

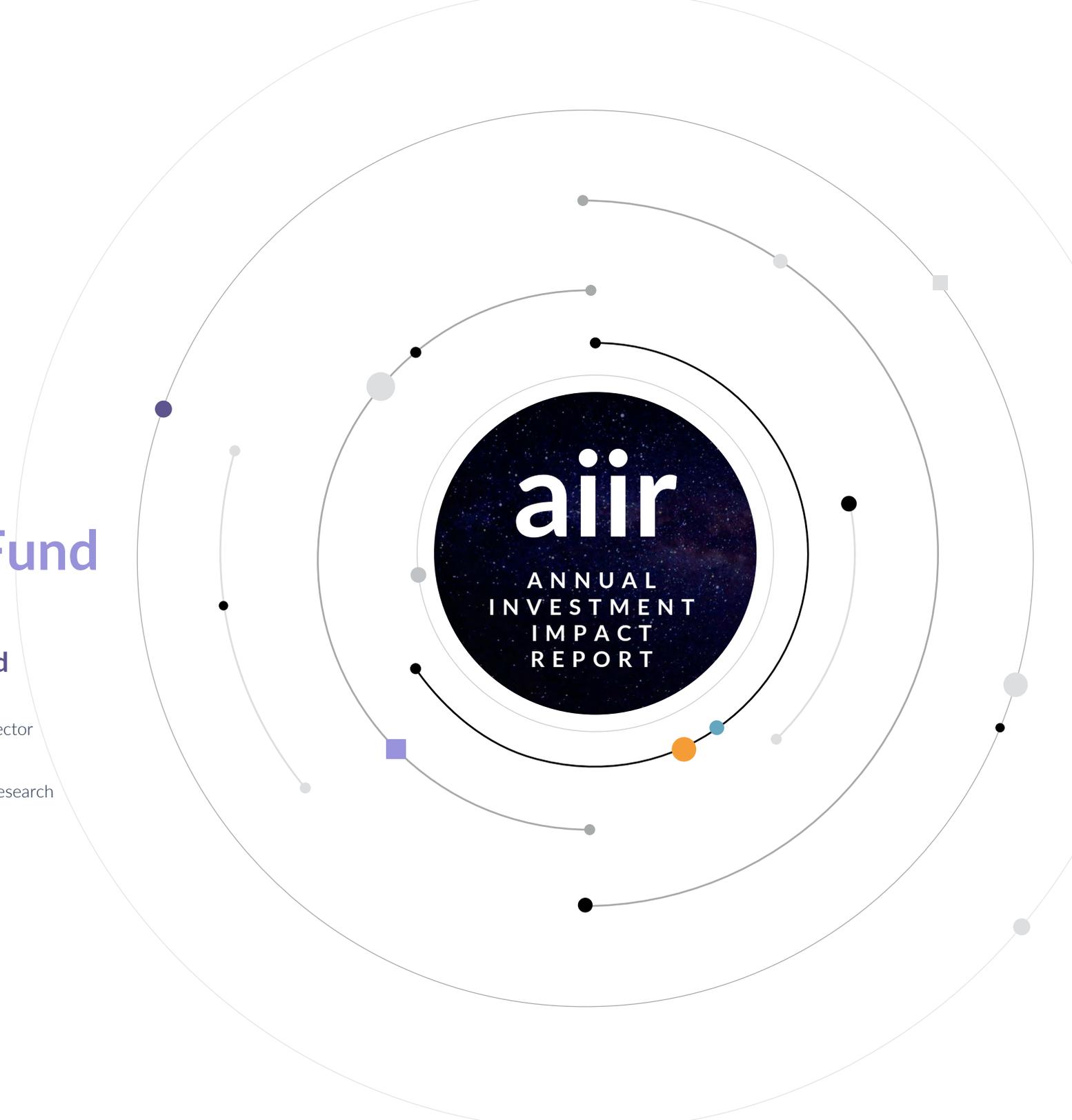
Children's Initiatives Fund

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

NOVEMBER 2018



A Voyage of Discovery

From Inspiration to Innovation
...and Beyond

*“Education doesn’t start in kindergarten, it doesn’t
start in pre-K, it starts at birth.”*

~Senator Dinah Sykes, Kansas Children’s Cabinet Member





Letter from the Director

Janice Suzanne Smith, Executive Director
Kansas Children's Cabinet and Trust Fund

When people talk about Midwestern values, they use words like grounded and down-to-earth. We have a reputation for being pragmatic and reliable, for working hard and putting down deep roots in our communities.

Keeping both feet on the ground doesn't mean we aren't also looking ahead, dreaming about a world beyond the horizon. At the Kansas Children's Cabinet and Trust Fund (Cabinet), the bedrock of our mission is the day-to-day terrain of programs and policy, of data and dollars and accountability. At the same time, we are always searching for ways to go above and beyond. Our aspirations for the future are as vast and inspiring as a starry sky – especially when it comes to our children.

Throughout this year's Annual Investment Impact Report (aiir), prepared by the Center for Public Partnerships and Research (CPPR) at the University of Kansas, you will see stars and planets, rocket ships and constellations. These are images that evoke exploration and discovery, charting a course for new frontiers. A major theme for 2018 is looking beyond: not just into the next fiscal year, but for decades to come. What kind of future do we want for the children and families of Kansas? Are we setting them on the right trajectory for lifelong success? How can the Cabinet help realize that vision?

The first step is to consider where we stand, assessing current needs and priorities, as well as our accomplishments to date. This context is crucial to learning what works, and where we still have room to improve. In addition to documenting the most recent cycle of appropriations from the Children's Initiatives Fund (CIF) with in-depth profiles of each program – including comparative data on outcomes – the 2018 aiir features a special section on the progression of the Kansas Endowment for Youth (KEY) Fund. From its inception 20 years ago to now, driven by the latest research on cognitive and social-emotional development, we have seen a major shift: from an emphasis on health services, juvenile justice, and child welfare to the current focus on early childhood, culminating in the development of the Cabinet's Blueprint for Early Childhood.

How best to expand upon and improve our vision for Kansas children and families over the next 20 years is the subject of an ongoing conversation among Cabinet members and grantees. Section 3 of this report delves more deeply into the hopes and dreams that will fuel our journey into the future, as we continue to encourage the young people of our state to aim high – and give them the tools they need to fly.

Janice



Introduction

Long before satellites and GPS, our ancestors looked to the stars to chart a course across the vastness of oceans and continents. Centuries later, those distant points of light have become a destination in their own right, as human ingenuity propels us ever farther into space.

When we think of the future, we imagine sleek spacecraft blasting off on a journey to new planets. Rocket ships and interplanetary travel would have seemed like magic a hundred years ago. Today we understand them as the culmination of decades of ambition, inspiration, and hard work. The dream of achieving more, of expanding horizons and soaring beyond the status quo, is familiar to everyone working on behalf of Kansas children. For years, we have collected data and crunched numbers, built pilot programs and studied trajectories, in pursuit of a brighter future for the young people of our state.

In that time, we have learned many things...

The human brain develops at a turbo-charged rate in early childhood, particularly during the first months and years of life. Failure to adequately nurture and stimulate the growing child can permanently impair the odds of a successful launch into adulthood.

Quality data requires cutting-edge tools. Improving technological systems provides crucial support in collecting and tracking information on outcomes, which in turn guides both programmatic and funding strategies. Innovations such as the DAISEY shared measurement system (Data Application and Integration Solution for the Early Years) and the Common Measures Initiative make it possible for the Cabinet and CIF grantees to direct their resources where they will do the most good, thereby maximizing the collective impact.

A successful mission depends on clear and comprehensive navigational systems. Over the last five years, Executive Director Janice Suzanne Smith has led efforts to refine the Cabinet's guiding principles, beginning with the Blueprint for Early Childhood and the Annual Investment Impact Report (aiir). In addition to the panoramic view provided by these documents, the Cabinet has released a series of position papers that take a deeper look at issues such as home visiting and the challenges of rural service provision.

Introduction (cont'd)

These are significant assets: scientific expertise, a body of high-quality data, and a systems-level alignment among organizational partners. The vessel has been designed. The fuel source is in place. Crew and passengers are on board. The question is, where to next?

To continue building on the momentum established over the last two decades, Cabinet members and CIF grantees were asked to share their vision for the future of early childhood programs in Kansas. In Section 2, you can read their projections for the coming era of interventions and outcomes. Another new component in this year's air appears in the Program Profiles section. As part of the ongoing campaign to increase transparency and clarity, comparative data is presented for 2017 and 2018.

Anyone who has ever seen a movie about the space program knows it takes a control room full of experts to launch a single rocket. The same is true of the developing child. From conception to gestation to those first tremulous steps – whether on the moon or in the living room – a dizzying sequence of calculations, interactions, and cognitive leaps must occur.

Without a coordinated, concentrated, cooperative effort, neither kid nor spaceship will ever achieve liftoff.

In this report, you will see a detailed log of the preceding year's activities and accomplishments, followed by a discussion of how that work has prepared the Cabinet and CIF grantees to continue on into a new era of exploration and discovery. As the mission to improve the health and wellbeing of all kids in Kansas carries on into the future, our goal should be to lead by example.

Let us teach the children of our state to dream bigger, aim higher, and never stop reaching for the stars.



“Without a coordinated, concentrated, cooperative effort, neither kid nor spaceship will ever achieve liftoff.”

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Section 1

Children's Initiatives Fund Funding Allocations

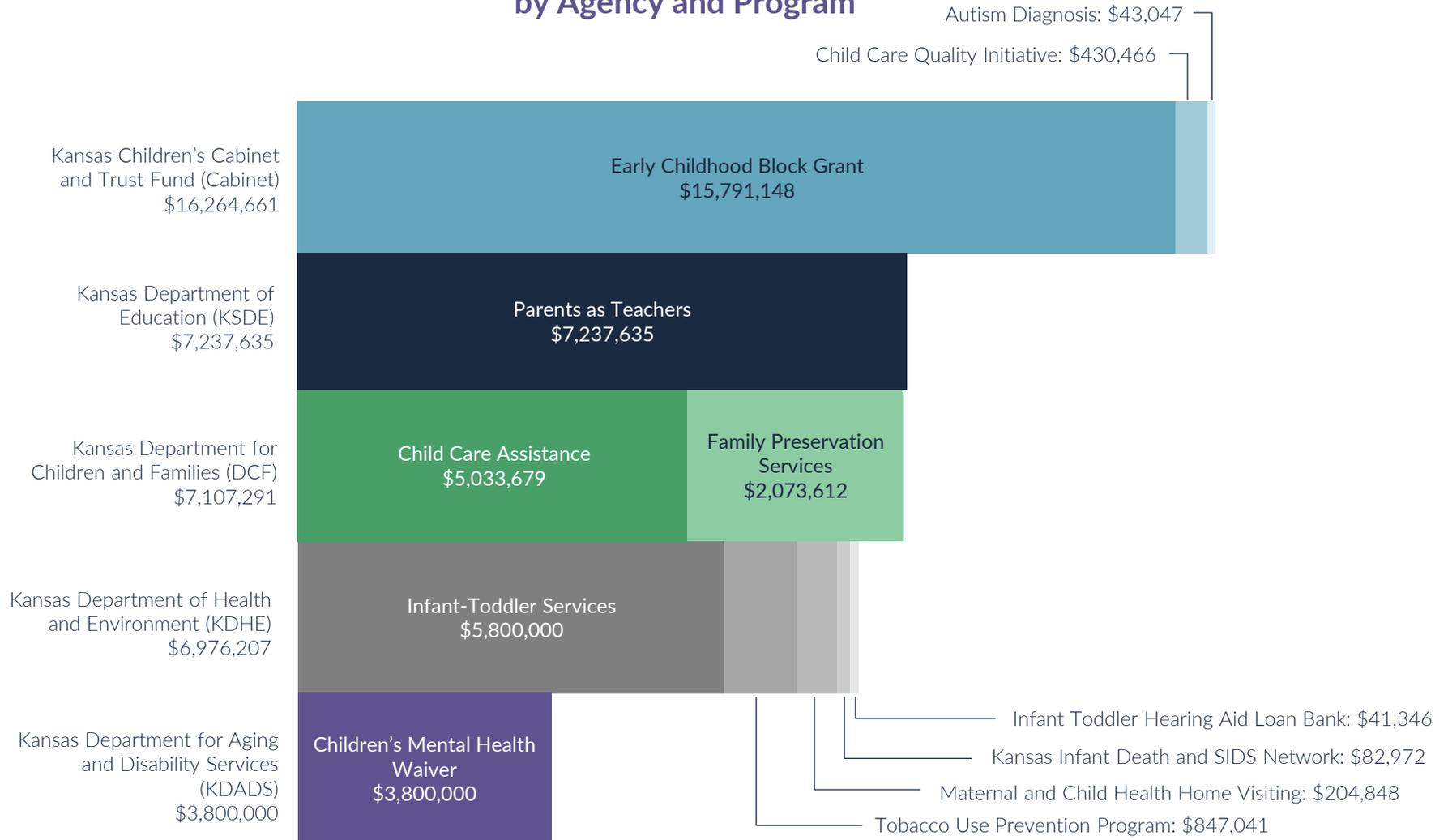
"Cabinet grantees fill essential roles in their communities, and prepare our youngest Kansans to succeed in school and in life. Their work – the partnerships they've created and the children and families whose lives they've changed – is, in my opinion, the Cabinet's greatest accomplishment and legacy."

~ Amanda Petersen, Ex-Officio Cabinet Member Designee and Director of Early Childhood at the Kansas State Department of Education



FY 2018 Funding

by Agency and Program

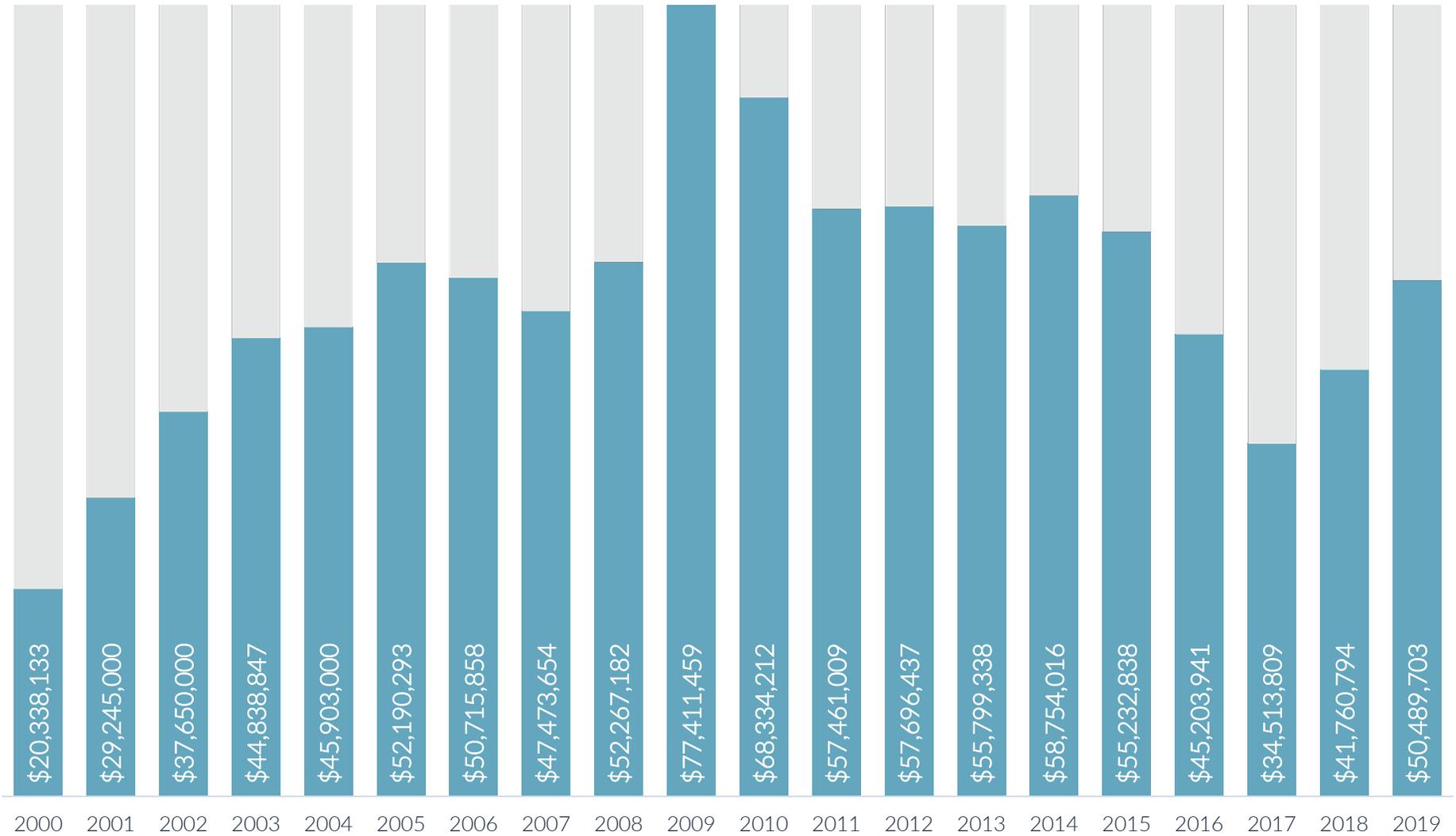


TOTAL FUNDING: \$41,385,794*

*Including \$375,000 allotted to the Children's Cabinet Accountability Fund, total FY 2018 CIF expenditures were \$41,760,794.

CIF Funding History

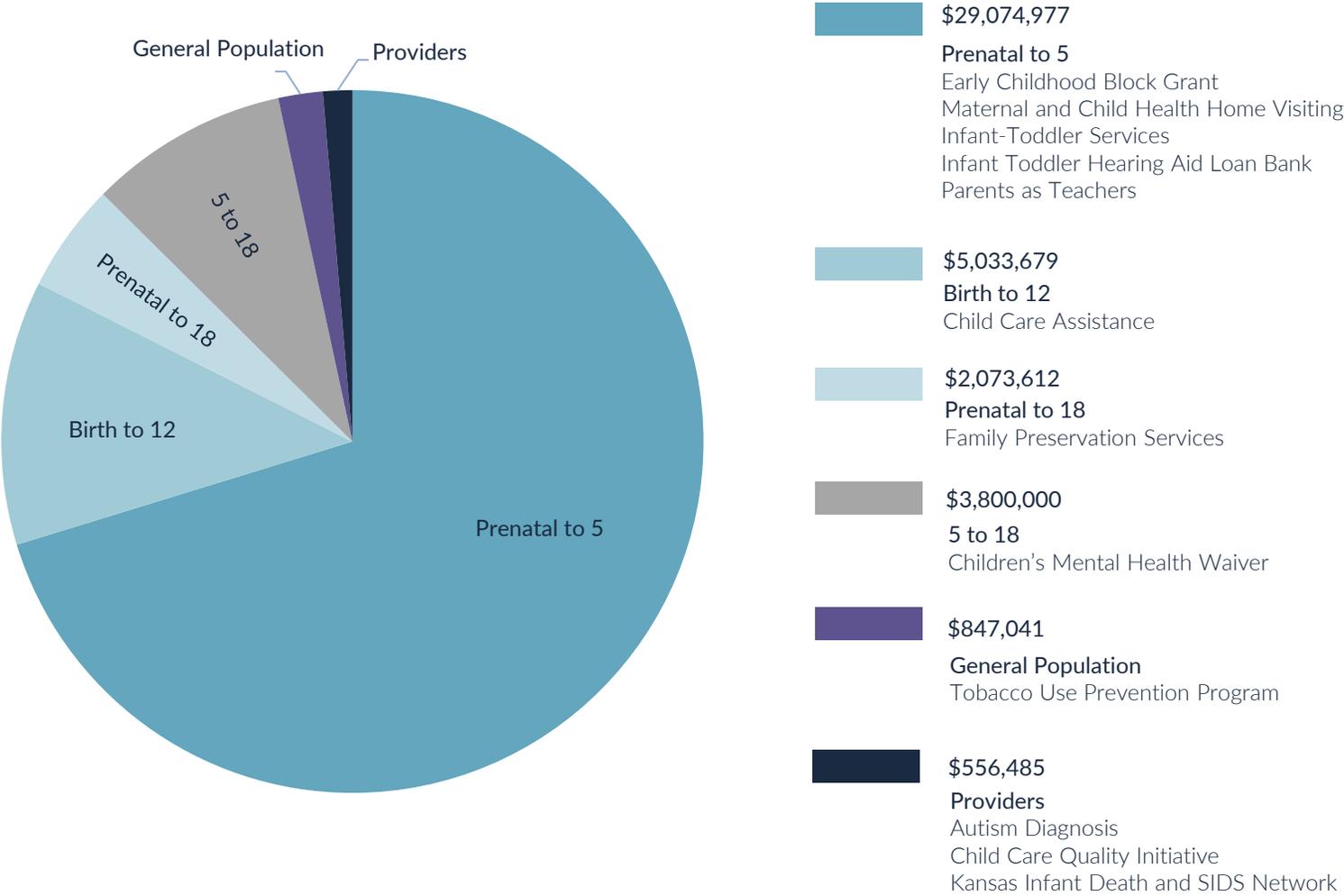
FY 2000-2019



FY 2018 Programs

by Primary Population Served

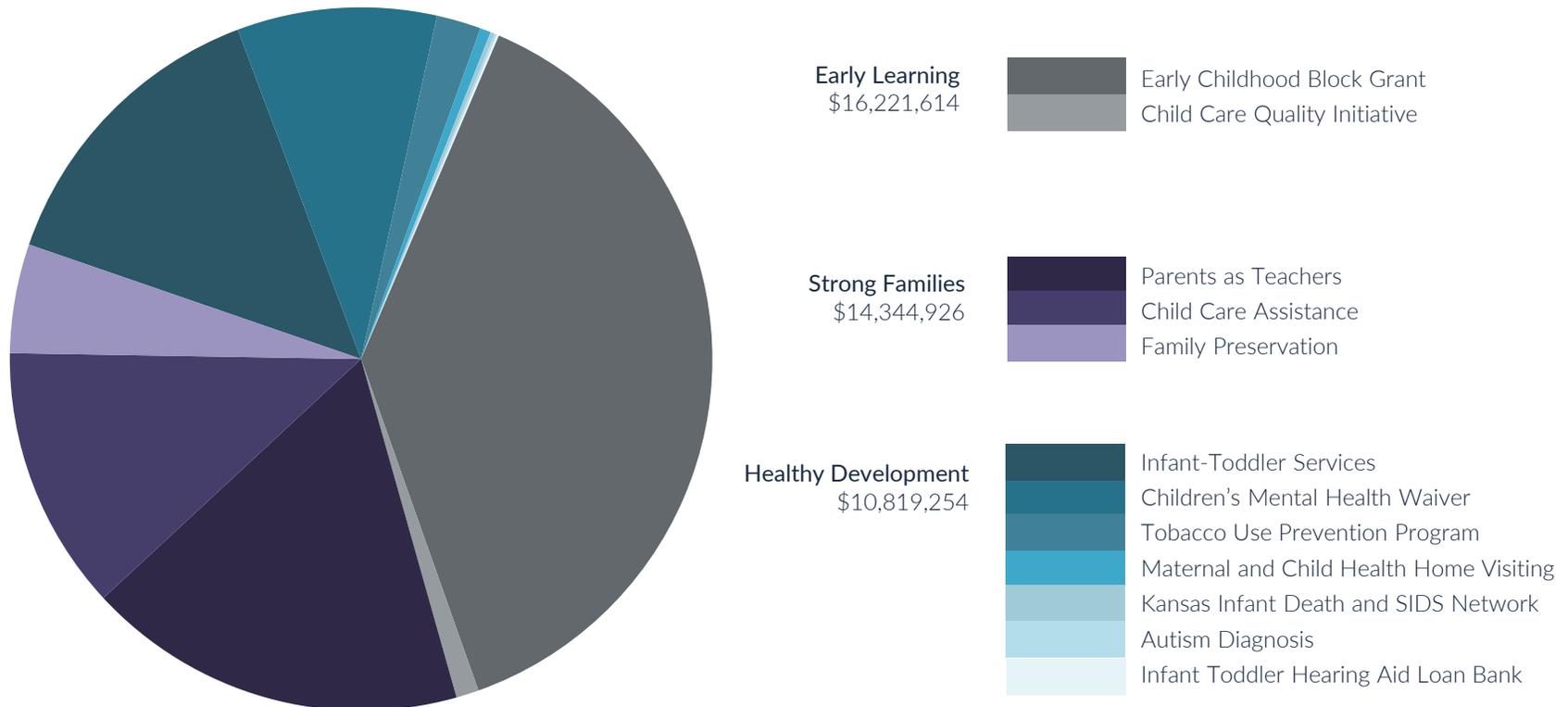
TOTAL FUNDING: \$41,385,794



FY 2018 Funding

by Blueprint Building Block

TOTAL FUNDING: \$41,385,794



CIF Allocation Methods

FY 2018



Section 2

Foundation and Destination

"We've got so many willing and able and eager Kansans that consider it an honor to invest in the future of kids."

~ LeEtta Felter, Kansas Children's Cabinet Member and Olathe School Board member





Building a Strong Foundation

In 1999, an intrepid group of advocates set out on a bold mission: to seek new ways of bettering the lives of Kansas children.

To do so, they would venture where few states had gone before, creating a dedicated fund to support the health and welfare of the young. Powering this venture was the groundbreaking Kansas Endowment for Youth (KEY) Fund.

From the ashes of the past, the endowment gave rise to a new hope. Under the terms of the 1998 Tobacco Master Settlement Agreement (MSA), the KEY Fund was to receive a portion of the \$206 billion settlement between major tobacco companies and 46 U.S. states. An annual disbursement would then be made from the KEY fund to the newly established Children’s Initiatives Fund (CIF), through which programs statewide could apply for financial support. To helm this flagship investment vehicle, the legislature inaugurated another new entity: the Kansas Children’s Cabinet and Trust Fund (Cabinet).

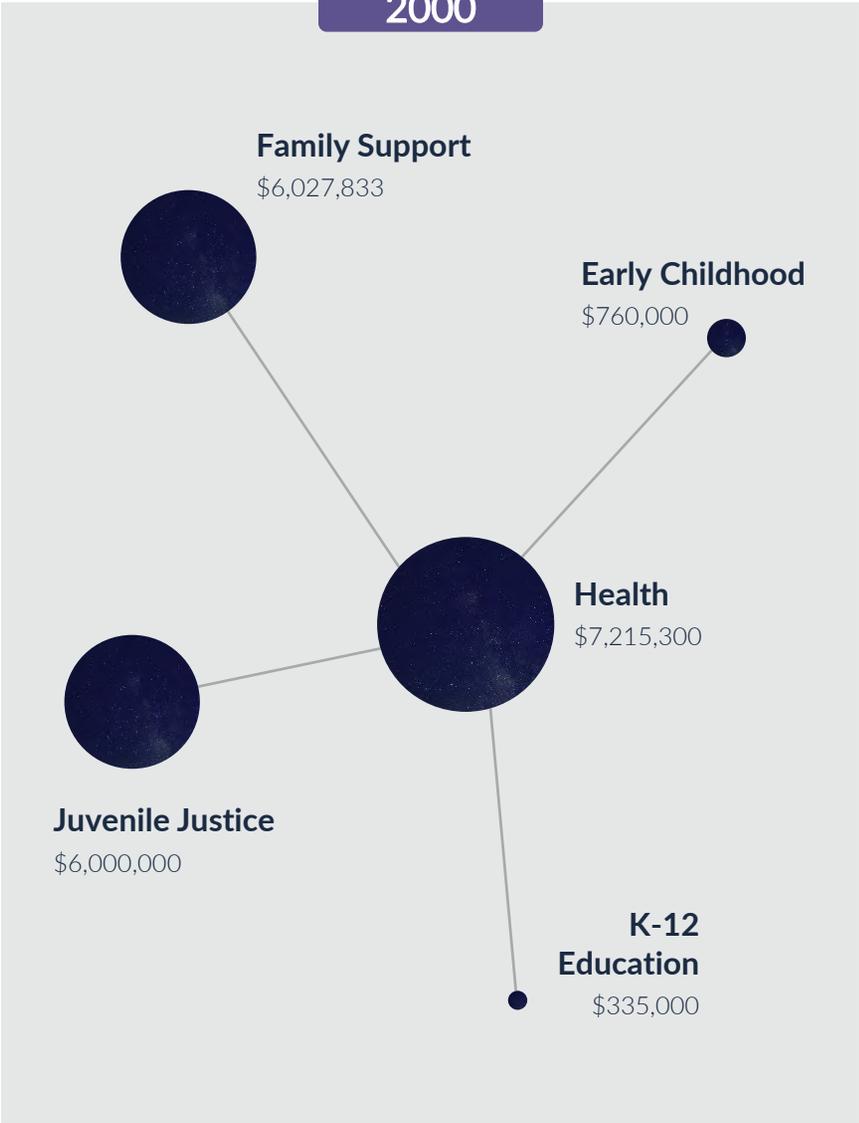
With the Cabinet leading the way, the new era of investing in services for Kansas children commenced in FY 2000 with CIF awards to 17 grantees. Of these, seven provided low-intensity services across a range of program types and most were funded only once. While these early CIF-funded programs focused on health services, juvenile justice, and child welfare, emphasis shifted over time to early childhood and family support. The service delivery model also evolved, with FY 2018 grantees providing high-intensity, concentrated services through targeted programming.

Kansas Endowment for Youth (KEY) Fund

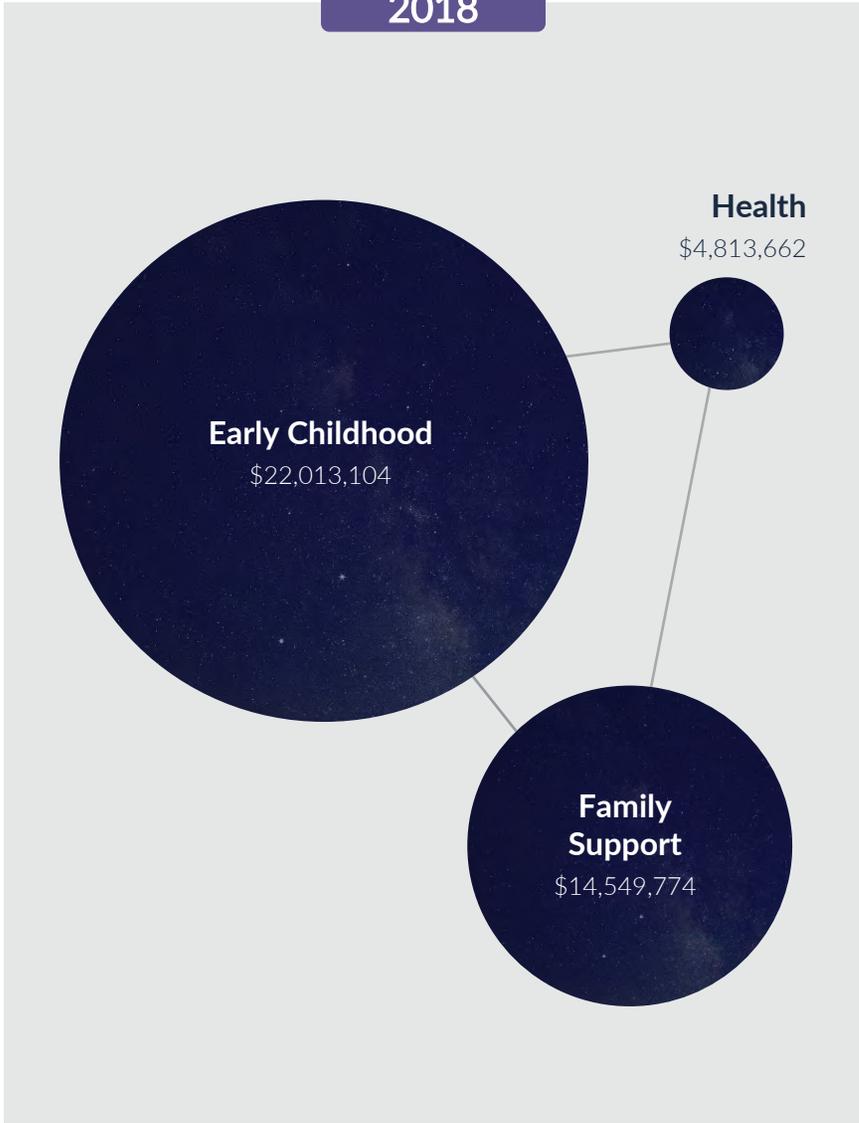
House Bill Number 2558 set out to: “provide additional funding for programs, projects, improvements, services, and other purposes directly or indirectly beneficial to the physical and mental health, welfare, safety, and overall well-being of children in Kansas.”

The Changing Constellation of CIF Programs

2000



2018





Building a Strong Foundation (cont'd)

From the outset, the Cabinet set a course for a cutting-edge, research-driven slate of programs, with clear evaluative protocols and ample data on outcomes. Under current Executive Director Janice Smith, the Cabinet has refined both its grant-making framework and the range of assessment tools available to funded programs, **solidifying the focus on evidence-based early childhood services with high standards of accountability.**

\$1.5 billion Kansas' estimated .83 percent share of the \$206 billion MSA over a 25-year period

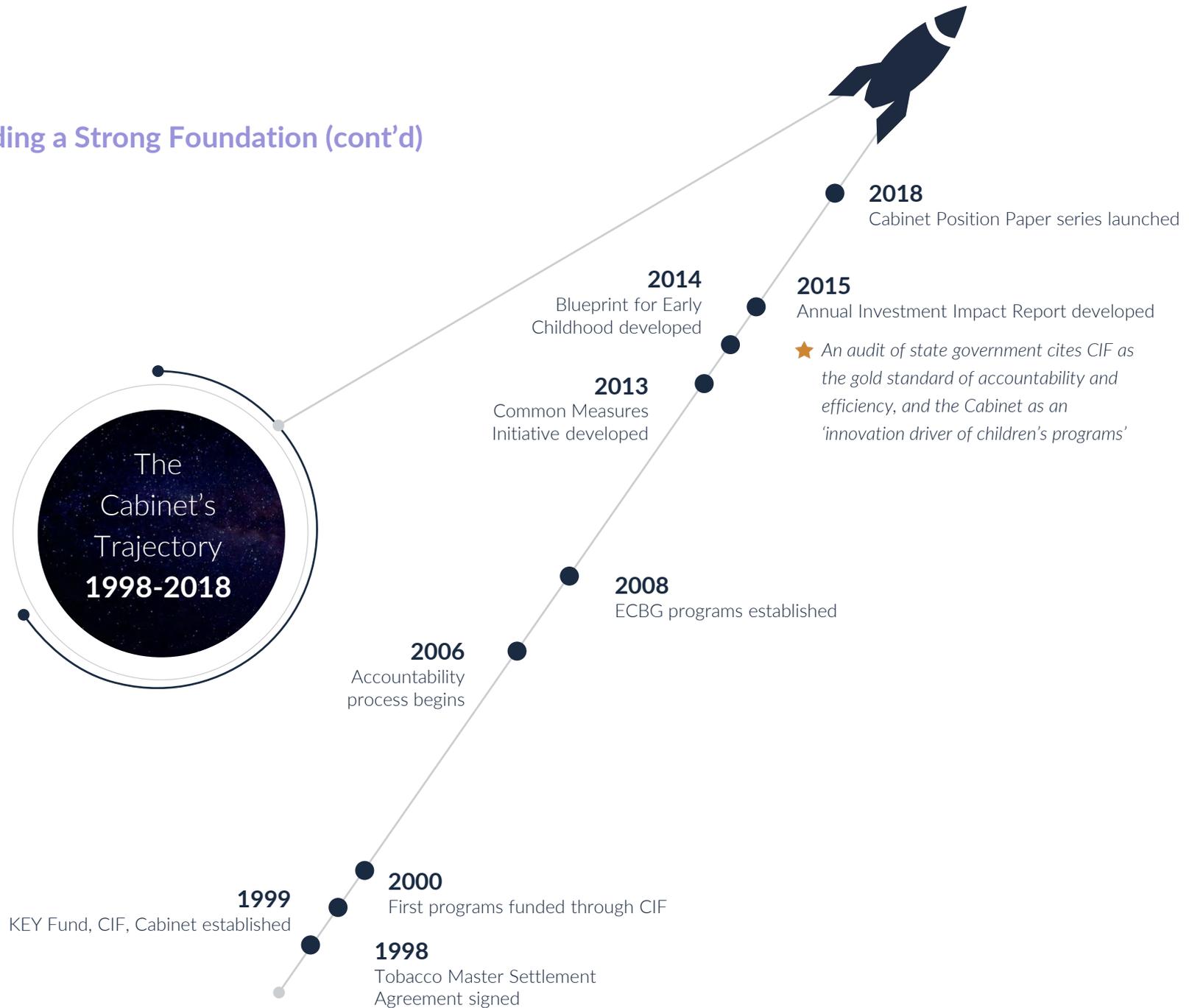
\$56.3 million Average annual tobacco receipts and interest earnings since 1999

\$30 million The first transfer of funds from the KEY Fund to CIF on July 1, 2000

Looking back at the last 20 years, the accomplishments are many – though the voyage hasn't always been smooth. In the first 10 years of its existence, \$137.3 million was diverted from the KEY Fund to the State General Fund, an amount that would be closer to \$216 million if those funds had been allowed to accrue interest instead. Despite setbacks, the Cabinet and its grantees continue to set their sights high.

Through research, advocacy, collaboration, and accountability, they are outfitting the children of Kansas – and CIF – for a long-range journey, seeking ever brighter futures for generations to come.

Building a Strong Foundation (cont'd)





Our Ultimate Destination

From the 1902 silent film *A Trip to the Moon* to today's cutting-edge science fiction epics, imagining a space-age future has been an enduring source of fascination. What will we discover at the far reaches of the universe – and how will we get there from here?

Some predictions have proved more accurate than others: we do have rocket ships, and handheld communication devices, but we're still waiting on flying cars and – apart from a brief period in the 1970s – silver jumpsuits. In many cases, what we find in futuristic stories is not an exact picture of things to come but a window into our existing hopes and dreams. Speculating about the state of the world a few generations from now gives scope to the imagination, encouraging us to look beyond, explore new horizons, and embrace the possibility of change. What if we could do better? Achieve more? Take the best of our humanity, ingenuity, and hard work, and build a more prosperous future?

In 2018, two decades after the establishment of the Kansas Endowment for Youth (KEY) Fund and Children's Initiatives Fund (CIF), Cabinet members and program staff shared their visions for the future of early childhood initiatives in Kansas. Across agencies, county lines, and service models, the same themes appeared again and again. **Among the most frequent refrains was the need for coordination, communication, and collaboration among all those with a stake in improving the lives of Kansas children.**

All Systems Go

However different they may appear in terms of program model or population served, all CIF grantees are linked by their alignment to the Blueprint for Early Childhood. They also share a relationship to the Cabinet, in both funding and accountability. Going forward, member programs hope to build on those connections, strengthening the network of statewide services through closer ties among participants.

Our Ultimate Destination (cont'd)

For that to happen, there needs to be “coordination coming from the top down,” in the words of one grantee. Several programs spoke of looking to the Cabinet for guidance in forging stronger bonds within CIF – a vision shared by Cabinet members.

“The Cabinet can continue to bring together Kansas community of early childhood stakeholders to build a shared, comprehensive early childhood vision for our state,” said Amanda Petersen, Ex-Officio Cabinet Member Designee and Director of Early Childhood at the Kansas State Department of Education.

“As members, we can work to further align at the state level to ensure communities leverage existing opportunities to develop a path for coordinated services so families are connected to essential services and supports,” said Rachel Sisson, Ex-Officio Cabinet Member Designee and Director of the Bureau of Family Health within the Kansas Department of Health and Environment. “This is a must for children to thrive and develop to their full potential.”

For some grantees, the goal would be to establish a continuum of care through formal relationships with other programs. Others sought inspiration from their peers, whether regarding successful practices or handling institutional challenges such as staff turnover.

“I would like to see the Cabinet provide more opportunities to hear about programs and services that are available across the state,” said Sandra Kimmons, Ex-Officio Cabinet Member Designee and Economic and Employment Services Director at the Kansas Department for Children and Families. “This would allow more early education professionals to develop ideas for their own communities.”

Suggestions for achieving these ends ranged from more frequent Cabinet meetings – possibly including dedicated subcommittees – to new staff positions at the state level. A shared data officer, for example, could assist multiple programs with collecting and recording information on outcomes, thus reducing the burden on individual offices. Another idea was the creation of a more centralized structure at the state level to coordinate early childhood services – a model already in place in other states.

Support on the Ground

In addition to enhancing bonds among grantees, program administrators and Cabinet members hope to further cultivate outside relationships. While public-private partnerships have been a hallmark of the Early Childhood Block Grant program from the beginning, expanding that model of relationships with school districts, churches, hospitals, community organizations, and other potential allies is seen as a crucial source of long-term sustainability.

“My focus is on areas where there’s still risk in the state, to further work with business leaders to make more investment,” said Cabinet Chair Amanda Adkins, Cerner Corporation’s Vice President and General Manager, Population Health.

“I would love to see a line of people waiting their turn to be a partner,” said Cabinet Member LeEtta Felter, who also serves on the Olathe School Board. “To me, that’s how you grow this.”

Particularly in areas such as foster care, where many faith-based organizations already have a strong presence within a community, public-private partnerships could help streamline service delivery, said recent Cabinet Member Karla Wiscombe, Director of Academic Affairs for the Kansas Board of Regents.

Our Ultimate Destination (cont'd)

Messaging from Mission Control

To attract those potential partners – and raise awareness among the public at large – grantees emphasized the importance of having a clear, consistent message to share.

“We’ve got to be able to show the value to all Kansans,” said Felter, who described part of the Cabinet’s mission as, “educating Kansans that this is there, that this is something we must protect.”

For Autism Diagnosis, Maternal and Child Health Home Visiting, and the KIDS Network, that might mean developing educational materials for physicians. At Tobacco Use Prevention Program, the challenge is combating the consumer marketing muscle of large corporations. Other programs mentioned the importance of having the right people at the table, giving a voice to those with direct experience of early childhood services – or seeking out unique perspectives on youth development from sectors such as law enforcement.

Sisson would like to see a greater emphasis on prenatal and infant health. “The Cabinet is positioned to promote and directly support the vital importance of family engagement, education, and health in other critical periods for a strong start and optimal development in the early years—before, during, and after pregnancy.”

Among all stakeholders, the overarching goal is to communicate a cohesive message about early childhood that will be understood by as many Kansans as possible.

“It’s critical the Cabinet make full use of its role both making recommendations and educating lawmakers, a governor’s administration, and the public, on why early investments matter and what’s at stake when we don’t get it right,” said Annie McKay, Cabinet Member and President and CEO of Kansas Action for Children.

Calculating the Launch Sequence

Much like the story of space exploration, the argument for early childhood initiatives relies on both science and mathematics. The scientific part of the equation explains the speed and sensitivity to external stimuli that characterize brain development in the first months of life. The numbers come in at the end, when it’s time to show the impact of a healthy childhood on society at large.

The latter message is particularly important when addressing legislators, business leaders, and others tasked with keeping an eye on the bottom line. While some hear the words early childhood and think, “soft and fluffy, primary colors, and building blocks,” said Felter, “this is Wall Street stuff. This is where the rubber meets the road.”

The evidence for early childhood services as both economic development and helping kids is drawn directly from the accountability measures required of CIF grantees.

“They actually have the data to show why this is important,” said Cabinet Member Senator Dinah Sykes. She added that framing the issue not only morally but with statistics about return-on-investment helps business and government leaders grasp how CIF programs impact the state’s financial prospects.

“We want our children to grow up able to compete in a global workforce,” said Adkins.



Our Ultimate Destination (cont'd)

For many, documentation of outcomes is also key to the future of CIF. Felter pointed to the Annual Investment Impact Report (aiir) as one example of the Cabinet's ongoing commitment to transparency and open communication. "If you flip through that, you can see lives changed."

Pay It Forward

Although Kansas is fortunate to have a dedicated fund to support early childhood initiatives, Cabinet members and grantees are careful not to take that money for granted. Many programs cited preserving the KEY Fund and CIF as a top agenda item for the future, especially given how many millions have been diverted into the State General Fund in the past. Felter would like to push the needle further, and see even more of the tobacco settlement funds transferred to CIF. "We get only a portion of them now."

In addition to the potential cost savings or direct financial support of increased community partnerships, several organizations expressed an interest in bringing their operational practices in line with federal standards, which could help leverage additional funding sources.

For most grantees, the goal is not merely to maintain current levels of service. In the decades to come, they hope to see their organizations grow in capacity, accessibility, and quality.

Space for All

When programs speak of a universal model of service delivery, they aren't talking about child care on Jupiter. What they want is to reach every part of Kansas, from rural counties to high-density urban areas, and across race and economic lines.

"I want more high-quality opportunities for children, whether that be home visiting, child care centers, preschools, all of those items," said Sykes.

The challenge, said McKay, is "to address the complexities that come just by way of geography for Kansas kids – children in rural communities disconnected from services due to distance, children in communities where services exist but are outstripped by demand, etc."

Expanding capacity and accessibility is a priority for many CIF grantees, whether that means training more physicians to screen for autism spectrum disorders or holding additional community baby showers to teach expectant mothers about safe sleep practices. For Family Preservation Services, it's about implementing more supervisory oversight and safety assessments, while Child Care Assistance is looking to add services in the most high-risk areas of the state. Other programs hope to develop a tiered model of service delivery to meet the actual needs of families, rather than taking a one-size-fits-all approach.

Wiscombe would like to see successful child care pilot programs that have been offered in only a few counties broaden their reach. "I think there's an inconsistent spread of services throughout the state."

What no one wants is to build capacity at the expense of quality. Whether the target is universal pre-K or reduced caseloads, the solution will require a qualified crew.

Walking the Walk

Even the most stellar program model or forward-thinking funding mechanism would be hard-pressed to succeed without the staff who administer services on a day-to-day basis. Yet in many cases, the people who perform this demanding work receive limited training, poor access to institutional support, and low wages. As a result, staff turnover is a persistent problem among CIF grantees.

Our Ultimate Destination (cont'd)

“Some providers are living in poverty themselves,” said Dean Olson, President and CEO of The Family Conservancy. Because questions of workforce stability can’t be separated from issues of funding and quality of care, Olson noted that solutions must address all three areas: better wages for child care workers; more financial assistance for families struggling to pay for care, particularly for infants; and systemic quality improvement efforts, preferably via an assessment tool capable of identifying specific program needs.

Once needs are identified, “the support needs to be there as well,” said Olson, who proposed offering small grants to address specific improvements such as child-sized sinks or additional training for preschool teachers.

Giving workers what one program described as “knowledge, familiarity, confidence, and competence” boosts both skill and morale. Reducing staff attrition helps organizations build lasting infrastructure, and pursue innovation, instead of devoting that energy to hiring and re-training for the same positions. Stable and experienced service providers allow programs to maintain consistent standards of care across broad regional and statewide networks.

Having clear mission parameters, and the funding to achieve them, is a good start. To reach their ultimate destination, programs will need both the grand vision and a steady hand at the controls.

Conclusion

The launch pad is in place. Working together, the Cabinet and CIF programs are charting a course for the next twenty years. What do they hope to see on the other end of the journey?

“We want the children and families of Kansas to be the healthiest in the nation,” said Adkins.

“We’d like to see a Kansas where every child has the tools they need to thrive – in kindergarten and beyond,” said Petersen.

“I’d like a culture that’s supportive of all families – especially families of young children,” said Olson.

“In twenty years,” said McKay, “I hope that Kansas is leading the country in the percentage of kids accessing high-quality care in the first years, that we are a model state for universal 3- to 4-year-old programming, and that the data reflects not only a negligible achievement gap but that when the data is disaggregated by race, there is no discernible difference in achievement.”

Both Cabinet members and grantees stressed that through the KEY Fund and CIF, together with documents like the Blueprint for Early Childhood and the intensive data-tracking of the Accountability Process, the groundwork is already in place.

“We’ve been getting the pieces of the puzzle on the table, and now it’s all ready to put together,” said Felter.

If the past twenty years are any indication, connecting those pieces will require a collective effort, marked by clear communication and a cohesive and efficient system of collaboration. Whether your destination is the moon, or a shining vision of your own state, it takes the talent, expertise, and commitment of many to soar to great heights.

Section 3

Program Profiles

“Everyone deserves the opportunity not only to have an education, but to have relationships, friends, leisure, fun, and participation in community.”

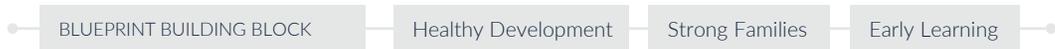
~ 2018 CIF Program Meeting



Guide to the Program Profiles

In accordance with Statute 38-2108(b), it is the responsibility of the Cabinet to “review, assess, and evaluate all uses of the monies in the Children’s Initiatives Fund” as part of the recommendation process. To meet this directive, all CIF programs are required to participate in an annual evaluation and accountability process. The accountability process findings are used to provide recommendations to the Governor and the Legislature for funding allocations of the Children’s Initiatives Fund.

On the pages that follow, each CIF program has a four-page spread detailing their progress and highlights of the past year. On Page 1 you’ll find a brief program overview. Use the key below to interpret the highlighted buttons in the graphic. Page 2 describes how the program addresses the needs of the populations served, and how the program is funded. Page 3 displays program outcomes including side-by-side comparisons of FY 2017 and FY 2018. Finally, Page 4 describes program accomplishments and future goals.



Developed by the Cabinet, the Blueprint for Early Childhood (Blueprint) is a strategic framework to guide investments and maximize positive outcomes for children and families. While each program has identified a primary Blueprint Building Block – Healthy Development, Strong Families, and Early Learning—many programs align with more than one.



The Cabinet is committed to a system of shared measurement and strong accountability to tell the story of early childhood investments in Kansas. Common measures are the tools used to measure short-term and intermediate outcomes in Cabinet funded programs.

- Exempt: does not participate in the Common Measures Initiative. Common Measures are inappropriate for programs’ outcomes and services. Program has a Cabinet-approved data collection plan.
- Compliant: participates in the Common Measures Initiative.
- Non-compliant: does not participate in the Common Measures Initiative.



Federally funded programs that are held to a maintenance of effort are required to maintain an established level of non-federal funding from year to year to stay compliant. Programs marked “yes” are using CIF funds to meet this requirement.



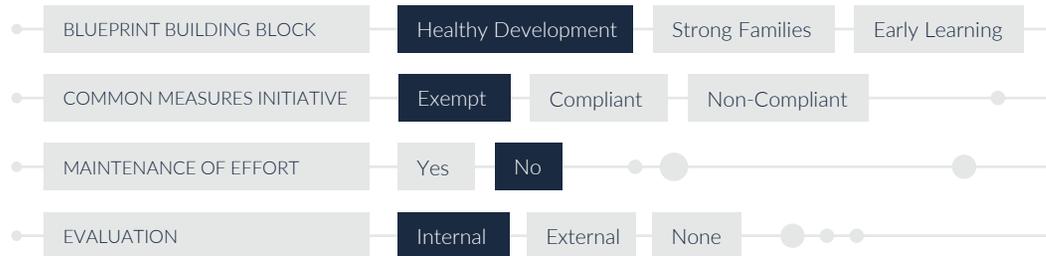
All programs funded by CIF in FY 2018 engaged in an external or internal evaluation. An external evaluation is conducted by a third-party evaluator who is not affiliated with the program’s development or service delivery. An internal evaluation is conducted by staff of the organization delivering the program, who may or may not be directly involved in delivering the program.

Autism Diagnosis

Kansas Children's Cabinet and Trust Fund (Cabinet)

Interdisciplinary teams working together to quickly and accurately diagnose autism

Early diagnosis can significantly improve treatment outcomes for children with autism spectrum disorder, yet many rural communities lack the necessary medical resources to conduct accurate screenings. 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. ADTs are drawn from local school districts, tiny-k/Part C Infant-Toddler networks, and mental health professionals.



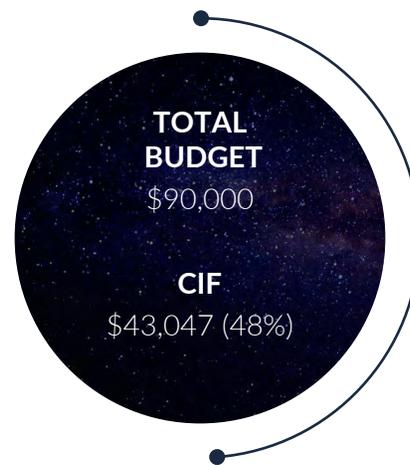
Autism Diagnosis

THE NEED

Early intervention is a top priority in autism treatment nationwide, as evidenced by the Centers for Disease Control and Prevention campaign “Learn the Signs. Act Early.” The sooner a child is diagnosed, the better the long-term outcomes for children and their 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.

“We are reaching more people in underserved areas and building capacity in the providers who are out there ... increasing their knowledge and awareness about autism red flags and the diagnostic process.”

~ Rene Jamison, Autism Diagnosis



OUR SOLUTIONS



TRAINING AND COACHING

Collaborative partnerships with state agencies and universities result in high-quality training and coaching for ADTs.



EDUCATION

Higher education partnerships throughout the state provide for graduate education opportunities and certificate programs.



TELEMEDICINE

Assessment, monitoring, and referrals occur through telemedicine for medically underserved areas of the state.

Autism Diagnosis

OUTCOMES

Percent of children in the Autism Diagnosis program who received an Autism Spectrum Disorder diagnosis

FY 2017



FY 2018



*The decrease in the number of children evaluated in FY 2018 is attributed to several factors, including a program shift from the Kansas Technical Assistance System Network (TASN) to the Center for Child Health and Development.

Telemedicine consults drastically reduce travel time for families and allow children and their families to receive evaluation results surrounded by a team of providers they already know.



FY 2018 POPULATION SERVED

Total Children	44
Prenatal to Age 2	3
Ages 2-5	23
Ages 5-12	15
Ages 12-18	3
Ages 18+	0
Caregivers	67
Professional Development	40

32

Number of active Autism Diagnostic Teams (ADTs) across the state

15

Number of ADTs who completed evaluations in FY 2018

21

Counties in Kansas that were directly served by Autism Diagnosis

Autism Diagnosis



LOOKING BACK

WHAT WE'VE ACCOMPLISHED

Transitioned coordination of care for clients from TASN to ADTs and Telemed providers

Successfully advocated for insurance companies to expand coverage and provide reimbursement for autism evaluation expenses

Established a new collaboration with Telehealth ROCKS (Rural Outreach to Children of Kansas) to support ongoing training and coaching for local providers to build competency and support program sustainability

Increasingly targeted funding towards improving program sustainability

LOOKING FORWARD

WHERE WE'RE HEADED

Establish more collaborative relationships and partnerships for continued growth to better address the needs of children and families

Increase the number of interactions between the University of Kansas medical team and the ADTs to address the demand for additional providers

Merge multiple models and projects, building capacity to increase diagnosis and address the larger needs of communities

Continue training of new ADTs across the state to increase access, knowledge, and awareness, and to reduce the burden on families

Evaluation Practices: Autism Diagnosis internally collects autism diagnostic outcomes for each child served. In FY 2019, the Autism Diagnosis program plans to field a satisfaction survey to the Autism Diagnostic Teams for feedback following the training and resources that were made available to them.

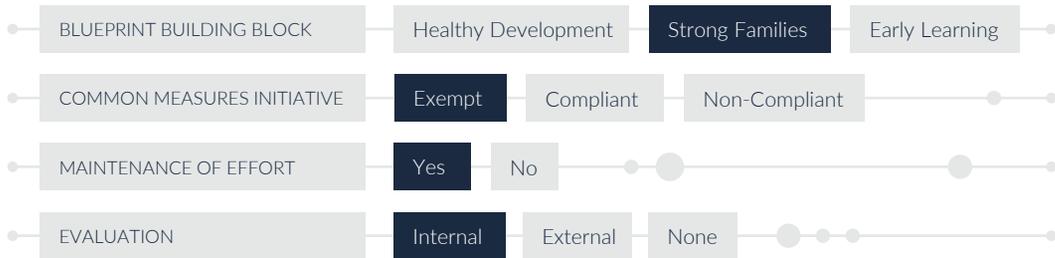
Evidence Base: Gateway Service. Services improve access to multiple evidence-based autism diagnosis and interventions, according to the needs of the individual families served.

Child Care Assistance

Kansas Department for Children and Families (DCF)

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

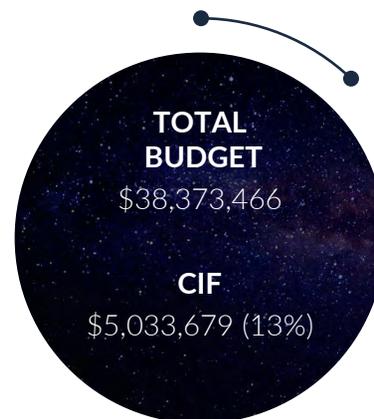
Affordable child care makes it possible for parents to find and keep the kinds of jobs that can support a family. When that care is high quality, children are better prepared to start school. The Kansas Child Care Assistance program offers access to these dual benefits for families in need, enabling parents to work (and/or improve job skills) while their children receive quality child care.



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 child care, Child Care Assistance promotes independence for the whole family.



“We have seen parents who are better able to provide for their families and gain additional training and education to improve their earning power.”

~ Sally Hargis, Child Care Assistance

OUR SOLUTIONS



FINANCIAL ASSISTANCE

Subsidies help parents afford the child care they need to maintain consistent employment, putting families on the path to financial independence.



BETTER EARLY LEARNING EXPERIENCES

Access to high-quality child care ensures that children receive adequate early education on the path to school readiness.

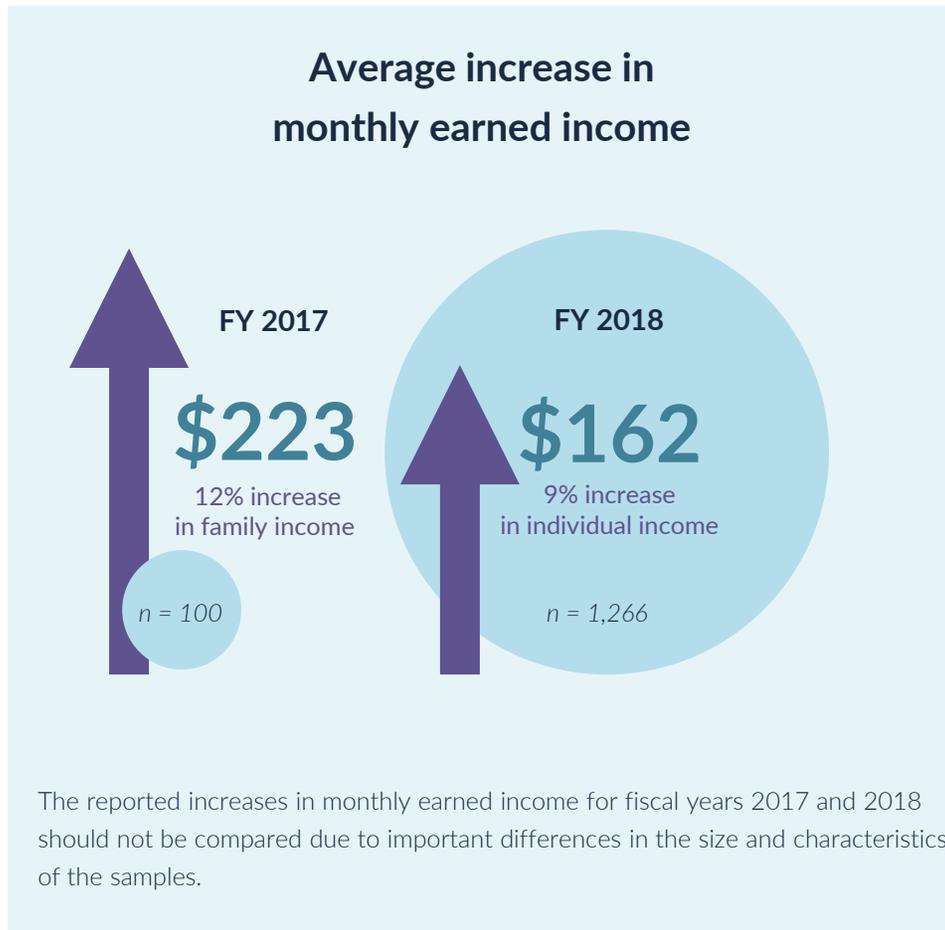


STABLE, CONSISTENT CARE ENVIRONMENTS

Families experiencing stable care benefit from increased opportunities to pursue career and educational goals, resulting in a better-prepared workforce.

Child Care Assistance

OUTCOMES



FY 2018 POPULATION SERVED

Total Children	18,162
Prenatal to Age 2	4,352
Ages 2-5	6,805
Ages 5-12	6,712
Ages 12-18	293
Ages 18+	0
Caregivers	0
Professional Development	0



Child Care Assistance



LOOKING BACK

WHAT WE'VE ACCOMPLISHED

Converted to the Kansas Eligibility Enforcement System (KEES) to determine program eligibility

Completed a market rate analysis to determine any rate adjustments for the start of the new fiscal year

Collaborated with the Kansas Quality Network (KQN) to distribute resources for the continuous quality improvement of child care in Kansas

Launched the Links to Quality (L2Q) two-year pilot in April 2018

LOOKING FORWARD

WHERE WE'RE HEADED

Continue to work with protection and prevention services to better serve children in foster care

Continue to improve consumer knowledge of the key elements of child care quality to support families in making better-informed child care choices

Increase the quality of infant and toddler care in Kansas through a partnership with Head Start

Increase the health, safety, and professional development requirements of providers to improve child care quality

Evaluation Practices: Quality Control Reviewers review random samples of cases throughout the year and conduct an annual evaluation where the primary purpose is to ensure payment and eligibility requirements, identify any training needs of staff, and align with new policies and regulations. Information is recorded in an internal agency database. An annual public assistance report is provided on the agency website.

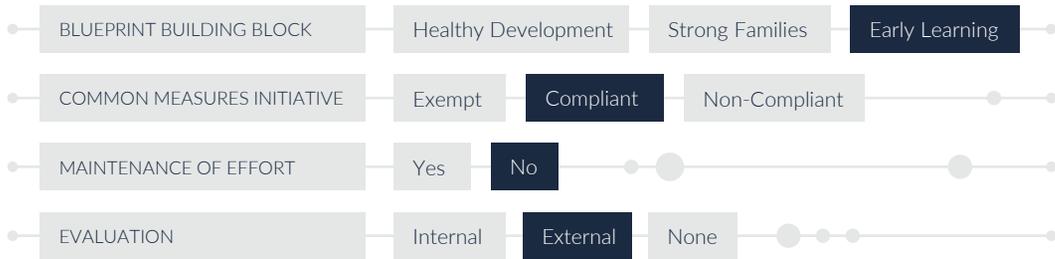
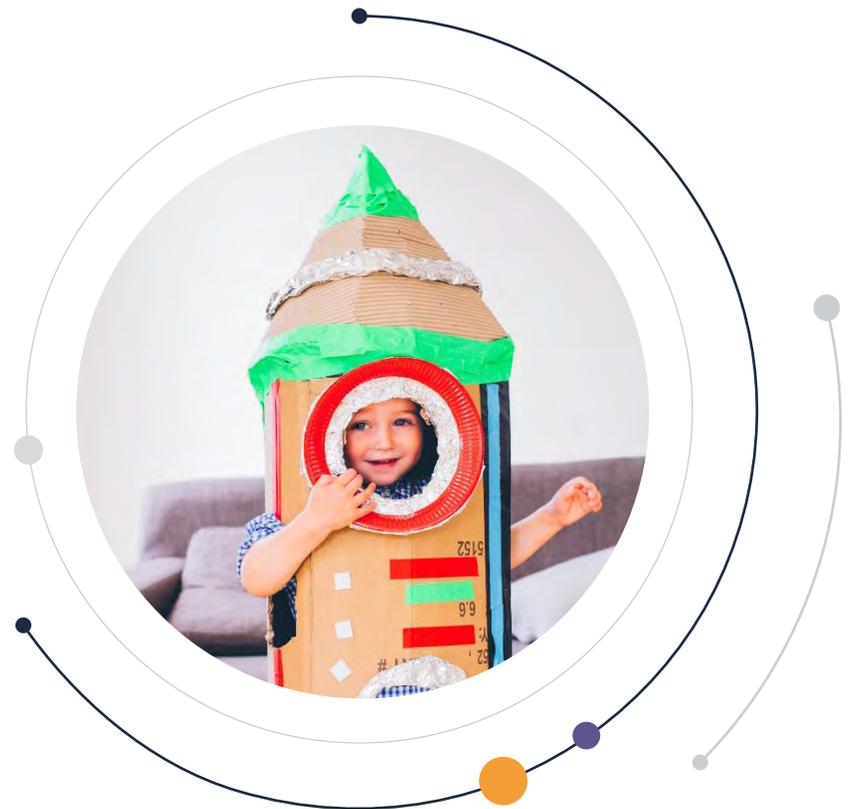
Evidence Base: Strong Evidence. Research using appropriate comparison methodologies has found that families receiving child care subsidies have improved employment and financial outcomes, and that effects remain beyond the end of services.

Child Care Quality Initiative

Kansas Children’s Cabinet and Trust Fund (Cabinet)

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

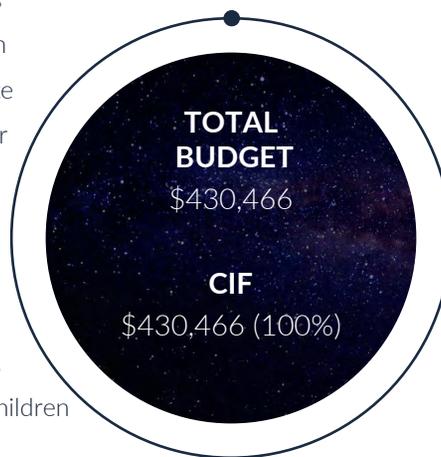
Whether helping parents locate child care in their area or offering continuing education to providers, the Child Care Quality Initiative (CCQI) is committed to making high-quality child care available to all Kansas families. Through the Strengthening Families program, CCQI trains, coaches, and provides technical assistance to child care providers. CCQI also helps underserved communities identify and address child care needs, both day-to-day and emergency.



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) jobs that support their families. Rather than allowing these difficulties to spiral, CCQI increases 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 achieve good health outcomes for young children by giving caregivers the tools they need to provide supportive, responsive relationships. 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.



OUR SOLUTIONS



PROFESSIONAL DEVELOPMENT

Training and resources for child care providers enhance skills and improve interactions with children and families.



COACHING AND RESOURCES

Individualized coaching and peer learning opportunities support quality improvement for child care professionals.



PARTNERSHIPS

Community partnerships streamline services and help address immediate and long-term needs for child care.

“Returning programs ... love being mentors, they love going into the Peer Learning Community meetings and talking with new programs...so that’s been an unintended [outcome] but a great piece of the work.”

~Kami Cohorst, Child Care Quality Initiative

Child Care Quality Initiative

OUTCOMES

Quality Measures of CCQI Toddler Environments



Toddler environments met high quality standards in all domains*

FY 2017

87%
n = 23

FY 2018

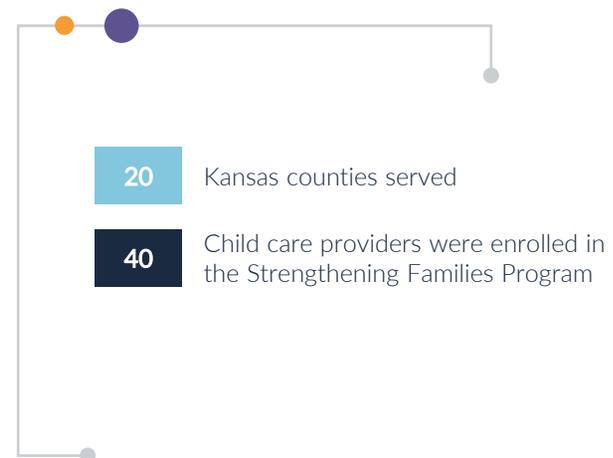
96%
n = 27

*Toddler environments were assessed using the CLASS observational tool (Classroom Assessment Scoring System) and measured the domains of *Emotional and Behavioral Support* and *Engaged Support for Learning*. The CLASS provides a broad perspective on the educational setting while accounting for developmentally appropriate practices.

CCQI offers 5 initiatives. The data above describe the results of a single initiative and do not represent the full range of services offered.

FY 2018 POPULATION SERVED

Total Children	354
Prenatal to Age	179
Ages 2-5	135
Ages 5-12	0
Ages 12-18	0
Ages 18+	40
Caregivers	356
Professional Development	452



Child Care Quality Initiative



LOOKING BACK

WHAT WE'VE ACCOMPLISHED

- Piloted a peer collaborative learning model and virtual technical assistance for child care providers
- Offered an enrollment bonus of children's books to newly-enrolled providers
- Conducted a Kansas child care workforce study
- Released the 2017 Child Care Supply and Demand Report on the availability of child care across Kansas

LOOKING FORWARD

WHERE WE'RE HEADED

- Increase coordination efforts with Wichita State University and the University of Kansas Center for Public Partnerships and Research around data collection and analysis of the Protective Factors Survey (PFS) and Classroom Assessment Scoring System (CLASS) assessments
- Shift towards a peer collaborative learning model
- Increase the focus on effective caregiver-child interactions and child care quality
- Continue initiatives for high quality, affordable, and accessible care for all Kansas children

Evaluation Practices: Data collection and evaluation is handled internally with the exception of Common Measures CLASS data, which is entered into DAISEY and analyzed by researchers at Wichita State University's Center for Applied Research and Evaluation. A centralized CCQI database—Work Life Systems—provides internal tracking, with reporting deadlines throughout the fiscal year. An annual evaluation report informs continuous quality improvement efforts and is disseminated to the public, the board, and resource and referral agencies.

Evidence Base: Innovative Program. Services deliver Strengthening Families, an approach 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.

Children’s Mental Health Waiver

Kansas Department for Aging and Disability Services (KDADS)

Access to outpatient services for children diagnosed with Serious Emotional Disturbance

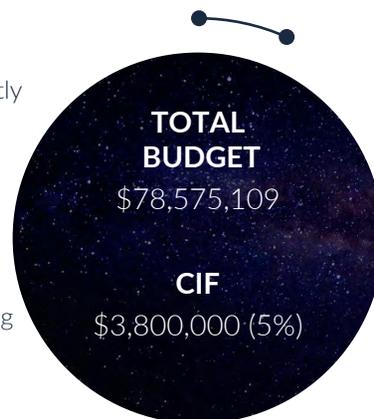
Sometimes a child’s mental health needs exceed what the family is capable of providing. A diagnosis of Serious Emotional Disturbance (SED) often leads to inpatient psychiatric treatment – and the added distress for that child of being removed from home. The SED Waiver grants access to services that can allow a child to remain in a familiar environment by providing the intensive support necessary to ensure both safety and independence.



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 (CMHW) 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 issues such as delinquency, substance abuse, teen pregnancy, suicide, domestic violence, and sexual assault.



OUR SOLUTIONS



EARLY ASSESSMENT AND SERVICES

SED waivers help children access needed support from local mental health centers, allowing for home-based care instead of hospitalization.



WRAPAROUND FACILITATION

Wraparound services and supports meet both child and family needs and are coordinated according to treatment goals.



PARENT SUPPORT

Planning for services includes active involvement of parents and children.

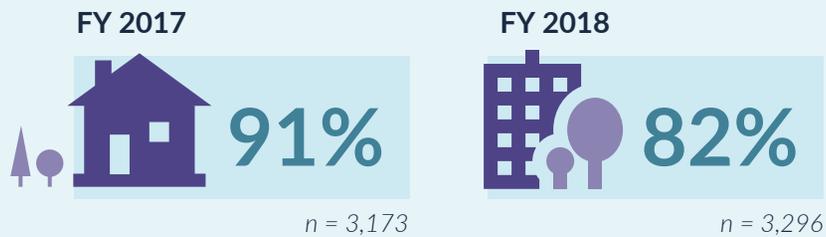
"It blows me away every time I talk with community mental health centers about the ... different ways they are incorporating new ideas and techniques with their families and in their communities."

~Sam Philbern, Children's Mental Health Waiver

Children's Mental Health Waiver

OUTCOMES

SED Waiver participants maintained in a permanent home or independent living



The number of children in foster care entering waiver services increased from FY 2017 to FY 2018, resulting in a decrease in the number of children who are shown to be maintained in a permanent home.

FY 2018 POPULATION SERVED

Total Children	3,786
Prenatal to Age 2	0
Ages 2-5	26
Ages 5-12	1,327
Ages 12-18	2,050
Ages 18+	383
Caregivers	2,651

KDADS contracts with local community mental health centers for the Children's Mental Health Waiver and does not track professional development numbers.

- 6** Number of services available to children and families served by the SED waiver
- 282** Typical number of days a child uses the mental health waiver
- 26** Partnerships with community mental health centers

Children's Mental Health Waiver



LOOKING BACK

WHAT WE'VE ACCOMPLISHED

Added a technical amendment to the 2017 SED Waiver to allow insurance companies to monitor the official plan of care; Managed Care Organizations (MCOs) are now responsible for facilitating and building the plan of care

Standardized the Adverse Incident Report (AIR) through the data collection system

Held collaborative meetings with MCOs and community mental health centers to enhance the service planning process and provide longer support for families

LOOKING FORWARD

WHERE WE'RE HEADED

Hire a third-party contractor to conduct assessments beginning August 1, 2018

Update the SED Waiver to better align with MCOs and Medicaid for longer-term family support

Modify and enhance available services to address identified gaps and better meet the needs of children and families

Evaluation Practices: The CMHW implements a Quality Review Process conducted internally by the Kansas Department for Aging and Disability Services (KDADS). The review process includes pulling statistically significant random sampling of individuals receiving services on a quarterly basis, record reviews, consumer interviews, and verifying provider qualifications and training requirements. Information is entered into an agency database for Quality Review Tracking to ensure compliance.

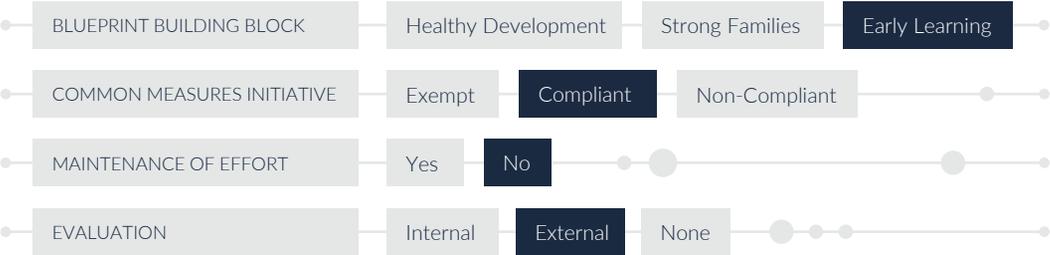
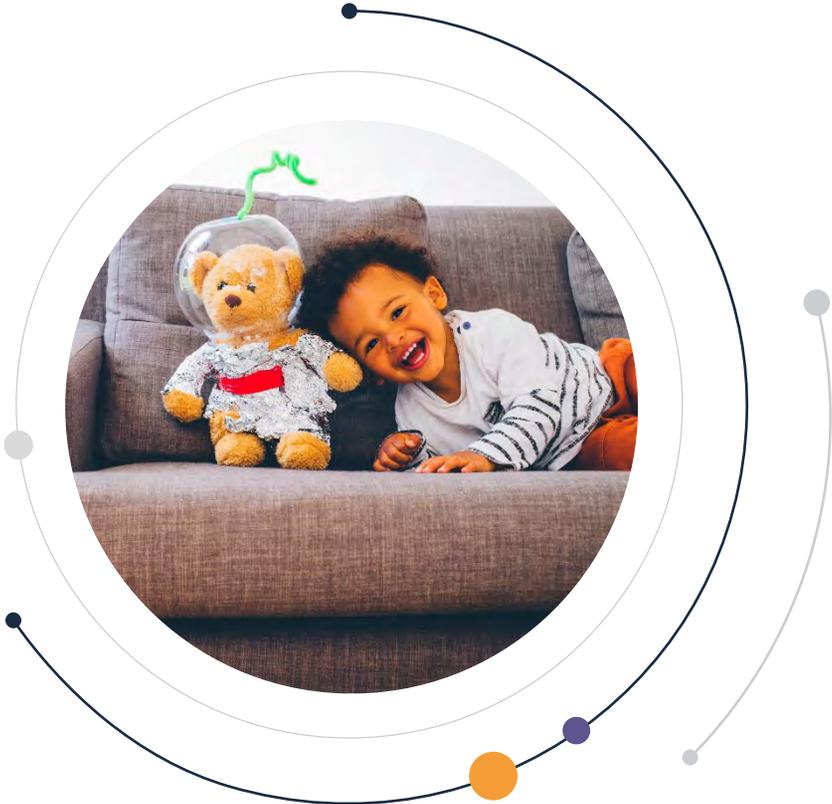
Evidence Base: Promising Evidence. Research employing comparative methodology has found that mental health waivers have a positive impact on children and families, demonstrate long-term effects, and cost less than institutionalization.

Early Childhood Block Grant

Kansas Children’s Cabinet and Trust Fund (Cabinet)

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

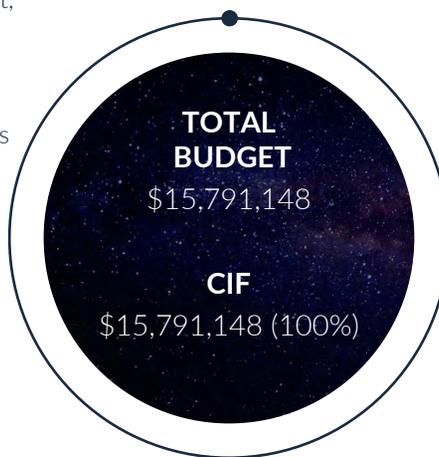
Because the years between birth and kindergarten are crucial to a child’s overall development, Early Childhood Block Grant (ECBG) recipients focus on providing services to at-risk young children (ages 0-5 years) and their families. Public-private partnerships are encouraged to avoid duplication, maximize resources, and foster innovation. Involving families in the process of readying their children for school is another hallmark of the ECBG program’s emphasis on collaboration.



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 maximize program effectiveness by limiting duplication of services.



“It’s exciting to see [programs] using measures they aren’t required to use or using them with all their programs and children, not just the ECBG children...they are seeing the value of data and using it and they’re impacting school readiness.”

~ Lynn Schrepferman, Wichita State University

OUR SOLUTIONS



EARLY LEARNING

Educational programs and opportunities support literacy activities and high-quality early learning.



INDIVIDUAL AND FAMILY SUPPORT SERVICES

Screenings, early identification services, home visiting, and parent education support healthy development.



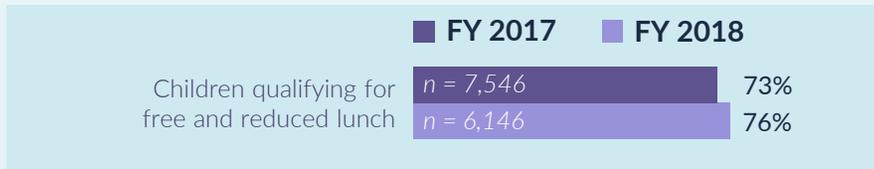
IMPROVING OUTCOMES THROUGH DATA SCIENCE

Trainings on data collection and certification on common measures ensures programs continuously improve practices and enhance services to meet needs.

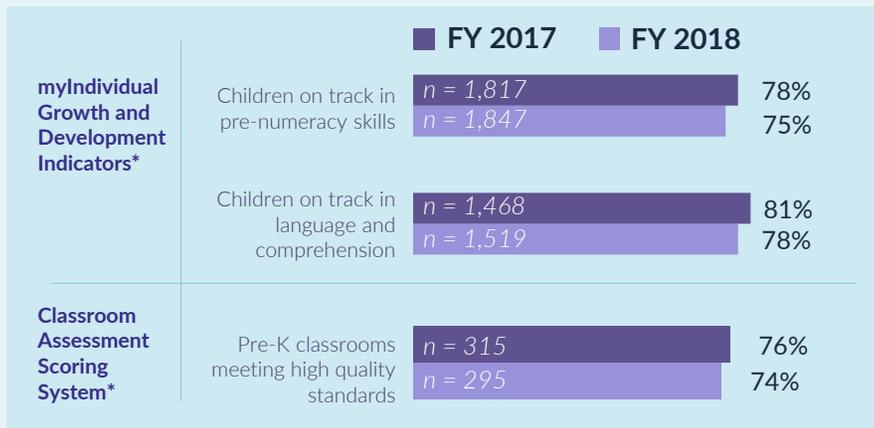
Early Childhood Block Grant

OUTCOMES

ECBG programs served a population with a higher level of risk in FY 2018 than in FY 2017.



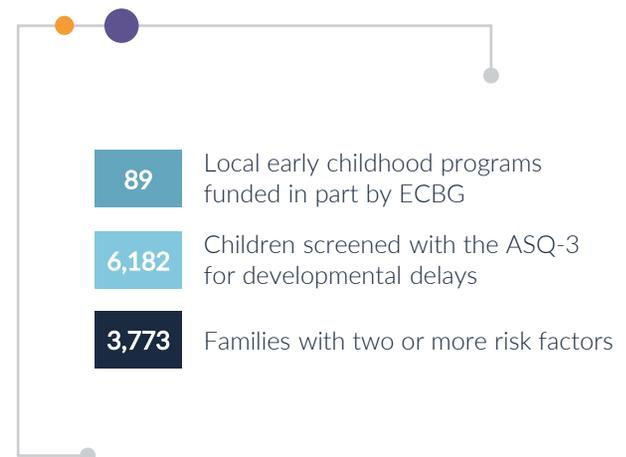
Despite this change, outcomes were maintained or only slightly declined from the previous year.



*The myIGDIs (myIndividual Growth and Development Indicators) are administered to children ages 3 to 5 years to assess abilities related to numeracy and literacy. The Classroom Assessment Scoring System (CLASS) is an observational tool assessing the quality of interactions between teachers and students.

FY 2018 POPULATION SERVED

Total Children	7,102
Prenatal to Age 2	1,022
Ages 2-5	6,080
Ages 5-12	0
Ages 12-18	0
Ages 18+	0
Caregivers	6,146
Professional Development	174



Early Childhood Block Grant



LOOKING BACK

WHAT WE'VE ACCOMPLISHED

Piloted the Integrated Referral and Intake System (IRIS) in several ECBG communities, including Riley, Shawnee, and Reno counties

Implemented data coaching calls to support grantees' understanding and use of data

Implemented inter-rater reliability methods for everyone administering Common Measures Initiative assessments

Used the Early Learning Lab resources to better equip teachers with tools and strategies to help children learn

LOOKING FORWARD

WHERE WE'RE HEADED

Piloting the *Help Me Grow* initiative in select communities with ECBG grantees

Expanding data coaching calls and promoting Early Learning Lab resources to support grantees

Expanding services into more counties with new grantees and providing more intensive support for at-risk children and underserved communities

Enhancing efforts to continue improving school readiness

Evaluation Practices: ECBG grantees use DAISEY to 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 annually to the Cabinet and online. Individual program reports are disseminated to each grantee where they share findings with their stakeholders.

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

Beloit USD 273

Mitchell County Partnerships for Children

Home Visiting	11%
Parent Education	7%
Pre-K & Early Learning Infrastructure	82%

TOTAL \$367,401



ECBG GRANTEE

Mitchell County Partnerships for Children (MCPC) serves Mitchell, Jewell, Lincoln, Russell, and Osborne Counties. The program supports teacher salaries and expansion of quality early learning. The district's Parents as Teachers (PAT) program utilizes home visits to support and engage parents and caregivers of children ages 0-3 years in USD 272, and for children ages 3-5 in all remaining districts in Mitchell, Jewell, and Lincoln Counties. MCPC also hosts group parent education opportunities and family engagement events.

MCPC has established partnerships with the Mitchell County Early Learning Center and Tiny Treasures Learning Center in Glen Elder. MCPC also partners with the local area hospital, USD 272 Lakeside, USD 298 Lincoln, USD 273 Beloit, USD 299 Sylvan-Lucas, and St. John's preschools in addition to PAT and Kids First of the Beloit Special Education Cooperative. In addition to these direct partners, MCPC provides referral services to local private behavioral health counselors and mental health agencies for at-risk families and students. All of these districts are also served by either the Beloit Special Education Cooperative or the North Central Kansas Special Education Cooperative, creating a seamless system to work together toward the common goal of kindergarten readiness for all students.

Coffeyville USD 445

Coffeyville Model for Early Learning

Mental and Behavioral Health Services.....	3%
Parent Education	2%
Pre-K	90%
Social-Emotional Classroom and Family Consultation.....	5%

TOTAL \$869,989

ECBG GRANTEE

Coffeyville USD 445 serves children in the Montgomery County district with nine Pre-K classrooms for children ages 3-5 years. USD 445 also participates in the Early Learning Communities Collaborative, integrating the standards of Head Start, the 4-Year-Old At-Risk Pre-K program, and special education. The program offers family-style meals and snacks, free health and dental services, vision, hearing, and speech screenings, and family support. The program also offers The Incredible Years and Love and Logic parent education programs.

USD 445 collaborates with Four County Mental Health to offer parent education and classroom consultation, providing mental health assessments, development of intervention plans, classroom consultation, developmental screenings, and outreach to parents. Tri-County Special Education Cooperative provides early intervention services to children with special needs in Pre-K classrooms. The USD 445 Board of Education has expanded preschool efforts to include all children and families in the district. Superintendent Craig A. Correll chairs the Coffeyville Coalition for Early Education, a 501 (c) (3), and serves on The Coffeyville Coalition for School Readiness (CCSR). CCSR connects public partners with the business community to offer high-quality preschool and early intervention to help break the cycle of poverty.

Four County Mental Health Center, Inc.

Case Management	41%
Mental and Behavioral Health Services	9%
Parent Education	41%
Social-Emotional Classroom and Family Consultation	9%

TOTAL \$242,112

ECBG GRANTEE

Four County Mental Health Center, Inc. serves pregnant mothers, at-risk children ages 0-5 years, and their families in Montgomery, Wilson, Elk, and Chautauqua Counties. The program offers intensive community-based family case management to at-risk families, including those with mental health and substance abuse issues. Mental health assessments, intervention plans, and consultations are provided to families inside and outside of the Pre-K classroom settings, as well as developmental screening and parent outreach in the classrooms. Parent education is also offered using various curricula, including The Incredible Years, Love and Logic, and Active Parenting Now.

Four County's early childhood programs engage in multiple partnerships and community collaborations with the My Family Program, Montgomery and Wilson County school districts, and faith-based preschools. Four County staff have been integral to the KIDOS 2.0 initiative. Additional collaborations include offering parent education to families involved with Kaw Valley Center and in-service trainings to school personnel and hospital staff.

Geary County USD 475

Early Childhood Block Grant of Geary County

Home Visiting.....	57%
Literacy Activities.....	19%
Parent Education.....	24%

TOTAL \$432,557

ECBG GRANTEE

The Early Childhood Block Grant of Geary County (ECBGGC) program serves children and families in Junction City, Fort Riley, Grandview Plaza, and Milford. The program offers home visits through Parents as Teachers twice a month to support and engage parents and caregivers of 0-5 year-olds. The early childhood literacy curriculum, *Let's Begin with the Letter People*, is offered for children 3-5 years old as well. Also, parent education is offered in a range of formats via Triple P- Positive Parenting Program, including a "toolbox" of strategies to prevent and treat social, emotional, behavioral, and developmental problems.

ECBGGC's innovative partnerships include a collaboration between the Dorothy Bramlage Public Library Literacy Specialist and Parent Educators. This partnership provides activities related to storytelling and presentation, including field trips for children and parents. ECBGGC also partnered with the C.L. Hoover Opera House, giving over 400 preschool children and their caregivers the opportunity to attend a performance.

Hays USD 489

Home Visiting	9%
Pre-K	91%

TOTAL \$370,485

ECBG GRANTEE

The USD 489 Early Childhood Connections program serves children and families identified as high risk and residing in Ellis, Rush, Rooks, and Russell counties. The program offers Connections Preschool, with blended classrooms for children ages 3-5 years who qualify for Head Start, 4-Year-Old At-Risk Pre-K program, or special education. The Healthy Start program offers home visiting, health education, mental health screenings, and referrals from pregnancy up to 1 year after a child's birth. Hays Area Children's Center screens children for developmental disabilities or delays and offers monthly community-wide screenings for all families with children ages 0-5 years.

As a member of the Early Childhood Grants Advisory Committee, the program partners with USD 489, Hays West Central Special Education Coop, Hays Area Children's Center, Healthy Start Home Visitor, HICC Early Intervention Services, CASA, PACT, High Plains Mental Health Center, Ellis County Dolly Parton Imagination Library, and the Hays Medical Center. The mission of the group is to identify, apply for, and administer grant opportunities for early childhood programs. The collaborative provides a seamless transition of services for young children and their families through prenatal services, birth, screening, intervention services, parent education, preschool, and transition to kindergarten.

Hutchinson Community Foundation

A Strong Foundation for Children and Families in Reno County

Developmental Screening	8%
Home Visiting	43%
Pre-K	49%

TOTAL \$511,693

ECBG GRANTEE

The Hutchinson Community Foundation (HCF) serves children and families in Reno County. The program provides classrooms for at-risk 3-year-olds in three locations across the county and an 8-week summer Pre-K transition to kindergarten classroom to help the most at-risk children prepare for the full-day, early learning environment of kindergarten. HCF also offers a variety of home visiting services for families of 0-3 year olds to provide parent education, health and development assessments, and to strengthen parent-child interactions. Services include Early Head Start, Parents as Teachers, and Healthy Families. The Reno County Health Department also offers developmental and wellness screenings to children ages 0-5 years.

HCF works with a diverse set of collaborative partners. Hutchinson USD 308 administers Early Head Start and Parents as Teachers. The Reno County Educational Cooperative administers the 3-year-old preschool classrooms in Emanuel Lutheran Church, Pretty Prairie USD 311, and Fairfield USD 312. Montessori Learning Center, a private child care center, holds the Transition to Kindergarten classroom. Kansas Children's Service League administers Healthy Families Reno County. The Reno County Health Department administers Kan-Be-Healthy screenings.

Kansas City Kansas Public Schools USD 500

Successful Partnerships to Assure Readiness for Kindergarten (SPARK)

Pre-K 56%
Pre-K and Early Learning for
Children with Special Needs 7%
Social-Emotional Classroom and Family Consultation 37%

TOTAL \$1,081,872

ECBG GRANTEE

Project SPARK serves children 0-5 years old in the eastern and southern areas of the Kansas City Kansas Public School (KCKPS) district boundaries in Wyandotte County. KCKPS Integrated Classrooms serve children ages 3-4 years, providing developmentally appropriate curriculum for all students. Staff and children receive social-emotional curriculum support and mental health consultation, as well as professional development and coaching using the Classroom Assessment Scoring System (CLASS) observation tool. Part C Infant and Toddler Services assist families of children 0-3 years old with special needs through home visiting by a team of early interventionists.

Project SPARK partners with United Way of Wyandotte County, The Family Conservancy, Wyandotte County Infant Toddler Services, Wyandotte County Special Education Cooperative, Successful Beginnings Head Start, and KCKPS. The unified vision and mission for Project SPARK and its partners is: 1) increase the number of children receiving high-quality early childhood education; 2) increase the quality of the early learning environment; 3) identify young at-risk children and families needing support services; 4) strengthen relationships schools and partners have with families; and 5) increase the engagement and nurturing skills of parents and other family members.

Kansas Head Start Association

Early Learning Communities

Pre-K100%

TOTAL \$1,183,030

ECBG GRANTEE

The Kansas Head Start Association: Early Learning Communities (KHS:ELC) project is a collaborative effort within communities to assure a high quality early learning environment for children ages 3-5 years. A variety of early learning focused funding sources are blended and braided to support an integrated Pre-K learning environment for children. Head Start, 4-Year-Old At-Risk Pre-K program, and special education standards are used to assure high-quality education and family engagement opportunities.

Ten communities, eight school districts, and six Head Start grantees comprise the ELC sites across the state: Cimarron, Goodland, Hill City, Liberal, Neosho Rapids, Olpe, Rossville, St. Marys, Stafford, and Topeka. ELC sites regularly share opportunities and challenges to leverage the community level growth experiences and resources such as private foundations, local businesses, and organizations.

Northwest Kansas Council on Substance Abuse, Inc.

SmartStart Northwest Kansas

Home Visiting.....	24%
Parent Education.....	19%
Pre-K and Early Learning Infrastructure	57%

TOTAL \$277,429

ECBG GRANTEE

The Smart Start Northwest Kansas (SSNK) Project serves families and children in 12 counties, covering 20 school districts. ECBG funds help support Kids Port in offering high quality experiences for families employed by the community healthcare facilities. Resources are provided to three additional community preschool classrooms to promote high quality early learning and developmentally appropriate practices. SSNK also offers a family-centered parent support program called Nurturing Parents, preventative home visiting services via Play and Learning Strategies, and the Attachment and Bio-behavioral Catch-up intervention which fosters the development of secure attachments between children and their caregivers.

SSNK partners with the Citizens Foundation (the fundraising arm of Citizens Medical Center Inc.), United Methodist Health Ministry Fund, Kansas Health Foundation, and Blue Cross Blue Shield. Other partners include Western Prairie Food Farm and Community Alliance, a regional food and farm advisory council for public officials, private sector partners, and food producers to increase access to healthy locally-grown food in northwest Kansas. Northwest Kansas Health Equity Partnership also works with SSNK to engage and partner with low-income families with children to identify one or more health inequities to be addressed in each county in the northwest region.

Riley County Health Department

Raising Riley

Early Learning Environments	81%
Home Visiting.....	15%
Pre-K.....	4%

TOTAL \$657,727



ECBG GRANTEE

The Raising Riley program serves children and families in Riley County, offering Pre-K programs and child care, as well as summer preschool to children entering kindergarten in the fall who may not have access to other quality learning environments. Child care tuition assistance is awarded to at-risk families based on need. Early Head Start is available for low-income pregnant women and families with children ages 0-3 years to support and educate caregivers and enhance child health and development. Raising Riley home visiting services are also available to at-risk families with children 0-5 years old. Home visitors with an educational background in nursing, social work, early childhood education, teaching, or related fields deliver services at varying levels of intensity depending on each family's needs.

Raising Riley collaborates with three public school districts: USD 383 Manhattan-Ogden, USD 384 Blue Valley, and USD 378 Riley County, as well as local child care providers. Raising Riley coordinates across partners to achieve common goals shared among local academic, community, and business leaders to increase children's educational achievements. Through this strategic planning, the program aims to identify, compliment, and strengthen early learning outcomes within the community. By collecting and analyzing data on children using Common Measures, Raising Riley builds momentum to make and sustain systemic change.

Russell Child Development Center

Building Blocks Project

Family Engagement and Referrals	8%
Home Visiting	42%
Parent Education	46%
Pre-K and Early Learning Infrastructure	4%

TOTAL \$1,935,627

ECBG GRANTEE

The Russell Child Development Center (RCDC) Building Blocks Project serves 19 counties in southwest Kansas. RCDC offers The Learn & Play Project, holding parent-child interaction groups to improve learning outcomes by empowering parents to engage in structured play activities with their children, ages birth to 5 years. The program offers Triple P - Positive Parenting Program to enhance parental knowledge, skills, and confidence. Healthy Steps provides home visits to pregnant mothers and families with children ages 0-3 years, offering health and development supports. RCDC also provides a before- and after-school program in Ford County to assist working caregivers with extended, supervised drop-off and pick-up times for Pre-K children.

RCDC works with a variety of instrumental community partners across Southwest Kansas, including St. Catherine Hospital in Garden City, Liberal Area Coalition for Families, Bright Beginnings in Dodge City, the Dodge City Women’s Chamber, Ford County Law Enforcement Center, Finney County United Way, Seward County United Way, the Community Foundation of Southwest Kansas, Western Kansas Community Foundation, and the City of Scott City. RCDC also partners with school districts, child care providers, hospitals, doctor’s offices, health departments, libraries, museums, Kansas Children’s Service League, St. Francis Community Services, city and county governments, and health coalitions to ensure children and their families have the best start in life.

Saline-Ellsworth Counties Child Advocacy & Parenting Services (CAPS), Inc.

School Readiness Project

Parent Education	23%
Pre-K	22%
Pre-K & Early Learning Infrastructure	55%

TOTAL \$372,712

ECBG GRANTEE

The Saline-Ellsworth Counties School Readiness Project improves early learning for at-risk children ages 0-5 years through three programs. In Saline and Ellsworth Counties, the Quality Classroom Initiative provides professional development events and coaching to improve teacher-child interactions in child care settings. In addition, in Saline County, CAPS Parenting Education Program helps parents learn about child development; and the Family Mentoring Program provides individual case management, home visiting, and parent education through The Incredible Years and Nurturing Parenting models.

The School Readiness Project partners with 13 diverse organizations through the local community collaboration, Partners in Early Childhood Education (PIECE). PIECE integrates the strengths of partner organizations to develop greater depth of services for children and families and to avoid duplication. Local school districts participate to bridge the transition from early childhood to kindergarten. Additionally, PIECE secured a United Way Grant to provide a 18% cash match and offer equivalent services to the community who don't meet at-risk definitions.

Success By 6 Coalition of Douglas County

Case Management	17%
Early Learning Environments	3%
Home Visiting	10%
Mental and Behavioral Health Services	41%
Pre-K	3%
Social-Emotional Classroom and Family Consultation	26%

TOTAL \$746,052

ECBG GRANTEE

The Success By 6 (SB6) Coalition of Douglas County serves at-risk children ages 0-5 years and their families. SB6 offers Pre-K and child care financial aid funds for families in need. The program supports staff in working with children with challenging behaviors and/or who have experienced trauma to promote healthy social-emotional learning. An early childhood special education consultant works directly with children across home, shelter, and school settings to build social and emotional skills. The program also offers child and family therapy and wraparound, coordinated case management services. Home visiting services are also offered by Healthy Families Douglas County for children ages 0-3 years and by Parents as Teachers for 0-5 year-olds.

SB6 maintains public and private partnerships with USD 497, Lawrence-Douglas County Health Department, Douglas County Child Development Association, and St. John the Evangelist Church. SB6 also collaborates and shares resources with Lawrence Community Shelter, The Willow Domestic Violence Center, Child Care Aware of Eastern Kansas, the Lawrence-Douglas County Housing Authority, the Douglas County Cooperative Extension Service, Brook Creek Neighborhood Association, City of Lawrence Parks and Recreation, and the University of Kansas.

The Family Resource Center, Inc.

Case Management	7%
Early Learning Environments	30%
Home Visiting	20%
Pre-K	43%

TOTAL \$996,186

ECBG GRANTEE

The Family Resource Center, Inc. serves children and families in Cherokee, Crawford, Neosho, and Bourbon counties. The program offers center- and home-based care for children ages 0-3 years in families with multiple risk factors, as well as Pre-K curriculum for all children ages 3-5 years. Parents as Teachers offers home visits to support and engage caregivers of 0-5 year-olds, while Fort Scott Early Steps provides home visits for high risk families of children ages 0-3 years. Targeted case management is offered to promote full-term pregnancies and prevent low birthweight babies among expectant mothers identified as teens or otherwise high risk. The Literacy First Coach provides training to home child care providers, Pre-K, and kindergarten teachers in USD 234 Fort Scott. Health and social-emotional screenings are provided to all children in the community.

The program aligns itself with partners that commit to the mission of evidence-based interventions that ensure the most vulnerable children enter kindergarten ready to learn. The program uses Common Measures data to effectively drive partnerships toward their mission and identify strengths and growth areas to inform the program's use of community resources.

The Opportunity Project (TOP) Early Learning Centers

Achievement and Success for Low-Income Early Learners

Case Management	2%
Early Learning Environments	14%
Family Engagement and Referrals	4%
Pre-K.....	64%
Social-Emotional Classroom and Family Consultation	16%

TOTAL \$1,999,086

ECBG GRANTEE

The Opportunity Project (TOP) Early Learning Centers serve children and families in the Wichita metropolitan area in Sedgwick County. TOP offers full-day/full-year high-quality early childhood education to children ages 1-5 years who live in poverty. Through its public-private partnerships, child care subsidies are available to aid families with the cost of care. Children are screened for healthy development, and classrooms offer social emotional classroom and family consultation. In addition, TOP offers family services case management to support achievement of family improvement goals, and parent engagement opportunities via Parent Cafés, Circle of Parents, and the Parent Leadership Advisory Council and Training.

Each TOP Early Learning Center is structured as a collaborative public-private partnership involving Wichita Public Schools USD 259, Derby Public Schools USD 260, Kansas Department for Children and Families, Child Start, Rainbows United Inc., Kansas Children’s Service League (KCSL), Butler Community College, Cowley College, Wichita State University, and multiple private partners. Partners worked collaboratively to develop the project and to coordinate and support each other’s efforts. Partner organizations from Rainbows, KCSL, and USD 260 meet quarterly to discuss current service delivery, review outcomes, discuss concerns, and identify gaps in services.

United Way of Greater Topeka

Capital Area Successful Start

Early Learning Environments	7%
Family Engagement and Referrals	7%
Home Visiting.....	29%
Pre-K.....	8%
Pre-K and Early Learning for Children with Special Needs	23%
Pre-K and Early Learning Infrastructure.....	23%
Social-Emotional Classroom and Family Consultation	3%

TOTAL \$1,997,220

ECBG GRANTEE

The United Way of Greater Topeka: Capital Area Successful Start (CASS) serves children and families in Shawnee County. CASS collaborates with a large coalition of community partners offering a variety of early childhood programs. The Shawnee County Nurse-Family Partnership provides long-term support to low-income pregnant women and families with children ages 0-2 years. Healthy Families and Parents as Teachers programs offer home visiting to promote healthy development and parent-child interactions for families of children 0-5 years old. The Successful Connections program provides newborn screenings and connects families to other CASS programs as needed, such as TARC Inc., which provides early intervention for infants and toddlers with developmental delays or disabilities. Partnering Early Head Start (ages 0-3 years) and Head Start (ages 3-4 years) programs offer comprehensive education to low-income families.

The Family Service and Guidance Center provides mental health consultation for community preschools and child care centers to promote social-emotional development, healthy child-adult relationships, and to enhance providers' skills. Child Care Aware of Eastern Kansas also offers coaching and professional development to child care providers of at-risk children. Parent engagement and leadership opportunities are available as well, including Parent Cafés, Circle of Parents, parenting classes, and the Parent Leadership Advisory Council and Training.

United Way of the Plains

Wichita Early Childhood Block Grant Collaborative

Developmental Screening.....	2%
Early Learning Environments	10%
Family Engagement and Referrals	5%
Home Visiting.....	38%
Mental and Behavioral Health Services.....	12%
Pre-K.....	19%
Social-Emotional Classroom and Family Consultation	14%

TOTAL \$602,290

ECBG GRANTEE

United Way of the Plains: The Wichita Early Childhood Block Grant Collaborative (UWPC) serves children and families in the Wichita metropolitan area in Sedgwick County. UWPC offers the Linwood Pre-K Classroom for 4- year-old children who are at risk, providing instruction with an emphasis on literacy and math instruction. Scholarships for the Greater Wichita YMCA Early Learning Centers are awarded to families in need with children 0-5 years old. UWPC also includes Rainbows United, Inc., which provides Connecting Point screenings and referrals, classroom consultation, and the Early Childhood Mental Health Intervention Program to promote social-emotional development. Early Head Start, through Child Start, Inc., provides early child care and home visits for low-income pregnant women and families with children ages 0-3 years. Healthy Families, through Kansas Children's Service League, also provides home visits for children ages 0-3 years old to promote safe, stable, and nurturing parent-child relationships, as well as offering Parent Cafés, Circle of Parents, and the Parent Leadership Advisory Council to engage caregivers of children the program supports.

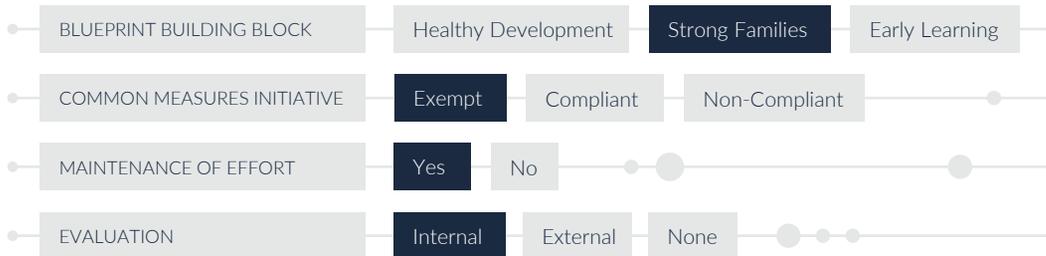
UWPC includes six partner organizations: Child Start, Inc., Greater Wichita YMCA, Kansas Children's Service League, Rainbows United, Inc., Wichita Public Schools-USD 259 and United Way of the Plains, all of whom work collaboratively to ensure program services are leveraged with local community resources and public-private partnerships. Community collaboration is strengthened by the many public-private partnerships established through each agency. Specific partnerships include: Sedgwick County Health Department, the Wichita Public Library, COMCARE of Sedgwick County, Via Christi-St. Joseph Family Clinic, and the Special Supplemental Nutritional Program for Women, Infants, and Children.

Family Preservation Services

Kansas Department for Children and Families (DCF)

Intensive in-home services for families at-risk

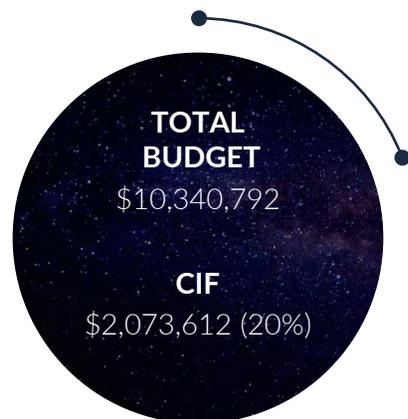
Keeping children out of foster care has been shown to reduce problems later in life. By helping families cope with a range of issues—from economic to social—that might otherwise lead to child abuse and neglect, Family Preservation Services (FPS) offers families the tools they need to stay together. FPS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



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



COUNSELING AND EDUCATION

Case management services offer families tools to cope with stressful situations before they lead to abuse or neglect.



CHILD CARE AND RESPITE CARE

In-home support helps diminish the risk of harm to the child to avoid removing a child from the home.



FINANCIAL ASSISTANCE

Flex funds provide emergency goods and services during crisis situations.

“Families have strengths and can learn to successfully parent their children and ensure their safety ...if they have the adequate support and resources that they need.”

~Candace Moten, Family Preservation Services

Family Preservation Services

OUTCOMES

Children and families who participated in Family Preservation Services



Children maintained at home
(Performance Standard of 90%)

FY 2017

83%
n = 2,628

FY 2018

83%
n = 2,631



Families who did not experience maltreatment within 90 days
(Performance Standard of 95%)

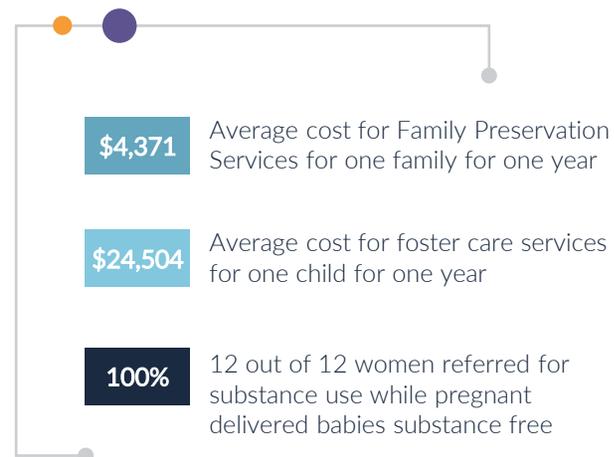
99%
n = 2,541

99%
n = 2,730

Family Preservation Services exceeds their Performance Standard of 95% for families who did not experience maltreatment within 90 days of referral.

FY 2018 POPULATION SERVED

Total Children	8,946
Prenatal to Age 2	1,194
Ages 2-5	1,482
Ages 5-12	3,535
Ages 12-18	2,654
Ages 18+	81
Caregivers	5,706
Professional Development	223



Family Preservation Services



LOOKING BACK

WHAT WE'VE ACCOMPLISHED

Met with children individually on a monthly basis, completed ongoing safety assessments, and reduced caseloads for case workers, as part of the 2015 Program Improvement Plan (PIP)

Referred all children ages 0-3 years who have been affirmed or substantiated for abuse or neglect to Part C Early Intervention services

Implemented policies to ensure all parents, including non-custodial parents, are located and assessed to determine service needs, and to be included in the case planning process

LOOKING FORWARD

WHERE WE'RE HEADED

Reducing caseloads to allow for more intensive services and increased supervisory oversight

Beginning July 1, 2019, implementing trauma-informed assessments and case plans as part of the Kansas Assessment and Permanency Project (KAPP)

Beginning July 1, 2019, providing pregnant women addicted to opioids with medication-assisted treatment to decrease the negative effects on a baby's development

Continuing to enhance quality of services to reduce the number of children being placed in foster care

Evaluation Practices: Family Preservation Services conducts quarterly 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 Department for Children and Families (DCF) website and outcomes are shared and discussed with the Family Preservation Advisory Workgroup and Provider Leadership Workgroups quarterly.

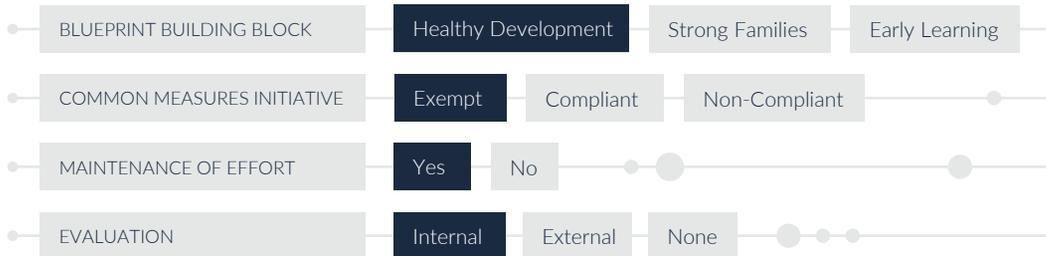
Evidence Base: Strong Evidence. Multiple studies have found a statistically significant positive effect of receiving services compared to a control group, and at least one study has found effects at least one year beyond the end of services.

Infant-Toddler Services

Kansas Department of Health and Environment (KDHE)

Building family capacity to meet the needs of their children who have disabilities or developmental delays

What happens in the first three years of a child’s life can have a profound impact on their development and life-long quality of life. This is especially true for infants and toddlers who have a developmental delay or disability. In accordance with the federal Individuals with Disabilities Education Act of 2004, Infant-Toddler Services (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, Infant-Toddler Services provides early intervention services and promotes early screening and detection of developmental delays.



Infant-Toddler Services

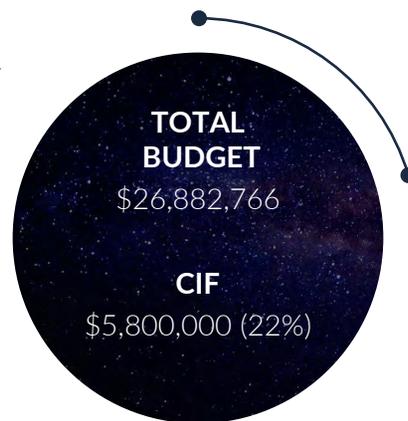
THE NEED

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, Infant-Toddler Services promotes early screening and detection of developmental delays and access to early intervention services. Services from tiny-k providers help prevent secondary disabilities and eliminate or decrease future special education costs. The service delivery model is family-centered and interventions support family-identified priorities and the achievement of functional Individual Family Service Plan outcomes.



“If we can reach families when the child is young, support that family to be the child’s best teacher, and make sure they have the resources they need, we reduce the number of children who will need those services long-term when they reach school.”

~Heather Staab, Infant-Toddler Services



OUR SOLUTIONS



TRAINING AND COACHING

Child care providers receive on-site coaching to support infants and toddlers with developmental delays and disabilities and training to recognize developmental delays and make referrals.



SERVICE COORDINATION

A statewide system of multidisciplinary early intervention services provides coordinated, comprehensive care for infants and toddlers with disabilities.



FAMILY SUPPORT

Families receive support and coaching around their child’s development and family rights, helping them better advocate for their child and communicate their needs.

Infant-Toddler Services

OUTCOMES

Infants and toddlers demonstrated improvement upon the completion of their time in Infant-Toddler Services



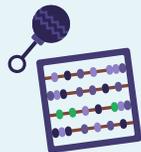
Improved positive social-emotional skills (including social relationships)

FY 2017

83%
n = 3,060

FY 2018

85%
n = 3,163



Improved acquisition and use of knowledge and skills (including early language skills)

85%
n = 3,060

85%
n = 3,163

99%

of infants and toddlers served by Infant-Toddler Services received their services primarily in a home or community-based setting.



FY 2018 POPULATION SERVED

Total Children	10,306
Prenatal to Age 2	4,432
Ages 2-5	5,874
Ages 5-12	0
Ages 12-18	0
Ages 18+	0
Caregivers	10,306
Professional Development	2,000

- 92%** Families reporting that early intervention services have helped them help their children develop and learn
- 100%** Percent of infants and toddlers with Individualized Family Service Plans (IFSPs) who receive the services in their plans promptly
- 46** Training events were held for Infant-Toddler providers and administrators across the state

Infant-Toddler Services



LOOKING BACK

WHAT WE'VE ACCOMPLISHED

Began a robust strategic planning process with a focus on the local program level

Standardized program branding to increase awareness and access to services across the state

Worked closely with the *Help Me Grow* initiative to better help connect families to additional resources

LOOKING FORWARD

WHERE WE'RE HEADED

Continuing to focus on strategic planning efforts and building program sustainability

Collaborating with the University of Kansas Center for Public Partnerships and Research on a *SenseMaker* story collection project to better understand family experiences

Maximizing information sharing so communities better understand the importance of early childhood education

Evaluation Practices: Infant-Toddler Services conducts an annual internal evaluation through the Child Outcome Summary (COS) process, which measures progress for children with disabilities and developmental delays within early intervention programs. Data is entered into a KDHE data system. Evaluation findings are submitted at the state and federal level and are used to improve the implementation of the Individuals with Disabilities Education Act (IDEA), enhance local programming, and determine the states' progress on improving outcomes for infants and toddlers with disabilities and their families.

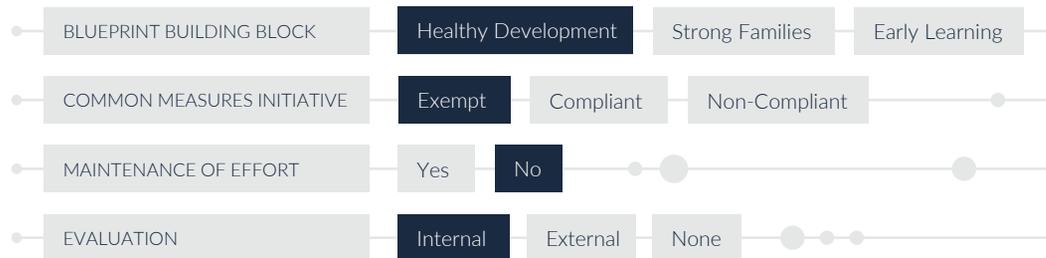
Evidence Base: Strong Evidence. Multiple studies have found that practices effectively support and build the capacity of parents and caregivers and demonstrate sustained improved outcomes for children with, or at risk for, developmental delays.

Infant Toddler Hearing Aid Loan Bank

Kansas Department of Health and Environment (KDHE)

Hearing aids for infants in need

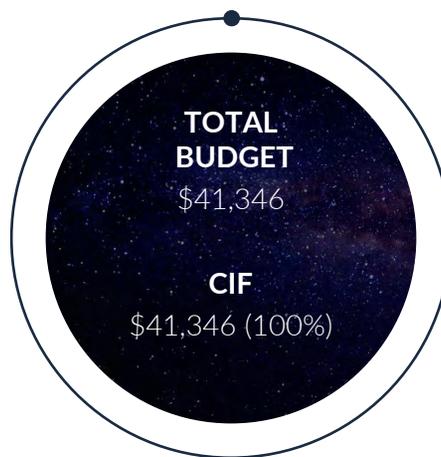
An infant with hearing loss can suffer dramatic developmental delays, especially if the condition isn't diagnosed and addressed early. The Kansas Infant Toddler Hearing Aid Loan Bank (HALB) helps remove financial barriers to fitting children with hearing aids by making a range of amplification devices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



Infant Toddler 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, HALB 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.



"You've given my son a priceless gift, the ability to hear. Thank you."

~ Parent of a child who received hearing aids through the Infant Toddler Hearing Aid Loan Bank

OUR SOLUTIONS



EARLY IDENTIFICATION AND INTERVENTION

Families receive early identification through licensed pediatric audiologists, with referrals to Part C Early Intervention services for the child and family.



FINANCIAL SUPPORT

Children receive high-quality digital hearing aids to quickly address the needs of families with limited or no insurance, or other financial barriers.



PROFESSIONAL DEVELOPMENT

Early identification and intervention education offers hospitals, health departments, home visiting programs, midwives, and physicians the information they need to support early diagnosis and treatment.

Infant Toddler Hearing Aid Loan Bank

OUTCOMES

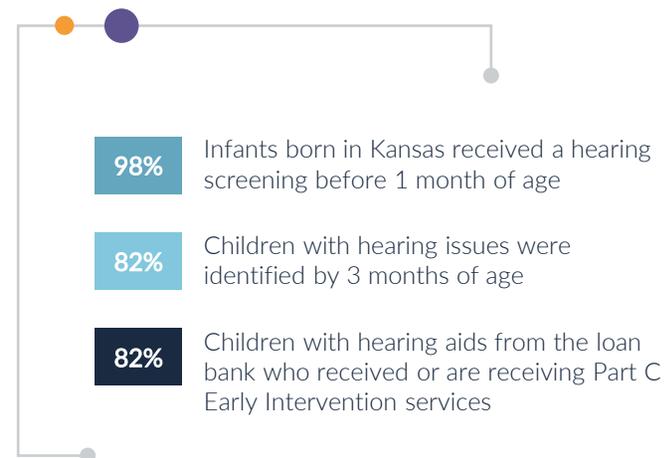
Impact of hearing aid(s) on hearing and communication skills

	FY 2017 <i>n</i> = 32	FY 2018 <i>n</i> = 8
 Increased effectiveness of the use of hearing aids	100%	100%
 Continued increase in their child's listening skills	100%	100%
 Continued increase in their child's development of speech and language	100%	100%

The Parents Evaluation of Aural/Oral Performance of Children (PEACH) is a parent reported questionnaire designed to record how the child is hearing and communicating with their hearing aids/cochlear implant at the moment. It is administered at 1, 3, and 6 month post-hearing aid fit.

FY 2018 POPULATION SERVED

Total Children	22
Prenatal to Age 2	18
Ages 2-5	4
Ages 5-12	0
Ages 12-18	0
Ages 18+	0
Caregivers	39
Professional Development	46



Infant Toddler Hearing Aid Loan Bank



LOOKING BACK

WHAT WE'VE ACCOMPLISHED

Established a requirement that children receiving services be enrolled in Part C Early Intervention services

Updated the application process to include information about family history of hearing loss and to delineate responsibilities of parents and audiologists

Established partnerships with Part C Infant-Toddler Services, the Kansas Special Health Care Needs program, and the Kansas School for the Deaf

LOOKING FORWARD

WHERE WE'RE HEADED

Implementing new protocols for submitting the Parent Survey to facilitate increased family engagement

Continuing to work with families to ensure active participation in Part C services until the child is 3 years of age

Enhancing longitudinal evaluation efforts to track speech and language development through collaboration with the Kansas School for the Deaf

Evaluation Practices: The Infant Toddler Hearing Aid Loan Bank use 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 their hearing aids, and to track individual progress over time. Additionally, the program collects a parent satisfaction survey. The intent of the evaluation is to demonstrate program impact, improve program design and implementation, and identify areas for improvement. Evaluation findings are reported annually to coordinators, the SoundBeginnings Advisory Board, and the Kansas School for the Deaf.

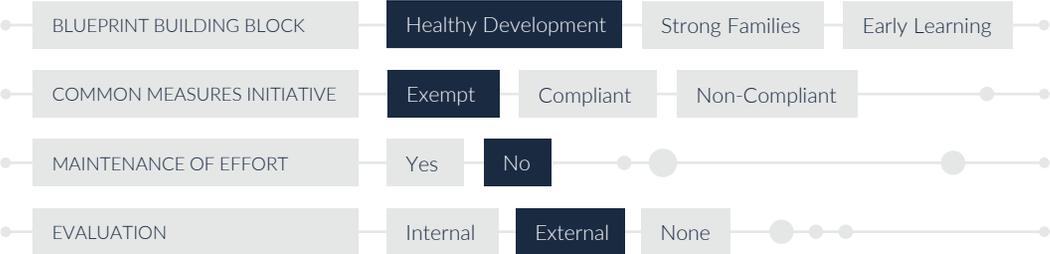
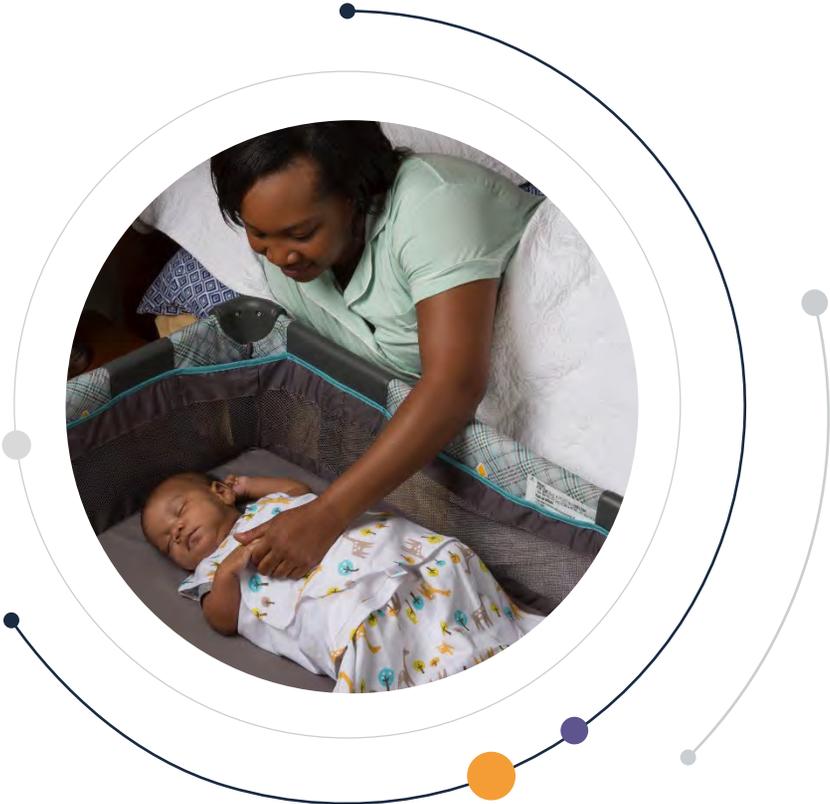
Evidence Base: Strong Evidence. Multiple studies have found early identification and intervention to be effective in addressing hearing loss and associated speech and language issues in early childhood.

KIDS Network

Kansas Department of Health and Environment (KDHE)

Kansas Infant Death and SIDS Network

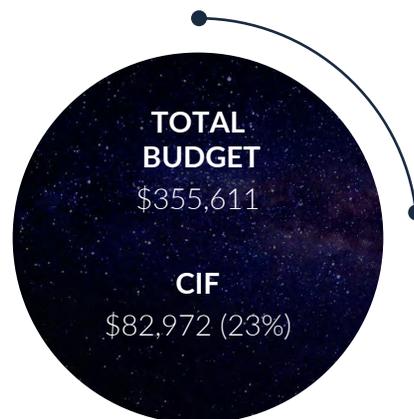
The tragedy of infant death touches hundreds of Kansas families every year. The Kansas Infant Death and SIDS (KIDS) Network supports individuals who have experienced such a loss, as well as organizations working to reduce the risk of infant death through education, training, and research. A major focus of the Network’s outreach is promoting safe sleep practices through such initiatives as: creating a statewide Safe Sleep Infrastructure, Safe Sleep Community Baby Showers, Cribs for Kids collaboration, safe sleep education for new and expectant parents, and safe sleep instructor training for health and child care providers.



KIDS Network

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 (SIDS) 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, offering cribs to families in need, and supporting research on the underlying causes of infant mortality.



OUR SOLUTIONS



EDUCATION AND TRAINING

Providers and parents receive training to understand the importance of sleep-related deaths including SIDS risk-reduction strategies, and learn how to overcome barriers to implementation.



FAMILY SUPPORT

Infant products (such as cribs and wearable blankets), along with hospital and home visits, help needy families practice risk-reduction strategies.



RESEARCH

Research on sleep-related deaths including SIDS, both behavioral and physiological, leads to informed care and safer practices.

“The infant mortality rate in the state has been on a statistically significant decline over the past 10, 12 years... and I can’t imagine where those numbers would be if the KIDS Network was not here and doing the programs they are doing.”

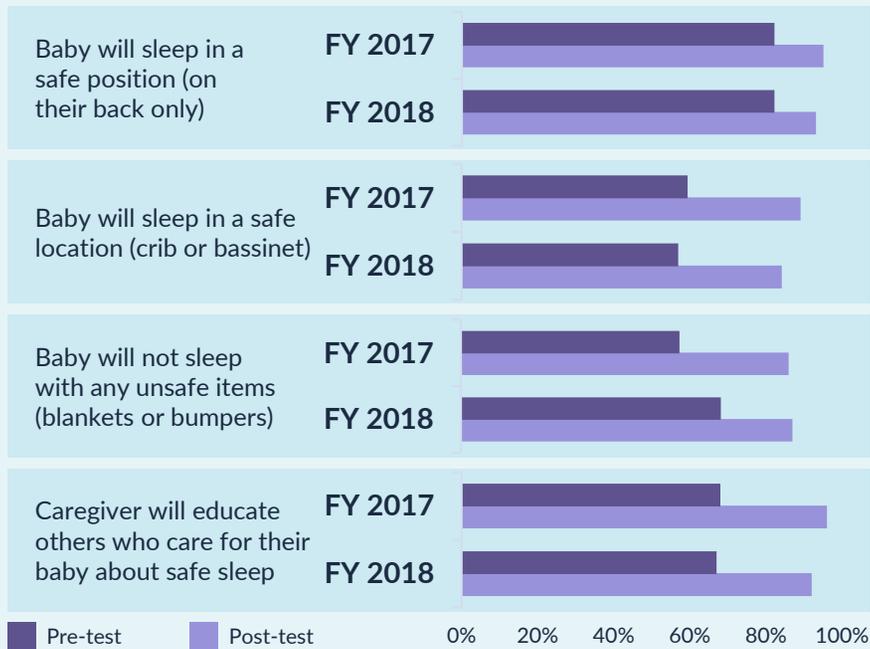
~ Carolyn Ahlers-Schmidt, PhD., University of Kansas School of Medicine, Wichita

KIDS Network

OUTCOMES



Mother self-report before and after attending a community baby shower



The outcomes remained statistically significant in fiscal years 2017 and 2018

FY 2017 n = 811
FY 2018 n = 870

FY 2018 POPULATION SERVED

Total Children	3,893
Prenatal to Age 2	3,843
Ages 2-5	0
Ages 5-12	50
Ages 12-18	0
Ages 18+	0
Caregivers	6,533
Professional Development	8,831



KIDS Network



LOOKING BACK

WHAT WE'VE ACCOMPLISHED

Strengthened partnerships and worked more directly with KDHE's Tobacco Use Prevention Program to train tobacco treatment specialists to support breastfeeding and tobacco use cessation among pregnant women and new mothers

Began developing Safe Sleep certification

Developed strategies to streamline service tracking to enhance evaluation efforts and explore longitudinal trends

LOOKING FORWARD

WHERE WE'RE HEADED

Continue to provide consistent safe sleep messaging and resources throughout the state to support families

Support and educate obstetricians in promoting safe sleep with families

Continue collaboration with foster care and Family Preservation contractors to embed safe sleep instructors within the agencies

Evaluation Practices: The KIDS Network contracts with the University of Kansas School of Medicine-Wichita to conduct an annual evaluation to measure the knowledge and behavioral changes of safe sleep, service delivery, and outcomes. 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.

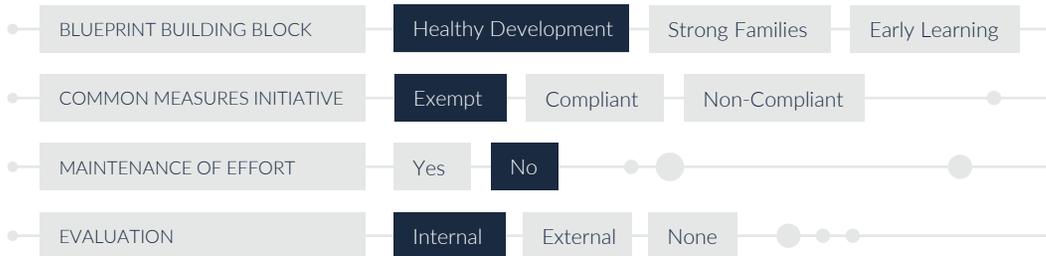
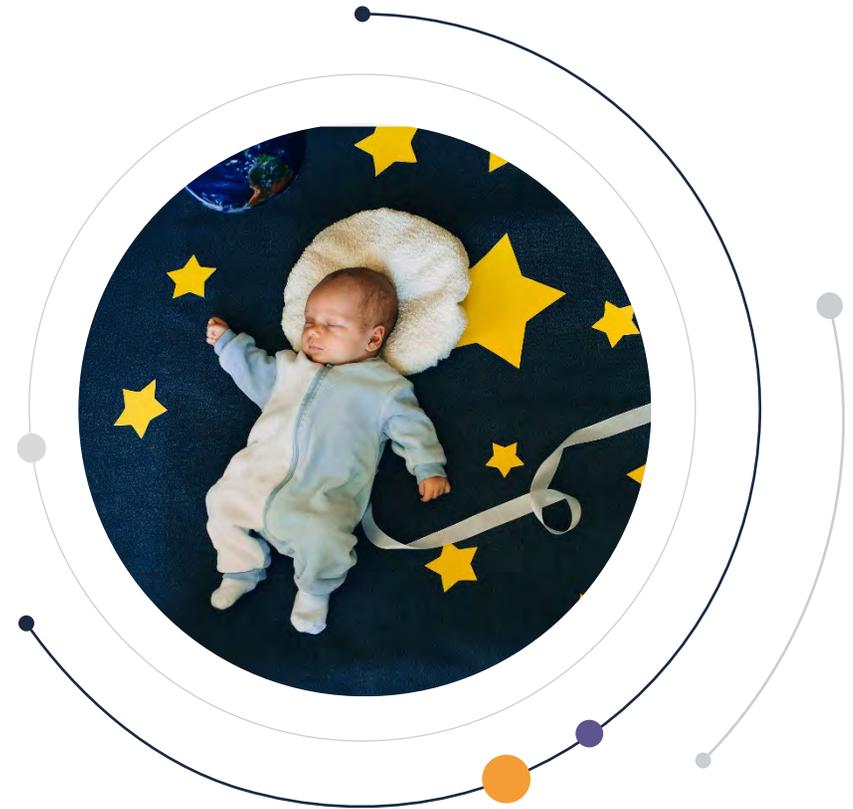
Evidence Base: Innovative Program. KIDS Network is actively working to establish an evidence base for their practices by conducting rigorous research using appropriate comparison methodologies, and submitting findings to peer-reviewed journals.

Maternal and Child Health Home Visiting

Kansas Department of Health and Environment (KDHE)

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

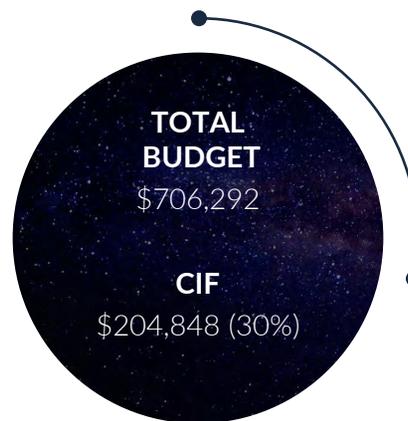
To help new parents give their child the healthiest possible start in life, Maternal and Child Health (MCH) Home Visiting, formerly known as Healthy Start Home Visitor, offers outreach and referral services to pregnant women and families with babies up to one year of age. The aim of MCH Home Visiting 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 and supports for reaching family goals, and adapt interventions to meet needs.



Maternal and Child Health Home Visiting

THE NEED

Many communities offer limited resources for expectant and new mothers. MCH Home Visiting 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



EDUCATION

New and expectant mothers receive information and guidance around pregnancy, child care, and healthy maternal behaviors.



REFERRALS AND RESOURCES

Screening and referrals to community agencies help connect families to needed services for optimal health and well-being.



PARENT SUPPORT

In-home interventions, beginning prenatally and up to one year post-delivery, help support parenting and improve skills.

"We educate, refer when needed, and connect [families] with community resources."

~ Carrie Akin, Maternal and Child Health Home Visiting

Maternal and Child Health Home Visiting

OUTCOMES

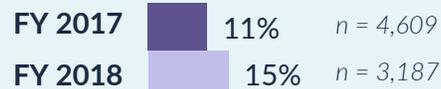
Mothers who initiated breastfeeding at birth



Infants born to women receiving prenatal care during first trimester

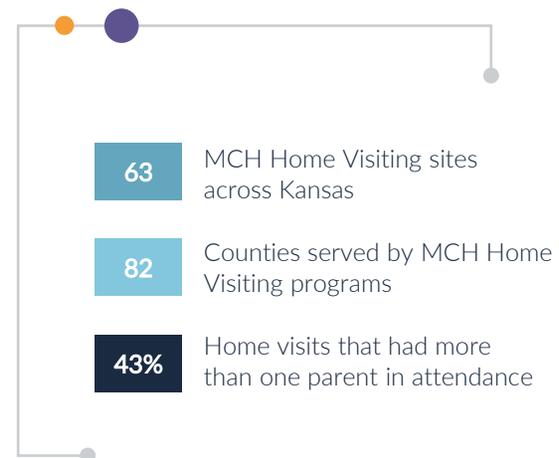


Number of women who reported smoking during pregnancy



FY 2018 POPULATION SERVED

Total Children	4,342
Prenatal to Age 2	4,342
Ages 2-5	0
Ages 5-12	0
Ages 12-18	0
Ages 18+	0
Caregivers	5,042
Professional Development	154



Maternal and Child Health Home Visiting



LOOKING BACK

WHAT WE'VE ACCOMPLISHED

Updated training requirements for supervisors/home visitors to ensure consistency in services across the state, including:

- Face-to-face training for home visitors within the first nine months of hiring
- A six-module online Head Start training
- Quarterly technical assistance seminars
- Home visitor shadowing
- Mental health first aid training

Developed a home visiting safety checklist for families to self-assess home safety at any time

Provided free trainings on both domestic violence and breastfeeding

LOOKING FORWARD

WHERE WE'RE HEADED

Increasing the number of health departments that provide home visiting services

Focusing program evaluation efforts on continuous quality improvement

Continuing to improve consistency in service delivery, workforce competency, and the quality of maternal and child health services

Identifying ways in which services can be more appealing to families and developing a marketing campaign to enhance participation and outreach

Evaluation Practices: MCH Home Visiting uses DAISEY for data entry and reporting. Evaluations 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.

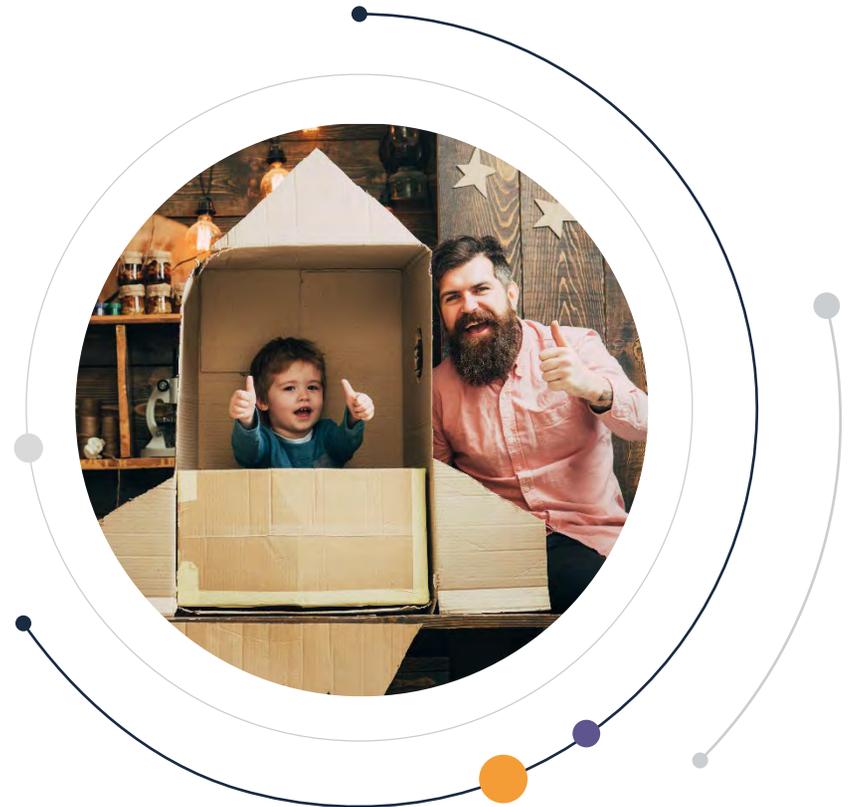
Evidence Base: Gateway Service. Maternal and Child Health Home Visiting identifies unique needs and connects parents with appropriate evidence-based services and resources to support healthy families and babies.

Parents as Teachers

Kansas State Department of Education (KSDE)

Home visits for new parents to stimulate child learning and development

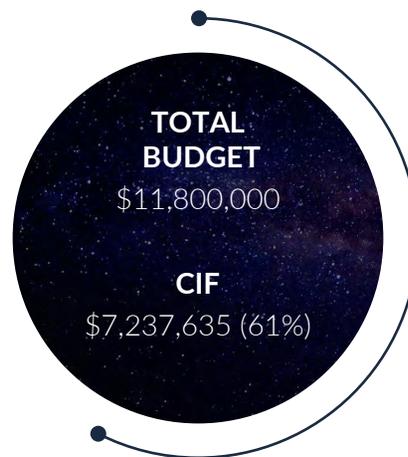
Teaching parents to stimulate early development and learning within the home is the focus of Kansas Parents as Teachers (PAT). An affiliate of the national PAT model, the program is administered through local school districts by the Kansas State Department of Education, and has four interrelated components: 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.



Parents as Teachers

THE NEED

A range 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.



“In our rural areas where you really don’t have neighbors, if somebody is coming to your home to help you and be excited with you about your baby, and tell you ‘this is developmentally appropriate, this may be an area of concern,’ that support to the parent, it’s important.”

~Nis Wilbur, Kansas Parents as Teachers

OUR SOLUTIONS



PARENT EDUCATION

Increasing parental knowledge and engagement strengthens families and helps keep children developmentally on track.



RESOURCES AND REFERRALS

Visiting families in their home environment supports timely screenings, appropriate referrals, and tailored resources and support.



COMMUNITY PARTNERSHIPS

School, health department, and early childhood partnerships help improve infant and toddler health, pre-literacy, pre-math, and motor skills.

Parents as Teachers

OUTCOMES

Trend, demographic, and impact data through the Common Measures Initiative are not available

- Parents as Teachers was not funded by the Children's Initiatives Fund in FY 2017. Therefore, trend data for FY 2017 is not available
- The program did not submit Common Measures Initiative data or a third-party evaluation for FY 2018

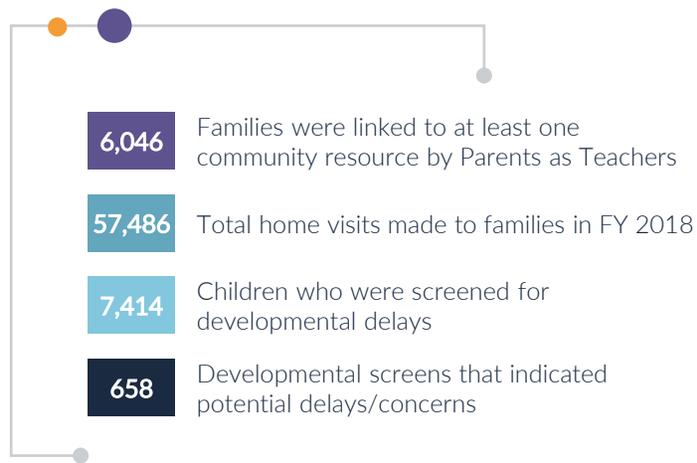


KSDE plans to participate in the Common Measures Initiative and a third-party evaluation in FY 2019



FY 2018 POPULATION SERVED

Total Children	8,522
Prenatal to Age 2	7,670
Ages 2-5	852
Ages 5-12	0
Ages 12-18	0
Ages 18+	0
Caregivers	6,552
Professional Development	99



253 Parents as Teachers has 253 home visitors working across Kansas

Parents as Teachers



LOOKING BACK

WHAT WE'VE ACCOMPLISHED

- Adopted new provider recruitment strategies
- Increased the number of providers who had contact with families and who provided direct services
- Established new partnerships within school districts as a result of re-examining kindergarten readiness
- Identified ASQ and HOME-IT as measures to be collected as part of the Common Measures Initiative

LOOKING FORWARD

WHERE WE'RE HEADED

- Exploring innovative ways to increase program capacity and recruit more parent educators
- Enhancing efforts that focus on mental health and home visiting to better serve families
- Identifying outcomes to be measured using Common Measures assessment tools, and providing a Cabinet-approved data collection plan to measure program impact
- Working with the Center for Applied Research and Engagement at Wichita State University as a third party evaluator to create an evaluation plan and generate outcome measures for the FY2019 accountability process

Evaluation Practices: Kansas Parents as Teachers does not currently have a Cabinet-approved evaluation plan. Annually Kansas Parents as Teachers publishes an Affiliate Performance Report reflecting national affiliate requirements for demographics and results.

Evidence Base: Strong Evidence. Multiple national 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.

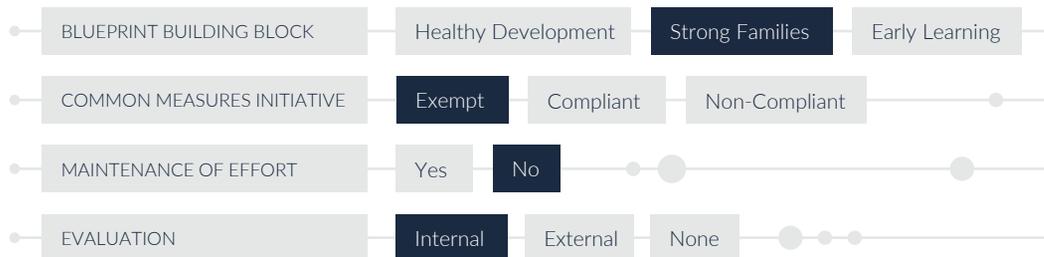
Tobacco Use Prevention Program

Kansas Department of Health and Environment (KDHE)

Working toward tobacco-free environments for children and families

According to the Campaign for Tobacco-Free Kids, each year another 1,500 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 Kansas 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 non-smokers' exposure to tobacco.

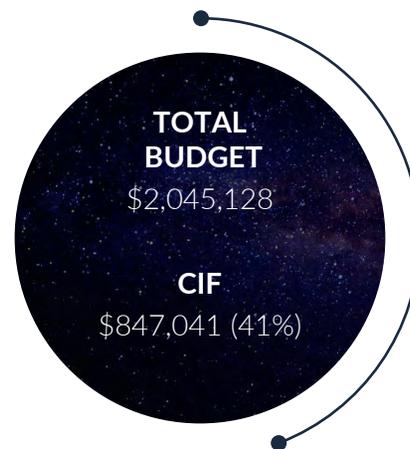
Campaign for Tobacco-Free Kids (2018). The Toll of Tobacco in Kansas.
<https://www.tobaccofreekids.org/problem/toll-us/kansas>



Tobacco Use Prevention Program

THE NEED

Every year, 4,400 adult Kansans die from tobacco-related illnesses, and tobacco-related issues cost the state more than \$2 billion annually. More than 375,000 Kansas adults – 17% of the population age 18 years and older – currently use cigarettes. The Kansas 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



EDUCATION AND AWARENESS

Engagement with communities across the state raises awareness about tobacco use, youth prevention, and smoking cessation.



TRAINING

Healthcare Providers, Women, Infants, and Children (WIC) counselors, and other providers receive tools and training to prevent youth tobacco use, help current users quit, and help eliminate exposure among non-smokers.



POLICY CHANGE

Initiatives support limiting sales and marketing of tobacco to youth and to establish tobacco-free environments.

“Over the years we’ve really built up [the capacity of communities] ...their knowledge and skills, and they apply what they’ve learned”

~Carol Cramer, Kansas Tobacco Use Prevention Program

Tobacco Use Prevention Program

OUTCOMES

Tobacco use is the leading cause of preventable death and disease in Kansas

FY 2017

89%

Children in Kansas born to mothers who did not smoke during pregnancy*



FY 2018

90%

55%

Kansas adults who currently smoke conventional cigarettes and tried to quit within the past 12 months**

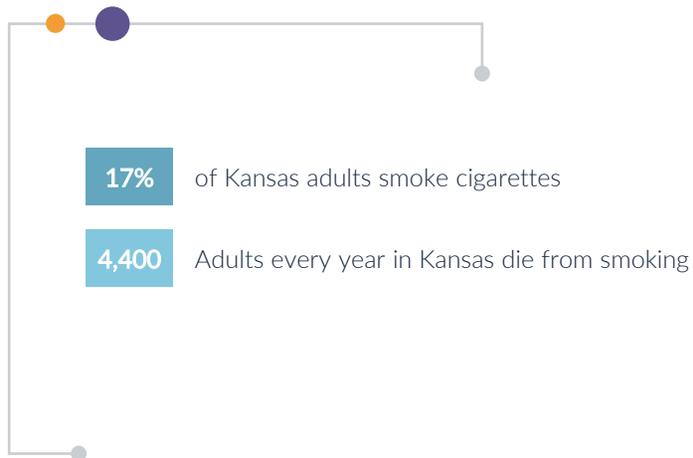
55%

*Pregnancy outcomes are from the 2015 and 2016 Kansas Annual Summary of Vital Statistics from the Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment.

**Smoking cessation outcomes are from the 2015 and 2016 Kansas Behavioral Risk Factor Surveillance System survey.

FY 2018 POPULATION SERVED

Total Children	524,510
Prenatal to Age 2	56,216
Ages 2-5	86,017
Ages 5-12	206,883
Ages 12-18	175,394
Adults	1,587,779
Professional Development	1,361



Tobacco Use Prevention Program



LOOKING BACK

WHAT WE'VE ACCOMPLISHED

Promoted an online training for youth called "Taking Down Tobacco"

Incorporated a behavioral health component into the Tobacco Quitline to expand services to individuals with qualified illnesses

Partnered with Child Care Aware of Kansas to publish articles in the Child Care Aware magazine, including one written by a member of the youth-based *Resist* program

Continued targeting multi-unit housing across the state to encourage implementation of tobacco-free policies

LOOKING FORWARD

WHERE WE'RE HEADED

Continuing to develop innovative strategies to target and decrease use of the tobacco industry's leading products

Establishing more local *Resist* chapters to increase youth activity, awareness, and involvement

Increasing collaboration with child care centers and community resources

Participating in the planning of the Kansas Prevention Conference, a behavioral health and prevention conference

Evaluation Practices: The Tobacco Use Prevention Program conducts an annual internal evaluation. The purpose of the evaluation is to support program improvement, improve sustainability, and demonstrate results for accountability. Funded communities report progress in the Catalyst Database. The annual evaluation takes into account both short-term and long-term outcomes by looking at individual grantee performance measures and data from state-level surveillance systems. Evaluation findings are reported annually to the Centers for Disease Control and Prevention. Information is disseminated through reports, fact sheets, and presentations over the course of the year.

Evidence Base: Strong Evidence. Nine studies using comparison methodologies have found quitlines effective, and at least one study 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 at the community level.

Section 4

Early Childhood Block Grant

Common Measures Initiative Report

“We’d like to see a Kansas where every child has the tools they need to thrive – in kindergarten and beyond.”

~ Amanda Petersen, Ex-Officio Cabinet Member Designee and Director of Early Childhood at the Kansas State Department of Education





WICHITA STATE
UNIVERSITY

COMMUNITY ENGAGEMENT
INSTITUTE

Center for Applied Research and Evaluation



EARLY CHILDHOOD BLOCK GRANT (ECBG): 2017-2018 Report

What is the Early Childhood Block Grant (ECBG)?

School readiness depends, in part, on the *risk and protective factors* a child is exposed to during the early years of life. To be school ready refers to the *social, emotional, and cognitive abilities that allow children to successfully participate and learn* at school (Duncan et al., 2007). Exposure to certain child and family risk factors impedes healthy development, and contributes to disparities in children's school readiness and academic outcomes. The presence of *multiple risk factors* compounds the detrimental effects of individual risk factors (Lengua, Honorado, & Bush, 2007). However, protective factors, such as responsive caregiving and high-quality early education, can moderate the negative influence of risk factors.

In order to prevent further disparities in school readiness, the *Kansas Children's Cabinet and Trust Fund (KCCTF)* provides *Early Childhood Block Grant (ECBG)* funding to high-quality early childhood programs that serve children and families who are at-risk.

Healthy child development and positive life outcomes are targeted by investing in high-quality early care and education, and family programs for at-risk children and their families. In sum, the *KCCTF* promotes the goals of

the *Blueprint for Early Childhood* through programs that address *Healthy Development, Strong Families, and Early Learning* to reduce risk and promote protective factors.

ECBG provided funding to applicants across the state who met the following criterion:

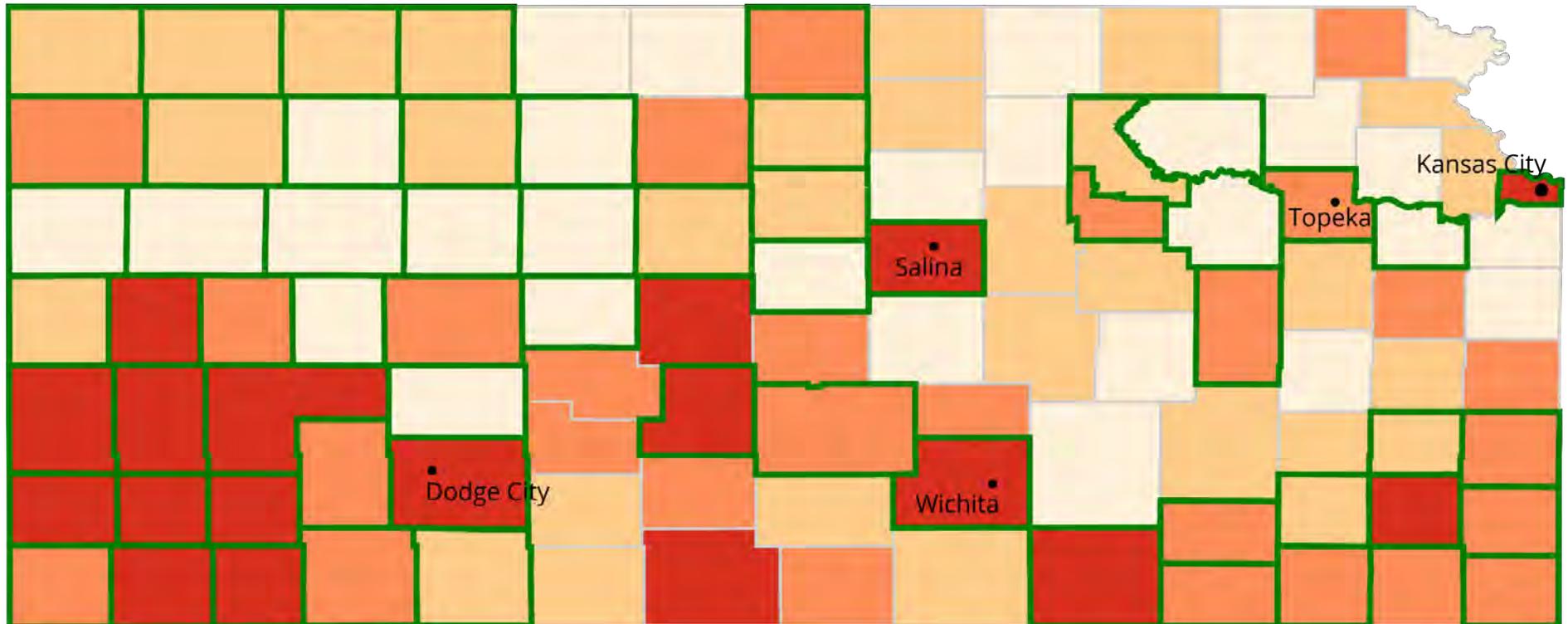
- Demonstrated community needs
- Identified evidence-based or innovative interventions
- Children ages zero to five and at-risk families.





Where are ECBG programs?

Grantee Risk Level



The map above depicts counties served by ECBG (outlined in green) and the varying levels of risk (depicted by color as displayed in the legend) based on Kansas data for the following risk factors:

- Percent of children participating in the free and reduced lunch program
- Percent of mothers with less than a high school diploma
- Percent of households where no one age 5 or over speaks English
- Teen pregnancy rates

Visit <https://schoolready.caretools.org/> for more information regarding risk factors and cumulative risk by county.



Who does ECBG serve?

Demographic & Risk Data



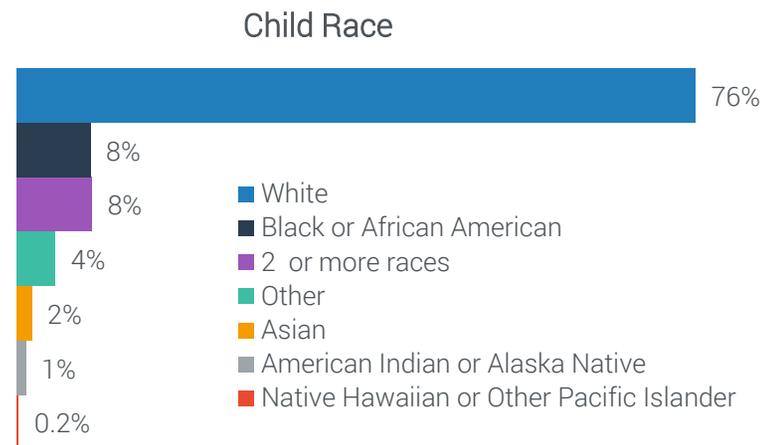
Demographic and risk data paint a picture of the population served by the funds provided by **KCCTF**. The Cabinet is interested in gathering information concerning risk factors, as well as basic descriptive information such as gender, ethnicity, and race.

Child Descriptives

There were a total of 7,102 children served.

- The average age of the children served was 47 months, and ranged from less than a month to 78 months.
- There were slightly more boys (54%) served than girls.
- Of the 7,102 children who participated, the ethnicity of 30% (2,127) was Hispanic/Latino/Spanish origin. This is considerably higher than the percentage of children under 6 years old who were Hispanic or Latino in Kansas as a whole (18%*).

- 24% of children who participated in ECBG identified as a racial minority, while 76% were White. The children served by ECBG were more racially diverse than the state population under 6 years old in Kansas (81% White*).
- 19% (1,325) of children had an Individual Family Service Plan (IFSP) or Individual Education Plan (IEP).
- 16% (1,152) participated in Part B or Part C Early Intervention Services. Part B and Part C services are federally funded early intervention services provided for children 0-5 with a disability.
- 4% of children were in foster care or in custody of a relative.



*2012-2016 American Community Survey 5 year estimates US. Census



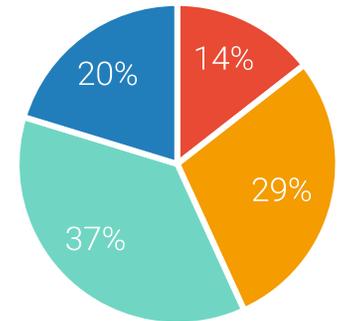
Family Descriptives

- The average age of caregivers was 32 years old, and ranged from 13 to 88 years old.
- 9% of parents were teenagers at the time of their child's birth.
- 21% of caregivers did not speak English as their primary language.
- 57% of caregivers were married.
- 14% of caregivers had less than a high school education.
- When information on household size and income were combined, 57% qualified for free lunch, and 19% of the families qualified for reduced price lunch.



- Less than a High School Education
- High School Diploma or GED
- Technical Training/ Associate Degree/ Some College
- Bachelor's Degree or Higher

Caregiver Education



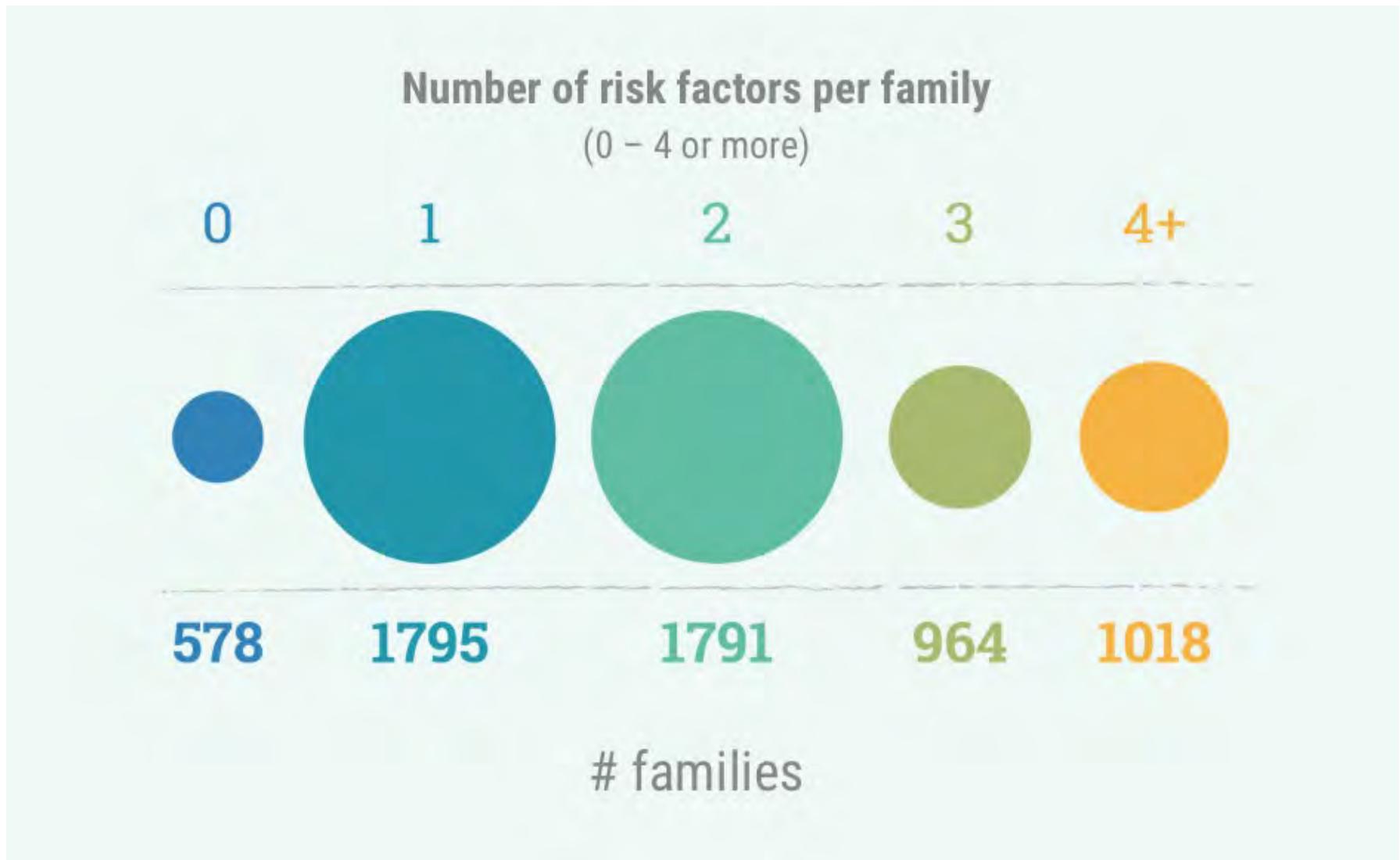
Family Income



53% earned less than \$30,000

Overall Family Risk

Of the 6,146 families served with reported demographic information, 9% of families had no identified risk factors, while the majority (91%, 5,568) had one or more identified risk factors.



A close-up portrait of a young girl with dark, curly hair. She is wearing a large, colorful fabric bow on top of her head. The bow has a pattern of yellow, pink, and green. She is also wearing a sleeveless top with a similar colorful floral pattern. She has a gentle smile and is looking slightly to the right of the camera. The background is a soft, out-of-focus green, suggesting an outdoor setting like a lawn or garden.

ECBG serves
high risk families
and children

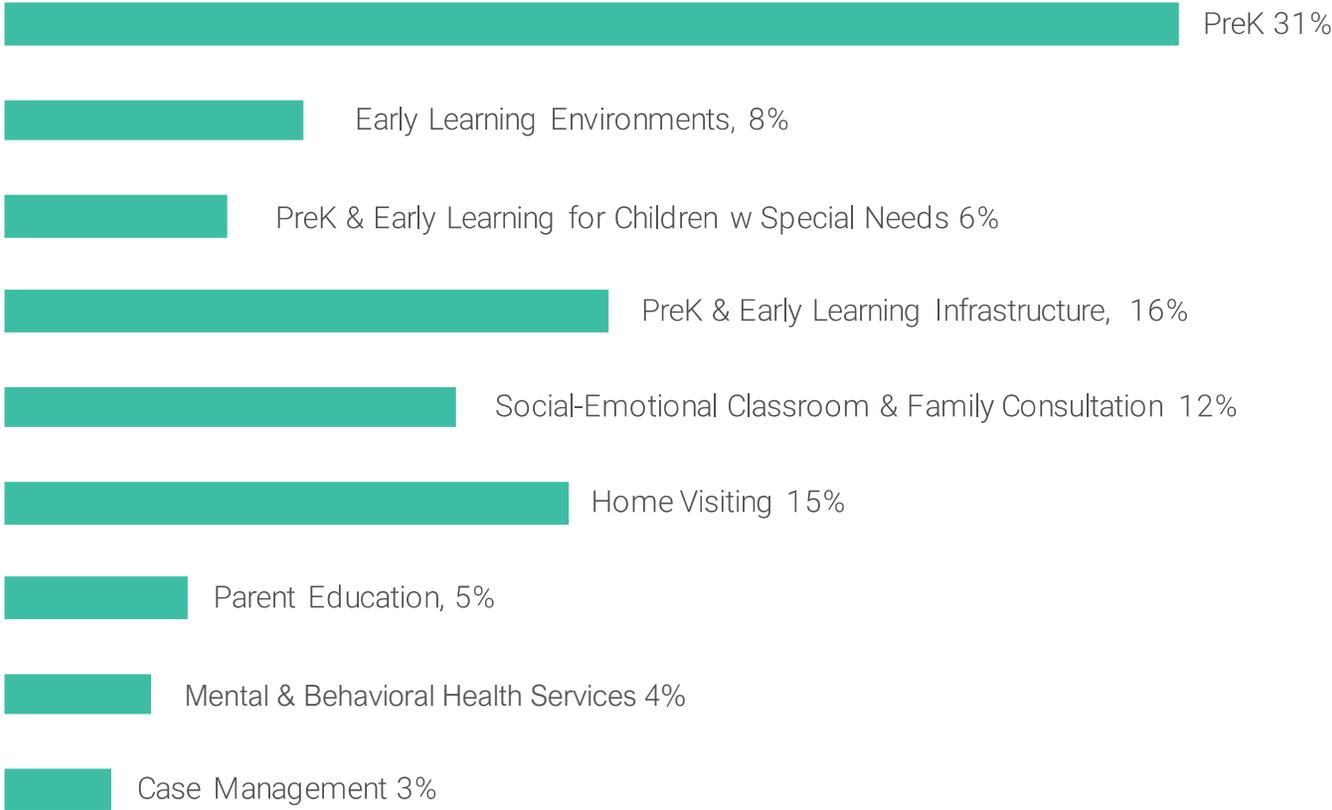


How does ECBG help at-risk families?



ECBG Programs

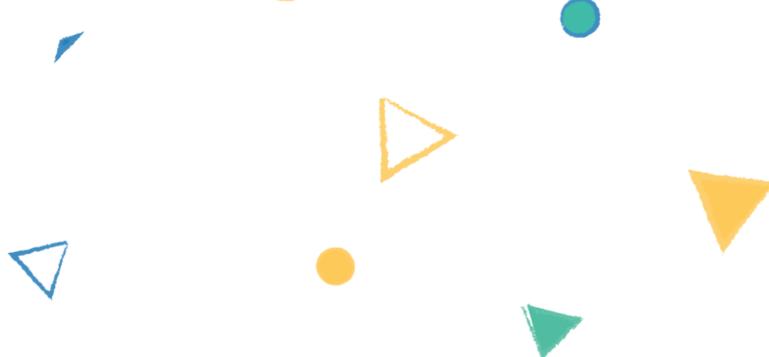
The ECBG programs implemented fell into a variety of different service areas. Programs were classified into categories based on the primary focus of the prevention or intervention service provided. The primary targeted goals of the programs were grouped into the Blueprint for Early Childhood strategic framework goal areas of Healthy Development, Strong Families and Early Learning. Forty-seven percent (47%) of the programs were classified as focused on Early Learning, with 61% of children served participating in these programs. Early Learning includes PreK classrooms for 3 - 5 year olds, Early Learning Environments for 0 – 3 year olds, PreK and Early Learning for Children with Special Needs, and PreK and Early Learning Infrastructure.



*Note: Literacy Activities, Developmental Screening, and Family Engagement & Referrals can be stand alone programs. However, the majority often have these aspects included as services within their programs. Therefore, those program types were not listed separately due to overlap.

ECBG implements
a broad range of early
intervention programing
for at-risk children and
families





Common Measures

The Common Measures Initiative (CMI) focuses on gathering consistent data across a wide range of programs to allow for a statewide snapshot of risk and outcomes associated with early childhood programs. Additionally, Common Measures provide data for grantees to use for continuous quality improvement within their programs.





Healthy Development



Developmental & Social-Emotional Risk

Ages & Stages Questionnaire – 3rd Edition (ASQ-3) & ASQ: Social-Emotional, 2nd Edition (ASQ:SE-2)

Blueprint Area: Healthy Development

Goal: Early identification of developmental & social-emotional delays

Measures: ASQ-3 & ASQ:SE-2

Ages: 1 month-6 years

Frequency: Based upon age of the child

Purpose: Identify delays, promoting additional assessment & referral for intervention when delays are present

ASQ-3 monitors the achievement of developmental milestones during the most rapid stages of development in the lifespan. There are five domains: *Communication, Gross Motor, Fine Motor, Problem Solving*, and *Personal-Social*, and scores on these domains identify children at risk for developmental delays.

The ASQ:SE-2 a universal screening for social-emotional development. The screening concentrates on seven key social-emotional areas: *Self-Regulation, Compliance, Social Communication, Adaptive Functioning, Autonomy, Affect*, and *Interaction with People*.





Why is developmental & social-emotional screenings so important?

Early identification and intervention for developmental and social-emotional delays have been associated with *achievement of future developmental milestones and promotion of school readiness* (Guevara, et al. 2013; Limbos & Joyce, 2011). The American Academy of Pediatrics recommends regular developmental screening in early childhood (aap.org).

Why the ASQ-3 & ASQ:SE-2 are not outcome measures?

The ASQ-3 and ASQ:SE2 are *dynamic screening tools*. Due to the *rapid changes* taking place in child development from birth to 5, the questionnaires change as development progresses. The ASQs are designed to be used for screening *not as a measure of outcome*.

A total of 6,182 children were screened with the ASQ-3 and 6,487 were screened with the ASQ:SE-2 during the program year. This report focuses on the first ASQ-3 and ASQ:SE-2 completed for each child. Focusing on the first administration provides an overview of developmental and social-emotional risk for the children being served.

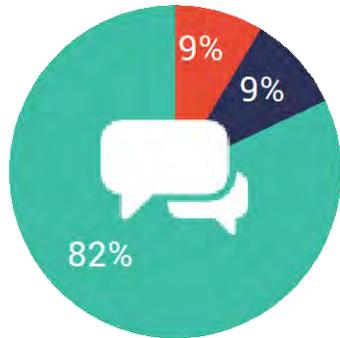
- The ASQ-3 screenings for ECBG indicated low to moderate levels of risk in all domains with the Fine Motor domain having the most children in the Developing and At-Risk areas (25%).
- The ASQ:SE-2 indicated a moderate level of risk in social-emotional development, with 18% of children in the Developing and At-Risk areas.
- 46% of the children screened had an indication of risk on either the ASQ-3 or the ASQ:SE-2.
- Of those at-risk, 12% had indicators of risk on both screeners.

3,029 children had an indication of developmental risk

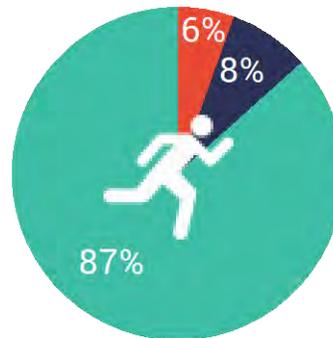


Screening Benchmarks

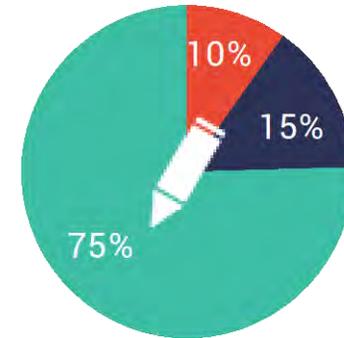
ASQ-3: Communication



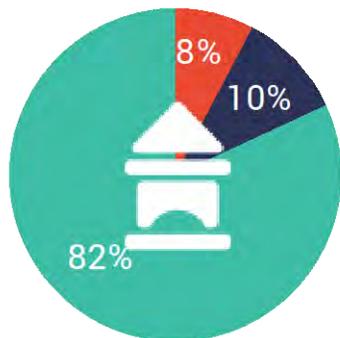
ASQ-3: Gross Motor



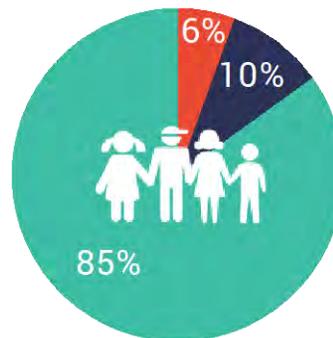
ASQ-3: Fine Motor



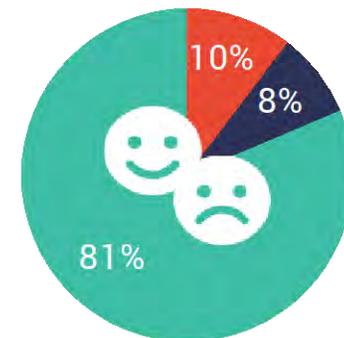
ASQ-3: Problem Solving



ASQ-3: Personal - Social



ASQ:SE-2



Met benchmarks

Developing

At-Risk

ECBG supports early and frequent screening to identify developmental delays and promote early intervention





Early Learning



PreK

myIndividual Growth & Development Indicators (myIGDIs)

Blueprint Area: Early Learning

Goal: Age appropriate skills in communication, literacy, and pre-reading.

Measures: myIGDIs Literacy+ and Numeracy

Ages: 3-5 years

Frequency: Fall, Winter & Spring/Summer

Purpose: Monitor development of Literacy and Numeracy skills in preschool-aged children

The myIGDIs are designed to support a tiered Response to Intervention (RTI or MTSS) system, which utilizes a data-based decision-making approach to progress monitoring and a tiered approach to intervention. This tiered system applies universal screening and normed benchmarks to identify children at risk, allowing them to be identified for early intervention. Children found to be at risk should receive individualized intervention and intensive progress monitoring to track improvement.

The myIGDIs includes multiple subtests which measure different abilities related to numeracy and literacy in PreK-aged children. These subtests were combined to create summary scores which indicate overall progress in development of pre-literacy and pre-numeracy skills for children with repeated measures. The following category was developed:

School Ready: the percentage of children not at-risk and scoring in the Developing (middle) tier or higher on all subtests.

Literacy+

One thousand five hundred and nineteen (1,519) children engaged in PreK programs during the year prior to Kindergarten were assessed with the myIGDIs Literacy+ at three points in time. Summary scores were examined by the pre-literacy skill area: *Language Comprehension*. Language comprehension measures oral language (expressive vocabulary) and the ability to derive meaning and draw inferences from written and spoken language. These skills are central to a reader's ability to understand text, and draw heavily on both vocabulary and general knowledge. Seventy-eight percent (78%, 1,184) of the children were school ready in Language Comprehension by the spring.



FALL



SPRING



Numeracy

One thousand eight hundred and forty-seven (1,847) children were assessed with the Numeracy portion of the myIGDIs at three times across the year. Seventy-five percent (75%, 1,380) of children were school ready by spring. This was a 17% increase from the fall (58%).



FALL



SPRING





PreK & Early Learning Environments

Classroom Assessment Scoring System (CLASS)

Blueprint Area: Early Learning & Healthy Development

Goal: age appropriate skills in communication, literacy, and pre-reading; as well as social-emotional development in positive self-regulation and compliance behaviors

Measures: CLASS-T & CLASS-PreK

Ages: 15 months-5 years

Frequency: Fall & Spring (dependent on Fall results)

Purpose: Assess quality of teacher-child interactions in early learning environments

CLASS is an observational tool that provides a broad perspective on *the educational setting* while accounting for *developmentally appropriate practices*. Each domain is

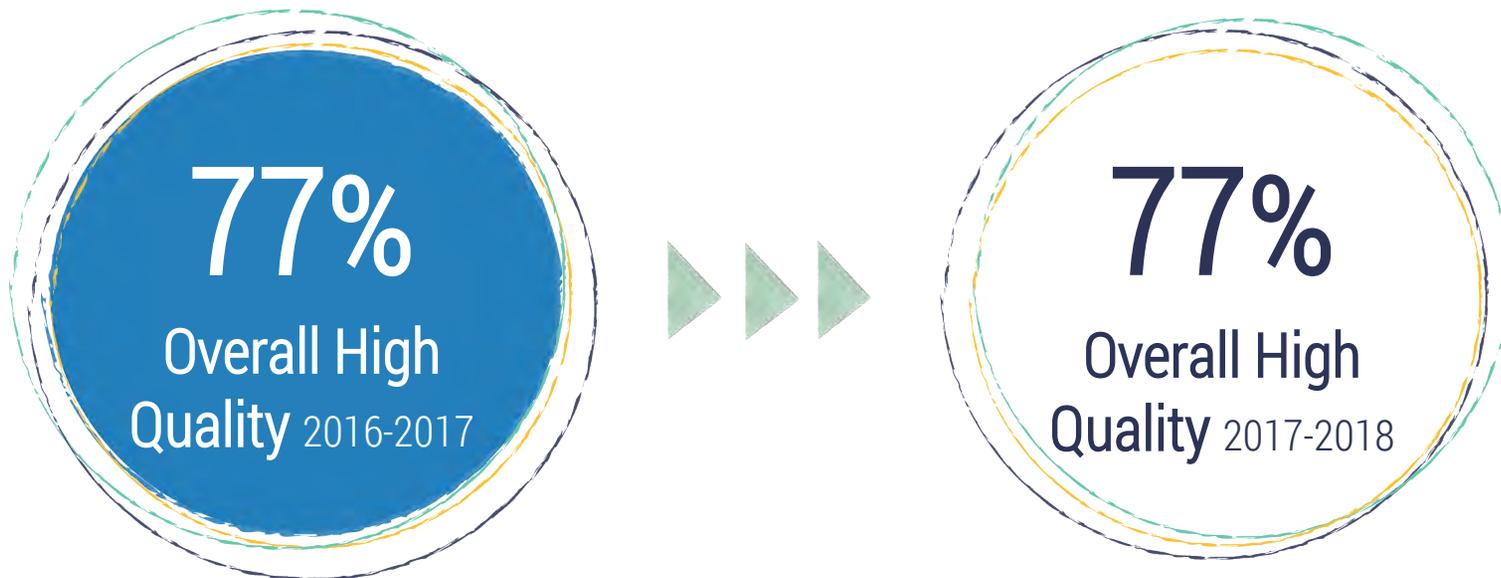
scored on a scale from one (poor quality) to seven (high quality). Research suggests children benefit most from classrooms that score an average of at least five in the Emotional Support/ Emotional and Behavioral Support and Classroom Organization domains and at least a three in the Instructional Support/Engaged Support for Learning domains (Burchinal, Vandergrift, Pianta, & Mashburn, 2010).



CLASS

CLASS observations were completed for 405 Toddler and PreK environments during the 2017-2018 evaluation year. Of those, 77% (312) were observed to be high quality. The percentage of classrooms meeting quality standards remained the same from the 2016-2017 evaluation year (77%).

Overall, **2,971** children were provided high quality early learning through ECBG.



Sabol and colleagues (2013) found CLASS observations that indicated **high quality teacher-child interactions** were most **predictive of positive change in academic outcomes and social skills**. High Quality interactions had a stronger impact than group size, family partnership, staff education and training, or alternate classroom environment ratings.

ECBG invests
in high quality early
learning programs to
elevate school readiness





Strong Families

Parent Education

Keys to Interactive Parenting Scale (KIPS)

Blueprint Area: Strong Families

Goal: Safe, stable, & nurturing relationships

Ages: 2 months-6 years

Frequency: At the beginning & end of services; or twice during the evaluation year

Purpose: Assesses parenting behavior & parent-child interactions

The *KIPS* was used to measure changes associated with participation in parent education and more intensive home visiting programs. The KIPS focuses on 12 key parenting skills:

- *Sensitivity of Responses*
- *Supports Emotions*
- *Physical Interaction*
- *Involvement in Child's Activities*
- *Open to Child's Agenda*
- *Engagement in Language Experiences*
- *Reasonable Expectations*
- *Adapts Strategies to Child*
- *Limits & Consequences*
- *Supportive Directions*
- *Encouragement, and*
- *Promotes Exploration and Curiosity*

These aspects of parental interaction are indicative of nurturing parent-child interactions and have been found to support strong attachment.



KIPS data are especially powerful because the KIPS is a standardized observational tool with demonstrated efficacy in determining the quality of parent-child interactions. Standardized observational measures have been demonstrated to be less biased than parent-report measures of outcomes. Comfort and colleagues (2010) found that the quality of parenting, as measured by the KIPS, was related to children's social skills. Moreover, Carta and associates (2013) found the KIPS to be an effective method for discriminating between outcomes associated with different levels of parenting interventions.

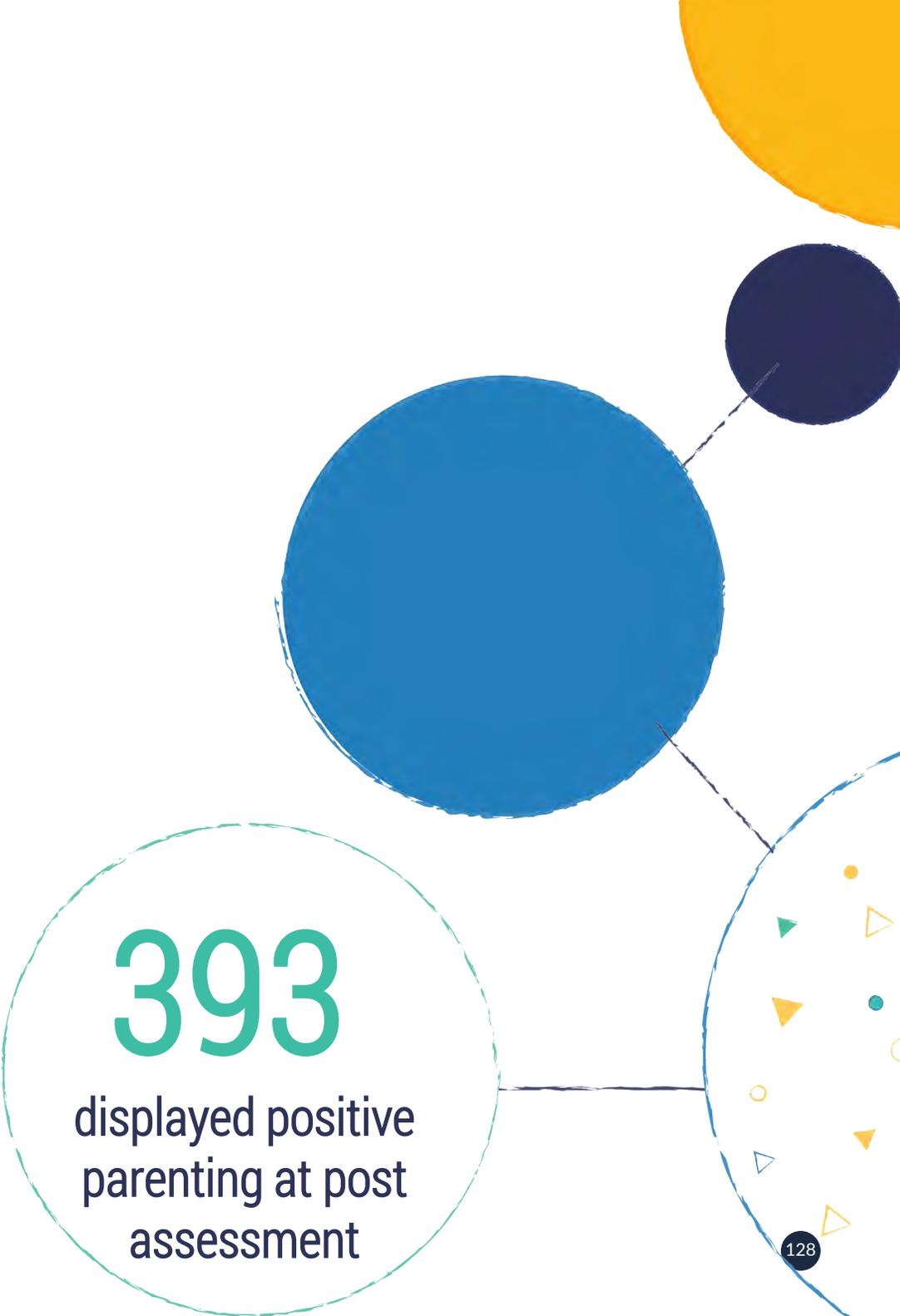


Parent education and *home visiting* programs have been found to **promote supportive parenting skills** and **positive nurturing parent-child relationships**. Poor parenting (inconsistent discipline, tracking, lack of warmth) has been related to future social emotional problems (Snyder, Schrepferman, & St. Peter, 1997; Patrick, Snyder, Schrepferman, & Snyder, 2005). Evidence-based parent education programs (e.g., Triple P and Incredible Years) that promote **positive parenting** have been found to **reduce the risk for future social emotional** (Schrepferman & Snyder, 2002).

The *KIPS* gauges parenting quality by assessing caregiver behaviors, many of which involve serve and return interactions. For example, **Sensitivity of Responses** assesses caregiver awareness and response to their child's cues. Similarly, **Supports Emotions** focuses on how a caregiver notices and responds to a child's emotions; interactions characterized by emotional responsiveness promote healthy emotion regulation. Caregiver synchrony of body position or touch to match the child's cues is assessed by **Physical Touch**. The *KIPS* provide a systematic observation of the serve and return of parent-child interactions: the common element being responsive parenting guided by the child's instinctive attempts for interaction (Comfort & Gordon, 2006).

A total of 869 children and caregivers were assessed with the KIPS at least once during the year. There were 465 children and caregivers with repeated KIPS completed. The information below represents the 465 children/families who were assessed with pre and post KIPS during the program year. The percentage of caregivers observed displaying positive parenting increased from time one (74%) to time two (84%).

Additional analyses were conducted to determine whether there was a significant difference between the matched parents' results from Time one to Time two assessment. The average KIPS score increased slightly from Time one (3.53, range 1-5) to Time two (3.82, range 1.58-5). Results indicated a large, statistically significant difference. ¹



393

displayed positive
parenting at post
assessment

¹ $t = -11.385, df = 464, p < .001, ES = .4$

ECBG empowers families to provide home environments that support school readiness



Intervention from ECBG programs resulted in positive academic outcomes related to school readiness



Conclusion

*“Listen to the mustn'ts, child. Listen to the don'ts.
Listen to the shouldn'ts, the impossibles, the won'ts.
Listen to the never haves, then listen close to me...
Anything can happen, child. Anything can be.”*

~ Shel Silverstein



2018 By the Numbers

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

75%

of ECBG-funded preschool students enter kindergarten with developmentally appropriate numeracy skills.

90%

of women did not smoke during pregnancy.

1,136

potential developmental delays or concerns were identified by Parents as Teachers.

82%

of children participating in the Children's Mental Health Waiver avoided institutionalization.

\$162

of additional monthly income was earned by families participating in Child Care Assistance.

85%

of children participating in Infant-Toddler Services improved acquisition and use of knowledge and skills.

82%

of children born hard of hearing were identified before they were three months old.

100%

of pregnant women using substances delivered babies substance-free.

7,102

children participated in ECBG-funded programs.

94%

of mothers attending a community baby shower planned to create a safe sleep environment for their infants.



Anything can be...

Few of us will experience space travel firsthand. We rely on images captured by satellites and rocket ships to reveal the wonders of the galaxy, from our own moon to Saturn's rings and beyond. The ability to gaze so far into the distance is a triumph of human invention, fueled by the spirit of exploration and discovery that has spurred progress throughout history.

Modern technology also allows us to look in the other direction, showcasing the beauty of our own blue and green planet, with its swirling cover of clouds. It takes sensitive tools and a broad vision to do both: peering into the future and creating a detailed record of where we are now. A similar ambition drives the work of the Kansas Children's Cabinet and Trust Fund.

In this year's Annual Investment Impact Report we have applied both the long-range telescope and the close-up view of a Mars rover. Nearly two decades after the creation of the Children's Initiatives Fund (CIF), light years have been traversed in terms of improving the prospects of Kansas children through early childhood interventions. Yet, just as the far reaches of the universe remain largely unexplored, the people of our state are filled with untapped potential – and needs still waiting to be met.

The good news is that we have a solid foundation for future progress. Existing systems have been tested and refined, demonstrating their strength and effectiveness. The science of early development has led to a set of shared principles, as articulated by the Blueprint for Early Childhood. Rigorous data collection informs both program practice and the ability to communicate those outcomes to families, providers, philanthropists, and politicians.

Already linked by common bonds of process and priorities, CIF grantees hope to further develop the spirit of collaboration and connection, pooling knowledge and resources to increase the capacity and impact of their services.



Because when it comes to early childhood, more of the same is life-changing:

- More newborns who aren't going without hearing aids.
- More children not exposed to second-hand smoke.
- More safe sleep environments.
- More early diagnosis and treatment.
- More high-quality preschool and child care.
- More families staying together.

These are some of the stars that make up the constellation of early childhood services in Kansas.

The mission of the Cabinet and its partners is to keep them shining for generations to come, lighting the path to a brighter future.