

KANSAS HOME VISITING

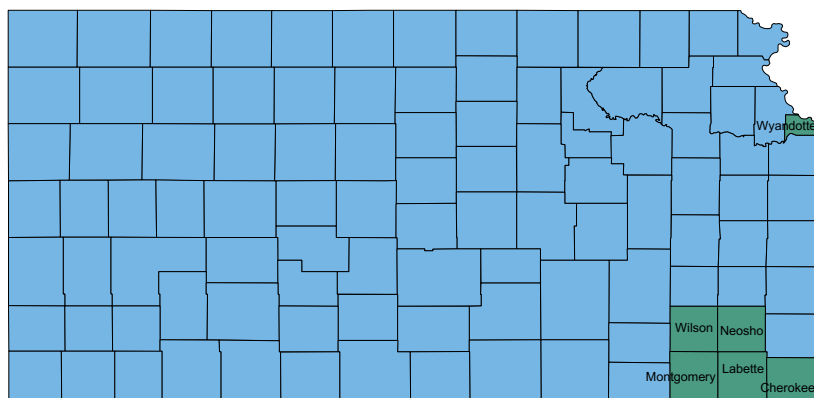
Empowering the whole family

Home visiting in Kansas receives funding from the federal Maternal, Infant, and Early Childhood Home Visiting program. In 2016, the state received a \$4,834,188 million formula grant.

In addition, Early Head Start (EHS) programs receive funding from federal Head Start. Kansas Early Head Start home-based programs are also administered by the Kansas Department for Children & Families with Temporary Assistance for Needy Families (TANF) funds.

Parents as Teachers (PAT) programs are administered by the Kansas State Department of Education with TANF funds. Some individual EHS, PAT, and Healthy Families America program sites receive funding from private philanthropies and a state tobacco settlement known as the Children’s Initiative Fund.

Through fiscal year 2016, Kansas served 1,268 families through the MIECHV program. 661 families were served in fiscal year 2016 alone. Kansas MIECHV has shown improvements on multiple benchmark indicators of maternal and infant health and school readiness.



FAMILIES SERVED IN 2016:

- 54% Single; 42% Married
- 70% Below Federal Poverty Line
- 52% on Medicaid
- 24% Uninsured
- 18% Pregnant and Under 21 at Enrollment
- 68% Caucasian
- 28% Latino
- 11% African American
- 9% Native American

SERVICES:

Kansas MIECHV funds the following evidence-based models:

- Early Head Start – Home Based
- Parents As Teachers
- Healthy Families America

Programs for each model are supported in these six counties:

- Cherokee
- Labette
- Montgomery
- Neosho
- Wilson
- Wyandotte

Investment: from many sources toward one goal

Kansas is using MIECHV funds to implement and evaluate a promising approach model (TIES – Team for Infants Exposed to Substance abuse) providing home-based services to pregnant and postpartum women and their families affected by alcohol or other drugs.

MIECHV funds also allowed Kansas to focus on data, evaluation, and continuous quality improvement. The University of Kansas manages the state’s home visiting data system and provides annual reports on performance measures.

Benchmark measures are standardized so that each home visiting model collects data using the same metrics; this allows the state to efficiently collect aggregate data, evaluate, and report results.

Finally, federal MIECHV dollars helped the state expand its county-based central intake systems. In rural southeastern Kansas, a centralized outreach and referral program across five participating counties is now helping at-risk families identify and connect to the services they need.



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Moving Forward: goals identified in the Kansas strategic plan



1. Promote centralized intake and referral systems to ensure more families have access to appropriate home visiting services and other family supports.
2. Improve state capacity and sustainability of quality home visiting services.
3. Establish an annual outcomes report of evidence-based home visiting programs across the state that drives data-driven decision making at local, state and national levels.
4. Effectively communicate the value and benefits of home visiting to improve access and capacity in Kansas.
5. Support further development of a skilled, knowledgeable, competent, and effective professional work force to deliver home visiting services.