



“Working with my home visitor has improved my parenting skills and confidence, and now I feel better able to care for my children and family.”  
 ~Home Visiting parent receiving services”

# Home Visiting

POSITION STATEMENT FROM  
 THE KANSAS CHILDREN’S CABINET & TRUST FUND

For Kansas Families, there’s no place like home.

The Kansas Children’s Cabinet and Trust Fund (Cabinet) supports home visiting as an effective strategy for maximizing positive outcomes among children and families in Kansas. Home visiting programs are shown to improve maternal and child health, help maintain strong family environments, and prepare children for school.

The Cabinet prioritizes those home visiting programs that serve the most at-risk Kansans while recognizing that a one-size-fits-all approach cannot adequately address the diversity of needs and concerns in our state. Offering a range of home visiting programs that are targeted, strategic, and data driven will result in the greatest impact for each investment dollar. Because the prosperity of our state depends on the health and wellbeing of

our youngest Kansans, home visiting programs—on behalf of at-risk children, birth to age 5—play a critical role in building a strong society.

The Cabinet is committed to the alignment of proven interventions with need and risk across the state, along with targeted expansion of effective, evidence-based, home visiting programs.

## BENEFITS OF HOME VISITING

When families invite home visitors into their living rooms – and their lives – they have the opportunity to gain skills, support, and knowledge to give their children a great start in life. When expectant mothers and families work closely with a home visitor, they are better prepared for the ups and downs of parenting, and their children are healthier and developmentally stronger.

### HOME VISITING



**PROMOTES** family self-sufficiency



**SUPPORTS** healthy and developmentally thriving children



**REDUCES** risk of child abuse and neglect



**SHOWS** parents how to use resources in their community



**STRENGTHENS** the bond between parent and child



**IDENTIFIES** developmental issues early, significantly improving the odds of successful intervention



**ENSURES** children start school with the tools they need

The table below illustrates the range and diversity of home visiting programs available to at-risk Kansas families.

Program	Age	Frequency of visits	Length of visits	Caseload of families	Risk factors for eligibility	Annual cost per family**
PAT 0-3	0-3	75% have monthly visits 25% visit twice a month	60 minutes	30-40	66% follow ECBG at-risk criteria	\$2,575-\$5,000 (2015) <i>Estimates do not distinguish between PAT 0-3 and PAT 3-5</i>
PAT 3-5	3-5	71% have monthly visits 29% visit twice a month	60 minutes	30-40	57% follow ECBG at-risk criteria	
Healthy Steps	0-3	Monthly or quarterly	60 minutes	40-45	0-3 years with focus on at-risk	\$933 (2003)
Public Health*	0-3	Twice a month, monthly or quarterly depending on need and age	60 minutes	25	100% at-risk criteria	Not available
Early Steps to Success	0-3	Twice a month	60 minutes	20	100% at-risk criteria	Not available
Healthy Families	0-3	Weekly, twice month or monthly depending on need	60-90 minutes	15-20	100% at-risk criteria	\$4,473 (2014)
Early Head Start	0-3	Weekly	90 minutes	10-12	100% at-risk criteria	\$9,000-\$12,000*** (2012)

\*ECBG-funded home visiting through Riley County Health Department and Shawnee County Health Agency

\*\*Cost estimates based on national data from the Home Visiting Evidence of Effectiveness (HomVEE) project

\*\*\*Early Head Start costs reflect comprehensive services including full-day, year-round programming. Wraparound case management and home visiting contributes approximately 40% of the total cost listed above.

#### RECOMMENDATIONS

Continue to offer a range of home visiting programs to address the unique needs of children and families across the state

Target families with the greatest need according to established risk factors

Prioritize the use of CIF dollars to fund home visiting services to children ages 0-3

Streamline data collection and encourage contributions to shared measurement to demonstrate the effectiveness of home visiting across a range of programs

Raise public awareness to curb misconceptions and destigmatize home visiting services

Provide adequate funding to recruit and train qualified home visitors

Coordinate across programs to provide training and resources around shared challenges, including:

MENTAL HEALTH

DOMESTIC VIOLENCE

SUBSTANCE ABUSE

LANGUAGE BARRIERS

CULTURAL COMPETENCY

#### FOR MORE INFORMATION

Home Visiting Evidence of Effectiveness  
[homvee.acf.hhs.gov](http://homvee.acf.hhs.gov)

Home Visiting Research Network  
[www.hvrn.org](http://www.hvrn.org)

Pew Charitable Trusts  
[www.pewtrusts.org/en/archived-projects/home-visiting-campaign](http://www.pewtrusts.org/en/archived-projects/home-visiting-campaign)

Zero to Three  
[www.zerotothree.org/resources/series/home-visiting-supporting-parents-and-child-development](http://www.zerotothree.org/resources/series/home-visiting-supporting-parents-and-child-development)

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