

Community School Readiness Assessment and Improvement Plan

Key Demographics of Tulsa County were compiled from the 2016 report produced by Community Service Council & the Metropolitan Human Services Commission entitled: Who is Tulsa? Volume 2: Young Children

99% of Tulsa's young child population live within Tulsa County boundaries. The remaining 1% live in Osage and Wagoner Counties. According to 2014 American Community Survey estimates, 27,263 children under age 5 live in the city of Tulsa, a 4% loss from 2000.

Tulsa's declining population – in spite of significant numeric growth since 1960 in Tulsa County, the under 5 age group's share of total population fell from 12% to 7% (2015). In the city of Tulsa, the share dropped from 11% to 7% (2014).

Growing racial diversity – over half (51%) of young children under 5 in the county (2015) and nearly two-thirds (64%) in the city (2014) are non-white.

Shifting geographic distribution – after a peak of 81% in 1970, the city of Tulsa's share of Tulsa County's children under 5 dipped to 59% in 2014.

Since 1970, the number of children under age 5 grew modestly in Tulsa County from 34,160 to 46,812 (2015) and actually declined in the city of Tulsa from 27,798 to 27,263 (2014), while other age groups, especially 45 to 64 and 65 and older, grew substantially.

Increase in the under 5 population from 1990 to 2010-14:

In spite of overall slowed growth in Tulsa, new areas of population revitalization have emerged over recent years within the city, primarily due to the growing Hispanic population. Both the number of young children and their share of total population have soared in east Tulsa and in near north Tulsa.

The growth of Hispanic and other minority populations is largely responsible for stabilizing the number of young children in Tulsa and Tulsa County. Substantial movement of Hispanic families into Tulsa beginning in the 1980s – especially into east Tulsa and near north Tulsa – is the primary reason for the huge rise in the Hispanic under 5 population in Tulsa. Were it not for the addition of nearly 7,500 Hispanic children under age 5, Tulsa's young child population would have plummeted more than a quarter since 1990.

Although the majority of Tulsa County families enroll their four year olds in public Pre-K, still a large number of children enter kindergarten without benefiting from this opportunity.

- 6,514 = Tulsa County public Pre-K enrollment, school year 2015-16
- +17% = Increase in public Pre-K enrollment since school year 2005-06
- 69% = Share of county's 2015-16 public school kindergartners who attended public Pre-K the prior year

Poverty rates in Tulsa County:

A third of Tulsa's children under 6 and a quarter of the county's live in households that earn below the poverty level, which equals \$20,160 for a family of three in 2016.

In the Tulsa area, 200% of poverty serves as a reasonable and conservative estimation of self-sufficiency level for families, meaning that in order to live self-sufficiently without public or private assistance, a family must earn at least the equivalent of 200% of poverty, which equals \$40,320 for a family of three.

Almost two-thirds of young children in Tulsa and nearly half in the county live in households that earn less than 200% of poverty. According to current estimates, over 10,000 young children in Tulsa live below the poverty level and another 10,000 live between 100% and 200% of poverty. In Tulsa County nearly 13,000 young children live in poverty, plus another 13,000 between 100% and 200% of poverty.

As with rates, numbers of young children in poverty are falling slightly as the area continues to recover from the 2008 recession.

Licensed child care facilities in Tulsa County 2004 and 2014:

Over the past decade the number of child care centers has declined in Tulsa County, while the number of child care homes has fallen drastically. 74,627 children 0-12 are in households with all of the adults in the home working and there are 26,806 child care slots in Tulsa County. The number of family child care homes was cut in half from 2004 to 2014, and DHS contract homes dropped by almost 60%. These Tulsa County trends are consistent with what is happening nationally and statewide. The loss in capacity of child care homes – 48% among all homes, and 53% among those with DHS contracts – is consistent with the loss of child care homes.

66% of children 0-12 live in households where all adults are in the work force.

8% of child care programs are ranked at the 3-star level. 767 child care programs are located in the Tulsa Metro Area. 7.4% of children whose parents work receive child care subsidy.

Community School Readiness Assessment (PHASE I)

This PHASE of the report covers the 5 Priority Areas of the Community School Readiness Assessment:

- **Priority 1: Babies must be born on time and healthy**
- **Priority 2: Toddlers must be on a positive developmental trajectory (children birth to age 3)**
- **Priority 3: Three-year-olds must be safe, secure and healthy**
- **Priority 4: Four-year-olds must be on a path to school readiness**
- **Priority 5: Five-year-olds are ready for school**

Availability/Accessibility of Resources in Tulsa County:

***This PHASE of the report contains a sampling of programs in Tulsa County and should not be considered a comprehensive list.**

Program Name: Tulsa Healthy Start Level 1- Tulsa Health Department

***This program spans priority areas 1&2**

About: The Tulsa Health Department's Healthy Start program works to ensure our babies are healthy, safe and thriving. Healthy Start provides free and confidential clinic triage and home visitation case management services for expecting and postpartum moms and their babies up to age two. The goal of the program is to improve birth outcomes and reduce infant mortality. Healthy Start directly connects families to a wide variety of services, including:

- Assistance with prenatal and postpartum care
- Access to well-baby visits and childhood immunizations
- Referrals to WIC services
- Family planning assistance and interconception care
- Parenting skills
- Food, clothing, baby needs and housing assistance
- Links to local resources for jobs, child care, counseling and education
- The program is community based, using case management as the core service and a community consortia advisory structure to achieve improved birth outcomes and a strengthened community infrastructure. As a federally-funded program, Healthy Start also seeks to preserve continuity of care for women, children and families.

Healthy Start services are offered through numerous Tulsa County clinics and at THD's North Regional Health and Wellness Center.

Program Name: Tulsa Healthy Start Level 2- Community Service Council

***This program spans priority area 1&2**

About: Tulsa Healthy Start is a program designed to meet the needs of mothers and infants living in our community, focusing on healthy outcomes to reduce infant mortality. Healthy Start Care Coordinators work with expectant mothers and their families before, during and after pregnancy, employing strategies to improve maternity care quality focused on patient safety and evidence-based practice. Additionally, the program helps increase understanding of the preventive services covered under the Affordable Care Act.

Tulsa Healthy Start uses a "Maternity Medical Home" model, a concept first defined in 2010's Blueprint for Action which identified 11 focus areas to improve maternity care quality. The Community Service Council, in an effort to support the patient centered medical home initiative fostered in the Comprehensive Primary Care Initiative and the Office of the National Coordinator Health Information Technology collaborative grants, implemented a second Tulsa Healthy Start Initiative in 2014 from the successful Tulsa Health Department program begun in 1997.

The Healthy Start Care Coordinator assists each client in accessing community, culturally sensitive, family-centered, comprehensive health and social services to women, infant and families. We assist pregnant women and their families by following them throughout pregnancy until the baby reaches two years old. Support for both parents and involvement of fathers also helps support women during pregnancy, thereby strengthening the family and creating the most favorable foundation for infant and youth health development.

In 2016 Tulsa Healthy Start Level 2 served 989 participants including: 440 pregnant women, 164 non-pregnant at any time during reporting period; 433 children with 129 infants under 12 months and 310 children 12 months and over.

Program Name: Children First

***This program spans priority area 1&2**

About: The Mission of Children First is to prepare first-time mothers for parenthood. Children First is a family-centered program that utilizes home based services by registered nurses (RNs) to help first-time mothers and their families prepare for parenthood. Mothers receive information on promoting a

healthy, safe lifestyle for their family while gaining a greater understanding of the types of help and resources available to them in the community. These services are provided at no cost. This program is funded through Oklahoma's Nurse-Family Partnership and is funded by state appropriations.

Services include:

Regular home based services conducted by a registered nurse: every week for four weeks, then every other week until the baby is born; every week for six weeks, then every other week until the baby is 21 months old; and every month until the baby is two years old.

- Family medical history.
- Physical exam of the unclothed infant or child.
- Measurement of height, weight, and head of infant or child.
- Assessment of the family's health habits, nutrition, and eating practices.
- Education on family planning.
- Education on discipline choices, parent skills, and child development.
- Education on illness, accidents, and injury prevention.
- Grief counseling for families experiencing the loss of a child.
- Referrals to resources based on family needs.

Program Name: March of Dimes

***This program spans priority area 1&2**

About: March of Dimes chapter staff and volunteers invest time and resources in local programs and activities in all 50 states, Washington, D.C., and Puerto Rico, playing a vital role in improving maternal and child health in their communities. As respected leaders in the field of maternal and child health, the March of Dimes is uniquely positioned to partner with local and state public and private health care systems and organizations to enhance and expand the services available to women and their families.

Chapter staff and volunteers partner with local health agencies, community-based organizations, professional associations, hospitals and others to determine the most pressing maternal and child health needs and to develop a multiyear strategic plan that will positively impact the health status of communities. Staff and volunteers then work to enhance and expand community services, and to improve systems of care for mothers, babies and their families through leadership, educational programs and community grants.

Significant racial and ethnic disparities persist in rates of preterm birth, low birthweight and infant mortality for babies born in the United States. The March of Dimes is deeply concerned about the impact these gaps in birth outcomes are having on the health and well-being of babies, families and society as a whole. March of Dimes chapters continue to focus efforts on addressing disparities and improving equity in their communities with programs focused on specific populations, including African-American, Hispanic, Asian-Pacific Islander and Native American.

An education and awareness campaign across the United States that aims to reduce early, nonmedically-dictated (elective) labor inductions and cesarean deliveries. Hospital-based quality improvement programs that support and recognize best practices related to the reduction of early elective deliveries. An intensive community program in 25 sites focused on prematurity prevention that

integrates clinical and public health approaches. March of Dimes is currently funding education and training opportunities for maternal child health providers in Tulsa County through The Family Health Coalition a program of Community Service Council.

Program Name: Supplemental Nutrition for Women, Infants and Children (WIC)

***This program spans priority areas 1-5**

About: WIC is a supplemental nutrition program that serves to safeguard the health of income-eligible women, infants and children up to age five who are at nutritional risk. More than 7.5 million people benefit from WIC each month. 15,577 Women, Infants, and Children benefited from the program in Tulsa County in FY2016.

Services include: Nutrition education for families, referrals to various social service agencies, and issuance of food benefits that can be used at various grocery stores for health foods such as milk, cheese, eggs, fruits, vegetables, beans, peanut butter, infant foods and formula, juice, and cereal.

Eligibility:

- Pregnant women (and up to six weeks after pregnancy)
- Breastfeeding women (up to infants first birthday)
- Non-breastfeeding postpartum women (up to six months after pregnancy)
- Infants (up to first birthday)
- Children (up to fifth birthday)

Qualifications:

- Live in the state of Oklahoma
- Have a family income within program limits
- If you receive Medicaid, SNAP or TANF, you are automatically eligible for WIC benefits.

Applicants must live in the state in which they apply and meet income guidelines. WIC is a program of the Food and Nutrition Service, a Federal agency of the U.S. Department of Agriculture. It is not an entitlement program, but rather a Federal grant program for which Congress authorizes a specific amount of funds annually.

Program Name: Healthy Women, Healthy Futures – Oklahoma

***This program spans priority area 1&2**

About: The mission of Healthy Women, Healthy Futures-Oklahoma is reducing premature births and infant mortality through healthier pregnancies. In September 2016, Healthy Women, Healthy Futures – Oklahoma, a replication of Healthy Women, Healthy Futures, was awarded an 18-month grant by the Oklahoma March of Dimes to help address Tulsa County’s premature birth rate by assisting women to improve their pre-pregnancy health. The program will be offered in collaboration with the Hutcherson Family YMCA in North Tulsa. HWHF-OK’s mission is to improve the protective factors and diminish the health risks of women of so that any future pregnancies will result in healthy outcomes for both mothers and their children.

Women residing in Tulsa County are at higher risk of experiencing a stillbirth or fetal loss, premature birth and/or death of their child before one year of age than most other women in Oklahoma or the nation. Tulsa County recently received a grade of “F” (11.7% preterm birth rate) from the March of

Dimes on the 2015 Premature Birth Report Card compared to Oklahoma's "C" grade (10.3%). Oklahoma and Tulsa County statistics consistently demonstrate that the poor health of women of childbearing age (18-44 years) prior to pregnancy is the major contributor to premature births, stillbirths, infant deaths, and significantly impacts maternal mortality and maternal birth complications. Tulsa County ZIP codes with the highest percent of premature births are concentrated in North Tulsa.

December 2016: Healthy Women, Healthy Futures-Oklahoma (HWHF-OK) was awarded a \$60,000 grant by Healthy Kids, Healthy Families, a program of Blue Cross and Blue Shield of Oklahoma. While HWHF's focus is on women's pre-pregnancy health in order to prevent poor maternal and infant birth outcomes, by reaching mothers HWHF shares several of the Healthy Families, Healthy Kids goals. These goals include improving the health children and their families through disease prevention, physical activity, nutrition, disease management and supporting safe environments.

Program activities include:

- Weekly on-site health promotion classes at the Hutcherson YMCA
- Individualized education for women with chronic health conditions
- Care coordination
- Development of a health plan including a reproductive life plan
- Assistance to participants to establish medical homes
- It is anticipated that participants will share what they learn and experience in the program with their current children and other family members, which will positively impact their health and that of future generations.

Program Name: Margaret Hudson Program

***This program spans priority areas 1&2**

About: The Margaret Hudson Program provides comprehensive academic and family support services to help teen mothers succeed in life and parent healthy families.

The Margaret Hudson Program helps pregnant and parenting teens:

- Complete their high school education
- Achieve a healthy pregnancy
- Raise healthy infants
- Learn parenting skills
- Understand child development concepts
- Gain life skills for success
- Prepare for post-secondary education or future employment

MHP's comprehensive services are provided in five core areas:

- Education
- Counseling and Social Services
- Healthcare
- Early Childhood Education and Childcare
- Community Outreach Services

MHP offers a comprehensive alternative education program for pregnant and parenting teens through integrated academic classes, health and counseling services, vocational training and on-site childcare. Our staff teach parenting and life skills and provide quality early childhood education. Family planning education and access to birth control contraception is provided to reduce the incidence of subsequent teen pregnancies.

In a typical year, MHP serves approximately 160 teen girls and 70 infants and young children. Since our founding in 1968 in Tulsa, the Margaret Hudson Program has met the needs for over 10,000 girls, ages 11 to 19, and their young children from 2 weeks to 2 years old.

There is no charge for teens to attend school at the Margaret Hudson Program. MHP's comprehensive programs are offered on two academic campuses, in partnership with Tulsa and Broken Arrow Public Schools. MHP will close its doors in Tulsa Public Schools after May 2017 after the Tulsa Area United Way decided to stop funding, pulling about \$385,000 from the program's budget. The Broken Arrow location, which can help about 50 students, will remain open. Births to teenagers 19 years of age or younger in Oklahoma is 743 or 8.0% of all births. The high number of births has decreased since 2000 but still leaves Oklahoma ranked 2nd in the US.

Program Name: Healthy Tomorrows

***This program spans priority areas 1-5**

About: The goals and objectives for Healthy Tomorrows are: reducing health care disparities, and improving the health workforce.

Healthy Tomorrows goals and activities are:

- Expand the health care workforce by deploying 10 indigenous promotoras per year in east Tulsa County, Oklahoma.
- Recruit 10 current or former Healthy Women, Healthy Futures- Oklahoma graduates annually to conduct care navigation and support to women in east Tulsa targeting Hispanic women and their children.
- Provide stipends for training and services provided to the women and their children.
- Provide 80 hours of pre-service training to the promotoras from the HWHF curriculum.
- Provide supervision of the promotoras using licensed personnel (nursing or social work) affiliated with the federally qualified health centers and university services in east Tulsa.
- Improve the health disparities created by geographic and social isolation among low income children of Hispanic and other minority women.
 - Identify children 0-8 years whose mothers are interconceptional from the federally qualified health centers and university services in east Tulsa.
 - Screen the women for interest in the HWHF program by licensed personnel.
 - Receive informed consent for the women and her children to be a part of the program while the child is 0-8 years old by licensed personnel.
 - Assess the maternal risk factors using the Interconception Risk Assessment for counseling and referral services by licensed personnel.
 - Assess the infant and child risk factors using the Ages and Stages Questionnaire (ASQ) (Sprouts online).

- Refer women and children to risk appropriate services and preventative health care (within the medical home as appropriate).
- Provide risk appropriate awareness and health education using face to face, health and telephone access by promotoras.
- Conduct staffing with promotoras and licensed personnel to identify unmet needs of women and their children, and to the support needs of the promotoras.
- Evaluate the success of the program using qualitative and quantitative methods with the women, children, promotoras and licensed personnel involved in the program.

To expand pediatric medical homes for children 0-8 years old, Healthy Start will identify children who might benefit from continuous care coordination through the safety-net and private providers. The care coordination will be conducted using clinic, home and community contacts with the mother and child. Emphasis will be placed on maintaining the developmental milestones of the child, immunizations and early periodic screening, diagnosis, and treatment schedules (EPSDT), and maintaining the health of the mother.

An independent evaluator from the University of Oklahoma College of Nursing is under contract with CSC for optimal participation in the national MCHB program evaluation, evaluation of performance measures, and quality assurance.

Healthy Tomorrows is federally funded under the Health Resources & Services Administration. (HRSA)

Program Name: Community Action Project (CAP Tulsa)

***This program spans priority areas 1-5**

About: CAP Tulsa helps families in need achieve economic self-sufficiency. Our vision for the future is that children grow up and achieve economic success so that their children are not born into poverty. Our method is to combine high quality early childhood education with innovative family services and resources.

CAP Tulsa believes every family and every child deserves the same opportunity for success. This is achieved by empowering low-income families with the education and tools they need to break the cycle of poverty. CAP Tulsa provides the support and guidance with early childhood education and comprehensive enrichment programs for the entire family.

CAP Tulsa specifically focuses on a two generation approach that aims not only to prepare young children for future success in school, but also their parents through programs designed to increase parenting skills, employability and earning potential.

CAP Tulsa’s Head Start and Early Head Start program enrollment is reflected in the following numbers:

2015-2016 Total Funded Enrollment: Head Start (HS) 1,351, Early Head Start (EHS) 260

Total Funded Enrollment 1,611

% of Eligible Population Served through Funded Slots:

Early Head Start 5.40%; Head Start 36.37%

CAP Tulsa’s Learning@Home program is available to parents who are expecting or have children up to 3-years-old. Learning@Home focuses on developing a child’s brain through play, music, reading and other activities. Learning@Home is free to income eligible families.

The Classroom Assessment Scoring System is an observation instrument developed at the University of Virginia to assess classroom quality is used to assess quality within CAP sites. CAP Tulsa's average CLASS scores in winter 2016 were higher in Instructional Support than the average of all Head Start agencies observed via federal review in 2015.

CAP Revenue for 2015-16 was listed as:

Head Start / Early Head Start \$12,876,953; Department of Education (DOE) \$2,009,036; CACFP \$854,369; United Way \$166,239; Childcare \$160,877; Other Income \$658,173; Total Revenue \$16,815,611

Program Name: Sprouts Child Development Initiative

***This program spans priority areas 2-5**

About: Sprouts Child Development's model is focused on ensuring the needs of each child and their family are met, long term. We are unique in that our program does not rely on government criteria or funding to see a child. The point of entry into the Sprouts program is the online Ages and Stages Questionnaire (ASQ) screening. Based upon screening results, if there are any concerns, the Sprouts team of highly skilled developmental clinicians is available to then provide the next level of assessment, and uses those results to work closely with the family and their physician to find the best option for services in the community. Because Sprouts refers to the community for services, our assessment is unbiased and uninfluenced by any potential incentive to "identify" problems that we would then receive funding to treat. Increasingly, private physicians who recognize our objectivity are sending their patients directly to Sprouts for the more in-depth developmental assessment and referral for services, when they have concerns about a child.

Additionally, Sprouts continually educates the broader community about the importance of early screening and intervention, by making the ASQ screening link open to the general public. We're building a larger long-term public health capacity by developing new partnerships to provide screenings which currently includes work with case managers, nurse-family partnerships, home visiting programs, churches, public and private schools, therapeutic court programs, childcare centers, physicians' offices, and many others. The Sprouts Development website and social media sites provide targeted and actionable child development education and resources for families and caregivers. We offer resources to help anyone who has, or works with, a young child – identify and learn what developmental skills and milestones a child should be mastering at certain times, and corresponding activities they can engage in with the child to promote those skills. For example, our Early Literacy videos focus on helping parents and caregivers recognize everyday early childhood actions and behaviors that are tied to early literacy. It isn't hard to understand why, before viewing our videos, a parent may not understand that the fine motor skills developed by an eight-month-old picking up a Cheerio are setting the stage for later writing.

Our goal is to help as many children and families as possible, receive the earliest care and support they need; having the greatest positive impact on their healthy development. It starts with a model to ensure first, that all children have access to screening; then a comprehensive system to provide whatever level of care is needed – from family engagement, education and support, to specialized care and coordination.

- To date, over 4,400 ASQ developmental and social-emotional screenings have been completed through the Sprouts website's online screening link. Each was reviewed and received personalized feedback from the Sprouts clinical team.
- 1,565 screenings were completed in 2016 through the website online screening link.
- 518 assessments (further evaluation) were provided by Sprouts clinical professionals in the Sprouts office or on-site at childcare, preschool, library or other community setting. Assessments may result from concerns indicated on the online ASQ screening, a direct referral from a doctor, clinic or other healthcare provider, or by request from a parent/caregiver.
- Of the 518 assessments in 2016, 492 (95%), were referred for early intervention services in the community.

All families of children seen for further assessment received written and verbal preliminary recommendations the day the assessment was completed. After the assessment report was written and the family received it (within 2 weeks), a clinician reviewed the results and recommendations in the report with the family. Over 90% also participated in 2 to 3-month follow-up contact to ensure services were acquired, fit the family's needs, and were progressing.

The Sprouts Child Development Initiative is funded by the Morningcrest Healthcare Foundation and the George Kaiser Family Foundation (GKFF).

Program Name: Tulsa Educare

***This program spans priority areas 2-5**

About: Tulsa Educare's three schools provide full-day, year-round early childhood education and family support services. The first Educare school opened in Tulsa adjacent to Kendall-Whittier Elementary School and includes an on-site health clinic. The second Educare school is adjacent to Hawthorne Elementary School and 75% of the classrooms serve infants and toddlers. The third Educare school in Tulsa is located next to MacArthur Elementary School. Tulsa is the only city in the country with three Educare schools. Like Educare schools across the country, the schools strive to boost the quality and effectiveness of other early childhood programs in Tulsa and Oklahoma.

The Educare model is based on research from early childhood development, education, social work and other allied fields. Four core features compose the Educare model: data utilization, embedded professional development, high-quality teaching practices and intensive family engagement.

Strong leadership at Educare schools supports the implementation of the model and develops the culture for high-quality early childhood education and family support services. Educare also connects with community-based programs that help children and families access additional resources, such as health and mental health services.

Four core features work together in a comprehensive and intentional way to achieve a high-quality early childhood program that helps children from birth to age 5 grow up safe, healthy and eager to learn. Educare prepares children for success in school and life, and helps parents develop the skills they need to champion their child's education.

The three Tulsa Educare sites have an OKDHS licensing capacity of 655 children and serve children ages 6 weeks to 5 years.

Educare has tracked program quality and child and family outcomes with the Educare Implementation Study since 2005. Every Educare school participates in this study as part of its ongoing program operation and improvement efforts. Educare partners on the study with researchers from the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill and local research institutions in Educare communities. The Early Childhood Leadership Institute at the University of Oklahoma-Tulsa Campus is the local evaluation partner for Tulsa's three Educare Centers. The Educare model is a research-based approach for providing high quality education for infants, toddlers and preschoolers growing up in low-income families. The Buffett Early Childhood Fund and the Ounce of Prevention Fund work with local public and private partners in communities across the country to establish Educare centers. These centers comprise the growing consortium known as the Educare Learning Network. The Tulsa Educare Centers are part of this network. The Educare Implementation Study was designed by researchers at the Frank Porter Graham Child Development Institute to document the features of Educare and how implementation of the model contributes to program quality and links to child and family outcomes.

The majority of Educare parents report engaging with their children at least three times a week in activities like talking to them about their day at Educare, teaching them letters or numbers and reading to them. Educare students, including dual-language learners, outperform low-income peers on vocabulary assessments. Children who enter Educare at younger ages have higher levels of receptive vocabulary skills at kindergarten entry than children who start Educare later. Dual-language learners benefit even more from earlier entry and longer involvement in Educare, demonstrating stronger gains in English language ability. Educare's intentional focus on building children's social-emotional skills before age 3 and continuing through age 5 works. More time in Educare is associated with higher ratings of social-emotional skills, including teacher-rated self-control and initiative, among most children.

Program Name: Sooner SUCCESS

***This program spans priority areas 2-5**

About: Sooner SUCCESS is a community based service available to any child, birth to age 21, with special needs. Their needs can be physical, developmental, emotional, behavioral, or due to abuse/neglect.

Sooner SUCCESS supports families in their own communities:

Too often, families who have children with special needs don't know where to turn for services, help, or equipment. They worry about their child's future and about how to pay for services if they can find them. They need information about their child's disability or condition. Sooner SUCCESS connects families to services in their community that will meet their child's unique needs.

Sooner SUCCESS Coordinators assist families by:

- Discussing available resources that fit the family's unique situation.
- Providing a county-specific resource guide of available services and supports.
- Supporting families as they complete complex application forms for services or prepare for meetings with service providers.
- Helping them locate specialty services – medical, counseling, speech and hearing, vision, nutrition, etc.
- Helping them learn more about their child's needs and condition by providing printed information or links to trustworthy websites.

- Providing materials and guidance to families as they create their own Care Notebook to organize health/education information for their child.
- Providing emotional support during times of stress as well as recommendations for long-term peer support groups and networks.
- Providing contact and eligibility information for critical support programs such as the Respite Voucher System, Medicaid, Sooner Start, TEFRA, and the Family Support Assistance Program.
- Developing and organizing community projects to benefit children with special needs. Past projects have included mobile dental clinics, home/school renovations, social/recreation events, information fairs, and health screening events.
- Organizing local and regional training workshops for parents on special needs topics.

Sooner SUCCESS is unique in its focus and ability to coordinate the different elements at both a community and state level.

- It brings together agencies, parents and providers with an interest in children and youth services through coalitions- particularly services for children with special needs. In addition, Sooner SUCCESS succeeds in joining together existing coalitions for the purpose of achieving greater efficiency and closing existing service gaps.
- It provides direct service navigation to families allowing Sooner SUCCESS to identify service needs for coalitions - enabling them to become more aware and motivated to seek solutions for families.
- It nurtures and facilitates community and state efforts to address their needs through local and State initiatives. This is done by providing state agencies and universities with expertise about community and family experiences for the purpose of identifying additional public and private funding resources.
- It provides accurate information to the local communities and the state on both the needs of children and the impact of the community efforts.

Program Name: Community Action Resource and Development, Inc. (CARD)

***This program spans priority areas 2-5**

About: Community Action Resource and Development, Inc. (CARD) is a non-profit corporation whose primary purpose is to administer anti-poverty programs in northeastern Oklahoma. Primary service areas are Nowata, Mayes, Rogers, Wagoner, Washington, and portions of Tulsa counties. CARD offers Head Start/Early Head Start services in part of Tulsa County (Broken Arrow School district).

CARD is governed by a Board of Directors representing private, public, and low-income sectors of our communities. Funding is provided through various state, federal and private sources and is designated by the State of Oklahoma as a Community Action Agency as outlined in the Community Service Block Grant Act.

CARD's mission is to bring together all available local, state, private, and federal resources in order to reduce poverty, revitalize low-income communities, and empower low-income families and individuals in rural and urban areas to attain the skills, knowledge, motivation, and opportunities to become self-sufficient.

The Head Start/Early Head Start programs are funded by a Federal grant which has income guidelines for participation. Both Head Start and Early Head Start are required to document family income and compare to the federal poverty levels. Families may also qualify based upon certain factors, such as homelessness or receiving public assistance, e.g., TANF, Child Care Subsidy, and SSI. Head Start may also accept up to 10% of children who have risk factors which indicate a strong need for a school readiness program but whose families are over the federal poverty income guidelines. Head Start provides education and support service to children ages 4 and 5, while Early Head serves pregnant mothers and children to age 3, both programs are offering extended care, thus serving more working families who need longer days and qualify under this category.

CARD HS/EHS collaborate with parents in order to implement a developmentally appropriate curriculum, which supports each child's individual pattern of development and learning. CARD uses Creative Curriculum, which is based on sound child development research, which tells what to expect of children at a given stage of development. Creative Curriculum uses an environmentally based approach that is responsive to the needs of diverse communities and cultures represented in the HEAD Start/Early Head program. It allows staff and parents to modify the environment to make it increasingly challenging and relevant while building on the child's changing needs, interests, skills and abilities. Activities. CARD provides a variety of activities which address the Head Start/ Early Learning Framework in an integrated way; using intentional instruction and scaffold learning throughout the day to enhance and encourage growth and development, forming the foundation for School Readiness and later school success.

CARD Services also include: Nutrition- HS/EHS strongly supports breastfeeding moms; Health Services, Mental Health Services- All children receive social-emotional developmental screenings as part of their first 45-day service package; parents complete the standardized screening, and teachers provide additional input. CARD HS & EHS children, families and staff have professional consultants available, and many families access this supportive service. Parent support programming such as, The Incredible Years, are offered at select locations, and parents are encouraged to access community services. Partnerships enable families to receive services in their homes, at school or off site. Family Engagement. Head Start understands that it is hard to focus on school when there are other family needs. Family workers (FSR/FMS) are charged partnering with families, assisting families with their goals and needs, often by connecting them with the community's resources. Families may receive a wide array of services, from financial literacy workshops to parenting support groups, mental health services or a host of other resources. Additionally, parent involvement is encouraged in all aspects of the program.

Within Tulsa County CARD operated 9 Head Start Classrooms and 6 Early Head Start Classrooms in 2014-15. Across the agency CARD Head Start/ Early Head Start served: Head Start funded for 637; served: 682 EHS-funded for 143; served: 250. Total number of families served: 923 & 9 expectant moms.

Program Name: The Power of Families Project

***This program spans priority areas 1-5**

About: Expands the capacity of Tulsa area family, friend, and neighbor care environments to provide successful, equitable early childhood experiences for children who are not accessing formal early

childhood programs and/or whose first language is not English. Increases families' knowledge of resources and develops a dense social network within schools and their community to support them in care giving and advocacy for their child.

Over the last decade, growth of the Latino population in Tulsa has been significant. Latino children now make up 32% of the student population in the Tulsa Public School and Union Public School districts. Yet, Latino families are less likely than other racial/ethnic groups to access formal early childhood programs. To increase opportunities for the successful development of Latino children, The Power of Families Project has engaged more than 200 children under five and their families in Tulsa since 2014. Upon initial enrollment in our program, we found that 177 of the 200 children were not attending formal early childhood programs. Additionally, of the 156 parents and caregivers we serve, many reported low levels of engagement and empowerment within Tulsa's education system due to barriers such as unfamiliarity, language, immigration status and racism/discrimination:

- 66% of parents perceived they could not participate in their child's education
- 67% of parents perceived they did not have access to healthy foods
- 68% of parents perceived they did not have access to protection from police
- 72% of parents perceived they did not have access to social services/clinics
- 72% of parents perceived they did not have access to affordable housing

The Power of Families strategy includes the promotora model, which has primarily been used in the healthcare arena, to support the needs of marginalized communities and promote trust of local systems and institutions. Promotoras, individuals who have nascent leadership skills and empathetically understand the barriers that Latino immigrant families face, were recruited and trained on best practices in early childhood development. To date, The Power of Families Project promotoras have served 156 families, with approximately 200 children under the age of five. Baseline developmental screenings show that of the children participating in the program, 64% had some developmental delay that could potentially lead to learning difficulties later in life. The team of promotoras support families to be their child's first teacher and connect them with local resources, services and information, while assisting them as they navigate systems, such as physical and mental health, speech, housing, food, and various types of financial assistance. The promotoras also plan and organize opportunities to engage with their local community schools and libraries by hosting baby book clubs, health fairs, and education resource events.

The Power of Families is a collaboration of the W.K. Kellogg Foundation; Tulsa Public Schools; Union Public Schools; and Florida State University.

Program Name: Public School Pre-K and Kindergarten Programs in Tulsa County

***This program spans priority areas 4&5**

About: Tulsa County has 15 school districts including- Berryhill Public Schools, Bixby Public Schools, Broken Arrow Public Schools, Collinsville Public Schools, Glenpool Public Schools, Jenks Public Schools, Keystone Public Schools, Liberty Public Schools, Owasso Public Schools, Sand Springs Public Schools, Sapulpa Public Schools, Skiatook Public Schools, Sperry Public Schools, Tulsa Public Schools, and Union Public Schools.

Oklahoma receives national recognition for being one of the first states to implement universal Pre-Kindergarten in the late 1990s. Pre-K has been shown to have both short and long-term positive impact on participating children – academically, socially, physically and economically.

Although the number of children enrolled in public Pre-K programs in Tulsa County has more than doubled since 2001, it still falls short of the number attending kindergarten, a sign that many children entering kindergarten are not taking advantage of the public Pre-K opportunity.

Based on enrollment data and estimates of the number of kindergarten retentions, we estimate that just over a quarter of SY2015-16 Tulsa County public school kindergartners did not attend a public Pre-K program.

However, it must be noted that many children attend private Pre-K programs and are therefore not included in the public Pre-K count. Children enrolled in Head Start, Educare and certain child care Pre-K programs are included in the count. In Tulsa County during school year 2015-16 Full Day Pre-K attendance among all school districts was 6,084, with 430 children attending Half-Day Pre-K programs. During the same school year Kindergarten enrollment was 9,552. This represents a gap of 3,038 children attending Kindergarten that did not attend public school Pre-K during the 2015-16 school year. ImpactTulsa and partners launched both a regional and targeted marketing campaign in Spring 2016 which produced a 4% increase in enrolled pre-K students within a targeted geographic area of Tulsa County.

Priority 1: Babies must be born on time and healthy (Prenatal -birth)

A. Availability/Accessibility of Resources:

Name of services and programs in the geographic area:

- **Tulsa Healthy Start- Level 1, Tulsa Healthy Start Level 2, Children First, CAP, Healthy Women Healthy Futures, Margaret Hudson Program, Power of Families**

Number of children and families served annually by programs:

- **In 2016 Tulsa Healthy Start Level 1 served 522 participants.**
- **In 2016 Tulsa Healthy Start Level 2 served 989 participants including: 440 pregnant women, 164 non-pregnant at any time during reporting period; 433 children with 129 infants under 12 months and 310 children 12 months and over.**
- **From 2014-2016, The Power of Families Project promotoras have served 156 families, with approximately 200 children under the age of five.**
- **WIC served 15,577 Women, Infants, and Children in Tulsa County in FY2016.**
- **Margaret Hudson Program serves approximately 160 teen girls and 70 infants and young children per year.**
- **Healthy Women Healthy Futures served 100 participants in 2016**
- **Children First served 644 families in Tulsa County in 2016**
- **CAP Early Head Start (EHS) served 260 children in 2015-16**

Description of the location of services in relation to families in greatest need – travel distance and transportation

- **The programs highlighted under this priority area are utilized by participants from every zip code within Tulsa County. Transportation issues are a recognized problem within the County that effects each of these programs and their participants in different and unique ways. JumpStart Tulsa has worked to gather information about transportation services in Tulsa to inform our partners from a variety of sources. Here is an overview of Transportation Services in Tulsa County that are relevant to this priority area provided by a representative from 211 to JumpStart Tulsa:**
- **Sooner Ride: SoonerRide arranges to take clients to medically necessary services covered by SoonerCare.**
 - **It is not for emergency transport**
 - **You must call at least three business days before your appointment to arrange for your ride.**
 - **A trip authorization number must be obtained in advance through the reservation line for gas/mileage reimbursement.**
- **Neighbor for Neighbor: Offers bus tokens through the NFN Family Assistance Program.**
- **Morton Comprehensive Health Service: Is a Federally Qualified Health Center that houses one of the Tulsa Healthy Start Level 2 program sites provides scheduled in advance transportation to their clients.**
- **211 receives 5000 calls for transportation needs per year and has a 20% unmet need. Transportation is a major gap in day to day functioning of families with children.**
- **Tulsa Transit: (Information provided by Debbie Ruggles, Interim General Manager)**
 - **Tulsa Transit has good coverage the problem is frequency:**

- **Some buses run every 30 minutes, some every 45 minutes, some every hour during the day; changes to every 2 hours at night (around 7:30 or 8:00 PM). No service on Sunday is a huge gap in needs for working adults.**
- **Transfers become problematic due to difference in frequency of buses**
- **Riders: 50% commuters; 11% for School; 23% Personal; 16% Medical; Of this 50% are women**
- **Ridership has been up over last 3 years. It peaked in 2015 at 2.5 – 3 Million riders.**
- **Tulsa has a large low income population without other means of transportation.**
- **Number of programs that provide non-traditional hours of service delivery (nights, weekends)**
- **Within this Priority area a number of home visitation programs are highlighted, home visitation programs often serve families during non-traditional hours to accommodate client need. Additionally, Healthy Start Care Coordinators (Level 2) build client relationships that often extend beyond traditional hours to accommodate everything from basic medical questions to assisting a client in crisis.**

Gaps in the availability or accessibility of services to address Priority 1

- **See narrative above- Travel distance and Transportation**

B. Cost/Affordability

Program funding or costs and funding sources (federal, state, local, private)

- **Tulsa Healthy Start- Level 1, Tulsa Healthy Start Level 2:** Federally funded under the Health Resources and Services Administration. Healthy Start provides services at no cost to clients and does not have an income guideline for services.
- **Children First:** Children First provides services at no cost to clients. The program is funded through Oklahoma’s Nurse-Family Partnership and is funded by state appropriations.
- **CAP:** CAP funding for 2015-16 was listed as: Head Start / Early Head Start; Department of Education (DOE); CACFP; United Way; Private Pay Child Care. CAP Tulsa’s Learning@Home program that fits under this priority area provides free services to income eligible families.
- **Healthy Women Healthy Futures:** In December 2016 Healthy Women, Healthy Futures- Oklahoma (HWHF-OK) was awarded a by Healthy Kids, Healthy Families, a program of Blue Cross and Blue Shield of Oklahoma.
- **Margaret Hudson Program:** There is no charge for teens to attend school at the Margaret Hudson Program. MHP’s comprehensive programs are offered on two academic campuses, in partnership with Tulsa and Broken Arrow Public Schools.
- **Power of Families:** Power of Families provides services at no cost to clients. The Power of Families is a collaboration of the W.K. Kellogg Foundation; Tulsa Public Schools; Union Public Schools; and Florida State University.
- **Supplemental Nutrition for Women, Infants and Children (WIC):** Applicants must live in the state in which they apply and meet income guidelines. WIC is a program of the Food and Nutrition Service, a Federal agency of the U.S. Department of Agriculture. It is not an entitlement program, but rather a Federal grant program for which Congress authorizes a specific amount of funds annually. If you receive Medicaid, SNAP or TANF, you are automatically eligible for WIC benefits.

Describe how fee-for-service programs are structured (sliding scale)

- **Fee for service programs are not applicable to this Priority Area.**

Eligibility for programs or support services

- **CAP and WIC both require clients to meet income guidelines.**
- **CAP requires participants meet the income qualifications for Head Start/Early Head Start: Children from birth to age five who are from families with incomes below the poverty guidelines are eligible for Head Start and Early Head Start services. Children from homeless families, and families receiving public assistance such as TANF or SSI are also eligible. Foster children are eligible regardless of their foster family's income. Program staff members may refer to this section of the Head Start Act to further understand eligibility for Head Start and Early Head Start.**
- **WIC: In order to qualify for this benefit program, you must be a resident of the state of Oklahoma; a pregnant, breastfeeding and/or postpartum woman; an infant or child up to 5 years of age; and individually determined by a health professional to be at nutrition risk.**

In order to qualify, you must have an annual household income (before taxes) that is below the following amounts:

Household Size:

- **1 \$21,978**
- **2 \$29,637**
- **3 \$37,296**
- **4 \$44,955**
- **5 \$52,614**
- **6 \$60,273**
- **7 \$67,950**
- **8 \$75,646**

Affordability of programs for families

- **All of the programs within this Priority Area are provided at no cost to clients.**
- **Gaps or barriers in eligibility or affordability – estimate of how many families are not able to access needed supports due to eligibility or cost factors.**
 - **The working poor that are earning just above the Federal Poverty Level may not be able to access the services listed above that require participants to meet income guidelines. In the Tulsa area, 200% of poverty serves as a reasonable and conservative estimation of self-sufficiency level for families, meaning that in order to live self-sufficiently without public or private assistance, a family must earn at least the equivalent of 200% of poverty, which equals \$40,320 for a family of three. Almost two-thirds of young children in Tulsa and nearly half in the county live in households that earn less than 200% of poverty.**

C. Quality of Resources/Responsiveness to Families

Outcomes reported by each program:

***This section highlights outcomes from a select group of programs and is not reflective of all programs and services in Tulsa County.**

- **Tulsa Healthy Start- Level 1, Tulsa Healthy Start Level 2:** Tulsa Healthy Start is a program designed to meet the needs of mothers and infants living in our community, focusing on healthy outcomes to reduce infant mortality. There were 5.82 infant deaths per every 1,000 live births in America in 2014, down from a rate of 6.86 in 2005.
- **Children First:** Among Children First mothers who gave birth in SFY 2016, 88% initiated breastfeeding with their new infant.
- **Supplemental Nutrition for Women, Infants and Children (WIC):** WIC outcomes are reported to be longer pregnancies; fewer premature births; lower incidence of moderately low and very low birth weight infants; fewer infant deaths; a greater likelihood of receiving prenatal care; and savings in health care costs from \$1.77 to \$3.13 within the first 60 days after birth.

Quality standards (or research base) for services/programs that are used either within the community, state-wide or nationally

- **Healthy Start is subject to a national evaluation process including:** Outcome Evaluation Data Sources; Preconception, Pregnancy and Parenting (3Ps) Form/Client-level Data; Vital Records (infant birth and death records); and Pregnancy Risk Assessment Monitoring System (PRAMS)

Professional development requirements/availability

- **The Tulsa Family Health Coalition provides maternal child health training on a monthly basis along with hosting a number of conferences throughout the year. CHAT and CHAT+ trainings are held monthly, in 2016 128 separate individuals attended the CHAT and CHAT + Training Institute with an average of 26 participants in attendance at each training opportunity. Participants included Healthy Start Care Coordinators and Case Managers from the Healthy Start Level 1 and 2 programs in Tulsa, Health Care Providers, Home Visitors, Teen Parent Resource Providers, Mental Health Professionals, Head Start Providers, Public School Staff, Housing Resource Providers, Veterans Outreach Providers, and Pregnancy Prevention Resource Providers.**

Describe how customer feedback about the quality of services/programs is obtained and used to improve quality

- **JumpStart Tulsa has been a liaison between community programs to inform change for many years surveying the community and providing feedback to the coalition to take back and inform program practices.**

Describe gaps in quality of programs and/or responsiveness to family voice and professional development/training needs

- **Gaps exist within many of the programs listed within this Priority Area due to the growing needs within the community and a lack of available funding to support needed programming. One example would be The Power of Families project. Power of Families is very successful with the groups that it serves but cannot reach the entire Hispanic population within Tulsa County and there are currently no replicated models to work with other minority groups of refugee populations such as the rapidly growing Burmese population.**

D. Service Coordination/Referral Networks and Program Alignment

Describe processes in place to ensure components of the system work together; how referrals between programs and services are made

- **There is currently no single access point for clients to enter services. While many of the programs listed under this Priority Area work together and make referrals between program no seamless referral system currently exists.**

Describe processes for alignment of program standards, services, professional development, and supports to ensure seamless transition between programs and support a developmental progression of learning

- **The Tulsa Family Health Coalition holds a monthly steering committee meeting and works with 48 partner agencies to align and coordinate maternal child health services within Tulsa County.**

Describe gaps that exist in coordination, referrals and/or alignment

- **There is currently no single access point for clients to enter services. While many of the programs listed under this Priority Area work together and make referrals between program no seamless referral system currently exists.**

E. Benchmarks

Provide data as available on relevant indicators for this priority, i.e., number of births, prenatal care, full-term births, low-birth weight, infant mortality, maternal mental health screenings, substance abuse treatment availability for pregnant women, etc.

- **Tulsa County resident births rose from 6,956 in 1975 to 9,381 in 2014, a 35% increase that is due primarily to overall growth in the population rather than an increase in birth rates.**
- **Since about 2000, however, rates have fluctuated between 6.7 and 8.8 infant deaths per 1,000 live births in Tulsa County, and a little lower nationally. In spite of substantial declines in infant mortality overall, significant racial disparity still exists. Rates range from 5.8 for Hispanics, 6.4 for whites, 8.1 for Native Americans, to a high of 15.7 for blacks – nearly twice that of any other race or ethnicity.**
- **Tragically, Tulsa County families mourned the deaths of 75 infants during 2014 – 48 in the first month of life and 27 between one month and one year of age.**
- **Children First reported 3,773 Edinburgh Postnatal Depression Scale screenings administered to 1,572 mothers in SFY 2016. Approximately twelve percent of these screenings indicated signs of depression and required immediate attention by a healthcare or mental health professional.**

Priority 2: Toddlers must be on a positive developmental trajectory (children birth to age 3)

A. Availability/Accessibility of Resources:

- Name of services and programs
 - **Tulsa Healthy Start Level 1- Tulsa Health Department, Tulsa Healthy Start Level 2- Community Service Council, Children First, March of Dimes, Supplemental Nutrition for Women, Infants and Children (WIC), Healthy Women, Healthy Futures – Oklahoma, Margaret Hudson Program, Healthy Tomorrows, Community Action Project (CAP Tulsa), Sprouts Child Development Initiative, Tulsa Educare, Sooner SUCCESS, Community Action Resource and Development, Inc. (CARD), The Power of Families Project**
- Outcomes reported by each program

- **Tulsa Educare:** The majority of Educare parents report engaging with their children at least three times a week in activities like talking to them about their day at Educare, teaching them letters or numbers and reading to them. Educare students, including dual-language learners, outperform low-income peers on vocabulary assessments. Children who enter Educare at younger ages have higher levels of receptive vocabulary skills at kindergarten entry than children who start Educare later. Dual-language learners benefit even more from earlier entry and longer involvement in Educare, demonstrating stronger gains in English language ability. Educare’s intentional focus on building children’s social-emotional skills before age 3 and continuing through age 5 works. More time in Educare is associated with higher ratings of social-emotional skills, including teacher-rated self-control and initiative, among most children.

Program funding/costs and funding sources for each program

- o Include both public- and privately-funded programs
- o Describe how services (such as health care) are paid for if no information about costs are available
- **See information listed under Priority Area 1 for information about: Tulsa Healthy Start Level 1- Tulsa Health Department, Tulsa Healthy Start Level 2- Community Service Council, Children First, March of Dimes, Supplemental Nutrition for Women, Infants and Children (WIC), Healthy Women, Healthy Futures – Oklahoma, Margaret Hudson Program, Healthy Tomorrows, Community Action Project (CAP Tulsa), and The Power of Families Project**
- **Tulsa Educare:** Tulsa Educare accepts students that qualify for DHS Subsidy and is George Kaiser Family Foundation (GKFF) is the anchor funder for Tulsa Educare.
- **Sooner SUCCESS:** is a collaboration between the Child Study Center, the Department of Human Services, the Department of Health and the Oklahoma Developmental Disabilities Council.
- **Community Action Resource and Development, Inc. (CARD):** The Head Start/Early Head Start programs are funded by a Federal grant which has income guidelines for participation. Both Head Start and Early Head Start are required to document family income and compare to the federal poverty levels. Families may also qualify based upon certain factors, such as homelessness or receiving public assistance, e.g., TANF, Child Care Subsidy, and SSI. Head Start may also accept up to 10% of children who have risk factors which indicate a strong need for a school readiness program but whose families are over the federal poverty income guidelines.

Number of children and families served annually by program:

- **See information listed under Priority Area 1 for information about: Tulsa Healthy Start Level 1- Tulsa Health Department, Tulsa Healthy Start Level 2- Community Service Council, Children First, March of Dimes, Supplemental Nutrition for Women, Infants and Children (WIC), Healthy Women, Healthy Futures – Oklahoma, Margaret Hudson Program, Healthy Tomorrows, Community Action Project (CAP Tulsa), and The Power of Families Project**
- **Sprouts Child Development Initiative:** 1,565 screenings were completed in 2016 through the website online screening link. 518 assessments (further evaluation) were provided by Sprouts clinical professionals in the Sprouts office or on-site at childcare, preschool, library or other community setting. Assessments may result from concerns indicated on the online

ASQ screening, a direct referral from a doctor, clinic or other healthcare provider, or by request from a parent/caregiver. Of the 518 assessments in 2016, 492 (95%), were referred for early intervention services in the community.

- **Tulsa Educare:** The three Tulsa Educare sites have an OKDHS licensing capacity of 655 children and serve children ages 6 weeks to 5 years.
 - **Community Action Resource and Development, Inc. (CARD):** Within Tulsa County CARD operated 9 Head Start Classrooms and 6 Early Head Start Classrooms in 2014-15. Across the agency CARD Head Start/ Early Head Start served: Head Start funded for 637; served: 682
 - EHS-funded for 143; served: 250. Total number of families served: 923 & 9 expectant moms.
- Description of the location of services in relation to families in greatest need – travel distance and transportation
 - **In addition to the overview of services provided in Tulsa County detailed in Priority Area 1. Tulsa Educare offers gas cards as incentives to families to assist them with their transportation needs.**
 - Number of programs that provide non-traditional hours of service delivery (nights, weekends)
 - **See information in Priority Area 1- Home Visitation Programs**

B. Quality of Resources

- Describe any quality measures (or research base) for services/programs listed above that are used either within the community, state-wide or nationally
 - **Healthy Tomorrows:** An independent evaluator from the University of Oklahoma College of Nursing is under contract with CSC for optimal participation in the national MCHB program evaluation, evaluation of performance measures, and quality assurance.
 - **Tulsa Educare:** Educare has tracked program quality and child and family outcomes with the Educare Implementation Study since 2005. Every Educare school participates in this study as part of its ongoing program operation and improvement efforts. Educare partners on the study with researchers from the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill and local research institutions in Educare communities. The Early Childhood Leadership Institute at the University of Oklahoma-Tulsa Campus is the local evaluation partner for Tulsa's three Educare Centers. The Educare model is a research-based approach for providing high quality education for infants, toddlers and preschoolers growing up in low-income families.
 - **CAP and CARD Head Start/Early Head Start:** Head Start monitoring protocols are used by the Office of Head Start (OHS) to gather data during review events. Instruments are used to gather information to assess core performance areas of Head Start and Early Head Start grantees. Reviews are held for the Classroom Assessment Scoring System (CLASS®), Early Head Start-Child Care Partnerships (EHS-CCP), and Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA). Office of Head Start uses the information to determine program strengths, concerns, areas of noncompliance, and deficiencies.

Describe customer feedback about the quality of services/programs

- **JumpStart Tulsa has been a liaison between community programs to inform change for many years surveying the community and providing feedback to the coalition to take back and inform program practices.**

C. Measures

Indicators (ie.) number of children in early head start, health care providers promoting reading, providers or programs providing developmental screening, child care subsidy enrollment, children in DHS custody under 3, etc.

- **See the Developmental Pathways Document Attachment**

D. Gaps

Programs or services not available but needed

- **The needs of families who have a child that has a medical or developmental need is an area where gaps exist within this Priority Area. Sooner Success works to fill gaps in services for families with children who have special needs. "In many communities there are "gaps" — these are services that are desperately needed, but simply not available. We form community groups and partnerships with providers and families to identify and, whenever possible, create or modify local resources to meet the needs of families in that community."**

Estimated number of families not being served based on total projected population in need

- **In 2004, a total of 9,079 children under age 5 received licensed, subsidized child care in Tulsa County. By 2014, that number had dropped to 5,462, a loss of 3,617 young children, representing a 39.8% decline. The younger the children, the greater the decline, from loss of 64.7% for infants to 23.1% for 4 year olds. The decline in children in DHS subsidized child care can be attributed to a combination of factors affecting both supply and demand, including subsidy policies and practices, employment patterns, and demographic changes.**

Professional development/training needs

- **Professional development needs are met in Tulsa County from a variety of sources for this Priority Area: For Maternal Child Health Programs professional development is met through the Family Health Coalition monthly training and conference offerings detailed in Priority Area 1. For Early Childhood programs professional development is met through training provided by the Child Care Resource Center, Tulsa Technology Center, Tulsa Community College, and the OU-Tulsa Early Childhood Leadership Institute.**

Priority 3: Three-year-olds must be safe, secure and healthy

A. Availability/Accessibility of Resources:

Name of services and programs:

- **Supplemental Nutrition for Women, Infants and Children (WIC), Margaret Hudson Program, Healthy Tomorrows, Community Action Project (CAP Tulsa), Sprouts Child Development Initiative, Tulsa Educare, Sooner SUCCESS, Community Action Resource and Development, Inc. (CARD), The Power of Families Project**

Outcomes reported by each program

- **See narrative under Priority Area 2**

Program funding/costs and funding sources for each program

- o Include both public- and privately-funded programs
- o Describe how services (such as health care) are paid for if no information about costs are available

- **See narrative under Priority Area 2**

Number of children and families served annually by program

- **See narrative under Priority Areas 1 & 2**

Description of the location of services in relation to families in greatest need – travel distance and transportation

- **See narrative under Priority Areas 1 & 2**

Number of programs that provide non-traditional hours of service delivery (nights, weekends)

- **See the Developmental Pathways Document Attachment- Child Care Hours**

B. Quality of Resources

Describe any quality measures (or research base) for services/programs listed above that are used either within the community, state-wide or nationally

- **See narrative under Priority Areas 1 & 2**

Describe customer feedback about the quality of services/programs

- **In a 2016 JumpStart Tulsa Family Survey family members of children under 5 reported the following gaps in services: The high cost of Speech services, language barriers to services (reported by a Mother who was Spanish speaking), PCP's dropping SoonerCare and having to find new ones**

C. Measures

Indicators (ie.) % receiving recommended well-child checks and immunizations, number of children in out of home placements under age 4, child care availability, including non-traditional hours, number of programs that provide a mixed-delivery of services (child care, Early Head Start/Head Start and/or preschool for three-year-olds)

- **See narrative under Priority Areas 1 & 2**
- **See the attached Developmental Pathways Document**

D. Gaps

Programs or services not available but needed

- **See narrative under Priority Area 2**

Estimated number of families not being served based on total projected population in need

- **See narrative under Priority Area 2**

Professional development/training needs

- **See narrative under Priority Area 2**

Priority 4: Four-year-olds must be on a path to school readiness

A. Availability/Accessibility of Resources:

Name of services and programs:

- **Public School Pre-K and Kindergarten Programs in Tulsa County; Supplemental Nutrition for Women, Infants and Children (WIC), Healthy Tomorrows, Community Action Project (CAP Tulsa), Sprouts Child Development Initiative, Tulsa Educare, Sooner SUCCESS, Community Action Resource and Development, Inc. (CARD), The Power of Families Project**

Outcomes reported by each program

- **Public School Pre-K Programs in Tulsa County:** Data shows students who enroll in pre-K outperform those who do not. Forty-six percent of low-income kindergarteners who completed Pre-K were reading-ready compared with 41% of those who did not. Similarly, non-economically disadvantaged students who attended pre-K outperformed peers who did not attend (73 to 70%).

Program funding/costs and funding sources for each program

- o Include both public- and privately-funded programs
- o Describe how services (such as health care) are paid for if no information about costs are available

Public School Pre-K Programs in Tulsa County: Pre-K is provided at no cost to families and is included in the state funding formula for education.

Number of children and families served annually by program

- **See narrative under Program Areas 1 and 2**
- **Public School Pre-K Programs in Tulsa County during school year 2015-16:** Full Day Pre-K attendance among all school districts was 6,084, with 430 children attending Half-Day Pre-K programs. During the same school year Kindergarten enrollment was 9,552. This represents a gap of 3,038 children attending Kindergarten that did not attend public school Pre-K during the 2015-16 school year.

Description of the location of services in relation to families in greatest need – travel distance and transportation

- **Public School Pre-K programs within all 15 school districts in Tulsa County cover every zip code within the county. While many districts provide transportation, within large districts such as Tulsa Public Schools and Broken Arrow Public Schools transportation is a major issue due to families having children in multiple school locations and varying start and end times of the school day for different ages. These factors likely are strong influencers of the gap between Pre-K and Kindergarten enrollment.**

Number of programs that provide non-traditional hours of service delivery (nights, weekends)

B. Quality of Resources

Describe any quality measures (or research base) for services/programs listed above that are used either within the community, state-wide or nationally

- **National research shows that students who attend pre-K are more reading ready than peers who do not. Tulsa is a nationally recognized leader in high-quality early childhood education. Enrolling students in research-based 3- and 4-year old programs is an important lever for increasing kindergarten readiness.**
- **PASS Standards for Pre-Kindergarten are used in the State of Oklahoma and are aligned with the Oklahoma Early Learning Guidelines used in OKDHS licensed child care programs that serve 4 year olds.**

Describe customer feedback about the quality of services/programs

- **In a 2016 JumpStart Tulsa survey families reported the following factors to satisfaction with the Tulsa Public Schools Pre-K program their children were enrolled in:**
 - o **“My child is learning how to interact with other children and people. Knows numbers, colors, letters, has an interest in books.”**

- **“Pre-K is helping my child be socially ready. Able to identify letters, numbers, and colors. Able to write first name. Ready and willing to learn new & more things.”**
- **“To be safe and comfortable in an environment that promotes her well-being.”**
- **“Social skills, art, safe secure place, he likes school.”**

C. Measures

Indicators (ie.) % enrolled in preschool program, % of programs who have aligned early learning standards, number of children suspended from early childhood settings, etc.

- **See the Developmental Pathways Document Attachment**

D. Gaps

- Programs or services not available but needed
- **In a 2016 JumpStart Tulsa family survey families reported the difficulty of accessing afterschool programs due to location, cost, not accepting all tribal subsidies, and hours of operation not accommodating family work hours.**
- **Impact Tulsa reported that: When gathering data on kindergarten readiness there is a lack of assessment uniformity. There is no single inventory used within the region to assess academic, socioemotional, developmental, and physical domains for incoming students. Collecting universal reliable data is critical.**
- Estimated number of families not being served based on total projected population in need
- **3,038 children attending Kindergarten that did not attend public school Pre-K during the 2015-16 school year.**
- Professional development/training needs
- **See Phase II Community School Readiness Improvement Plan- Alignment of professional development**

Priority 5: Five-year-olds are ready for school.

A. Availability/Accessibility of Resources:

Name of services and programs

- **Public School Pre-K and Kindergarten Programs in Tulsa County; Supplemental Nutrition for Women, Infants and Children (WIC), Healthy Tomorrows, Community Action Project (CAP Tulsa), Sprouts Child Development Initiative, Tulsa Educare, Sooner SUCCESS, Community Action Resource and Development, Inc. (CARD), The Power of Families Project**

Outcomes reported by each program

- **Public School Kindergarten Programs in Tulsa County: A challenge Impact Tulsa discovered when gathering data on kindergarten readiness is the lack of assessment uniformity. There is no single inventory used within the region to assess academic, socioemotional, developmental, and physical domains for incoming students. Collecting universal reliable data is critical.**

Program funding/costs and funding sources for each program

- Include both public- and privately-funded programs
- Describe how services (such as health care) are paid for if no information about costs are available
- **See narrative under Priority Area 4**

Number of children and families served annually by program

- **Public School Kindergarten Programs in Tulsa County:** Kindergarten enrollment was 9,552 for the 2015-16 school year.

Description of the location of services in relation to families in greatest need – travel distance and transportation

- **See narrative under Priority Area 4**

Number of programs that provide non-traditional hours of service delivery (nights, weekends)

B. Quality of Resources

Describe any quality measures (or research base) for services/programs listed above that are used either within the community, state-wide or nationally

- **See narrative above- Outcomes**

Describe customer feedback about the quality of services/programs

- **See narrative under Priority Area 4**

C. Measures

Indicators: % of children enrolled in full-day kindergarten, # of students identified with an identified delay, % of students who are English language learners, number/percent of kindergarten students passing literacy screenings by end of kindergarten year

- **See attached Developmental Pathways Document**

D. Gaps

Programs or services not available but needed

- **100% of Kindergarten Students in Tulsa County are enrolled in a Full-Day program.**

Estimated number of families not being served based on total projected population in need

- **100% of Kindergarten Students in Tulsa County are enrolled in a Full-Day program.**

Professional development/training needs

- **See Phase II Community School Readiness Improvement Plan- Alignment of professional development**

Community School Readiness Improvement Plan (Phase II):

A. Describe the current status of the alignment of standards, quality measures, and professional development across all early childhood programs in the defined geographic area. Provide evidence that programs are communicating/coordinating efforts on standards, quality, and professional development.

- **Alignment of standards** currently standards for best practice in early childhood remain individual and specific to the education system (SDE early childhood standards) and/or the early care and learning system (DHS Licensing Standards). In Tulsa County, some public education classrooms have adopted the NAEYC Standards of Best Practice, with an effort towards promoting those for 3 -5 year olds, 1st and second grade. Head Start classrooms located in public school settings influence some changes in best practice or policy at the school site level.
- **Alignment of quality measures** Currently there is no quality measure that is utilized across programs. There are some public school pre-k classrooms located in 3 STAR NAEYC Accredited early childhood development centers, which adheres to that quality measure. This is also true for Head Start classrooms located in our public schools.
- **Alignment of professional development** In Tulsa County there continues to be slow, but evident promotion of cross-sector professional development opportunities. Examples include: Family Health Coalition monthly trainings that address maternal child health and early childhood topics and draw a mixed provider audience, Trauma in Classrooms, Child Abuse and Neglect, What if Everyone Understood Child Development?, the annual Empowering Oklahoma's Women conference, the annual Early Childhood Leadership Institute at OU-Tulsa (2016-ACES, Resilience and Trauma) and the International Infant Toddler Conference-2017. It has been observed that at some within schools, there has been an intentional effort to include the early childhood/Pre-K teachers in professional development opportunities the school offers. It has also been observed that child care programs continue to have limited invitations to participate in training with their feeder schools.

B. Provide perspectives from providers, community leaders and families about:

- **The availability of programs in the geographic area:**
 - 74,627 children 0-12 are in households with all of the adults in the home working and there are 26,806 child care slots in Tulsa County. As detailed in the first section of this report. Tulsa County trends that show declining numbers of available child care slots are consistent with what is happening nationally and statewide.
 - Results from 2016 Child Care Survey found that of the 210 participants 57% need child care other than self or spouse.

Primary child care arrangements:
 - Child Care Center/Family Child Care Homes - 32%
 - Family, Friend, Neighbor Care - 37%

- Mother's Day Out Programs - 6%
 - Before/After school care - 3%
 - Multiple methods of care - 18%
 - Other 4%
- **Costs of programs and affordability of most families**
 - The high cost of child care is a significant burden on families with families paying on average 10% of their income on child care. The trend of unaffordable and inaccessible child care has caused families to seek multiple methods of care and increasing numbers of Family, Friend, and Neighbor Care.
 - **The level of the quality of services**
 - In our 2016 JumpStart survey families reported limited availability of high quality/good quality care that “meets my child care needs”. In addition, several families stated that they use family, friend neighbor care situations to solve the lack of affordable child care/early care programs that also meet their work hour needs. Families also reported that they do not trust others (specifically licensed child care) to care for their children.
 - **The gaps or challenges families of young children face in preparing children for school readiness**
 - In our 2016 JumpStart focus group and survey work families reported location of Pre-K and Kindergarten programs in relation to afterschool programing to be a significant challenge as well as the cost of afterschool programing.

B. Provide an overall summary of the gaps and challenges in the community in relation to:

- **Coordination of programs and services:** Many programs and services are not well-coordinated. They are also not accessible: lack of on-time and consistent public transportation, hours open are during work day when families work, navigating the systems are difficult for most, unless a friendly, customer service oriented person is willing to walk the client through the process. For many of our families who: 1) are the working poor or live in poverty 2) are immigrants or refugees 3) have experienced/experiencing trauma, our systems/coordination of services are not user friendly.

Informing parents and the community about school readiness: Our community has several programs/initiatives reaching to parents about school readiness. Most information is geared towards reading readiness, pre-k recruitment and attendance.

- Sprouts Child Development Initiative: Focus is Understanding Child Development, Developmental Screening/Intervention and Early Literacy.
- Impact Tulsa: Countdown to Kindergarten and Ready to Read
- Stand For Children: In the past Stand mailed a postcard reminding parents to get their child to school on time, attendance every day, read to your child every night.

The gap continues, as we know what to do (via research, evidence based practices), we know what works, but there is a resistance to fully fund, train and coordinate to provide the optimal foundation for children with support to families.

Lack of access to specific programs in the geographic area that would support school readiness as identified on the School Readiness Pathway:

- Continuing to address the gap of 3,038 children attending Kindergarten that did not attend public school Pre-K during the 2015-16 school year.
- Expand afterschool programming and explore affordability and location that is accessible to working families.

D. Identify strategies for actions to improve:

- **Access to needed services:** Language/culturally responsive materials, customer service training front office program staff.
- **Inter-agency service coordination and referral networks:** Language/culturally responsive materials, customer service training front office staff, train and deploy coaches/peer educators/promotoras to act as “navigators” with families.
- **Alignment of policies and practices across settings:** Continue dialogue in cross sector meetings or planning opportunities to promote common language, understanding and developmentally appropriate expectations of young children, invite others to participate in professional development opportunities, create joint PD opportunities across sectors, continue to encourage/reinforce need for SDE and DHS to have deeper dialogue to improve alignment of best practices across all settings, advocate for higher quality standards and expectations, to include funding early childhood and education that would insure better outcomes for children.
- **Responsive to and respect for family needs and voice:** Language/culturally responsive materials, training for teachers, educators, administrators on best practices for family engagement, professional development opportunity on valuing families caregiving practices, train and deploy coaches/peer educators/promotoras to act as “navigators” with families
- **Leveraging and expanding resources to meet needs:** We can provide/expand training or PD opportunities to professionals across all sectors that serve children and their families. Suggested topics include: Understanding child development, understanding of children/families living in poverty and the effects on learning, understanding of children/families exposed to trauma and effect on learning, understanding implicit bias and its impact in the classroom, culturally responsive teaching, best practices for family engagement (based on Beyond the Bake Sale), valuing families caregiving practices. Promote the Sprouts Child Development Initiative. Leverage our Promotora model to reach to other diverse communities struggling to navigate our local systems
- **Quality of services:** Continued investment in high quality professional development opportunities, high quality developmentally appropriate standards across programs, home visitation models, and culturally appropriate services to families with young children.

E. Provide strategies to improve financing and/or financial incentives to increase support for early childhood programs and services in the geographic area.

- Build a city wide effort, with the current Mayor to consider an “equity investment” in our children in Tulsa, pre-conception through college/career ready. Explore and replicate models from around the United States based on an investment created by an ad valorem tax.

F. Provide recommendations for policy, procedure or funding changes to the Oklahoma Partnership for School Readiness Board that would improve conditions for young children and their families in the targeted geographic area.

- Encourage lawmakers to explore sensible state revenue options to decrease the state cuts to vital programs and services that are having an impact on our most vulnerable citizens.