Progress Report

On June 24th, 2023 the <u>Cabinet board requested a process</u> to develop recommendations to expand promising and evidence-based home visiting models, and support a statewide home visiting infrastructure with a variety of sustainable home visiting service options that meet the needs of families and communities.

The purpose of this recommendation is to better understand the alignment of the nine home visiting models in Kansas. The deeper understanding of the options for increasing funding for the different models in Kansas will help strengthen the case for increased, ongoing investment in the home visiting services that will meet the unique needs of all Kansas families.

The Process

The Center for Public Partnerships and Research (CPPR) has led research on the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Needs Assessment, Community Readiness Assessment, and Workforce Survey; worked with the State Home Visiting Leadership Team; and analyzed the current state of home visiting.

The landscape of Home Visiting in Kansas

Similar to the 2019 All In for Kansas Kids Needs Assessment, it matters where you live. Universal support (brief prevention, support, and referral services available to all pregnant women and families with infants up to 1 year old) are available in over 70% of Kansas counties with varying success in meeting need. Need-based home visiting (sustained prevention, support, and referral services available to identified high-need pregnant women and families with children birth to 5 years old) is available in over 80% of Kansas counties, yet serves less than 10% of those families eligible for services.

Observations

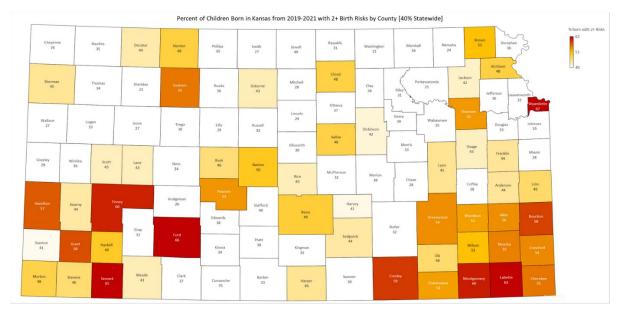
- There are multiple home visiting models (9) with multiple funders (11).
- Public awareness of what home visiting is and isn't varies greatly.
- Family access depends on where you live.
- Workforce issues include compensation, burnout, and lack of career development pathway.
- Less than 60% of the data available are collected in the DAISEY system, using consistent data elements. This lack of data makes it difficult to make informed decisions about what types of home visiting models are needed in what area.

Resulting challenges

- The lack of consistent data makes it difficult to track provide accurate data on number of families served and where.
- Outcomes tracking is inconsistent across models, limiting understanding of statewide impact.
- Some programs struggle to keep caseloads full, while others have lengthy waitlists.
- Capacity and resources to collect data varies with each model.
- The number and varying tracking methods of funding sources results in a patchwork array of services that may not be what the families in a community needs.

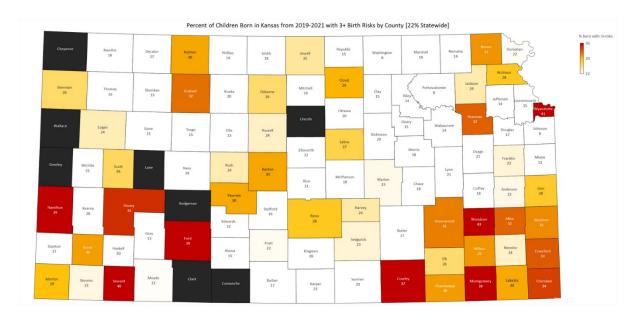
Next steps

- Map the available services into a home visiting continuum.
- Use available data to conduct a SWOT analysis of current services.
- Create Report for the Early Childhood Transition Task Force to consider.

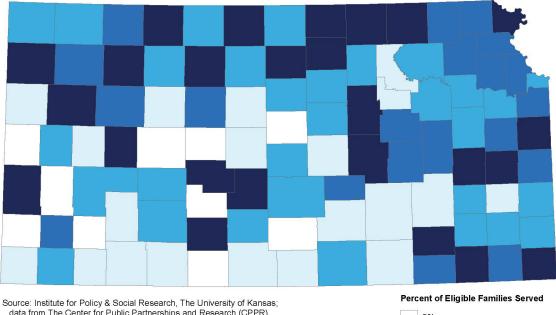


Kansas Birth Risks Heatmap – 2+ risks

Kansas Birth Risks Heatmap – 3+ risks



Kansas Reach of Need-based Home visiting Services



Reach of Need-based Home Visiting Services by County, Fiscal Year 2022

Source: Institute for Policy & Social Research, The University of Kansas; data from The Center for Public Partnerships and Research (CPPR), The University of Kansas and U.S. Census Bureau, 2017-2021 American Community Survey.

Estimate of eligible families based on the number families with children under 5 in poverty and women in poverty who gave birth in the last year.





Connecting Parents to Support



Kansas home visiting encompasses a variety of voluntary programs that brings a trained family support professional to the homes of pregnant women and families with young children. It provides parental support and education and connects families to services and resources in their community. All programs and services come at no-cost to families and can provide support from pregnancy until the child turns five years old.

Healthy Babies

Kansas home visiting and other parenting support programs are proven to reduce risk factors during labor and following childbirth, such as risk of lowbirthweight and other developmental complications.

Healthy Moms

Pregnancy is a lot to manage, and can lead to increased stress levels and health complications. Kansas home visiting can provide the support needed to ensure a healthy mom and baby.

Healthy Families

Parenting support programs are proven to also build a more self-sufficient family, creating a more stimulating environment for children. There are resources available for every type and size of family.

School Readiness

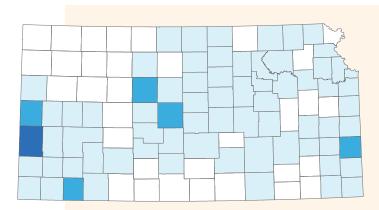
Promoting positive parenting practices also better prepares children and families for school. Parents in home visiting programs are more likely to have an environment that encourages positive child development, up until their first day of kindergarten.

Types of Kansas Home Visiting

1-25%

26-50%

Percentage of Eligible Families Served 0%



Maternal Child Health (MCH) Universal Home Visiting

51-75%

76-100%+

State Funding: Children's Initiative Fund (CIF) through Kansas Department of Health and Environment (KDHE), State General Fund (SGF) **Federal Funding:** Title V through KDHE

Brief prevention, support, and referral services available to **all** pregnant women and families with infants up to 1 year old.

Short- to medium-term (1 to 6 visits during pregnancy up to when child is 1 year old)



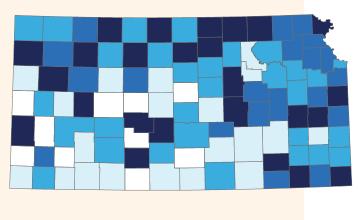
Need-based Home Visiting

State Funding: CIF through Kansas State Department of Education (KSDE), Kansas Children's Cabinet and Trust Fund, Early Childhood Block Grant (ECBG) and Community-Based Child Abuse Prevention (CBCAP), SGF, Teen Pregnancy Targeted Case Management (TPTCM) and Outreach, Prevention, and Early Developmental Services (OPEI) through KDHE, Medicaid

Federal Funding: Maternal, Infant, and Early Childhood Home Visiting (MIECHV) through KDHE, Temporary Assistance for Needy Families (TANF) and Family First through Kansas Department for Children and Families (DCF),Title V through KDHE, Office of Head Start (OHS)

Sustained prevention, support, and referral services available to identified **high-need** pregnant women and families with children birth to 5 years old.

Short- (10 weeks) or long-term (multiple years) based on model and family needs.





PERCENT OF ELIGIBLE FAMILIES SERVED BY COUNTY

County	MCH Home Visiting	Need-based Home Visiting
Allen	17%	16%
Anderson	3%	100%+
Atchison	1%	59%
Barber	0%	0%
Barton	34%	22%
Bourbon	32%	34%
Brown	1%	68%
Butler	2%	9%
Chase	3%	63%
Chautauqua	0%	51%
Cherokee	1%	100%+
Cheyenne	0%	47%
Clark	0%	23%
Clay	2%	38%
Cloud	9%	100%+
Coffey	1%	100%+
Comanche	0%	0%
Cowley	2%	14%
Crawford	15%	31%
Decatur	0%	56%
Dickinson	8%	100%+
Doniphan	0%	100%+
Douglas	1%	26%
Edwards	2%	0%
Elk	0%	81%
Ellis	30%	51%
Ellsworth	8%	0%
Finney	9%	35%
Ford	0%	33%
Franklin	0%	63%
Geary	3%	9%
Gove	0%	72%
Graham	0%	33%
Grant	17%	63%
Gray	1%	10%
Greeley	37%	0%
Greenwood	1%	3%
Hamilton	52%	100%+
Harper	0%	0%
Harvey	0%	55%
Haskell	4%	0%
Hodgeman	0%	49%
Jackson	0%	65%
Jefferson	0%	57%
Jewell	3%	45%
Johnson	0%	74%
Kearny	14%	0%
Kingman	0%	0%
Kiowa	0%	100%+
Labette	5%	69%
Lane	5%	100%+
Leavenworth	2%	52%
Lincoln	21%	32%

County	MCH Home Visiting	Need-based Home Visiting
Linn	8%	54%
Logan	0%	100%+
Lyon	0%	58%
Marion	1%	76%
Marshall	6%	100%+
McPherson	3%	5%
Meade	2%	2%
Miami	2%	100%+
Mitchell	8%	100%+
Montgomery	0%	96%
Morris	10%	69%
Morton	3%	12%
Nemaha	2%	73%
Neosho	15%	32%
Ness	0%	0%
Norton	0%	100%+ 31%
Osage	0%	00
Osborne	0%	34%
Ottawa	17%	48%
Pawnee	17%	100%+
Phillips	0%	30%
Pottawatomie	2%	32%
Pratt	1%	27%
Rawlins	0%	30%
Reno	6%	42%
Republic	9%	89%
Rice	7%	36%
Riley	9%	16%
Rooks	9%	100%+
Rush	2%	0%
Russell	3%	10%
Saline	23%	33%
Scott	3%	7%
Sedgwick	1%	15%
Seward	29%	19%
Shawnee	2%	25%
Sheridan	0%	100%+
Sherman	0%	100%+
Smith	6%	100%+
Stafford	3%	100%+
Stanton	25%	0%
Stevens	3%	38%
Sumner	0%	35%
Thomas	0%	52%
Trego	0%	9%
Wabaunsee	1%	27%
Wallace	3%	19%
	0%	96%
Washington	21%	
Wichita		29%
Wilson	0%	39%
Woodson	25%	38%
Wyandotte	0%	27%