Home Visitation Task Force

Capacity Assessment – Initial Results

September 1, 2010

Agenda

- Protocol
- Update on Capacity Assessment
- State level – initial findings
- Community level – initial findings

Interviews and Focus Groups

- 7 State level interviews:
  - Early Head Start
  - Family Preservation
  - Healthy Families
  - Healthy Start
  - Infant Toddler Services/Part C/tiny k
  - Parent as Teachers
  - Substance Use Disorder Treatment & Mental Health

Kansas Early Childhood Comprehensive Systems Plan

State Level – initial findings

- Some HV program available in every county. Limited universal services.
- Artificial boundaries pose barriers to serving families
- Eligibility criteria limits access for families who don't meet income threshold
- Eligibility requirements set at high level by the program with community discretion
- Intensity and frequency of services varies widely among programs and does not always meet needs

Kansas Early Childhood Comprehensive Systems Plan

State Level – initial findings

- Waiting lists are handled differently across programs
- Data collection varies and is inconsistent among programs
- Most HV programs (HF, EHS, PAT) use PAT Born to Learn
- Coordination between HV services, community agencies, and target populations varies across counties
- Kansas HV Training referenced as vital resource for staff
- Professional organizations (KPATA, KHSA, & KDEC/KITS) provide training and TA to support local programs

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State Level Themes- Substance Use Disorder

HV and Substance Use Disorder Coordination

- Lack of effective coordination between HV and recovery services
- Fear of having child removed due to substance use may prevent women from seeking services
- Need for more training to support HV staff in understanding recovery and addiction
- Confidentiality barriers exist and satisfying the federal level is difficult

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State Level Themes- Substance Use Disorder

General Recovery Services Themes

- Gaps in capacity to meet demand for recovery services
- Few residential treatment options for pregnant women and women with small children
- Transportation and child care are barriers to accessing and engaging in recovery services
- Lack of coordination between recovery services and mental health

COMMUNITY RESULTS

Interviews and Focus Groups

- Community level
  - Sedgwick County
    - 4 interviews (SRS, Health Dept, Substance use disorder, DV)
    - Community partner and parent focus groups
  - Shawnee County
    - 4 interviews (SRS, Health Dept, DV, Substance use disorder)
    - Community partner and parent focus groups
  - Wyandotte County
    - 3 interviews (SRS, Health Dept, KU Med)
    - Community partner focus group and parent focus group
  - SE Kansas (Montgomery and Crawford counties)
    - 4 interviews (SRS, Health Dept., Substance use disorder, DV)
    - Community partner focus group and parent focus group

Kansas Early Childhood Comprehensive Systems Plan

Sedgwick

- Want centralized intake—need momentum created to sustain
- Need coordination of HV programs and services because many at-risk women and families have multiple groups to attend.
- Lack of community understanding HV purpose and resources
- Collaboration and referrals are community's greatest attributes.
- Misperceptions about the role of Home Visitors

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Sedgwick

- Lack of transportation options and bilingual staff
- Lack of comprehensive, wrap-around services/programs for substance-using pregnant women and mothers of young children
- Limited mental health services for young children; HV staff lack adequate training in supporting mental health needs
- Long waitlists for program services

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Shawnee

- Eligibility restrictions limit access for families
- Lack of slots limits appropriate referrals
- Lack of services when children turn three
- Lack of access to health care
- Programs not available in all communities (e.g. Silver Lake)
- Need for improved service provision to Spanish-speaking families

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Shawnee

- Lack of coordination, communication, and information sharing
- Need for increased awareness of HV services
- Need for training related to substance use disorder, domestic violence, and referral information
- Lack of access to recovery services for women
- Protocol mandates removal of newborns testing positive for substances

Kansas Early Childhood Comprehensive Systems Plan

Wyandotte

- Coordinated referrals. Challenges with engaging families.
- Population mobility limits service-delivery
- Lack of qualified staff, including bilingual/multilingual staff
- Lack of slots limits appropriate referrals
- Changing demographics are changing the way services are delivered

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Wyandotte

- Misperception of role of HV staff and fear of punitive action
- Need for professional development for HV staff
- Relationships between families and HV staff are key.
- Need more support services for pregnant women and mothers
- Recovery services are available. Limited slots and funding for families. Families participating in treatment is limited.

Kansas Early Childhood Comprehensive Systems Plan

Southeast Kansas

- HV centered in Crawford and Montgomery
- At risk population is difficult to 'find'. Mobility is challenge
- Staff travel time plays a factor in capacity to serve all
- Lack of transportation, particularly in expansive service area

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Southeast Kansas

- Coordinated services and appropriate referrals is challenging
- Lack of knowledge by community partners of HV services
- Lack of rapport between professionals and caregivers, feelings of mistrust; misconceptions of program offerings
- Long waitlists for some services

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Parent Perspectives

- Waiting lists with limited or no access to other services while waiting
- No services available once child turns 3
- Eligibility criteria—many families needing services don't qualify
- Need for more regular visits (intensity and frequency)
- Need for more systematic way of finding out about services
- Misperceptions about services & fear of punitive action

Kansas Early Childhood Comprehensive Systems Plan

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INPUTS

Guiding Frameworks
- KECCS Grant
- School Readiness Framework
- Governor and Legislative Priorities

Plan Partners
- Office of the Governor
- Early Learning Coordinating Council (ELCC)
- KECCS Stakeholders
- Foundations
- Institutions of Higher Education
- Business Consortium

Communication Mechanisms
- Website
- Implementation Tracking Tool
- Monthly ELCC meetings
- Semi-annual KECCS meetings
- Newsletters

KEY PARTNERS

- Parents
- Early Childhood
- Health and Medical
- Mental Health
- Higher Education
- Schools
- Communities
- Advocates
- Government

GOALS

Health Insurance and Medical Homes
To ensure that all Kansas children have access to health insurance and medical homes.

Mental Health and Social-Emotional Development
To fully integrate mental health and social-emotional development into the early childhood system in Kansas.

Early Care and Education Services
To develop a comprehensive and coordinated early childhood care and education system in Kansas encompassing birth-5.

Parent Education
To educate and mentor parents about childhood health, development, and education.

Family Supports
To promote a system that helps families develop and utilize both intellectual and material resources to prepare their children for school and life.

Kansas is a ready state
with an infrastructure to support communities, families, and schools.
Children are prepared to succeed in school.

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