

# Children's Initiatives Fund

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aiir

ANNUAL INVESTMENT IMPACT REPORT

OCTOBER 2016

## Kansas Children's Cabinet and Trust Fund

Amanda Adkins, Chair

Janice Suzanne Smith, Executive Director

Prepared by: University of Kansas, Center for Public Partnerships and Research



# Annual Investment Impact Report

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## LETTER FROM THE DIRECTOR

Janice Suzanne Smith, Executive Director [Kansas Children's Cabinet and Trust Fund](#)

What does a thriving state look like?

We could measure the outward signs, like civic buildings and public parks. Or we might point to the smooth running of everyday systems: flip a switch and the light comes on; turn a tap for clean water; place a stamp on your letter and it reaches the destination. A case could also be made that a robust society is defined by our ability to plan for the future, ensuring that the resources we enjoy today will be available for years to come.

Here in Kansas, we aspire to all of the above: responsible management, innovative and efficient public services, and sustained economic growth. We also know that our dreams are too big to accomplish alone. That's why the Kansas Children's Cabinet and Trust Fund is committed to nurturing the next generation. Our children, and the children of our neighbors, and their counterparts in every city and town in Kansas, are the future adults who will learn and invent and build, guiding our state's progress – provided we care for them now, when they need it most.

The Children's Initiatives Fund (CIF) was created to give every Kansas child the chance to reach his or her full potential. As a Cabinet, it is our responsibility to make sure those funds are used wisely, not only through judicious allocations and thoughtful evaluative practices, but by keeping up with the latest research on child development. In recent years, for example, we've learned that cognitive development begins much earlier than previously believed – prenatally and within the first months of a child's life. Because crucial skills like language are acquired sequentially, waiting until school starts to make sure our kids are ready to learn puts us way behind the curve.

Whether they provide hearing aids or high-quality preschool, parental education or medical diagnoses, CIF-funded programs start early and address all aspects of

a child's development: physical, mental, and emotional. If you think of child-rearing as a system akin to those mentioned above – power, water, the postal service – then CIF is maintaining electrical lines, assuring the quality of our drinking supply, and delivering packages. These programs keep knowledge flowing and promote healthy development, building circuits that connect one milestone to the next. Early childhood initiatives in particular help bridge the gap between birth and kindergarten, reducing stress not only on individuals and families but also on the public school system.

The 2016 Annual Investment Impact Report (aiir), produced by the Center for Public Partnerships and Research (CPPR) at the University of Kansas, offers a detailed look at the previous year's allocations and impact. Inside you will find program descriptions and population data that shed light on the challenges faced by today's children, and the ways in which we're helping families overcome these obstacles. Information on each grantee's evaluation practices, recent accomplishments, and plans for the future are also included. To mark the 10<sup>th</sup> anniversary of the Accountability Process, this year's report includes a look back at the history of CIF, featuring interviews with many of those involved in the fund's development and implementation.

Although the aiir focuses on a single year, it is also a timely reminder of the need to take the long view when planning for the future of Kansas. CIF is helping to build a system of care that stretches from child to family, from family to community, and from our many communities to the state as a whole. It is by definition a group effort, in support of a shared goal.

A stable, healthy, growing state may mean different things to different people, but it always begins with our youngest citizens. Helping them thrive is the surest way to secure a more prosperous future for us all.

*Janice*

# Shaping Our Future



TODAY'S CHILDREN; TOMORROW'S LEADERS.

“We see how early childhood experiences are so important to lifelong outcomes, how the early environment literally becomes embedded in the brain and changes its architecture.”

Andrew S. Garner, M.D., Ph.D.

# Introduction

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## THE SCIENCE BEHIND THE CIF FUNDING STRATEGY

When it comes to school, everyone has an opinion – about teachers, buildings, and textbooks; the nutritional value of cafeteria menus; the appropriateness of dress codes, and whether backpacks are too heavy. What no one disputes is that school matters.

Conventional wisdom holds that the years from kindergarten on are when children learn the fundamentals: reading, writing, and arithmetic. Even beyond its educational role, the idea of school is a cultural touchstone. Real estate listings supply school names alongside square footage and remodeled kitchens, and we measure our seasons – retail and otherwise – according to the academic calendar.

The school years loom so large in the public imagination that many fail to consider what happens before that first bell rings – not at the breakfast table, or in the carpool line, but in the months and years leading up to kindergarten. They assume that getting from home to the classroom is intuitive, a simple matter of following the existing network of sidewalks and streets. A little preschool, maybe child care, a babysitter or two – or none of the above. It all evens out once school starts.

Yet the science of child development tells us this is not the case. The groundwork for learning is laid as early as the first months of life, in response to the child's total environment of physical and emotional stimuli. To ignore these crucial early stages is like building a schoolhouse in the middle of a desert and hoping kids can find their way without water or maps or a paved road – much less the yellow-brick kind.



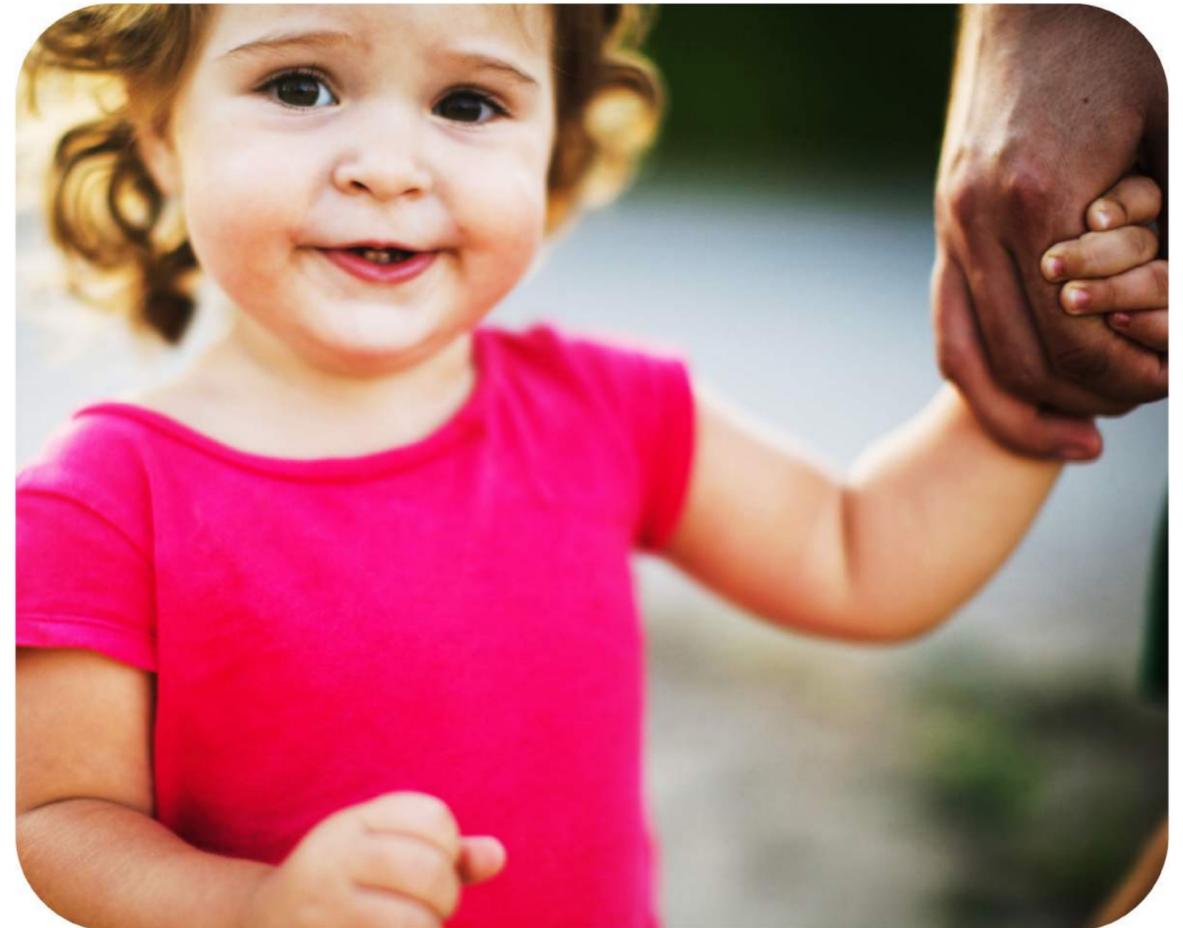
# Introduction

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The Children's Cabinet was created to forge a path the children of Kansas can follow from birth to the school years and beyond.

While schools have long provided a structure in which to nurture children once they turn five, Cabinet-funded programs are working to extend that system of care and education to reach the youngest members of our communities. The Children's Initiatives Fund (CIF) supports programs offering a range of diagnostic and therapeutic services in the realm of early health and education, as well as resources for parents and other caregivers.

Although this approach is based in the latest cognitive research, it also draws on a traditional principle: a stitch in time saves nine. Rather than trying to fix problems later in life, children should be nurtured from the beginning, when the fabric of their lives is first being woven. Whether behavioral, academic, or both, remediation is expensive and time-consuming. What's more, letting a child fall behind puts him or her at greater risk for long-term problems. Kids who start school with a cognitive deficit have a difficult time keeping up with the rest of the class. Low academic performance impairs a young person's ability to build a career that can support a family of his or her own, particularly in today's technology-driven job market. By contrast, a solid grounding gives everything that follows – from social behavior and emotional stability to intellectual growth – the necessary support.



# Introduction

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Knowing that brain development starts early and happens fast, and that the success or failure of that complex process depends on physical, emotional, and social factors, CIF funds programs that:

Make medical care and information available to expectant mothers;

Ensure that children are brought into smoke-free homes, with carbon monoxide detectors and cribs that meet the latest safety regulations;

Educate parents and providers about the best ways to interact with and stimulate the children under their care;

Offer child care subsidies so parents don't have to choose between their kids and keeping a job;

Broaden access to early education for barriers to literacy to be spotted early;

Help families access available services within the community, so children can remain in their homes while receiving needed aid.

These are examples, rather than an exhaustive list – pieces of a broader safety net supporting Kansas families. One of the most valuable attributes of CIF is its flexibility, which enables grantees to tailor their services to the changing needs of specific communities and populations. At the same time, the Cabinet and its partners are keeping an eye on the big picture, as outlined in the Blueprint for Early Childhood. Just as the disparate-yet-connected facets of a child's development must be kept in balance, the Cabinet, with the help of CPPR, continuously evaluates the larger system of aid available to Kansas families, ensuring the necessary components are in place and functioning as they should. The Annual Investment Impact Report (aiir) provides an in-depth look at those outcomes for the preceding fiscal year.

In this era of limited resources, there is widespread concern about the future of funding for early childhood programs. Until the message is heard that early childhood matters as much as the school years – that the two phases are in fact inextricably linked – this perceived vulnerability will persist.

As the general understanding of infancy and childhood deepens, perhaps families will begin looking beyond school ratings when deciding where to live and work. They might ask instead: Does this community provide resources for expecting mothers and newborns? If a child needs assistance to reach a developmental milestone, will those services be available close to home? Has this state supported early childhood education, or let the school system carry the entire responsibility of preparing kids to learn?

At heart, all of these questions derive from the same idea. Will Kansas children, and their classmates, be given a chance to thrive?

It falls to the Cabinet to provide the leadership and guidance our state needs to answer in the affirmative.



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# A Common Goal

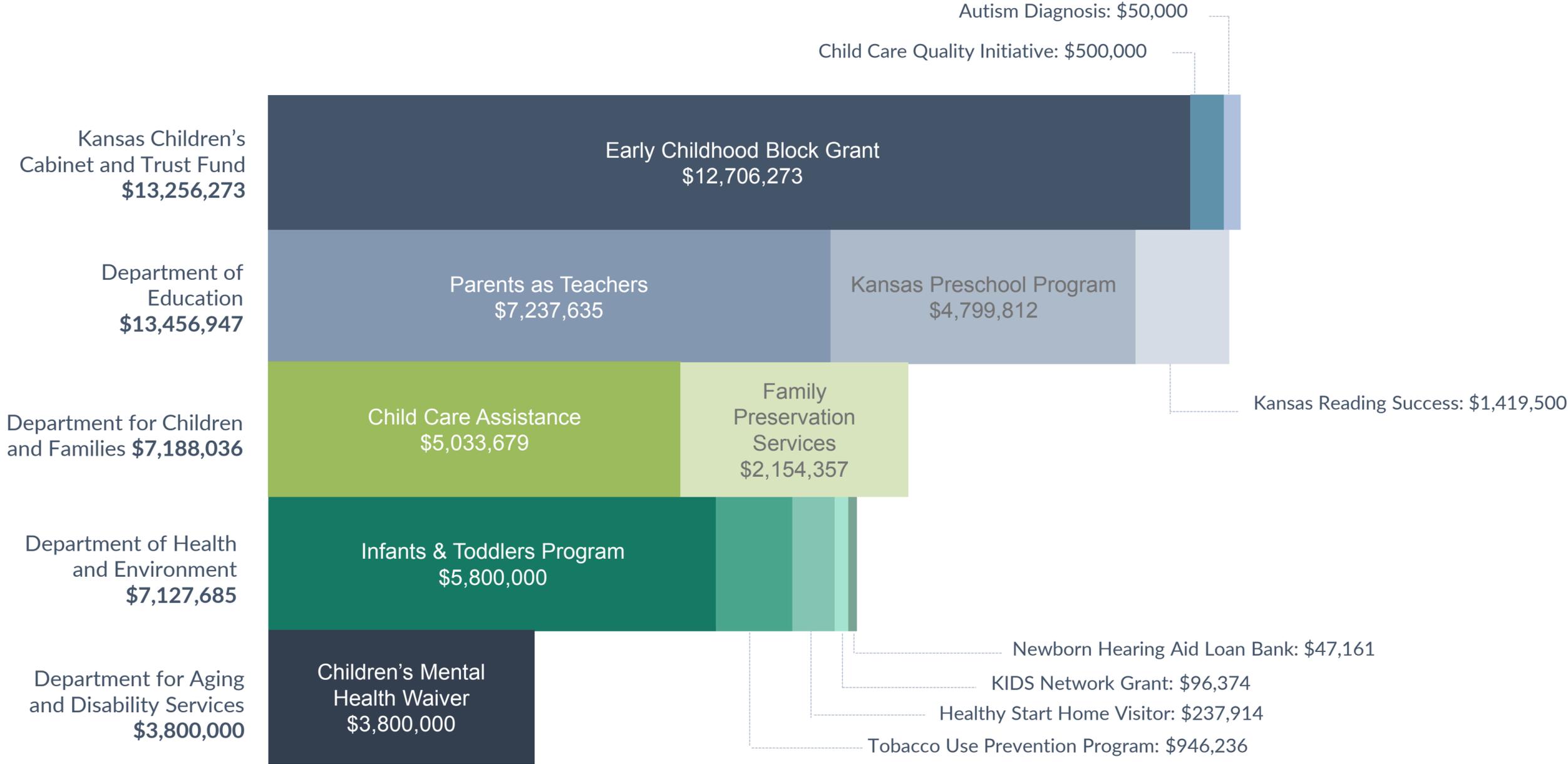


“Alone we can do so little, together we can do so much.” ~Helen Keller

**Section 1**  
How Dollars Were  
Allocated FY 2016

# FY 2016 Funding by Agency & Program

Total Funding: \$44,828,941



# FY 2017 Funding

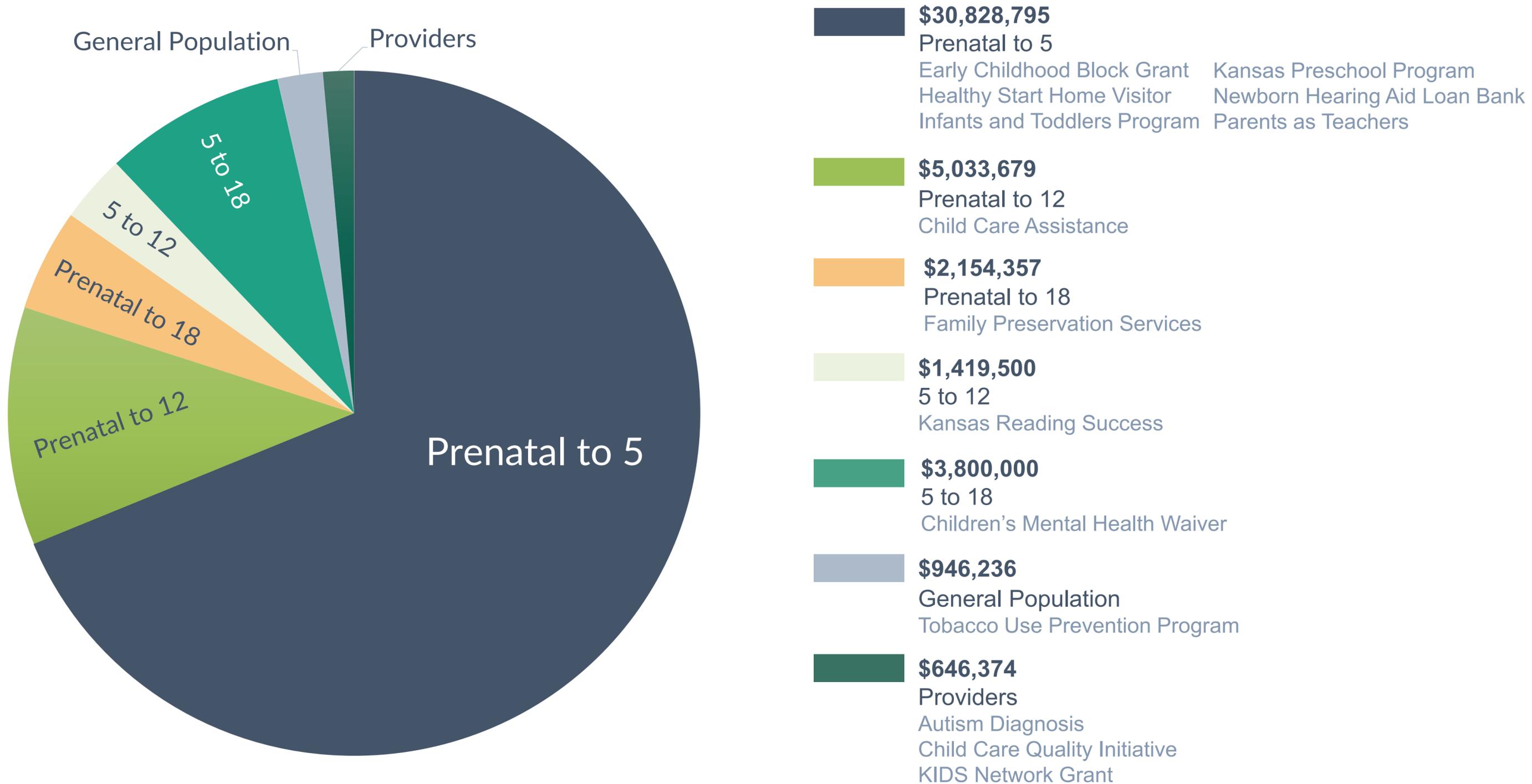
Coming soon

# FY 2017 Funding by Program

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Coming soon

# FY 2016 Programs by Primary Population Served



# CIF Allocation Methods



# Making a Difference



“The Children’s Initiatives Fund has been an investment in the state’s capacity to continually improve our projects and our programs and our policies for families with young children.”

~Rich Minder, Success by 6 Coalition of Douglas County

## Section 2

The Impact of  
the Children’s  
Initiatives Fund



# History of CIF

This year marks the 10th anniversary of the Children’s Initiatives Fund (CIF) Accountability Process – an opportune moment to look back at the origins and development of both the fund itself and the Kansas Children’s Cabinet and Trust Fund as a whole.

To do so, researchers at CPPR conducted in-depth semi-structured interviews with key informants with established expertise and experience with CIF. Findings are presented in the following pages.

Prior to conducting interviews for the study, a literature review was completed to determine historical events and persons involved in the development of CIF. This information was used to create a list of potential interviewees, comprising contributors past and present who would present a variety of perspectives on the formation, implementation, and evolution of CIF and the Kansas Children’s Cabinet and Trust Fund (the Cabinet).

Invitations to participate in the study were sent to 18 people, including current and former legislators, Cabinet members, leaders in the early childhood community, and CIF grantees. Of these, 11 agreed to participate. The resulting sample was made up of Cabinet members (past and present), legislators, child advocates, and individuals directly involved in the implementation of CIF-funded programs.

Interviews for the study centered around the subject’s involvement with CIF and the Cabinet. Questions focused on the creation of and evolution of the Kansas Endowment for Youth (KEY) Fund and CIF; the adoption of an early childhood focus; the Accountability Process; significant challenges, contributions, and accomplishments; and the future of CIF. Interview notes and recordings were reviewed, and major concepts identified, on the basis of both recurring interview themes and pre-determined areas of interest, such as creation of the Cabinet and the evolution of early childhood as a focus for the funds. Once these concepts were determined, quotes and ideas were drawn from the interviews to elucidate major themes and create a cohesive narrative. Researchers were careful to select quotes that were representative of the ideas expressed by interviewees.



# In the Beginning

“Our highest aspirations for the Kansas Children’s Trust Fund and Cabinet were that it would become an institution so respected – as a result of the gravitas of the members and the results that were being achieved – that it would be given deference and autonomy to strategically direct funds in an investment model that was data-driven and research-proven, and that as a result of that it would weather the economic upturns and downturns of the budget; it would survive the political whims of a governor creating a budget; and that it would become politically unpalatable to breach the recommendations of the Children’s Cabinet or to siphon off funds for purposes other than those that the legislature established as the parameters of the Trust Fund.”

~David Adkins, state senator, R-Leawood; appointed in 1998 to chair a select committee on tobacco settlement funds that led to the creation of the Kansas Children’s Cabinet and Trust Fund

# History of CIF

If the story of CIF were a picture book, it would be a tale of idealism and ingenuity, in which the main characters must weather a series of challenges in order to reach a realistic, yet hopeful conclusion.

Like most good stories, it began with a moment of inspiration – a bold and original plan that would set Kansas on a path toward establishing one of the country’s most innovative systems of caring for children and families.

## AN IDEA TAKES SHAPE

In the late 1970s, pediatrician Dr. Ray E. Heifer spoke at the Governor’s Conference for the Prevention of Child Abuse and Neglect, sponsored by the Kansas Children’s Service League. Heifer proposed the creation of a trust fund to support community-based family violence prevention, which led to the formation of the Children’s Advocacy Committee. In 1980, with support from Governor John Carlin, the legislature formalized the initiative as the Kansas Family and Children’s Trust Fund, paid for by a seven-dollar increase in marriage license fees.

Over the years, these pilot programs evolved into other acronyms and agency affiliations, including the Special Committee on Children’s Initiatives, which in 1991 developed a “Blueprint for Investing in the Future of Kansas Children and Families.” The next year the legislature created the Corporation for Change to implement the blueprint and promote systems reform in children and family services. The Kansas Youth Authority subsequently recommended a comprehensive juvenile justice reform, which resulted in the Juvenile Justice Reform Act of 1996. Included in the Act was a proposed Kansas Endowment for Youth (KEY), with a focus on prevention programs.

In 1998, the Governor’s Advisory Committee on Children and Families was convened, and the Children’s Trust Fund became the responsibility of the Kansas

Department for Social and Rehabilitation Services (now the Department for Children and Families, or DCF). That same year, 46 states signed the Master Settlement Agreement with leading tobacco companies, under which Kansas was slated to receive \$1.6 billion over 25 years. The legislative task force charged with determining the best use of that money approved the 1999 establishment of KEY and CIF, to be overseen by the newly established Cabinet. Smart Start, a comprehensive initiative designed to provide access to quality, affordably early care and education, was adopted the following year. In 2001, the first disbursements were made to programs.

## A GROUNDBREAKING PLAN

Kansas was the first state to use money from the Master Settlement to create a trust fund dedicated to helping children and families.

“We established this system at a time where really no other state was thinking in this way,” said Cabinet member Annie McKay, CEO and President of Kansas Action for Children.

“If you look at the history of children’s cabinets nationally, ours was different because it had dollars attached to it,” said Jim Redmon, a former Executive Director of the Cabinet. According to Cabinet member Mark Gleeson, those resources enabled CIF to take “a long-range view.”

For David Adkins, a state senator from Leawood and part of the committee that led to the creation of CIF, that meant functioning more like a strategic philanthropy than a checkbook. “We wanted it to be forward-looking.”

# History of CIF

The innovative nature of the fund carried through to the grantees, according to Rich Minder, a collaborative projects coordinator for the Success by 6 Coalition of Douglas County. He noted that the funds had, “encouraged local communities to continue to be innovative, creative and ... on the cutting edge of what the most recent changes in the policy and the program environment are.”

“That level of insight and long-term commitment is something we need more of in government,” said Dona Booe, President and CEO of Kansas Children’s Service League.

## EARLY CHILDHOOD: A SHIFT IN FOCUS

Around the same time that CIF came into being, the national conversation about child development was changing. New research turned the spotlight on early childhood, stressing the importance of the first years of life for healthy cognitive, social, and emotional growth. The book *From Neurons to Neighborhoods: The Science of Early Childhood Development*, published in 2000, along with the work of the Annie E. Casey Foundation, shifted public attention toward the years from birth to five.

“It seemed a very natural emphasis for the funds,” said Gleeson. Moving away from an earlier focus on juvenile justice, the Cabinet began to refine and clarify its mission. “We argued that early childhood was the best way to prevent kids from entering the juvenile justice system,” said Redmon.

“Emerging brain research hit a sweet spot between investing in early childhood and saving money down the road,” Adkins recalled.

Articulating a vision was the first step; putting it into practice came next. The intention was to create a structure that would serve as a safety net for young children in the same way that the school system functioned from kindergarten on. “The Cabinet took a systems approach, asking communities to provide a model of what a comprehensive system for early childhood looks like, and asking

communities to plan accordingly,” said Minder. “CIF has been instrumental in taking what is a fragmented program and policy environment and has begun to make sense of it in a coordinated way.”

“It isn’t just one sector, it’s multiple,” said Leadell Ediger, Executive Director of Childcare Aware of Kansas. “We touch on all different avenues of early childhood, and are stronger together.”

In 2009, with the support of then-Governor Kathleen Sebelius, the desire for a systemic approach led to the introduction of the Early Childhood Block Grant (ECBG), replacing the earlier Smart Start as an umbrella under which a variety of preventive programs were housed. Under the leadership of Cabinet Chair Amanda Adkins, ECBG’s focus was further refined in 2012. With the conclusion of the initial Early Childhood Block Grant cycle in 2012, the Cabinet decided to undergo a Strategic Planning Process to determine the most effective distribution of funding for the next grant cycle. County- and district-level data were mapped statewide in four areas: 4th grade reading proficiency, early childhood health, child abuse and neglect rates, and poverty rates. Through this strategic mapping process, the Cabinet identified nine target school districts with high concentrations of vulnerable populations. ECBG applicants were encouraged to partner with these districts, and all nine subsequently received funding through the 2013 Early Childhood Block Grant.

The philosophical and strategic emphasis on the first years of life, refined by both a geographic and systems-based approach, was most recently outlined in the 2015 “Blueprint for Early Childhood” (the Blueprint) under the guidance of Cabinet Executive Director Janice Suzanne Smith. The Blueprint also addresses the Cabinet’s commitment to meticulous standards of collection and evaluation for program data.

# History of CIF

## DATA AND DOLLARS

From the outset, strict accountability was part of the plan for CIF. The Children's Initiatives Accountability Fund was established concurrently with the fund itself, to support the cost of evaluating and auditing the use of CIF.

"To be able to provide good quality data in a way that non-data people, non-statistical people, can understand ... that's been an extremely important part of why this process has been the success that it's been," said Gleeson. "It was purposeful, intentional and we now have a system that people are willing to participate in and trust."

The Accountability Process evolved with CIF, filling several functions. The first and foremost was that of determining the effectiveness of funded programs, in order to support informed decisions regarding future appropriations. As an ancillary benefit, the data collected gave the Cabinet and its supporters a concrete method of demonstrating the value of early childhood programs.

"The ROI [Return on Investment] on early childhood has been proven over and over again," said Booe.

"None of us that have ever been funded have ever gotten by without proving our outcomes." Rigorous accountability made it easier to communicate both across political lines and within the business sphere. "Being a friend of business and a champion of children were not seen as incompatible," said David Adkins.

Not only were CIF programs nurturing the workforce of the future; they also stood to save the state significant amounts of money via early intervention – a notion with broad appeal. Booe compared the preventive approach espoused by CIF grantees to a form of immunization, effectively reducing the incidence of severe complications later in life. In the words of Amanda Adkins, Cabinet Chair and a Vice President at Cerner Corporation, "You can pay a small amount early or you can pay millions later."

Over the years, methods of data gathering and analysis have been adjusted for greater ease-of-use by both the programs and the Cabinet. The most comprehensive of these changes has been the introduction of the Common Measures Initiative (CMI), designed and implemented in partnership with researchers at the Wichita State University Center for Applied Research and Evaluation, with reporting via the online Data Application and Integration Solution for the Early Years (DAISEY), designed by the University of Kansas, Center for Public Partnerships and Research, one of the Cabinet's research partners. In use since 2013, CMI has by now yielded a significant body of data. "We're making an impact, and we have the data to show that," said Janice Smith, current Executive Director of the Cabinet.

"We believe in accountability because we believe in spending dollars in an effective, systematic way," said Redmon. "I think it became a model for how you deal with accountability on a state level."

In 2016, a statewide efficiency review conducted by Alvarez & Marshal reported that, "CIF-funded programs are held to a higher standard of evaluation than many State programs," and credited the 2015 Annual Investment Impact Report (aiir) with demonstrating "strong program governance."

That reputation – and the data to back it up – have been a powerful asset to the Cabinet and its supporters in communicating with policy makers, business leaders and other agencies, according to McKay, who described the Accountability Process as "a shield surrounding the CIF."

Nevertheless, despite these successes at the administrative and policy levels, the Cabinet has faced its share of obstacles in other areas.

# History of CIF

## SETBACKS AND STRUGGLES

In the history of CIF, there are small frustrations – such as a shift in administrative style of the Cabinet itself – and then there is the elephant in the room: funding, and the loss thereof. The former was described by many as a change in organizational climate, with a diminished sense of connection among Cabinet members compared to the early days, when the atmosphere was more like that of a think tank.

“We had retreats where we would spend a few days hammering out what the goals and objectives are,” Gleeson recalled. Now that the Cabinet meets only a few times per year, he said it’s harder to really know about “the people and the programs” – especially now that many conversations necessarily revolve around money. Redmon added that it’s difficult to think about growing an organization when so much time and energy are devoted to survival.

“It’s always a tug-of-war between pragmatism and immediate needs versus a forward-thinking, philanthropic view,” said David Adkins.

“In the beginning it was very exciting to have this new source of money, knowing there was so much need. At the time it was much more open to being innovative and ‘let’s try some things,’” said Deanna Berry, Executive Director of the Russell Child Development Center.

For some, the Accountability Process – so crucial in justifying the Cabinet’s mission – also posed challenges to the idea of breaking new ground. “Yes, we need to be accountable for the money, but it would be nice to have a little more freedom to try new things and be creative,” said Ediger.

Beyond these questions of organizational culture looms a larger issue. As of 2012, Kansas Action for Children reported that \$137.3 million in tobacco settlement money had been diverted from CIF to the state general fund.

“It’s a travesty that this money has been swept,” said Torree Pederson, President of the Alliance for Childhood Education. Like several others familiar with the fund’s history, Pederson expressed the wish that there had been a secure way to hold onto CIF assets from the beginning, rather than seeing them repeatedly swallowed by state-level budget deficits.

“If we did it again, I would have created an RFP to put the funds with a community foundation or university,” said David Adkins. “The state doesn’t have the ability to create such an endowment.” Had the money been protected, and allowed to accrue interest, it could have continued to support programs for Kansas children well into the future – instead of being hobbled from the start. “Once that money goes away, the state is going to be left with a \$40-\$50 million hole to fill,” said Gleeson. For Ediger, “it’s a huge regret that we will run out of money, whereas we could have had a significant amount in a trust fund.”

In the meantime, budgetary restrictions have already been imposed on CIF as further withdrawals to the general fund are made. That leaves a significant percentage of the state’s population underserved, according to Smith. “Cutting programs that are extremely effective is disturbing.”

## MAKING THE BEST OF CIF

Despite regrets over what might-have-been, the Cabinet’s achievements have in many ways exceeded expectations – beginning with the fact that such a visionary plan ever came to fruition. “Had we been one of those states who dumped the tobacco money into the general accounts, I don’t know that the system we have now would exist today,” said McKay.

“Without the structure of the CIF in place, we wouldn’t have the robust program system across the state.”

# History of CIF

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Without CIF, many programs it funds would never have been able to help Kansas children in times of need. “Globally, it’s a staggering number of kids who have been served since CIF started,” said Ediger.

“I do not believe the general public has any concept of the depth of despair that exists in this state,” said Booe. “Young parents and children who have been generationally deprived, who have not had good experiences in school, who have had no parenting models of their own, who when we touch their lives and for the first time give them the hope that their lives do not have to be like their parents’ lives were, that they can change.”

What McKay called “changing the trajectory” of lives is a project that – unlike building a road or a bridge – has no finite conclusion; children will continue to be born in Kansas, under a variety of circumstances and conditions. The advantage of supporting their development is that a healthy child is more likely to grow up to become a successful parent, so that the initial investment pays dividends into the next generation – something that can’t be claimed of a highway. High-performing kids also give back through their contributions in the professional arena.

“We want our children to grow up able to compete in a global workforce,” said Amanda Adkins. “We want children and families in Kansas to be the healthiest in the nation.”

In addition to providing direct services, CIF has had a host of ancillary benefits. The state now boasts a much more extensive and well-trained network of early childhood professionals. At the administrative and accountability levels, CIF programs are a model for other organizations. The Cabinet’s emphasis on systems building – and eliminating duplication of resources – has forged links among agencies, enabling them to serve children and families more efficiently. “Connections and partnerships have made us all better,” said Berry. “Now families know who to call when they need help.”

## PREPARING FOR THE FUTURE

Looking ahead, the number one priority for CIF is survival. “We have to protect what’s left,” said Booe. “And we have to find a way to replenish it.”

“Without this structure in place, without the Cabinet’s role in making recommendations, without the statutorily protected dollars,” said McKay, “Kansas really doesn’t stand a chance at getting ahead when it comes to educating our children.”

For Gleeson, it’s a question of advocacy, particularly with incoming legislators. Amanda Adkins would like to see more public-private partnerships, and stronger collaborations among departments and programs. Pederson spoke of connecting early childhood interventions to the school system, for a whole child approach. On an ideological level, the myth of ‘rugged individualism’ – suggesting that any hard-working child or family can ‘pull themselves up by the bootstraps’ – has been hard for many Kansans to get past.

“There are too many kids in Kansas that no matter how hard they work or how determined they are, there are too many institutions that fail them,” said David Adkins. “And they can’t become what they want to become and be anything they want to be. The cards are stacked against them.”

# History of CIF

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In the years since its inception, CIF has given thousands of Kansas kids a chance to realize their potential. The first children to be impacted by Cabinet programs – perhaps as early as prenatal support received by their mothers – are well into adolescence by now. Some had access to quality child care instead of being left in an unsafe situation. Others received a hearing aid in time to stay on track for language development, or early diagnosis for autism, or help with reading, or a home visitor who taught their parents how to interact in healthy ways. A child that might otherwise have entered the juvenile justice system could have found the necessary support to stay in school, putting him or her on track for college, and a higher-paying job.

There is no way to turn back the clock and see how the lives of these children, and their families and communities, might have played out in the absence of such interventions. Nor would anyone choose to experience the alternative – young people slipping through the cracks for lack of needed assistance – either now or in the future. To that end, the Cabinet and its supporters hope to preserve the spirit and intention of CIF as long as possible.

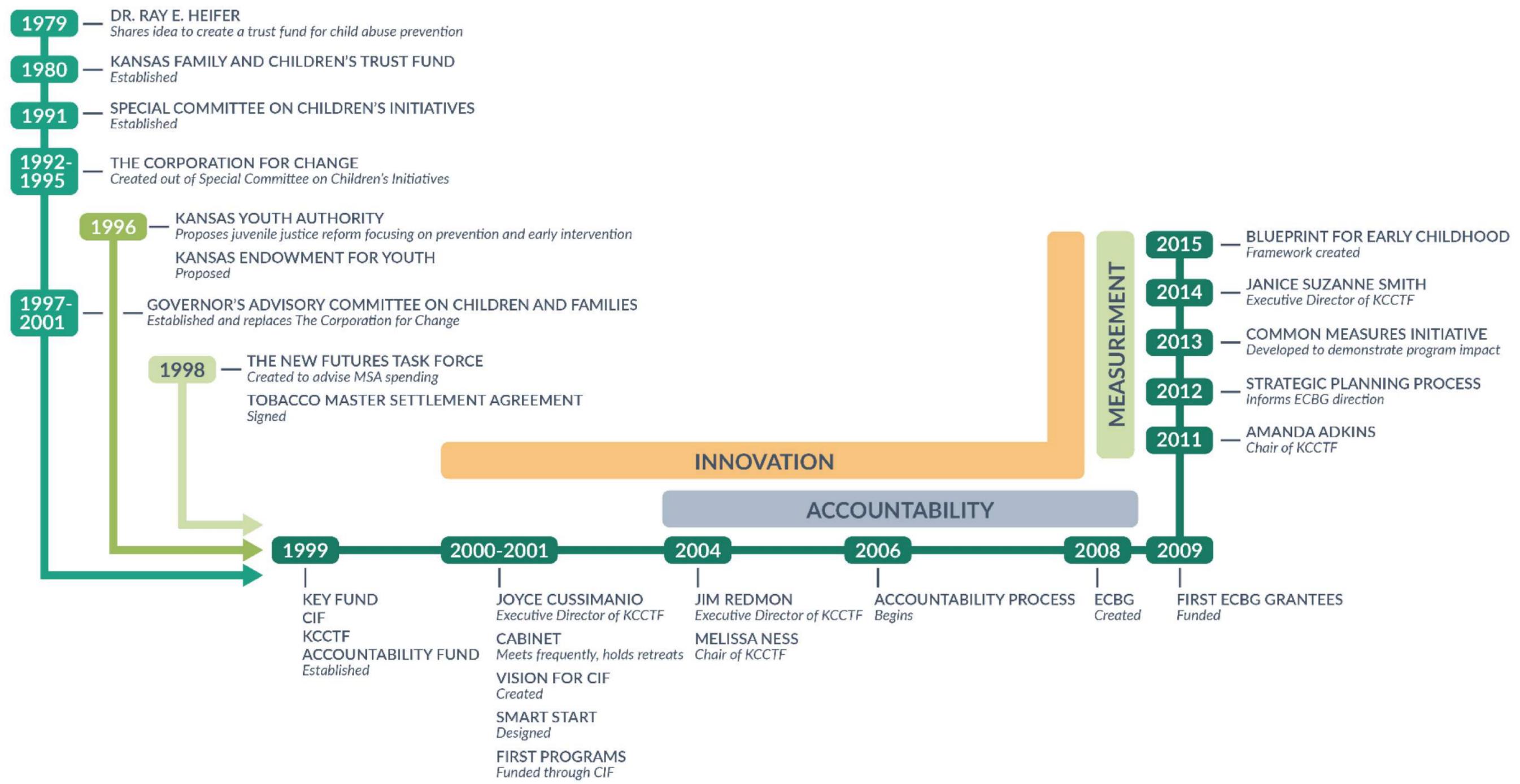
“It’s important for Kansans to understand that this is one of the most forward-thinking, innovative things that we’ve done in the last 30 years – and that it’s worth protecting,” said McKay. “Think about the number of lives of kids in Kansas that we’ve impacted, and families as well. I think that’s something to be proud of.”

For David Adkins, the story of CIF has always been one of having the right priorities, and taking a long-range view:

“Children have to move from being seen as another special interest group to truly being seen as the ingredients for prosperity for Kansas for the future.”



# CIF Timeline



# CIF Impact

Making a difference for children, families, our communities, and the Kansas economy.



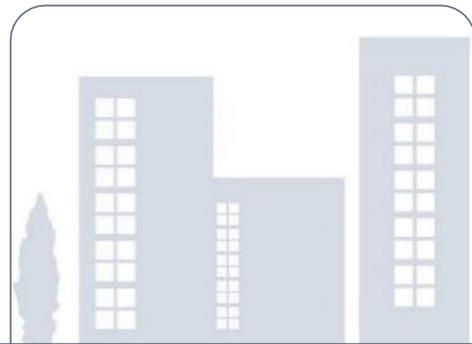
CHILDREN



FAMILIES



COMMUNITY



ECONOMY

# CIF Impact



## CHILDREN

Providing high quality childcare

Catching delays early with developmental screenings

Offering breastfeeding and safe sleep resources

Diagnosing autism early

Promoting inclusion of children with disabilities

Providing cribs for babies most in need

Keeping kids safe with increased abuse and neglect reports

Offering early literacy programs

Preventing infant deaths through safe sleep education

Preventing tobacco use and promoting tobacco free homes

Keeping kids safe at home with their families

Providing access to speech and language services

Making hearing aids available to infants

# ClF Impact



## FAMILIES

Increasing protective factors

Encouraging positive parent-child interactions

Increasing knowledge of child development

Supporting families in supporting their children

Helping parents become advocates

Decreasing stress through social supports

Supporting parents in their move toward independence

Providing child care so parents can work

Offering Parent Cafés

Connecting families to community resources

Preventing tobacco use and providing intervention resources

Bringing learning into the home

# ClF Impact



## COMMUNITY

Decreasing crime

Promoting partnerships with universities

Offering training for childcare providers

Increasing access to medical care and developmental screenings

Promoting smoke-free parks

Creating resources at a local level

Decreasing turnover of teachers

Increasing partnerships between schools, libraries, and after-school programs to promote literacy

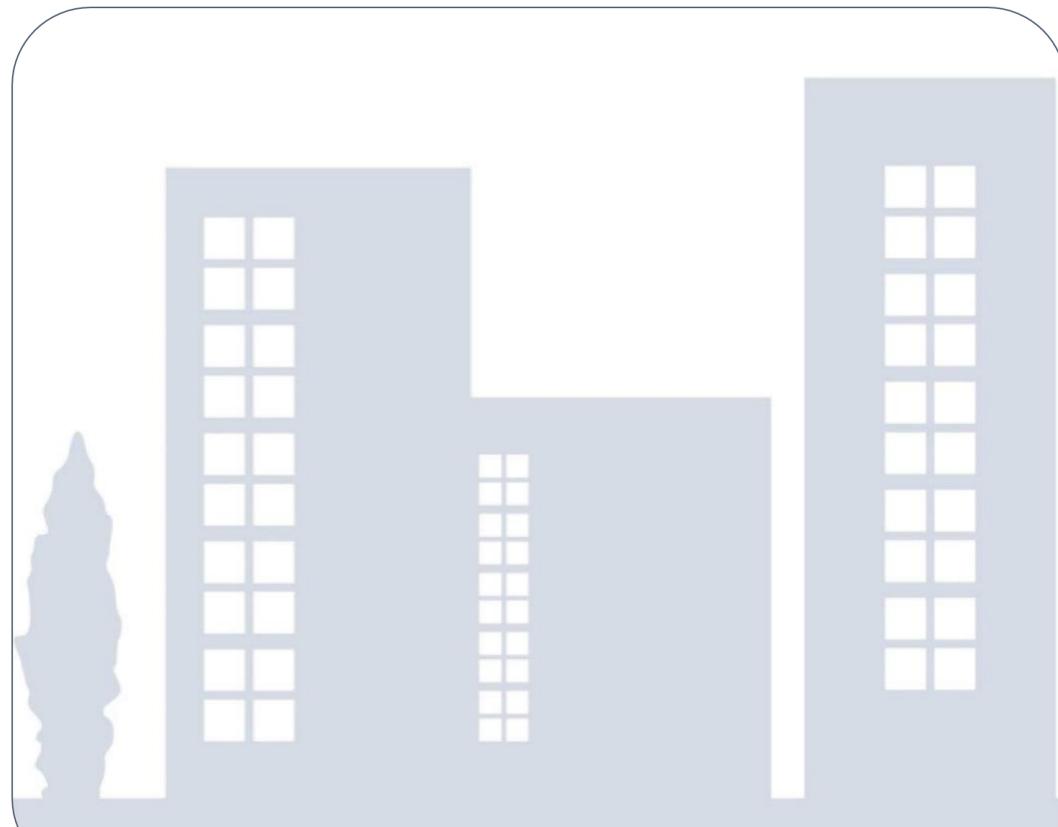
Tailoring services to each community

Training nurses and providers in safe sleep

Keeping kids out of foster care

Decreasing substance abuse

# CIF Impact



## ECONOMY

Creating a more focused and consistent workforce by providing reliable child care

Promoting financial independence

Increasing the tax base by supporting families to gain financial independence

Saving money by intervening early

Reducing healthcare costs through preventative programs

Investing CIF funds to create jobs across the state

Collaborating and developing partnerships to reduce duplication of services

Promoting awareness that early intervention = kids who stay in school

# A Strong Foundation



## Section 3

Profiles of each  
CIF Program

“Every child should be afforded the opportunity to be involved in high quality early care and education. It’s meaningful for our entire society.”

~Annie McKay, Kansas Action for Children



# Autism Diagnosis

Interdisciplinary teams working together to quickly and accurately diagnose autism



“*Diagnoses are the first step to creating access to further services.*”

~ Lee Stickle, Autism Diagnosis

**Early diagnosis can significantly** improve treatment outcomes for children with autism spectrum disorder (ASD), yet many rural communities lack the necessary medical resources to conduct accurate screenings. In order to provide timely diagnostic services to as many Kansas families as possible, Autism Diagnostic Teams (ADTs) are trained, and provided with the necessary materials, to offer early childhood screenings and/or assist schools and families in developing individual treatment plans and streamlined service delivery.

## STRATEGIES

- **Training and Education**  
ADT (Autism Diagnostic Teams) Training  
Webinars and Newsletters

- **Transition Assessment and Planning**
- **Coaching**

# Autism Diagnosis

## THE NEED

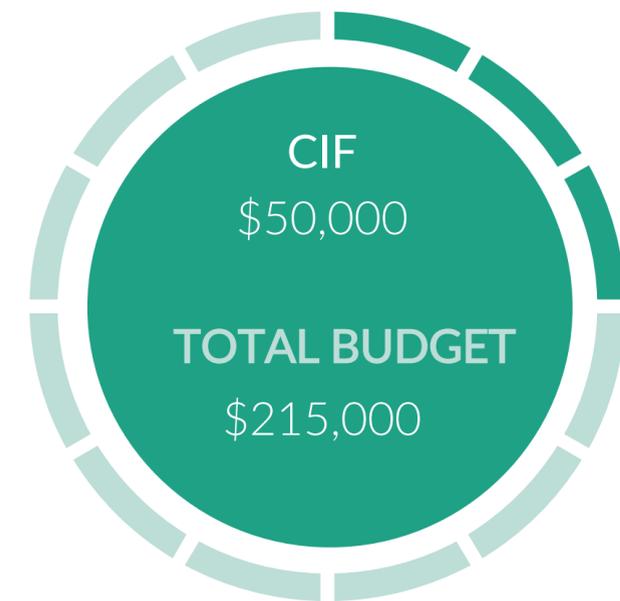
Early intervention is a top priority in autism treatment nationwide, as evidenced by the Center for Disease Control campaign “Learn the Signs. Act Early.” The sooner a child is diagnosed, the better the long-term outcomes for both children and families. Early diagnosis also opens up access to related services and support systems, reducing the burden on schools and communities down the road. The need for trained specialists is great, particularly in rural Kansas communities. Problems reaching children and families in medically underserved areas increase the wait time between screening, diagnosis, and subsequent intervention.

## OUR SOLUTIONS

- **A collaborative partnership provides training for Autism Diagnostic Teams (ADTs). Partners include:**
  - Kansas Technical Assistance System Network Autism & Tertiary Behavior Supports
  - University of Kansas Medical Center’s Center for Child Health & Development
  - University of Kansas Medical Center’s Department of Telemedicine & Telehealth

- **ADTs are drawn from:**
  - Local school districts
  - tiny-k/Part C Infant Toddler networks
  - Mental health professionals

- **Partnerships with colleges and universities throughout the state include:**
  - Training graduate students at Wichita State University in autism assessment
  - Establishing an Early Childhood Autism Diagnosis certificate at Pittsburg State
  - Working with KU Medical Center for Child Health and Development (CCHD) to offer telemedicine and in-school trainings



# Autism Diagnosis

# 95%

100 of 105 Kansas counties—or 95% of the state—receive services through the Autism Diagnosis program. Because much of Kansas is medically underserved, the Autism Diagnosis program is critical for reducing disparities by providing needed services to locations that have limited or no physicians or Autism Spectrum Disorder (ASD) specialists.

*“Kids with autism are not limited by their autism, they are limited by our understanding of their autism.”*

*~Lee Stickle, Autism Diagnosis*

## POPULATION SERVED

YOUTH

Early treatment reduces barriers to academic and social success for kids with ASD.

ADOLESCENTS

Secondary Transition Plans assess the needs of 14-year-olds with IEPs.

PARENTS

Parents learn to advocate for their children and utilize existing support systems.

PROFESSIONALS

Teachers and medical professionals receive training for working with kids with ASD.

## RESULTS

Wait times for appointments have fallen dramatically, from 6-9 months to **2 months or fewer**.

Mean age at diagnosis has been reduced in Kansas to Age 4 — **6 months earlier** than the national average.

Early diagnosis and access to treatment **alleviates stress on families**, for whom undiagnosed ASD can pose significant challenges.

**Evaluation Practices:** Autism Diagnosis implements a High Quality Professional Development Checklist (HQPD) that was developed as part of their training for Autism Diagnosis Teams. This tool is used at every training session to evaluate both trainer and content. Autism Diagnosis works with an external evaluator at the University of Kansas Center for Research on Learning to evaluate the training, diagnostic process, and outcomes. Findings are compiled in an annual evaluation report.

**Evidence Base: Gateway Service.** Services improve access to multiple evidence-based autism diagnosis and interventions, according to the needs of the individual families served.

# Autism Diagnosis

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## LOOKING BACK

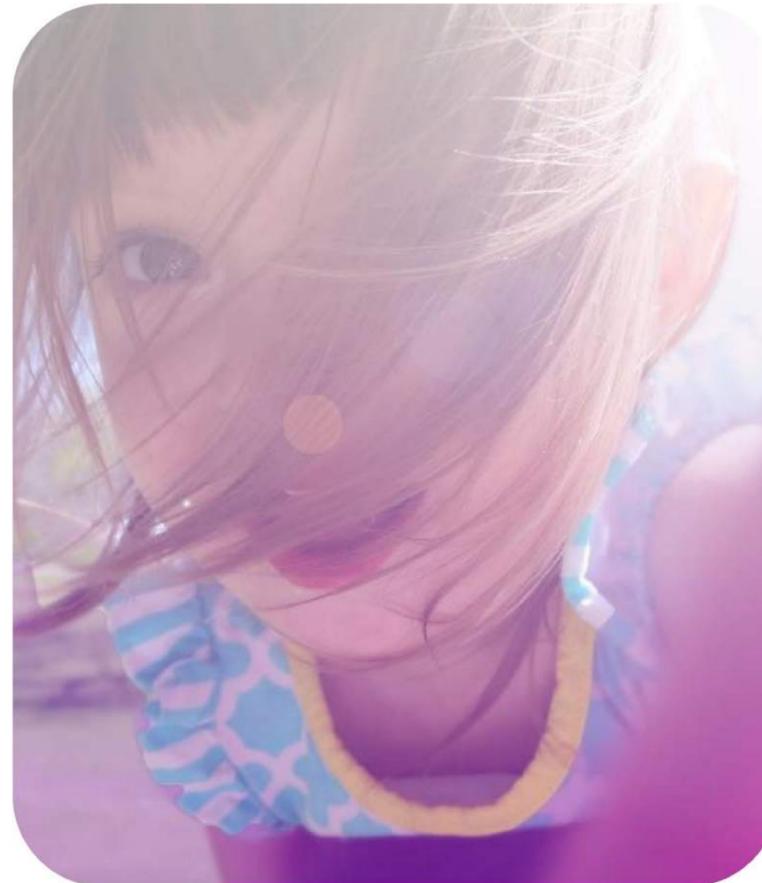
Early Childhood Certificate program established at Pittsburg State University.

Developed and implemented the High Quality Professional Development Checklist (HQPD).

New and/or expanded collaborations with facilities such as University of Kansas-Wichita, providing children and families with greater access to expert clinical staff.

More screenings and utilization of the first identification process.

Meeting with the Governor's Behavioral Health Services Planning Council, Children's Subcommittee on Mental Health.



## LOOKING FORWARD

The FY2017 14% funding cut will reduce the number of kids seen from 180-plus to closer to 100. Families in many communities will need to commute to obtain services.

Creating training videos for play-based assessments and other diagnostic tools.

Identifying gaps in treatment, such as the lack of training for para-educators, who provide the majority of services.

# Child Care Assistance

Support for families needing child care to enable parents to work or improve job skills



**Affordable child care** makes it possible for parents to find and keep the kinds of jobs that can support a family. When that care is high quality, children are better prepared to start school. The Kansas Child Care Assistance Program offers access to these dual benefits for families in need, enabling parents to work (and/or improve job skills) while their children receive quality early education. In order to qualify for assistance, families must have an approved need for child care, income below 185% of the federal poverty level, and comply with Child Support Services. Other allowable needs include teen parents completing their high school diploma or GED, parents with a temporary emergency, children in foster care, and approved education or training to enhance employment or earning potential.

## STRATEGIES

### ■ Financial Assistance

Help parents afford the child care they need to maintain consistent employment.  
 Put families on the path to financial independence.

### ■ Better Early Learning Experiences

Improve the quality of child care to ensure that kids receive adequate early education on the path to school readiness.

### ■ Stable, Consistent Care Environments

# Child Care Assistance

## THE NEED

Parents who can't afford child care find it much more difficult to secure reliable employment. Access to high-quality child care not only improves school readiness and, by extension, future earning potential, but has also been shown to reduce the incidence of criminal behavior later in life, saving money in judicial and other costs. By enabling parents to work, and children to receive developmentally appropriate early education, Child Care Assistance promotes independence for the whole family.

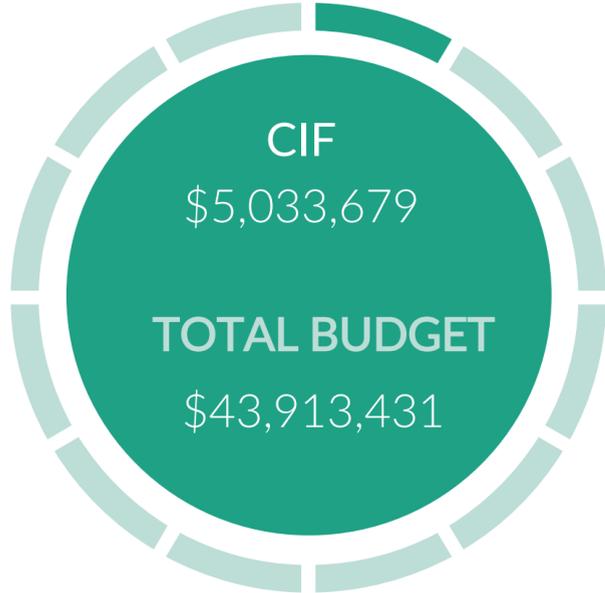
## OUR SOLUTIONS

■ **Providing subsidies** to make quality child care accessible to low income working families, teen parents, children in foster care, parents with temporary emergency needs, and those in approved training programs (to improve employment potential).

■ **Supporting supplemental training for care providers** to improve the quality of their facilities.

■ **12-month assistance plans** include gradual phase-out provisions when qualifying income levels are exceeded.

■ **Partnerships** are maintained with state agencies, tribal organizations, universities and community colleges, KDHE and Kansas Early Head Start, among others.

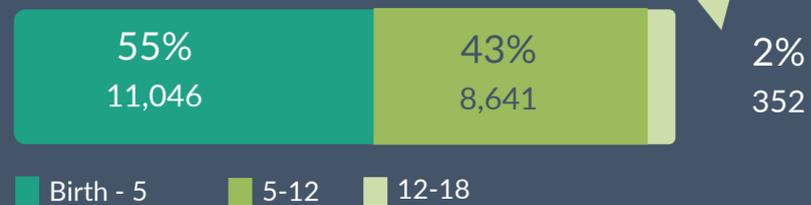


# Child Care Assistance

**20,039** # of children in FY 2016 benefitting from the Child Care Assistance Program

**13%**  
Average increase in monthly family income

### POPULATION SERVED



### CHILD CARE ASSISTANCE

Benefits families in many ways...including positive impacts on caregiver employment status and earnings' potential



### SERVICES ARE AVAILABLE TO:

- Families with income under 185% of the federal poverty level
- Low income parents maintaining employment
- Low income teen parents completing high school

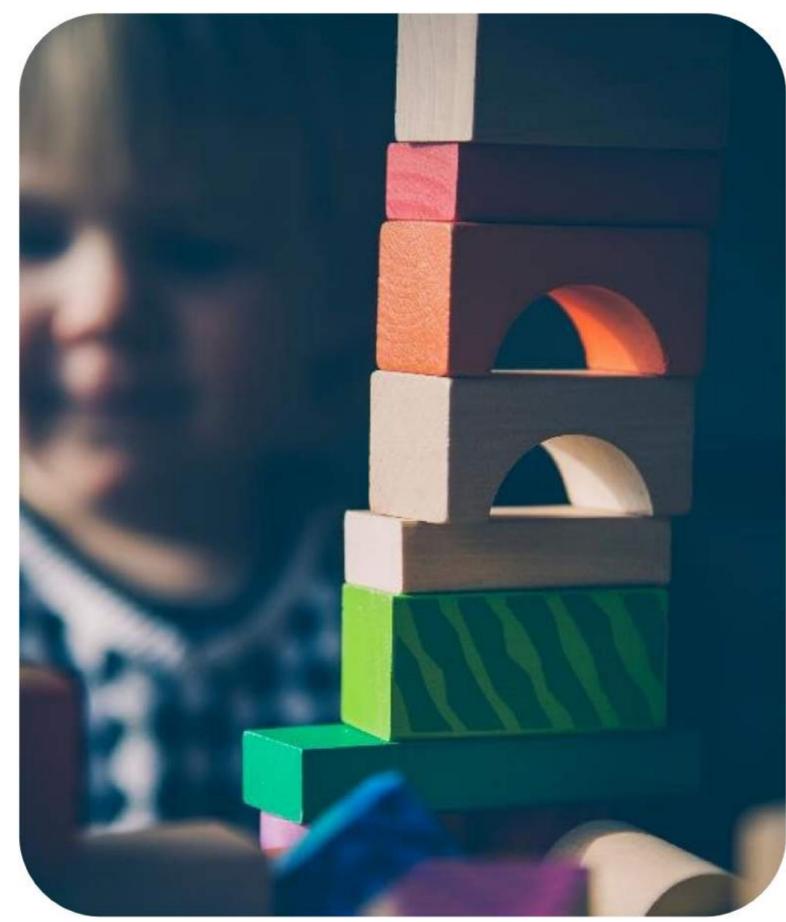
**Evaluation Practices:** The primary purpose of program evaluation is to ensure payment and eligibility requirements, identify any training needs of staff and align with new policies and regulations. Information is collected and reported bi-monthly and monthly into an internal agency database for the CCDF programs. Quality Control Reviewers review random samples of cases throughout the year. An annual public assistance report is provided on the agency website.

**Evidence Base: Strong Evidence.** Research using appropriate comparison methodologies has found that families receiving child care subsidies have improved employment and financial outcomes, and that effects remain beyond the end of treatment.

# Child Care Assistance

## LOOKING BACK

- Implemented a rate adjustment based upon statewide average of the 40<sup>th</sup> percentile of the 2014 Market Analysis for provider rates paid
- Quality Rating Improvement System (QRIS) advisory group meeting quarterly in cooperation with QRIS Steering Committee and QRIS work groups
- Targeted focus on: Program Leadership, Workforce Development, Learning Environment, Family Partnerships



## LOOKING FORWARD

- With other state partners, hoping to field test QRIS in Spring 2017
- Continuing to monitor and improve payment accuracy
- Beginning July 1, 2016 families who lose employment are allowed a three month period of continued child care while they search for new employment

# Child Care Quality Initiative

Outreach and training on protective factors to help establish nurturing early environments



“Quality child care should not be optional. ... We want all children to enter school ready to succeed.”  
~Angie Saenger, Child Care Aware

**Whether helping parents locate child care in their area,** or offering continuing education to care providers, the Childcare Quality Initiative (CCQI) is committed to making high-quality child care available to all Kansas families. Through the Strengthening Families program, CCQI trains, coaches and provides technical assistance to providers on child abuse and/or neglect prevention efforts. CCQI also helps underserved communities identify and address their child care needs, both day-to-day and in case of emergency. By making safe, affordable care by qualified instructors more accessible, CCQI hopes to better prepare all Kansas children to succeed during their school years – and beyond.

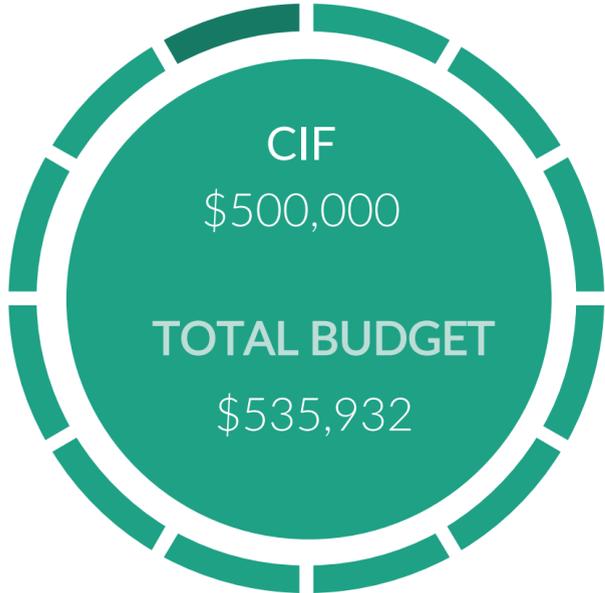
## STRATEGIES

- **Professional Development**  
Training and resources for child care providers with an emphasis on skills practice and application of knowledge.
- **Financial Support**  
Stipends for child care programs enrolled in Strengthening Families program.
- **Coaching and Resources**  
Coaching and community events for parents, developmental screenings, and parenting resources.

# Child Care Quality Initiative

## THE NEED

Unavailable or inadequate child care can have serious repercussions for Kansas families, from children left in unsafe conditions to parents who struggle to complete an education or find (and keep) decent jobs. Rather than allowing these difficulties to spiral, CCQI endeavors to increase the quality and availability of child care throughout the state, particularly in underserved rural areas. Quality early education improves school readiness, reduces stress on families, and helps protect young children from harm by teaching caregivers to recognize potential signs of abuse and neglect.



## OUR SOLUTIONS

- **Continuing Education** for child care providers, including stipends for attending training events and print and online resources.
- **Resource lists and referrals** for families seeking care.
- **Peer Learning Community Events** for providers offer community and peer support and relieve stress.
- **Strengthening Families** program teaches parents to cope with stressful situations and trains providers to identify the signs of abuse and neglect.
- **Partnerships with other non-profits** streamline services and help communities identify and meet their childcare needs.

# Child Care Quality Initiative

## POPULATION SERVED

### 2,254 CHILDREN



542 2 years and younger



1,211 Ages 2 to 5



501 Ages 5 to 12

### 1,650 PARENTS

Hosted 148 Parent Cafes



### 1,334 PROVIDERS



63 child care providers were enrolled in the Strengthening Families Program

Classrooms were assessed using the CLASS, an observational tool for assessing the quality of interactions between teachers and students

73% of the 11 infant environments scored above average

78% of the toddler environments met high quality standards in all domains

100% of the Pre-K environments observed met high quality standards in all domains

**Evaluation Practices:** CCQI switched from an Environmental Rating Scale (ERS) Assessment to a Classroom Assessment Scoring System (CLASS) assessment, a Common Measures tool that focuses on addressing and improving effective teaching strategies and teacher-child interactions. A centralized CCQI database provides internal tracking, with reporting deadlines throughout the fiscal year. An external evaluator reports findings annually to inform the continuous quality improvement of service providers and tailored services. This is demonstrated through an annual report disseminated to the public, the board, and resource and referral agencies. Due to funding cuts, the use of outside evaluators has been eliminated; data collection in the future will be handled internally. Researchers at Wichita State University’s Center for Applied Research and Evaluation analyze CCQI’s Common Measures data.

**Evidence Base: Innovative Program.** Services deliver Strengthening Families, a program that seeks to reduce child abuse and neglect by delivering outreach and instructional support to both child care providers and parents based on existing research regarding protective factors against child maltreatment.

# Child Care Quality Initiative

## LOOKING BACK

- Celebrated 25th anniversary
- Developed new effort around homelessness
- Project TEACH (Teacher Education and Compensation Helps) awarded 16 scholarships for early childhood education
- Expanded Strengthening Families program to include returning providers
- Increased participation in Parent Café program



## LOOKING FORWARD

- Multi-agency Early Childhood Conference, spring 2017 - Kansas Association of Infant Mental Health (KAIMH), Kansas Head Start Association (KHSA), Kansas Parents as Teachers Association (KPATA) and Child Care Aware of Kansas
- Funding cuts will result in loss of Child Care Resource and Referral sites in Garden City and Crawford County, with a consequent reduction in the number of children served

# Children’s Mental Health Waiver

Access to outpatient services for children diagnosed with Serious Emotional Disturbance



“ We are giving them back their childhood rather than having them raised in institutions. ”

~Sam Philbern, Children’s Mental Health Waiver

Sometimes a child’s mental health needs exceed what the family is capable of providing. A diagnosis of Serious Emotional Disturbance (SED) often leads to inpatient psychiatric treatment – and the added distress for that child of being removed from home. The SED Waiver grants access to services that can allow a child to remain in a familiar environment by providing the intensive support necessary to ensure both safety and independence. Services covered by the SED Waiver are geared toward children between the ages of four and 18; exceptions may be granted for individuals younger than four and up to age 22. Parents and children are actively involved in planning for all services, which are provided by local community mental health centers.

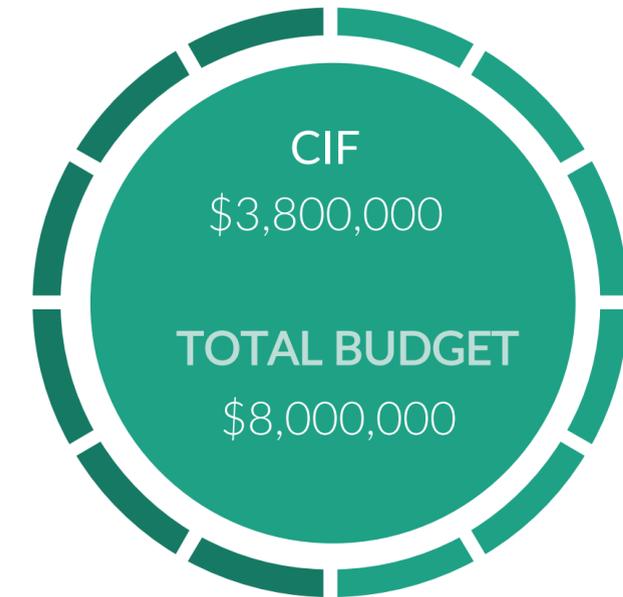
## STRATEGIES

- **Early Assessment and Services** Provide SED waivers to help children access needed support, without requiring hospitalization.
- **Wraparound Facilitation** Identify all the services and support needed to meet child and family needs.
- **Parent Support and Training**

# Children's Mental Health Waiver

## THE NEED

One in ten youth will experience a severe mental health issue, and up to 80% of kids in need of mental health services don't receive them. Residential facilities are costly treatment options and perpetuate mental health stigma. The Children's Mental Health Waiver is a crisis waiver, for those at imminent risk of hospitalization. Through the waiver, children are eligible for immediate services, without Medicaid or insurance delays, increasing the likelihood that they may remain in their own homes and communities rather than being institutionalized. The waiver program allows children to be children, rather than patients, and has been shown to decrease future mental health issues such as deviance and delinquency, substance abuse, teen pregnancy, suicide, domestic violence, and sexual assault.



## OUR SOLUTIONS

■ **Partnerships** with 27 community mental health centers statewide allow children to receive treatment in their own communities.

■ **Early assessment** with help from local mental health centers allows for home-based care instead of hospitals.

■ **A full range of services** are provided including parent support and training, group and individual; attendant care; respite care; wrap-around facilitation; professional resource family care; and skills building.

■ **Familial involvement is encouraged**, including through parent support groups.

# Children's Mental Health Waiver



Home and community-based services are less costly than institutions

*"If we catch it when they are 4, 5, 6 years old, if we can get the help there, they're not going to need it when they're 17, 18."*  
~ Sam Philbern, Children's Mental Health Waiver

66%

of children demonstrate emotional stability by remaining in a permanent home

## POPULATION SERVED

■ 2 TO 5 = 27 ■ 5 TO 12 = 2,407 ■ 12 TO 15 = 3,627 ■ 18 & OLDER = 2,407



**Evaluation Practices:** The SED Waiver's transition to Home and Community Based Services (HCBS) in January of 2016 allowed for implementation of a revised Quality Review Process. Revisions include pulling statistically significant random sampling of individuals receiving services on a quarterly basis, with record review, consumer interviews, provider qualifications and training requirements. Information is reviewed by the Kansas Department for Aging and Disability Services (KDADS) and entered into an agency database for Quality Review Tracking to ensure compliance.

**Evidence-Base: Promising Evidence.** Research employing comparison methodology has found that mental health waivers have a positive impact on children and families, demonstrate long-term effects, and cost less than institutionalization.

# Children's Mental Health Waiver

## LOOKING BACK

- More young children are receiving waivers, reducing stress on families and lowering the need for services later in life
- New Social Emotional Disturbance (SED) program manager
- Family oriented community event in Great Bend, KS to raise awareness for mental health issues and access to community resources



## LOOKING FORWARD

- Looking at other ways to keep young people with mental health issues integrated in their communities, e.g. services for juvenile offenders
- Ongoing outreach and education to raise awareness of mental health issues
- Working with University of Kansas and Wichita State University to update training and resources for providers

# Early Childhood Block Grant

Education and support services for at-risk young children and their families



“  
*Every community across Kansas looks so different, and what resources they have look different.* ~ Amy Blosser, Kansas Children’s Cabinet  
”

Because the years between birth and kindergarten are crucial to a child’s overall development, Early Childhood Block Grant (ECBG) recipients focus on providing services to at-risk young children (ages 0-5) and their families. Public-private partnerships are encouraged, both to avoid duplication of services and ensure smooth transitions between early childhood programs (such as child care centers, Head Start sites, and community groups) and school districts. Involving families in the process of readying their children for school is another hallmark of the ECBG program’s emphasis on collaboration. Grantees are held to strict standards of accountability, with goals clearly aligned with the Blueprint for Early Childhood.

## STRATEGIES

### ■ Early Learning

Offer educational opportunities, including literacy activities and quality early learning programs.

Provide home visiting services.

### ■ Individual and Family Support Services

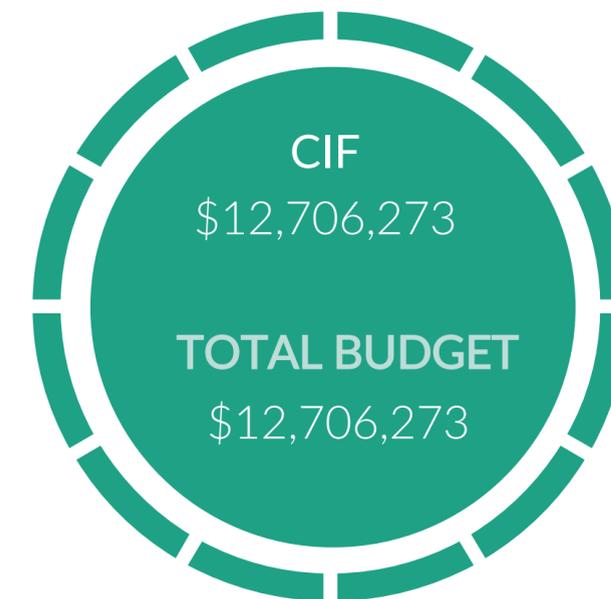
Provide screening and identification services and support for healthy development.

Offer training and support for positive familial relationships.

# Early Childhood Block Grant

## THE NEED

Early childhood is a crucial time for brain development, but too often at-risk children do not have access to high-quality early learning environments and services. By focusing on providing a variety of targeted services in the years from birth to five, ECBG grantees are able to catch – and address – developmental issues early. Collaborative efforts with school districts, child care providers, family support professionals, and mental/behavioral health supports maximizes program effectiveness by limiting duplication of services.



## OUR SOLUTIONS

The 20 ECBG grantees include school districts, mental health organizations, Infants and Toddlers, Parents as Teachers, and Child Care Aware, among others. Programs are tailored to the needs of individual communities, and may offer:

■ Home visiting

■ Parent education

■ Pre-K

■ Early learning  
(infant/toddler)

■ Developmental  
screening

■ Literacy activities

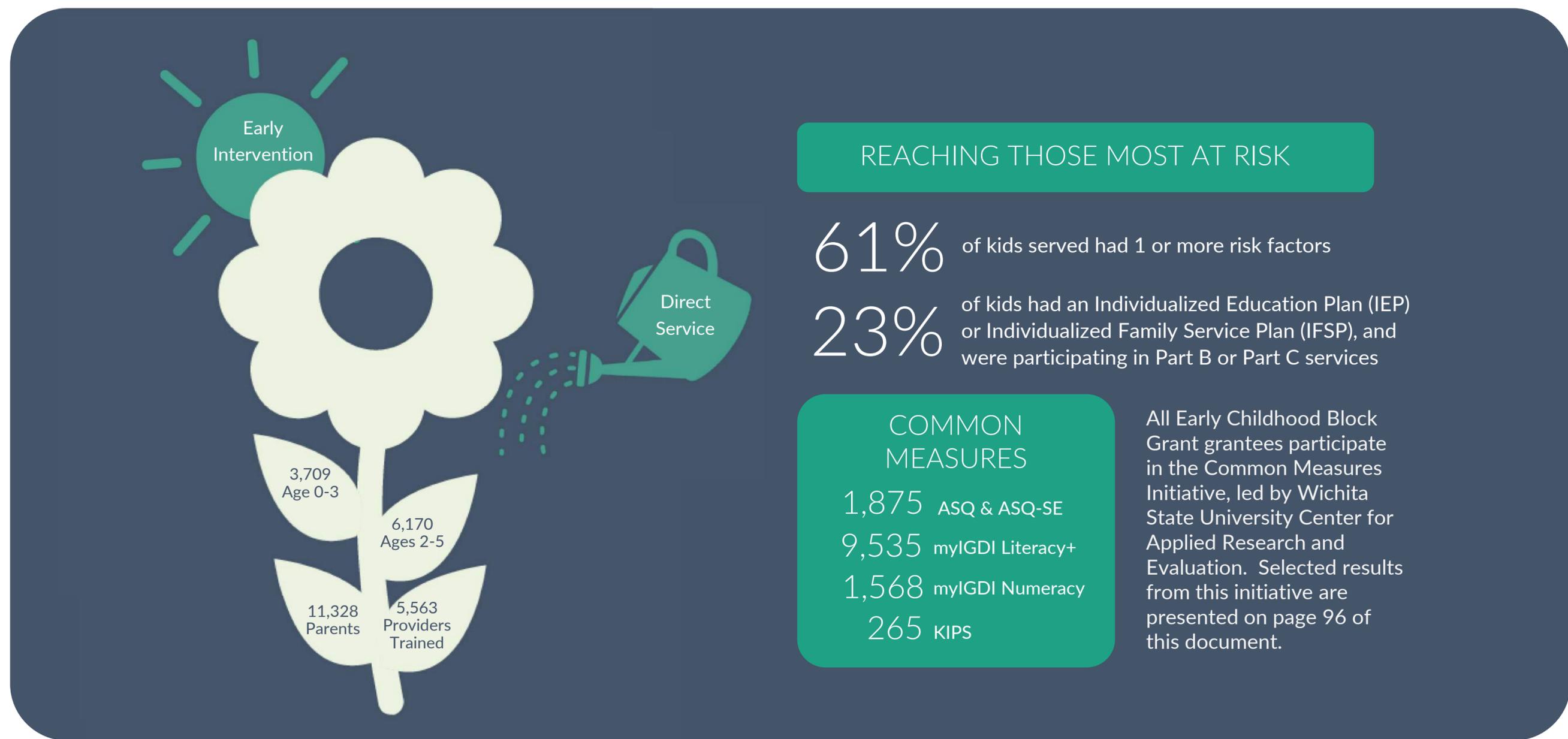
■ Social/emotional  
support

■ Mental health and  
behavioral supports

■ Family engagement

■ Child care quality

# Early Childhood Block Grant



**Evaluation Practices:** Early Childhood Block Grant grantees collect and report data using a variety of Common Measures depending on the services being offered. An external evaluator, the Center for Applied Research and Evaluation at Wichita State University, conducts an annual standardized evaluation across all ECBG programs. The evaluation is used to demonstrate results, show accountability, improve services, and build community awareness. Results are disseminated through individual reports to each grantee, their board, in publications, the Annual Investment Impact Report (aiir), and in communities to share with partners in the private sector.

**Evidence-Base: Grant Program.** Awards grants to multiple sites for a variety of evidence-based early childhood activities and interventions.

# Early Childhood Block Grant

## LOOKING BACK

- Focused on getting grantees to serve more at-risk populations
- Increased emphasis on data collection, including improvements to DAISEY and trainings on common measures
- CLASS certifications and assessments
- Switched from calendar year accounting to state FY on July 1

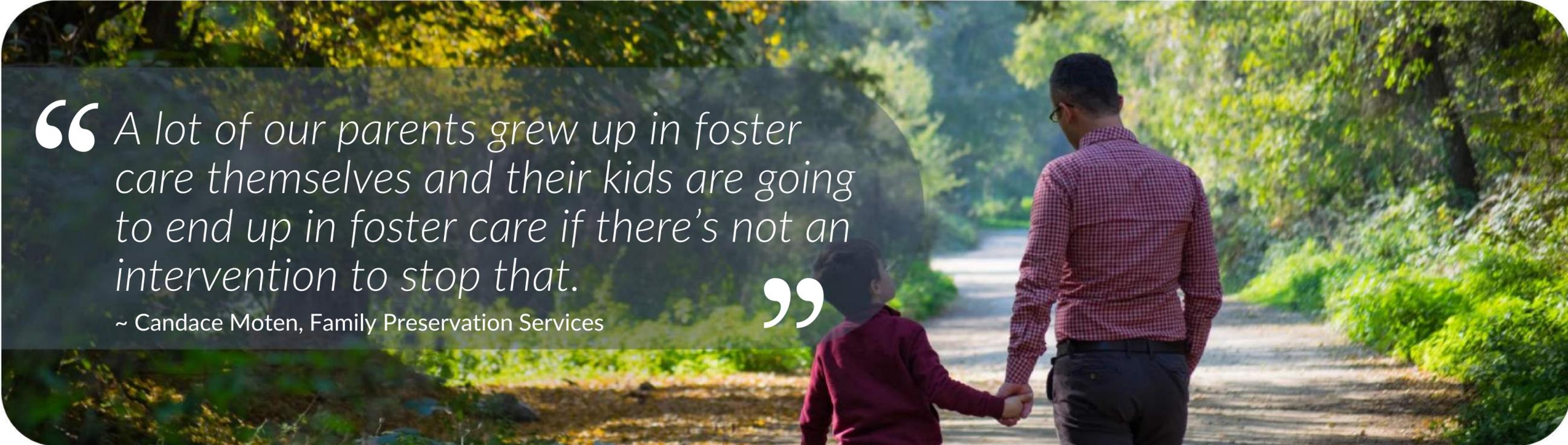


## LOOKING FORWARD

- Will track how many hours per week children are in programs for CLASS assessments (dosage and duration)
- Changes in evaluative practices may be considered as WSU looks at correlations between measurement tools
- Looking at trends in services across communities
- Concerns about lowered/lost funding and the impact on children and families, particularly those already at risk, or in underserved communities
- Due to 14% funding cut, programs had to eliminate or decrease the intensity of some services, impacting approximately 1,400 children

# Family Preservation Services

Intensive in-home services for families at-risk



“ A lot of our parents grew up in foster care themselves and their kids are going to end up in foster care if there’s not an intervention to stop that.

~ Candace Moten, Family Preservation Services

”

**Keeping children out of foster care** has been shown to reduce the incidence of problems later in life. By helping families cope with a range of issues — from economic to social — that might otherwise lead to child abuse and neglect, Family Preservation Services (FPS) offers them the tools they need to stay together. FPS includes a formal assessment of the family’s situation; a step-by-step plan to achieve well-being; and guidance in accessing community-based resources and supports. Families are active participants throughout the process, from identifying obstacles to a safe and healthy home environment to selecting services to address those issues.

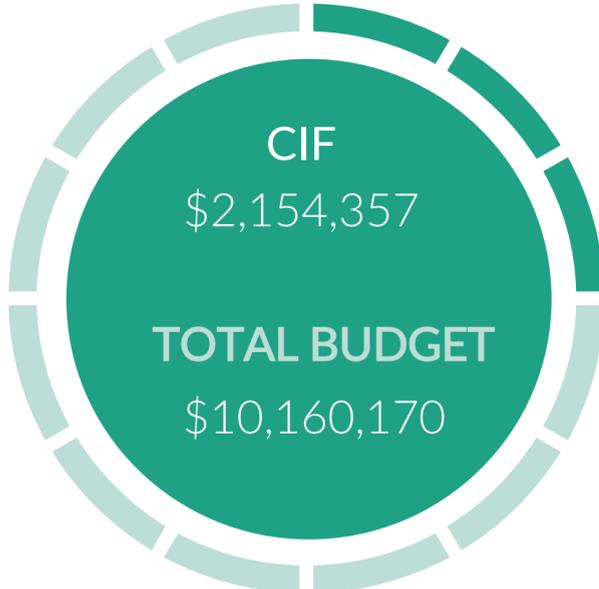
## STRATEGIES

- **Counseling, Education**  
Help families cope with stressful situations before they lead to abuse or neglect.
- **Child Care, Respite Care**  
Provide in-home support instead of removing a child from the home.
- **Financial Assistance**

# Family Preservation Services

## THE NEED

Removing children from their families is traumatic for everyone involved. In addition to the immediate financial cost of foster care, there are often long-term consequences that will require further intervention down the road, from teen pregnancy and homelessness to mental health treatment and incarceration. By providing in-home services and supervision, FPS protects at-risk children without breaking up families. Although not every case can be resolved without recourse to foster care, FPS greatly reduces the number of kids forced to leave behind their home, family, school, and community, helping break the cycle of abuse and neglect.



## OUR SOLUTIONS

■ **One-year** intensive in-home services for families at risk of having a child removed due to abuse/neglect.

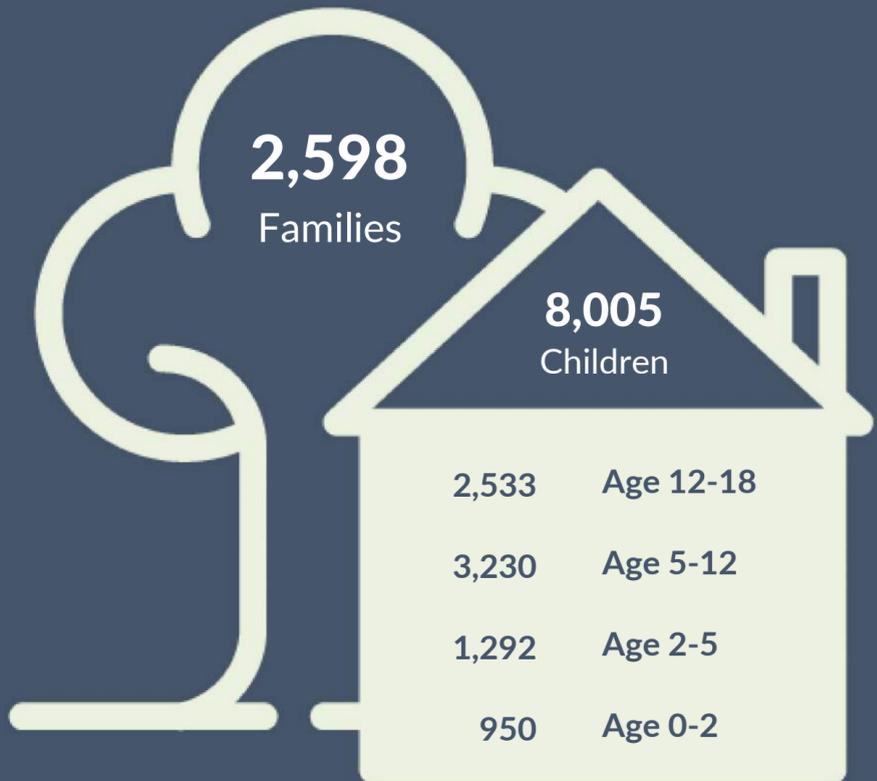
■ **Case managers and licensed specialists** address issues ranging from mental health to parenting skills to household management, while closely monitoring child safety.

■ **Partnerships** with local, state and federal agencies allow access to needed services.

■ **Flex Funds** provide emergency goods and services in crisis situations.

■ **Parents are involved** in planning and decision-making; participation is voluntary.

# Family Preservation Services



POPULATION SERVED

Keeping a child safe at home with their family benefits us all

♥ \$ ♥ \$ ♥

Average cost of FPS for one family for a year **\$3,999**

Average cost of maintaining one child in foster care for one year **\$18,630**

82%

Of families served were prevented from having a child removed

100%

Of pregnant women using substances while pregnant delivered babies substance free

95%

Of families referred did not have a substantiated finding of abuse or neglect

**Evaluation Practices:** Family Preservation conducts a federal evaluation which includes monthly case reads to assess quality of standards, improve performance, and meet federal guidelines for in-home services. Program administrators continually monitor program outcomes, as data are gathered and reconciled monthly with FPS providers. The purpose of the evaluation is to ensure standards for program outcomes are being met. Program evaluation findings and program outcome reports are disseminated on the DCF website.

**Evidence-Base: Strong Evidence.** Multiple studies have found a statistically significant positive effect of receiving services compared to a control group, and at least one study has found effects at least one year beyond the end of treatment.

# Family Preservation Services

## LOOKING BACK

- New Program Administrator, Thomas Buell
- Core competency training for providers implemented by DCF
- Quarterly provider meetings to address regional issues and goals
- Advisory Workgroups expanded to include front line workers and supervisors, and given a new charter
- 22 focus groups convened statewide to look at regional and statewide issues, areas for improvement
- Facilitator hired to increase client participation in quarterly meetings, with positive results



## LOOKING FORWARD

- Based on results of the Child & Family Service Review (CFSR), a Program Improvement Plan (pending approval by ACF) will be implemented and monitored
- Staff turnover remains a challenge
- Revised procedural policy requires each child in a family to be seen alone at least monthly
- CIF funding provides services to approximately 519 families, preventing 1,298 children from entering into foster care

# Healthy Start Home Visitor

Home visiting services for pregnant women, new mothers, and infants



“*Providing information and resources can result in changes in behavior.*”

~ Phyllis Marmon, KDHE Home Visiting Administrative Consultant

To help new parents give their child the healthiest possible start in life, Healthy Start Home Visitor (HSHV) offers outreach and referral services to pregnant women and families with babies up to one year of age. The aim of HSHV is to increase the number of women receiving comprehensive health care and services during pregnancy and beyond. Home visits provide opportunities to observe the home environment, identify needs, barriers, and supports for reaching family health goals, and adapt interventions to meet needs. Services are short-term, providing one to a few visits based on individual/family needs.

## STRATEGIES

### ■ Education and Support

- Pregnancy and child care information and guidance
- Identification of unhealthy maternal behaviors
- Reducing feelings of isolation and stress

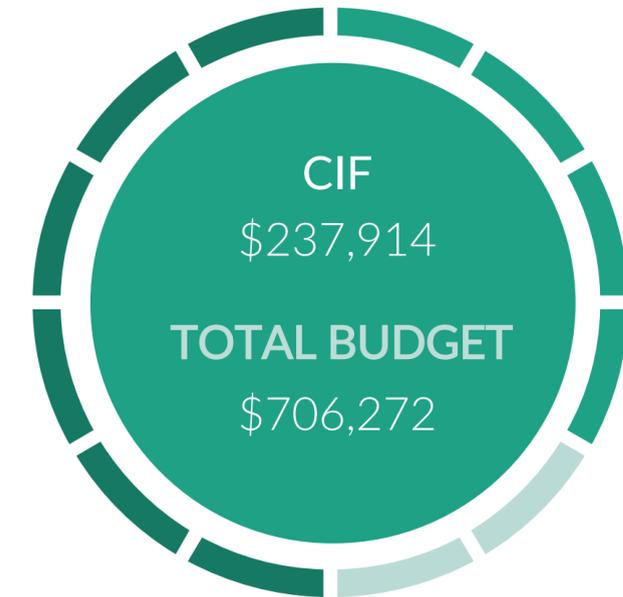
### ■ Referrals and Resources

- Screening and referrals to community agencies
- Encouragement for preventive care
- Access to necessities (diapers, food)

# Healthy Start Home Visitor

## THE NEED

Many communities offer limited resources for expectant and new mothers. HSHV helps fill those gaps by providing in-home screenings, education, and preventive care to improve both maternal and infant well-being, which in turn reduces the need for later interventions. As part of a continuum of care, home visitors ensure that young families are able to meet their basic needs and, if required, access other services such as WIC, nutrition support, or longer-term home visiting programs.



## OUR SOLUTIONS

- **Program offers short-term intervention,** beginning prenatally and up to one year post-delivery.
- **Program identifies families** at risk and links them with services and supports.
- **Paraprofessionals provide in-home interventions** under public health nurse supervision.
- **Home visitors promote** early entry into and compliance with prenatal care while discouraging unhealthy maternal behaviors.
- **Home visitors work to improve** and enhance parenting and problem solving skills.

# Healthy Start Home Visitor

# 82%

of Kansas women received prenatal care in the 1st trimester in 2015. Program aims to increase healthcare during pregnancy, and Kansas women exceeded the national average of 78%.



*“Healthy Start Home Visitors' universal approach plays a key role in reaching women who might not otherwise receive services”*  
~Traci Reed, KDHE Children and Families Section Director

## POPULATION SERVED

PRENATAL to 2	4,452 CHILDREN
PARENTS	7,523
PROVIDERS	327 through PROFESSIONAL DEVELOPMENT
STATEWIDE REACH	76 of 105 KANSAS COUNTIES

## RESULTS

Program aims to increase initiation, duration, and exclusivity of breastfeeding. Kansas mothers have persistently been behind the national average, but are **closing the gap**.

- 40% of children born to Kansas mothers in 2011 breastfed at least six months. compared to the national average of 49%.
- **51% of children born to Kansas mothers in 2013 breastfed** at least six months compared to the national average of 52%.

Program aims to decrease maternal smoking during pregnancy and Kansas has **made steady progress** in this area over the past few years. In 2015, **91% of pregnant women did not smoke** in the last three months and 89% did not smoke at all during pregnancy.

**Evaluation Practices:** KDHE collects information from local HSHV providers through funding applications, quarterly progress reports, and monitoring activities to determine progress towards MCH national and state performance measures, program objectives, and impact. HSHV data collection and reporting transitioned to DAISEY beginning in January 2016. Formerly population-based, evaluative measures will now focus on HSHV grantees. Evaluation practices focus on program service and continuous quality improvement to better connect families to existing resources, resulting in better health outcomes for prenatal women, new mothers, and their infants. Evaluation findings are included in the annual Title V Maternal and Child Health Block Grant report and are shared with local provider agencies, the Kansas MCH Advisory Council and other community partners through the KDHE Maternal and Child Health web page, community outreach activities, and presentations.

**Evidence-Base: Gateway Service.** Healthy Start Home Visitor identifies unique needs and connects parents with other appropriate evidence-based services and resources to support healthy families and babies.

# Healthy Start Home Visitor

## LOOKING BACK

- Public awareness efforts and increased collaboration has been able to reach more communities and more families. Additional counties have expressed an interest in implementing HSHV
- 75 local staff positions funded and a new Home Visiting Administrative Consultant position created at the State level.
- Presented at Governor's Health Conference on engaging families
- State-level web site to improve communication among programs, avoid duplication of efforts
- Improved administration and data, accountability, and quality



## LOOKING FORWARD

- Redesigning program and implementing over next year
- Continuing the transition to DAISEY which began in January 2016
- Working on assessment to determine client's o determine the level of current need that the prenatal woman, new mother and/or infant has to inform duration and dosage
- Improving collaboration with Maternal, Infant, and Early Childhood Home Visiting program and other service providers to avoid duplication of efforts
- Collecting recommendations for program redesign
- Continuing investigation of EBP models to guide program development

# Infants and Toddlers Program

Health, education, and support services for children with disabilities or developmental delays



“

*Our main focus is to support the family so they can support the child.*

~Peggy Kemp, Infants and Toddlers Program

”

A child facing a disability or developmental delay often requires significant additional support from both family and ancillary caregivers. In accordance with the federal Individuals with Disabilities Education Act of 2004, the Infants and Toddlers Program (also known as tiny-k or Part C) helps families access needed services in a natural environment, whether the home, a child care facility, or other community setting. Working with families, care providers, and other community partners, Infants and Toddlers promotes early screening and diagnosis of developmental issues. Services from tiny-k providers help prevent secondary disabilities and eliminate or decrease future special education costs.

## STRATEGIES

■ **Developmental Evaluation and Assessment.**

■ **Training and Counseling**  
Train child care providers in recognizing developmental issues.  
  
Provide support and coaching for parents.

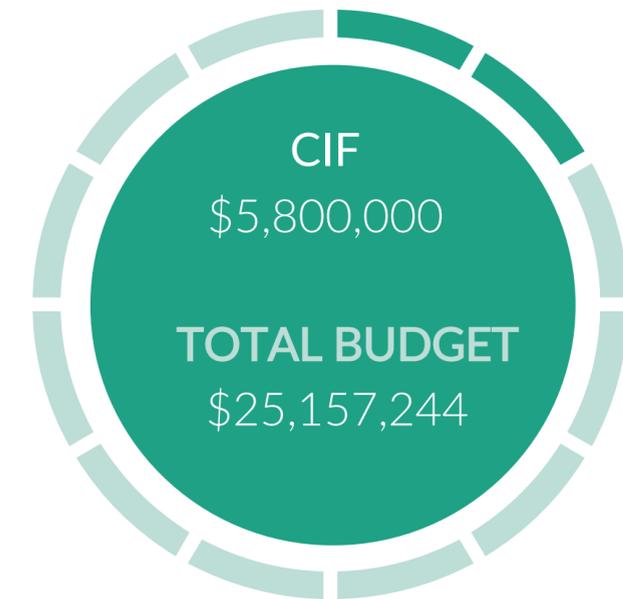
■ **Service Coordination**

- Speech-Language Services
- Physical Therapy
- Vision Services
- Social work
- Psychological Services
- Audiology Services
- Assistive Technology

# Infants and Toddlers Program

## THE NEED

Without early detection, developmental delays are more likely to lead to secondary disabilities and costly special education services. Working with families, care providers and other community partners, Infants and Toddlers promotes early screening and diagnosis of developmental issues. The treatment model is relationship-based rather than clinical, with parent coaching and support as its focal point. Infants and Toddler Services works to support children in both their home and their community by helping them join their peers in activities such as sporting and social events.



## OUR SOLUTIONS

- **Child Find system** identifies developmental delays, with mandatory referral within seven days.
- **All eligible children** ages 0-3 are served via one of 33 tiny-k programs. Early intervention is provided in the home or other natural environment (e.g. school or park), promoting inclusive treatment of children with disabilities.
- **Parents receive support** and coaching. The treatment model is relationship-based rather than clinical, with parents encouraged to advocate for their child.
- **Partnerships with community agencies** such as hospitals, homeless shelters and childcare providers facilitate early identification and intervention.
- **Childcare providers** receive training in recognizing developmental issues, making referrals as needed.

# Infants and Toddlers Program

## 1 in 5

Children in the Infants and Toddlers program need no additional services after age 3

*“Early intervention sets the stage for long-term growth.”  
~Infants and Toddlers Program*

All participating children in these programs had established development delays.

### POPULATION SERVED

- PRENATAL TO 2** Direct services to 9,688 infants and toddlers
- AGES 2 TO 5** Direct services to 3,616 kids
- PARENTS** Provided services to 9,688 parents
- PROVIDERS** Professional development to 2,116 providers

**66%** of children who entered the Kansas Infant-Toddler Services program below age expectations, substantially increased their rate of growth in positive social-emotional skills by the time they turned 3 years of age or exited the program

**97%** of families participating in Part C reported that early intervention services have helped the family help their children develop and learn

**100%** of infants and toddlers with Individualized Family Service Plans (IFSP) receive the early intervention services on their IFSPs in a timely manner

**88%** of children were assessed to be at-risk by the Early Communication Indicator, down from 96% at first observation. (IGDI)

**40%** of children met Early Problem Solving Indicator benchmarks, up from 22% at first observation. (IGDI)

**Evaluation Practices:** Infants and Toddlers conducts an internal evaluation based upon data provided by local tiny-k networks. The Child Outcome Summary Process (COS) measures progress for children with disabilities and developmental delays within early intervention programs. Data is entered into a data system specific to tiny-k through KDHE, is compiled, and submitted annually for evaluation at the state and federal level. This has improved validity and reliability of data and enhanced local programming. Findings are used to improve implementation of IDEA and report on progress to determine how well the state has improved results for infants and toddlers with disabilities and/or their families.

**Evidence-Base: Strong Evidence.**

Multiple studies have found that practices effectively support and build the capacity of parents and caregivers and demonstrate sustained improved outcomes for children with or at risk for developmental delay.

# Infants and Toddlers Program

## LOOKING BACK

- Training for 1,732 early intervention providers and administrators
- Looking at data in a more in depth way to maintain and strengthen local leadership teams and adjust to program and family needs
- Increased hearing and vision screenings
- New satellite office to expand service provision for foster care system



## LOOKING FORWARD

- Working on disconnect with medical community and how to help parents cope with diagnosis
- Seeking additional community partners to expand screening and service delivery
- Continuing to improve monitoring and services for children in foster care
- Considering how budget cuts will affect compliance with federal law

# Kansas Preschool Program

Supporting access to early education for at-risk populations



“ *When I'm thinking about investments in early childhood, I'm thinking about what happens to that child when they are 25. They are independent and they are working and contributing to our society.* ”  
~ Colleen Riley, Kansas Preschool Program

Although participation in early childhood programs has been shown to have lifelong academic and social benefits, 60 percent of Kansas children from low-income homes are not enrolled in preschool. The Kansas Preschool Program (KPP) works to promote wider access to quality early education, particularly among at-risk populations, in 12 communities across the state. KPP provides high-quality learning experiences and comprehensive services to children and their families through a collaborative, community-and-school-based process. With support from the Kansas State Department of Education, KPP is committed to preparing every child in the program to enter kindergarten ready to succeed.

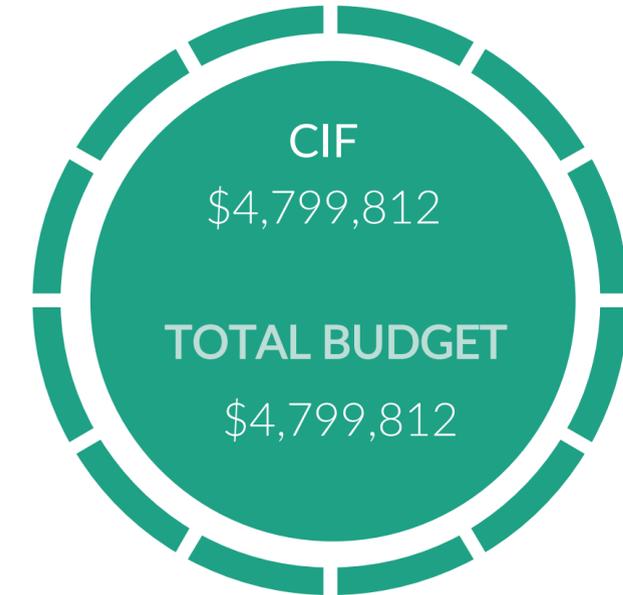
## STRATEGIES

- **Education**
  - High quality early learning
  - Data-based instructional decision-making
- **Family Engagement**
- **Community & School-based Collaboration**
- **Targeted Intervention**

# Kansas Preschool Program

## THE NEED

Children who fall behind in basic academic or social/emotional skills before kindergarten are at greater risk of lowered academic performance during their school years, which can have a lifelong impact on a child's development and prospects. KPP helps monitor and improve school readiness by providing access to high-quality early education and performance standards.



## OUR SOLUTIONS

■ **Accessible, high-quality early education** is provided in 12 underserved communities.

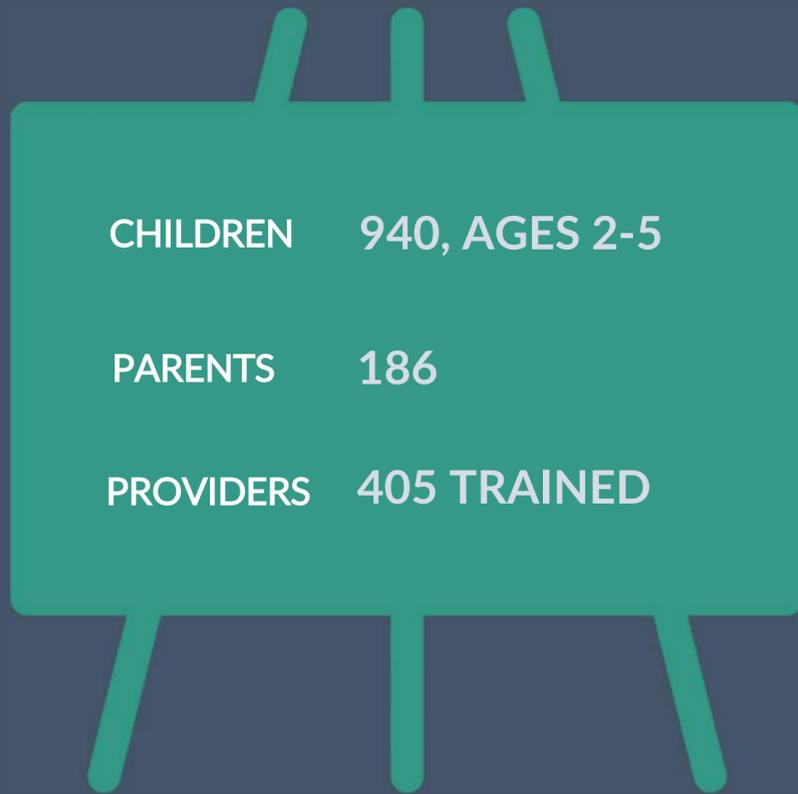
■ **Local districts** determine specific needs and service provisions, including early literacy and positive behavioral support.

■ **Early learning standards and quality indicators** help parents and teachers ensure preschoolers are on track to start kindergarten.

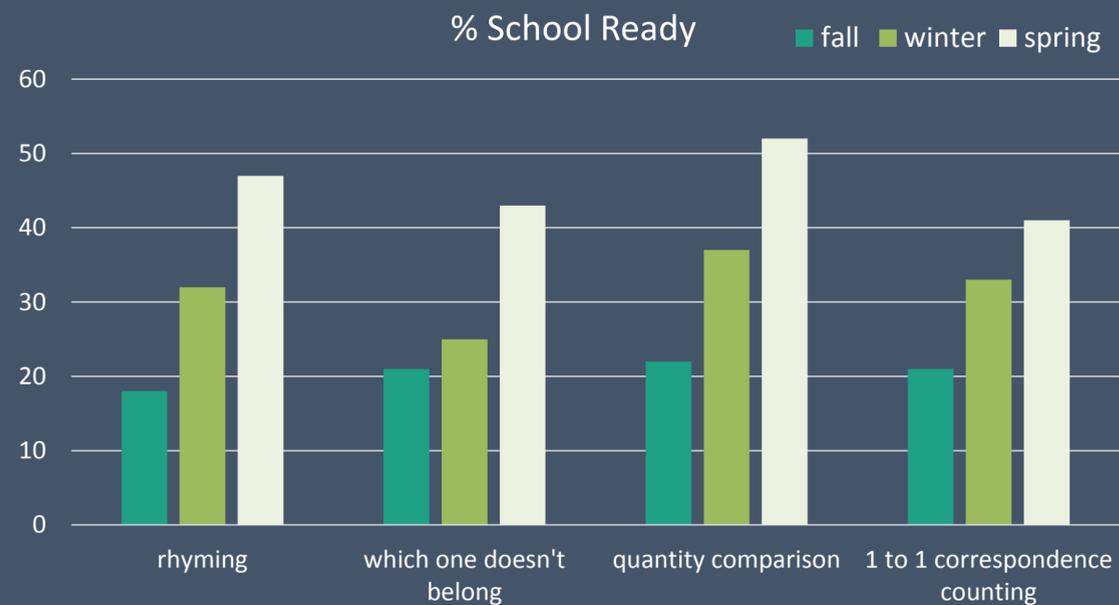
■ **Public-private partnerships** at local and state levels include collaborations among parents, teachers, KSDE, KDHE, DCF, and Head Start.

# Kansas Preschool Program

## POPULATION SERVED



myIGDI Literacy+ and myIGDI Numeracy assessments taken at 3 intervals showed **significant improvement** for all subtests, including:



**Evaluation Practices:** The Kansas Preschool Program conducts an internal evaluation. The grantees utilize the KELI-4 instrument and random sample for school readiness. Data is reported in DAISEY or the KSDE database. KPP grantees self-assess for continuous quality improvement. This assessment informs service delivery to support high quality school readiness services for children ages 3-5.

**Evidence-Base: Grant Program.** The Kansas Preschool Program awards grants across the state to improve access to high-quality preschool. Grantee programs are responsible for adjusting the implementation of program services based on the unique needs of individual communities.

# Kansas Preschool Program

## LOOKING BACK

- No changes in fund distribution from previous year
- Updated application process to online submission, with greater emphasis on self-assessment, EBPs, connection to building blocks
- Maintained high level of service delivery across program
- Ongoing collaborations with other agencies, supplementing each other's strengths

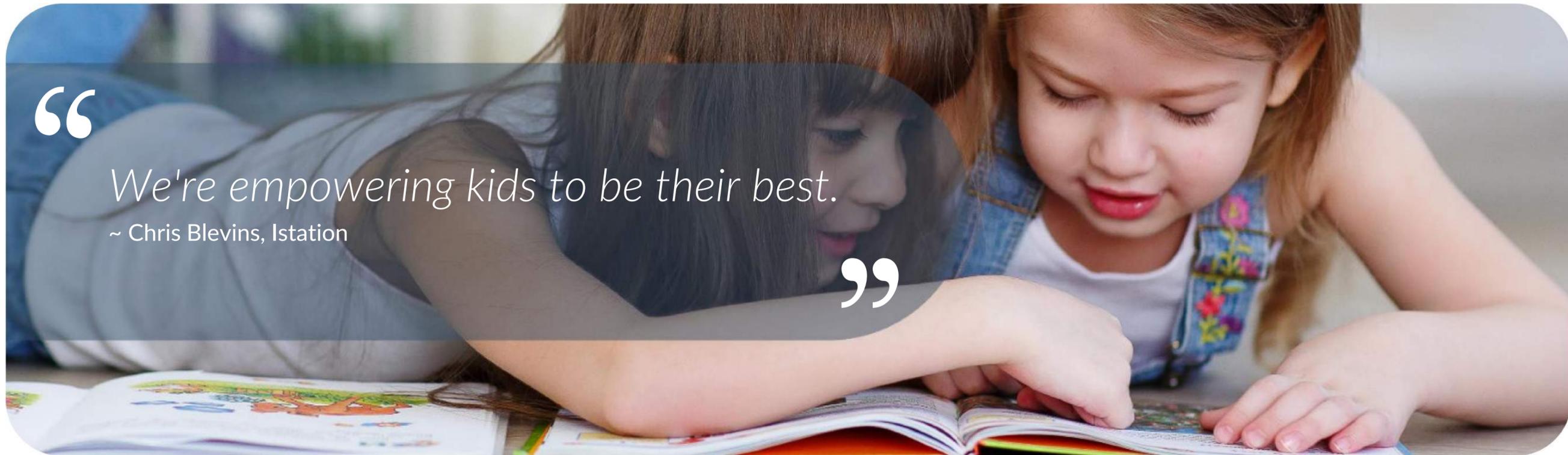


## LOOKING FORWARD

- New application process will streamline data collection and reporting
- Districts have been asked to self-assess and see how they can improve
- Moving towards a full-scale external evaluation process
- Would like to serve more than 12 of the 286 districts in Kansas
- This program is being funded through Temporary Assistance for Needy Families (TANF) in FY2017

# Kansas Reading Success

Individualized reading activities for elementary and preschool students



“

*We're empowering kids to be their best.*

~ Chris Blevins, Istation

”

The Kansas Reading Success Program selected Istation to provide computer-based, adaptive reading assessments and interventions for students in pre-K through eighth grade for the 2015-2016 and 2016-2017 school years. Istation’s interactive software allows individualized screening, instruction and intervention, both in the classroom and at home, at no cost to families. The program’s goal is to help keep student achievement in reading on grade level. Istation is currently in use in 44 states.

## STRATEGIES

■ **Early Identification**

■ **Teacher Resources**

■ **Reading Intervention**

Customized learning

Teacher adaptability

Instant data

Ongoing Assessments

■ **Parent Engagement and Support**

Economical, at-home access to additional instruction time

Individualized attention

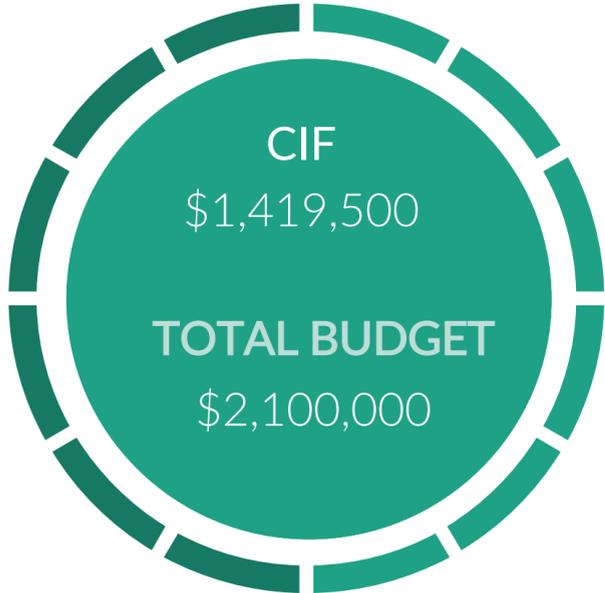
Instant data

Parent resources

# Kansas Reading Success

## THE NEED

With as many as 30 children in a classroom, teachers are hard-pressed to tailor a separate reading curriculum according to the needs of each student. As a result, gaps in achievement may go unnoticed – and therefore unaddressed. Tracking individual student progress and collecting assessment data is also a challenge given the teacher/student ratio, making it difficult to evaluate longitudinal progress or adapt teaching methods as student needs change. At the same time, supplemental reading instruction (such as hiring tutors or additional staff) can be prohibitively expensive for districts and parents.



## OUR SOLUTIONS

- **Meeting children where they** are through an adaptive curriculum and individualized data profiles.
- **Engaging parents** in their child’s learning through at-home access to reading activities and personalized information about their child.
- **Partnerships** with libraries, after school programs, and Fort Hays Tiger Tots program.
- **Saving schools money** and time by removing the need for additional intervention materials and staff time to administer and grade tests.
- **Engaging and interactive** programming makes learning and, even test-taking, fun.

# Kansas Reading Success



Up to 8 times the growth in reading ability scores on campuses with significant Istation usage

*"We are a great resource for parents. We are extending the school day."* ~ Chris Blevins, Istation

## POPULATION SERVED

- CHILDREN** Direct services to 104,166 students
- CAMPUSES** 374 campuses across Kansas use Istation
- DISTRICTS** 146 school districts participate
- HOME USAGE** 74,000 minutes of Istation at-home usage

20

on-site professional development trainings conducted throughout the state with 713 attendees

30

Over 30 customized webinars provided with approximately another 300 attendees



Student reading ability improves with increased exposure to the Istation curriculum

**Evaluation Practices:** Kansas Reading Success utilizes the Istation software, an interactive adaptive model that assesses student reading achievement. Istation uses the MTSS framework as an early reading assessment, which classifies students into different tiers of instruction. Individual student progress and data is tracked and reported to classroom teachers to inform instruction. Fort Hays State University is contracted to evaluate the impact of Istation on student reading achievement and teacher instruction. Findings and outcomes are disseminated to schools, districts, and the state.

**Evidence-Base: Promising Evidence.** Research has found Istation reading technology software to be effective in improving reading proficiency among elementary school students over time.

# Kansas Reading Success

## LOOKING BACK

- Approved by KSDE to begin Istation implementation in October 2015
- Worked with KSDE to roll out Istation in 146 districts
- On-site and online trainings for more than 1,000 teachers and staff
- Savings on books, staff time, extracurricular resources
- Funding secured for next fiscal year



## LOOKING FORWARD

- Considering the unique needs of rural populations and how to meet them (e.g. taking advantage of bus/transit time)
- Studying successful districts to help other areas get the most out of Istation
- Looking into the process of a predictability study
- Anticipating a significant increase in the number of children enrolled next year

# KIDS Network Grant

Kansas Infant Death and SIDS Network



“*The misconception is that infant mortality happens to one specific population... it happens to people of all socio-economic groups, all races, all education levels.* ~ Christy Schunn, KIDS Network”

The tragedy of infant death touches hundreds of Kansas families every year. The Kansas Infant Death and SIDS Network (KIDS) supports individuals who have experienced such a loss, as well as organizations working to reduce the risk of infant death through education, training, and research. A major focus of the Network’s outreach is promoting safe sleep practices. This is achieved through multiple innovative initiatives, including: Safe Sleep Community Baby Showers; Cribs for KIDS; safe-sleep education for new and expectant parents via hospital, home visit, or birthing center; and safe-sleep training for healthcare and child care providers.

## STRATEGIES

- **Research and Training**
  - Support research into SIDS
  - Train healthcare providers
  - Train child care providers

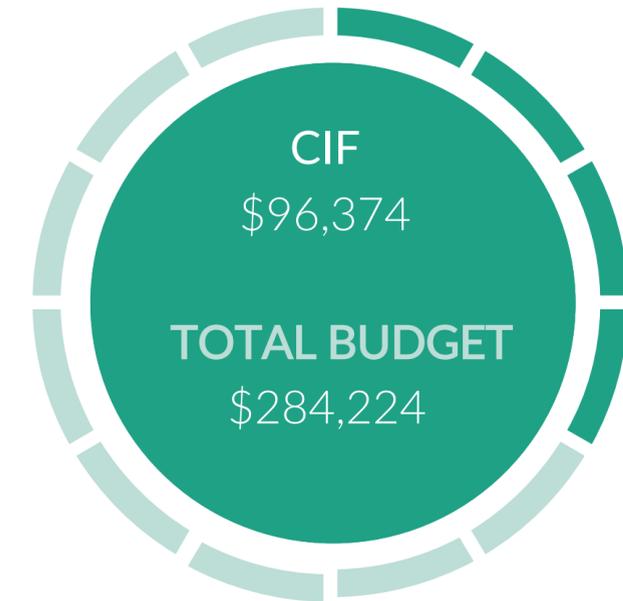
- **Family Support**
  - Provide infant products for needy families
  - Provide hospital and home visits

- **Community Baby Showers**

# KIDS Network Grant

## THE NEED

The death of an infant creates a ripple effect, taking a tremendous toll on the parents, as well as their network of family and friends. Sudden Infant Death Syndrome is the leading cause of death in the United States for infants between the ages of one month and one year but there are ways families can decrease the risk. KIDS Network works to prevent the risk of SIDS by providing education on safe sleep practices, providing cribs to families in need, and supporting research on the underlying causes of infant mortality.



## OUR SOLUTIONS

- **Community Baby Showers** teach the ABCs of safe sleep (alone, on the back, in a clutter-free crib).
- **Nurses, doctors, social workers, EMTs, home visitors, and other practitioners and community members** are trained to spread awareness of safe sleep techniques.
- **Families in need** receive cribs.
- **Collaboration among state and local entities** (Healthy Start Home Visiting, churches, civic groups) enhances service and support.
- **Research on SIDS**, both behavioral and physiological, is supported and put into practice.

# KIDS Network Grant

## POPULATION SERVED

### 1,570 CHILDREN



1,500 prenatal to 2 years



70 Ages 5 to 12

### 17,028 COMMUNITY MEMBERS



3,123 providers were trained on safe sleep and bereavement



1,500 caregivers were educated about safe sleep at Safe Sleep Community Baby showers and Safe Sleep instructor trainings



13,405 were reached through professional meetings and KIDS community events

24 Safe Sleep instructors were trained in 14 cities across Kansas, and conducted trainings for 378 others.

5.9

Last year, Kansas recorded its lowest-ever infant mortality rate. 5.9 per every 1,000 live births.

24

914 parents at a single hospital (Lawrence Memorial) viewed the video on safe sleep, distributed throughout the state.

914

92

92% of mothers planned to create an environment for safe sleep after attending the Sedgwick County Community Baby Shower.

**Evaluation Practices:** The KIDS Network contracts with an external evaluator at the University of Kansas Medical Center. Evaluation practices measure knowledge and behavioral changes of safe sleep, service delivery, and outcomes. Evaluation practices have been modified to collect more complete, reliable, and valid data. Data are collected at various points depending on service delivery setting during the continuum of care for parents/caregivers, child care providers, and medical professionals. Evaluation findings inform program changes for continuous quality improvement and service delivery. Findings are disseminated in publications, the website, conferences, and board meetings.

**Evidence-Base: Innovative Program.** KIDS Network Grant is actively working to establish an evidence-base for their practices by conducting rigorous research using appropriate comparison methodologies, and submitting their findings to peer-reviewed journals.

# KIDS Network Grant

## LOOKING BACK

- Trained 24 additional safe sleep instructors statewide
- Four Community Baby Showers, attended by 455 pregnant mothers
- Working on continuum of care, from OBGYNs before conception to hospital nurses to pediatricians
- Survey through Kansas Hospital Association to better target efforts
- Strategic plan meeting in May to guide next five years
- Scholarly publications in conjunction with KU Medical Center
- Zero to One series through Kansas Health Foundation
- Community fundraising events, including golf tournament and memorial walk



## LOOKING FORWARD

- Presenting at international conference in Uruguay (one of 12 states participating in international movement)
- Would like to add 5-10 more SSI instructors every year, targeting counties with highest infant mortality rates, highest poverty and lowest education
- Applying for grant to look at racial disparities in infant mortality
- Will continue to disseminate information around the state and nationally
- Loss of CIF money would eliminate paid staff crucial to maintaining organizational infrastructure

# Newborn Hearing Aid Loan Bank

Hearing aids for infants in need



“*The sooner the infant is fitted with hearing aids, the greater the chance for normal speech and language development.*”

~ Newborn Hearing Aid Loan Bank

An infant with hearing loss can suffer dramatic developmental delays, especially if the condition isn't diagnosed and addressed early. The Newborn Hearing Aid Loan Bank (NHALB) helps remove financial barriers to fitting children with hearing aids by making a range of amplification devices available for families to borrow. With a goal of diagnosis by three months, and intervention no later than six months of age, NHALB strives to give Kansas children under the age of 36 months maximum access to auditory input during a critical period of language development.

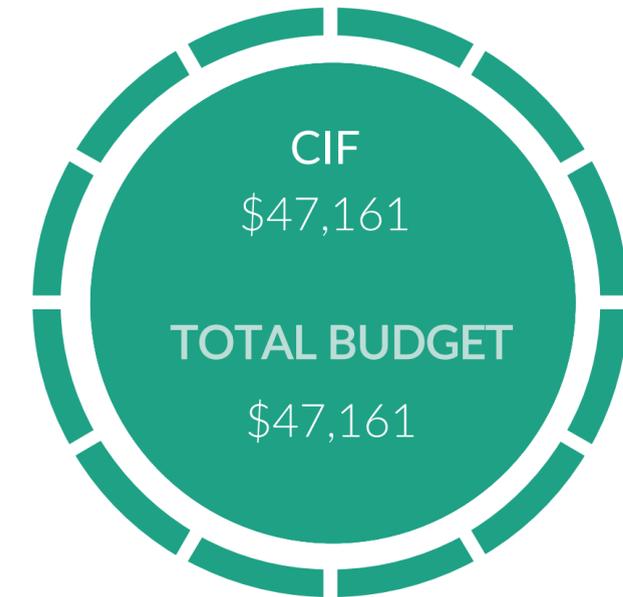
## STRATEGIES

- **Early Identification and Intervention**
- **Support Services for Children and Families**  
Referrals, education, and peer support
- **Professional Development**  
Training for health professionals and home visitors
- **Financial Support**

# Newborn Hearing Aid Loan Bank

## THE NEED

Timing is crucial in the diagnosis – and treatment – of hearing impairment. If children aren't fitted with hearing aids within the first six months of life, they risk significant delays in speech and language acquisition. Since the cost of such equipment is often prohibitively expensive, NHALB makes high-quality hearing aids available to Kansas families, ensuring maximum access to auditory stimuli at a crucial age and reducing the need for additional interventions later in life.



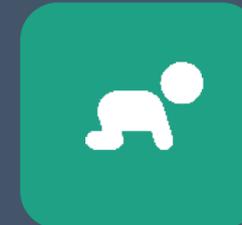
## OUR SOLUTIONS

- **SoundBeginnings** educates hospitals, health departments, home visiting programs, midwives and physicians about the importance of early hearing-loss diagnosis.
- **Children** as young as one month of age are fitted with appropriate amplification devices by licensed audiologists.
- **High-quality digital hearing aids** are provided to families with limited or no insurance or other financial barriers, eliminating delays in treatment.
- **Kids and families** receive additional early intervention services through referrals from NHALB.
- **Parents** are involved through the Newborn Hearing Screening Advisory Council. Peer support is provided through web-based Family Support Consultants.

# Newborn Hearing Aid Loan Bank

# 86%

Of program participants are under age two. Program aims to reach children between birth to three when neuroplasticity is greatest.



*"This is a fantastic program. Without it we would have had to sell our car to pay for the hearing aids."*

*~ Parent of child fitted with hearing aids from Newborn Hearing Aid Loan Bank*

## POPULATION SERVED

DIRECT SERVICES TO 37 CHILDREN

DIRECT SERVICES TO 74 PARENTS

TRAINING FOR 287 PROVIDERS AND HOSPITALS

## RESULTS

Program aims to equip as many infants born in Kansas and identified with hearing loss as possible. This year, 73% of those identified received early intervention services before six months of age, **up 20% from last year.** 

Program aims to decrease the time span between identification of hearing loss and intervention. **100% of infants were fit with amplification within six months of applying.**

**Evaluation Practices:** The Newborn Hearing Aid Loan Bank utilizes the Parents' Evaluation of Aural/Oral Performance of Children (PEACH) as a tool to record each child's auditory experience, to evaluate the effectiveness of his or her hearing aids and track individual progress over time. Additionally, the loaner program collects a parent satisfaction survey. The intent of the evaluation is to demonstrate impact, improve program design and implementation, identify areas of improvement and communicate the program's impact. Evaluation findings are reported annually to coordinators, the SoundBeginnings Advisory Board and the Kansas School for the Deaf.

**Evidence-Base: Strong Evidence.** Multiple studies have found that early identification and intervention is effective in addressing hearing loss and associated speech and language issues in early childhood.

# Newborn Hearing Aid Loan Bank

## LOOKING BACK

- Began 10<sup>th</sup> year of operation in July
- Following new pediatric audiologist's guidelines, hearing aids ordered as needed instead of sitting on the shelf, eliminating issues with expired warranties
- New five-year contract with hearing-aid manufacturers and audiologists
- Enhanced data tracking system
- Enhanced Family Support Network
- Increase in referrals
- More variety in available equipment, enabling audiologists to better tailor hearing aids to each child's needs
- Trained 40 interventionists in Salina, who are working with deaf/hard of hearing children
- Administration transferred from Kansas School for the Deaf to Kansas Department of Health Early Hearing Detection and Intervention Program (KDHE-EHDI)



## LOOKING FORWARD

- New contracts will all NHALB to further reduce the time between diagnosis and fitting
- Hearing aids will be selected based on individual need rather than purchased in bulk
- Further increases in referrals are anticipated under the new contract system, which allows faster and more accurate provision of hearing aids

# Parents as Teachers

Home visits for new parents to stimulate child learning and development



“...states that wait to start early childhood education until age 4 are making a huge mistake...by starting at birth, Parents as Teachers starts at just the right time.”

~ Dr. Edward Zigler

Teaching parents to stimulate early development and learning within the home is the focus of Kansas Parents as Teachers (PAT). An affiliate of the national PAT model, the program is administered through local school districts by the Kansas State Department of Education, and has four interrelated components: personal visits, group connections, screening, and resource connections. Using a research-informed curriculum, certified parent educators work directly with families to identify goals and monitor progress, with an emphasis on parent-child interaction and development-centered parenting. Educators also refer families to community services and resources, as needed.

## STRATEGIES

### ■ Education, Resources, and Referrals

Visiting families in their home environment to provide resources, conduct screenings, offer referrals, and counsel parents on child development and effective parenting techniques

### ■ Community Partnerships

Partnering with schools, health departments, and early childhood programs to improve infant and toddler pre-literacy, pre-math, motor skills, and health

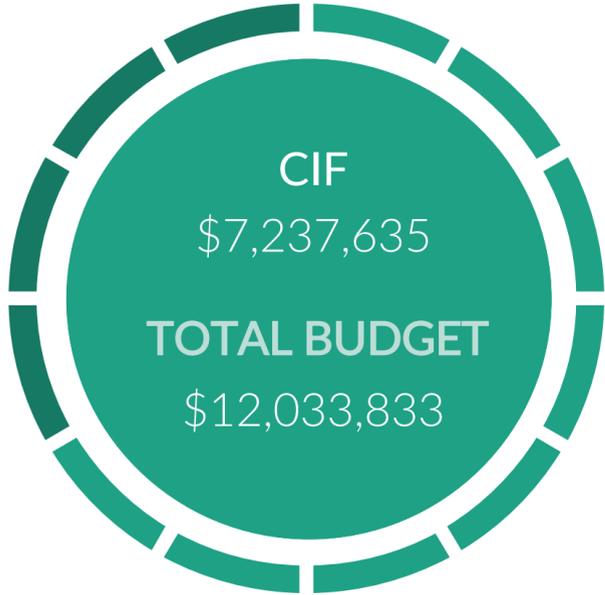
# Parents as Teachers

## THE NEED

A series of social, medical, and economic factors – from parental age or illness to a death in the family – can put children at risk of falling behind their peers developmentally. Parents as Teachers helps identify potential problems and coordinate early intervention services. Adult family members, including grandparents and foster parents, are closely involved in planning and implementing activities to improve a child’s school readiness, using a variety of community resources, including peer-to-peer support and parenting classes.

## OUR SOLUTIONS

- **Families with children in the prenatal to 3 age range** receive home visiting services for adult family members to learn about child development, effective parenting techniques, and setting family goals.
- **Group sessions** foster peer-to-peer support and sharing of knowledge.
- **Screenings (health, hearing, vision, development)** are offered in the comfort and convenience of a family’s own home.
- **Resources** are provided through a network of community organizations (continuing education, immunizations, child care, food pantries and Supplemental Nutrition Assistance Program (SNAP), mental health services).

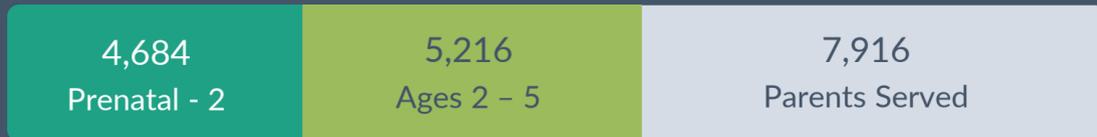


# Parents as Teachers

# 17,816

# of children and parents receiving direct services in FY 2016

## POPULATION SERVED



Collaborated with **165** school districts



Trained **107** providers

# 97%

of the children in PAT are on target for language, communication, and social emotional development.

# 94%

of family's home environments were observed to be supportive of early learning, based on post-test HOME Inventory results.

As measured by the Protective Factors Survey, families showed growth in:

- ✓ Family functioning
- ✓ Social support
- ✓ Concrete support
- ✓ Knowledge of parenting

**Evaluation Practices:** Parents as Teachers conducts an internal evaluation which reports on data collected on the Ages and Stages Questionnaire (ASQ-3 and ASQ:SE), the Protective Factors Survey, and the parent satisfaction survey. The intent of the evaluation is to demonstrate results, accountability, targeted technical assistance, and service improvement. Evaluation findings are disseminated annually to PAT coordinators, on the state website, presented to the State Board of Education, and is shared internally with PAT programs.

**Evidence-Base: Strong Evidence.** Multiple studies using a control group or other comparison methodology have found that PAT has positive effects on child development, kindergarten readiness, and positive parenting practices.

# Parents as Teachers

## LOOKING BACK

- Presented at PAT conference in Dallas
- Accountability and model fidelity have increased
- More developmental screenings in early childhood
- Family activities including Math Night (with school district) and group fitness classes
- Developed cross-agency support systems to ensure the safety of home visitors, in cooperation with Miami County Sheriff's office

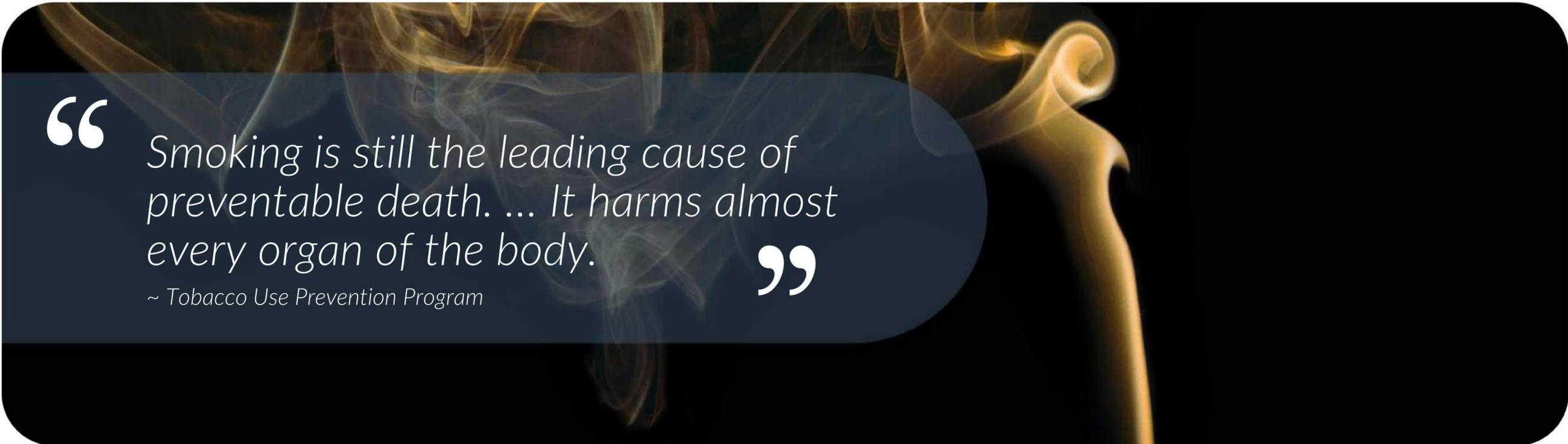


## LOOKING FORWARD

- Collecting data to look at program trajectory over time
- Continuing to work on the challenge of keeping hard-to-reach families engaged
- Looking for ways to increase access to mental health services for infants and toddlers in rural areas
- Counting on continued state-level investment to spread the message that early childhood is important
- This program is being funded through Temporary Assistance for Needy Families (TANF) in FY 2017

# Tobacco Use Prevention Program

Working toward tobacco-free environments for children and families



“Smoking is still the leading cause of preventable death. ... It harms almost every organ of the body.”

~ Tobacco Use Prevention Program

Each year another 2,300 Kansas children become daily smokers, while statewide health care expenditures related to smoking already top \$1.1 billion. To reduce the physical and fiscal toll of tobacco use, the Tobacco Use Prevention Program supports community efforts to employ evidence-based strategies designed to keep young people from using tobacco, help tobacco users quit, and reduce nonsmokers' exposure to tobacco. Community coalitions from the public and private sectors work together to foster a tobacco-free environment for the children and families of Kansas.

## STRATEGIES

### ■ Education and Awareness

Engaging with communities to raise awareness about tobacco use

Tools and training for doctors, WIC counselors, and other providers

Youth prevention and smoking cessation

### ■ Policy Change

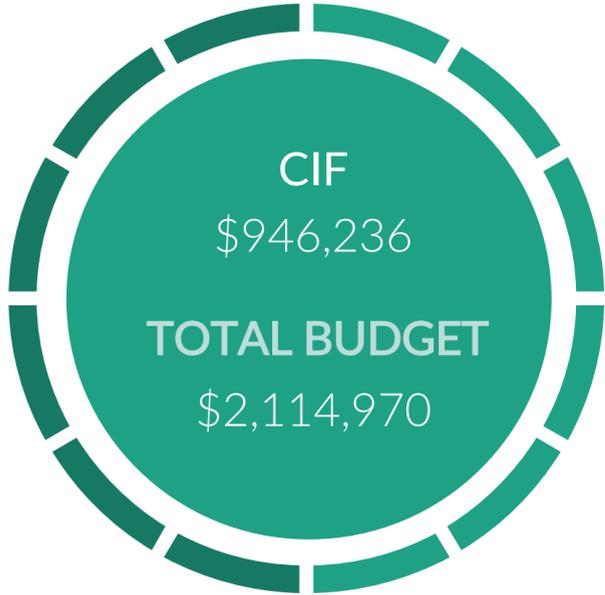
Limiting sales and marketing of tobacco to youth

Establishing tobacco-free environments

# Tobacco Use Prevention Program

## THE NEED

Every year 4,400 Kansans die every year from tobacco-related illnesses, and tobacco-related issues cost the state more than a billion dollars annually. With 394,740 Kansas adults – or 18% of the population age 18 and older – currently reporting cigarette use, the Tobacco Use Prevention Program strives to save lives and money by keeping those numbers from getting any higher. Community-based cessation and prevention programs place a particular emphasis on young people and pregnant women.



## OUR SOLUTIONS

■ 31 Initiatives Focused on Preventing Tobacco Use Among Young People

■ 31 Initiatives Focused on Cessation

■ 26 Initiatives Focused on Eliminating Non-Smoker's Exposure to Secondhand Smoke

# Tobacco Use Prevention Program

For every **\$1** spent on QuitLine and tobacco cessation media **\$9** is saved

*"We need to remain vigilant as new products are introduced into the market."  
~ Tobacco Use Prevention Program*

## POPULATION REACHED



**88%**

Percent of children born to tobacco-free mothers

**59%**

Percent of Kansas adult smokers who tried to quit smoking in the past year

**Evaluation Practices:** The Tobacco Use Prevention Program’s epidemiology team meets quarterly and conducts an annual internal evaluation. The intent of the evaluation is for program improvement, to provide technical assistance and training, build capacity, and improve sustainability. Data are reported in the Catalyst Database. The annual evaluation takes into account both short-term and long-term outcomes by looking at individual grantee performance measures. Evaluation findings are reported annually to the CDC. Information is disseminated in an annual report and through presentations over the course of the year.

**Evidence-Base: Strong Evidence.** At least three studies using comparison methodologies have found quitlines effective, and at least one has demonstrated an effect at least one year post treatment. The Tobacco Use Prevention Program also funds a variety of evidence-based practices to prevent tobacco use on the community level.

# Tobacco Use Prevention Program

## LOOKING BACK

Developed new 5-year tobacco control state plan

Young Lungs at Play program adapted for communities

Trained 1,011 providers, including 147 people who completed the Brief Tobacco Intervention online training

Worked with March of Dimes to educate pregnant women about risks of smoking during pregnancy

Helped establish smoke-free zones in and around parks, playgrounds and pools

Added bimonthly accountability calls to ensure adherence to work plan

Catalyst System was introduced which allows each community to input data and report on progress

Evaluation Workgroup established with quarterly meetings



## LOOKING FORWARD

Revive and build Resist, a youth movement that promotes tobacco-free teens

Reduce youth access to tobacco products and exposure to tobacco marketing

More smoke-free parks and outdoor areas

Increase utilization of tobacco cessation available through Medicaid services

Help all insurers achieve the Affordable Care Act minimum for tobacco cessation

# Growing Tomorrow's Leaders

A close-up photograph of a young child's hands planting seeds into two terracotta pots filled with soil. The child is wearing a grey sweater. The background is softly blurred, focusing attention on the child's hands and the pots.

ECBG: Giving Kansas children their best chance to grow and thrive

“We are planting seeds for the workforce of the future.”

~Amanda Adkins, Chair of the Kansas Children's Cabinet

## Section 4

Early Childhood  
Block Grants

# Early Childhood Block Grants (ECBG)

The Early Childhood Block Grants account for a substantial percentage of the CIF's annual budget, and as such, are key to the success of the Cabinet's overall mission.

Grantees are selected via request for proposals (RFP), and must meet a series of programmatic and administrative requirements in order to demonstrate adherence to the Cabinet's Blueprint for Early Childhood.

The following section lists 2015-2016 ECBG grantees and provides information on the 2016 RFP. A summary of the outcomes associated with grantees' interventions to address the goals of ECBG provides data collected during the year from June 2015 to May 2016 for the required common measures. Please note the additional requirement in the 2016 RFP of a 10% cash match and sustainability plan, to encourage diversification of funding.

Early Childhood Block Grantees are required to:

- Identify at-risk communities
- Collect Common Measures data across programs
- Follow evidence-based practice guidelines
- Partner with local school districts
- Build on successful initiatives to avoid duplication



# ECBG

## 2015-2016 ECBG GRANTEES

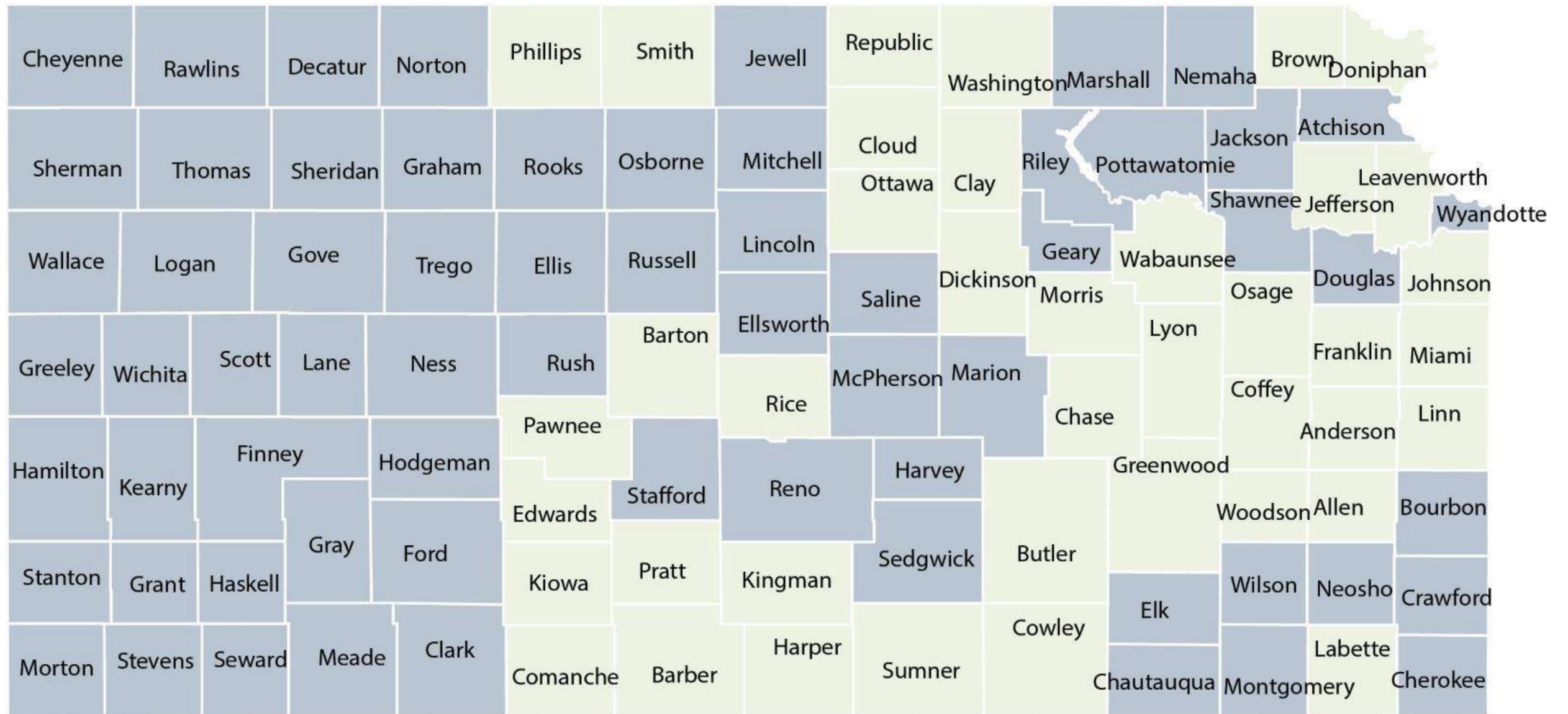
Child Advocacy and Parenting Services, Inc. (Salina)  
 Families and Communities Together, Inc. (Hillsboro)  
 Family Resource Center (Pittsburg)  
 Four County Mental Health (Independence)  
 Hutchinson Community Foundation (Hutchinson)\*  
 Kansas Head Start Association (Lawrence)  
 Northwest Council on Substance Abuse (Colby)  
 Project SPARK (Kansas City, KS)  
 Riley County Health Department (Manhattan)  
 Russell Child Development Center (Dodge City)  
 Russell Child Development Center (Johnson/Stanton Counties)  
 Russell Child Development Center (Southwest Counties)  
 Russell Child Development Center (Ulysses)

Smokey Hill Child Care Foundation (Ellsworth)\*  
 Success by 6 Coalition of Douglas County  
 The Opportunity Project (Wichita)  
 United Way of the Plains (Wichita)  
 United Way of Topeka  
 USD #273 (Beloit)  
 USD #380 (Vermillion)  
 USD #409 (Atchison)  
 USD #445 (Coffeyville)  
 USD # 475 (Geary County)  
 USD # 489 (Hays)

\*indicates new grantee

# ECBG

## ECBG SERVICE DELIVERY



Counties Served by Early Childhood Block Grantees

# ECBG

Funding for the 2016 Early Childhood Block Grant was awarded via a renewal application process. The Cabinet released a request for proposals (RFP) outlining the vision for the Early Childhood Block Grant program, which seeks to build and support innovative service delivery models for children and families in need. Grantees must provide early childhood services for children ages birth to five, including services for prenatal and family supports, and meet six specific early childhood outcomes (see next page). Guided by the Blueprint for Early Childhood, these program models are grounded in a public-private partnership framework and provide direct services to at-risk children and families. To encourage funding diversification, the Cabinet required all applicants to obtain a 10% cash match and develop a financial sustainability plan.

## ELIGIBLE APPLICANTS

Only current ECBG recipients are eligible to apply. Eligible applicants include:

- Locally controlled, community-based entities who provide direct services to at-risk early childhood populations
- County and city governments and Unified School Districts
- Non-profit agencies/organizations, including faith-based and community organizations, with expertise in serving at-risk birth to five populations and their families or with expertise in serving low-income neighborhoods

## AT-RISK CRITERIA

- Children whose family income qualifies them for participation in the federal free or reduced lunch program
- Children whose primary language is not English
- Children without access to a consistent source of health care
- Families residing in communities with limited resources such as quality child care, health facilities, parks, and playgrounds
- Families who have a child at risk for developmental delays or with a known developmental delay

- Families with parents who have less than a high school education
- Military families
- Teen parents

## DIVERSIFICATION OF FUNDS

**Cash match:** Proposals are required to show a cash match of 10% of the total project cost and may request the remaining 90% from the Cabinet. The 10% must be a liquid cash amount, not in-kind donations. “In-kind” refers to contributions of goods or services, not direct dollars.

**Financial Sustainability Plan:** Proposals are required to submit a plan which indicates a financial goal, identify specific potential partners, and describe strategies for both relationship development and maintenance of support.

## REQUIRED OUTCOMES

**Healthy Development** - Early identification. Percentage of children who are screened for developmentally-appropriate communication skills, general cognitive skills, and social/emotional skills. Social-emotional development. Percentage of children who demonstrate positive self-regulation and compliance behaviors.

**Strong Families** - Safe, stable, and nurturing relationships (SSNRs). Percentage of children whose family or primary caregivers demonstrate support of their learning and development. Percentage of family or primary caregivers who indicate a positive level of family functioning, concrete support, social support, and nurturing and attachment.

**Early Learning** - Early Literacy. Percentage of children (Birth to five) who demonstrate ongoing competence in communication and literacy as appropriate for their development. Percentage of children (three to five) who demonstrate ongoing competence in pre-reading skills as appropriate for their development.

# ECBG

## COMMON MEASURES INITIATIVE

A critical element of the Blueprint for Early Childhood is its system of shared measurement. Cabinet-funded Early Childhood Block Grantees and Cabinet-administered Community Based Child Abuse Prevention grantees are currently part of the newly developed shared measurement system, known as the Common Measures Initiative.

These Common Measures, selected by the Cabinet's ECBG evaluator, the Wichita State University Center for Applied Research and Evaluation, are the tools used to measure short-term and intermediate outcomes that tell the story of early childhood investments in Kansas. Grantees use an integrated data system created and managed by the University of Kansas Center for Public Partnerships and Research, known as DAISEY (Data Application and Integration Solution for the Early Years), to track, evaluate, and report their Common Measures.

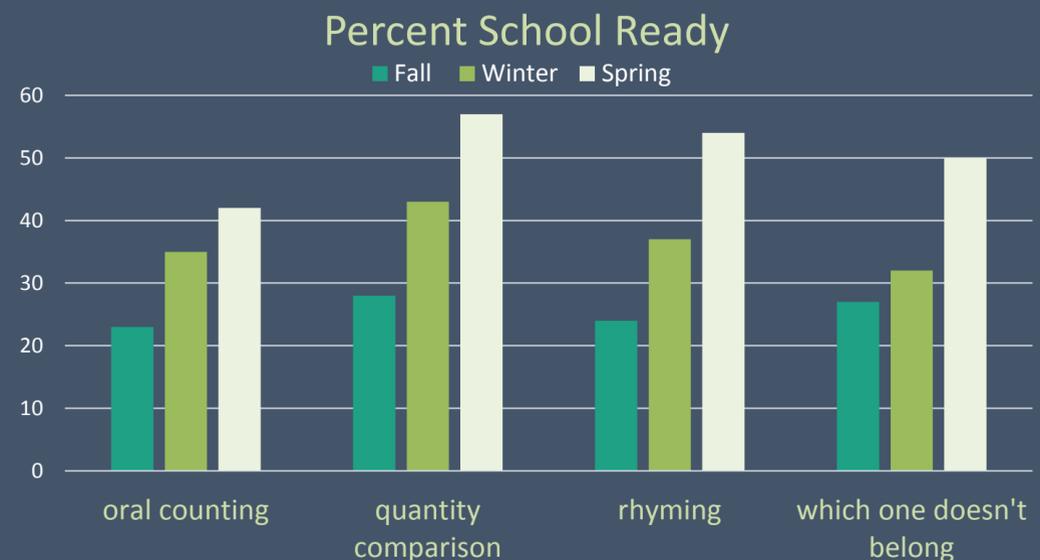
The infographic at right shows selective results from the Common Measures Initiative for the myIndividual Growth and Development Indicators (myIGDIs), Keys to Interactive Parenting Scale (KIPS), Home Observation Measurement of the Environment Inventory (HOME), and Classroom Assessment Scoring System (CLASS-T and CLASS-PreK).

## SELECTED RESULTS: COMMON MEASURES INITIATIVE LIVE PHASE REPORT 2016

### CHILD

Children showed steady improvement in literacy and numeracy skills

Selected results, MyIGDIs Numeracy and MyIGDIs Literacy



### FAMILY

**88%** of caregivers displayed positive parenting behaviors (KIPS)

### ENVIRONMENT

**94%** of home environments were found to be supportive of early learning (HOME)

**77%** of toddler classrooms were assessed to be high-quality (CLASS)

# Forging a Path to a Brighter Future



“If we do not make investments before those kids start kindergarten, we will be paying later on down the road for services that they are receiving, whether it be special education ... Medicaid ... you could go on and on.”

~Amanda Adkins, Chair of the Kansas Children’s Cabinet and Trust Fund

## Section 5

Conclusion

# 2016 By the Numbers

In the past year, programs supported by the Children's Initiatives Fund have helped the young people and families of Kansas achieve many things, including:

73%

of infants born with hearing loss received appropriate early intervention services before six months of age (a 20% increase from the preceding year).

95%

100 of 105 Kansas counties have access to diagnostic services for autism spectrum disorder.

89%

of women did not smoke during pregnancy.

100%

of infants received a hearing aid within six months of application to the Newborn Hearing Aid Loan Bank.

\$234

13% average monthly increase in earnings for families enrolled in Child Care Assistance.

82%

of babies were born to women receiving prenatal care in the 1st trimester.

95%

of families referred to Family Preservation Services (FPS) did not have a substantiated finding of abuse or neglect during the 365 days of service.

100%

of pregnant women using substances while pregnant delivered babies substance free.

9,879

children participated in ECBG-funded programs.

92%

of mothers attending a community baby shower in Sedgwick County planned to create a safe sleep environment for their infants (up from 55% before the event).

# Conclusion

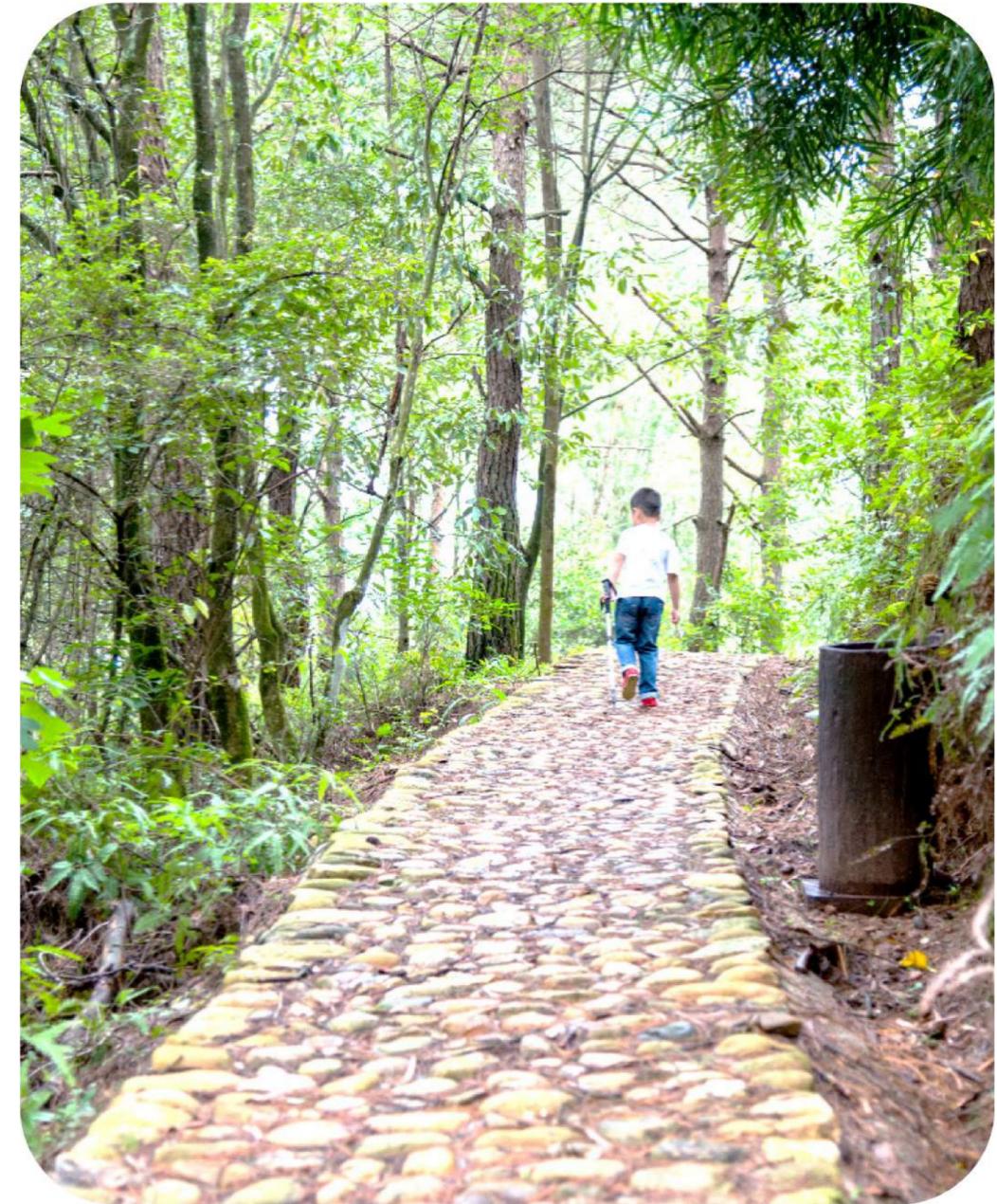
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## FORGING A PATH TO A BRIGHTER FUTURE

Tens of thousands of home visits, screening and diagnostic services, training sessions, child care hours, inter-agency referrals, therapeutic and educational interventions, and related program activities have been conducted throughout the state. Developmental issues have been identified early, significantly improving long-term outcomes. Parents have learned how to access the resources in their community. Families have stayed together. Children have started school ready to learn.

Just as a series of paving stones makes a path, or a string of neurons yields a new cognitive skill, these efforts build and connect, one upon the next, as part of the ongoing mission of the Children's Cabinet and Trust Fund to implement systemic change by supporting early childhood development.

On this 10th anniversary of the CIF Accountability Process, it is important to consider the impact not only of a single year but of the body of outcomes measured and recorded over the last decade. While there is no way to quantify a human life, or attach a dollar amount to something like the absence of suffering, the Cabinet and its partners have worked tirelessly with funded programs to create and implement evaluative protocols capable of documenting positive change for the children and families of Kansas.



## Conclusion

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“Many states’ Children’s Cabinets didn’t have dollars attached to them. They were just supposed to coordinate services. And they died,” said Jim Redmon, a former Executive Director of the Kansas Cabinet. “The other part is what we did with those dollars – to make sure that they were accounted for.”

An innovative vision for helping the children of Kansas, combined with the funds to begin realizing those ambitions, has improved the lives of thousands. Each one of those young people, and their families, is not just a data point but a story, a vivid brush stroke on a vast and complex canvas. The Accountability Process makes it possible to step back and examine the larger picture: from household to community to region; from individual to generation; and from right now into a future still unfolding.





Each one of those young people, and their families, is not just a data point but a story, a vivid brush stroke on a vast and complex canvas.

