



Kansas: Maternal, Infant, and Early Childhood Home Visiting Program

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The federal Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, program strengthens the home visiting capacity in the state of Kansas by expanding services to additional children and families in the state. Kansas MIECHV administrators are also dedicating funds to build a cohesive infrastructure in Kansas by providing professional development, establishing a centralized intake system, enhancing data-collection processes, and promoting the value of home visiting in communities across the state.

Success and innovation

Developed a cohesive data-collection system

Kansas has used MIECHV funds to prioritize the development of a data-collection system. Administrators standardized their benchmark measures so that each home visiting model collects data using the same metrics, which allows the state to collect aggregate data and report results efficiently. Additionally, Kansas used MIECHV funds to initiate a state-level leadership group focused on data evaluation and continuous quality improvement, or CQI, and contracted with the University of Kansas to manage the state's home visiting data system and provide annual performance-measure reporting. As a sign of the success of the state's data work, federal administrators have identified Kansas as a model for the creation of a data system and data management. This innovative data system allows Kansas to provide services more effectively and describe their success with data-driven evidence.



Kansas MIECHV at a glance

Total federal MIECHV funding:

\$2.8 million in competitive funds in 2013 and \$1 million in annual formula funds in 2014

Lead agency:

Bureau of Family Health, Kansas Department of Health & Environment, or KDHE

Number of communities served:

four counties

MIECHV-funded home visiting models:

Early Head Start-Home Visiting, or EHS-HV; Healthy Families America, or HFA; Parents as Teachers, or PAT; and Team for Infants Endangered by Substance Abuse, or TIES

Families served:

725 families

Kansas MIECHV at a glance

Additional funding for home visiting:

EHS-HV funded through the federal Head Start program, tobacco settlement funding, and local funding

**Identified risks
targeted by MIECHV:**
maternal and infant health,
mental health,
and substance abuse

Expanded county-based centralized intake systems

In Kansas, administrators and community partners quickly identified the need for a coordinated resource and referral process. MIECHV funds were used to expand county-based central intake systems. In rural southeastern Kansas, a centralized outreach and referral program across the three participating counties was launched and implemented. And in urban Wyandotte County, where central intake was already in use, MIECHV funds were used to provide improvements and enhancements.

Expanded and evaluated promising practices

Over 20 years ago, the Team for Infants Endangered by Substance Abuse, or TIES, program was established at Children's Mercy Hospital in Kansas City, Missouri. MIECHV funds allowed TIES to expand services into Kansas City, Kansas. The program provides family support and parent resource specialists to women with an identified substance abuse problem who are expectant mothers or mothers who have children up to 6 months old. MIECHV is also supporting ongoing evaluations of TIES that will move the program closer to becoming an evidence-based home visiting model.

Emphasized mental health screening

Kansas used Moving Beyond Depression, or MBD, to augment its home visiting services by providing added screening and treatment for maternal depression. MBD screens participating mothers for depression and, if the mothers qualify, provides in-home cognitive-behavioral therapy. Through MBD, home visiting staff are supported by reflective supervision groups and provided motivational interview training and technical assistance. Kansas also provides programs with mental health consultation so home visitors can receive assistance serving clients with mental health issues in order to provide a resource for staff members in need of mental health care themselves.

Challenges

Kansas administrators cited the volume of data collection and reporting as a significant burden. In addition, identifying and implementing the benchmark measures and data-collection process has taken time and resources, particularly because of the many federally mandated constructs that require progress reports. However, administrators have been able to implement an efficient process for collecting the data and recognize the value of having a robust set of data to identify progress.

Looking ahead

Bolster the state's communications capacity

Administrators are working to increase the visibility of home visiting by expanding the activities of their communications team. Team leaders began publishing an e-newsletter, which is regularly disseminated to stakeholders and serves to provide a historical review of the program. The state is also in the process of building a statewide home visiting website.

Additional information

Kansas' MIECVH Needs Assessment: http://www.kdheks.gov/bfh/download/home_visting/KS_HOME_VISITING_NEEDS_ASSESSMENT.pdf

Kansas' MIECHV State Plan: http://www.kdheks.gov/bfh/download/home_visting/Kansas_Home_Visiting_State_Plan.pdf

Source: Interview with Deborah Richardson, MIECHV program manager, Kansas Department of Health and Environment, September 2014.

“Central intake allows home visiting programs to have a greater capacity to do the work; they are more capable of reaching out and serving more people.”
– Kansas state administrator

This profile was written as part of a larger study to identify how states are using Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, funds to advance state home visiting systems. For a summary report and additional profiles about home visiting, visit clasp.org or americanprogress.org.