



KANSAS
HOME VISITING



www.kshomevisiting.org

2016



Kansas Maternal, Infant, and Early Childhood Home Visiting Program Improves Systems and Services for Families



"How, and how well, we think, learn, communicate, concentrate, problem solve, and relate to others when we get to school and later in our lives depends in large part on the experiences we have and the skills we develop during the earliest days, months and years. ... Although the early years are a time of great opportunity for babies, they are also a time of great vulnerability. ... Fortunately, program evaluation research demonstrates that quality, research-based early intervention programs that begin early can improve the odds of positive outcomes for the nation's youngest and most vulnerable children well into their adult years."



—from "Early Experiences Matter," a 2009 report from Zero to Three, National Center for Infants, Toddlers and Families

The challenge

Life isn't easy for some Kansas families who live in urban Wyandotte County or in rural Montgomery, Cherokee, and Labette counties in the southeast corner of the state.

These families face higher rates of:

- **Poverty.** In southeast Kansas, 13 to 27 percent of families with children under the age of 5 live in poverty. More than a third of the children under 5 in Wyandotte County live in poverty.
- **Child maltreatment.** In rural Cherokee County, more than 8 percent of children under 17 are maltreated, compared with the state average of 2.9 percent. Montgomery and Labette counties are close behind, with 6.8 percent and 5.1 percent of children who live there facing maltreatment.
- **Domestic violence.** In Labette County, 12.2 percent of households experience domestic violence. In Wyandotte County, it's nearly 1 in 10.
- **Teen and single parenthood.** About a third of the children in Wyandotte County are born to teenage mothers, and two-thirds are born to single mothers. About half of the children born in Montgomery and Labette counties are born to unmarried women.
- **Unemployment.** Wyandotte County has the highest unemployment in the state, nearly double the state average.

When children are raised in homes where they are continually exposed to negative environmental influences like poverty, malnutrition, child abuse, or neglect, their cognitive development can be seriously compromised, impacting their ability to succeed in school and in life. Research has shown that children's success in high school can be predicted based on their cognitive ability as preschoolers.

—"Early Experiences Matter," a 2009 report from Zero to Three, National Center for Infants, Toddlers and Families

Despite the efforts of local professionals, these counties with higher risk factors face persistent challenges. Ancillary services and system supports that address problems like limited access to health care, maternal depression, and domestic violence have been scarce or lack focused coordination. Furthermore, only 15 percent of the at-risk families in these communities have received high-quality, evidence-based home visiting services.

The MIECHV Program

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, administered by the Health Resources



and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), was established in 2010 to improve health and development outcomes for at-risk children through evidence-based home visiting programs offered on a voluntary basis to pregnant women and families with children birth to age 5. The Kansas Department of Health and Environment oversees the Kansas MIECHV Program.

The Kansas MIECHV Program established three challenging goals:

- Deliver a coordinated, integrated system of high quality home visiting services to at-risk families with pregnant women and children (0-5).
- Engage and retain hard-to-reach populations, including improved capacity to address the needs of families with mental health and substance abuse concerns.
- Foster a coordinated, integrated system infrastructure to determine outcomes, quality, and sustainability of home visiting services in Kansas.

Since launching in 2011, the Kansas MIECHV Program targeted these two high-need communities. In 2015, program activities further expanded to Neosho and Wilson counties in southeast Kansas. Altogether, 36 home visitors and caseloads have been added.

Expanding the availability of high-quality proven programs with fidelity to the original model is one of the MIECHV Program's key objectives. Funds must be used for home visiting programs with evidence of effectiveness based on rigor-

ous evaluation and research (see <http://homvee.acf.hhs.gov>). **Three evidence-based home visiting models** are delivered by eight different organizations in the Kansas MIECHV targeted counties: home-based **Early Head Start**, **Healthy Families America**, and **Parents as Teachers**. In Wyandotte County specifically, a “promising approach” model, **Team for Infants Exposed to Substance abuse (TIES)**, has also been implemented and is undergoing rigorous evaluation. All the program models share some characteristics, yet each model has distinct goals and program designs and criteria. By including the continuum of three evidence-based models and the promising approach, it is possible to serve and address the diverse needs and qualities of families in each community area.

Additionally, coordinated, centralized outreach and referral systems have developed and expanded in all of the counties. These services reach out to and link pregnant women and families of infants and young children to home visiting programs and other early childhood and community services.

The Kansas MIECHV Program has embraced a collective, coordinated, and system-building approach that actively engages partners locally and at the state-level. Collaborative partners include local, state, and national offices of evidence-based home visiting models, state agencies, non-government organizations, community-based agencies, public education, other service providers, and researchers from area universities. The involvement of multiple home visiting partners has aided cross-model and cross-system collaboration and information sharing, and built capacity for quality services.

MIECHV Program Implementation

To know more about how the Kansas MIECHV Program is reaching its goals, substantial quality improvement, data collection and evaluation activities have been conducted. One effort by the Center for Public Partnerships and Research at the University of Kansas was performing interviews with local- and state-level Kansas MIECHV staff, partners, and stakeholders to better understand:

- What was it like for staff to implement MIECHV in Kansas?
- How did collaboration occur in the local communities implementing MIECHV and at the state level?
- What were the challenges and benefits of MIECHV?

What we found

State and local staff and stakeholders consistently reported that MIECHV was beneficial for Kansas because the program:

- Prioritizes data-informed practice and provides



evidence-based services to families while also supporting innovative practices and promising approaches, such as the TIES program.

- Made it possible for more families to engage in services and enhanced support services in implementing communities.
- Increased awareness of home visiting and improved collaboration between local and state systems.
- Expanded partnerships within local communities, which positively impacted services to families.
- Increased professional development opportunities for home visiting staff, in turn improving practice with families served by their programs.

MIECHV DELIVERS POSITIVE CHANGE, ONE FAMILY AT A TIME

Teen mother gets parenting support

Leilani was raised in a home filled with chaos. Despite her turbulent upbringing, she and her home visitor set challenging goals that would help her, and her baby, have a brighter future. While she was a teen, Leilani became a mom. But her home was so bad she, her siblings, and her baby were placed in foster care.*

Despite being bounced from school to school, Leilani worked hard to keep up with her studies and, with the help of her home visitor, maintain a positive nurturing relationship with her baby, completing all the goals she and her home visitor set.

After graduating from high school, Leilani landed a job as a certified nail tech. Not long ago, she was notified she had received a Presidential Scholarship. Excited about her future and all it holds, Leilani plans to attend college full time and earn an associate's degree in business.

*Names changed to protect privacy.


 985

pregnant women
and families with
infants and young
children served
2012-2015

MIECHV PROGRAM AIMS:



Increase school readiness



Improve maternal and child health



Reduce child injuries, child abuse and neglect, and domestic violence



Promote family self-sufficiency



Improve linkages with other community resources

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Development Grant to States (Grant # D89MC25208, \$5,805,587) awarded to the Kansas Department of Health and Environment (KDHE). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by KDHE, HRSA, HHS or the U.S. Government.

