

**Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program
CFDA 93.505**

Project Narrative

A. An Inventory of Information/Data Currently Available

For the topic concerning prenatal, maternal, newborn, or child health, data will be drawn from the Oklahoma vital statistics registries, maintained by the Vital Records Division, Center for Health Statistics at the Oklahoma State Department of Health (OSDH). By using these data, Oklahoma can assess preterm deliveries, low birth weight infants, prenatal care, infant mortality, deaths due to neglect, and births to teens. Basic demographic information (e.g., age, sex, race and ethnicity, education) is available on the birth and death records. In Oklahoma, electronic data are readily available for the years 1975-2009, although the years 2008-2009 are preliminary for birth records and the years 2007-2009 are preliminary for death records. Data can be analyzed at the state, county, city, and zip code levels. Data from the Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS) and The Oklahoma Toddler Survey (TOTS) can be used to illustrate health behaviors and practices, health care access and utilization, and health outcomes for women delivering a live birth and their children at two years of age. State-level PRAMS and TOTS analysis data are available for years 1988-2008 and 1994-2008, respectively.

Poverty and income data will be acquired from the U.S. Bureau of the Census through the use of the Current Population Survey (CPS), the American Community Survey (ACS), and the Small Area Income and Poverty Estimates (SAIPE) program. The CPS and ACS commonly provide data at the state and county levels. SAIPE provides poverty and income data for county and school districts for the years 1999 to 2008. At the state and county level, SAIPE data cover the years 1995 to 2008. More recent data are made available each year. The Oklahoma Department of Commerce (ODOC) conducts economic studies for counties and select municipalities within the state. These data may provide additional information on income and poverty to identify high risk populations or communities. ODOC studies are performed on an ad hoc basis; thus, they are not produced on regular schedules.

The Oklahoma Office of Juvenile Affairs (OJA) is one source of crime related data for youth offenders in the state. Since 1995, OJA has been the state's juvenile justice agency, managing juvenile affairs. State-level data can be obtained on justice system referrals, court dispositions, and residential treatment. The Federal Bureau of Investigation's (FBI) Uniform Crime Report (UCR) contains data on juvenile arrests and rate of property and violent crimes. The UCR program is a voluntary reporting system used by city, county, state, tribal and federal law enforcement agencies. *Crime in the United States*, an annual publication that documents crime offenses for the nation, the states, and individual agencies, contains data for the years 1995 to 2009. This report, combined with the UCR, will enable Oklahoma to quantify individuals residing in high crime localities.

Reporting for domestic violence varies by state. Oklahoma data are available through the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). ODMHSAS program data for years 2002-2009 are available by advance query on the agency's website. Information on agency service provider, race, age, sex, marital status, education, primary diagnosis, and residential setting is available through the query system. These data can be obtained at the state and county level. The Oklahoma State Bureau of Investigations (OSBI) collects some data on domestic violence as it relates to sexual or physical abuse. OSBI data are reported at the state level. Additional information on domestic violence can be drawn from the UCR published by the FBI.

The Office of Accountability within the Oklahoma State Department of Education collects data on high school dropout rates, school absenteeism, and juvenile offenses. At the district and school level, the Office of Accountability reports on community characteristics, educational processes, and student performance. The most recent data available reflect fiscal year 2009. The primary purpose of the Office of Accountability is to evaluate school and student performance; however, a comprehensive approach is taken by tracking a number of related outcomes. Reports compiled by the Office of Accountability include secondary data from the Oklahoma State Regents for Higher Education, the Department of Career and Technology Education, the Office of Juvenile Affairs, and the Oklahoma Tax Commission.

The Oklahoma Youth Risk Behavior Survey (YRBS) collects data on substance use by adolescents attending Oklahoma public schools. Data are reported at the state level. The most recent data cover year 2009, but data for years 1999, 2001, 2003, 2005, and 2007 are available for the state. Information on the use of cigarettes and other tobacco products, alcohol, marijuana and other illicit drugs (e.g., cocaine, heroin, ecstasy, methamphetamine) is collected as part of the YRBS questionnaire. Data can be reported by race, age, and grade level. For adults 18 years and older, data related to substance abuse can be acquired through the Behavioral Risk Factor Surveillance System (BRFSS), a state-based telephone survey conducted by states with support from the Centers for Disease Control and Prevention (CDC). Survey topics include health risk behaviors, including tobacco and alcohol use, preventive health practices, and access to health care. BRFSS data are routinely available at the state and county level by way of OK2SHARE, the OSDH's health data query system.

Oklahoma specific data about unemployment figures and the labor force can be obtained from the U.S. Bureau of Labor Statistics (BLS) and the Oklahoma Department of Commerce (ODOC). The BLS has monthly releases for employment statistics including first-time claims for unemployment benefits, the percent of the labor force that is unemployed, and the unemployment rate, among others. The data series for these measures are longstanding, with the latest available through May 2010 for monthly data and year 2009 for annual data. The ODOC releases reports on state and local area employment statistics, often taking data available in national datasets to transform them into secondary data products that contain information specific to Oklahoma locales. Individuals in communities with high concentrations of unemployment or underemployment can be assessed by these data.

Child maltreatment data can be obtained through the Oklahoma Department of Human Services (OKDHS), the state's principal social service agency, providing a wide array of services to meet population needs. Programs offered include child support services, child care licensing, nutritional and temporary financial assistance, and services for seniors and persons with developmental disabilities. Data are available in aggregate form with no identifiers for linking to record level data from other sources. Child abuse confirmation data are readily available to the county level and, upon request, at the city and zip code level.

B. Gaps in Available Information

Pregnancy- and newborn-related data available to the needs assessment process are limited on a number of fronts. In particular, these data do not include information on household or individual

income. This prevents the direct assessment of the relationship between pregnancy and newborn health outcomes and income earnings. Person-level linkage of birth and death records is not possible with data available to the needs assessment process. One possibility to approximate this linkage is to use methods that link data on demographics and geographic spaces. U.S. Census Bureau data containing income information by county and zip code can be linked to birth and death data to provide approximations to household income. However, linking data systems in this manner will not solve all problems. Typically, income data availability for geographic entities is household income rather than individual or personal income. Another limitation is that these income data may not be available for all geographic levels of interest.

The primary concern across all data systems targeted for inclusion in the needs assessment process is the ability to access data to the geographic specificity necessary to sufficiently assess communities. This is essentially a product of data systems not collecting information to the detail required by the needs assessment. Furthermore, for systems that do collect small area data, the small number of events at these levels often renders the data unreliable for statistical purposes.

An additional concern is the lack of existing linkages between home visitation program data and the diverse data being collected for inclusion in the needs assessment. Home visitation data are not routinely linked electronically to data representing health behaviors and outcomes. Having linked data would lend strength to results showing associations between home visitation program activities and secondary sources representing health or social well-being indicators.

Furthermore, it will be important in the needs assessment that data sources identified for inclusion be reviewed thoroughly for availability, strengths and limitations, and to the extent the data speak to the specific areas (e.g., prenatal, maternal, and infant health; poverty; crime; etc) of interest of the grant. Metadata will be generated to document the properties of the targeted data such that a clear understanding of all data resources can be achieved.

C. Capacity for Completing the Needs Assessment

The Family Support and Prevention Service (FSPS) Chief and the Oklahoma Title V MCH Director and MCH Service Chief will provide overall direction and guidance to the needs assessment process. The MCH Assessment Director will serve as the lead in the development of the needs assessment document, overseeing the day-to-day activities of the project. MCH Assessment staff, comprised of epidemiologists and statisticians, will conduct the data collection, analysis, and share in the writing necessary to complete the needs assessment report. An ACA Home Visiting Grant Evaluation Advisory Group, made up of maternal and child health experts and practicing professionals from both the existing home visitation programs and internal OSDH staff, will be formed to support the activities of MCH Assessment as this unit carries out the needs assessment. Routine meetings will be convened to facilitate communication and discussion, assuring that momentum and direction remain on course.

D. Barriers and Opportunities Regarding the Needs Assessment

Oklahoma is fortunate in that the required needs assessment partners (MCH, Head Start and CBCAP) are already collaborators and on friendly terms. All are open and willing to share the data and

reports that they have at their disposal. Within the OSDH, a wealth of data related to child health and well-being as well as maternal outcomes is easily accessible. Many other entities, both private and public, have more data that can be utilized as well. For example, The Oklahoma Institute for Child Advocacy (OICA), a statewide, non-profit agency, has recently joined forces with the Annie E. Casey Foundation (AECF) to provide comprehensive on-line national, state and community level data and information on the well-being of children. Their new KIDS COUNT Data Center is a superb place to locate much of the needed information about Oklahoma's children and families required by the ACA Home Visiting Grant.

In addition, the ACA Home Visiting Grant may be affording a new opportunity to many involved in programmatic evaluation to partner with others outside of their particular program area or agency. While those professionals that work on the implementation aspects of programs often participate on various committees, task forces and the like, it is sometime rare for those in the evaluating world to have work with others outside of their specific domains. New insight and gains may be made by requiring Grant Applicants to review multiple evaluators work all at the same time.

However, there are concerns that much of the information recently gathered regarding existing programs and services may not be accurate. For the most recent CBCAP Grant Application, programs were asked to report about their past year's activities and funding. Due to the state and national economic downturn, most state agencies have received reduced appropriations for State Fiscal Year 2011. Many state agencies are still scrambling to set their agency budgets by July 1st, 2010. It is not yet known what the full impact on services to children and families will be for this upcoming fiscal year. In preparation for the ACA Home Visiting Funding Opportunity Announcement #2, much work will have to be done to learn about possible reduction and/or elimination of such services.

E. Description of the Approach to Conducting the Needs Assessment

Lessons learned from the recent efforts to complete the Title V Maternal and Child Health (MCH) Block Grant Needs Assessment, input from partners and stakeholders, and guidance documents released by the Maternal and Child Health Bureau, Health Resources and Services Administration (HRSA) will guide the efforts of the ACA Home Visiting Grant Needs Assessment. The primary goal of the needs assessment process will be to develop a document with high quality data specific to the needs of the Oklahoma population. Input into the process will come from families, public health advocates, and health and data experts. The resulting needs assessment document will serve as a tool, subject to updates based on timely and emerging issues, which will inform the general public and public health leaders regarding the status of the six benchmark areas of the ACA Home Visiting Grant.

ACA Home Visiting Evaluation Work Group: The Family Support and Prevention Service (FSPS) Chief and the Oklahoma Title V MCH Director and MCH Service Chief will provide overall direction and guidance to the needs assessment process. The MCH Assessment Director will serve as the lead in the development of the needs assessment document, overseeing the day-to-day activities of the project. MCH Assessment staff, comprised of epidemiologists and statisticians, will conduct the data collection, analysis, and share in the writing necessary to complete the needs assessment report. An ACA Home Visiting Grant Evaluation Advisory Group, made up of maternal and child health experts

and practicing professions from the existing home visitation programs, will be formed to support the activities of the MCH Assessment staff carries out the needs assessment. Routine meetings will be convened to facilitate communication and discussion, assuring that momentum and direction remain on course.

Preparation - An initial planning meeting will be organized to kick off the work of the needs assessment. This meeting will be used to identify potential participants to the Grant Evaluation Advisory Group, assign preliminary responsibilities and topic areas to analytic staff, and to formulate a tentative working schedule for the project. It will be critical to establish a clear purpose for the needs assessment. Assignment of duties will be transparent and accountable.

Data Collection -The first step in the needs assessment process will be the collection of data that address the six benchmark areas of the ACA Home Visiting Grant. Data sources will be identified, many of which appear in Part A above, and reviewed thoroughly for availability, strengths and limitations, and to the extent the data speak to the specific areas of interest of the grant. Metadata will be generated to document the properties of the targeted data. MCH Assessment staff will collaborate closely with each other and with the advisory group to ensure that only high quality data are utilized.

Data Analysis - During this stage of the needs assessment, MCH Assessment staff and the Grant Evaluation Advisory Group will work to transform the data gathered in the data collection stage into useful information. Emphasis will be placed on identifying geographic pockets of need, areas of the state in which there are elevated concentrations of poverty, crime, substance abuse, lack of service availability, low student achievement, and child abuse and neglect. Geographic information systems will be used to overlay maps of service providers and key social and health indicators with an aim to identifying spatially locales in need of services and those areas with the poorest markers of community well-being.

The Home Visitation Leadership Advisory Coalition (HVLAC): During the mid-to late nineties when home visitation programs were beginning to emerge in Oklahoma, it was discovered that programs were often “competing” to enroll the same families. For that reason, the Home Visitation Leadership Advisory Coalition was formed. The original purpose of HVLAC was to provide the various home visitation programs with opportunities to dialogue about the enrollment criteria of home visitation models and to ultimately define which models served which families best. The programs also came together to determine if there were any reason for a family to participate in more than one home visitation program. More times than not, the answer was a definite “no.”

Over the years, HVLAC has transformed into a responsive work group. The Family Support and Prevention Service steers the efforts of HVLAC by convening, hosting and facilitating meetings in order to provide networking opportunities. Membership is open to all. Representatives from various agencies and programs working at all levels, from the supervisory role to the front lines, participate in this dynamic group. HVLAC strives to promote best practices and evidence-based models without stifling creativity. Comprised of representatives from state agencies such as Oklahoma State University Cooperative Extension Service, public school districts, youth and family service agencies, public health departments, Prevent Child Abuse Oklahoma as well as other private, non-profit, the Coalition provides recommendations to improve services, coordinate efforts and

share data. Members also benefit from sharing resources, educating each other about programs, listening to expert speakers and collaborating on various projects.

In regards to the ACA Home Visiting Grant, the HVLAC will be responsible for bringing forth information related to specific models to the Interagency Child Abuse Prevention Task Force and the OSDH - models either new to Oklahoma or already in operation. Please see Section G (iii) of this document for details they will be presenting.

The Interagency Child Abuse Prevention Task Force (ITF): The ITF has a statutorily mandated membership of representatives from various public and private agencies as well as parents. The 17 specific representatives include persons from: the OSDH Child Guidance Service; the OSDH Maternal and Child Health Service; the Oklahoma Commission on Children and Youth's Community Partnership Board; the Judiciary, legal profession or law enforcement; the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) Mental Health Division; the ODMHSAS Substance Abuse Division; the Office of Attorney General, Victims Services Unit; the Oklahoma Chapter of the American Academy of Pediatrics; the Oklahoma Department of Human Services, Child Welfare Services; the Oklahoma Partnership for School Readiness; the Oklahoma Department of Education; the Office of the Faith-Based and Community Initiatives as well as two persons with expertise in the identification and treatment of families at risk of child maltreatment and three parents participating in a child abuse prevention program.

[It should be noted that while the Oklahoma Partnership for School Readiness is a member of the ITF, direct representation from the Oklahoma Head Start Collaborative Office (HSCO) is not. For this reason, strong efforts will be placed on assuring that the HSCO is routinely included in the shaping of the ACA Home Visiting Grant efforts. Because the HSCO is an existing partner with the Family Support & Prevention Service, their local programs are already involved with HVLAC and the ITF (via representation of OPSR). This Grant opportunity should only strengthen the relationship.]

The ITF is staffed by the Family Support & Prevention Service with funds provided by the federal Community- Based Child Abuse Prevention Grant. As directed by the Oklahoma Child Abuse Prevention, the ITF reviews and evaluates all prevention program proposals submitted to the OSDH Office of Child Abuse Prevention. [Such proposals are supported by the Oklahoma Child Abuse Prevention Fund.] The ITF is to report their findings to the Oklahoma Commission on Children and Youth and ultimately make recommendations for the funding of certain proposals to the Commissioner of Health. Once awards are made and contracts are established, the ITF is integral in the renewal process of such contracts as well. Since 1996, all contracts awarded from the Oklahoma Child Abuse Prevention Fund have gone to home visitation programs. In addition to the awarding of contracts, the ITF, along with the OSDH Office of Child Abuse Prevention, are charged with the development of the Oklahoma State Plan for the Prevention of Child Abuse and Neglect.

Because of their involvement with the home visitation contracts, the State Plan and their broad representation and expertise, the ITF is ideally suited to serve as a leading force for providing objective guidance and direction for the ACA Home Visiting Grant. They, along with the OSDH staff, will be the receiver of information from both the Grant Evaluation Advisory Group and the HVLAC. The ITF will make recommendations to the OSDH regarding the target populations to be served as well as the models chosen for implementation.

F. **Description of the Anticipated Technical Needs Assistance**

Oklahoma is fortunate in that home visitation services are not a new strategy to improving the health and welfare of families with young children. There are at least six nationally recognized home visitation models employed by various agencies in Oklahoma. [See *Section G (viii)*.] Several have been in existence for more than a decade. However, the Oklahoma State Department of Health, as the potential recipient of the ACA Home Visiting Grant, foresees the need for technical assistance from HHS in regards to the following areas:

- 1) **Conducting the needs assessments** – Staff within the Maternal & Child Health Service are quite experienced and knowledgeable about conducting the Title V needs assessment. However, the ACA Home Visiting Grant requires the incorporation of others’ needs assessments such as those associated with the Community-Based Child Abuse Prevention Grant and the Head Start Programs as well as data and information from agencies and databases with which the OSDH does not routinely work. Perhaps the varying entities’ data will be consistent and all can easily agree on the target population(s) and specific communities to be served. If the conclusions regarding the target population and communities are not clear and consistent though, technical assistance as to how to analyze and consider each of the datasets would prove to be useful.
- 2) **Data and information systems** – The OSDH has a good deal of experience with data collection and information systems relating to the OSDH-based Children First and Start Right Programs. Since 1997, both programs have been collecting and reporting process data and programmatic outcomes. Should model or models other than Children First and Start Right be chosen for ACA Home Visiting Grant funding, a system for collecting and analyzing data will have to be developed. Should multiple models be chosen, common data collection elements and tools will need to be devised. In addition, the OSDH has limited capacity (limited by the number of staff, not skill) to develop computer programming capable of sophisticated analysis.
- 3) **Communication and marketing** – A most definite need for any home visitation model(s) associated with the ACA Home Visit Grant will be a smart, relevant communication and marketing strategy. Because of limited funding and expertise, the OSDH has struggled to promote its own home visitation programs over the years to the potential program participants and communities at large. Regardless of the models chosen to be implemented, the OSDH would appreciate technical assistance regarding the best practices for marketing home visitation services.
- 4) **Outreach to potential program participants** – Over the years, the OSDH home visitation programs (Children First and Start Right) have noticed a decline in the percent of persons agreeing to enroll in the programs – dropping from 50% to less than 25% in some locations. Different strategies have been put in place to discover the causes and attempt to reverse the current trend. However, OSDH has not seen tremendous gains in this area. It is assumed that other Oklahoma home visitation programs may be dealing with this issue as well and technical assistance would be useful.
- 5) **Participant engagement/retention** - A question that has plagued many a home visitation program is how to engage and retain participants for as long as possible so that the participant can maximize the most benefits from their participation. While any length of participation in a home visitation program may be beneficial to some extent, certain “dose/response rate” issues do arise. Most literature shows that the longer a participant remains engaged in a home visitation program, the more positive impact can be quantified. This issue is of keeping the participant enthused about the program is a

common one among a variety of models. For this reason, the OSDH anticipates that technical assistance regarding this issue, regardless of the model(s) chosen, may be necessary.

G. Statement Regarding Intentions to Apply for Grant

Intent: It is the intent of The Oklahoma State Department of Health to apply for the Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program Grant. If successful in securing the Grant, the Oklahoma State Department of Health would deliver evidence-based early childhood home visiting services in accordance with the Act and Grant.

(i) **Lead Agency Designation:** After giving full consideration to the capacity and the expertise of the Oklahoma State Department of Health (OSDH), The Honorable Brad Henry, Governor of the State of Oklahoma, has designated OSDH as the lead agency to receive the federal funds allocated to the ACA Home Visiting Grant. Because home visitation is highly emphasized in the arena of public health, he believes that the OSDH is the most appropriate entity to accomplish the goals of the ACA Home Visiting Grant. He noted that the OSDH has nearly 15 years of experience providing home visitation services through a statewide network. In addition, he recognized that the OSDH has demonstrated an ability to leverage and/or blend state, federal and private funds to support home visitation efforts; to provide training and technical assistance to professionals delivering home visitation services; and to monitor and evaluate home visitation programs. *Please see letter in Attachment 5.*

(ii) **Process for Identifying Populations to be Served:**

Accumulated data will be reviewed extensively by MCH Assessment staff and the advisory working group in order to determine which population and communities meet at-risk criteria. Emphasis will be placed on identifying priority high-risk populations detailed in the legislation (i.e., families residing in communities in need of health services, low income families, communities with elevated teen birth rates, families of children with low scholastic achievement or developmental delays, families with history of receipt of child welfare services, etc.). An instrumental tool in the investigation of high risk populations and communities will be the use of geographic information systems (GIS) software. GIS enables mapping of population health indicators in highly visible, but sophisticated, formats such that geographic distributions of health and services are distilled to more informative forms. Characterizations of the geography of health and services can then be made to inform the needs assessment and subsequently program planning.

While guidance for the needs assessment process is forthcoming, in the meantime, MCH analysts and the advisory working group will begin collecting and analyzing data for the six benchmark areas outlined in the grant guidance. Populations and communities that have rates in excess of state and/or national averages will be held up for close review to determine if a classification of at-risk is warranted. Any population or community with a combination of elevated rates for more than one benchmark measure would be given a higher weight for at-risk status. Since formal at-risk standards have not yet been released to guide the needs assessment process, analysts and advisory working group members must determine a preliminary strategy

for defining at-risk for populations and communities. This process can be outlined in initial meetings to be undertaken at the outset of the needs assessment activities.

(iii) **Process for Selecting Model(s):** The Oklahoma State Department of Health will utilize their MCH Assessment staff of epidemiologists, statisticians and program evaluators to conduct a needs assessment to determine the target population that would be best served by home visitation. In addition to MCH staff, a Grant Evaluation Advisory Group will be brought together to assist with the needs assessment activities. Many existing home visitation programs, within OSDH and outside of the agency, have evaluators either on staff or by contract. Their experience will be invaluable in the needs assessment process.

Simultaneously with the needs assessment, the Home Visitation Leadership Advisory Coalition (HVLAC) will be conducting research about home visitation models. The HVLAC, utilizing their in-depth knowledge about specific models and research, will present information regarding individual home visitation models to the Interagency Child Abuse Prevention Task Force (ITF). Information will include:

target populations served by the model; curriculum overview; costs for implementation and program maintenance; home visitor qualifications; training requirements; previous research associated with the model including outcomes; if the model is utilized in Oklahoma, outcomes specific to the Oklahoma program; quality assurance/oversight requirements; and evaluation needs and capability.

The HVLAC will in essence educate the ITF about various options regarding evidence-based home visitation models and about the current state of home visitation in Oklahoma.

Data and information collected by the Grant Evaluation Advisory Group and the HVLAC inform the ITF about the home visitation needs and options for the State of Oklahoma. The ITF, in turn, will assist the OSDH in selecting the model or models to be funded by the ACA Home Visiting Grant – possible new models to implement or existing models to enhance or expand. Considerable thought will be given to better coordination and utilization of existing home visitation programs. Emphasis can then be placed on choosing a model or models that will achieve the desired outcomes outlined in the ACA Home Visiting Grant and ultimately improve the lives of the children and families that are a part of the target populations.

(iv) **Assurances:** The Oklahoma State Department of Health assures that:

- Priority will be given to serving low-income eligible families and eligible families in at-risk communities, in adherence with the completed statewide needs assessment;
- Oklahoma will obtain and submit documentation or other appropriate evidence from the organization or entity that developed the service delivery model or models used to verify that the program is implemented and services are delivered according to the model's specifications;
- Oklahoma will establish procedures to ensure that the participation of each eligible family is voluntary and that services are provided to an eligible family in accordance with the individual assessment for that family;

- Oklahoma will submit annual reports to the Secretary regarding the program and activities carried out by the program;
- Oklahoma will participate in and cooperate with data and information collection necessary for the evaluation required under section 511 (g) (2) and other research and evaluation activities carried out under section 511 (h)(3); and
- Oklahoma will use the new funds to support its ACF Evidence-Based Home Visiting Grantee (The University of Oklahoma Health Science Center's Center on Child Abuse and Neglect). *Please see letter in Attachment 3.*

(v) **Consistency with Needs Assessment:** The Oklahoma State Department of Health will be certain that the populations to be served and the service delivery model will be consistent with the completed statewide needs assessment.

(vi) **Consistency with Evidence-Based Criteria:** The Oklahoma State Department of Health will be certain that the service delivery model or models will be consistent with the evidence-based criteria established pursuant to section 511(d)(3)(A) of the Act and forthcoming HHS guidance.

(vii) **Process for Identifying Benchmarks:** Within each of the focus areas, there are health measures that are commonly monitored by public health agencies. These can be readily adopted to track improvement for the purposes of the [Home Visitation Grant]. For instance, in the category of prenatal, maternal, newborn or child health, measures such as the percent of births that are born prior to 37 weeks of gestation (i.e., preterm); the percent of births that are low birth weight (i.e., <2,500 grams); the rate of deaths per 1,000 live births for infants, neonates, and post-neonates; the percent of births whereby the mother entered first trimester prenatal care; and the percent of births to females less than 20 years of age can be calculated and followed for changes in trends. Other measures are possible and can be formulated for the grant project. Moreover, many of the health indicators mentioned here are included as performance measures or key health indicators under the Title V MCH Block Grant. Therefore, the MCH program area already tracks these measures and has data series that can without difficulty be incorporated into the grant efforts.

Benchmarks for the other topics exist: poverty (e.g., percent of children under 18 years of age at less than 100% of federal poverty level), crime (e.g., rate of violent crimes among youth, rate of drug use violations among children under 18 years), substance use (e.g., percent of HS students that are current smokers, percent of HS students reporting ever using marijuana), domestic violence (e.g., rate of domestic violence among program clients), unemployment (e.g., percent of labor force participation, rate of labor force that is unemployed), and child maltreatment (e.g., number of confirmed cases of child abuse and neglect). Some consideration must be made to the sources and reliability of data; nonetheless, alternative measures can be derived to track progress, if necessary.

(viii) **Existing Home Visitation Services:** The following is a *preliminary* description of existing State and Federally funded home visiting services within Oklahoma:

Oklahoma Parents as Teachers (OPAT) – OPAT is a voluntary parent education program based on the philosophy that parents are their children’s first and most important teachers. It is a voluntary monthly home visitation program for parents with children ages birth to three years. OPAT is affiliated with the nationally validated Parents as Teachers Program. Through home visits and monthly group meetings, OPAT is designed to strengthen the capacity of parents to be effective first teachers and to foster an early partnership between home and school so that parents take a more active role during their children’s formal years of schooling. In the 2008 – 2009 school year, OPAT home visitors made 33,775 personal visits with 4,388 families and 5,027 children. The Oklahoma Department of Education’s total program costs were \$1.9 million (state appropriations). Services were provided within 76/527 school districts.

Early Head Start Program (EHS) – EHS is a voluntary federal program established in 1994 for low-income families with infants and toddlers and pregnant women. At least 90 percent of enrolled children must be from families at or below the poverty line and at least 10 percent of the program participants must be children with disabilities. The mission is to promote healthy prenatal outcomes for pregnant women, enhance the development of eligible very young children and promote healthy family functioning. Services include: quality early education both in and out of the home; parent education; comprehensive health and mental health services; nutrition education; and family support services. During Federal Fiscal Year 2009, a total of 1,856 children and 58 pregnant women were served. The Oklahoma Association of Community Action Agencies’ total program costs were \$9,187,267 (federal funds). Services were provided within 22/77 counties.

Start Right Program – Start Right is a voluntary program that serves families identified as at-risk for maltreatment of their children. After initial contact and screening, a family is assessed to determine if home visitation services would be beneficial and desired. Once enrolled, a family support plan is jointly developed between the support work and the family. A family may enroll prenatally or until the child is one year of age. Services may continue until the child’s sixth birthday. Families are also encouraged to participate in Start Right center-based activities and services. Start Right utilizes the Healthy Families framework and the Parents as Teachers curriculum. During State Fiscal Year 2009, Start Right home visitors made 17,317 home visits with 1,247 families. The Oklahoma State Department of Health’s total program costs were \$3,336,482 (state appropriations, Federal CBCAP Grant Funds and revenues generated from the Child Abuse Prevention specialty license plate). Services were provided within 40/77 counties.

Children First, Oklahoma’s Nurse-Family Partnership – Children First is a voluntary public health nurse home visitation service offered through local health departments. Services are provided to families expecting to deliver and/or parent their first child and include brief health assessments of mother and child; child growth and development evaluations, nutrition and safety education, parenting and relationship information as well as links to community resources. The program encourages early and continuous prenatal care, personal development and promotes the involvement of father, grandparents and other supporting persons caring for the child. During State Fiscal Year 2009, Children First completed 44,239 home visits with 4,590 families. The Oklahoma State Department of Health’s total program costs were \$11,550,000 (state appropriations, Federal CBCAP Grant Funds and Medicaid reimbursement). Services were provided within 69/77 counties.

Healthy Start Initiative – Healthy Start Programs focus on reducing infant mortality and related pregnancy and women’s health problems in communities with high infant mortality. Voluntary services are provided for expectant mothers through the time that their children reach two year of age or through the next pregnancy. Services include case management, client advocacy, referrals to health care and other services, direct outreach from trained community members, health education to address risk factors, and plan development. During State Fiscal Year 2009, Healthy Start Tulsa served 702 clients. The Tulsa City-County Health Department’s total program costs were \$1,075,000 (federal funds). Healthy Start Oklahoma City served 252 clients. The Community Health Centers’ total program costs were \$700,000 (federal funds).

Child Maltreatment Prevention High Risk Project (SafeCare+) – SafeCare+ is an eco-behavioral model emphasizing the importance of the socio-cultural context in which child abuse occurs. Voluntary services include direct skill training for parents in child behavior management using planned activities training, home safety training and teaching child health care skills to prevent child maltreatment. The original SafeCare model has been augmented by emphasizing problem solving, motivational interviewing, conflict resolution skills, violence prevention and safety planning. As of January 31, 2010, 1,044 families had been referred to SafeCare+ of Oklahoma County. Total program costs were \$250,000 annually (state appropriations). Since September 1, 2009, SafeCare+ of Payne County had served 105 families. The Oklahoma Department of Human Services’ total program costs were \$300,000 (state appropriations). The Payne County Program was ended prematurely due to revenue shortfalls.

Evidence-Based Home Visitation Federal Grant (EBHV) - The above described SafeCare+ model is being adapted to better serve the Latino community. In addition, the EBHV Grant also supports the expansion of an existing Office of Child Abuse Prevention Start Right Program. By implementing a risk classification tree, it is the intention of this Grant to determine which particular model serves which families best. It is anticipated that this federal grant program will serve 360 Oklahoma County families from 2010 through 2013. The University of Oklahoma’s Center on Child Abuse and Neglect’s total program costs will be \$673,00 annually (federal funds).

Comprehensive Home Based Services (CHBS) - The Comprehensive Home-Based Services program offers specific assistance to ensure and enhance or ameliorate obstacles that impede the safety, well being and social functioning of children and their families. CHBS incorporates existing community services and resources with needs-driven, family-focused treatment through a partnership of contract case management and child welfare staff. The standard service period of CHBS is six months. During SFY 2009, 3,125 families were served by CHBS. The Oklahoma Department of Human Services’ total programs costs were \$9,801,076 (state appropriations and federal funds).

Parent Aide Services (PAS) – The Parent Aide Services are non-therapeutic services to encourage parenting skill development for families affected by or at risk for child abuse and neglect. PAS are designed to deal with very basic issues, such as housekeeping, child development, budgeting, transportation and modeling appropriate parenting skills. The standard service period is six months. During State Fiscal Year 2009, 448 families were served. The Oklahoma Department of Human Services’ total program costs were \$869,392 (state appropriations and federal funds).