OKLAHOMA HOME VISITING OUTCOMES MEASUREMENT PLAN

January 1, 2016

Submitted to:
Governor Mary Fallin
Oklahoma State Legislature
Oklahoma Commission on Children and Youth

In accordance with:
The Family Support Accountability Act
Title 10 O.S. §601.80

By:
Smart Start Oklahoma:
Oklahoma Partnership for School Readiness (OPSR)
Oklahoma State Early Childhood Advisory Council

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Executive Summary

Long-term social problems often take root during early childhood, resulting in expensive interventions. Factors like addiction and substance abuse, mental illness, low educational attainment, and poor health have been found to be associated with adverse experiences occurring during the first years of a child's life.[1] Therefore, the earlier we invest in children and families, the greater the return. Evidence-based home visiting programs offer one method for improving a variety of outcomes that result in returns on investment ranging from $1.26 to $5.70.[2] When services are properly implemented in local communities, they lead to fewer instances of child abuse and neglect, improved child health, and less need for expensive remedial education.

Oklahoma has made a strong commitment to investing in the development of a robust early childhood system that promotes optimal health, safety, and development. More than 20 years ago the state began putting home visiting programs into place to support young children. To this end, Oklahoma has long been a leader in implementing evidenced-based family support programs for families in vulnerable situations in order to improve outcomes for children.

Oklahoma's commitment to the quality of and investments in early childhood services, like home visiting, has been nationally recognized. However, these efforts are not without challenges. Despite decades of working with vulnerable families, it has been a struggle to effectively measure what works across the home visiting system. Programs across the country have long collected data inputs, such as number of visits completed, number of families served, number of screenings done, and basic client characteristics. While all of these measures are important to understand basic service delivery, they do little to help programs understand overall effectiveness. States have struggled to implement adequate data collection and assessment practices to facilitate large-scale program reporting for initiatives like home visiting. Such practices are still in their infancy nationwide; however the field is experiencing a renewed focus on long-term, systemic outcomes for young children and their families.

In 2015, Oklahoma became just the 11th state[3] in the country to pass legislation aimed at establishing accountability measures for state-funded and state-administered home visiting programs (Title 10 O.S. §601.80). Through this legislation, Oklahoma has required programs to provide evidence that family support programs are effective in achieving results. Funders and the general public are increasingly demanding this type of accountability, in which programmatic decisions are made with the goal of attaining the greatest impact possible.[4] The law defines the outcomes Oklahoma expects to achieve through home visiting programs, and creates a system to measure and report the results to the legislature and to taxpayers. The annual report will provide more specific, comprehensive information about Oklahoma's home visiting programs, as well as an update on progress made toward achieving identified target outcomes. Oklahoma's legislation outlines six priorities that are critical to strengthening the effectiveness and accountability of the state's home visiting system. By doing so, communities can

[1] ACE Study: Major Findings. (2014). Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. Atlanta, GA. http://www.cdc.gov/violenceprevention/acestudy/findings.html

[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

[3] Home Visiting Project: Where We Work. PEW Charitable Trusts. Washington, D.C. http://www.pewtrusts.org/en/archived-projects/home-visiting-campaign/where-we-work

[4] Mattox, T., Hunter, S. B., Kilburn, M. R., Wiseman, S. H. (2013). Getting To Outcomes® for Home Visiting: How to Plan, Implement, and Evaluate a Program in Your Community to Support Parents and Their Young Children. RAND Corporation.

make more informed decisions about targeting resources and efforts toward those programs with the greatest impact. The priorities are:

- Improving prenatal, maternal, infant, and child health outcomes;
- Reducing entry into the child welfare system;
- Improving positive parenting and relationships skills;
- Improving parental self-sufficiency;
- Improving children's readiness to succeed in school; and
- Improving children's social-emotional, cognitive, language, and physical development.

Over the past six months, state agency partners, service providers, experts in home visiting program evaluation, model developers and others interested in early childhood services have worked to develop measures that will reflect improved outcomes for children as well as allow for the development of recommendations for quality improvement and future program investments.

More than 100 stakeholders provided input into this plan and the development of the measures contained herein. Beginning July 1, 2016 (State Fiscal Year (SFY) 2017), programs will begin collecting data associated with each measure. Those data will be compiled into an annual outcomes report, the first of which will be submitted to the legislature December 1, 2017, in accordance with the Family Support Accountability Act (Title 10 O.S.§601.80.2).

Framework[5] for Identifying Performance Measures:
Stakeholders selected and prioritized performance measures based on shared criteria. To be included in this report, measures must be:

Valuable: Will the measure yield important data relevant to the effectiveness of the state's home visiting system?

Feasible: Is it measurable now with data already collected or with data that can be reasonably obtained?

Powerful: Is the measure understandable and meaningful to the general public, experts, and decision makers?

Background

Children don't come with instruction manuals. While Oklahoma families are motivated to do well by their children, they sometimes find themselves in vulnerable situations, lacking the support or experience to provide safe, stable, and nurturing environments for children to grow and learn. That is where family support programs, also known as home visiting, make a difference.

[5] Adapted from framework developed by the PEW Charitable Trusts Data Initiative Expert Advisory Group

Oklahoma provides a variety of voluntary home visiting programs that deliver family support to parents expecting a baby or who have children younger than 6 years old. Parents who choose to participate in a home visiting 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 family support programs face challenges including poverty, low educational attainment, single parenthood and young parental age. All of these factors are associated with increased incidence of child maltreatment, poorer health and decreased school readiness.

Oklahoma's Early Childhood System

Home-based family support is one component of the larger early childhood care and education system that is necessary to ensure all children have access to the resources and services needed to be safe, healthy, and on-track to succeed in school. Also included in the larger early childhood system are programs and services like: health and nutrition, child care, Head Start and Early Head Start, early intervention and special education programs for children with disabilities, pre-kindergarten and preschool, and various center-based parent education and support programs. Each of these services is designed to meet a unique need and is targeted to different populations at different ages.

Home visiting programs

Oklahoma implements multiple home-based family support (home visiting) programs provided through state and local organizations. These programs' enrollment criteria and curricula are designed to meet families' unique needs while strategically coordinating resources to reduce service duplication. By implementing a continuum of multiple family support programs to serve families from birth through 5 years, Oklahoma is able to reach the largest number of families possible and create a seamless system of services that best meet individual family needs (See Appendix I).

Family support programs are carried out in communities across the state by county health departments, local non-profits, and school districts. Depending on the need and size of the community, more than one program may exist in a county, and in some cases, more than one program may exist in the same agency.

Home visiting models

Home visiting programs utilize program models, or a specific framework for service delivery. In Oklahoma, the models used are evidence-based,[6] meaning the models have been thoroughly researched and proven to have statistically significant impacts when replicated among similar populations.[7] Evidence-based models currently being implemented include:

- Healthy Families America (known in Oklahoma as "Start Right");
- Nurse-Family Partnership (known in Oklahoma as "Children First");

[6] Home Visiting Evidence of Effectiveness Review: Review Process. Office of Planning Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, Washington, D.C., http://homvee.acf.hhs.gov/Models.aspx

[7] Home Visiting Evidence of Effectiveness Review: Models. Office of Planning Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, Washington, D.C., http://homvee.acf.hhs.gov/document.aspx?rid=4&sid=19&mid=6

- Parents as Teachers; and
- SafeCare Augmented.

In addition to evidence-based models, Oklahoma is currently implementing the Partners In Parenting Education (PIPE) curriculum through home-based visits. PIPE is a research-informed curriculum that is being implemented as a stand-alone program (known in Oklahoma as "Parent Education Program (PEP)"), as well as in conjunction with evidence-based model programs.

Program models vary in the populations they serve, the intensity of services provided, the length of time services are provided, and in the required education and experience of home visitors carrying out model activities. In addition, each model was designed with a particular focus area or areas for improvements (See Appendix II).

Funding

For years, Oklahoma has strategically leveraged state investments in home visiting programs targeted toward the poorest and most vulnerable children and families. These programs are funded through a variety of sources, including state, federal, local, and private. A detailed accounting of the number and types of programs funded, as well as cost per family served, will be included in the annual outcomes report.

Measurements and Reporting

Data Collection and Reporting

Stakeholders involved in the creation of the Outcomes Measurement Plan collectively selected measures that meet the criteria described in the framework previously discussed (valuable, feasible, powerful). Each program is required to achieve at least two of the outcomes prioritized in the Family Support Accountability Act. It is important to note different programs may define each measure in slightly different ways. These programs may also collect and store data in different formats. Finally, different program models are designed to target different issues and behaviors, as well as vary in their intensity and population served. Therefore, there may be instances where it is not feasible or appropriate for every program to report data on every measure. Types of reporting tools, programs that will be included in the measurement, and definitions are provided in the Outcomes Measurements section. Outcomes data will be reported in aggregate.

Data Development

Improving parents' capacity to form strong, positive attachments with their children is a key objective of home visiting. However, considerable variation exists in how programs define and support this objective. Therefore, identifying a reliable and valid measure that can be applicable across programs is essential to understanding the effects of home visiting. A national effort is underway to identify a standardized measure of parental capacity.[8] Oklahoma intends to participate in this effort and report data on such a measure once it is established.

[8] Using Data to Measure Performance: A New Framework for Assessing the Effectiveness of Home Visiting. (2015). PEW Charitable Trusts. Baltimore, MD. http://www.pewtrusts.org/en/research-and-analysis/reports/2015/10/using-data-to-measure-performance-of-home-visiting

Outcome Measurements

Improve prenatal, maternal, infant or child health outcomes, including, but not limited to, indicators such as preterm birth rates, substance abuse and tobacco use	
PRETERM BIRTH RATES	
Indicator	Percent of women who had a preterm birth
Significance	Preterm birth is the leading cause of infant death and long-term neurological disabilities in children, and costs the U.S. more than $26 billion each year.[9]
Operational Definition	Type of measure: Outcome
	Population: Mothers participating in home visiting program during pregnancy
	Numerator: Number of mothers who gave birth prior to 37 weeks
	Denominator: Number of mothers who gave birth while enrolled in a program
Definition of Improvement	Decrease over time the proportion of mothers who have a preterm birth
Data Source	Program data
Measurement Tool(s)	Birth Record Form
Models Reporting	Nurse-Family Partnership

Improve prenatal, maternal, infant or child health outcomes, including, but not limited to, indicators such as preterm birth rates, substance abuse and tobacco use	
PARENTAL SUBSTANCE ABUSE	
Indicator	Percent of parents who report substance abuse
Significance	Children with parents who abuse alcohol or other illicit drugs are at increased risk for abuse and neglect, as well as physical, academic, social and emotional problems.[10]
Operational Definition	Type of measure: Outcome
	Population: Parents participating in home visiting program
	Numerator: Number of clients who stopped abusing substances
	Denominator: Number of parents who reported substance abuse at enrollment and have participated in a program for more than 90 days
Definition of Improvement	Decrease over time in the proportion of parents reporting substance abuse
Data Source	Program data – participant self-report
Measurement Tool(s)	Health Habits Form, Primary Caregiver Wellness Form
Models Reporting	Nurse-Family Partnership, Healthy Families America, Parents As Teachers, Safe Care

[9] Preterm Birth. (2015). Centers for Disease Control and Prevention, Atlanta, GA. http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm.

[10] How Parental Substance Use Disorder Affect Children. (2009). Protecting Children in Families Affected by Substance Use Disorders. (pp. 21). Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families Children's Bureau, Office of Child Abuse and Neglect.

Improve prenatal, maternal, infant or child health outcomes, including, but not limited to, indicators such as preterm birth rates, substance abuse and tobacco use	
PARENTAL TOBACCO USE	
Indicator	Percent of parents who report use of smoking tobacco
Significance	Smoking while pregnant increases the risk of miscarriage, low birth weight, preterm birth, serious health problems and Sudden Infant Death Syndrome (SIDS). Secondhand smoke increases the risk of children developing pneumonia, bronchitis, asthma, and ear infections.[11]
Operational Definition	Type of measure: Outcome
	Population: Parents participating in home visiting who smoked at enrollment
	Numerator: Number of parents who quit smoking
	Denominator: Number of parents who reported smoking at enrollment
Definition of Improvement	Decrease over time in the proportion of parents who smoke tobacco
Data Source(s)	Program data - participant self-report
Measurement Tool	Health Habits Form, Primary Caregiver Wellness Form
Models Reporting	Nurse-Family Partnership, Healthy Families America, Parents As Teachers, Safe Care

Improve prenatal, maternal, infant or child health outcomes, including, but not limited to, indicators such as preterm birth rates, substance abuse and tobacco use	
INTERBIRTH INTERVAL[12]	
Indicator	Percent of mothers participating in home visiting before the target child is 3 months old who have an interbirth interval of at least 18 months
Significance	Having babies less than 18 months apart increases the risk of low birth weight births, preterm birth, infant mortality, and has negative effects on maternal educational achievement, employment, and family self-sufficiency.[11]
Operational Definition	Type of measure: Outcome
	Population: Mothers participating in home visiting who before the target child is 3 months old
	Numerator: Number of mothers participating in a home visiting program before the target child is 3 months old who had an interbirth interval of at least 8 months
	Denominator: Number of mothers participating in a home visiting program before the target child is 3 months old
Definition of Improvement	Increase over time in the proportion of mothers with interbirth intervals of at least 18 months
Data Source(s)	Program data
Measurement Tool	New Participant Form
Models Reporting	Nurse-Family Partnership First, Healthy Families America, Parents As Teachers

[11] Child Trends Databank. (2014). Parental smoking. Available at: http://www.childtrends.org/?indicators=parental-smoking.

[12] Using Data to Measure Performance: A New Framework for Assessing the Effectiveness of Home Visiting. (2015). PEW Charitable Trusts. Baltimore, MD. http://www.pewtrusts.org/en/research-and-analysis/reports/2015/10/using-data-to-measure-performance-of-home-visiting

Reduce entry into the child welfare system	
REPORTED CHILD ABUSE AND NEGLECT	
Indicator	Percent of children reported to child welfare for child abuse and neglect
Significance	Families participating in home visiting programs exhibit risk factors associated with increased risk of child maltreatment. In 2014, more than 14,000 Oklahoma children were confirmed victims of maltreatment and 11,538 children were in foster care.[13]
Operational Definition	Type of measure: Outcome
	Population: Children participating in home visiting
	Numerator: Number of children with a reported case of child maltreatment following enrollment in home visiting
	Denominator: Number of children enrolled in home visiting
Definition of Improvement	Decrease over time in the rate of reported child maltreatment among children who participate in home visiting
Data Source(s)	Administrative data – data match
Measurement Tool	N/A
Models Reporting	Nurse-Family Partnership, Healthy Families America, Parents As Teachers, Safe Care

Reduce entry into the child welfare system	
SUBSTANTIATED CHILD ABUSE AND NEGLECT	
Indicator	Percent of children who are substantiated by child welfare as victims of child abuse and neglect
Significance	Families participating in home visiting programs exhibit risk factors associated with increased risk of child maltreatment. In 2014, more than 14,000 Oklahoma children were confirmed victims of maltreatment and 11,538 children were in foster care.[12]
Operational Definition	Type of measure: Outcome
	Population: Children participating in home visiting
	Numerator: Number of children with a substantiated case of child maltreatment following enrollment in home visiting
	Denominator: Number of children enrolled in home visiting
Definition of Improvement	Decrease over time in the rate of substantiated child maltreatment victims among children who participate in home visiting
Data Source(s)	Administrative data – data match
Measurement Tool	N/A
Models Reporting	Nurse-Family Partnership, Healthy Families America, Parents As Teachers, Safe Care

[13] Annual Report. (2014). Oklahoma Department of Human Services, Oklahoma City, OK. http://www.okdhs.org/NR/rdonlyres/A7872AA3-5ECB-4309-9276-1F67C4AD921D/0/S14069_Momentum2014DHSAnnualReport_10012014.pdf

Improve positive parenting and relationship skills	
MATERNAL DEPRESSION[14]	
Indicator	Percent of mothers referred for follow-up evaluation and intervention as indicated by depression screening with a validated tool
Significance	Maternal depression is associated with short- and long-term impacts on mothers and their children, including poor health, developmental delays, increased need for early intervention and special education services, poor academic performance, increased child maltreatment, and decreased maternal employment and income.[15]
Operational Definition	Type of measure: Process
	Population: Mothers participating in home visiting (prenatally and following birth)
	Numerator: Number of mothers who received a maternal depression screening using a validated tool that indicated the need for referral and who were referred for follow-up evaluation and intervention
	Denominator: Number of mothers who received a maternal depression screening with a validated tool and whose screening results indicated the need for a referral
Definition of Improvement	Decrease over time in the proportion of participating mothers who are screened for maternal depression and receive indicated referrals
Data Source(s)	Program data
Measurement Tool	Edinburg Postpartum Depression Screening
Models Reporting	Nurse-Family Partnership, Healthy Families America, Parents As Teachers, Safe Care

Improve positive parenting and relationship skills	
DOMESTIC VIOLENCE	
Indicator	Percent of parents who reported domestic violence that completed a safety plan
Significance	Children exposed to domestic violence experience psychological and health impacts including behavioral problems, emotional disturbances, and physical health issues.[16]
Operational Definition	Type of measure: Process
	Population: Parents participating in home visiting who reported domestic violence
	Numerator: Number of safety plans developed within 6 months of reporting domestic violence
	Denominator: Number of clients who reported domestic violence
Definition of Improvement	Increase over time in the number of completed safety plans for parents who report experiencing domestic violence
Data Source(s)	Program data - participant self-report
Measurement Tool	Relationship Assessment Form
Models Reporting	Nurse-Family Partnership, Healthy Families America, Parents As Teachers, Safe Care

[14] Using Data to Measure Performance: A New Framework for Assessing the Effectiveness of Home Visiting. (2015). PEW Charitable Trusts. Baltimore, MD. http://www.pewtrusts.org/en/research-and-analysis/reports/2015/10/using-data-to-measure-performance-of-home-visiting

[15] Sontag-Padilla, L., Schultz, D., Reynolds, K.A., Lovejoy, S.L., and Firth, R. (2013). Maternal Depression: Implications for Systems Serving Mother and Child. Rand Corporation, Santa Monica, CA. http://www.rand.org/pubs/research_reports/RR404.html

[16] Children and Domestic Violence. National Child Traumatic Stress Network. Washington, D.C.: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. http://www.nctsn.org/content/children-and-domestic-violence

Improve parental self-sufficiency, including increased employed and educational attainment	
PARENTAL EMPLOYMENT	
Indicator	Percent of parents who are seeking employment and become employed after program enrollment or the birth of a child
Significance	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.[17]
Operational Definition	Type of measure: Outcome
	Population: Parents participating in home visiting
	Numerator: Number of parents not working at program enrollment, but who are seeking employment, that are employed at 6 months after program enrollment or after the birth of a child
	Denominator: Number of parents not working at program enrollment, but who are seeking employment, and are still enrolled at 6 months after program enrollment or after the birth of a child
Definition of Improvement	Decrease over time in the proportion of participating parents who are unemployed
Data Source(s)	Program data
Measurement Tool	New Participant Form, Primary Caregiver Information Form
Models Reporting	Nurse-Family Partnership, Healthy Families America, Parents As Teachers, Safe Care

Improve parental self-sufficiency, including increased employed and educational attainment	
PARENTAL EDUCATIONAL ATTAINMENT	
Indicator	Percent of parents who are enroll in or complete an education or job training program
Significance	Increased educational attainment by parents leads to improved employment opportunities and the potential for increased household income.
Operational Definition	Type of measure: Outcome
	Population: Parents participating in home visiting
	Numerator: Number of parents who report currently being enrolled in or completed any kind of educational or vocational program since receiving home visiting services
	Denominator: Number of parents who expressed a desire to complete an educational or vocational program
Definition of Improvement	Increase in the percentage of parents who entered home visiting without being enrolled in an education or job training program who have subsequently enrolled in or completed an education or job training program
Data Source(s)	Program data
Measurement Tool	New Participant Form, Primary Caregiver Information Form
Models Reporting	Nurse-Family Partnership, Healthy Families America, Parents As Teachers, Safe Care

[17] Child Trends. (2013). Secure parental employment. Available at: http://www.childtrends.org/?indicators=secure-parental-employment - See more at: http://www.childtrends.org/?indicators=secure-parental-employment#sthash.X6Ves92M.dpuf

Improve children's readiness to succeed in school	
DEVELOPMENTAL MILESTONES[18]	
Indicator	Percent of children referred for follow-up evaluation and intervention as indicated by developmental screening
Significance	Early identification of developmental delays and disabilities, such as language and hearing, are vital to ensuring children receive early intervention services necessary for school readiness.[19]
Operational Definition	Type of measure: Process
	Population: Children participating in home visiting
	Numerator: Number of children who received developmental screening that indicated the need for referral and who were referred for follow-up evaluation and intervention as indicated
	Denominator: Number of children who received a developmental screening and whose results indicated the need for referral
Definition of Improvement	Increase over time in the rate of screening and increase over time in the proportion of referrals made to services when need is indicated by screening
Data Source(s)	Program data
Measurement Tool	Ages and Stages Questionnaire (ASQ)
Models Reporting	Nurse-Family Partnership, Healthy Families America, Parents As Teachers, Safe Care, Partners in Parenting Education Program

Improve children's social-emotional, cognitive, language, and physical development, including efforts at early identification of delays	
DEVELOPMENTAL MILESTONES	
Indicator	Percent of children referred for follow-up evaluation and intervention as indicated by social-emotional developmental screening
Significance	Well-developed social-emotional skills are associated with improved academic performance, lower risk for aggression and anxiety disorders, and increased school readiness.
Operational Definition	Type of measure: Process
	Population: Children participating in home visiting
	Numerator: Number of children who received social-emotional developmental screening that indicated the need for referral and who were referred for follow-up evaluation and intervention as indicated
	Denominator: Number of children who received a social-emotional developmental screening and whose results indicated the need for referral
Definition of Improvement	Increase over time in the rate of screening and indicated referrals
Data Source(s)	Program data
Measurement Tool	Ages and Stages: Social Emotional Questionnaire (ASQ: SE)
Models Reporting	Nurse-Family Partnership, Healthy Families America, Parents As Teachers, Safe Care, Partners in Parenting Education

[18] Using Data to Measure Performance: A New Framework for Assessing the Effectiveness of Home Visiting. (2015). PEW Charitable Trusts. Baltimore, MD. http://www.pewtrusts.org/en/research-and-analysis/reports/2015/10/using-data-to-measure-performance-of-home-visiting

[19] Developmental Monitoring and Screening. (2015). Centers for Disease Control and Prevention. Atlanta, GA. http://www.cdc.gov/ncbddd/childdevelopment/screening.html

Appendix I: Oklahoma's Voluntary Home Visiting System Service Continuum

Oklahoma's Home Visiting System: Continuum of Services

Nurse-Family Partnership: NFP (Children First)	Healthy Families America: HFA (Start Right)	Parents as Teachers: PAT	Safe Care
Enrollment Criteria: • The participant must be a first time mother, less than 29 weeks pregnant at enrollment, and the monthly household income must be at or below 185% of the federal poverty level. **Goals:** • Improve pregnancy outcomes by helping women alter their health– related behaviors • Improve child health and development by helping parents provide more responsible and competent care for their children • Improve families' economic self–sufficiency by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work	**Enrollment Criteria:** • The mother must be pregnant and beyond her 29th week of pregnancy; or the mother must be pregnant with at least her second child. The mother/caregiver has a child under the age of 12 months, and the family scores a minimum of 25 out of 100 on the Kempe Family Stress Checklist. **Goals:** • Build and sustain community partnerships to engage overburdened families with young children • Cultivate and strengthen nurturing parent-child relationships	**Enrollment Criteria:** • Does not qualify for NFP or PAT. **Goals:** • 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 • Increase children's school readiness and school success	**Enrollment criteria:** • Families must have at least one child 5 years or younger. Families must have one or more documented risk factors such as mental illness, substance abuse, or domestic violence. Caregivers cannot have an open case with child welfare, or more than two previous referrals. **Goals:** • To prevent child physical abuse and neglect of young children (birth - 5 years) and caregivers with risks of substance abuse, IPV, and/or mental health concerns • To prevent removal of young children from their primary caregivers' custody • To improve home and community environment

OSDH Pilot Program: Modified PAT

Enrollment Criteria: Can enroll any pregnant mother/caregiver with a child under the age of 5 years old.

Goals:

- 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
- Increase children's school readiness and school success

Partners in Parenting Education: PIPE (Parent Education Program)

Enrollment Criteria: Can enroll any mother/caregiver with a child under the age of 3 years old.

Goals:

- Increase parent knowledge of early childhood development
- Improve parent/child attachment
- Increase emotional regulation and school readiness

Appendix II: Oklahoma's Voluntary Home Visiting System

Program Name	Model Name	Category	Model Description	Target Population	Service Area	Funding Sources
Start Right	Healthy Families America (HFA)	Evidence-Based	Healthy Families America (HFA) boasts interactions between providers and families that are: relationship-based; designed to promote positive parent-child relationships and healthy attachment; strengths-based; family-centered; culturally sensitive; and mindful of a child's interrelated environmental systems. HFA aims to (1) reduce child maltreatment; (2) increase utilization of prenatal care; (3) improve parent-child interactions and school readiness; (4) ensure healthy child development; (5) promote positive parenting; (6) promote family self-sufficiency and decrease dependency on welfare and other social services; (7) increase access to primary care medical services; and (8) increase immunization rates.	Pregnant women and families with children one year of age or younger with services continuing as needed through age five. Services are targeted to low-income parents.	30 Counties	• State • Federal • Private
Children First	Nurse-Family Partnership (NFP)	Evidence-Based	Nurse-Family Partnership (NFP) nurse home visitors use nursing experience, nursing 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 (1) improve prenatal health, (2) improve child health and development, and (3) improve families' economic self-sufficiency and/or maternal life course development.	Low-income mothers pregnant with their first child with services continuing through two years of age	67 Counties	• State • Federal • Local Millage • Medicaid
SafeCare Augmented	SafeCare	Evidence-Based	SafeCare aims to prevent and address factors associated with child abuse and neglect among the clients served. Eligible clients include families with a history of child maltreatment or families at risk for 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.	Families with at least one child under 6 years or younger and families with risk factors such as substance abuse, domestic violence, or mental illness	6 programs	• State • Federal

Program Name	Model Name	Category	Model Description	Target Population	Service Area	Funding Sources
Parents As Teachers	Parents As Teachers	Evidence-Based	Parents As Teachers (PAT) is designed to ensure that young children are healthy, safe, and ready to learn. The PAT model aims to (1) increase parent knowledge of early childhood development and improve parenting practices, (2) provide early detection of developmental delays and health issues, (3) prevent child abuse and neglect, and (4) increase children's school readiness and school success.	All pregnant women and families with children 5 years old or younger	6 programs	• State • Federal
OSDH Pilot Program	Parents As Teachers	Evidence-Based	Utilizing the Parents As Teachers (PAT) model, the Pilot Program utilizes both Parent Educators and Nurse Parent Educators to deliver home visits designed to ensure young children are healthy, safe, and ready to learn. The PAT model aims to (1) increase parent knowledge of early childhood development and improve parenting practices, (2) provide early detection of developmental delays and health issues, (3) prevent child abuse and neglect, and (4) increase children's school readiness and school success.	All pregnant women and families with children 5 years old or younger	4 Counties	• State
Parent Education Program (PEP)	Partners In Parenting Education (PIPE)	Research-Informed	PIPE is a research-informed curriculum based on the theoretical work of numerous researchers. The PIPE curriculum is used in many evidence-based programs/models that have produced positive, sustainable outcomes through one or more rigorous trials, including Nurse-Family Partnership, Healthy Families America, and Early Head Start. PIPE works with parents to improve caregiving abilities in order to: develop secure parent/child attachments; increase school readiness; ensure healthy development; strengthen problem solving skills; and improve emotional regulation.	All families with children from birth to 3 years of age	29 School Districts	• State

Appendix III: Stakeholder Involvement

The following stakeholders provided input into the development of this plan:

Name	Agency
Sandy Poe	Ada City Schools
Mindy Turner	BPS PAT
Naseem Salam	BRSP Child Care Resource
Lisa Linke	Center for Children and Families, Inc. (CCFI Norman)
Tiffany Wells	Center for Children and Families, Inc. (CCFI Norman)
Amy Thilges	Cherokee Nation
Dianne Juhnke	Community Development Support Association (CDSA)
Renee Hoover	Community Development Support Association (CDSA)
Karen Smith	Community Service Council
Shauna Meador	Community Service Council
Doulat Lehan	Community Service Council
Bobbie Smith	Garfield County Health Department
Vicki Long	Garvin County Health Department
Kimberly Butler	George Kaiser Family Foundation
April Davis	Great Plains Healthy Families
Jamie Hoop	Great Plains Healthy Families
Emma Shandor	Great Plains Healthy Families
Kay Floyd	Head Start Collaboration Office
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Patti Demoruess-Huffre	Latino Community Development Agency
Isela Sera	Latino Community Development Agency
Monica Inciarte	Latino Community Development Agency
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Patricia Yanez	Norman Public Schools
Dwan McDonald	North Care
Brenda Rose	Northwest Family Services
Matthew Wallace	Nurse Family Partnership, National Service Office
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Pam Hibbs	Oklahoma City Public Schools
Kethzia Njikam	Oklahoma City Public Schools
Marlene White	Oklahoma City Public Schools
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Dianne Sammons	Oklahoma City-County Health Department
Jeni Carter	Oklahoma City-County Health Department
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Millie Carpenter	Oklahoma Department of Human Services, Child Welfare
Linda Whaley	Oklahoma Department of Human Services, Child Care Services
Hillary Winn	Oklahoma Health Care Authority
Terry Smith	Oklahoma Institute for Child Advocacy
Ann Cameron	Oklahoma Partnership for School Readiness Board
Dan Schiedel	Oklahoma Partnership for School Readiness Board
Bob Harbison	Oklahoma Partnership for School Readiness Board and Foundation
Edd Rhoades	Oklahoma Partnerships for School Readiness Board
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Michelle Reeves	Oklahoma State Department of Education
Raelina Tucker	Oklahoma State Department of Health
Julie Williamson	Oklahoma State Department of Health
Casey Reynolds	Oklahoma State Department of Health
Mark Newman	Oklahoma State Department of Health
Carter Kimble	Oklahoma State Department of Health
Annette Jacobi	Oklahoma State Department of Health, Family Support & Prevention Service
John Delara	Oklahoma State Department of Health, Family Support & Prevention Service
Linda Thomas	Oklahoma State Department of Health, Office of Minority Health
Lana Beasley	Oklahoma State University
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Sherry Fair	Parent Promise
Jamie Peer	Parents As Teachers
Kathie Burnett	Parents As Teachers National Center
Christy Roberts	Parents As Teachers National Center
Renea Butler-King	Parents As Teachers National Center
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Voguel Switch	Pottawatomie County Health Department
Terri Tate	Pottawatomie County Health Department
Margie Marney	Potts Family Foundation
Najam Usqhan	Quetta Pakistan Chambers of Commerce
Stacy Dykstra	Smart Start Central Oklahoma
Rachel LeFore	Smart Start Central Oklahoma
Vicki Land	Smart Start Central Oklahoma
Gina Richardson	SoonerStart
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Susan Glynn	Tulsa Health Department
Dana Taylor	Tulsa Health Department
Michelle Coonfield	Tulsa Health Department
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Jami Dixon	University of Central Oklahoma
Lori Beasley	University of Central Oklahoma
Erin Healey	University of Central Oklahoma
Tatiana Echeverry	University of Central Oklahoma
Sasha Tuggle	University of Central Oklahoma
Stormy Sergas	University of Central Oklahoma
Darcy McTiernan	University of Central Oklahoma
Callie Thompson	University of Central Oklahoma
Kayce Scarber	University of Central Oklahoma
Ava Paine	University of Central Oklahoma
Ashley Swain	University of Central Oklahoma
Alexandria Green	University of Central Oklahoma
Hannah Williams	University of Central Oklahoma
Elizabeth Anderson	University of Central Oklahoma
Katherine Thorp	University of Central Oklahoma
Emily Blasingame	University of Central Oklahoma
Railee Creech	University of Central Oklahoma
Jane Silovsky	University of Oklahoma Health Sciences Center, Center for Child Abuse and Neglect
David Bard	University of Oklahoma Health Sciences Center, Center for Child Abuse and Neglect
Beverly Washington	Youth and Family Services

Appendix IV: About Smart Start Oklahoma

Smart Start Oklahoma provides a structure for collaborative planning and decision-making to increase coordination between programs, maximize the use of public and private funding, and pursue policies for improving learning opportunities and environments for Oklahoma children under six. Smart Start Oklahoma is a public-private partnership made up of two branches: the Oklahoma Partnership for School Readiness (OPSR) Board, and the Oklahoma Partnership for School Readiness Foundation. Additionally, the OPSR Board is the designated body that serves as Oklahoma's State Early Childhood Advisory Council, as authorized through the federal Head Start Act of 2007 (PL 110-134, Section 642B), and carries out the responsibilities established therein.

The OPSR Board

To address Oklahoma's need for better coordinated early care and education efforts, the Oklahoma Partnership for School Readiness (OPSR) Board was created by the Oklahoma Partnership for School Readiness Act (Title 10 O.S. § 640). The statewide Board, comprised of relevant state agency heads and private sector leaders appointed by the Governor, was charged to increase the number of children ready to succeed by the time they enter school.

The OPSR Foundation

The same act authorized a private not-for-profit foundation be created to receive public and private sources of grants and donations to support the legislation. The foundation obtained its official 501(c)3 status in 2004.

Smart Start Oklahoma

The OPSR Board named its collective school readiness effort Smart Start Oklahoma, an initiative that begins at the local level, as communities recognize that many of their youngest children need better developmental and learning experiences. Smart Start Oklahoma communities seek working collaborative partnerships in order to apply existing local resources to critical local needs.