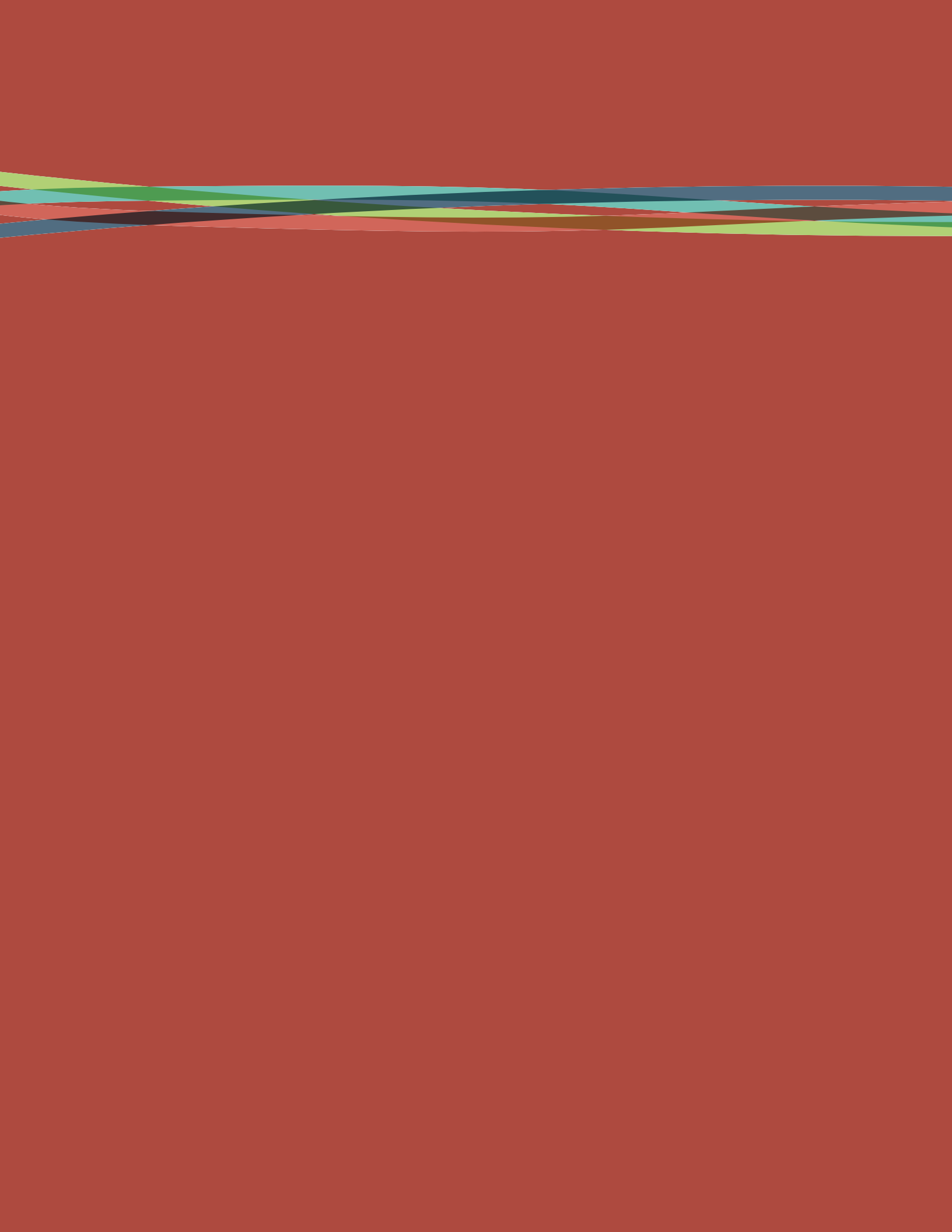


# **GRANT WRITING ASSISTANCE for KANSAS ORGANIZATIONS**

Leveraging the resources of  
the Kansas Health Foundation and  
the University of Kansas to improve  
the lives and health of Kansans.



# Center for Public Partnerships and Research at the University of Kansas

Our mission  
is to optimize  
the well-being of  
children, youth,  
and families.

## ABOUT US

At the Center for Public Partnerships and Research at the University of Kansas, our mission is to optimize the well-being of children, youth, and families. Our multidisciplinary team of *Social Change Navigators* envision healthy, happy, thriving communities for all.

CPPR forges and sustains strategic partnerships with thought-leaders and change-makers in government, academic, non-profit, and business organizations. We work with partners in Kansas and across the country to address complex social issues as experts in research and evaluation, social innovation, and data science.

Through more than 50 grant-funded projects, we work to address challenges in areas like K-12 education, public health, youth development, early childhood, child welfare, child neglect and abuse prevention, and adaptive leadership.

We believe that big changes are possible, and we are continually working toward lasting and far-reaching solutions.



# Letter from the Director

Every day, the lives  
and health of people  
across Kansas are  
improving, thanks  
to the visionary  
leadership of **THE  
KANSAS HEALTH  
FOUNDATION.**

Every day, the lives and health of people across Kansas are improving, thanks to the visionary leadership of the Kansas Health Foundation. For more than a decade, the Foundation and the Center for Public Partnerships and Research at the University of Kansas have partnered to develop funding proposals that bring new resources into our state. Working together, we have successfully secured \$91,894,370 in new funding between 2007 and 2018. These much-needed dollars have been put to work immediately by our local and state partners to fuel programs that promote a culture in which every Kansan can make healthy choices where they live, work, and play.

Because of this investment, Kansans will have a brighter future. More people will have access to health care, engage in healthier behaviors, increase their civic and community engagement, and see higher educational attainment. As a result, a greater number of children will experience safe, stable, and nurturing environments. People will gain the support they need to achieve their education, housing, and employment goals.

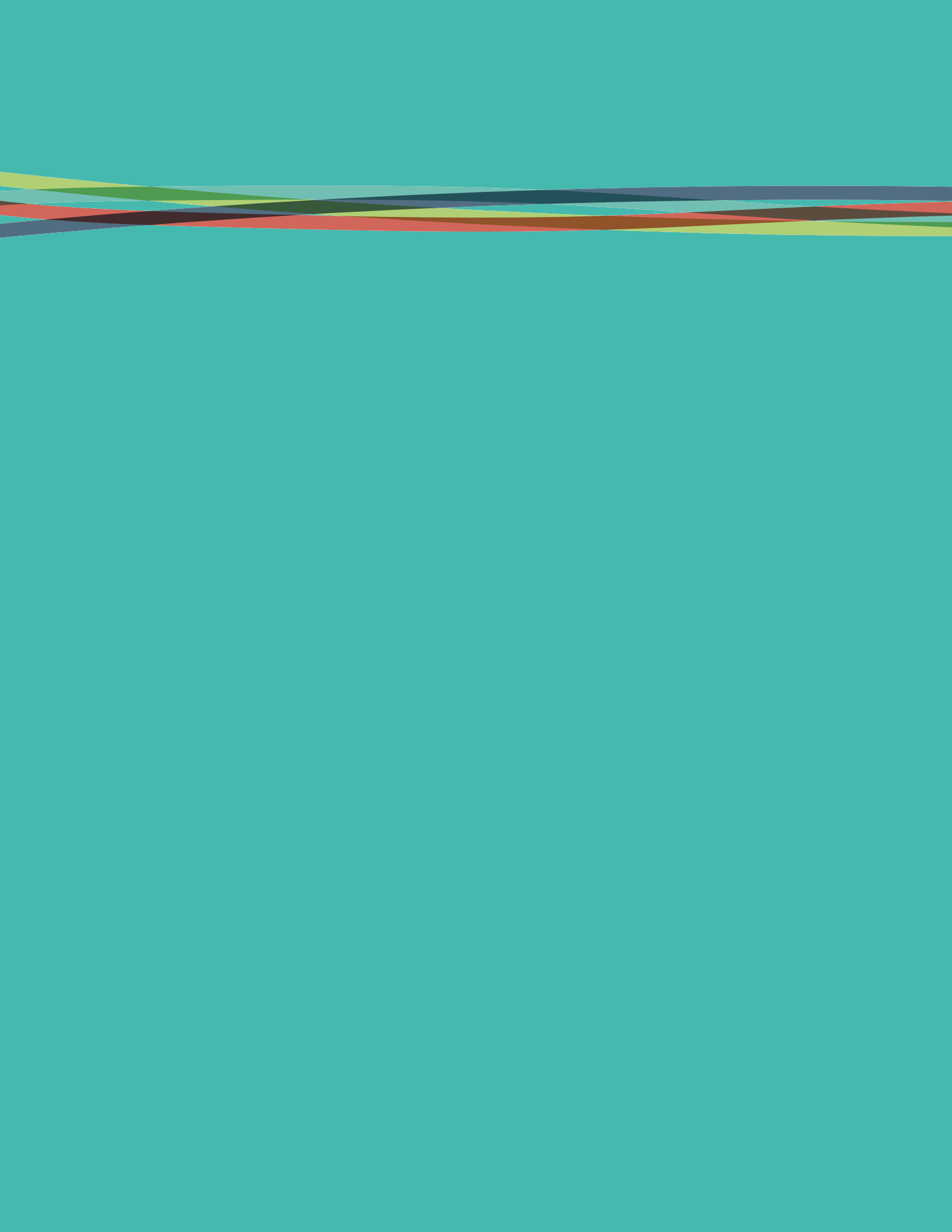
CPPR is honored to be a part of this important work. We have served our grant partners in a variety of capacities. Sometimes, we help partners translate their big ideas into winning proposals that include a cohesive case for support, with supporting data and documents. We help bring key stakeholders to the table and engage community support. Often, we serve as wranglers, gathering together all the components for a successful grant that meets funders' review criteria. No matter our role, our passion and commitment to helping bring necessary resources to Kansas is the same.

On behalf of my colleagues at CPPR, I want to thank the Foundation for allowing us to take part in this life-changing work.



**JACKIE COUNTS**

*Director, Center for Public Partnerships and Research at the University of Kansas*



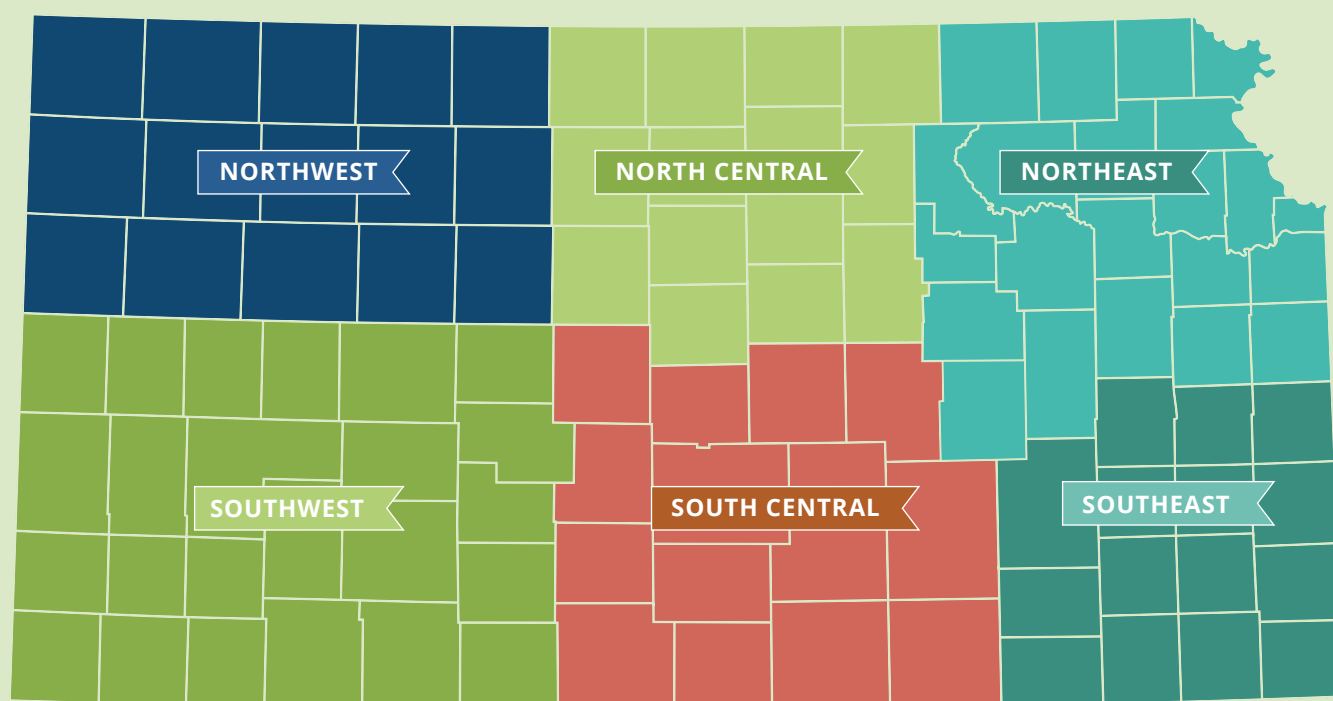
# Big Changes are Happening in Kansas

- ▶ Teen parents are getting the support they need to achieve their **education** and **career goals** while also successfully navigating the challenges of **parenting**.
- ▶ **Communities** are banding together to develop collaborative approaches for addressing their most pressing health challenges, like limited access to **health and mental health services** and rising rates of unhealthy habits.
- ▶ Previously unemployed Kansans are getting the education, **skills training**, and **career navigation** support they need to obtain jobs that pay a living wage.



# Kansas Health Foundation

Regions of focus



## GRANTEE PROFILES

### NORTH CENTRAL

Generating Opportunities to Attain Lifelong Success, *page 14*

### NORTHEAST

Generating Opportunities to Attain Lifelong Success, *page 14*  
Tobacco Free JC, *page 18*  
Kickapoo Community-Based Child Abuse Prevention, *page 20*  
Kickapoo Early Head Start, *page 23*  
Early Childhood Comprehensive Systems, *page 24*  
Lifting Young Families Towards Excellence, *page 28*  
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### SOUTHEAST

Generating Opportunities to Attain Lifelong Success, *page 14*  
Early Childhood Comprehensive Systems, *page 24*  
Southeast Kansas Drug Abuse Prevention Coalition, *page 26*  
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### SOUTH CENTRAL

Generating Opportunities to Attain Lifelong Success, *page 14*  
Cooperative Agreement to Benefit Homeless Individuals, *page 36*

### SOUTHWEST

Generating Opportunities to Attain Lifelong Success, *page 14*  
Lifting Young Families Towards Excellence, *page 28*  
Rural Behavioral Health Network, *page 40*



# Kansas Health Foundation

Improving the health of all Kansans

The Kansas Health Foundation envisions a culture in which every Kansan can make healthy choices where they live, work, and play. To do so, KHF invests in four key program areas. Each grantee profile on the following pages addresses one or more of the following priorities.



## ACCESS TO CARE

It is important for all Kansans to have access to health care, for help when they are sick, and to prevent or reduce the severity of disease and illness. KHF supports efforts to address gaps in or barriers to care, to help improve the health of all Kansans.



## HEALTHY BEHAVIORS

Tobacco use and obesity remain the leading causes of preventable death and illness in Kansas. KHF invests in programs and supports policy efforts that promote healthy eating, physical activity, and tobacco use prevention.



## CIVIC AND COMMUNITY ENGAGEMENT

KHF recognizes individuals' health and well-being are influenced by where and how they live. KHF invests in programs that help build stronger communities and encourage more Kansans to be civically engaged.



## EDUCATIONAL ATTAINMENT

Research shows that individuals with more education live longer, healthier lives than those with less education. KHF believes that by improving educational attainment, we can work toward better employment opportunities and better health outcomes.

*Program area information gathered from the Kansas Health Foundation's website.*

*Please visit [www.kansashealth.org](http://www.kansashealth.org) to learn more.*

# Grants Received by Area of Impact

July 2007 through December 2018

YR	HEALTHY LIVING GRANTS	RECIPIENT	AMOUNT
2018	SAMHSA Tribal Opioid Response Grant	Kickapoo Tribe in Kansas	\$146,364
2018	HRSA Rural Health Development Grant	Kearny County Hospital	\$100,000
2018	HRSA Rural Health Development Grant	Thrive Allen County	\$100,000
2017	Public Health National Center for Innovations	Kansas Health Institute on behalf of KALHD and the Public Health Systems Group	\$199,920
2016	Tribal Community Based Grants for the Prevention of Child Abuse and Neglect from Administration for Children and Families	Kickapoo Tribe in Kansas	\$641,966
2014	Community Based Grants for the Prevention of Child Abuse and Neglect from Administration for Children and Families	Kansas Children's Cabinet and Trust Fund	\$692,546
2014	Cooperative Agreements for Tribal Behavioral Health: Native Connections from Substance Abuse and Mental Health Services Administration	Kickapoo Tribe in Kansas	\$1,000,000
2014	PPHF 2014: A Comprehensive Approach to Good Health and Wellness in Indian Country from Centers for Disease Control & Prevention	Kickapoo Tribe in Kansas	\$974,375
2014	Coordinated Tribal Assistance Solicitation on Violence Prevention from US Department of Justice	Kickapoo Tribe in Kansas	\$449,824
2013	State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health from Centers for Disease Control & Prevention	Kansas Department of Health and Environment	\$7,900,000
2013	Healthy Habits for Life from Blue Cross Blue Shield of Kansas	St. John Catholic School	\$1,000
2013	Community Based Grants for the Prevention of Child Abuse and Neglect from Administration for Children and Families	Kansas Children's Cabinet and Trust Fund	\$717,748
2012	Community Based Grants for the Prevention of Child Abuse and Neglect from Administration for Children and Families	Kansas Children's Cabinet and Trust Fund	\$954,337
2012	Community Transformation Grant from Centers for Disease Control & Prevention	Wichita YMCA/City of Wichita	\$2,461,198
2011	Community Health Assessment Research Study from Robert Wood Johnson Foundation	Kansas Health Institute	\$220,000
2011	Community Based Grants for the Prevention of Child Abuse and Neglect from Administration for Children and Families	Kansas Children's Cabinet and Trust Fund	\$847,769
2011	Healthy Habits for Life from Blue Cross Blue Shield of Kansas	St. John Catholic School	\$1,000
2010	Communities Putting Prevention to Work - Smoking Cessation from Centers for Disease Control & Prevention	Kansas Department of Health and Environment	\$606,129
2010	Communities Putting Prevention to Work - Statewide Health from Centers for Disease Control & Prevention	Kansas Department of Health and Environment	\$580,162
2010	Sodium Reduction in Communities from Centers for Disease Control & Prevention	Kansas Department of Health and Environment, Shawnee County Health Department	\$1,236,591
2010	Public Prevention Health Fund: Strengthening Public Health Infrastructure for Improved Health Outcomes from Centers for Disease Control & Prevention	Kansas Department of Health and Environment	\$300,000
2010	Community Based Grants for the Prevention of Child Abuse and Neglect from Administration for Children and Families	Kansas Children's Cabinet and Trust Fund	\$871,956
2009	Community Based Grants for the Prevention of Child Abuse and Neglect from Administration for Children and Families	Kansas Children's Cabinet and Trust Fund	\$808,494
2008	Urban Oral Health Grant from Health Resources & Services Admin.	Kansas Department of Health and Environment	\$640,000
2008	Community Based Grants for the Prevention of Child Abuse and Neglect from Administration for Children and Families	Kansas Children's Cabinet and Trust Fund	\$733,716
2007	Community Based Grants for the Prevention of Child Abuse and Neglect from Administration for Children and Families	Kansas Children's Cabinet and Trust Fund	\$710,000

YR	POLICY, SYSTEMS, & ENVIRONMENTAL TRANSFORMATIONS	RECIPIENT	AMOUNT
2016	SAMHSA Circles of Care VII	Kickapoo Tribe in Kansas	\$1,181,250
2016	Early Childhood Comprehensive Systems Impact Grant submitted to Health Resources and Services Administration	Kansas Department of Health and Environment	\$2,068,699
2015	Cooperative Agreement to Benefit Homeless Individuals - KANSAS from Substance Abuse and Mental Health Services Administration	Kansas Department for Aging and Disability Services	\$5,074,607
2015	SNAP Employment and Training Pilot from US Department of Agriculture	Kansas Department for Children and Families	\$13,254,220
2014	Collective Impact Effort - Promoting Safe, Stable, and Nurturing Relationships from Greater Kansas City Foundation	Kansas Children's Service League	\$75,000
2014	Project LAUNCH from Substance Abuse and Mental Health Services Administration	Kickapoo Tribe in Kansas	\$2,983,473
2014	Transforming Lives through Supported Employment from Substance Abuse and Mental Health Services Administration	Kansas Department for Aging and Disability Services	\$3,999,760
2013	Early Childhood Comprehensive Systems Plan from Health Resources and Services Administration	Kansas Department of Health and Environment	\$347,473
2013	Project Liftoff: Building a SYSTEM in Kansas from Noyce Foundation	Kansas Enrichment Network	\$100,000
2011	Early Childhood Comprehensive Systems Plan from Health Resources and Services Administration	Kansas Department of Health and Environment	\$105,000
2011	Supporting State Early Childhood Advisory Council from National Governor's Association	Kansas Governor's Office	\$10,000
2010	Early Childhood Initiative Grant from National Alliance of Children's Trust and Prevention Funds	Kansas Children's Cabinet and Trust Fund	\$7,500
2010	Early Childhood Advisory Council from Administration for Children and Families	Kansas Children's Cabinet and Trust Fund	\$811,000
2009	Early Childhood Comprehensive Systems Plan from Health Resources and Services Administration	Kansas Department of Health and Environment	\$420,000
2009	Kansas Project LAUNCH Grant from Substance Abuse and Mental Health Services Administration	Kansas Department of Health and Environment	\$4,225,000
2008	Capacity Building Grant from Centers for Disease Control & Prevention	Kansas Public Health Association	\$90,000
2008	Supporting State Early Childhood Advisory Council from National Governor's Association	Kansas Governor's Office	\$10,000
2007	Governor's Summit on Early Childhood from National Governor's Association	Kansas Governor's Office	\$10,000
YR	CHILD & YOUTH DEVELOPMENT	RECIPIENT	AMOUNT
2017	March of Dimes	Delivering Change Geary County, Kansas	\$10,700
2017	HHS/Office of Adolescent Health	Kansas Department of Health and Environment	\$1,153,249
2014	Maternal and Infant Early Childhood Home Visiting from Health Resources and Services Administration	Kansas Department of Health and Environment	\$10,400,000
2014	Healthy Start from Health Resources and Services Administration	Kansas Department of Health and Environment	\$3,532,933
2014	Afterschool Programming from Mott Foundation	Kansas Enrichment Network	\$225,000
2014	Maternal and Infant Early Childhood Home Visiting from Health Resources and Services Administration	Kansas Department of Health and Environment	\$1,100,000
2013	Maternal and Infant Early Childhood Home Visiting from Health Resources and Services Administration	Kansas Department of Health and Environment	\$3,400,000
2012	Maternal and Infant Early Childhood Home Visiting from Health Resources and Services Administration	Kansas Department of Health and Environment	\$4,500,000
2011	Afterschool Network from Mott Foundation	Kansas Enrichment Network	\$225,000

2011	Afterschool Programming from Kansas Department of Social and Rehabilitative Services	Kansas Enrichment Network	\$60,000
2011	Maternal and Infant Early Childhood Home Visiting from Health Resources and Services Administration	Kansas Department of Health and Environment	\$1,100,000
YR	EDUCATION	RECIPIENT	AMOUNT
2017	Early Head Start Expansion from the Administration for Children and Families	Kickapoo Tribe in Kansas	\$2,500,000
2014	Arts in Education Model Development & Dissemination from US Department of Education	Topeka Public Schools	\$1,800,000
2011	Project STArts: Skillful Thinking in the Arts from US Department of Education	Kansas City, KS Public Schools	\$777,187
2010	Math Science Partnerships-Start Grant from National Science Foundation	Topeka Public Schools, Kansas State University	\$300,000
2008	Teaching American History from US Department of Education	Garden City Public Schools	\$1,479,822
2007	Kansas Teachers of English Language Learners from the US Department of Education	Southwest Kansas Educational Service Center	\$662,402
<b>TOTAL</b>			<b>\$91,894,370</b>

## Grants Submitted & Pending

2018	Arnold Foundation	The Lawrence Community Shelter	\$880,530
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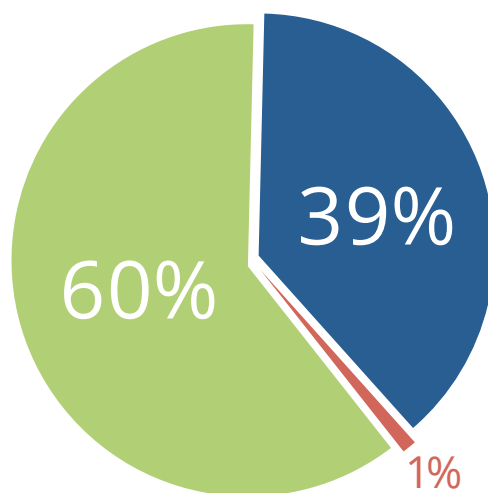
## Grants Submitted but Not Awarded

2018	CDC Racial and Ethnic Approaches to Health	Kickapoo Tribe in Kansas
2018	Teen Pregnancy Prevention Program ACF	KDHE Bureau of Family Health
2018	CDC State Physical Activity and Nutrition Program	KDHE Bureau of Community Health Systems
2018	SAMHSA Infant and Early Childhood Mental Health Grant	Saint Francis Fund/United Methodist Health Ministry Fund
2018	National Council for Behavioral Health - Scattergood Foundation - 2018 Annual Innovation Award	NAMI - Kansas
2017	ACF Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse in American Indian/Alaska Native Communities	Prairie Band Potawatomi Nation
2017	Indian Health Service Behavioral Health Integration Initiative	Kickapoo Tribe in Kansas
2017	Pfizer Independent Grants for Learning and Change	Geary Community Hospital
2017	Administration for Native Americans, Social and Economic Development Strategies	Kickapoo Tribe in Kansas
2017	SAMHSA Grant to Benefit Homeless Individuals	Bert Nash, Lawrence, KS
2017	Art Place	Topeka Veterans Administration
2017	Art Place	Kickapoo Tribe in Kansas
2017	HHS AI/AN Healthy Equity Initiative	Kickapoo Tribe in Kansas
2016	FY 2016 Tribal Maternal, Infant, and Early Childhood Home Visiting Program: Development and Implementation Grants	Iowa Tribe – Brown and Doniphan Counties, Kansas
2016	Robert Wood Johnson Foundation, Evidence for Action	Delivering Change, Geary County, KS
2016	Robert Wood Johnson Fund, Engaging Businesses for Health	Delivering Change, Geary County, KS
2016	HRSA Rural Health Development Grant	Kickapoo Tribe in Kansas
2015	Lead Hazard Control	Kansas Department of Health and Environment
2015	Shelter Training and Education Center - Westerman Foundation	The Lawrence Community Shelter Inc.
2015	Guest Transportation - Ethel & Raymond Rice Foundation	The Lawrence Community Shelter Inc.
2014	NCSL	Kansas Enrichment Network
2014	Youth Empowerment Program	Kansas Children's Service League

2014	Professional Development for Arts Educators	Greenbush Service Center
2014	CTAS Youth	Kickapoo Tribe in Kansas
2014	CTAS Substance Abuse	Kickapoo Tribe in Kansas
2013	Second Chance Act Adult Mentoring and Transitional Services for Successful Reentry Program	Douglas County Jail
2013	J.R. Albert Foundation	Douglas County Child Development Association
2013	Screening, Brief Intervention, and Referral to Treatment	Kansas Department of Health and Environment
2013	Arts in Education Model Development and Dissemination	Topeka Public Schools
2013	Sodium Reduction in Communities	Kansas Department of Health and Environment
2013	North Central Sustainable Agriculture Research and Education	Douglas County Child Development Association
2012	Shared Services Learning Community	Kansas Association of Local Health Departments
2012	Strong Start	Kansas Department of Health and Environment
2012	TRACE	Kansas Health Foundation
2011	Kansas Home Visitation Model	Early Head Start, Healthy Families, Parents as Teachers
2011	Kinship Navigator Program Grant	Kansas Children's Service League
2010	Teacher Quality Partnership	Kansas City Kansas Public Schools
2010	A Mixed Methods Approach to Preventing Child Maltreatment and Promoting Optimal Child Outcomes	Kansas Children's Service League
2009	Youth Empowerment Program	Lawrence Public Schools
2009	Communities Putting Prevention to Work – Obesity	Kansas Department of Health and Environment

TOTAL GRANTS SUBMITTED  
(2007-2018)

**102**



GRANTS FUNDED  
**61**

GRANTS NOT FUNDED  
**40**

GRANTS PENDING  
**1**

## What you'll find in this report

On the following pages, you will find stories that spotlight some of the big changes happening in the lives of Kansans, thanks to the Kansas Health Foundation's commitment to bringing new resources into Kansas.

## GRANT TITLE

## Kansas Grantee

*The lives and health of people across Kansas are improving, thanks to The Kansas Health Foundation.*



## PROGRAM AREAS

*These icons highlight which of the four KHF program areas the grant addresses. See page 7 for details on KHF priorities.*

## GRANT INFO

Check here for all the details about the grant award.

## GRANT GOAL

## RECIPIENT

## GRANT MAKER

## AMOUNT

TERM

## PARTNERS

## PARTNERSHIPS

*See the variety of partners—from local, tribal, and state government; academia; nonprofit; and the private sector—who collaborated to write grants and implement projects.*

## THE IMPACT

*Learn how the grant impacted individuals, programs, systems, and entire communities—improving the lives of Kansans across the state.*



# KHF helps Kansans

improve their health,  
engage with their communities,  
build healthier habits, and  
improve their education.

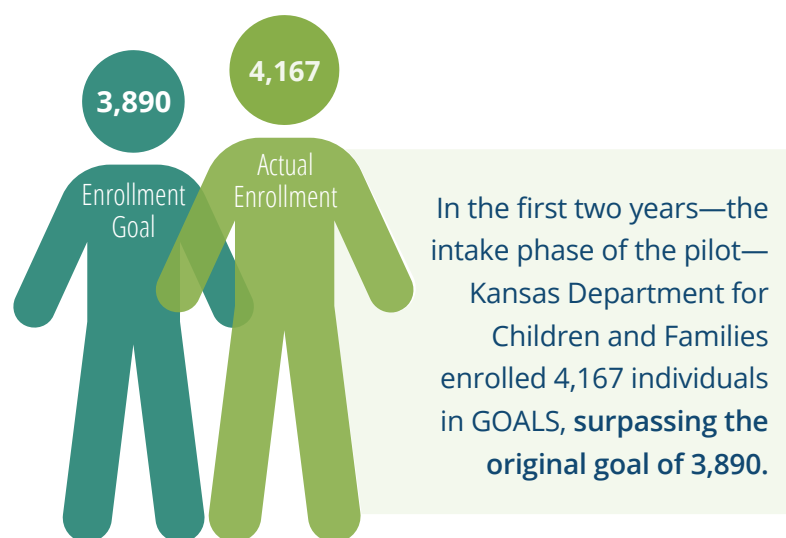
**Here are some  
examples of  
the grants.**

# Generating Opportunities to Attain Lifelong Success

## *The GOALS program helps participants write their own success story*

If Kansans who receive food assistance get the support they need on the path to a livable wage and career growth, will their need for food assistance decrease? That's the question Generating Opportunities to Attain Lifelong Success (GOALS) set out to answer.

The three-year GOALS pilot launched in 2016 in 36 Kansas counties across two urban and two rural areas. Half the participants received GOALS services, and the other half received regular employment and training services (where available), in order to compare outcomes through a comprehensive evaluation process.



### GRANT GOAL

*To help food assistance recipients get on a path to successful careers that pay living wages, offer advancement opportunities, and enhance their sense of value in themselves, their families, and communities.*

### RECIPIENT

*Kansas Department for Children and Families*

### GRANT MAKER

*U.S. Department of Agriculture and Food and Nutrition Service*

### AMOUNT

*\$13,254,220*

### TERM

*January 25, 2016 to March 31, 2019*

GOALS services are individualized to each participant's needs, with a career navigator and an employer liaison providing guidance and support through four phases: stabilize, train, place, and sustain. Participants receive training in job-seeking skills that include preparing applications, resumes, and effective interviewing; life-skill development; and job retention skills. They have access to occupational skills training based on local employers' needs. GOALS also provides support services such as transportation, uniforms, and funding for substance use disorder services and mental health support, as needed, to help individuals reach their employment goals.

The 360-degree approach of GOALS engages participants, employers, service partners, and "GO teams" in working toward successful employment outcomes—meeting personnel needs of local employers and matching participants with labor market opportunities.

The pilot is one of 10 projects in the United States testing innovative employment and training strategies for food assistance recipients. At its conclusion, the pilot will be part of a national evaluation working to shed light on approaches that work to help people move from dependence on food assistance to greater self-sufficiency.





## **GOALS brings partners together to change lives**

### **PARTNERS**

*Center for Public Partnerships and Research at the  
University of Kansas*

*Kansas Department of Labor*

*Heartland RADAC*

*Southeast Kansas Career and Technical Education Center (CTEC)*

*The Dwayne Peaslee Technical Training Center*

*Just Food: KitchenWorks Culinary Arts Program*

*Butler Community College*

*Labette Community College*

*Dodge City Community College*

*Episcopal Social Services*

*Garden City Community College*

*Fort Scott Community College*

*Highland Community College, Technical Center*

*Martin Training and Staffing Solutions*

*Business Education & Training Analysis (BETA)*

*Neosho Community College*

*Seward County Community College*

*Substance Abuse Center of Kansas (SACK)*

*Eagles Nest, Inc.*

*Bert Nash Community Mental Health Center*

*Circles of Greater Topeka*

*Circles of Manhattan*

*Circles of the Heartland Salina*

*A Thrive Community, Wichita*

*Heartland Regional Alcohol and Drug Assessment Center  
(RADAC)*

*HealthSource Integrated Solutions*

*Crawford County Community Mental Health Center*

*Four County Mental Health Center*

*South Central Mental Health Center*

*Sedgwick County COMCARE*

*Valeo Behavioral Health*

*Labette Center Mental Health*

*Workforce Alliance - Preparation for Aviation/Advanced  
Career Employment System Program (PACES)*

*Kansas Works*

*Southeast Kansas Community Action Program (SEK-CAP)*

One of the things Tricia McCourt likes best about her job as a GOALS case manager at Heartland RADAC is making the impossible possible for participants. That may be as simple as riding the bus with a participant so they can learn how to use the bus system to get to job interviews or work. Or, it may be as big as helping people who feel downtrodden and discouraged begin to hope again, to see what they can be.

“GOALS provides us with a great opportunity to reach out to a whole group of people who weren’t able to use our services before,” McCourt explains. “It’s been an amazing experience. We are now getting them the resources they need.”

The GOALS team works collaboratively with each participant, helping them access the services they need to meet their own goals, such as addiction recovery, housing, educational opportunities, and job training.

“When they come to the door, they feel broken. For me and a career navigator to sit with them and say, ‘We have resources, and we are going to plug you in and walk with you.’ they never have to feel like they have to go it alone,” McCourt says.

“It’s important for us to maintain that extensive contact when they are in early recovery. It’s easy for them to say, ‘I don’t have anyone, so I am going to go use today,’” explains Rayna Flax, clinical supervisor with Heartland RADAC. “Tricia has been instrumental in developing that relationship.”

The successes speak for themselves, McCourt insists. She had just attended a graduation where a GOALS participant received her GED and CNA/CMA. Another participant had just started a pharmacy tech program. She beams: “I love my job. It’s hard to quit talking about it.”

GOALS provides us with a great opportunity to reach out to a whole group of people who weren’t able to use our services before. It’s been an amazing experience. We are now getting them the resources they need.

*Tricia McCourt, Case Manager at Heartland RADAC*

## One man's journey from homelessness to hope

“Coming from being homeless and suffering from addiction, to have one person say they wanted to help me to succeed in life was a big thing for me. It helped me get my own drive. I wanted to succeed for myself because there was someone who believed I could succeed.”

*Michael, GOALS participant*

### CLIENT STORY: MICHAEL

Michael was at a crossroads in his life. “It was either I live, or I die,” he states. He was convinced that if he didn’t overcome his substance use disorder and chronic homelessness soon, he would end up dead. He chose to live. And GOALS became his pathway.

GOALS, says Michael, “has changed me in almost every way imaginable. I came from being homeless to working a full-time job. I have steady housing. I’m able to pay my rent every month, to eat and live comfortably enough. And, to go after my dreams.”

“It gave me a lot of hope for the future.”  
*Michael, GOALS participant*

Michael’s life had been picture-perfect at one time. “I had a family, everything you can think of that would make you happy,” he shares. Then, tragedy struck. His infant son died.

“It changed my whole life,” Michael recounts. “I let my alcohol addiction take over my whole life. I didn’t want to live any more. I was completely hopeless, living in an alley next to a liquor store.”

For two years, Michael tried to get sober, but it wasn’t until he joined the GOALS program that he finally had the support, resources, and determination he needed to get clean and completely redirect the course of his life.

“They taught me a lot of things. It was basically, how to live again,” Michael explains.

Through classes and coaching, Michael began to realize that he had a lot of skills and abilities, and that his future looked pretty bright. His career counselor helped him identify his passions and strengths, and develop hard skills and soft skills to help him succeed in gaining and maintaining employment. Now, he has big aims for his career and life.

“The biggest difference is having people who want to see you succeed,” he shares. “For me, it was, when you are living in an alley with raccoons, nobody cares about you. But these people in these programs come along, and they tell you, ‘Hey, you are worth something, and I want to help you accomplish some goals. I want you to succeed in life. I’m here to help you figure out how to get your life together.’”

As Michael looks back on where he was, and where he is now, he’s thrilled with the remarkable progress he’s made in a very short time.

“Going from homelessness to being full-time employed and being a productive member of the community is something to be proud of,” Michael says. “I’m most proud of the fact that I did a lot of this stuff myself. I took the information and resources and went full force with it. I was able to bring myself up, with a little bit of help. That makes me pretty proud.”

# Tobacco Free JC

## *Geary County wants to give babies a healthy start by snuffing out smoking*

When moms smoke, their children suffer, even when those children are not yet born. Evidence has long shown a correlation between tobacco use in pregnant women and heartbreaking outcomes for their unborn babies, like increased risks of premature birth, birth defects, and infant death.

Often, moms try and fail to give up smoking because the people in their support network – friends and family – continue to smoke. The temptation is too much, and they have too little encouragement to stay tobacco free.

Delivering Change: Healthy Families, Healthy Communities, a community collaborative focused on improving maternal and infant health in Geary County, wants to help pregnant mothers, new mothers, and future mothers become smoke free for good. Through the Tobacco Free JC initiative, Delivering Change: Healthy Families, Healthy Communities will also encourage those in mom's circle of support to quit smoking, so she has a greater chance of success.

Delivering Change: Healthy Families, Healthy Communities will convene a smoking cessation workgroup that brings together local and regional partners to identify existing resources, develop implementation plans, identify pilot sites, secure complementary funding sources, and advocate for tobacco policy change. They will train key staff members on smoking cessation theories and techniques, and equip medical providers with information on pharmaceutical methods to aid in smoking cessation.

In addition, Delivering Change: Healthy Families, Healthy Communities will initiate individualized smoking cessation counseling for mothers and people in their support network, launch a marketing campaign to raise awareness about the programs offered, initiate quality improvement measures based on the evaluation of data collected, and continue to offer smoking cessation services.

### GRANT GOAL

*Develop a community-based smoking cessation program focused on women who are either pregnant, pre-conception, or postpartum.*

### RECIPIENT

*Delivering Change: Healthy Families, Healthy Communities*

### GRANT MAKER

*March of Dimes*

### AMOUNT

*\$10,700*

### TERM

*July 1, 2018 to June 30, 2019*

### PARTNERS

*Delivering Change: Healthy Families, Healthy Communities*

*Kanza Prairie Community Health Center*

*USD 475*

*Geary County Public Health Department*

*Pregnancy Service Center*

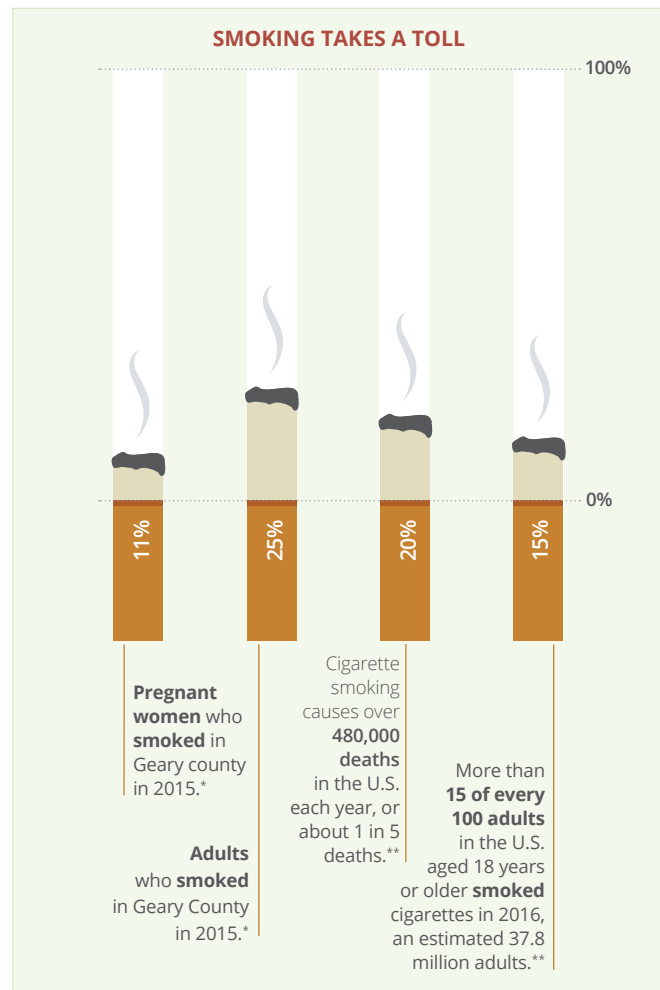
*Geary Community Hospital and affiliated primary health clinics*

*Flint Hills OB/GYN*



## GRANT OBJECTIVES

- 1 Increase by 10% the number of pregnant Delivering Change: Healthy Families, Healthy Communities participants who have quit smoking before their third trimester.
- 2 Increase smoking cessation among pregnant, pre-conception and postpartum women in Geary County, as demonstrated by at least 10% quitting smoking during the first or second trimester of pregnancy, and 5% quitting postpartum.
- 3 Increase the number of organizations involved in the community collaborative offering smoking cessation services by five organizations.



# Kickapoo Community-Based Child Abuse Prevention

Strong Fathers, Strong Families

## *Strong Fathers, Strong Families helps improve family relationships*

The five-year Kickapoo Community-Based Child Abuse Prevention Project – Strong Fathers, Strong Families – is focused on strengthening the parenting skills of fathers and father figures in the Kickapoo Tribe in Kansas.

Extended families play an important role in child development and family life, and this project is a unique opportunity to support them. Social supports are a protective factor that mitigate the risk of abuse and neglect and improve overall family functioning.

### STRONG FATHERS, STRONG FAMILIES OBJECTIVES

- ▶ Develop a support network for fathers and father figures in the Kickapoo community
- ▶ Integrate strategies that reinforce parenting skills and enhance family relationships
- ▶ Foster the economic stability of father figures through coordination with tribal employment programs
- ▶ Improve relationship skills among father figures to sustain healthy relationships with co-parents and children

Program leaders are also working with other community efforts to create a Family Resource Center, which will serve as a central location for resources, information, and referrals for all family-related services.

#### GRANT GOAL

*Strengthen the relationship between Kickapoo fathers and father figures with their children and families while improving fathers' long-term economic stability.*

#### RECIPIENT

*Kickapoo Tribe in Kansas*

#### GRANT MAKER

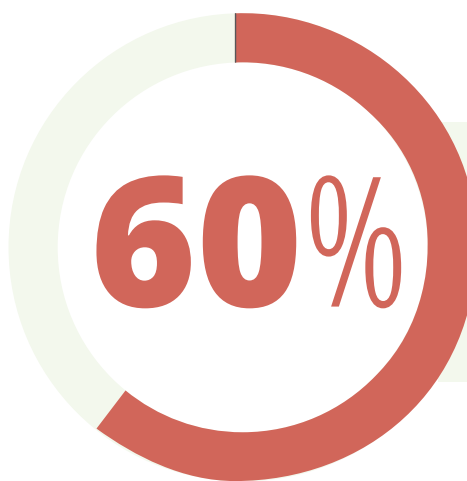
*Children's Bureau of the Administration for Children and Families*

#### AMOUNT

*\$600,000*

#### TERM

*2016-2021*



Children and youth make up 60 percent of the 1,611 enrolled members of the Kickapoo Tribe in Kansas (KTIK).



## OUTDOOR ACTIVITY PASSPORT GIVES FAMILIES A FUN ACTIVITY TO DO TOGETHER



A great way for families to build strong bonds is to participate in fun activities together. Families in the Kickapoo Tribe in Kansas had a great opportunity to do just that when the Strong Fathers, Strong Families program kicked off its Outdoor Activity Passport program.

Father figures were given passport booklets, based on the Kansas Outdoor Bill of Rights, that included 10 categories of outdoor activities all families should have access to and engage in together. The passport booklets help families track their time together outside. When a family completes an activity, their passport gets an official stamp.

At the kickoff event for this program, father figures and kids enjoyed some laser tag, a bounce house, and snacks while receiving parenting resources and brainstorming outdoor activities to do with their kids. Providing safe spaces for families to have fun together is an important part of the Strong Fathers, Strong Families initiative.

The response from attendees at the kickoff was enthusiastic and positive. In fact, at the end of the night, one dad said, “So when’s the next event? Tomorrow?”

***The Kickapoo Tribe is  
focused on building  
strong families by  
strengthening fathers***

When it comes to raising healthy, happy children and developing thriving communities, dads matter. That’s why the Kickapoo Tribe in Kansas is focused on giving fathers and father figures the skills and support they need to reach their full potential, positively impacting children and the entire Tribe.

“Fathers are an important part of our culture and traditions, just as they are critical to our community’s ability to grow healthy, happy children,” shares Kickapoo Tribe in Kansas Chairman Lester Randall. “Many early childhood and family programs tend to focus on the role of the mother in raising and caring for kids. Women and mothers are incredibly important to our community and our families as well, but we often forget to provide resources and opportunities for fathers and men too.”

The Kickapoo Tribe in Kansas was one of only three grantees to receive this award under the Children’s Bureau “Grants to Tribes, Tribal Organizations, and Migrant Programs for Community-Based Child Abuse Prevention Programs” (Tribal CBCAP) initiative. The Kickapoo Strong Fathers, Strong Families program focuses specifically on fatherhood and the important role father figures of all kinds play in the community, especially in the lives of children.

“Fathers, grandfathers, uncles, brothers, and other male role models are important to the well-being of our entire Tribe, so it has been great to have a program devoted to them,” Randall says.

Two years into the Strong Fathers, Strong Families program, positive change was already occurring. Staff observed more fathers and father figures attending activities and engaging with children. This project proves that when the whole community comes together, they connect with the Tribe’s history of traditions that strengthen family relationships, increase parent engagement, and connect families with the resources they need.

For the last three years of the grant, program staff hope to provide more tailored and culturally responsive avenues for father figures to connect with the kids in their lives, including Kickapoo language classes and traditional practices such as archery and leather work, outdoor exploration, and sports and recreation.

“

“Fathers, grandfathers, uncles, brothers, and other male role models are important to the well-being of our entire Tribe, so it has been great to have a program devoted to them.”

*Lester Randall, Kickapoo Tribe in Kansas Chairman*

”



# Kickapoo Early Head Start



## ***Giving families the childcare support they need to succeed at work and school***

The Kickapoo Tribe in Kansas is committed to the well-being of the community, including its youngest members. A recent Community Health Assessment found that Strong Family Life was one of the top factors that contribute to a high quality of life among tribal members. Yet, there are challenges to supporting families with young children: high quality early childhood programs, such as Head Start, are at capacity, and community awareness of services is limited. Existing efforts are focused primarily on intervention services such as child welfare.

The assessment results also showed that families and community members are concerned about the lack of quality childcare options in the area. Because of this lack of childcare, employment is limited or unattainable. In addition to the childcare needs identified in the community assessment, housing and insurance coverage are also concerns of the families. The Kickapoo Tribe in Kansas Early Head Start (KTIK EHS) program has found that by meeting the childcare needs, families have the supports that they need to succeed.

The KTIK EHS Expansion grant is funding two center-based childcare classrooms for children ages 6 weeks to 3 years old. Transportation to and from childcare addresses accessibility, especially for those families with the highest need. The KTIK EHS Expansion grant also includes the addition of nine home visiting slots specifically focused on prenatal services to pregnant women and their families. The addition of more slots provides culturally-responsive parent education to a greater number of people and brings services directly to them.

Casey Gormley, Kickapoo Head Start Early Head Start Director, shared that “the EHS Expansion grant allows us to do more for families in the community and to focus on the most critical period of development in early childhood. We are excited to welcome more children and families into Head Start!”

### **GRANT GOAL**

*To provide quality center-based childcare for children ages 6 weeks to 3 years old and expand prenatal home visiting services.*

### **RECIPIENT**

*Kickapoo Tribe in Kansas*

### **GRANT MAKER**

*Office of Head Start*

### **AMOUNT**

*\$2,900,000*

### **TERM**

*September 2017 to September 2022*

# Early Childhood Comprehensive System

Kansas Initiative to Develop and Optimize Systems for Early Childhood (KIDOS 2.0)

## ***ECCS is working to improve the developmental health of children across Kansas***

### GRANT GOAL

*Bring together community and state partners to increase the age appropriate developmental skills of 3-year-old children by 2021.*

### RECIPIENT

*Kansas Department of Health and Environment*

### AMOUNT

*\$2,068,699*

### GRANT MAKER

*Health Resources and Services Administration of the U.S. Department of Health and Human Services*

### TERM

*2016 to 2021*

The Early Childhood Comprehensive Systems (ECCS) Impact project is focused on helping children reach milestones by promoting developmental health and screenings. The goal of this five-year grant is a 25% increase in the proportion of 3-year-olds in Kansas achieving age-appropriate developmental health across five domains, including communication, gross motor, fine motor, personal social, and problem solving.

Kansas is one of only 12 states to receive an ECCS Impact grant. The initiative, known as Kansas Initiative to Develop and Optimize Systems for Early Childhood (KIDOS 2.0), builds on the momentum of an earlier grant that focused on raising awareness of the importance of developmental screenings. KIDOS 2.0 helps build infrastructure in communities so that when children are screened and found to need services, parents and providers have pathways to follow to access support.

Montgomery and Geary counties are serving as KIDOS 2.0 place-based communities. These counties were selected because of their history of strong collaborations and innovative approaches, data-informed practices, and a track record of steady progress and momentum. For example, Montgomery County has already expanded home visiting through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program and developed the My Family coordinated intake system. Geary County, through Delivering Change: Healthy Families, Healthy Communities and its active coalition of community partners, has provided comprehensive support for women, infants, and families for years.



## **IRIS ENSURES FAMILIES CONNECT WITH THE SERVICES THEY NEED**

Faxes and notes. Before they had access to the IRIS referral network, that was how some agencies in Geary County made referrals for families in need of services. The problem? Providers didn't always know if families acted on the referral to receive the care they needed.

Now, with IRIS, that loop is closed. IRIS, which stands for Integrated Referral and Intake System, is a web-based communication tool designed to help organizations connect families to the resources they need. IRIS links service agencies and organizations within a community, using common intake forms and standardized protocols to streamline the referral process and ensure families get needed services.

As part of the ECCS Impact work, both Geary and Montgomery counties are utilizing IRIS to help ensure that when children participate in developmental screenings and get flagged for support services, they receive them. In fact, Montgomery County was part of the first community to implement IRIS.

"IRIS is great," reports Jill Nelson, director of Delivering Change: Healthy Families, Healthy Communities. "It's allowed us to streamline the process, gives us hard and fast data that we are making referrals, and we know what happened."



## Counties see KIDOS 2.0 as a step toward lifelong health

Jill Nelson wants to make sure every child in her community is able to succeed when they enter kindergarten. Delivering Change: Healthy Families, Healthy Communities in Geary County, where Nelson is the program coordinator, already had an intense focus on improving the health of women and infants. Now, as part of KIDOS 2.0, she is excited to expand the reach of Delivering Change: Healthy Families, Healthy Communities to include the developmental health of preschoolers.

“KIDOS 2.0 is allowing us to think beyond that first year of infancy,” Nelson says. “It’s allowed us to create a community collaboration focused on child development.”

The collaboration includes a wide array of organizations that touch the lives of children and families, from childcare providers to physicians to the school district and organizations like Parents as Teachers and Early Head Start.

“We included medical providers, because that is who is seeing children, at least yearly, past that first year. They are doing the developmental screening tool with children, and if the results show that they need additional support, physicians know where to refer that child,” Nelson explains. “It’s getting everyone aware that those screenings should be occurring.”

Nelson believes KIDOS 2.0 will help the community continue the forward momentum toward ensuring everyone, at every stage of life, can be healthier. “If you are a healthy kindergartener, you should be a healthy young adult, before you start to have a family,” she says. “It’s coming full circle; it’s the life course.”

### STATE ADVISORY TEAM PARTNERSHIP

*Governor’s office*

*MIECHV-KDHE*

*Kansas Children’s Cabinet and Trust Fund*

*Bureau of Family Health-KDHE*

*Special Health Care Needs-KDHE*

*Kansas Chapter of American Academy of Pediatrics*

*Kansas Department of Aging and Disability*

*Kansas State Department of Education*

*Child Care Aware*

*KU-Life Span Institute*

*United Methodist Health Ministry Fund*

*KDHE-Child Care Licensing*

*Kansas Head Start Association*

*KDHE-Medicaid*

*Kansas Child Care Training Opportunities*

*Kansas Technical Assistance Support Network*

*Department of Children and Families*

*Montgomery County KIDOS 2.0-Place Based Community Team*

*Geary County KIDOS 2.0-Place Based Community Team*

### RAPID CYCLE TESTS SHED LIGHT ON EFFECTIVENESS OF INTERVENTIONS

To ensure KIDOS 2.0 interventions are sparking positive change, they must be tested. That’s why Geary and Montgomery counties are carrying out Plan-Do-Study-Act rapid cycle tests as part of their grant work.

Here are a few of the tests-of-change being studied:

#### MILESTONE AND ACTIVITY POSTCARDS

Goal: engage and educate families about child development and developmental screenings.

#### INTEGRATED REFERRAL AND INTAKE SYSTEM (IRIS)

Goal: streamline referrals among community agencies.

#### AGES AND STAGES QUESTIONNAIRES (ASQ)

#### TRAININGS

Goal: increase knowledge of developmental screening.

#### DEVELOPMENTAL SCREENING PASSPORT

Goal: encourage parents to track their children’s development.



# Southeast Kansas Drug Abuse Prevention Coalition

## *Community bands together to tackle opioid crisis claiming neighbors' lives*

**GRANT GOAL**  
*Build capacity in three rural counties  
- Allen, Wilson, and Woodson -  
to address the opioid abuse epidemic  
in southeast Kansas.*

**RECIPIENT**  
*Thrive Allen County*

**GRANT MAKER**  
*Health Resources and Services  
Administration of the U.S. Department  
of Health and Human Services*

**AMOUNT**  
*\$100,000*

**TERM**  
*July 1, 2018 to June 30, 2019*

When three rural Kansas counties made the national news, residents weren't pleased by what they read.

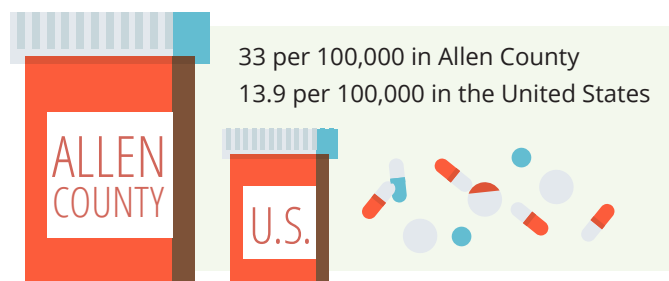
A 2017 article in *Politico*, which covers politics and policy in the United States, discussed the high risk of an HIV and hepatitis C outbreak in Allen, Wilson, and Woodson counties. The source was a 2016 Centers for Disease Control study that identified the top five percent of U.S. counties that could face a surge in HIV and hepatitis C cases among people who inject drugs. This community already faces significant challenges. Residents have significantly lower education attainment levels than other counties in Kansas, and the poverty rate exceeds the state average.

Public health leaders were swift to respond by banding together to combat opioid use in the area. With fuel provided by a grant from the Health Resources and Services Administration, a coalition of diverse partners from these three neighboring counties are determined to change the course of their community.

The partners want to gain a holistic understanding of opioid addiction and abuse in their counties so they can better understand what groups of people are addicted and at risk of suffering negative outcomes. Together, they will work to address these needs at both the systems and policy levels.

The newly created Southeast Kansas Drug Abuse Prevention Coalition (SEKDAP), made up of a wide range of community partners and individuals, will conduct an environmental scan and needs assessment to shortlist priorities. The coalition's primary objective is to create a more effective and efficient referral network. The SEKDAP Coalition will also explore policy changes related to opioid abuse and determine which to pursue.

## **ALLEN COUNTY HAS AN EXCEPTIONALLY HIGH RATE OF DEATHS DUE TO DRUG POISONING\***



\* Kansas Department of Health and Environment  
mortality statistics for 2012-2014.



## **Residents are weary of watching their friends die of opioid addiction**

When a close friend died from an opioid overdose, the opioid crisis hit painfully close to home for David Toland, CEO of Thrive Allen County. He was weary of reading obituaries in his hometown newspaper of friends and neighbors in their 30s, 40s, and 50s who had died of opioid-related causes.

The data support what Toland was seeing. Allen County's death rate due to drug poisoning is as much as three times higher than other Kansas counties. That rate, more than double the national average, has risen sharply since the Kansas Department of Health and Environment did a similar report just a few years earlier.

"[The CDC report] was a wake-up call to us, and drove us to pursue these grant dollars, in partnership with our neighbors in Wilson and Woodson counties," Toland says.

### **PARTNERS**

*Thrive Allen County*  
*Allen County Sheriff*  
*Southeast Kansas Mental Health Center*  
*Southeast Kansas Multi-County Health Department*  
*Allen County Multi-agency Team*  
*Four County Mental Health*  
*Wilson County Health Department*  
*Allen County Rural Health Initiative (RHI)*  
*Wilson Medical Center*  
*Fredonia Regional Hospital*  
*Wilson County Community Health Improvement Project (CHIP)*  
*Allen County Regional Hospital*  
*Allen County Emergency Medical Services*  
*31st Judicial District, Drug Court*  
*Community Health Center of Southeast Kansas*

Allen County leaders called a community forum for members of the medical community and residents to discuss the county's plague of addiction. "The problem was right in front of us, but people weren't talking about it openly," said Toland. At the forum, "People told personal stories about how opioids had affected our lives, our workplaces, and our community," he recounts.

The grant fulfills a great need for resources and capacity to address the opioid abuse epidemic in southeast Kansas and will engage the newly-formed Southeast Kansas Drug Abuse Prevention Coalition (SEKDAP Coalition). Thrive Allen County applied for the grant and will provide backbone support for the work.

"We are convening partners from every sector we can think of, from emergency medical technicians on ambulances, to schools, to a grandma who lost her grandson to an overdose. We're in a three-county-wide conversation about how we can all work together to solve these problems," Toland says. "What I hope will come out of this is that we have greater social connectedness between the partners who are trying to address these chronic health problems. And that we do a better job taking care of one another as community members."

“What I hope will come out of this is that we have greater social connectedness between the partners who are trying to address these chronic health problems. And that we do a better job taking care of one another as community members.”

*David Toland, CEO Thrive Allen County, Southeast Kansas Drug Abuse Prevention Coalition member*

# Lifting Young Families Towards Excellence

LYFTE 2017

***LYFTE helps young parents expand their vision of what is possible***

Lifting Young Families Towards Excellence (LYFTE) gives young parents, up to age 24, support to reach their education, career, and parenting goals. This unique program focuses on helping parents develop life skills that empower them to pursue their education, explore career opportunities, and embrace a healthy lifestyle.

LYFTE helps young parents in three rural communities across Kansas expand their vision of what is possible. The power of LYFTE comes through its intensive case management, where navigators work closely with parents to determine their goals and access the wraparound services that will help them take big steps forward to achieving those goals.

Because each Kansas community is unique, with its own strengths and challenges, LYFTE enables lead partners to build their own local implementation teams to best support expectant and parenting teens and young adults. The youth-centered approach incorporates technology-enabled mentorship and offers incentives to participants who take the necessary steps to become self-sufficient members of their communities. The biggest reward of all? Young parents have the chance to create the life they want for themselves and their families.

## YOUNG PARENTS IN KANSAS FACE BIG CHALLENGES

- ▶ Nearly one-third of teen girls who drop out of high school cite pregnancy or parenting as a key reason.\*
- ▶ Only about 40% of teen mothers finish high school.\*
- ▶ 32.4% of Kansans live below 200% of the poverty line, with the highest rates of poverty concentrated in the rural southeast corner of the state.\*\*
- ▶ Only 2% of young women who give birth before age 18 complete a college degree before age 30.\*
- ▶ Over 20% of pregnant Kansas women in 2013 did not access prenatal care in the first trimester.\*\*\*

### GRANT GOAL

*Provide health, education, social service navigation, and case management to pregnant and parenting teenagers and young adults.*

### RECIPIENT

*Kansas Department of Health and Environment,  
Bureau of Family Health*

### GRANT MAKER

*U.S. Department of Health and Human Services,  
Office of Adolescent Health*

### AMOUNT

*\$1,153,249 for 2017*

### TERM

*June 1, 2017 to October 31, 2018*

*\*Shuger, 2012*

*\*\*Kansas Health Matters, 2017; United States Department of Agriculture, 2017*

*\*\*\*Bureau of Family Health, 2015, p. 58*



## ***LYFTE empowers parents to reach their dreams***

One 16-year-old lived alone in an abandoned trailer, without heat or water or lights. Another teen worked hard to prepare for the GED but was unable to take the test because she could not afford the \$15 test fee. Krista Smith can share one story of resilience after another. As the director of case management for Community Health Center of Southeast Kansas (CHC/SEK) in Pittsburg, Smith works with many young parents who face abject poverty.

For Smith, the final heartbreak comes when these young parents reach an age when they are not eligible to receive services any longer. The progress she has made with the parents, helping them set and work toward self-sufficiency goals, can come to a sudden end.

Smith no longer worries as much about that, thanks to the LYFTE grant, which has provided partners CHC/SEK, Delivering Change: Healthy Families, Healthy Communities, and Genesis Family Health with new resources to provide intensive case management for young parents up to 24 years of age.

For Smith, one of the biggest benefits of LYFTE is helping young parents explore education and career opportunities, something she didn't have the resources to do before. "We can truly work on the higher ed and job piece, and getting them connected," she explains.

Through LYFTE, clients discover career and education opportunities and begin to feel more comfortable exploring their interests and sharpening their skills, all while meeting the demands of parenthood. Smith believes these determined parents can begin to escape generational poverty and imagine a bigger, brighter, more successful future for themselves and their children. This grant, Smith says, "has been a blessing."

Jill Nelson, program coordinator of Delivering Change: Healthy Families, Healthy Communities in Junction City, faces many of the same challenges Smith describes. LYFTE has been a game-changer in many ways for Delivering Change: Healthy Families, Healthy Communities. One new opportunity it has afforded the organization is the chance to expand its outreach to young fathers and grandparents.

"We were focusing on fatherhood before LYFTE," says Nelson, "but the grant has allowed me to hire a male navigator who is focused on fatherhood." The navigator meets dads at prenatal doctor visits, making sure they feel comfortable and engaged in their role as a dad. LYFTE is helping shape young dads' perceptions of their parenting role, so they realize just how important they are in their child's life, right from the beginning.

"We are about healthy families and healthy communities," Nelson says. That means getting everyone in a child's life involved in helping them grow into a healthy adult. "LYFTE gives us the ability to invest in fatherhood the way it needs to be invested in."

For young parents navigating one of the most challenging times in their lives, the wraparound services provided by organizations like Smith's and Nelson's are life changing.

### **PARTNERS**

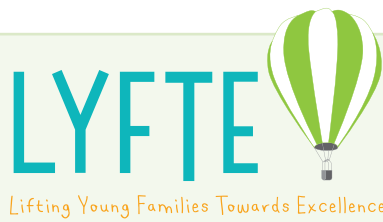
*The Center for Public Partnerships and Research at the  
University of Kansas*

*Delivering Change: Healthy Families, Healthy Communities*

*Community Health Center of Southeast Kansas*

*Genesis Family Health*





#### HEALTH CARE

LYFTE navigators help arrange regular perinatal and preventive health services through community providers that are youth-focused and trauma-informed.



#### CAREER DEVELOPMENT

LYFTE helps young parents take big steps toward self-sufficiency and independence via education attainment, career planning, and life skills development.



#### HEALTHY RELATIONSHIPS

Through the program, young moms and dads learn how to build healthy family relationships and develop resilience.



#### LINKAGES AND REFERRALS

The wraparound services provided through LYFTE give young parents access to a sustainable system of linkages and referrals among providers, which helps them receive services like food assistance, mental health services, dental services, and healthy lifestyle education.



#### PARENTAL SUPPORT

LYFTE enrolls all adults who will help in raising a child, helping grandparents engage positively with their children and grandchildren.



#### EDUCATION

With LYFTE, parents take big steps toward setting and reaching their education goals. The program helps remove barriers that can prevent young parents from graduating from high school on time and pursuing post-secondary education.

### ***"They helped me with the scary stuff."***

#### **ONE TEEN DAD'S STORY**

Disbelief. And fear. Lots and lots of fear. And then, finally, excitement. Those were the emotions that flooded 17-year-old Brandon's\* mind when his girlfriend told him he was going to be a dad.

After being on probation for six years, Brandon was working hard to get his life pointed in the direction he wanted it to go. He had big dreams for the future. He completed high school, had a job with a fencing company, and was deliberating between going to college or enlisting in the U.S. Army. Then, he got the news that sent him into shock. "I did want to be a dad, someday. But my plan was to wait," he shares.

Fortunately for Brandon, a LYFTE navigator at Delivering Change: Healthy Families, Healthy Communities was there to help him process this flood of emotions and talk through his future plans to include the opportunities and demands of fatherhood.



Brandon was able to gain the practical skills, career counseling, and personal support he needed to take the step into fatherhood with more confidence. “I liked that they were going to help me with all the scary stuff,” Brandon explains.

At the urging of his navigator, Brandon has gotten involved in parenting classes that have given him more confidence and dramatically changed the way he sees his relationship with his girlfriend and his son.

“

Now, I’m ready for the baby.  
I’m ready to start.

*Brandon, LYFTE participant*

”

“When I think of couples having babies, I think the mother does everything. It’s cool to know that’s not true. Guys got to step up. I want to be a good dad and learn to be there for my child. Now, I’m ready for the baby. I’m ready to start,” he says.

Last May, Brandon realized one big dream when he received his high school diploma. He recently achieved another when he enlisted in the U.S. Army. He dreams of owning his own fencing company someday and is keeping that dream alive while focusing on how to prepare to be the best parent he can be.

Brandon can’t wait to finally hold his newborn son in his arms. What are his dreams for his baby? “I don’t want him to have to go through the things I went through, to have to take the harder way. I want him to make his own choices. His dreams for himself would be my dreams for him.”

*\*Names changed to protect privacy.*

***“I have someone  
to talk to.”***

### **A YOUNG MOM’S STORY**

Spitfire and vinegar. That’s how 20-year-old Stephanie\* describes her 15-month-old daughter, Olivia.\* At times, the challenge of parenting her spirited child, who can throw one whopper of a tantrum, feels like more than Stephanie can handle, especially now that she is pregnant, with a son due in the fall.

Thankfully, Stephanie isn’t in this alone. She and her husband have access to lots of resources and support through LYFTE. Every week, Stephanie meets with Krista Smith, her LYFTE navigator at Community Health Center of Southeast Kansas, to strategize for success in everything from parenting techniques to career planning.

Right now, Stephanie is working with Smith on reaching one of her career goals. Stephanie is a CNA and wants to become more marketable by earning her medication aide certification. To discover more about the opportunities open to her, Stephanie is utilizing Rocket21, a tool made available through LYFTE. This virtual platform connects LYFTE parents with professionals who excel in their professions and serve as mentors.

What does Stephanie like best about LYFTE? “I have someone I can talk to when I want to rip my hair out,” she laughs, as she describes one of Olivia’s latest antics. “LYFTE has helped me learn stuff I didn’t know about parenting.”

*\*Names changed to protect privacy.*

“

LYFTE helped  
me learn stuff  
I didn’t know  
about parenting.

*Stephanie, LYFTE participant*

”

# On the Cutting Edge

## Testing the Implementation of a Foundational Public Health System in a Rural, Decentralized State

***Grant works to ensure everyone in Kansas receives core public health services***

Michelle Ponce envisions a future in which every person in Kansas, from a rancher living way out west to a child growing up in the city, has access to core public health services. As the executive director of the Kansas Association of Local Health Departments, Ponce knows that's not the case right now.

“

My personal opinion is that the pilot is the most important thing we are working on in this grant: We need to show it can be implemented. At the end of the grant, we hope to have a local implementation plan. It's the intent that this is something that can be replicated in and outside of Kansas.

*Michelle Ponce, executive director of the Kansas Association of Local Health Departments*

”

She explains, “We have 100 health departments in 105 counties, and they vary significantly. One has a single staff person, and another has 144 staff people. Thirty percent of the health departments in Kansas have five or fewer employees. It's unrealistic to believe those one-, two-, or three-people departments would have capacity to provide the services we defined.”

Fortunately, the 21st Century Public Health Innovations grant has opened the door for public health professionals to develop a strategy that will ensure every Kansan has access to core health services. Their goal is to modernize the state's public health system through an innovative local service delivery model that ensures foundational public health services are available in every community.

Kansas has been ahead of the curve in forging partnerships that bring new and creative public health approaches at both the local and state levels. In fact, this grant continues work started under a Kansas Health Foundation grant that included a statewide summit for health departments where this new vision for foundational health first formed and the Kansas model was developed.

### GRANT GOAL

*Creating a statewide public health system that ensures all Kansans, regardless of where they live, have access to core public services.*

### RECIPIENT

*Kansas Association of Local Health Departments*

### GRANT MAKER

*Public Health National Center for Innovations*

### AMOUNT

*\$199,920*

### TERM

*June 1, 2017 to October 31, 2018*



### THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

The Centers for Disease Control and Prevention have outlined  
10 essential public health services that all communities should offer:

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships and action to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

Source: The Centers for Disease Control and Prevention

Through this funding, public health officials embarked on a year-long project to review state public health policies and laws, develop a state public health modernization roadmap, create a statewide performance management system, and pilot ways to implement the new system.

The roadmap includes accountability measures, governance and financing options, an implementation strategy, and a special focus on rural communities. The group's hope is that the evidence gained from the pilot will demonstrate to policymakers, public health administrators, and the public that such a systems change is not only achievable but also serves to strengthen delivery, effectiveness, and efficiency of local public health services.

Ponce is particularly excited about the involvement of four rural county health departments with a history of working together that are exploring ways they can partner to provide better services. Health department administrators of Coffey, Osage, Franklin, and Wabaunsee counties are collecting data on their capability and capacity to deliver the 109 components of the Kansas Foundational Public Health Services model. The model covers basic public health services that should be available to everyone in Kansas, regardless of whether they live in Greeley County, population 1,330, or Johnson County, with its 580,159 residents. The pilot group is also tasked with documenting their county's strengths and gaps, determining how performance should be measured, and coming to a consensus on the best service delivery methods.

“Public health is changing, and we have to change or become irrelevant. Change is hard. But if it means you are addressing health care in general for those rural communities, the more partners you have working together, that just has to be better, doesn't it?”

*Lindsay Payer, administrator for the Coffey County Health Department*

## *Pilot project explores how rural health departments can improve care for local communities*

Lindsay Payer was alarmed. She couldn't believe the data she was seeing from a recent community health assessment. Payer, the administrator for the Coffey County Health Department, ticked off one chilling finding after another. Elementary students made up the bulk of the clients at the local mental health center. Mental health crisis was the number one reason school resource officers were deployed to area schools. Mental health issues were the second leading cause of hospitalization of children in the community.

Payer, a BSN and 11-year veteran of the health department, is passionate about keeping her community healthy. So she was especially disheartened by the results of this community health assessment until she learned that Coffey County was selected, along with Osage, Franklin, and Wabaunsee counties, to participate in the Kansas Foundational Public Health Services model pilot.

As part of the pilot, she and the other health department administrators meet two days a month to explore how they can work together to provide citizens with the 109 essential public health care services that are defined in the Kansas Foundational Public Health Services model. The goal is to ensure that every person in Kansas has access to these 109 services, regardless of where they live.

"We have realized that rural health departments can't do this alone. We cannot complete all 109 components by ourselves," Payer explains. To meet the goal, the counties must collaborate even more than they do now. "I think it's a new way of thinking about public health. It's scary, and it's different, and it's uncomfortable. But it gives health departments a basis on which to operate, which we have never had before."

Payer believes that by working with neighboring county health departments, the Coffey County Health Department will be able to provide more expansive services to the 8,600 citizens of Coffey County. In addition to the core services her health department has been able to provide for years, she is excited to now build enough capacity to better address social determinants of health, like housing, food insecurity, and poverty. She sees how social determinants of health impact children and can lead to mental health issues in their lives. By working collectively with other counties, she is confident that, collectively, they can begin to address these issues more effectively.

"We have always done a little work in this area, but to actually define the social determinants of health, and specifically look at evidence-based practices, and offer new areas of service – we are just scratching the surface right now," Payer says. "The Foundational Public Health Services model is conducive to allowing you to look at your data and develop plans for how to address that, and for collaborating to make that happen."

### **PARTNERS**

*Kansas Association of Local Health Departments*

*Kansas Health Institute*

*Community Engagement Institute, Wichita State University*

*Coffey County Health Department*

*Osage County Health Department*

*Franklin County Health Department*

*Center for Public Partnerships and Research  
at the University of Kansas*

*Wabaunsee County Health Department*

# Cooperative Agreement to Benefit Homeless Individuals

## *CABHI helps individuals who experience chronic homelessness reach their goals*

The aims of the Cooperative Agreement to Benefit Homeless Individuals (CABHI) were challenging and multi-faceted. The program sought to transform the way Kansas provides treatment for people struggling with chronic homelessness. Its goal was to provide intensive wraparound support to help individuals who experience chronic homelessness and mental illnesses or substance use disorders set and reach their goals. The people who were helped by the grant now have a new future.

With the resources provided through CABHI, those who might otherwise fall through the cracks were surrounded by a comprehensive team of professionals who shared the same mission: provide their clients with the resources and support they need to overcome roadblocks standing between them and achieving their goals.

The CABHI grant was administered in three Kansas counties reporting the highest levels of homelessness in the state: Sedgwick, Shawnee, and Wyandotte. The three provider partners were selected for their proven track record in serving people experiencing chronic homelessness, their experience with evidence-based practices, and their demonstrated strengths in supported employment, SOAR (SSI/SSDI Outreach, Access, and Recovery), and peer networking.

Case managers, peer mentors, employment specialists, and benefits specialists worked together to help individuals in the CABHI program set their own goals and take steps toward achieving them, such as applying for benefits, obtaining employment, furthering their education, and getting into safe, affordable, permanent housing.

### GRANT GOAL

*Strengthen the infrastructure and treatment system in Kansas to provide integrated and coordinated treatment, recovery services, and supported housing to individuals who experience chronic homelessness and have co-occurring serious mental illness and substance use disorders.*

### AMOUNT

\$5,074,607

### RECIPIENT

*Kansas Department for Aging and Disability Services*

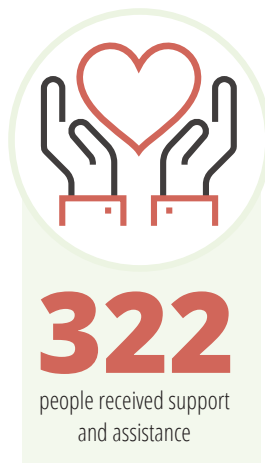
### TERM

2016 to 2018

### GRANT MAKER

*Substance Abuse and Mental Health Services Administration*

### AS A RESULT OF CABHI





***CABHI providers offered housing and recovery support for veterans, youth, individuals, and families experiencing homelessness***

“Looking through our caseload, everyone has had some success story they can celebrate,” says Megan Bruce, the CABHI coordinator and housing specialist at Mental Health Association of South Central Kansas (MHA), a provider partner on the CABHI grant.

Bruce can supply a long list of reasons why it’s tough for people who struggle with homelessness to get back on their feet again. A lot is stacked against them. For example, they may not have an ID, which is necessary to apply for mental health or medical benefits. They may face added challenges securing employment or housing because their history is concerning to landlords or employers. Or, they may not have a strong personal support system to provide them with encouragement and opportunities.

The reasons are many and varied, but the provider partners funded by CABHI help people experiencing homelessness overcome each of these hurdles. The CABHI grant supplied the resources necessary for providers to offer the intensive support required to make success stories happen.

“CABHI has made a lot of difference,” reports Matt Baldwin, homeless care manager at Valeo Behavioral Health Care in Topeka, a CABHI provider partner. “It has done a lot, and has been an awesome grant.”

In particular, partners were thrilled that the grant provided for multi-disciplinary teams of specialists to work with each client, each one focused on a critical aspect of helping program participants take big steps forward.

“We’re working with individuals who have been housed and lost it. Our mandate is providing someone with permanent, sustainable housing, so the housing resource specialist is critical to our success,” shares Dennis Tenpenny, CABHI team leader/manager at Valeo.

Bruce is thrilled to have a SOAR benefits specialist so their clients can get the medical care they need. She points to the example of a woman who was finally able to see a doctor, thanks to the CABHI benefits specialist’s work. To her dismay, she received a cancer diagnosis, but was able to start treatment immediately. Without the grant, she might not have received the diagnosis until it was too late.

“A lot of people we see don’t have any hope,” says Baldwin. “They have lost hope they will ever stop using, ever be housed.” Thanks to the added support they receive through CABHI, that’s changing. Now, he says, “When they leave, they are hopeful that something will happen.”

“CABHI allows us to serve more people,” Bruce says. “Seeing people who take off and do wonderfully is always a huge celebration for us.”

**PARTNERS**

*Valeo Behavioral Health Care, Topeka  
Mental Health Association of South Central Kansas, Wichita  
Heartland Regional Alcohol and Drug Assessment Center  
Wyandot Center, Kansas City*

## ***A mom gains support to stay sober and find housing***

Ashley's\* story started with pain, but ended with hope. Tamika Sellars, a case manager with Valeo, a CABHI provider partner, remembers the first time she talked with Ashley, who received services at Valeo as part of the CABHI grant.

"I am just barely surviving," Sellars remembers Ashley telling her. "She was struggling to keep it together," Sellars says. It all makes sense when you know Ashley's story.

Ashley was a stay-at-home mom with two children. She was devastated when her husband of 10 years told her he had filed for divorce and was seeking full custody of their 8-year-old son. To make the situation worse, Ashley suspected her husband had been abusing their son.

Determined to fight for custody of her son, Ashley's first step was to get help for her substance use disorder. She entered rehab and became sober. Next, she needed to find a place for her to live with her 19-year-old daughter. A friend offered to put them up until Ashley could find a place of her own. But then tragedy struck. Her daughter was exposed to toxic levels of asbestos in the house, and in three months, was dead.

Despite being without housing and suffering the loss of her two children, Ashley did not sink into despair or relapse. Quite the opposite. The support she received from the CABHI team at Valeo helped her continue on, working toward achieving her goals.

With the added resources available through the CABHI grant, Sellars was able to provide Ashley with the intensive case management she needed. Sellars connected Ashley with medical professionals who diagnosed and treated her bipolar and generalized anxiety disorder.

"We got her housed in 30 days, and she has maintained her housing for more than a year," Sellars reports. In addition, she says Ashley is staying involved in services that are helping her take steps forward, like working with an attorney to get visitation with her son.

"The CABHI grant has really helped her," Sellars shares.

*\*Names changed to protect privacy.*

“

**A lot of people we see don't have any hope. Now, when they leave, they are hopeful that something will happen.**

*Matt Baldwin, Valeo Behavioral Health Care*

”



## One man's journey out of homeless

Gary\* had big goals for his life. But instead of making steady progress toward those goals, he found himself cycling through a pattern of substance abuse, recovery, and relapse that left him chronically homeless. He became discouraged and couldn't see a different path for his future. Things started to dramatically change when Gary was approved to receive wraparound services from the Mental Health Association of South Central Kansas-Wichita (MHA), as part of the CABHI grant.

"We helped him recognize the patterns he was going through, and what was standing in his way of getting his goals," explains Megan Bruce, CABHI coordinator and housing specialist at MHA. "We put a chart together so he could see the pattern. It was a real turning point for him."

Once Gary better understood the behaviors standing in the way of reaching his goals, he tackled them head on. The positive change Gary has achieved is amazing. He is sober. He won his dream job with a major community employer, is working full time, and earning a good salary. He participates in a recovery group and has taken a leadership position in the group. He is taking part in extracurricular sporting activities. He has reconnected with his family. And, he has sustained his housing.

“

Everyone has had some success story  
they can celebrate.

*Megan Bruce, Mental Health Association of South Central Kansas*

”

Gary's turnaround is so complete, it's hard to believe he's the same guy who first arrived at MHA's door a few months back. But Bruce knows the strength, determination, and vision was always within Gary. It just took someone to believe in him who also had the resources necessary to help him discover how to help him achieve his goals.

MHA's formula for success? For Bruce and her colleagues, it was simple, thanks to the CABHI grant: "Not giving up on him."

*\*Names changed to protect privacy.*

# Rural Behavioral Health Network

## *Community determined to fill gaps in behavioral health services for youth*

A coalition in Kearny County is working to ensure the children and adolescents in their small, rural community have access to mental health services and substance abuse treatment that they desperately need.

Kearny County Hospital is leading a team of 12 partners to create a shared vision, define a shared measurement system, and build sustainable relationships among members to benefit the whole community.

Kearny County plans to build a model for integrating child-friendly, value-based primary and mental health care that is not only sustainable long after the grant is completed, but can also be replicated in other rural communities.

During the grant year, the coalition will work to address the unmet behavioral health needs of the county, with a particular focus on prevention, identification, and treatment of those needs among children and adolescents, ages birth to 18. They will explore evidence-based prevention strategies in schools, churches, and other community settings that have proven effective in discouraging the use and abuse of alcohol and opiates.

### GRANT GOAL

*Develop a rural health network in Kearny County, to address the unmet mental health needs of children and adolescents.*

### RECIPIENT

*Kearny County Hospital*

### GRANT MAKER

*Health Resources and Services Administration*

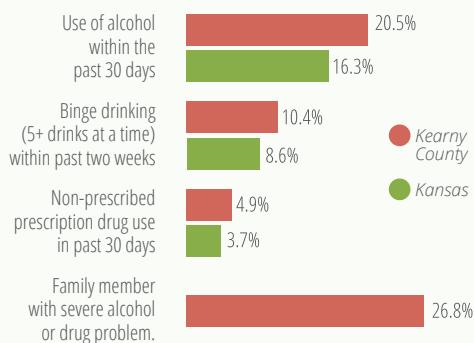
### AMOUNT

*\$100,000*

### TERM

*July 1, 2018 to June 30, 2019*

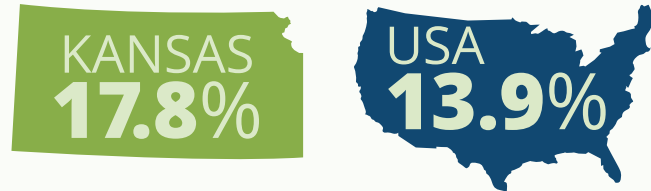
### KEARNY COUNTY STUDENTS IN GRADES 6, 8, 10, AND 12 REPORTED\*



*\*2017 Communities That Care Student Survey*



## SUICIDE RATES



Suicide is the second leading cause of death for youth ages 15 to 24, and the third highest for children 5 to 14 in Kansas. Numerous reports indicate the suicide rate in rural counties is consistently higher than in larger urban counties.

*Kansas Department of Health and Environment Annual Summary of Vital Statistics for 2016*

## Unsettling community survey results spur health officials to find solutions for children and teens

If you are a child in Kearny County and you have a mental health or substance use disorder, getting the help you need is no easy task. In this designated Frontier County, which has a density of only five residents per square mile, the closest psychiatrist is more than 160 miles away. You'd have to travel to the opposite end of the state for in-patient substance abuse treatment.

Health care leaders and residents in the county are painfully aware of the lack of mental and behavioral health services in the area. They fully utilize the services of Compass Behavioral Health, located in nearby Garden City, but it is difficult for a county of only 4,000 people to support specialized services like drug and alcohol treatment. Despite their best efforts, too many children and teens were struggling with chronic mental illness like depression. Too many were being sucked in, and under, by drugs like opioids.

To get a clear snapshot of the need in Kearny County, the University of Kansas School of Medicine in Wichita conducted a community needs assessment in 2016. Respondents were asked about their perceptions of the availability of 26 discrete health services, as well as their need for these services. The perceived availability of mental health services ranked last (26th of 26), and the perceived availability of drug and alcohol abuse treatment ranked 22nd of 26. Respondents ranked mental health services as the third-highest need, and drug and alcohol abuse treatment as the fourth-highest need.

Health leaders were thrilled to receive grant funds to fuel their efforts in addressing these critical community needs. Members of the coalition have high hopes for what this systems-building grant will do for Kearny County, now and long into the future, helping them build a healthier community overall.

### PARTNERS

*Kearny County Hospital, a Critical Access Hospital*  
*Lakin School District (USD 215)*  
*Deerfield School District (USD 216)*  
*Western Kansas Child Advocacy Center*  
*Russell Child Development Center*  
*Kansas Children's Service League*  
*Compass Behavioral Health*  
*Heartland RADAC (Regional Alcohol and Drug Assessment Center)*  
*Central Kansas Foundation*  
*University of Kansas School of Medicine – Wichita*  
*Kearny County Health Department*  
*Kearny County Sheriff's Department*



# The Bottom Line

Improving the Health and Well-being of Kansans

Together, the Kansas Health Foundation and the University of Kansas Center for Public Partnerships and Research at The University of Kansas are improving the health and well-being of Kansans.

2007–2018

**\$91**  
**MILLION+**

Over \$91 million in national

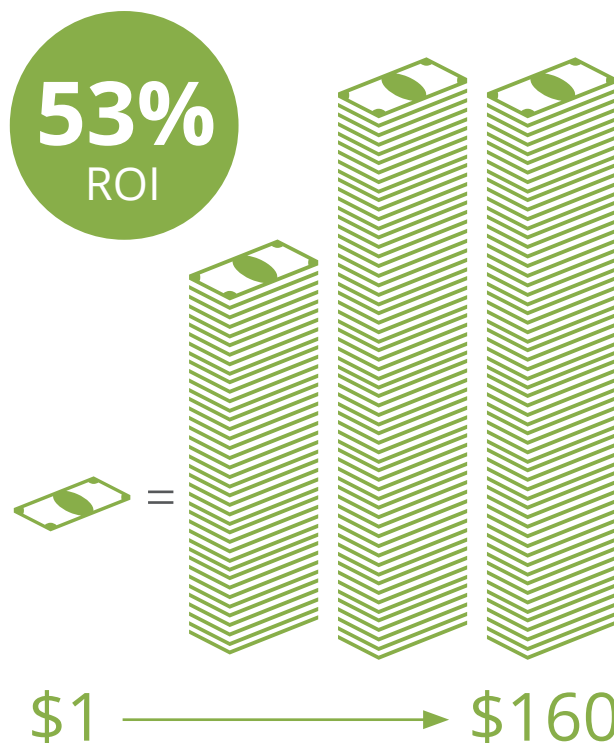
## FUNDING

has been awarded across the state of Kansas for public health services over the past 12 years.

For every \$1 spent by KHF on behalf of Kansans for

## GRANT WRITING

KU CPPR has secured \$160 in new funds for Kansas, which yields an annual ROI of 53%.



## GRANT RECIPIENTS

STATE AGENCIES

STATE ASSOCIATIONS/COALITIONS

COMMUNITY-BASED ORGANIZATIONS

TRIBAL COUNCILS

SCHOOL DISTRICTS

OTHERS

## AREAS OF IMPACT

HEALTH

POLICY, SYSTEMS & ENVIRONMENTAL  
TRANSFORMATION

CHILD & YOUTH DEVELOPMENT

EDUCATION