



# Annual Investment Impact Report

NOVEMBER 2019

KIM MOORE  
CHAIR

MELISSA ROOKER  
EXECUTIVE DIRECTOR





# Letter from the Director

**CABINET DIRECTOR, MELISSA ROOKER**

In 2019, the Kansas Children's Cabinet and Trust Fund (the Cabinet) is celebrating our 20th anniversary. With new leadership in the governor's office, across state agencies and here at the Cabinet, we used this year to conduct an analysis of our evaluation systems and strengthen collaborative relationships with our partner agencies. The ultimate goal is to ensure all Kansas families have equitable access to a coordinated, high-quality early childhood system to help give children the best possible start in life.

One of the Cabinet's primary statutory responsibilities is "to assist the governor in developing and implementing a coordinated, comprehensive delivery system to serve the children and families of Kansas" K.S.A. 38-1901. In support of this charge, each of the programs funded through the Cabinet in FY 2019 play integral roles in this coordinated, mixed-delivery system.

This year's accountability process, completed for the Cabinet by evaluators at the University of Kansas Center for Public Partnerships and Research, and this accompanying Annual Investment Impact Report (aiir), provides insight into this portfolio of services, including how these programs monitor quality. Our hope is that we can show the impact these programs have on the populations they serve. From early detection and treatment for children with Autism Spectrum Disorder, to parent education and support through home visiting programs, to reducing the likelihood of a child being removed from the home through Family Preservation Services, CIF programs work to ensure all Kansas families have what they need to thrive.

Collaborative work happening across the state between community-based programs and organizations, state agencies, and the public and private sectors contributes to the creation of an even better tomorrow for all children. Kansas has long been recognized as a leader in providing children's services, and recent early childhood systems-building efforts have helped ensure we are able to continue on this bright path.

To this end, we as a Cabinet must take a renewed look at systems-level solutions to build on the existing successes we have achieved as a state. Some of these solutions include expanding funding to further improve both the quality and capacity of programs to serve even more children and the thoughtful use of existing data to drive timely and informed decision making. By working together, we will gain a more comprehensive understanding of how CIF programs and services create positive, lasting effects on the lives of Kansas children and their families.

A handwritten signature in black ink, reading "Melissa Rooker", enclosed within a thin black rectangular border.

# CIF Accountability Process

In accordance with Statute 38-2108(b), it is the responsibility of the Kansas Children's Cabinet and Trust Fund to "review, assess, and evaluate all uses of the monies in the Children's Initiatives Fund" (CIF) 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 process involves:

1. Fact-finding through interviews, surveys, and program reports or other supporting documents
2. Synthesizing, contextualizing, and describing the information gathered
3. Reporting findings in this document. The Cabinet uses this report to guide the process of making recommendations to the governor and the legislature for CIF funding allocations.

---

## 2019 ACCOUNTABILITY PROCESS TIMELINE

---

|  |                       |
|--|-----------------------|
| Held CIF program meeting   | MAY                   |
| Synthesized program evaluations, began developing the aiir   | JUNE/JULY             |
| Fielded online survey, conducted program interviews  | AUGUST                |
| Synthesized program information from all sources, developed analysis and recommendations, prepared the aiir, followed up with programs | SEPTEMBER/<br>OCTOBER |
| Host Cabinet meeting to make recommendations to the governor and legislature for funding allocations                                   | NOVEMBER 1            |





## TABLE OF Contents

|                     |    |
|---------------------|----|
| Executive Summary   | 4  |
| Funding Allocations | 5  |
| Program Profiles    | 11 |
| Evaluation          | 43 |
| Recommendations     | 47 |

### PROGRAM PROFILES

|                                      |    |
|--------------------------------------|----|
| Autism Diagnosis                     | 12 |
| Child Care Assistance                | 14 |
| Child Care Quality Initiative        | 16 |
| Children's Mental Health Waiver      | 18 |
| Family Preservation Services         | 20 |
| Infant Toddler Hearing Aid Bank      | 22 |
| Infant-Toddler Services              | 24 |
| Kansas Preschool Pilot               | 26 |
| Kansas Infant Death and SIDS Network | 28 |
| Maternal Child Health Home Visiting  | 30 |
| Parents as Teachers                  | 32 |
| Start Young                          | 34 |
| Tobacco Use Prevention Program       | 36 |
| Early Childhood Block Grants         | 38 |



# Executive Summary

The Kansas Children's Cabinet and Trust Fund (the Cabinet) is directed by state statute to “review, assess, and evaluate all uses of the monies in the Children’s Initiatives Fund” (CIF). The Cabinet contracts with the University of Kansas Center for Public Partnerships and Research to conduct an annual accountability process of CIF-funded programs and uses findings to make recommendations to the governor. This report presents accountability process findings and recommendations in four sections:

**Section 1 Funding Allocations** provides an overview of funding distributions by agency and program, population served, and by Blueprint Building Block (from the Cabinet’s Blueprint for Early Childhood, 2014). We also provide a history of overall CIF funding from 2000 to present.

**Section 2 Program Profiles** offers a brief description of each program, its partners and population served, the ways in which the program monitors and ensures quality, and the impact on Kansas families and children.

**Section 3 Evaluation** presents an analysis of evaluation reports gathered from CIF-funded programs. This section includes information on 1) what data is currently collected by programs, 2) what we can learn from the data about the physical, educational, and social-emotional well-being of children in Kansas, and 3) the degree to which this data offers evidence of an overall impact on the lives of Kansas children and families.

**Section 4 Recommendations** concludes with these suggestions:

*CIF should be funded to meet the current needs of all Kansas children and families.*

*The Cabinet should lead efforts to improve early childhood data quality and monitor common indicators of family well-being, putting the needs and experiences of children and families at the center.*

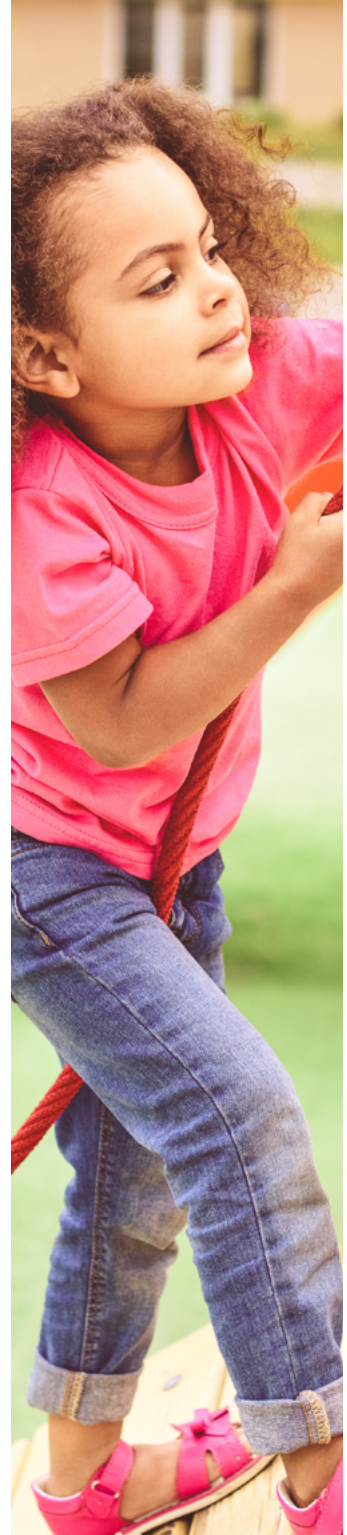
*The Cabinet should refine the timing and goals of the CIF accountability process.*

*Program data collection and evaluation should be geared toward systemic decision making to understand long-term, large-scale impact.*

***There is ample evidence that programs are delivering quality services and are using the resources and systems available to gather data and measure outcomes. However, even with this abundant amount of data and information, we are limited in understanding the long-term impact of CIF on the welfare of children and families in Kansas. This report provides recommendations to address this concern and to drive systemic decision making going forward.***

# Funding Allocations

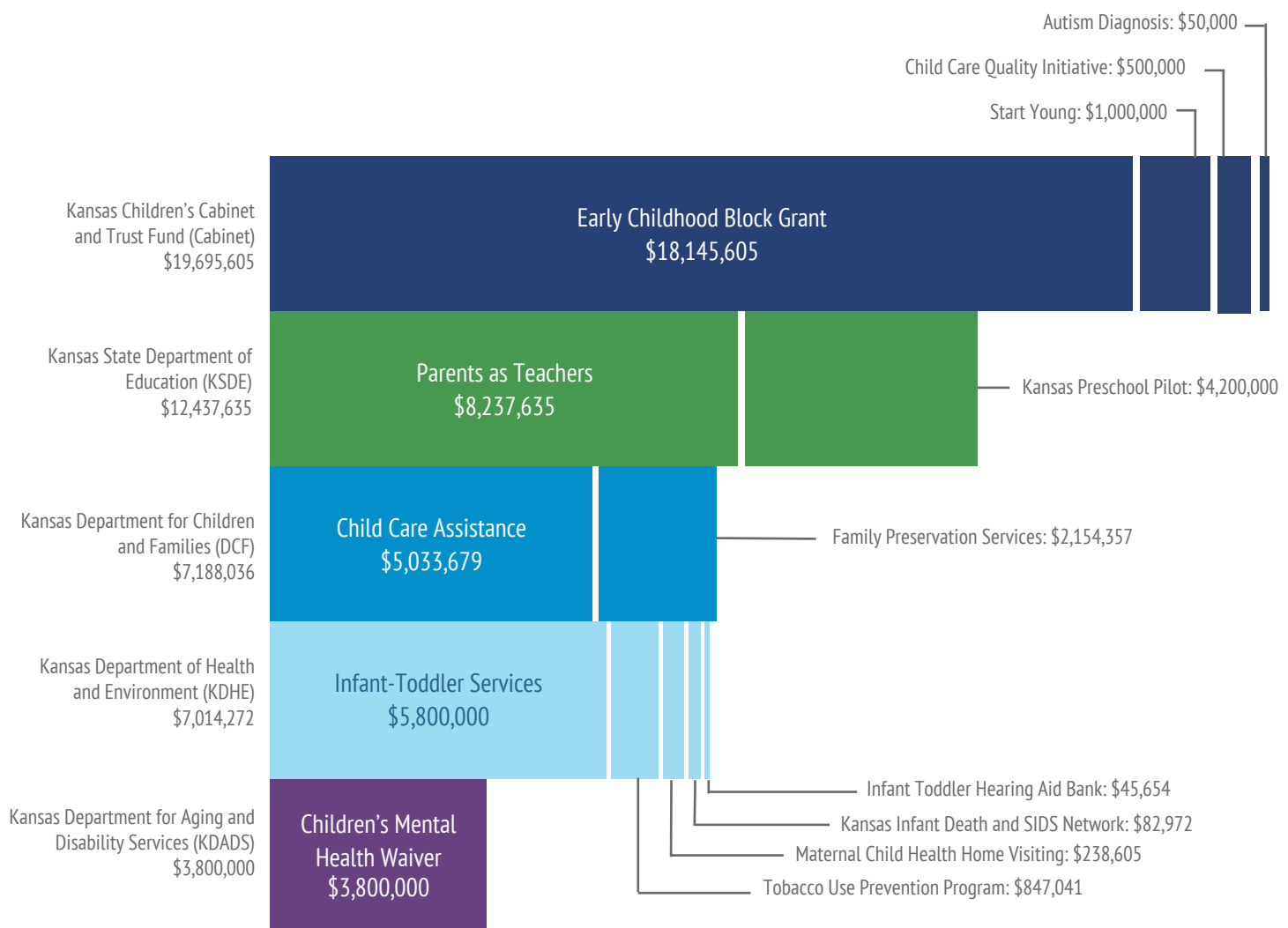
## SECTION 1



# Funding by Agency and Program

**FY 2019**

Fourteen programs crossing five state agencies received FY 2019 Children's Initiatives Fund (CIF) dollars.



**TOTAL FUNDING: \$50,510,548\***

\*Including \$375,000 allotted to the Children's Cabinet Accountability Fund

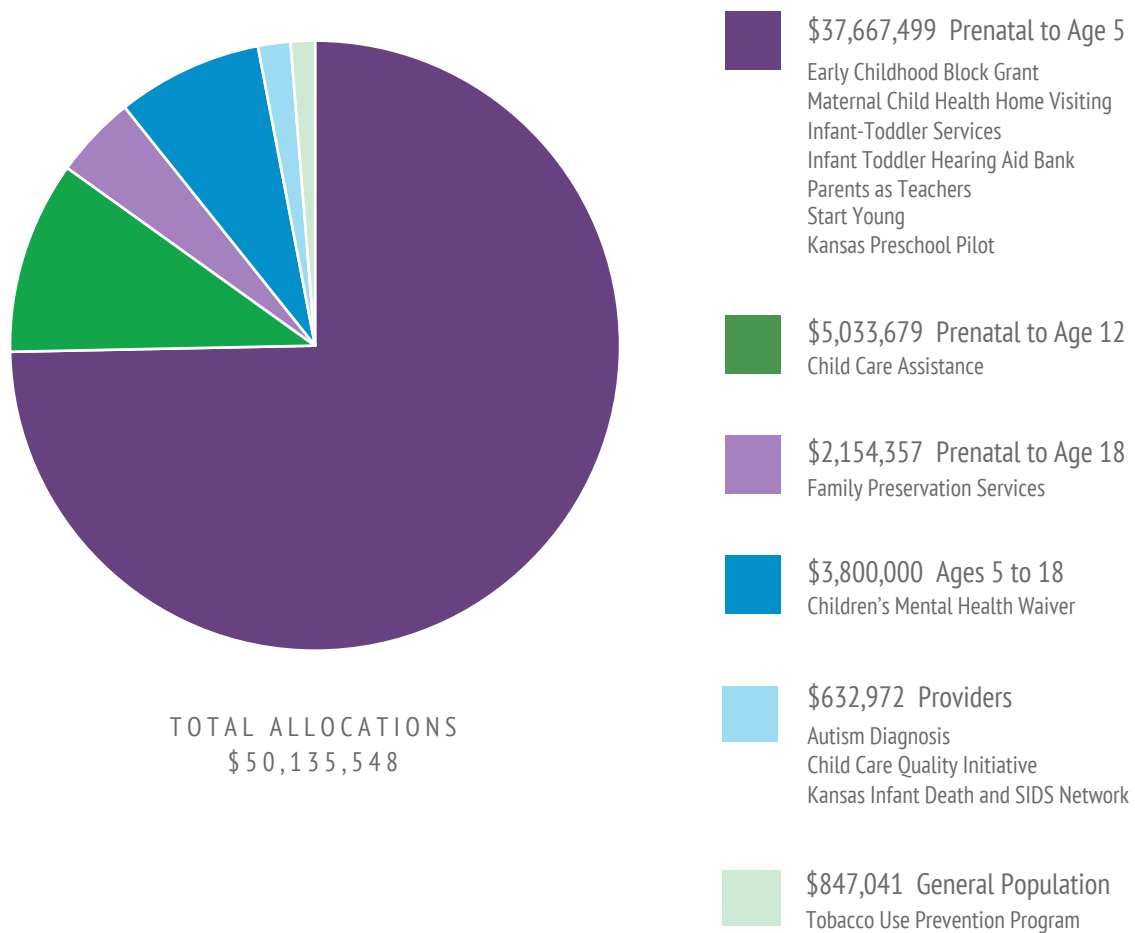
*Data table found on page 52.*



# Funding by Primary Population

FY 2019

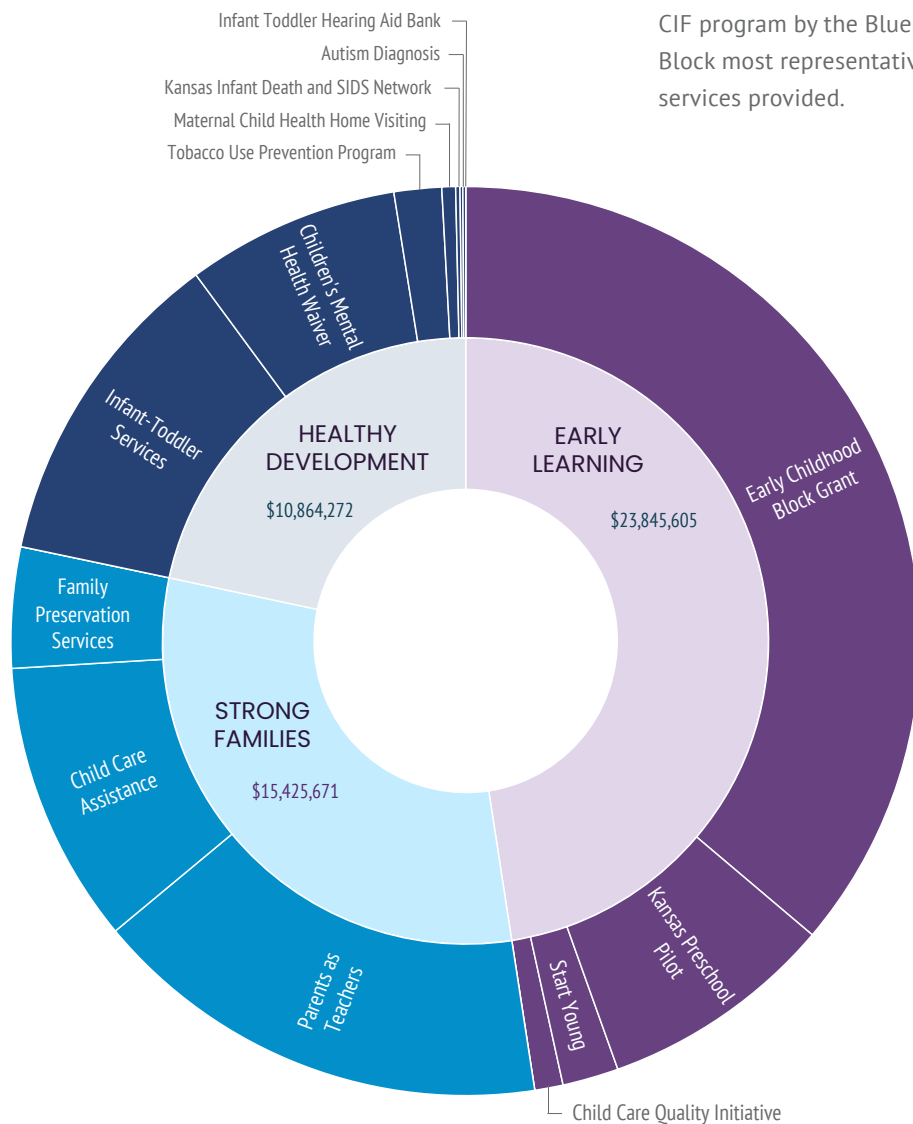
CIF-funded programs provide direct service to children and families, prenatal to age 18. Several programs also offer training and support for service providers and the general population.



# Funding by Blueprint Building Block

FY 2019

The Cabinet developed the Blueprint for Early Childhood (2014) as a strategic framework to guide investments and maximize positive outcomes for children and families. This chart organizes each CIF program by the Blueprint's Building Block most representative of the services provided.

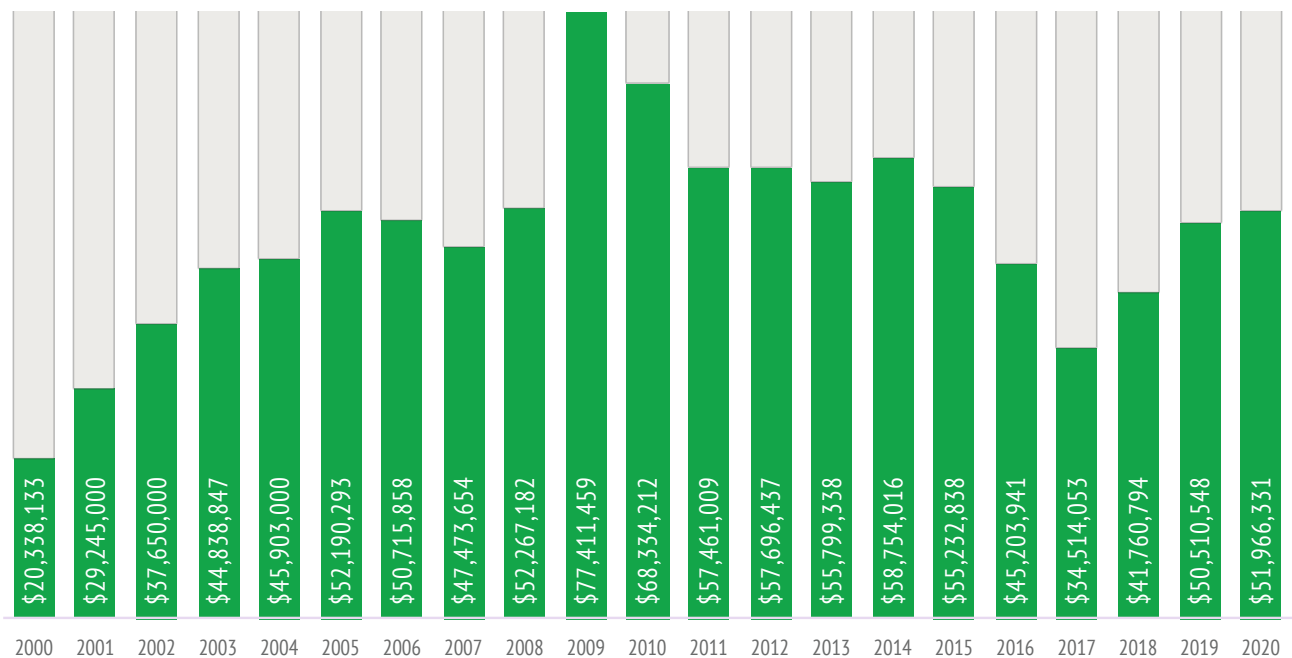


Data table found on page 52.

# Funding History

FY 2019

Kansas established the CIF in 1999 following the Tobacco Master Settlement Agreement requiring tobacco companies to pay states as compensation for the economic burden of negative health outcomes caused by tobacco use. This amount, which varies year to year as shown below, was originally meant to be supplemented by the Kansas Endowment for Youth (KEY) Fund, a trust fund dedicated to children's programs. Since its inception, however, legislative decisions have diverted the KEY Fund to other state interests, limiting its ability to cushion the tobacco funds.







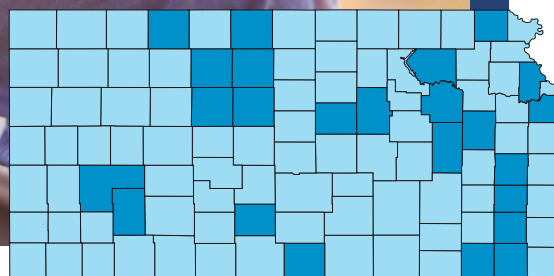
# Program Profiles

## SECTION 2





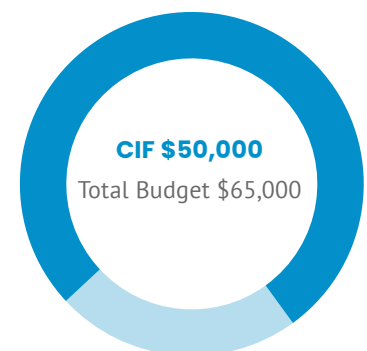
SERVICE  
AREAS



# Autism Diagnosis

KANSAS CHILDREN'S CABINET  
AND TRUST FUND

Interdisciplinary teams working  
together to quickly and  
accurately diagnose autism



The Autism Diagnosis program trains community-based teams to recognize early signs of autism and connect parents to diagnostic resources. The University of Kansas (KU) Center for Child Health and Development collaborates with the KU Center for Telemedicine and Telehealth and Autism Diagnostic Teams (ADTs) to increase early identification and intervention for children at risk for, or diagnosed with, Autism Spectrum Disorders. The collective work of these partners helps decrease the wait time between a child's screening, diagnosis, and subsequent intervention, ensuring children and families have access to needed supports as quickly as possible.

## PARTNERS

University of Kansas Center for Telemedicine and Telehealth  
Part B and Part C Providers  
Educators and Special Educators  
School Districts

| POPULATION               | SERVED |
|--------------------------|--------|
| Total Children           | 64     |
| Prenatal to Age 2        | 2      |
| Ages 2-5                 | 33     |
| Ages 5-12                | 26     |
| Ages 12-18               | 2      |
| Ages 18+                 | 1      |
| Caregivers               | 90     |
| Professional Development | 153    |

## WHAT IS THE PROGRAM'S IMPACT?

- Increases access to autism diagnostic services by decreasing cost, wait time, and travel for families across the state
- Identifies the signs and symptoms of autism at an early age, decreasing the intensity of services needed long-term
- Ensures families have access to local services by providing community-based ADTs with:
  1. tools to make appropriate referrals
  2. support for families during the diagnostic process
  3. help for families to access services that provide continued care

## HOW DOES THE PROGRAM MONITOR AND ENSURE QUALITY?

- Consults with ADTs on assessments and the diagnostic process, case-specific questions, and clinical procedures
- Facilitates training opportunities for ADTs about the signs and symptoms of autism and proper use of screening tools
- Provides technical assistance via the telehealth department for scheduling and conducting visits
- Obtains regular feedback from parents using satisfaction surveys
- Reviews diagnostic evaluations to ensure families receive follow-up services

42

Children received a primary diagnosis of Autism Spectrum Disorder through the program

45,810

Miles saved using telemedicine and outreach clinics

62

Patients seen for a telemedicine or outreach clinic developmental evaluation

34

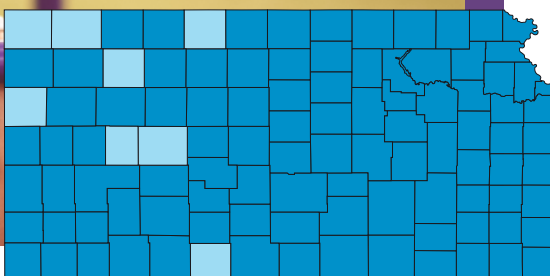
Autism Diagnostic Teams across the state







SERVICE  
AREAS

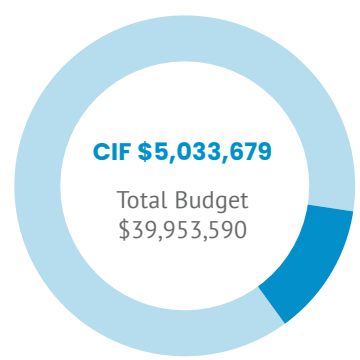


# Child Care Assistance

KANSAS DEPARTMENT FOR  
CHILDREN AND FAMILIES

Provides child care subsidies  
to enable parents to work or  
improve job skills

The Child Care Assistance (CCA) program supports families who are initially living at or below 185% of the federal poverty level or who are at or below 85% of the state median income at their annual review. CCA provides families with a subsidy to finance child care while parents work, attend school, complete a GED, or fill a temporary emergency need. CCA promotes school readiness and financial stability by increasing families' access to high-quality child care environments. The program typically serves families with children under age 13 but some exceptions allow funding for children up to age 18. The Children's Initiatives Fund dollars are used for direct subsidy payments to child care providers.



## PARTNERS

- Child Care Aware of Kansas
- Kansas Child Care Training Opportunities, Inc.
- Kansas Early Head Start
- Kansas Enrichment Network
- Links to Quality

| POPULATION               | SERVED |
|--------------------------|--------|
| Total Children           | 16,957 |
| Prenatal to Age 2        | 2,606  |
| Ages 2-5                 | 6,344  |
| Ages 5-12                | 7,505  |
| Ages 12-18               | 502    |
| Ages 18+                 | 0      |
| Caregivers               | 0      |
| Professional Development | 0      |



## WHAT IS THE PROGRAM'S IMPACT?

- Enables families to retain economic resources by supporting their ability to work or further their education, thereby increasing their ability to earn a living wage

- Increases the number of children who enter kindergarten ready to succeed by providing more children access to high-quality child care

## HOW DOES THE PROGRAM MONITOR AND ENSURE QUALITY?

- Reviews cases regularly to ensure accuracy as required by the Improper Payments Information Act of 2002

- Utilizes Child Care Aware of Kansas to provide resources and referrals ensuring families find a setting that meets the needs of both the family and the child

# 4,822

Families received monthly assistance on average through CCA FY 19

**\$377** Monthly benefit received on average per child in FY 19

**\$147** Average annual increase in monthly earnings for 1628 participating adults in FY19 representing a 7.9% growth in monthly income





# Child Care Quality Initiative

KANSAS CHILDREN'S CABINET  
AND TRUST FUND

Outreach and training on positive interactions to help establish high-quality nurturing child care environments

Child Care Quality Initiative (CCQI), a program of Child Care Aware of Kansas, equips child care professionals with the knowledge and skills they need to increase the quality of early learning environments. In addition to offering professional development opportunities for child care professionals across the state, CCQI delivers a year-long intensive coaching program. The program engages up to 40 home-based child care providers through targeted coaching interactions, professional development events, parent engagement events, peer learning collaboratives, and quality assessments. By making safe, affordable care more accessible, CCQI works to better prepare all Kansas children to succeed during their school years and beyond.

CIF \$500,000

Total Budget  
\$500,000

## PARTNERS

Home-based Child Care  
The Family Conservancy  
Child Start  
Mental Health Centers

| POPULATION               | SERVED |
|--------------------------|--------|
| Total Children           | 372    |
| Prenatal to Age 2        | 76     |
| Ages 2-5                 | 235    |
| Ages 5-12                | 61     |
| Ages 12-18               | 0      |
| Ages 18+                 | 0      |
| Caregivers               | 482    |
| Professional Development | 267    |

## WHAT IS THE PROGRAM'S IMPACT?

- Enhances child care quality by providing child care professionals with the knowledge and skills necessary to deliver effective adult-child interactions
- Increases the professional development opportunities and resources available to child care providers
- Strengthens child care provider support by empowering them as peer mentors
- Improves school readiness in children by providing high-quality learning environments and positive teacher-child interactions

## HOW DOES THE PROGRAM MONITOR AND ENSURE QUALITY?

- Measures classroom quality and the quality of teacher-child interactions using the Classroom Assessment Scoring Systems (CLASS)
- Seeks regular feedback from participants to understand their experiences, assess the need for changes, and monitor the efficacy of training topics and methods

# 39

Child care providers participated in the CCQI program

**79%** Toddler environments met high quality standards by spring as measured by the CLASS

**62%** Classroom environments across all age groups met quality standards on the CLASS







# Children's Mental Health Waiver

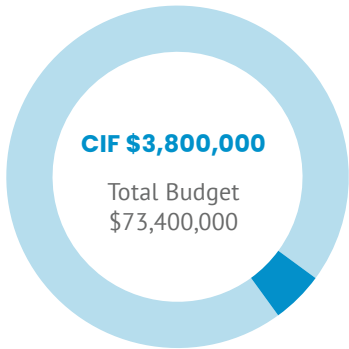
KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Access to outpatient services for children diagnosed with Serious Emotional Disturbances

The Children’s Mental Health Waiver, also known as the Serious Emotional Disturbance (SED) waiver, supports families by granting access to necessary services that allow children with serious mental health conditions to remain in their homes. Eligible children have a diagnosed mental health condition that substantially disrupts their ability to function socially, academically, and/or emotionally. Services are guided by a case plan that positions parents and children as active participants and includes case management, outpatient therapy, and respite care.

### PARTNERS

- Community Mental Health Centers
- School Districts
- Kansas Department of Health and Environment
- University of Kansas
- Managed Care Organizations



| POPULATION               | SERVED |
|--------------------------|--------|
| Total Children           | 5,120  |
| Prenatal to Age 2        | 0      |
| Ages 2-5                 | 24     |
| Ages 5-12                | 1,619  |
| Ages 12-18               | 2,741  |
| Ages 18+                 | 736    |
| Caregivers               | 2,840  |
| Professional Development | 70     |



## WHAT IS THE PROGRAM'S IMPACT?

- Enables children with serious mental health needs to stay in their homes and avoid hospitalization
- Increases the ability of children to succeed at home, in school, and in communities by providing wraparound services
- Provides parents with the skills and tools needed to care for their children at home

## HOW DOES THE PROGRAM MONITOR AND ENSURE QUALITY?

- Monitors eligibility assessments through an external review process to ensure children meet all qualifications for waiver services
- Conducts quarterly reviews to ensure case plans continue to sufficiently meet families' needs

## Waiver Services

Parent support and training  
Independent living skills  
Short-term respite care

Wraparound facilitation  
Intensive family support  
Attendant care

**25 out of 26** Community mental health centers in Kansas provided waiver services in FY 19

**92%** Children engaged in waiver services in FY 18 while living in their permanent home or independently

**67%** Waiver participants in FY 18 received parent support and training as part of their case plan

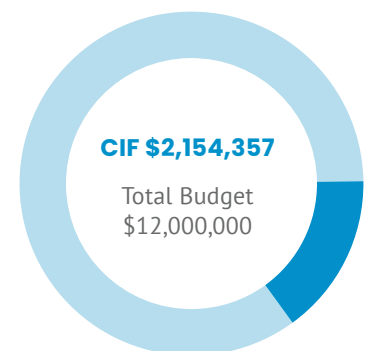




# Family Preservation Services

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Intensive services for families with children at risk for being placed in out-of-home care



| POPULATION               | SERVED |
|--------------------------|--------|
| Total Children           | 8,867  |
| Prenatal to Age 2        | 1,190  |
| Ages 2-5                 | 1,458  |
| Ages 5-12                | 3,517  |
| Ages 12-18               | 2,702  |
| Ages 18+                 | 87     |
| Families                 | 2,689  |
| Professional Development | 895    |

Family Preservation Services equips families with the tools and supports they need to keep children safe and prevent out-of-home placements. Evidence-based assessments and family input are used to develop a step-by-step plan to achieve family well-being. Intensive services are provided for 365 days or until all safety concerns are addressed, at which point the intensity of services is reduced. A typical family service plan includes ongoing safety assessments, assistance in obtaining community support services, behavior management coaching for parents, education on family living skills, and crisis intervention.

## PARTNERS

Infant-Toddler Services  
Integrated Referral and Intake System (IRIS)  
Kansas Tribes  
Community and Private Mental Health Providers  
Community Services Organizations

## WHAT IS THE PROGRAM'S IMPACT?

- Prevents the trauma associated with a child being removed from the home by providing families valuable supports before removal is necessary
- Strengthens parents' ability to provide a safe and nurturing environment for their children through education and connections to resources
- Reduces the financial burden and negative emotional impact associated with out-of-home placements
- Ensures children are safe through ongoing risk assessments

# 84%

Families at imminent risk of child removal who were able to keep their children at home

**94%** Families received in-home services and did not experience child maltreatment within 365 days

**94%** Referred families engaged in timely services with initial case plan signed within 20 days

**13** Babies born free of drugs and alcohol to the 15 mothers referred to Family Preservation Services due to substance use during pregnancy

## HOW DOES THE PROGRAM MONITOR AND ENSURE QUALITY?

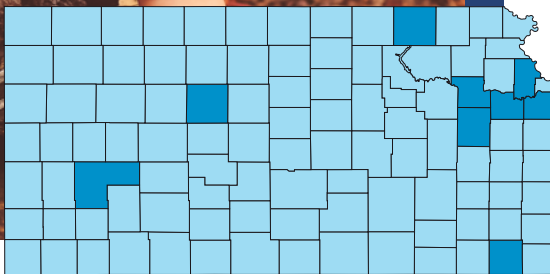
- Tracks amount of time between referral and service implementation
- Monitors percent of children maintained at home for both the first 90 days of service and the duration of services
- Uses standardized assessment tools to identify and address family risk factors, such as high stress levels, presence of past trauma, and unmet social-emotional needs
- Conducts routine family assessments to monitor progress and inform necessary service plan adjustments







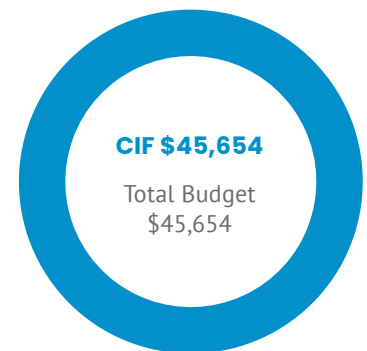
SERVICE  
AREAS



# Infant Toddler Hearing Aid Bank

KANSAS DEPARTMENT OF HEALTH  
AND ENVIRONMENT

Provides hearing amplification  
devices for deaf and hard of  
hearing children (birth to age 3)



The Infant Toddler Hearing Aid Bank removes the financial barriers many families face when trying to obtain hearing amplification devices. Families with children up to age 3 who have any type or degree of hearing loss can access a range of hearing aids to meet the specific needs of their child. Once the child has received their appropriate device, the Infant Toddler Hearing Aid Bank connects the family to early intervention services and a network of other families who have children with hearing loss. Early detection and intervention for hearing loss are key to ensuring a child's development stays on track.

## PARTNERS

Kansas Special Health Care Needs Program  
Audiologists  
Kansas School for the Deaf  
Part C Infant-Toddler Services  
Parents as Teachers  
University of Kansas Department of Hearing and Speech

| 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               | 44     |
| Professional Development | 156    |

## WHAT IS THE PROGRAM'S IMPACT?

- Ensures infants and toddlers have optimal access to auditory input during critical period of language development by expediently providing hearing aids
- Increases the number of children who receive needed supports and early intervention services
- Reduces the need for, and minimizes the costs associated with, remedial services through early identification and support

## HOW DOES THE PROGRAM MONITOR AND ENSURE QUALITY?

- Communicates regularly with stakeholders to ensure a shared understanding of program purpose and outcomes
- Surveys all parents following the child's hearing aid fitting to better understand their overall experience and assess the need for programmatic change
- Collects participant feedback from professional development and parent training events to improve program efficiency and effectiveness
- Coordinates with Infant-Toddler Services to ensure referred families are successfully connected to services

# 100%

Children increased speech and language skills and showed an increase in their listening skills as indicated by the PEACH

## 89%

Families reported being very comfortable with understanding the use and care of their child's hearing aid

## 59%

Children fit with hearing aids were under 12 months old



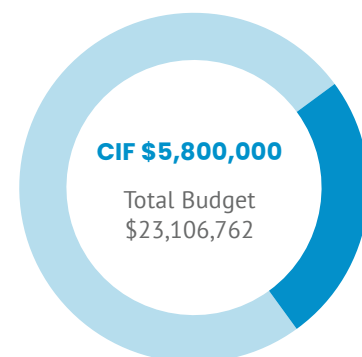


# Infant-Toddler Services

KANSAS DEPARTMENT OF HEALTH  
AND ENVIRONMENT

Early intervention services to caregivers of infants and toddlers with developmental delays or disabilities

Infant-Toddler Services (ITS) promotes early screening and detection of developmental delays and provides early intervention services for families with children (from birth to age 3) who have a developmental disability or delay. Services are delivered to families in their natural environments, and providers work alongside community partners to ensure families have the resources they need to support their child's development.



| POPULATION               | SERVED |
|--------------------------|--------|
| Total Children           | 10,772 |
| Prenatal to Age 2        | 4,740  |
| Ages 2-5                 | 6,032  |
| Ages 5-12                | 0      |
| Ages 12-18               | 0      |
| Ages 18+                 | 0      |
| Caregivers               | 10,772 |
| Professional Development | 2,000  |

## PARTNERS

Healthcare Providers  
Part B Services  
Local School Districts

Child Care Providers  
Help Me Grow Initiative  
Community Partners



## WHAT IS THE PROGRAM'S IMPACT?

- Increases families' ability to support their child's individual developmental needs at home through coaching provided by early intervention specialists

- Decreases the need for special education services by quickly identifying developmental delays and implementing early interventions

- Ensures children have continuous access to the services they need by collaborating with other service providers for a smooth transition out of the program

## HOW DOES THE PROGRAM MONITOR AND ENSURE QUALITY?

- Follows the requirements of the Individuals with Disabilities Education Act (IDEA) to ensure the program meets the needs and is accessible to all children and families

- Provides ongoing training and technical assistance to ITS providers through a contract with the Kansas Inservice Training System

**92%**

Families reported ITS enabled them to help their children develop and learn

**100%** Infants and toddlers with Individualized Family Service Plans (IFSPs) received services promptly

**86%** Infants and toddlers in the program for at least 6 months demonstrated improved acquisition and use of knowledge and skills, including early language skills

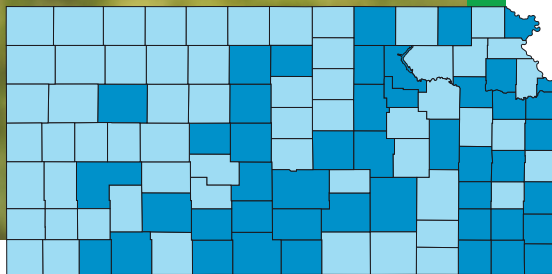
**85%** Infants and toddlers improved their positive social-emotional skills







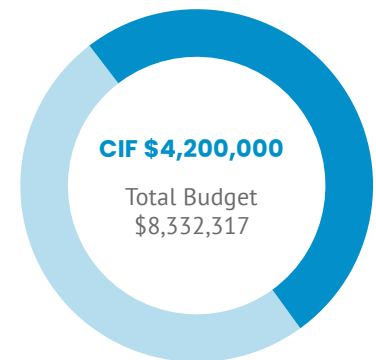
SERVICE  
AREAS



# Kansas Preschool Pilot

KANSAS STATE DEPARTMENT OF  
EDUCATION

Supports preschool programs  
for children ages 3 to 5



The Kansas Preschool Pilot (KPP) funds school districts and community partners to support high quality preschool programming for children ages 3-5. The program implements evidence-based curricula, instruction, and assessment practices shown to prevent later academic and behavioral challenges. Four key components guide the work of KPP: community collaboration, family engagement, high quality early learning experiences, and successful children. Each of these elements are known to improve quality in early learning and promote success in school.

## PARTNERS

Kansas Department of Health and Environment  
Special Education Services  
Local School Districts  
Parents as Teachers

| POPULATION               | SERVED |
|--------------------------|--------|
| Total Children           | 2,996  |
| Prenatal to Age 2        | 0      |
| Ages 2-5                 | 2,996  |
| Ages 5-12                | 0      |
| Ages 12-18               | 0      |
| Ages 18+                 | 0      |
| Caregivers               | 0      |
| Professional Development | NA*    |

\*KPP did not track the number of professionals trained in FY 19, but has plans to collect this data in the future along with administering a survey to collect classroom-level data during the 2019-2020 school year

## WHAT IS THE PROGRAM'S IMPACT?

- Increases the number of children who enter kindergarten ready to learn by expanding access to high quality early learning environments
- Identifies children with developmental delays, allowing delays to be addressed early and decreasing the need for special education services later in life

## HOW DOES THE PROGRAM MONITOR AND ENSURE QUALITY?

All programs funded by the Kansas Preschool Pilot are required to:

- Develop a learning plan for all direct service staff that includes a minimum of 15 hours of in-service training related to early learning
- Implement evidence-based literacy, math, and social-emotional development curricula in alignment with the Kansas Early Learning Standards
- Maintain a maximum ratio of 1:10 teachers per child with no more than 25 children per classroom
- Provide evidence-based screenings to all children in funded programs to monitor development
- Employ teachers who hold a current teaching license and a minimum of an elementary education endorsement

## 61 Programs funded in FY 19

**Sample Project Successes.** Kansas Preschool Pilot funded a collaborative effort between a local non-profit, community child care program, mental health provider and local school districts. Funds supported a mental health professional who provided Tier 3 social-emotional interventions, staff professional development, and classroom observations. The mental health professional is co-located at partnership sites to provide continued services during the summer when not all programs are in session.

Kansas Preschool Pilot funding is also being used currently to expand a Kansas preschool to include three-year-old children and to make preschool available to all three- and four-year-old children in the district.





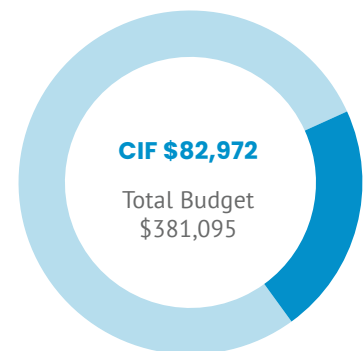
SERVICE  
AREAS

# Kansas Infant Death and SIDS Network

KANSAS DEPARTMENT OF HEALTH  
AND ENVIRONMENT

Works to educate families  
and providers to reduce  
infant mortality

Sudden Unexpected Infant Deaths (SUIDs), including Sudden Infant Death Syndrome (SIDS), are tragic losses impacting the lives of bereaved parents and families as well as their support systems and communities. The Kansas Infant Death and SIDS (KIDS) Network works to decrease the risk of infant death by offering training and education about safe sleep practices. Local programs and events, such as Community Baby Showers, promote a statewide infrastructure to educate current and expectant parents, relatives, community members, and health and child care providers about the importance of safe sleep.



| POPULATION               | SERVED |
|--------------------------|--------|
| Total Children           | 2,452  |
| Prenatal to Age 2        | 2,407  |
| Ages 2-5                 | 45     |
| Ages 5-12                | 0      |
| Ages 12-18               | 0      |
| Ages 18+                 | 0      |
| Caregivers               | 4,815  |
| Professional Development | 7,350  |

## PARTNERS

Medical Professionals  
Prenatal Education Programs  
Local Health Departments  
Wichita Black Nurses Association  
Family Preservation Services  
Department for Children and Families

Hospitals  
Child Care Providers  
Home Visiting Programs  
Safe Kids Kansas  
Early Childhood Programs  
Tobacco Program



## WHAT IS THE PROGRAM'S IMPACT?

Reduces infant deaths through education and training about safe sleep practices, benefits of tobacco cessation, and the benefits of breastfeeding

Increases the number of babies sleeping in safe locations by helping local communities secure funding to enable distribution of free cribs to Safe Sleep Community Baby Shower participants

## HOW DOES THE PROGRAM MONITOR AND ENSURE QUALITY?

Surveys participants at trainings and Safe Sleep Community Baby Showers to ensure they are gaining knowledge in the areas of safe sleep, tobacco cessation, and breastfeeding

Holds regular reviews of survey and assessment results to ensure training information is being clearly communicated and inform changes to the program and service delivery

# 34

Safe Sleep Community Baby Showers hosted across the state in 31 counties for 1,172 expectant mothers

**95%** Safe Sleep Community Baby Shower participants planned to place their child to sleep on their back

**94%** Safe Sleep Community Baby Shower participants planned to have their infant sleep in a safe location

**88%** Safe Sleep Community Baby Shower participants identified three or more ways to avoid second smoke, a key driver of sleep-related deaths



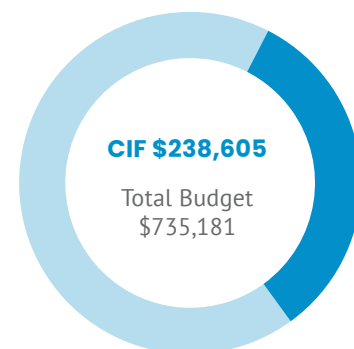




# Maternal Child Health Home Visiting

KANSAS DEPARTMENT OF HEALTH  
AND ENVIRONMENT

Home visiting services for  
pregnant women and families  
with babies up to age 1



Maternal Child Health Home Visiting is a strengths-based model connecting any Kansas family with infants to the resources they need to create a safe, stable, and nurturing home environment. Families receive individualized services before, during, and after pregnancy, with the frequency of visits and duration of services based on each family's needs. Home visitors act as a bridge for families in setting and reaching their parenting goals by sharing information about child development, health and safety, positive parenting behaviors; and by connecting to community-based resources, services, and supports as needed.

| POPULATION               | SERVED |
|--------------------------|--------|
| Total Children           | 4,468  |
| Prenatal to Age 2        | 4,468  |
| Ages 2-5                 | 0      |
| Ages 5-12                | 0      |
| Ages 12-18               | 0      |
| Ages 18+                 | 0      |
| Caregivers               | 5,456  |
| Professional Development | 0      |

## PARTNERS

Local Health Departments  
Part C Programs  
Healthcare Providers  
Mental Health Centers  
Hospitals

Community Health Centers  
Evidence Based Home Visiting  
Programs (Early Head Start, Parents  
as Teachers, Healthy Families  
America, Nurse Family Partnership)  
Community-based Organizations

## WHAT IS THE PROGRAM'S IMPACT?

- Reduces the likelihood of child maltreatment by modeling positive parent-child interactions and connecting families to needed supports up to the child's first birthday
- Increases the number of healthy pregnancies and babies by educating expectant mothers about the importance of prenatal care, risks associated with tobacco use during pregnancy, and benefits of breastfeeding
- Ensures early detection of postpartum depression through regular screenings and referrals as necessary for treatment

**70%** Pregnant women initiated prenatal care in their first trimester

**60** Home visiting sites and 76 counties with home visiting programs

**80%** Mothers did not smoke during pregnancy

**68%** Women reported initiating breastfeeding after delivery

**68%** Moms accepted services upon receiving a smoking cessation referral

## HOW DOES THE PROGRAM MONITOR AND ENSURE QUALITY?

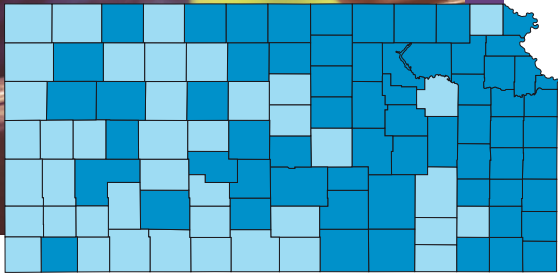
Home visitors are required to:

- Complete an orientation that includes online and in-person trainings on relevant topics (e.g. child abuse and neglect, healthy boundaries, safety for home visitors, and poverty)
- Shadow an experienced home visitor on at least two visits and conduct one visit accompanied by the program supervisor before providing services independently
- Create and adhere to an individual professional development plan for continuing education
- Participate in ongoing outreach activities to promote home visiting





SERVICE  
AREAS



Parents as Teachers (PAT) is an evidence-based parent education and family engagement home visiting model designed to give parents and caregivers the tools they need to support their child's development. In coordination with the Kansas State Department of Education and local school districts, certified parent educators work with families to foster healthy development and promote positive parent-child interactions. Developmental and health screenings are used to identify potential delays or areas of concern, implement interventions, and refer families to additional community resources when needed.

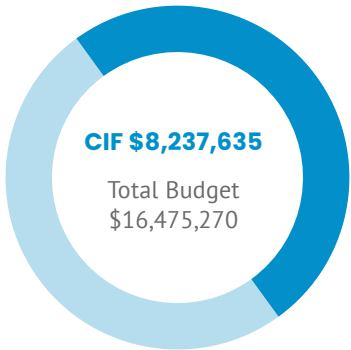
**PARTNERS**

- Kansas Parents as Teachers Association
- School Districts
- Health Departments
- Child Care Providers

# Parents as Teachers

KANSAS STATE DEPARTMENT OF  
EDUCATION

Home visiting services for  
families with young children



| POPULATION               | SERVED |
|--------------------------|--------|
| Total Children           | 8,792  |
| Prenatal to Age 2        | 3,605  |
| Ages 2-5                 | 5,817  |
| Ages 5-12                | 0      |
| Ages 12-18               | 0      |
| Ages 18+                 | 0      |
| Caregivers               | 6,721  |
| Professional Development | 61     |



## WHAT IS THE PROGRAM'S IMPACT?

- Reduces the need for specialized education services in elementary school through the early detection of developmental delays

- Increases the number of children who enter school ready to succeed by teaching parents how to stimulate their child's learning at home

- Creates more homes with safe, stable, and nurturing environments by coaching parents on positive interactions and parenting techniques

## HOW DOES THE PROGRAM MONITOR AND ENSURE QUALITY?

- Ensures children who require specialized services are identified through the administration of developmental and health screenings

- Requires all program staff to participate in a minimum of 10 hours of professional learning activities each fiscal year

# 58,452

Home visits  
conducted in FY 19

**1,624** Potential delays or concerns identified as a result of developmental and health screenings

**86%** Families participated in services for at least one year

**6,150** Families linked to at least one community resource

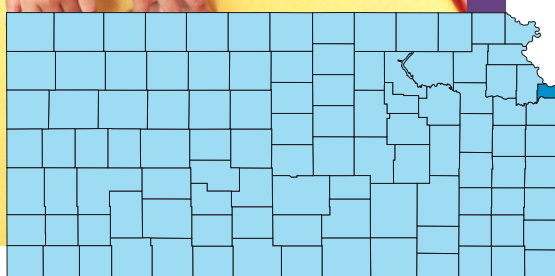
**3,343** Families attended group activities







SERVICE AREAS

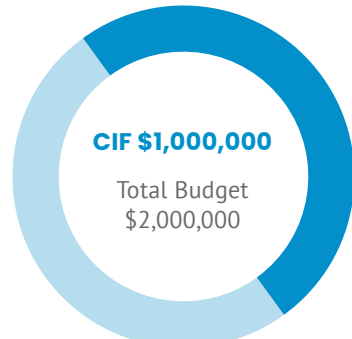


# Start Young

KANSAS CHILDREN'S CABINET  
AND TRUST FUND

Serving at-risk children  
from birth to age 5 in  
Wyandotte County

Start Young is led by The Family Conservancy and funded through Kansas Communities Aligned in Early Development and Education (CAEDE)\*. Start Young assists child care providers in increasing the number of children served in Wyandotte County by offering material and furnishings grants for new classrooms. Families are supported through child care subsidy advocates who assist families in completing the state child care subsidy application and in applying for supplemental tuition assistance scholarships through Start Young. The program also brings quality systems support to providers through multiple quality initiatives in classrooms and educational incentives for child care providers.



## PARTNERS

- Child Care Aware of Kansas
- Juniper Gardens Children's Project
- Mid-America Regional Council
- United Way of Wyandotte County
- Wyandotte Economic Development Council

| POPULATION               | SERVED |
|--------------------------|--------|
| Total Children           | 410    |
| Prenatal to Age 2        | 145    |
| Ages 2-5                 | 265    |
| Ages 5-12                | 0      |
| Ages 12-18               | 0      |
| Ages 18+                 | 0      |
| Caregivers               | 335    |
| Professional Development | 80     |

\*CAEDE requires The Family Conservancy raise an additional \$1 million each year from the private sector

## WHAT IS THE PROGRAM'S IMPACT?

- Increases the financial feasibility of high-quality child care by assisting families with subsidy applications and providing supplemental scholarships

- Raises the quality of early learning environments through ongoing measurement, access to quality initiatives, and professional development

- Supports the development and retention of early childhood educators through salary supplements and incentives to obtain their Child Development Associate credential, associate's degree, or bachelor's degree

The Start Young Program is in its first year and will continue to grow and measure program outcomes in the future.

**14** Child care centers work with Start Young

**52** Families received assistance from child care subsidy advocates

**24** Educators worked toward a Child Development Associate credential

**71** Educators trained to monitor developmental progress

**96%** Educators retained who were eligible for salary supplement

## HOW DOES THE PROGRAM MONITOR AND ENSURE QUALITY?

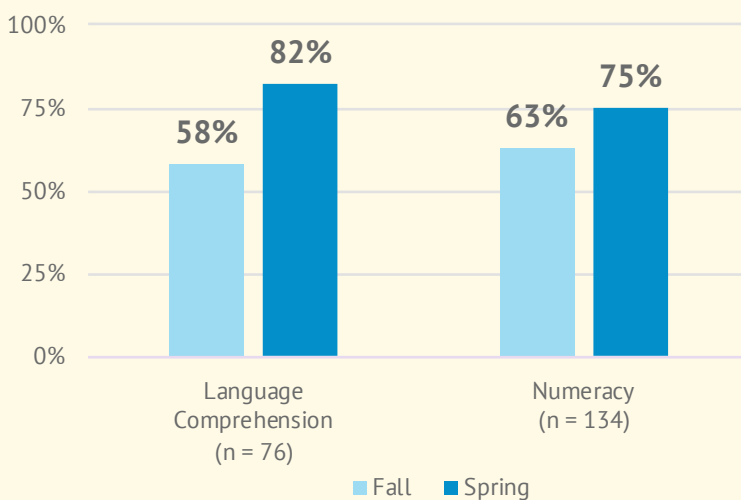
- Uses the Early Learning Program Profile, a local quality assessment tool, to identify classroom strengths and needs, and create individualized service plans

- Provides educators with specialized training to enhance literacy activities and teacher-child interactions in their classrooms

- Uses standardized assessment tools to monitor the development of children in each classroom and identify areas of strength and areas in need of growth

- Supports educators by providing coaching and early childhood mental health consultants

Percent of pre-K children with scores indicating they are developmentally on track with their language and numeracy skills as measured by myIGDI\*



Children in Start Young classrooms increased their language and numeracy skills throughout the year: by the spring semester, 82% were on track with their language skills and 75% were on track with numeracy skills

\*The myIGDI (myIndividual Growth and Development Indicators) are standardized assessments that measure children's numeracy and literacy abilities

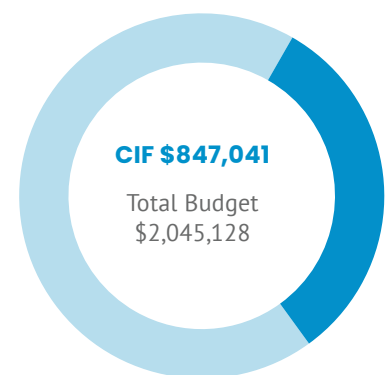


# Tobacco Use Prevention Program

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Educates the public about the harmful effects of tobacco products to support cessation and prevention

The Tobacco Use Prevention Program uses evidence-based strategies and community partnerships to educate the public and increase awareness about the negative health effects of tobacco use. The program aims to prevent children from becoming smokers, reduce tobacco-related deaths and exposure to second-hand smoke, and promote policy change. To support the success of current tobacco users who are trying to quit, the program operates the Kansas Tobacco Quitline (1-800-QUIT-NOW).



## PARTNERS

|   |                           |
|---|---------------------------|
| Healthcare Providers  | Colleges and Universities |
| University of Kansas Medical Center                                 | WorkWell Kansas           |
| National Alliance on Mental Health                                  | School Districts          |
| Community Care Network of Kansas                                    |                           |
| Community Counselors & Health Workers                               |                           |
| Special Supplemental Nutrition Program for Women, Infants, Children |                           |

| POPULATION               | SERVED    |
|--------------------------|-----------|
| Total Children           | 544,625   |
| Prenatal to Age 2        | 59,305    |
| Ages 2-5                 | 89,469    |
| Ages 5-12                | 214,217   |
| Ages 12-18               | 181,634   |
| Adults                   | 1,685,915 |
| Professional Development | 1,019     |

## WHAT IS THE PROGRAM'S IMPACT?

- Increases public knowledge and awareness of the health risks associated with tobacco use
- Increases cessation rates by expanding access to and awareness of proven methods of tobacco cessation
- Decreases the number of youth who use tobacco products by implementing tobacco-free school initiatives, restricting access to tobacco products, and educating about tobacco-induced illnesses
- Reduces the number of tobacco-related deaths

# 2,260

Tobacco users received an intervention service through the Kansas Tobacco Quitline

- 90%** Kansas children born to tobacco-free mothers (Kansas Department of Health and Environment, 2017)
- 57%** Adult Kansas smokers stopped smoking for one day or longer because they were trying to quit smoking (Kansas Behavioral Risk Factor Surveillance System, 2017)
- 3%** Fewer high school students reported smoking cigarettes during the previous 30 days, from 2013 to 2017 (Kansas Youth Risk Behavior Survey)

## HOW DOES THE PROGRAM MONITOR AND ENSURE QUALITY?

- Tracks statewide statistics on tobacco use to identify areas for intervention following state and national product trends
- Advocates for policy changes related to the availability and accessibility of tobacco-related products and materials



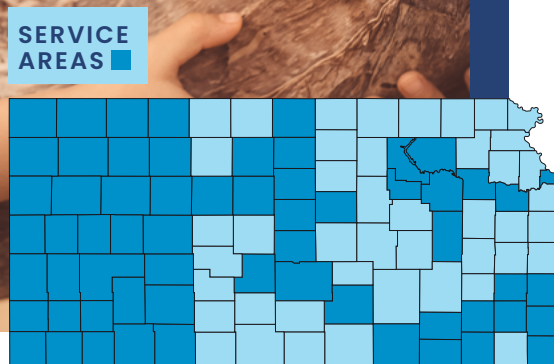




# Early Childhood Block Grants

KANSAS CHILDREN'S CABINET  
AND TRUST FUND

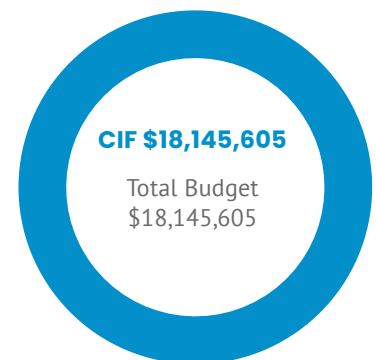
Education and support services  
for at-risk children ages 0-5  
and their families



Because the years between birth and kindergarten are critical to a child's overall development and lifetime success, Early Childhood Block Grant (ECBG) recipients focus on providing services to at-risk children, ages 0-5, and their families. Public-private partnerships are encouraged to maximize resources, foster innovation, and help avoid duplication of services. ECBG programs participate in the Cabinet's Common Measures Initiative, which uses shared measurement tools to collect data and better understand statewide risk and program outcomes. Services include: pre-K and 0-3 care and education, social emotional consultation, home visiting, literacy activities, and parent education.

## PARTNERS

Moving the needle on healthy development, strong families, and early learning requires community collaboration across sectors, involving multiple partners, both public and private, working toward a shared vision of high quality, accessible, affordable programs for at-risk young children and families. Grantee partners include: mental health services, early intervention services, community child care centers and home providers, school districts, home visitation programs, resource and referral, and local businesses



| POPULATION               | SERVED |
|--------------------------|--------|
| Total Children           | 7,457  |
| Prenatal to Age 2        | 1,148  |
| Ages 2-5                 | 6,309  |
| Ages 5-12                | 0      |
| Ages 12-18               | 0      |
| Ages 18+                 | 0      |
| Caregivers               | 6,484  |
| Professional Development | 202    |

## WHAT IS THE PROGRAM'S IMPACT?

- Increases the number of children who enter kindergarten school ready with age-appropriate skills
- Reduces the need for future specialized educational services by conducting regular developmental screenings and connecting families to early intervention services
- Improves classroom quality through professional development and coaching opportunities
- Promotes supportive parenting skills and positive nurturing parent-child relationships which are predictive of positive developmental outcomes and age-appropriate social skills

## HOW DOES THE PROGRAM MONITOR AND ENSURE QUALITY?

- Trains providers to implement program-specific measurement tools to adequately assess expected outcomes and impact
- Uses an array of evidence-based tools to inform service delivery surrounding literacy and numeracy, the home environment, teacher-child interactions, and parenting

## ON TRACK IN LANGUAGE COMPREHENSION SKILLS

**FALL YEAR 1 30%** 334 children engaged in ECBG pre-K services for two years showed significant gains in language comprehension as measured by myIGDI

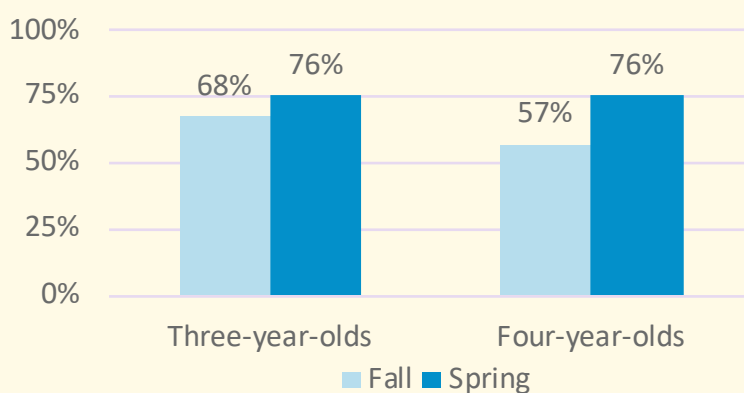
**SPRING YEAR 2 82%**

**91%** Families served by ECBG who had more than one risk factor

**84%** Families that met the benchmark for "positive parenting" after receiving parent education services as measured by the Keys to Interactive Parenting Scale (KIPS)

**74%** Classrooms observed to be high quality as measured by the Classroom Assessment Scoring Systems (CLASS)

Percent of children displaying age-appropriate numeracy skills from Fall to Spring as measured by myIGDI\*



The percent of children with developmentally on-target numeracy skills increased over the course of the school year for both 3-year-old and 4-year-old ECBG classrooms.

\*The myIGDI (myIndividual Growth and Development Indicators) are standardized assessments that measure children's numeracy and literacy abilities.

# Early Childhood Block Grant

## RECIPIENTS



### CAPITAL AREA SUCCESSFUL START

**Infant & Toddler Early Care & Education • Family Engagement & Referrals • Home Visiting • Parent Education • Pre-K • Infant, Toddler & Pre-K Education for Children with Special Needs • Infant, Toddler & Pre-K Infrastructure • Social-Emotional Classroom Consultation**

84% of children under age 3 grew in early communication skills  
78% of pre-K children on track in language comprehension

### EARLY CHILDHOOD BLOCK GRANT GEARY COUNTY

**Home Visiting • Parent Education • Infant, Toddler & Pre-K Infrastructure**

100% of home environments observed to be supportive of early learning  
93% of caregivers displayed positive parenting

### FAMILY RESOURCE CENTER, INC.

**Case Management • Infant & Toddler Early Care & Education • Home Visiting • Pre-K**

93% of children on track for social emotional development  
71% of pre-K children on track in numeracy  
87% of classrooms and care environments observed to meet high quality standards

### FOUR COUNTY MENTAL HEALTH CENTER, INC.

**Case Management • Mental & Behavioral Health Services • Parent Education • Social-Emotional Classroom Consultation**

95% of children had social emotional development that was on track  
80% of pre-K classrooms were observed to meet high quality standards  
92% of home environments observed to be supportive of early learning

### HUTCHINSON COMMUNITY FOUNDATION

**Home Visiting • Pre-K • Infant, Toddler & Pre-K Infrastructure**

83% of pre-K children were on track in numeracy  
75% of pre-K classrooms were observed to meet high quality standards  
100% of home environments observed to be supportive of early learning

### KANSAS HEAD START ASSOCIATION: EARLY LEARNING COMMUNITIES

**Pre-K**

75% of pre-K children were on track in language comprehension  
72% of pre-K children were on track in numeracy  
82% of pre-K classrooms were observed to meet high quality standards

### LIVEWELL NORTHWEST KANSAS

**Home Visiting • Parent Education • Infant, Toddler & Pre-K Infrastructure**

87% of pre-K children were on track in language comprehension  
70%- the percentage of caregivers observed displaying positive parenting, supportive of school readiness, increased from 46% pre to 70% post

### MITCHELL COUNTY PARTNERSHIP FOR CHILDREN

**Infant, Toddler & Pre-K Infrastructure • Parent Education**

91% of infant classrooms and 94% of pre-K classrooms were established as high quality by the CLASS assessment.  
89% of pre-K children were on track for numeracy  
98% of children were on track in language comprehension and 77% phonemic awareness

## PROJECT SPARK

**Pre-K • Infant, Toddler & Pre-K Education for Children with Special Needs • Infant, Toddler & Pre-K Infrastructure**

75% of pre-K children were on track in language comprehension  
76% of pre-K children were on track in numeracy

## RAISING RILEY

**Infant & Toddler Early Care & Education • Home Visiting • Parent Education • Pre-K**

79% of pre-K children were on track in language comprehension  
73% of pre-K children were on track in numeracy  
89% of pre-K classrooms and care environments were observed to meet high quality standards

## RUSSELL CHILD DEVELOPMENT CENTER

**Family Engagement & Referrals • Home Visiting • Parent Education • Infant, Toddler & Pre-K Infrastructure • Social-Emotional Classroom Consultation**

82% of pre-K children were on track in language comprehension  
96% of home environments were observed to be supportive of early learning  
89% of caregivers displayed positive parenting supportive of school readiness

## SALINE-ELLSWORTH COUNTIES SCHOOL READINESS

**Parent Education • Pre-K • Infant, Toddler & Pre-K Infrastructure**

95% of pre-K children were on track in language comprehension  
87% of pre-K children were on track in numeracy

## SUCCESS BY 6 COALITION OF DOUGLAS COUNTY

**Case Management • Infant & Toddler Early Care & Education • Home Visiting • Mental & Behavioral Health Services • Pre-K • Social-Emotional Classroom Consultation**

73% of children under the age of three years were on track in early communication  
100% of home environments were observed to be supportive of early learning at final assessment, measured by HOME.  
95% of caregivers displayed positive parenting supportive of school readiness

## THE OPPORTUNITY PROJECT (TOP): EARLY LEARNING CENTERS

**Case Management • Infant & Toddler Early Care & Education • Family Engagement & Referrals • Pre-K • Social-Emotional Classroom Consultation**

81% of pre-K children were on track in language comprehension  
84% of pre-K children were on track in numeracy  
100% of pre-K classrooms observed met high quality standards

## UNITED WAY OF THE PLAINS COLLABORATIVE

**Infant & Toddler Early Care & Education • Family Engagement & Referrals • Home Visiting • Pre-K • Social-Emotional Classroom Consultation**

88% of pre-K children were on track in numeracy  
100% of pre-K classrooms and care environments were observed to meet high quality standards  
95% of home environments were observed to be supportive of early learning

## USD 445 COFFEYVILLE

**Case Management • Mental & Behavioral Health Services • Parent Education • Pre-K • Social-Emotional Classroom Consultation**

80% of pre-K children were on track in language comprehension  
75% of pre-K children were on track in numeracy  
100% of pre-K classrooms were observed to meet high quality standards

## USD 489 EARLY CHILDHOOD CONNECTIONS

**Home Visiting, Pre-K**

100% of pre-K classrooms and care environments were observed to meet high quality standards  
85% of pre-K children were on track in language comprehension and  
85% of pre-K children were on track in numeracy  
72% were on track in phonemic awareness





# Evaluation

## SECTION 3





# 2019 Evaluation

## SYNTHESIS OF CIF GRANTEE REPORTS

To better understand CIF grantee data collection and evaluation methods, the University of Kansas Center for Public Partnerships and Research (CPPR) analyzed recent evaluation reports from each program with the following research questions:

**What data do CIF-funded programs collect?**

**What can this data tell us about the physical, educational, and social-emotional well-being of children in Kansas?**

**To what degree can this data offer evidence of an overall CIF impact on the lives of Kansas children and families?**

Our findings reveal that CIF programs are collecting a great deal of data and measuring key outcomes. We also know there is work to be done to ensure this data better supports Cabinet decision making to move toward more strategic allocations of CIF resources. We address each research question below.

### *What data do programs collect?*

By and large, CIF programs take data collection and evaluation seriously. Over the past several years, programs have taken steps to improve their evaluations and increase the evidence base of their services using logic models, internal and external evaluation plans, and evidence-based curricula. Programs collect the following categories of data:

*Impact Data.* Programs vary widely in terms of the outcomes data they report because funds are allocated to a diverse set of programs, each meeting different needs for families. In general, programs collect data on short-term outcomes in ways that provide an accurate snapshot of the immediate impact of their services on participants.

*Service Delivery Data.* Many programs collect output data on the delivery of services, and/or report on efforts to improve services. This reporting can take many forms: validated assessments, satisfaction/feedback surveys, reporting on trainings and other professional development activities, or performance against internally or externally identified benchmarks.

*Collaboration Data.* All programs report on their collaborative efforts, usually by listing the partners with whom they collaborate.

*What can this data tell us about the physical, educational, and social-emotional well-being of children in Kansas?*

Programs collect data pertaining to the well-being of children and families during the time frame services were provided. For example, many programs collect the ASQ and ASQ-SE (Ages and Stages Questionnaire and ASQ-Social Emotional), which offer a snapshot of a child's development and helpful information about whether a child is on track or in need of specialized services. Other programs use the myIGDI assessment (my Individual Growth and Development Indicators) to measure the progress of a child's literacy and numeracy skills, for insight into a child's educational development. Family Preservation Services and Children's Mental Health Waiver can both report how many children were able to remain in their homes with their families during the time of service delivery, information that can speak to a child's social-emotional well-being.

Thanks to this data, we have insight into the health, well-being, and development of children served by many of these programs, at particular points in time. The data for these glimpses into the well-being of Kansas children appears hopeful and speaks to the effectiveness of CIF programs.

*To what degree can this data offer evidence of an overall CIF impact on the lives of Kansas children and families?*

Program evaluations offer plenty of data about the short-term impact of CIF services on the lives of children and families, including information that helps



us understand their physical, educational, and social well-being. However, these evaluations alone cannot definitively offer evidence of the overall CIF impact on Kansas families, because they cannot speak to long-term results, the combined effect of services, or the context in which services are delivered. This manifests in a number of ways:

- All programs report the names and types of entities they partner with. While some programs specify the purpose of collaborative activities, such as to make referrals or serve on an advisory committee, most do not. No programs describe how collaboration affects outcomes. A broader, more systemic analysis of how programs and agencies are working together to improve the lives of children and families would facilitate better decision making at the state level.
- We know that while CIF touches the lives of many Kansas families, it does not reach all of them. Programs collect data on those they serve, but an expanded view of all Kansas children and a broader understanding of population need would offer important information for the future direction of CIF.
- Program outcomes offer a picture of how a child is doing for a window of time but make it difficult to attribute a child's later successes directly to



participation in that program. The ability to compare the long-term outcomes of children receiving CIF services to those who are not getting services is an important aspect of understanding overall impact.

**This inability to understand the long-term impact of CIF programs is not due to a lack of data. CIF programs are doing the right research and collecting the right thing: data that informs their service provision.** And even beyond this service provision, these same children are creating a trail of data as they grow and interact with other programs, agencies, and systems. **The data is there, but what is missing is the link between the interventions a child receives and that child's long-term outcomes,** such as involvement with the juvenile justice system, need for special education services, or graduation from high school.

There is much to be gained by developing a process for synthesizing multiple data points in a way that reveals not only individual performance but also overlap, synergy, and gaps among services.

To get to a place where we can offer up solid evidence of an overall CIF impact on the lives of Kansas children and families, we must combine efficient data sharing with skilled analysis. By linking and sharing data, we will better understand not only what children

and families need, but whether or not those needs are actually being met. This will ultimately allow us to learn how children and families are really doing.

This data-driven work requires human power to conduct analyses and interpret findings into real-world solutions. Without adequate staffing and technical knowledge, programs and agencies will continue to collect data that only demonstrates a fraction of the real impact.

***Our passion for giving kids the best possible start in life has long driven the Cabinet to promote evidence-based practices and widespread, high-quality data collection in Kansas. Programs are using the resources and systems available to gather data and measure outcomes. The collective amount of energy spent on data collection and evaluation is significant, and as a state we have made great strides in this area. To truly understand the impact of these programs, the next step is to analyze data at a systems level across programs, within context, and connect the dots between individual and program efforts.***



# Recommendations

SECTION 4



# Recommendations

## CIF ACCOUNTABILITY PROCESS

### **CIF should be funded to meet the current needs of all Kansas children and families.**

We recommend CIF funding be increased to a level in line with the current needs of Kansas families and the present-day cost of service provision. In Kansas today, 22% of children live in poverty, and an average of 344 children are removed from their homes each month, up from 260 in 2009. As the largest source of funding for children's services in the state, CIF plays an integral role in ensuring the needs of Kansas children and families are met, and that we do our best to provide preventive services proven to avoid future costs.

### **The Cabinet should lead efforts to improve early childhood data quality and monitor common indicators of family well-being, putting the needs and experiences of children and families at the center.**

Kansas families interact with a variety of programs and agencies as they navigate their daily lives. While each family enters this system of programs as a unit, they are often seen only as individual parts: a mother who needs prenatal care, a child who needs a vaccine, a father struggling to pay rent. Each of these interactions can occur within the same family but rarely are these services connected or viewed as part of the bigger picture.

In order to prioritize the needs of children and families in our analyses, the responsibility for collecting data and monitoring outcomes cannot rest on individual programs alone. Understanding the impact of CIF programs for families over the life course requires a statewide coordinated effort. This includes:

1. Identifying common indicators of program success, such as graduation rates or children not placed in foster care
2. A data collection process across agencies to measure longitudinal outcomes and evaluate the effectiveness of specific interventions

This type of effort will help bolster the Cabinet's commitment to strategic allocation of resources, and programs will be better able to target their services to specific families in need. Ultimately, this shift will create a more financially sound system and reduce the need for costly future interventions.

### **The Cabinet should refine the timing and goals of the CIF accountability process.**

State statute requires the Cabinet to "review, assess, and evaluate all uses of the moneys in the children's initiatives fund," providing both a mandate and an opportunity. Using dedicated funding, the Cabinet has overseen an accountability process for the past 12 years. The process includes reviewing the work being done by each program, collecting outcomes data, and using this information to guide funding recommendations to the governor.

The CIF funds a variety of programs, each with a distinct set of goals and target population. This diversity is by design; funds are intentionally dispersed to meet a range of family needs. While variety in program goals, delivery methods, and target populations is a strength of the system as a whole, it also presents unique challenges for providing timely guidance to the governor regarding future funding

allocations. The following recommendations are meant to address those challenges.

*Align the CIF funding recommendations with the state budget cycle.* For optimum impact, funding recommendations should be made at a time when the governor and legislature have the most opportunity to act.

*A set of agreed upon priorities should guide evaluation, research questions, and funding decisions.* The current accountability process is largely guided by implicit descriptive questions about the nature of the programs funded and service delivery, the need each program addresses, and data collection and evaluation practices. Adding a systems-level approach to decision making, guided by questions that examine how the pieces fit together, will strengthen the ability of the Cabinet to invest in a portfolio of programs designed to meet the needs of children and families.

Consideration should be given to questions such as those in the blue box below.

**Which Kansas children are being served by our early childhood programs and which are being missed?**

**How do our early childhood programs, individually and as a whole, benefit young children and families?**

**How can we make our early childhood services better?**

**Are children, birth to age 5, on track to succeed when they enter school?**

**Which early childhood experiences best prepare children to be successful in school and beyond?**

**How effective are state policies and services for vulnerable children and families?**



Changing the timing and focus of the accountability process to prioritize analysis of how programs complement each other would allow the Cabinet to make recommendations from the perspective of optimal state-level resource allocation.

**Program data collection and evaluation should be geared toward systemic decision making to understand long-term, large-scale impact.**

Evaluations conducted at the program level are confined to the time a family is interacting with a single program. Although families often interact with more than one program at a time, current evaluation practices report outcomes in a vacuum. There is no systemic support to help understand how two programs working in sync may garner different results than one working alone. This approach produces a limited understanding of the impact of programs.

A prime example of the power of longitudinal data can be found in the study conducted by one of the Cabinet's grant recipients, The Opportunity Project (TOP) Early Learning Centers. With consent from the families involved, TOP has been following children enrolled in their centers as they matriculate through





school. A variety of measures – academics, standardized test scores, attendance rates, discipline referrals and other things – are being used to compare children in the TOP program with a control group of their peers. Twelve years into this project, the data point to concrete examples of stronger student achievement, decreases in special education placement resulting in significant cost savings, and improved social skills. This study is possible because of a partnership between TOP and the Wichita Unified School District, consent of the families involved, and shared data.

Understanding the combined impact of services and their long-term outcomes requires a shared data system in which programs and agencies can link services, such as home visiting or high-quality early

learning, to long-term indicators of well-being, such as graduation rates or maternal health. The data needed to do this exist – we just need to link them. Work is already underway to establish an Early Childhood Integrated Data System (ECIDS). The Cabinet is well-positioned to direct an interagency process to align reporting requirements across agencies, establish data governance, and leverage and coordinate resources across agencies to share the costs of building and sustaining a high-quality ECIDS team and process.

## CONCLUSION

Kansas is frequently recognized as a national leader in services to children. We are one of only a few states that chose to dedicate the proceeds of the Tobacco Master Settlement Agreement to fund children's programs. Through the Children's Initiatives Fund allocations, the Cabinet invests in programs across the state that help ensure children and families get the services they need to thrive. As prescribed by state statute, the Cabinet's annual accountability process strengthens its role as a front runner in programming that benefits children.

For this year's CIF accountability process, we asked funded programs to submit their evaluation reports so we could better understand the effects of their services on the health and well-being of children and families. We synthesized these reports and identified which outcomes programs collect and to what degree the outcomes show evidence of program impact.

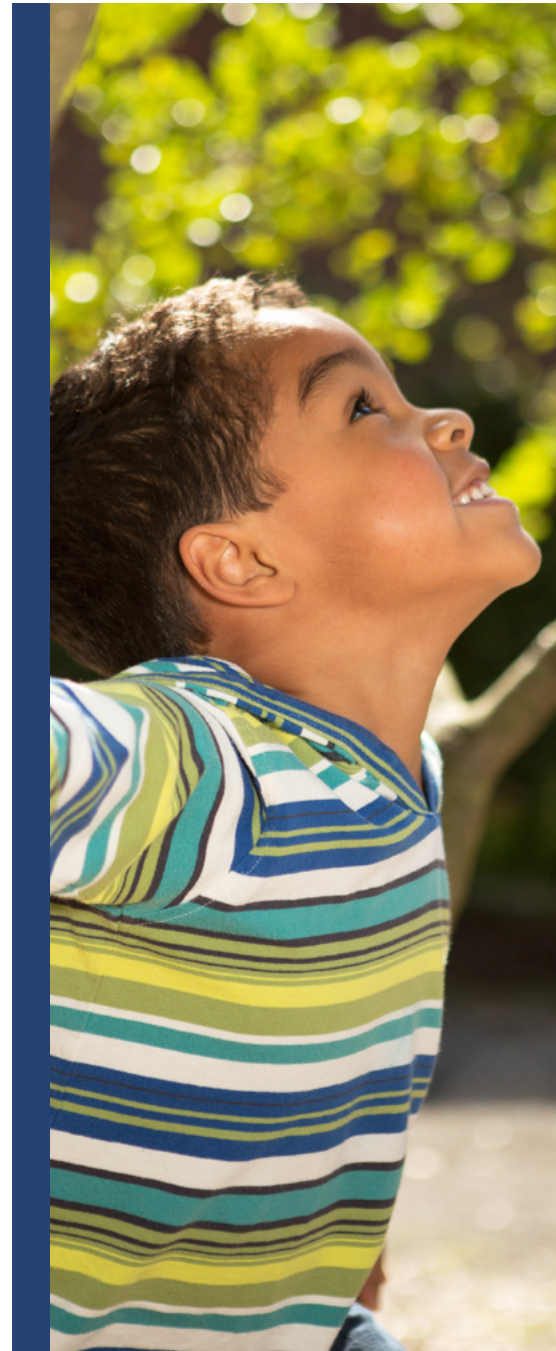
A key finding is that programs can only track short-term outcomes. In addition, critical insights about the context of service delivery are largely absent. As such, we do not currently have the requisite data to fully understand the long-term impact of services on families or what combination of services at what dosage results in the greatest improvements. Unless state leaders take specific action to better coordinate programs and services, current data collection and evaluation efforts do very little to inform us about the long-term impact they have on the education, economic, and health outcomes of Kansans.

This report includes several recommendations that are intended to guide the future of CIF programs.

***Additional funding would allow programs to better serve the growing number of children and families in need of services through enhanced or expanded services and staffing.***

***The Cabinet should consider refining the timeline and goals of the annual accountability process to ensure decisions are made with high-quality, current, and meaningful data.***

***The Cabinet should explore systems-level solutions to improve data collection and sharing across programs and between state agencies to more effectively measure long-term outcomes.***



## FUNDING BY AGENCY AND PROGRAM DATA TABLES

|   |                     |  |                    |
|---|---------------------|--|--------------------|
| <b>KANSAS CHILDREN'S CABINET AND TRUST FUND (CABINET)</b> | <b>\$19,695,605</b> | <b>KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT (KDHE)</b>          | <b>\$7,014,272</b> |
| Early Childhood Block Grant                               | \$18,145,605        | Infant-Toddler Services  | \$5,800,000        |
| Child Care Quality Initiative                             | \$500,000           | Tobacco Use Prevention Program                                     | \$847,041          |
| Start Young   | \$1,000,000         | Maternal and Child Health Home Visiting                            | \$238,041          |
| Autism Diagnosis  | \$50,000            | Kansas Infant Death and SIDS Network                               | \$82,972           |
| <b>KANSAS STATE DEPARTMENT OF EDUCATION (KSDE)</b>        | <b>\$12,437,635</b> | Infant Toddler Hearing Aid Bank                                    | \$45,654           |
| Parents as Teachers                                       | \$8,237,635         | <b>KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES (KDADS)</b> | <b>\$3,800,000</b> |
| Kansas Preschool Pilot                                    | \$4,200,000         | Children's Mental Health Waiver                                    | \$3,800,000        |
| <b>KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES (DCF)</b>  | <b>\$7,188,036</b>  |  |                    |
| Child Care Assistance                                     | \$5,033,679         |  |                    |
| Family Preservation Services                              | \$2,154,357         |  |                    |

## FUNDING BY BLUEPRINT BUILDING BLOCK DATA TABLE

| BUILDING BLOCK      | CIF PROGRAM                             | PERCENT OF BUILDING BLOCK |
|---------------------|---|---------------------------|
| Early Learning      | Early Childhood Block Grant             | 76.1%                     |
| Early Learning      | Child Care Quality Initiative           | 2.1%                      |
| Early Learning      | Start Young                             | 4.2%                      |
| Early Learning      | Kansas Preschool Pilot                  | 17.6%                     |
| Strong Families     | Parents as Teachers                     | 53.4%                     |
| Strong Families     | Child Care Assistance                   | 32.6%                     |
| Strong Families     | Family Preservation Services            | 14.0%                     |
| Healthy Development | Infant-Toddler Services                 | 53.4%                     |
| Healthy Development | Children's Mental Health Waiver         | 35.0%                     |
| Healthy Development | Tobacco Use Prevention Program          | 7.8%                      |
| Healthy Development | Maternal and Child Health Home Visiting | 2.2%                      |
| Healthy Development | Kansas Infant Death and SIDS Network    | 0.8%                      |
| Healthy Development | Autism Diagnosis                        | 0.5%                      |
| Healthy Development | Infant Toddler Hearing Aid Bank         | 0.4%                      |

**PREPARED BY**

**CENTER FOR PUBLIC PARTNERSHIPS AND RESEARCH**  
at the University of Kansas

