

MIECHV Newsletter

Maternal, Infant and Early Childhood Home Visiting Program June 2014



Welcome to the MIECHV monthly newsletter. We hope you will find the content informative. Our website will launch Spring 2014.

In This Issue

[MIECHV Funding Update](#)

[Evaluation Activities](#)

[CQI Activities](#)

[MIECHV Evidence Based
Program Models](#)

[Program Spotlight](#)

[State Level](#)

[Upcoming Activities and
Dates](#)

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MIECHV Funding Update

The state Year 5 (federal fiscal year 2014) MIECHV formula funds application was submitted to the Health Resources and Services Administration (HRSA) on May 23. The application included an annual progress report, updated timeline and projected budget. The Year 5 allocation for Kansas will be reduced by approximately \$170,000 to \$1 million due to the sequestration cuts passed by Congress as well as recalculation of some state population data.

Funding announcements to apply for state year 6 (federal fiscal year 2015) formula funds and for another round of competitive expansion grant funding are expected in July with September and October due dates. Awards are to be confirmed by March 1 2015, in line with the recent six-month MIECHV reauthorization. These funds must be expended by September 30, 2017.

In a recent call, federal program officers stressed the importance of maximizing the number of families served as well as family retention. Your efforts to address these areas are appreciated.

Evaluation Activities

The MIECHV program recognizes the importance of close collaboration among partners in the home visiting system in order to achieve the best outcomes for families. Given the importance of collaboration among partners, the KU-CPPR evaluation team is interested in understanding what factors drive effective collaboration efforts in each community. Therefore, the CPPR evaluation team is currently collecting data about collaboration activities and factors in both the Wyandotte County and Southeast Kansas community workgroups. During the most recent community workgroup meetings, we asked members to complete the brief Wilder survey, which measures factors such as the collaborative environment, communication, and resources. In June we will send out via email the PARTNER Tool survey for workgroup members to complete. The PARTNER Tool is used to understand how members within the workgroup are connected, to identify gaps, and to understand how resources are leveraged among partners. We thank our community partners for their time and participation in these data collection efforts!

Continuous Quality Improvement (CQI) Activities

The Continuous Quality Improvement (CQI) team has focused a great deal on the use of screeners for assessing risk for maternal depression, substance abuse, and intimate partner violence. We have seen programs incorporate new strategies into supervision and home visiting practices to increase the use of these screeners, assure they are used appropriately, and assure that referrals are provided in a timely manner. We will continue to refine our tools and our procedures to better assist programs improve the

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Quick Links

[KDHE Website](#)

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[University of Kansas Center for Public Partnership and Research](#)

screening process.

The CQI team is now developing a plan for applying CQI principles to MIECHV Centralized Intake and Referral Systems, which include Connections in Wyandotte County, and the three My Family programs in SE Kansas. Connections is a system that has been working to support families in accessing needed services in the Wyandotte County area for over a decade. My Family is a system that has been developed more recently, but quickly grown to become an integral part of the southeast Kansas array of services. Our MIECHV teams are committed to working collaboratively to continue to refine each of these systems through the use of CQI procedures, and we look forward to sharing our progress.

MIECHV Evidence Based Program Models

The federal MIECHV Program has provided \$1.5 billion over five years to states to establish home visiting program models for at-risk pregnant women and children from birth to age 5. The federal legislation stipulates that 75 percent of the funds must be used for home visiting programs with evidence of effectiveness based on rigorous evaluation and research. The Home Visiting Evidence of Effectiveness (HomVEE) review, conducted by Mathematica Policy Research, was launched in fall 2009 to provide information about which home visiting program models have evidence of effectiveness as required by the legislation and as defined by the U.S. Department of Health and Human Services (DHHS).

The HomVEE review included a thorough examination of home visiting research literature and assessed the evidence of effectiveness for home visiting program models that serve families with pregnant women and children from birth to age 5. Outcomes for eight domains (child development and school readiness; child health; family economic self-sufficiency; linkages and referrals; maternal health; positive parenting practices; reductions in child maltreatment; and reductions in juvenile delinquency, family violence, and crime) as well as each model's implementation guidelines were evaluated. For more information on HomVEE and evidence based practice, please visit their website: [Click Here!](#)

The Kansas MIECHV Program incorporates three evidence-based home visiting models: Early Head Start (EHS), Healthy Families America (HFA), and Parents as Teachers (PAT). The Healthy Families America model is featured in this newsletter. Subsequent issues will focus on the other two models.

Program Spotlight Healthy Families America

HFA programs in Kansas are administered by the Kansas Children's Service League (KCSL). A statewide not-for-profit agency, KCSL has a 120 year history with the mission to protect and promote the well-being of children. The agency serves as the Kansas Chapter of Prevent Child Abuse America and has achieved national accreditation from the Council on Accreditation, Prevent Child Abuse America and Healthy Families America. The HomVEE review found that HFA had favorable impacts in all 8 domains (child development and school readiness; child health; family economic self-sufficiency; linkages and referrals; maternal health; positive parenting practices; reductions in child

maltreatment; and reductions in juvenile delinquency, family violence, and crime). The findings in child development and school readiness, child health, family economic self-sufficiency; positive parenting practices, and reductions in child maltreatment were replicated in at least one other study sample. The available evidence indicated HFA had at least one unfavorable or ambiguous finding in child health, family economic self-sufficiency, and linkages and referrals. The available evidence indicated that at least one favorable impact in all eight domains was sustained for at least one year after program inception and at least one favorable impact in two domains (child development and school readiness and reductions in child maltreatment) lasted for at least one year post program completion.

The HFA model provides for weekly home visits on a level system that decreases in frequency over time, as parents become more self-sufficient and accomplish goals set through the program. Services are initiated during pregnancy or shortly after birth and continue until the child reaches age 3 to 5 depending upon the needs of the family. Currently, KCSL supports HFA services in 8 counties of Kansas which include the targeted MIECHV counties of Wyandotte, Cherokee, and Montgomery. In partnership with KCSL, the Unified Government of Wyandotte County and Kansas City, KS Public Health Department operates the HFA program, also in Wyandotte County.

KCSL's Erin Bunn, Healthy Families supervisor for Montgomery and Cherokee counties, shared her thoughts on the recent HFA accreditation process and site visit that occurred in Kansas. "The program had a very successful site visit and no further evidence was required to be submitted to the review panel! One of the Healthy Families standards requires each program to have an advisory board. The Healthy Families Southeast Kansas program does not yet have a local advisory board, so the MIECHV team filled that requirement. The site review team listed the MIECHV team as one of the strengths of the program in the evaluation! We're very proud of how well the program did during this accreditation process and how the MIECHV partnerships helped the program be successful!"

What's Happening at the State Level

Statewide Home Visiting Strategic Plan

In May, the State Home Visiting Workgroup finalized an initial strategic plan for Home Visiting in Kansas. It is a living document that will be updated and refined as needed. The workgroup will now transition to the implementation phase, with a smaller steering group including representatives from the Kansas Department of Health and Environment, Kansas Department for Children and Families, Kansas State Department of Education, Kansas Children's Cabinet and Trust Fund, Kansas Children Service League, Kansas Head Start Association and KU-Center for Public Partnerships and Research.

Upcoming Activities and Dates for MIECHV Partners

June 6	State MIECHV Data/Evaluation/CQI	9:00 - 11:30, CPPR, Lawrence KS
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June 17

Workgroup

Motivational Interviewing 9:00 - 3:00, Labette
Part II Training - SE Center for Mental
Kansas Health, Parsons

Contact Us

If you have ideas for the newsletter, feedback, questions, comments, concerns, etc. please email kshomevisiting@ku.edu.