

Project Abstract

Project Title: Kansas Maternal, Infant and Early Childhood Home Visiting Program
Applicant: Kansas Department of Health and Environment
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Kansas home visiting services are insufficient to meet the needs of pregnant women and families with children from birth to age five who experience multiple stressors and risks. Home visiting programs in the at-risk communities targeted for implementation - Wyandotte County (urban Kansas City, Kansas) and Montgomery County (rural southeast Kansas) – have faced difficulties and inadequate capacity to effectively serve the many diverse, multiply-challenged families in their areas, particularly those with substance abuse and mental health issues. Systematic data collection and reporting across the continuum of home visiting programs is needed. To address these issues, the Kansas MIECHV Program goals are to: (1) Deliver a coordinated, integrated system of evidence-based home visiting programs with high model fidelity and quality to families with pregnant women and children (0-5) in at-risk communities; (2) Effectively engage and retain underserved, hard-to-reach populations in home visiting services; and (3) Utilize a coordinated, integrated system to determine outcomes and quality of home visitation programs. Established Early Head Start, Healthy Families America, and Parents as Teachers evidence-based home visiting programs in both targeted communities and, in Wyandotte County specifically, a promising approach serving pregnant and postpartum women affected by alcohol or other drugs, the Team for Infants Endangered by Substance Abuse (TIES) Program, will continue to scale up. With MIECHV formula funds, these programs have the combined capacity to serve 183 families with identified risks. As of May 21, 2014, 142 families were currently enrolled. An estimated 109 families will continue formula funded services into FY 2014 while approximately 74 new families will be served. Training and consultation will be provided for staff to enhance effectiveness with identifying, engaging, serving and referring families with mental health and substance abuse concerns. Coordinated, centralized outreach and referral systems in both counties will continue to be enhanced. A comprehensive, cross-program data collection and reporting system will continue using common indicators and measures for required benchmarks and continuous quality improvement. Collaborative partners include, but are not limited to, state and national offices of evidence-based models, state government agencies and non-governmental organizations, community-based agencies and service providers, and researchers from area universities.

ANNOTATION: A coordinated, integrated system of evidence-based home visiting programs with high model fidelity and quality to families with pregnant women and children (0-5) will be delivered in two at-risk counties, one rural and one urban. Established Early Head Start, Healthy Families America, and Parents as Teachers services will be expanded and a promising approach which serves pregnant and postpartum women affected by alcohol or other drugs, the Team for Infants Endangered by Substance Abuse (TIES) Program, will be implemented and evaluated. A state-level comprehensive, cross-program data collection and reporting system using common indicators and measures will be utilized.