

Opportunity Title:	Affordable Care Act Maternal, Infant and Early Childhood
Offering Agency:	Health Resources & Services Administration
CFDA Number:	93.505
CFDA Description:	Affordable Care Act (ACA) Maternal, Infant, and Early C
Opportunity Number:	HRSA-10-275
Competition ID:	4513
Opportunity Open Date:	06/10/2010
Opportunity Close Date:	07/09/2010
Agency Contact:	Audrey M. Yowell, PhD, MSSS Health Resources and Services Administration Maternal and Child Health Bureau 5600 Fishers Lane 18A-39 Rockville MD 20857

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Application for Federal Assistance (SF-424)
Budget Information for Non-Construction Program
Project Narrative Attachment Form
Grants.gov Lobbying Form
Budget Narrative Attachment Form
Assurances for Non-Construction Programs (SF-42)
HHS Checklist Form PHS-5161

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Disclosure of Lobbying Activities (SF-LLL)
Attachments

Instructions

- 1** Enter a name for the application in the Application Filing Name field.

 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3** Click the "Save & Submit" button to submit your application to Grants.gov.

 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
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* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="48-6029925"/>	* c. Organizational DUNS: <input type="text" value="175941483"/>
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d. Address:

* Street1:
Street2:
* City:
County:
* State:
Province:
* Country:
* Zip / Postal Code:

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Health Resources & Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.505

CFDA Title:

Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program

*** 12. Funding Opportunity Number:**

HRSA-10-275

* Title:

Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program

13. Competition Identification Number:

4513

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Kansas Home Visiting Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="KS-02"/>	* b. Program/Project <input type="text" value="KS"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/15/2010"/>	* b. End Date: <input type="text" value="09/30/2012"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="904,690.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="904,690.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text"/>
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/>	c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</p>		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Roderick"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Bremby"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Secretary"/>	
* Telephone Number:	<input type="text" value="785-296-0461"/>	Fax Number: <input type="text" value="785-368-6368"/>
* Email:	<input type="text" value="grants@kdheks.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Home Visiting	93.505	\$ 0.00	\$ 0.00	\$ 904,690.00	\$ 0.00	\$ 904,690.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 904,690.00	\$	\$ 904,690.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Home Visiting				
a. Personnel	\$ 54,683.00				\$ 54,683.00
b. Fringe Benefits	18,045.00				18,045.00
c. Travel	5,585.00				5,585.00
d. Equipment					
e. Supplies	4,172.00				4,172.00
f. Contractual	30,000.00				30,000.00
g. Construction					
h. Other	766,498.00				766,498.00
i. Total Direct Charges (sum of 6a-6h)	878,983.00				\$ 878,983.00
j. Indirect Charges	25,707.00				\$ 25,707.00
k. TOTALS (sum of 6i and 6j)	\$ 904,690.00				\$ 904,690.00
7. Program Income	\$ 0.00				\$ 0.00

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$	\$
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS					
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal	\$ 904,690.00	\$ 226,172.00	\$ 226,172.00	\$ 226,172.00	\$ 226,174.00
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 904,690.00	\$ 226,172.00	\$ 226,172.00	\$ 226,172.00	\$ 226,174.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Home Visiting	\$ 904,690.00	\$ 904,690.00	\$ 904,690.00	\$ 904,690.00
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 904,690.00	\$ 904,690.00	\$ 904,690.00	\$ 904,690.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: \$788,858	22. Indirect Charges: \$25,707

23. Remarks: Approved indirect rate of 21.4%

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION	
<input style="width: 100%;" type="text" value="Kansas Department of Health and Environment"/>	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: <input style="width: 100px;" type="text"/>	* First Name: <input style="width: 200px;" type="text" value="Roderick"/> Middle Name: <input style="width: 150px;" type="text"/>
* Last Name: <input style="width: 300px;" type="text" value="Brenby"/>	Suffix: <input style="width: 100px;" type="text"/>
* Title: <input style="width: 250px;" type="text" value="Secretary"/>	
* SIGNATURE: <input style="width: 300px;" type="text" value="Completed on submission to Grants.gov"/>	* DATE: <input style="width: 200px;" type="text" value="Completed on submission to Grants.gov"/>

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

To add more Budget Narrative attachments, please use the attachment buttons below.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>* TITLE</p> <p>Secretary</p>
<p>* APPLICANT ORGANIZATION</p> <p>Kansas Department of Health and Environment</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

CHECKLIST

Public Burden Statement:

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT:

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: [X] NEW [] Noncompeting Continuation [] Competing Continuation [] Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- 1. Proper Signature and Date [X] Included [] NOT Applicable
2. Proper Signature and Date on PHS-5161-1 "Certifications" page [X] Included [] NOT Applicable
3. Proper Signature and Date on appropriate "Assurances" page [X] Included [] NOT Applicable
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)
[X] Civil Rights Assurance (45 CFR 80) 08/07/2009
[X] Assurance Concerning the Handicapped (45 CFR 84) 08/07/2009
[X] Assurance Concerning Sex Discrimination (45 CFR 86) 08/07/2009
[X] Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) 08/07/2009
5. Human Subjects Certification, when applicable (45 CFR 46) [] Included [X] NOT Applicable

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? [] YES [X] NOT Applicable
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) [X] YES [] NOT Applicable
3. Has the entire proposed project period been identified on the SF-424? [X] YES [] NOT Applicable
4. Have biographical sketch(es) with job description(s) been attached, when required? [] YES [] NOT Applicable
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? [X] YES [] NOT Applicable
6. Has the 12 month detailed budget been provided? [X] YES [] NOT Applicable
7. Has the budget for the entire proposed project period with sufficient detail been provided? [X] YES [] NOT Applicable
8. For a Supplemental application, does the detailed budget address only the additional funds requested? [] YES [X] NOT Applicable
9. For Competing Continuation and Supplemental applications, has a progress report been included? [] YES [X] NOT Applicable

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Name: Prefix: [] * First Name: Pat Middle Name: []
* Last Name: Kuester Suffix: []
Title: Chief Financial Officer
Organization: KS Department of Health & Environment
Address: * Street1: 1000 SW Jackson, Ste 570
Street 2: []
* City: Topeka
* State: KS: Kansas Province: []
* Country: USA: UNITED STATES * Zip / Postal Code: 66612
* Telephone Number: 785-296-4875
E-mail Address: pkuester@kdheks.gov
Fax Number: []

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned)

[] - 48-6029925 - []

PART C (Continued): In the spaces provided below, please provide the requested information.

Program Director/Project Director/Principal Investigator designated to direct the proposed project

Name: Prefix: * First Name: Middle Name:
 * Last Name: Suffix:
Title:
Organization:
Address: * Street1:
 Street2:
 * City:
 * State: Province:
 * Country: * Zip / Postal Code:
*** Telephone Number:**
E-mail Address:
Fax Number:
SOCIAL SECURITY NUMBER **HIGHEST DEGREE EARNED**

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: * (Agency) on * (Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
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4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name:

* Street 1: Street 2:

* City: State: Zip:

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: <input type="text" value="HRSA"/>	7. * Federal Program Name/Description: <input type="text" value="Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program"/> CFDA Number, if applicable: <input type="text" value="93.505"/>
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8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>
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10. a. Name and Address of Lobbying Registrant:

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Street 1: Street 2:

* City: State: Zip:

b. Individual Performing Services (including address if different from No. 10a)

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Street 1: Street 2:

* City: State: Zip:

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name: Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Title: Telephone No.: Date:

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

Budget Justification Narrative

Personnel Costs: Home Visiting Program Manager	\$ 54,683
Fringe Benefits: @ 33.00%	\$18,045
Travel:	
Local/In-State	
4 round trips to Kansas City (mileage and tolls)	\$ 820
4 round trips to Wichita (mileage, lodging, per diem, misc)	\$ 1,078
Out of State	
Trip to Washington, D.C. (3 individuals x 2 nights)	\$ 3,687
Equipment:	\$ 0
Supplies:	
Laptop computer including docking station for HV manager	\$ 2,456
Printer	\$ 716
Miscellaneous consumable office supplies	\$ 1,000
Other:	
Data and fax line, 1 person x 12 units x 65	\$ 780
Blackberry service, 1 person x 12 units x 80	\$ 960
Long distance, 1 person x 12 units x 50	\$ 600
Postage, 1 person x 12 units x 125	\$1,500
Fed Ex, 1 person x 12 units x 25	\$ 300
Printing and advertising	\$1,000
Repairs, Servicing, Maintenance	\$ 500
Meeting Costs including food (50 persons x \$20)	\$2,000
Other contractual:	
Contract with KU Center for Research - key informant interviews and focus groups at state and local levels	\$ 20,000
Contract with Kansas Health Institute - for County Health Rankings to identify high risk counties	\$ 10,000
Evidence-based home visiting contracts with local agencies (ATL)	\$758,858
Indirect Costs: @21.4%	\$ 25,707
Total Proposed Project	\$904,690

Project Abstract

Project Title: Kansas Home Visiting Program
Applicant Name: Kansas Department of Health and Environment
Address: 1000 SW Jackson Street, Suite 220, Topeka, KS 66612-1290
Contact Phone Numbers: 785-291-3368; (fax) 785-296-6553
E-Mail Address: lkenney@kdheks.gov
Web Site Address: www.kdheks.gov/bcyf

The goals of the Kansas Home Visiting Program are: to conduct a state needs assessment to identify populations and areas of the state in need of evidence based home visiting for high risk pregnant women and young children from birth to age 8; to improve maternal health, prevent child injuries, prevent child abuse/maltreatment, reduce emergency department visits, improve school readiness and achievement, reduce crime and domestic violence, improve family economic self-sufficiency, and improve coordination and referral to other community resources and supports.

The Governor has designated the state MCH agency, the Kansas Department of Health and Environment, as the lead agency in this effort. The Cabinet Secretary of the Kansas Department of Social and Rehabilitation Services and the Commissioner of the Kansas State Department of Education and the Executive Director of the Children's Cabinet and Trust Fund have provided letters of support. Agency heads represent the State Head Start Collaboration Office, Addiction and Prevention Services (AAPS), and Title II of CAPTA. Each state agency has designated staff to participate in a needs assessment work group along with individuals from academia and research institutions. The members of this work group reviewed the federal requirements, shared program needs assessment materials to use in this home visiting needs assessment, and members have identified a process and timeline for completing the assessment.

Kansas' plan to conduct the home visiting state needs assessment is a four-step process: Step 1 - utilize key data indicators to develop county health rankings and identify high risk communities. The following key data indicators will be combined to produce county health rankings: premature births, low birth weight, infant mortality, infant deaths due to neglect, other related health indicators, poverty, crime, domestic violence, high school non graduation, substance use disorder, unemployment, and child maltreatment. This will be accomplished under the auspices of the Kansas Health Institute, a state research institute. Step 2 - extract and assemble relevant data from the State Head Start Collaboration Office Needs Assessment Report, Strengthening Kansas Families Plan (Title II CAPTA), MCH 2015 (Maternal and Child Health Needs Assessment) and Kansas Comprehensive Needs Assessment (AAPS) and other reports as needed. Through a facilitated process, build consensus on additional information needed. Review all data, finalize list of high risk communities and preliminary data on capacity. Step 3 - Assess current capacity through data review, key informant interviews (state and community level), and focus groups (local level) while utilizing the services of a contractor from academia. Step 4 - Publish and post the results of the needs assessment for public comment. The needs assessment will be submitted by September 1.

Program Narrative

This section provides a comprehensive framework and description of all aspects of the proposed program.

The goals of the Kansas Home Visiting Program are: to conduct a state needs assessment to identify populations and areas of the state in need of evidence based home visiting for high risk pregnant women and young children from birth to age 8; to improve maternal health, prevent child injuries, prevent child abuse/maltreatment, reduce emergency department visits, improve school readiness and achievement, reduce crime and domestic violence, improve family economic self-sufficiency, and improve coordination and referral to other community resources and supports.

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A. Following is an inventory of the information or data currently available to the State for the purposes of the needs assessment as described in section 511(b)(1) and in the first two paragraphs of the "Full Needs Assessment Guidance" section under Award Information,

Summary of Funding (II.2.2) above. This inventory does not include actual data about at-risk communities or areas, but instead describes the existing data available to the State to make data-driven determinations about:

Data sources for communities with concentrations of - (i) premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; (ii) poverty; (iii) crime; (IV) domestic violence; (v) high rates of high-school dropouts; (vi) substance use disorder; (vii) unemployment; or (viii) child maltreatment;

- Kansas certificate of live birth
- Kansas certificate of death and linked birth/infant death data
- U.S. Census Bureau, Bridged-Race Population Estimates 2000-2008
- U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE)
- Kansas Bureau of Investigation, Adult and Juvenile Arrests by Agency Reports
- Kansas Bureau of Investigation, Report on Domestic Violence and Rape Statistics in Kansas As Reported By Law Enforcement Agencies
- Kansas Department of Social and Rehabilitation Services (SRS), Child and Family Services program data, Family and Child Tracking System (FACTS)
- Kansas State Department of Education, 5-year public school dropouts (2003-2004 through 2007-2008)
- Department of Social and Rehabilitation Services (SRS), Child and Family Services program data on substantiated child maltreatment victims, Family and Child Tracking System (FACTS)
- Department of Social and Rehabilitation Services (SRS), Addiction and Prevention Services program data
- Kansas Department of Labor, Annual Labor Force Statistics Report and Affirmative Action Report

Kansas certificate of live birth: These data are readily available by county and zip code. When the number of events in any one year is very small, a 3-5 year average rate can be calculated. Birth certificates are filed by state law with the Bureau of Public Health Informatics (BPHI) at the Kansas Department of Health and Environment (KDHE). Kansas cooperates with other states in the exchange of birth records. Therefore, data concerning births to Kansas residents include virtually all Kansas resident births regardless of where the births took place. The data will be used for identifying counties/communities with concentrations of premature births, low birth weight infants, and other indicators of at-risk prenatal, maternal, newborn or child health such as births to teens.

Kansas certificate of death and linked birth/infant death data: The data are readily available by county and zip code. When the number of events in any one year is very small, a 3-5 year average rate can be calculated. Death certificates are filed by state law with KDHE. Kansas cooperates with other states in the exchange of death records, so data concerning deaths to Kansas residents include virtually all Kansas resident deaths regardless of where the deaths took place. The BPHI links all deaths to Kansas residents, including infants, to the Kansas live birth

certificate. As needed, BPHI provides a linked birth-death cohort file for special analyses. The data will be used for identifying counties/communities with concentrations of infant deaths..

U.S. Census Bureau, Bridged-Race Population Estimates 2000-2008: The data are readily available by county. The National Center for Health Statistics releases bridged-race population estimates of the July 1st resident population of the United States, based on Census 2000 counts, for use in calculating vital rates. These estimates result from "bridging" the 31 race categories used in Census 2000, as specified in the 1997 Office of Management and Budget (OMB) standards for the collection of data on race and ethnicity, to the four race categories specified under the 1977 standards (Asian or Pacific Islander, Black or African American, American Indian or Alaska Native, White). The data will be used for population denominators and rate calculations.

U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE): The data are readily available by county and school district level. The Census is a reliable and well respected source for data. The agency oversamples minority populations and weights the final data according to characteristics of administrative unit using Bayesian methods. However, the data does not include institutional populations and is poorly representative of highly mobile populations such as illegal immigrants, apartment dwellers, students, military personal, homeless, etc. The data will be used for identifying counties/communities with concentrations of poverty.

Kansas Bureau of Investigation, Adult and Juvenile Arrests by Agency Reports: The data are readily available by county and police department level. Reports may be missing for some years or cover less than a 12 month time frame resulting in some unreliability and quality issues in multi-year comparisons. These data will be used for identifying counties/communities with concentrations of crime.

Kansas Bureau of Investigation, Report on Domestic Violence and Rape Statistics in Kansas as Reported by Law Enforcement Agencies: The data are readily available by county and police department level. Data issues are discussed in the paragraph that immediately precedes this one. The data will be used for identifying counties/communities with concentrations of domestic violence.

Kansas Department of Social and Rehabilitation Services (SRS), Children and Family Services program data, Family and Child Tracking System (FACTS): The data are readily available by county. FACTS is a system that captures federal reporting requirements. FACTS collects and maintains information regarding individuals, families and providers who receive services from or interact with SRS Children & Family Services. Information contained in FACTS includes initial intake report to the findings and case plan management. The data will be used for identifying counties/communities with concentrations of infant death due to neglect.

Kansas State Department of Education, 5-year public school dropouts (2003-2004 through 2007-2008): The data are readily available by county and school district level. The data comes from an administrative data set that only includes public schools, which account for over 94% of all students. The report uses the National Center for Education Statistics definition of dropout which looks at how many students in grades 7-12 that have discontinued their schooling at the

end of reporting time frame for that year (i.e. not a multi-year cohort). The data will be used for identifying counties/communities with concentrations of high rates of high school drop-outs.

Department of Social and Rehabilitation Services (SRS), Child and Family Services program data on substantiated child maltreatment victims, Family and Child Tracking System (FACTS): The data are readily available by county. When the number of events in any one year is very small, an appropriate time frame will be used to generate stable rates. FACTS is a system that captures federal reporting requirements. FACTS collects and maintains information regarding individuals, families and providers who receive services from or interact with SRS Children & Family Services. Information contained in FACTS includes initial intake report to the findings and case plan management. The data will be used for identifying counties with concentrations of child maltreatment.

Department of Social and Rehabilitation Services (SRS), Addiction and Prevention Services program data: These data are readily available by county. The data are representative of the number of individuals using treatment services. The system captures data for federal and state reporting requirements. Along with other data included in the Kansas Comprehensive Needs Assessment for substance use disorder, the data will be used to identify counties with high rates of substance use disorder among women, including pregnant women.

Kansas Department of Labor, Annual Labor Force Statistics Report and Affirmative Action Report: The data are readily available by county. Unemployed is defined as an individual who has made at least one specific active effort to find a job during the prior 4 weeks and was available for work (unless temporarily ill), or was not working but waiting to be called back to a job from which they had been laid off. This excludes institutional populations. These data may not be representative of highly mobile populations groups or underemployed. These data will be used for identifying counties with concentrations of unemployment.

Kansas Health Institute: In 2009, the Kansas Health Institute (KHI) a foundation-funded research institute ranked all 105 Kansas counties based on a summary measure of the health of their residents. This health index was calculated by analyzing two sets of indicators — health determinants and health outcomes. The health determinant indicators include the multiple social, environmental, and behavioral factors that influence the health and well-being of a child, and those determinants of low birth weight and preterm birth. Low birth weight birth is one of the three key outcomes used in the rankings. www.khi.org/news/2009/may/07/kansas-county-health-rankings-2009/

Methodology for County Health Rankings by High-Risk

For the Kansas Home Visitor grant, a two-step process will be used to identify communities with high concentrations of (i) premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; (ii) poverty; (iii) crime; (IV) domestic violence; (v) high rates of high-school dropouts; (vi) substance use disorder; (vii) unemployment; and/or (viii) child maltreatment.

First, identify counties in the bottom quartile for health and health determinants based on the overall County Health Rankings (see below).

TOP QUARTILE		UPPER MIDDLE QUARTILE		LOWER MIDDLE QUARTILE		BOTTOM QUARTILE	
1	Gove	27	Douglas	53	Morton	80	Greenwood
2	Sheridan	28	Washington	54	Wallace	81	Osage
3	Johnson	29	Edwards	55	Stafford	82	Neosho
4	Greeley	30	Stanton	56	Sumner	83	Sherman
5	Logan	31	Graham	57	Kingman	84	Grant
6	Pottawatomie	32	Rooks	58	Rice	85	Sedgwick
7	Mitchell	33	Gray	59	Cloud	86	Cowley
8	Nemaha	34	Trego	60	Phillips	87	Brown
9	McPherson	35	Clay	61	Republic	88	Wichita
10	Jewell	36	Marshall	62	Linn	89	Hamilton
11	Kiowa	37	Miami	63	Saline	90	Seward
12	Lane	38	Haskell	64	Rush	91	Finney
13	Riley	39	Ottawa	65	Harper	92	Chautauqua
14	Smith	40	Butler	66	Doniphan	93	Anderson
15	Chase	41	Cheyenne	67	Russell	94	Allen
16	Scott	42	Ellis	68	Lyon	95	Elk
17	Wabausee	43	Clark	69	Reno	96	Archison
18	Decatur	44	Stevens	70	Franklin	97	Crawford
19	Rawlins	45	Barber	71	Jackson	98	Cherokee
20	Meade	46	Morris	72	Pawnee	99	Wilson
21	Harvey	47	Ness	73	Pratt	100	Bourbon
22	Hodgeman	48	Jefferson	74	Dickinson	101	Woodson
23	Thomas	49	Colley	75	Kearny	102	Geary
24	Comanche	50	Leavenworth	76	Ford	103	Labette
25	Marion	51	Norton	77	Osborne	104	Montgomery
26	Ellsworth	52	Lincoln	78	Shawnee	105	Wyandotte
				79	Barton		

In the second step, Kansas will prioritize among the lowest quartile of counties. Summary measures will be created for each of the high risk variable sets: (i) premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; (ii) poverty; (iii) crime; (IV) domestic violence; (v) high rates of high-school dropouts; (vi) substance use disorder; (vii) unemployment; and/or (viii) child maltreatment. The geographic distribution of counties that are in the lowest quartile for 3 or more of the high risk areas will be examined to identify individual counties and regions with clusters of counties at high risk (i.e., lowest quartile County Health Ranking and lowest quartile for 3 or more of the high risk variable sets).

<http://www.khi.org/news/2009/may/07/kansas-county-health-rankings-2009/?research>

Data sources for the quality and capacity of existing programs or initiatives for early childhood home visitation in the State including -- (i) the number of types of individuals and families who are receiving services under such programs or initiatives; (ii) the gaps in early childhood home visitation in the State; and the extent to which such programs or initiatives are meeting the needs of eligible families described in subsection (k)(2);

Kansas Head Start State Collaboration Office, Needs Assessment Report, 2009: The goal of this office is to improve coordination and delivery of early childhood education and development services to children birth to age five in Kansas. This report details the 2008-2009 needs assessment process completed by the Kansas Head Start State Collaboration Office and the Kansas Head Start Association. The report presents findings from a survey completed by the Head Start and Early Head Start programs. The report presents data on cooperation, coordination and collaboration within the ten key priority areas: health care, services for children experiencing homelessness, welfare/child welfare, child care, family literacy, services for children with disabilities, community services, partnerships with local education agencies, Head Start transition and alignment with K12, and professional development. The findings were used to develop a five-year strategic plan that promotes and supports the Head Start programs.

Maternal and Child Health Services Block Grant Program requires a statewide needs assessment every five years. The most recent assessment was completed this year and is called, MCH 2015. This report will be utilized along with the community-wide strategic planning and needs assessments conducted in accordance with the needs assessment of the Head Start Act, and the inventory of unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect of the Title II of the Child Abuse Prevention and Treatment Act, called Community-Based Child Abuse Prevention (CBCAP) in Kansas.

Kansas Early Childhood Comprehensive Systems: Since its inception in July of 2003, KECCS has provided a forum for state planning of early childhood comprehensive services systems. The environmental scan of programs serving children birth to age five is a source of data for the home visiting application as many of these programs provide services in the home setting. These data provide a listing of state-level and county-level or community level view of the number and types of home visiting programs in the state. There is no assessment of quality and content of services - <http://keccs.org>

Low-Birthweight and Premature Babies: Reviewing Programs Aimed at Reducing Their Incidence and Associated Costs; A Report to the Legislative Post Audit Committee of the Kansas Legislature, by the Legislative Division of Post Audit, June 2003. Section 2 of this report provides an inventory of programs available to provide public health services to pregnant women. This data provides a good overview of programs and county level data on availability. There is no information on quality of home visiting services to pregnant women. Some information in this report needs to be updated.

Children's Programs: Reviewing Whether They are Coordinated to Avoid Duplication and Maximize the Use of Resources; A Report to the Legislative Post Audit Committee of the Kansas Legislature, by the Legislative Division of Post Audit, July 2007. This report contains an inventory of government-funded programs in Kansas that serve children from birth through age five and budget/expenditure information for each program. In addition, the report catalogs type of individuals served, eligibility criteria, content of services, state and local organizational structures. This data will provide a cross check of programs serving young children in Kansas plus number/types of individuals and families served by program, and also budget information.

United Way 211 Information and Referral: This database of community services is well regarded and utilized in Kansas. It is useful for this process as a check on services readily available in high risk communities. It can be used to identify programs across agencies that provide services with a home visiting component.

Key Informant Interviews and Focus Groups: Kansas will collect additional data to supplement these sources. For purposes of this project, the state will use key informant interviews and focus groups from both the state and local levels to assess the quality and capacity of home visiting programs. The approach includes quantitative and qualitative methods to determine the capacity of home visiting and better understand the extent of unmet need among families and the service needs of the families. Data will be gathered at the state, community, and family level.

State Level: The directors of evidence-based home visiting programs will be asked to complete a service matrix about their programs. Quantitative data will be collected on eligibility criteria, demographic information about the families actually being served, and waiting list status. Qualitative data from structured interviews will be collected from key informants from the following home visitation programs at a minimum: Early Head Start, Healthy Families, substance use disorder treatment programs, Parents as Teachers, and Local Health Departments and Infant Toddler (Part C) services. The purpose of these interviews is: 1) to identify evidence-base of existing services and protocols in place to assess quality of services and fidelity to models; 2) to identify collaborative policies that support coordinated home visiting services; 3) to inform a public engagement strategy and coordinated policy agenda for home visiting; 4) to assess existing collaboration between home visiting and substance use disorder programs, and 5) to verify the current funding streams and sustainability plans of home visiting programs. The interview questions will use a standardized protocol to gather information about these key components and to further understand perceived gaps, and issues with implementation and fidelity.

Community Level: Based on the recommendations of the state home visiting program directors and the HV Workgroup, three to five key informants will be identified who are directly involved with existing home visiting and maternal and infant , and early childhood services at the local level and who are located in high-risk communities. Informants may differ from community to community based on the unique qualities of the community. Potential informants may be local directors of home visitation programs, hospital personnel, local health department staff, and others who could contribute to the local capacity assessment. A standardized interview protocol will cover topic areas such as the home visiting continuum in the local community, estimates of the number of individuals who are unserved or underserved, attributes of those who do not receive service and remain unconnected to community supports, the referral process, and professional development opportunities.

To supplement local key informant interview data, focus groups with 8-10 other community partners will be conducted in each of the high-risk communities. The purpose of these focus groups is: 1) to provide greater and more nuanced input about the continuum of home visiting services available; 2) to assess the extent to which the services are meeting the needs of children and families; 3) to determine the infrastructure needed to expand services; 4) to identify critical technical assistance needs; 5) to review quality assurance and fidelity measures and outcome

measures; and 6) to identify gaps in professional development and training. These focus groups will use a trained facilitator and standardized format with additional probes to gather rich qualitative data.

Participant/Parent Level: The capacity assessment of services only describes one half of the equation. Parent voice is critical to understand supports and challenges to successfully accessing and engaging in home visiting services. Former and current participants in home visitation services, as well as high-risk families who choose not to receive services will be asked to provide input. Community partners will be asked to recruit 8-15 parents in each high-risk community. Incentives and child care will be available to recruit a diverse parent sample. A standardized protocol will be used to solicit information from these families on the following topics: 1) perceived access to and understanding of home visiting services in their community; 2) key strategies that would facilitate and encourage participation in home visiting services; and 3) reasons for choosing or not choosing to participate in home visiting programs (e.g. accessibility, time, relationship with visitor, extent to which program meets needs).

Quantitative data from the service matrix and qualitative data from the interviews and focus groups will be synthesized at the state and local levels. Summaries of state and local data will be compiled to provide a picture of the home visiting continuum of services available across the State and within each high-risk community. The capacity assessment data will be used to map the continuum of services available in the high risk communities to determine quantifiable gaps and infrastructure needs to inform a coordinated system of services that leads to improved outcomes for children and families.

Data sources for the State's capacity for providing substance use disorder treatment and counseling services to individuals and families in need of such treatment or services:

Addiction and Prevention Services, Kansas Department of Social and Rehabilitation Services In July of 2006 completed a series of reports as part of a comprehensive study of substance use disorder treatment needs throughout Kansas. The project estimated need for treatment in Kansas counties and populations using secondary data with the objective to create strategic plans and make allocation decisions. The first report estimates the number of people in need of substance use disorder treatment. The second report examined unmet need and demand for services. The third report was on county-level arrest statistics, and the fourth examines county-level social indicators related to substance use disorder. The report contains maps and tables of individual social indicators and indices created by combining individual indicators. The report includes county comparisons on individual indicators as well as relative levels of treatment need at the county level.

Kansas Medicaid Management Information System (MMIS) data, provided by the Kansas Health Policy Authority, are available for 2005-2007 by county and zip code for Kansas residents. This dataset contains demographic information and claims reimbursement records for inpatient, outpatient, professional, emergency room and pharmaceutical services for all Kansas Medicaid patients. The 2007 Medicaid data contains identifiers that can be used to link with other databases. This data can be used to update that reported in the Addiction and Prevention Services report. Data can be pulled for women of reproductive age 15-44 to get a proxy measure

of relative need of each county to substance use disorder services for women in their reproductive years.

Kansas Health Insurance Information System (KHIIS) data, provided with permission of the Kansas Insurance Department via the Kansas Health Policy Authority, are available for 2002-2007 by county and zip code for Kansas residents. The dataset contains de-identified demographic information and claims payment records along with related information for inpatient, outpatient, professional, emergency room and pharmaceutical services submitted by the 20 largest insurance carriers providing health insurance coverage. It is estimated that KHIIS represents 93% of the premium volume paid for Kansas residents by private health insurance. The Employee Retirement Income Security Act (ERISA) data representing individuals employed by self-insured companies are not included in the private insurance data collection. This data can be used to analyze the volume of drug/alcohol treatment provided to Kansas residents covered by private health insurance. Data can be extracted for women of reproductive age, 15-44.

Kansas Community Hospital Discharge Data, provided by the Kansas Hospital Association (KHA) via the Kansas Health Policy Authority, are available for 1995-2008 by county and zip code for Kansas residents. This de-identified data contains demographic and claims level records (excluding costs) for all Kansas community hospitalized inpatients. The data can be used to analyze the volume of drug/alcohol treatment provided to Kansas residents by community hospitals. Hospitalization record counts produced using KHA data do not include hospital outpatient, emergency room data, specialty hospital, Veteran's Administration, or Bureau of Indian Affairs data. Again, data can be extracted for women of reproductive age.

Kansas Health in Pregnancy Program Evaluation Report, June 2009: This report examines outcomes for women and their infants who participated in intensive case management services in four Kansas counties (Barton, Ellis, Sedgwick, and Douglas). The services were provided over a three year period from 2006 through 2009. The purpose of the services was to connect high-risk pregnant women with existing resources in the community and to advocate for and support substance free pregnancies and healthy parenting practices. Data were collected from over 200 program participants: urine screens for women and newborns; child custody status; substantiated reports of abuse or neglect. These data will be used to supplement needs assessment data for the counties concerned.

Coordination with other assessments: In conformance with the guidance document for this application, Kansas convened a work group of individuals representative of the following state offices: maternal and child health, community-based child abuse prevention (Title II of CAPTA), substance use disorder services, and head start collaboration. In addition, representatives of other organizations with an interest in the process were present. These included the Kansas Health Institute, local health departments, head start association, and Part C of IDEA. The members of the work group include the following:

Work Group Member	Program/Agency	Email address
Charles Bartlett	Addiction and Prevention Services/SRS	cbartlett@srs.ks.gov
Mary Baskett	Kansas Head Start Association	mbaskett@ksheadstart.org
Jackie Counts	KU Institute for Research	jcounts@ku.edu
Susan Gile	Abuse & Neglect Policies/SRS	susan.gile@srs.ks.gov
Carrie Hastings	Head Start Collaboration Office/SRS	carrie.hastings@srs.ks.gov
Sharon Homan	Kansas Health Institute	shoman@khi.org
Linda Kenney	Title V MCH/KDHE	lkenney@kdheks.gov
Chrisy Khatib	Addiction and Prevention Services/SRS	chrisy.khatib@srs.ks.gov
Janet Newton	Parents as Teachers/KSDE	jnewton@ksde.org
Dan Partridge	Lawrence-Douglas County Health Department	dpartridge@ldchealth.org
Jim Redmon	Kansas Children's Cabinet and Trust Fund	james.redmon@srs.ks.gov
Tiffany Smith	Part C Infants and Toddlers	tsmith@kdheks.gov

B. Following is a discussion of the gaps in the currently available information (i.e., required data that are not readily available to the State).

Gaps in currently available information mostly relate to quality and capacity. There are few evaluation studies with the notable exception of Health in Pregnancy substance use disorder case management for pregnant women. The study concluded that the project had achieved its outcomes in improving the health of participating mothers and children and the program was integrated into Family Preservations Services, a statewide program. Another study of Healthy Start Home Visitor services through local health departments identifies the variability from

health department to health department in how the service is provided to clients. The TIES evaluation is an excellent, in-depth study of services provided to high-risk mothers released from Children's Mercy Hospital in Kansas City. The outcomes for the program are a good indication of quality. Many programs with home visiting as the primary service delivery strategy have intermittent evaluation or no evaluation in place.

A second gap in data is for capacity within the state system. Much of the capacity assessment data in state needs assessments shows availability of service and utilization. There may be no indication of level of need in the community and the extent to which the available services meet the need. An exception to this is the Kansas Comprehensive Needs Assessment for Addiction and Prevention Services/SRS. This assessment includes a good representation of state capacity to meet the needs by geographic area, by population group (including women), by service type.

C. Following is a discussion of the State's capacity to locate, gather, and assemble the information or data required for the needs assessment, including the expected obstacles to and opportunities for comprehensive, timely, quality data collection.

Kansas has the capacity to locate, gather, and assemble the information or data required for the needs assessment. Most of the data is readily available and can be easily extracted from datasets and from existing needs assessment documents by MCH epidemiologists and staff of participating state programs and institutions.

The Topeka-based Kansas Health Institute (KHI) serves as an independent, nonprofit voice for health policy and research. Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Institute conducts research and policy analysis on health-related issues. Its vision and planning are based on the belief that if information is made available and communicated to decision-makers in the state, better-informed choices will be made that can improve the health of Kansans.

As one focal area, KHI researchers study and document health conditions, risk behaviors, programs and policies important to the health of Kansas children and mothers. For the purposes of this project, KHI has agreed to provide its expertise in data analysis to identify at-risk communities using evidence-based county health rankings methodology.

KU Center for Research has agreed to provide staffing to conduct key informant interviews and focus groups during the month of August using tools that will be drafted and presented to workgroup members for approval. Data will be summarized, presented in a public forum, modified as needed and submitted with the September 1 application.

The KU Center for Research is well-qualified to provide this work having completed many similar projects relating to early childhood for state agencies and for the Children's Cabinet and Trust Fund. They are able to draw on a highly qualified and mobile workforce to complete the work within the short-timeframe of this needs assessment project.

D. Following is a discussion of the barriers to and opportunities for ensuring that the needs assessment is coordinated with other needs assessments as described in the law.

The only barrier to ensuring that all needs assessments are coordinated into this home visiting state needs assessment is the volume of materials in all the needs assessments and the short timeline for integrating and analyzing information to complete this needs assessment. On the other hand, there are many opportunities for networking and collaborating to improve service systems.

E. Based on currently available information, a general description of the State's approach to conducting the assessment of needs and available resources.

- a. How Kansas will collect data and information to measure each of the needs assessment data elements required in the legislation.

All data indicators in Section A of this report have been collected and mapped. The data is easily accessible to Kansas Health Institute staff who will apply the appropriate methodology to obtain county health rankings according to risk. The work of the KU Center for Research will be carefully mapped and coordinated according to the prescribed timeline.

- b. Stakeholders and partners that will collaborate to gather and assemble information. How Kansas will ensure effective and efficient collaboration.

At the time this application is submitted, Kansas Head Start Association will have convened three public meetings to discuss this funding opportunity. There has been considerable interest from both state and local partners. Attendees want to be "at the table." Others have phoned the state MCH agency to request that they be involved in decision-making. Kansas maternal and infant, and early childhood programs are eager to engage and empower all those who are interested in extending home visiting services to high-risk families. This is referred to as the "big group" or public meetings.

In addition to the "big group," Kansas has assembled a "little group" or work group. The members of this group were selected based on FOA requirements for program involvement. Also they are the individuals most knowledgeable about the state system for serving women, infants and young children.

There is a great deal of cohesiveness among the members of these groups that can be maintained through an open and participatory needs assessment process.

- c. Process to be used to ensure coordination with other statewide and communitywide needs assessments conducted by Kansas.

Continued public meetings (meetings of the "big group") will ensure input from all interested parties in the home visiting state needs assessment process. Any pertinent information that is learned through the public meeting process can be incorporated into the home visiting state needs assessment process. Likewise, information learned through the work group process can

be incorporated into the state assessment. The federal requirements are structured in such a way as to provide clear expectations for the needs assessment and for the service delivery that is expected. The state process selected for assessing needs is sufficiently flexible to accommodate agency, program, and individual considerations.

- d. How Kansas will ensure that all required parties sign off on the needs assessment application.

The process adopted is sufficiently participatory that Kansas is unlikely to encounter this type of situation. The process adopted is also structured so that rules and expectations are spelled out at each step in the process. Transparency is built into the process. All these mechanisms are expected to maximize buy-in.

In addition, the Governor and Cabinet Secretaries have all agreed to the process in writing and so Kansas has developed a highly cohesive structure for getting the work done.

- F. Following is a description of anticipated technical assistance needs.

Depending on the Federal Register notice, technical assistance on evidence based practice in home visiting may be needed. Also, it would be good to find out more about states and localities that coordinate home visiting to high-risk individuals. At the state level, how do agencies coordinate grants to communities? At the local level what are the pitfalls of coordinated systems of screening and referral and how can these be structured to avoid problems?

- G. The State of Kansas intends to apply for a grant to deliver evidence-based maternal and infant, and early childhood home visiting services as described in section 511(c).

- i At this time, KDHE has been designated to administer funds under this program. KDHE has the capacity to do this. If, at the conclusion of the needs assessment process, it is determined by consensus of the work group that another agency is best suited or better positioned to administer this program, the application will be submitted by that agency.
- ii. Kansas will provide a detailed description of the process used in identifying populations to be served on the basis of the full needs assessment, with specific information regarding high-risk groups on September 1.
- iii. At this time, no process has been identified for selecting the most effective model(s) to be implemented to meet identified needs. There will likely be a lot of local community involvement in these decisions. It will be important to know what will be feasible in the community. Which model is most likely to be accepted by participants?
- iv. Assurances:
- 1) Kansas will prioritize services to low-income eligible families and eligible families in at-risk communities, in adherence with the completed statewide needs assessment.

- 2) Kansas will obtain and submit documentation or other appropriate evidence from the organization or entity that developed the service delivery model or models used to verify that the program is implemented and services are delivered according to the model's specifications,
 - 3) Kansas will establish procedures to ensure that the participation of each eligible family is voluntary and that services are provided to an eligible family in accordance with the individual assessment for that family,
 - 4) Kansas will submit annual reports to the Secretary regarding the program and activities carried out by the program.
 - 5) Kansas will participate in and cooperate with data and information collection necessary for the evaluation required under this law.
 - 6) Kansas is not one of the 17 ACF funded projects in the Evidence-Based Home Visiting cluster.
- v. Kansas' populations to be served and the service delivery models(s) will be consistent with the completed statewide needs assessment.
 - vi. Kansas' service delivery model or models will be consistent with the evidence-based criteria established pursuant to this law and HHS Guidance.
 - vii. At the time of the submission of an application for home visiting funding, Kansas will describe the process to be used in identifying quantifiable, measurable benchmarks established to demonstrate that the program contributes to improvements in the areas specified by this Act and Kansas will report on these benchmarks in the 3rd and 5th years of the program.
 - viii. A preliminary description of other existing Kansas programs, including federally funded State programs that include home visitation services is provided in the Environmental Scan from the Strengthening Kansas Families Plan. This is located at: www.ksfplan.org

Anticipated Need for Technical Assistance

Kansas will request technical assistance in review of evidence-base for current home visiting models and for coordination of multiple home visiting models.

Attachments

Attachment 1: Job Description for Key Personnel

Attachment 2: Letter of Designation - Kansas Governor Mark Parkinson; Letters of Support from heads of state health, education and social services agencies (Kansas Department of Health and Environment - State MCH Agency; Kansas State Department of Education - Parents as Teachers; Kansas Department of Social and Rehabilitation Services - Head Start Collaboration Agency and Substance Abuse Services); Letter of Support from Kansas Children's Cabinet and Trust Fund - Community-Based Child Abuse Prevention, Title II CAPTA

Attachment 3: MOAs or Contractor/Subcontractor Agreements - not included

Attachment 4: Project Organizational Chart

Attachment 5: Other Relevant Documents - not included

Job Description
Home Visiting Program Manager

Pay grade: 32

This is on-going program management that includes coordinating the information from needs assessments of multiple agencies and from federally-specified indicators that are used to derive state-specific strategies to deliver services for high-risk populations. Involves work with multiple agencies at the state and local levels, with private contractors, research entities, and academia. Work activities are framed by the US Department of Health and Human Services, FOA, Maternal, Infant, and Early Childhood Home Visiting Program that provides funding to the State to develop a service system of evidence based practice.

Specific Job Tasks:

- Provides support for the state needs assessment by tailoring methodology to reflect project needs.
- Assists state and local agencies to be fully engaged in the process by providing communications and other support.
- Evaluates project plans for compliance with federal guidance and technical assistance regarding state needs
- Consults with partners across agencies and programs regarding plans and progress of the project and local programs.
- Provides project oversight to agency managers for compliance with project planning guidelines, standards, policies and methodologies.
- Coordinates and provides reporting on project plan and coordinates the work group activities and convenes the public input or stakeholder group at appropriate intervals
- Manages the project plan and coordinates the work of multiple managers from multiple agencies working on the project.
- May participate in recommendations for home visiting model acquisition by identifying budgetary and other impacts
- May represent the program at local, state, regional or national conferences and meetings
- Tracks program progress against established timeline and budget
- Identifies and reports on program deficiencies and advises of measures to correct
- Provides project management support for local agencies who are implementing evidence based practice in home visiting.
- May give presentations and briefings as requested.

Overall, responsible for providing specialized project management for the federal home visiting needs assessment.

June 15, 2010

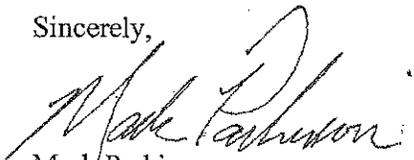
Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, MD 20857

Dear Ms. Yowell:

This letter is to designate the Kansas Department of Health and Environment (KDHE) as the lead agency to apply for and administer federal home visiting funds through the Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program. Within the KDHE, the Bureau of Family Health will assume responsibility for coordination with partner agencies and other stakeholders to assure a thorough assessment of state needs/gaps and appropriate allocation of resources.

Thank you for your support to strengthen our early childhood systems for pregnant women, parents and caregivers, and children and to improve health and developmental outcomes.

Sincerely,


Mark Parkinson
Governor of the State of Kansas

cc: Secretary Bremby
Jason Eberhart-Phillips
Linda Kenney



Mark Parkinson, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

June 18, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, MD 20857

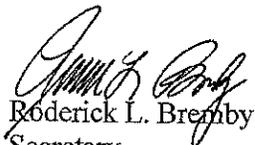
Re: Letter of Support

Dear Ms. Yowell:

The Kansas Department of Health and Environment (KDHE) has been designated by the Governor's Office to serve as the lead state agency for the Kansas application for federal home visiting funds through the Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program. As the State Title V Agency, KDHE has a long commitment to building systems for maternal and infant health, experience in successfully implementing home visiting programs, coordinating among federal and state agencies, and assuring accountability.

We are looking forward to working with our federal and state partners to ensure that the Kansas needs assessment will identify communities with significant gaps in services and those that should be prioritized for home visiting services through these federal funds.

Sincerely,



Roderick L. Bremby
Secretary

Kansas Department of Health and Environment

CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 540, TOPEKA, KS 66612-1367

Voice 785-296-0461 Fax 785-368-6368



Office of the Commissioner

785-296-3202

785-291-3791 (fax)

120 SE 10th Avenue • Topeka, KS 66612-1182 • 785-296-6338 (TTY) • www.ksde.org

June 18, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, MD 20857

Re: Letter of Support

Dear Ms. Yowell:

The Kansas State Department of Education strongly supports the Kansas Department of Health and Environment in its application for federal home visiting funds through the Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program. As the state education agency in Kansas, we are able to lend support in a number of ways through the expertise of our staff in needs assessment and Parents as Teachers services delivery.

We understand that the purpose of the state needs assessment will be to identify communities with significant gaps in services and those that should be prioritized for home visiting services in Kansas through the use of these federal funds.

We look forward to participating in the needs assessment process in which diverse stakeholders will come together. Let us know how we can support you throughout this effort.

Sincerely,

Diane DeBacker
Interim Commissioner of Education

June 18, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, MD 20857

Re: Letter of Support

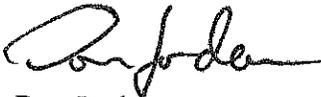
Dear Ms. Yowell:

The Kansas Department of Social and Rehabilitation Services strongly supports the Kansas Department of Health and Environment in its application for federal home visiting funds through the Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program. As Kansas' Single State Agency for CAPTA, Substance Abuse Services, and Head Start Collaboration Office we are able to lend support in a number of ways through the expertise of our staff in assessment and services delivery activities.

We look forward to participating in a state needs assessment process in which diverse stakeholders will come together. We understand that the purpose of this assessment will be to identify communities with significant gaps in services and those that should be prioritized for home visiting services through these federal funds.

Let us know how we can support you throughout this effort.

Sincerely,



Don Jordan
Secretary

OFFICE OF THE SECRETARY

Docking State Office Building, 915 SW Harrison, Street, 6th Floor, Topeka, Kansas 66612-1570
Voice: (785) 296-3271 • Fax: (785) 296-4685 • TTY (Hearing Impaired): (785) 296-3487

June 18, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, MD 20857

Re: Letter of Support

Dear Dr. Yowell:

The Kansas Children's Cabinet and Trust Fund strongly supports the Kansas Department of Health and Environment in its application for federal home visiting funds through the Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program. The Kansas Children's Cabinet and Trust Fund has the responsibility for administering Title II of CAPTA (CBCAP) and also serves as the convener of early childhood programs in support of Kansas Early Childhood Comprehensive Systems grant. The Kansas Children's Cabinet and Trust Fund will also have a leadership and convening role in the Kansas Early Childhood Advisory Council.

We are able to lend support to this project in a number of ways including participation in the needs assessment process in which diverse stakeholders will come together. We understand that the purpose of this assessment will be to identify communities with significant gaps in services and those that should be prioritized for home visiting services through these federal funds. The Children's Cabinet and Trust Fund has a particular interest in at risk infants, toddlers and preschoolers and their families. We see great opportunities for advancing that work through this collaborative funding.

Let us know how we can support you throughout this effort.

Sincerely,


James Redmon, MSW, MPH
Executive Director

PROJECT ORGANIZATIONAL CHART

