



This project is 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 FY'15 Competitive Grant to States (Grant # D89MC28269, \$9.4 million) 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.

KANSAS HOME VISITING LANDSCAPE TECHNICAL REPORT

KANSAS HOME VISITING PROGRAMS

Data for the reach of Home Visiting in Kansas were collected from readily available data on four separate home visiting models within the state of Kansas: Early Head Start (EHS), Healthy Families America (HFA), Parents as Teachers (PAT), and the universal Maternal Child Health (MCH) home visiting program. Data were collected for a 12-month period from July 1, 2015 to June 30, 2016 for PAT using aggregate information contained in the Kansas State Department of Education annual report, and for EHS using aggregate information voluntarily provided by four local EHS programs delivering home visiting in Kansas. HFA data was provided by the Kansas Children's Service League and MIECHV data was provided by the Kansas Department of Health and Environment benchmark data from January 1, 2016 to December 31, 2016.

Calculations for the race and ethnicity are based on the number of children for which those variables were reported. Race was reported on 92% percent of children served while ethnicity was reported on 96% of the children served. These data are reported in the "Reach" domain of the Kansas Home Visiting Landscape.

KANSAS MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM

Data from the Kansas Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program were used for the following domains of the Kansas Home Visiting Landscape: Maternal and Child Health, Strong Families, and School Readiness. MIECHV represents three evidence-based home visiting models in Kansas (EHS, HFA, and PAT) and provides more comprehensive, in depth individual level data for analysis. Because of the large sample size and its location in both urban and rural communities, this data was used to further assess impact beyond the limited shared indicator data across the models at the state level.

The Kansas Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program was launched in 2011 to increase the number of pregnant women and families with children birth to age 5 who receive voluntary home visiting services. The MIECHV program, funded by the Health Resources and Services Administration of the U.S. Department of Health and Human Services and administered by the Kansas Department of Health and Environment (KDHE), targeted two high-risk communities: urban Wyandotte County and rural southeast Kansas, starting with Montgomery, Cherokee, and Labette counties and, in 2015, expanding to Neosho and Wilson counties. These counties face the state's highest rates of poverty, child abuse, domestic violence, teen and single parenthood, and unemployment. Kansas MIECHV serves families in these areas through three evidence-based home visiting models and a promising approach.

Data analyses included Kansas MIECHV home visiting data over a five-year period, including fiscal years 2012 to 2016. Indicator data were gathered from corresponding benchmarks in the MIECHV Federal Benchmark Report. For each indicator, data were aggregated across the five years to produce an overall percentage in that domain area. Calculations that included benchmark 6.1 only included percentages for the domain of interest. For example, when it was of interest to calculate families who identified as requiring domestic violence services, only that variable was included in the calculation, and averaged across the five-year period of interest. The specific indicators and data are noted below, by domain.

INDICATORS AND DATA

MATERNAL AND CHILD HEALTH

Maternal Depression Outlook:

- Received maternal depression screening (includes pregnant women and mothers): (981/1284)
- Screened positive for depression (includes mothers and pregnant women who were screened): (198/981)
- Percent of mothers (and pregnant women) who screened positive for depression and received a referral for treatment: (136/198)

Interbirth Education:

- Families who were given information/provided education on the benefits of inter-birth spacing: (876/1109)

Access to Healthcare:

- Mothers and children who have health insurance:
 - Mothers insured: (837/1284)
 - Children insured: (1149/1339)

Breastfeeding:

- Infants breastfeeding at 6 months of age (608/1165)

STRONG FAMILIES

Safe Families:

- Families who have received child injury prevention information: (1006/1284)
- Visits to the emergency department (ER) for child injuries: (16 visits/1339 children)
- Pregnant women and mothers identified with a presence of (i.e., screened positive for) domestic or interpersonal violence: (298/987)
- Pregnant women and mothers identified with a presence of (i.e., screened positive for) domestic or interpersonal violence that received a referral (100/298)
- Pregnant women and mothers identified with a presence of (i.e., screened positive for) domestic or interpersonal violence who have a completed safety plan (146/298)

Stable Families:

- Pregnant women and mothers who are screened for substance abuse (i.e., alcohol, tobacco, and illicit drug use): (887/1075)
- Pregnant women and mothers who self-report substance use that may need further services: (63/887)
- Families who report a positive level of family functioning and social support using the Protective Factors Survey:
 - Baseline: (800/1048)
 - Follow-up: (346/421)
- Children whose mothers or primary caregivers demonstrate responsive and accepting behaviors with their children using the HOME or KIPS:
 - Baseline: (588/804)
 - Follow-up: (276/361)

SCHOOL READINESS:

Social and Emotional Development:

- Children 30 months and older who are on-track with their social and emotional development, according to the ASQ-SE: (162/164)

Child Developmental Needs:

- Overall ASQ screening rate for children: (681/956)
- Children identified as at-risk on at least one of the five ASQ domains: (110/681)
- Children with an identified developmental need that received a referral: (35/110)

Parental Support:

- Children whose mothers or primary caregivers demonstrate support of their learning and development using the HOME or KIPS:
 - Baseline: (531/806)
 - Follow-up: (280/356)