

PROJECT ABSTRACT

Project Title: Kansas Maternal, Infant and Early Childhood Home Visiting Competitive Project
Applicant: Kansas Department of Health and Environment
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ANNOTATION: *Data show that rural Southeast Kansas and urban Wyandotte County (Kansas City, KS) remain entrenched in poor child and maternal outcomes, continue to struggle meeting the changing demographic needs of at risk families, and ancillary services and system supports to address healthcare access, maternal depression, and domestic violence are scarce or lack focused coordination. We propose three focused goals and identified objectives/activities in response: 1) Increase home visiting capacity and enrollment (632 new and continuing families); 2) Improve child and maternal outcomes through enhanced interventions; and 3) Enhance home visiting system and service coordination. A rigorous evaluation will be conducted.*

Across all local, state, and federal funding sources, Kansas is only able to provide high quality evidence-based home visiting (EBHV) services to 15% of the total at-risk families in our highest need counties experiencing the worst maternal and child outcomes in the state. High quality EBHV programs serving pregnant women and families with infants and young children birth to age five are effective for reducing infant mortality, child abuse and neglect prevention, and improving school readiness. We will expand the capacity to serve more families with EBHV and support this through home visiting (HV) system enhancements. Kansas has three focused goals: **Goal 1)** Increase HV capacity and enrollment to serve more at-risk families; **Goal 2)** Improve child and maternal outcomes through enhanced interventions; and **Goal 3)** Enhance HV system and service coordination. Objectives include maintaining existing enrollment caseloads and expanding EBHV caseloads in Wyandotte County and two more counties in Southeast KS. Additional objectives address healthcare access, mental health, and domestic violence services and enhance our statewide HV system infrastructure components.

We will expand the capacity of our three EBHV models (**Parents as Teachers, Healthy Families, and Early Head Start**) and one promising approach (**TIES-** Teams for Infants Endangered by Substance Abuse) in five high risk counties in Southeast KS and in Kansas City, KS with an emphasis on families who meet MIECHV priority population criteria to serve **632 families (461 new, 171 continuing)** with these Competitive funds. Kansas MIECHV has served 710 families to date. Targeted activities include improving responses to healthcare access, mental health, and domestic violence and building system infrastructure: a) Coordinated intake, outreach, and referral systems; b) systems support and sustainability; c) HV outcomes report card; d) Outreach, engagement, and communication plans; and e) Professional development, training, and fidelity monitoring. Collaborative partners include local, state, and national offices of EBHV models, state government agencies and non-governmental organizations, community-based agencies and service providers, and researchers from area universities. The University of Kansas will conduct a rigorous mixed-methods implementation and impact evaluation to assess HV delivery, fidelity, and impact on child, maternal, and family outcomes. KDHE will conduct annual site visits with each local implementing agency to monitor service delivery, federal requirements, and fiscal oversight.