before the formation of OPSR.



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421 NW 13th Street, Suite 270
Oklahoma City, OK 73103