

Approved: 2/16/98  
Date

## MINUTES OF THE HOUSE COMMITTEE ON APPROPRIATIONS.

The video conference meeting was called to order by Chairperson Phil Kline at 12:30 p.m. on February 9, in the Department of Education Building Conference Room, at 120 SE 10th Street, Topeka.

All members were present except: Representative Helgerson

Committee staff present: Alan Conroy, Stuart Little, Shannon Nichols, Carolyn Rampey, Legislative Research Dept;  
Jim Wilson, Mike Corrigan, Revisor of Statutes Office;  
Helen Abramson, Administrative Aide; Linda Swain, Appropriations Secretary

Conferees appearing before the committee:

Bill Wagon, Member of State Board of Education, District 4  
Cris Anderson, Early Childhood Coordinator, Lawrence Public Schools  
Jim Cain, Superintendent West Franklin USD 287  
Diane Sullivan, Executive Director of Franklin County Mental Health Center.  
Dub Rakestraw, Executive Director, Family Service & Guidance of Topeka  
Danette Seymour, parent, Family Services & Guidance  
Gary Brunk, Executive Director of Kansas Action for Children and Chair of Children's Coalition  
Dr. Ron White, Superintendent, USD 495, Ft. Larned  
Darrin Cox, parent, Hutchinson Parents as Teachers (PAT)  
Mary Beth Herrmann, Administrator, Pawnee County Health Department  
Linda Ochs, Program Coordinator, Heartland Healthy Families, Salina  
Terry Lower, Director, Community Action Head Start, Topeka  
Kathy Johnson, Shawnee County Coordinator of Infant/Toddler Program  
Linda Gardner, grandparent  
Doug Bowman, staff, Kansas Interagency Coordinating Council  
Robin Clark, parent, Wichita  
Melissa Ness, Director of Public Policy, Training & Legal/General Council, Kansas Children's Service League

Others attending: See attached list

Representative Nichols introduced Dr. Edward Zigler, of Yale University, describing a portion of his experience and noting the large role he played in shaping early childhood development issues.

Dr. Edward Zigler, gave a brief biography, and a short testimony on the topic of early childhood care and education (Attachment 1).

A question and answer period followed. Dr. Zigler suggested: the programs be phased in; they should eventually include 3 year old children; and the programs should last all day rather than half a day. While salaries vary in most states, early care givers continue to be underpaid. Dr. Zigler noted that much of the savings identified by the High/Scope program (\$7 saved out of every \$1 spent) was money saved in lower criminal costs of the participants years later. He stressed the importance of building an evaluation phase in the program and noted usually the higher quality the program, the better the results. Independence, Mo has a good model of a successful program. He also noted the importance of not segregating the poor. By charging sliding scale fees families in the middle and upper incomes can also be a part of the program. The interaction is beneficial to all the children. Good programs have a teacher to student ratio of no more than 1 to 20 and include a great deal of parent involvement. Dr. Zigler encouraged the committee to call upon him if he can be of further assistance.

Representatives Nichols requested reports referencing: income of child care providers; the quality of child care; and a summary of different pre-school programs throughout the nation.

Chair Kline thanked Dr. Zigler on behalf of the committee and the others present during the meeting.

The meeting adjourned to be reconvened in the Capitol Building, Rm 313-S. The meeting reconvened at approximately 1:30 p.m.

Representative Nichols gave a presentation (Attachment 2) encouraging the committee to pass a comprehensive early childhood education package, which include: Fast Start Readiness Preschools for 3 and 4 year old children; Children's Trust Fund; Parents as Teachers; Healthy Start; Healthy Families and an Infant and Toddler Program. He emphasized this is a community based program.

Representative Garner spoke to the Committee (Attachment 3) emphasizing how critical the early

childhood education is in reducing crime. He urged passage of bills concerning this issue. A discussion followed including questions on funding.

Bill Wagon, speaking as an individual member of the Kansas State Board of Education, spoke briefly noting a list of existing proven programs which address preparing children to enter school ready to learn. (Attachment 4) He noted even though there are many programs already in place, the needs of many children are still under served in Kansas. The committee had no questions.

Cris Anderson, Early Childhood Coordinator, Lawrence Public Schools, spoke on the schools goals to break the cycle of inter-generation poverty, and illiteracy. She also talked of the Lawrence Business/Education Partnership founded in 1993 for the purpose of building a strong relationship between school and community and to assist the public school in addressing the National Educational Goals 2000. (Attachment 5). She recommended HB 2844 be supported by this committee. The committee had no questions.

Jim Cain, Superintendent of West Franklin USD 287, spoke in support of the Fast Start Preschool Program which is intended to give children an early start in their education and in overcoming many obstacles they face (Attachment 6). He spoke of his experience with his own children, two of which have handicapping conditions. There were no questions.

Diane Sullivan, Executive Director of Franklin County Mental Health Center, spoke on behalf of the Fast Start Preschools, which has her unequivocal support (Attachment 7). She also spoke from her perspective as a mother of a special needs child. A short discussion followed her presentation.

Dub Rakestraw, Executive Director, Family Service & Guidance of Topeka, spoke on behalf of the Preschool Development Center which targets 2 1/2 - 5 year old special needs children who have severe emotional disturbances (Attachment 8).

Executive Director Rakestraw introduced Danette Seymour, a single mother who has been using the Family Services & Guidance Center Preschool. She related how one of her three children is autistic and before she was able to get any help for him she was twice reported to Social and Rehabilitation Services for suspected child abuse. It took the second report before she could get any one to respond to her pleas for help and before the authorities realized her son's abuse was self inflicted. There were no questions.

Gary Brunk, Executive Director, Kansas Action for Children and Chair of Children's Coalition, spoke on the need for a comprehensive package of early childhood programs (Attachment 9). Included was an explanation of a chart on "Brain Growth versus Public Expenditures on Children Ages 0-18". There were no questions from the committee.

Dr. Ronald L. White, Superintendent, USD 495, Ft. Larned, spoke in favor of the early childhood initiative. (Attachment 10). He spoke concerning: parental involvement; parents as teachers; research on brain studies; and cutting delinquency with early childhood investments in education. There were no questions.

Darrin Cox, parent, and member of Hutchinson PAT, spoke in favor of the PAT, relating his first hand experience with the program (Attachment 11). There were no questions.

Mary Beth Herrmann, Administrator of the Pawnee County Health Department, spoke in the place of Elaine Welsh, Nurse, Pamona Health Department. Ms. Welsh was unable to attend due to illness (Attachment 12). Mrs. Herrmann spoke in favor of the Healthy Start Home Visitor in Larned. There were no questions.

Linda Ochs, Program Coordinator for Heartland Healthy Families in Salina, spoke on behalf of Healthy Families (Attachment 13). The program is one of five in Kansas. She shared the stories of two families in the program. There were no questions.

Terry Lower, Director, Community Action Head Start, Topeka, testified in favor concerning Early Head Start and spoke briefly concerning the program in Kansas (Attachment 14). There were no questions.

Kathy Johnson, Shawnee County Coordinator of Infant/Toddler Program, deferred her comments to allow a parent, Linda Gardner, to speak on the Shawnee County Infant/Toddler Services. Ms. Gardner gave personnel testimony concerning her autistic granddaughter and encouraged support in funding services, especially the Topeka Area Redarded Citizens Association. (ATTACHMENT 15)

Doug Bowman, staff at Kansas Interagency Coordinating Council, distributed his testimony on behalf of the Infant/Toddler program (Attachment 16) and introduced Robin Clark, from Wichita who spoke of her and her husbands nine children (3 birth children, 4 adopted, and 2 foster babies). The Clark family was named 1996 Adoption Family of the Year. Mrs. Clark noted their adopted and foster children are all special needs and/or high risk children. She stressed the importance of Rainbows and similar early

childhood educational services and also encouraged generous funding for the programs.

Melissa Ness, Director, Kansas Children's Service League, stressed the importance of investment in the early childhood education programs, especially in the area of prevention (Attachment 17). She also noted the system is not broken, it has just outgrown itself. She encouraged funds to be put in the Children's Trust Fund so communities can draw on those funds for each particular community's needs. She also stressed the programs should be outcome driven and built around specific criteria. There were no questions.

Time constraints prevented further testimony. Chair Kline apologized to those who wished to speak but did not have opportunity to do so. He encouraged them to send a letter to the committee. The letter would be distributed to the committee members. He thanked everyone for their participation in the forum.

The meeting adjourned at 4:10 p.m.

The next meeting is scheduled for February 10, 1998.



# APPROPRIATIONS COMMITTEE GUEST LIST

DATE: 2/9/98

NAME	REPRESENTING
Ellen Kiekolliwicz	Assoc. of Child CS
Rep. Annie Kuehner	
Marcy G. Crago	Family Services & Guidance
Dub Rakestraw	" " "
Danelle Seymour	" " "
Stephanie Perez	Parents as Teachers
Seth Halling	Graduate of P.A.T.
Patricia Bell	parent
Emma Halling	P.A.T. graduate
Linda Ochs	Healthy Families Kansas - Salina
Sarah Hanson	" "
Yvonne Gibbons	" " " "
Ethel Peterson	House of Rep Dist. 116
JOE SKRIVER	" # 79
Dianna Matthews	YWCA & United Way Success by 4
James Cam	West Franklin USD 287
Diane Z. Sullivan	Franklin Co Mental Health Clinic
Doug Bowman	KS Interagency Coordinating Council
Vivian Pierson	KU UAP

# APPROPRIATIONS COMMITTEE GUEST LIST

DATE: 29.98

NAME	REPRESENTING
MELISSA BOISEN	THE FARM, INC.
Bill Wagnon	<del>KSBOE</del> Me
Andrea Walker	Rep. Findley
Kay Calvert	LWV KS
Melissa Ness	Ks. Children's Service League
Cris Anderson	USD 497
Diane Dufky	SR25
Quanda Demming	SR25 / Head Start
Pat Lehman	USD 233
Stacy Farmer	KA8B
Danielle Nee	Governor's Office
Lisa Muntz	YMCA, KAEYC
Tom Laing	InterHab
Bob Herder	MPS
Larrin Cox	Parents as Teachers
Ros a Cox	Parents as Teachers USD 308 Hutchinson
Mary Jane	Parents as Teachers USD 309
Ruby Green	Parents as Teachers USD 308/313
Dorothy Showalter	Parents as Leaders USD 308

# APPROPRIATIONS COMMITTEE GUEST LIST

DATE: 2/9/98

NAME	REPRESENTING
Susan Pitts	Parents as Teachers-Hutchinson
Kathlyn B. Malm	Rainbows United, Inc. - Wichita
Robin Clark	Rainbows United parent
Roger Traudle	KGE
Nancy Keel	KC Area Parents As Teachers Consortium
Albini Andenkay	De Soto USD 232 PAT
Maria Isabella	De Soto USD 232 PAT
Gary Guind	Kansas Action for Children
Brenda S. Barker	Pawnee Co. Health Dept
<del>Shirley Morris</del>	<del>Sumner Co. Health Dept. &amp; KUSA</del>
Shirley Morris	Children's Coalition
Beth Perry	USD 501 P.A.T.
Brandi Hubener	USD 501 Parents As Teachers
Dr. Ronald J. White	USD #495 PAT (Larned) <sup>PT.</sup>

State of Kansas  
Chairman Phil Kline and Members of the Kansas Legislature  
Early Childhood Proposal  
February 9, 1998

Testimony of Edward Zigler, Yale University

Thank you, Mr. Chairman, for the opportunity to speak on the important topic of early childhood care and education. Among the eight education goals of the national Goals 2000 effort, the first and most critical is school readiness. With the publication of Ernest Boyer's 1991 report, Ready to Learn, we became aware as a nation that children's later school outcomes can be traced back to school readiness. Today, it is estimated that 35% of all children are not ready for school when they enter first grade; for children in poverty, that figure is 60%. Why are so many of today's children unready for school? There are 2 main reasons. First, many young children do not enjoy the benefits of preschool education. Not surprisingly, this is tied to family income. According to the U.S. General Accounting Office (GAO), only about 35% of poor children attend preschool. Preschool is an invaluable rehearsal for the social and intellectual challenges of school, yet this preparation is available primarily for the children of higher-income families. Another major reason why many children are not adequately prepared for school flows from the negative effects of poor quality child care. Children cannot be expected to do their best in school when they have been subjected to several years of inadequate child care.

Why has this situation come about? Our society has not been responsive to the dramatic demographic changes affecting the American family. Mothers in the out-of-home work force have risen to unprecedented levels: 60% of the mothers of preschoolers work outside the home; 54% of the mothers of infants and toddlers. Within 15 years, we expect

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the figure to be 75%. Clearly, these changes are tied directly to the care and welfare of children. At the same time, the number of single parent homes is also increasing. Today, 27% of all children are being raised by a single parent, usually the mother; for black children, it's over 60%. These changes have produced a desperate need for child care, but the nation still lacks a day care system. Instead what we see is a hodge-podge made up of for-profit and not-for-profit centers, family day care homes, and babysitting by friends, neighbors, and relatives.

Children of single or even two working parents are in this nonsystem for five formative years prior to school, and here we find a major cause of the lack of school readiness. The child care many children receive is so poor that it compromises their cognitive and social growth. This sad fact becomes clear when we look at the nature of U.S. child care. According to a recent New York Times article, the average hourly wage for a child care worker in this country is \$6.12 an hour, about \$10,700 per year. This is less than the pay of animal caretakers or the counter staff at McDonald's, and as the Times pointed out, turnover in the field is rampant. My colleagues and I have been tracking the quality of child care since the 1970s, when the National Council of Jewish Women published their Windows on Day Care. The news is not good. In family day care homes, where most young children are placed as their parents work, only 12% of regulated homes are of high quality; among unregulated homes, a mere 3% are of high quality. Because most family day care homes are underground and informal, 75% of them are unregulated. Neighbor and relative care fares even worse: only 1% of this care is of high quality. A recent cost, quality and outcome study of child care centers in Connecticut, Colorado,

North Carolina , and California revealed that only 14% of centers were of high quality. About 40% of the care for 1- to 3-year-olds was abysmal: care so poor that it placed the children's health and safety at risk.

What is needed here is major school reform. We need states like Kansas to follow the example of schools in France and Italy, where children begin school at age 3 and the child care day for 3s, 4s, and 5s is as long as the working day of parents. We need to provide preschool education for every child in every community, not just for children whose parents can afford to pay for preschool. Ernie Boyer knew and every other expert in the field knows that if we want to improve school readiness, preschool is the obvious tool. Evidence that preschools positively affect school readiness and later academic performance is overwhelming. A very recent Connecticut study that looked at outcomes for poor children in several cities found that preschool resulted in much improved mastery scores and great cost savings that occur when children are not retained and perform at grade level. A 27-year follow-up of the High/Scope program showed that for every dollar invested in the program, a \$7 savings resulted. In a recent analysis of 36 major preschool programs by economist Steve Barnett, it was found that high quality early childhood programs can produce sizable long-term benefits for children in terms of school achievement, grade retention, placement in special education, and school adjustment.

We have learned that the better the program quality, the better the outcome for children. There is little disagreement as to what constitutes quality in these programs; the National Association for the Education of Young Children (NAEYC) has established quality guidelines, and the National Conference of State Legislatures has stressed quality in its

recent preschool education report. Excellent model programs exist in the preschool components of Family Resource Centers in states like Connecticut, Kentucky and Arkansas, and in the state-wide preschool program in Georgia.

Over the years, we have learned that successful programs have certain characteristics. It is important to start early in a child's life; recent research in brain development tells us that the earlier we can begin to enrich a child's experience, the better. Parent involvement is extremely important; a parent needs to be actively engaged early in a child's education. A health component is also important; a child who is ill cannot learn. We have also learned that to get the maximum benefits from preschools, the programs must last 2 years; in fact middle-class parents tend to send their children to 2 years of preschool. All children of 3 and 4 years need to be in these programs. Kansas may want to look at the excellent preschool program next door in Independence, Missouri, the preschool component of Schools of the 21st Century. The governor of Missouri is attempting to expand this fine program throughout the state. Another important component is accountability; a program evaluation should be built-in from the outset to measure outcomes and to assist in improving program quality.

My strong recommendation is that you work to make preschool available to all children in the state of Kansas, but if budgetary concerns require it, you can begin with lower income children first and move later towards a universal program. But it is critical to begin. To date, 28 states now fund preschool programs. Several of these programs are reviewed in a report issued by the National Conference of State Legislatures entitled Early Care and Education, an Investment that Works. Many existing state programs are only for

4 year-olds, and some of the programs are not full-day and are offered only to low-income families. Yet segregating programs by income makes such projects vulnerable to failure. As recommended in the recent Carnegie report, Years of Promise, universal preschool education is the royal road to better school outcomes; the best developmental setting for children is one that integrates across socioeconomic levels. Moreover, a universal plan can use fees calibrated to family income as the Minnesota plan does, thus contributing to its fiscal stability. I congratulate you on your obvious concern for the well being of Kansas children and I wish you every success in implementing a high quality program in the near future.

**ROCKY NICHOLS**  
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TOPEKA  
HOUSE OF  
REPRESENTATIVES

COMMITTEE ASSIGNMENTS  
MEMBER: APPROPRIATIONS COMMITTEE  
SUBCOMMITTEE ON STATE HOSPITALS  
AND GENERAL GOVERNMENT  
SUBCOMMITTEE ON KPERS AND  
RETIREMENT ISSUES  
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Chairman Kline and members of the House Appropriations Committee:

Thank you for taking the time out of your busy schedule of committee meetings to take a closer look at early childhood education issues, and for allowing me to testify before you about some specific early childhood education proposals that myself and other legislators are putting forward for your consideration.

As you continue to study these issues I would encourage you to pass a comprehensive early childhood education package that includes investments in services that improve the lives of Kansas children and families by helping to prevent costly state governmental interventions into their day-to-day lives. These proposals target resources during the critical “0-4 year old” window of opportunity. These investments are important because they prevent government intervention and help families to make the best out of their own lives. We want to promote individual responsibility and accountability. As you can see from the flow chart that describes what we want to accomplish with these early childhood programs, these investments are also fiscally the right thing to do. Providing families the tools they need to avoid government interventions results in less reliance on these expensive state intervention programs later on in life. That is why the comprehensive early childhood education package we are putting forward includes investments in:

- FastStart School Readiness Preschools for 3 and 4 year olds to help make certain that children start kindergarten ready to learn,
- Children’s Trust Fund that is a gift to the children of Kansas that keeps on giving,
- Parents as Teachers,
- Healthy Start,
- Healthy Families,
- Infant and Toddler Program.

**Community Based Solutions -**

Community based solutions, collaboration and community planning are the cornerstone of our proposal. These initiatives encourage citizens in their local communities to work together and find innovative solutions. Individuals and families will be testifying later on

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about many of the different individual programs (including Parents as Teachers, Health Start, Healthy Families, Infant and Toddler, etc.). The individual family members will be able to share with you exactly how each program has helped their family, so I won't spend much time on those programs. Therefore, I will focus my comments on FastStart Preschools and the Children's Trust Fund. However, one thread that is constant throughout all the above services, FastStart Preschools and Children's Trust Fund is that they are all community-based solutions. Each component requires community partnerships and collaboration.

### **FastStart School Readiness Preschools (HB 2844) -**

- ✓ Would appropriate \$10 million dollars for competitive and renewable grants through the State Board of Education for communities to set up FastStart School Readiness Preschool programs in their local community.
- ✓ This proposal is similar to a preschool program in the C-level budget of the State Board of Education, except that HB 2844 requires considerable community partnerships that must occur before a grant will be accepted. Applicants will not even be considered for grant funding until meaningful collaboration and community planning has taken place. For example, each FastStart community-based preschool grant application must be jointly filled by the school district and important community collaborators, like the local county health departments and the local community mental health center. Also, it is specifically defined in the bill that a community-based plan for these FastStart Preschools must be developed through collaboration with representatives of the business community, human service agencies, families and parents who want and need these preschool services, law enforcement, religious organization, civic and youth groups, state and local governmental entities, etc. Again, we believe that community planning, community-based solutions and community collaboration are key to setting up early childhood education programs that decrease government intervention and increase individual responsibility.
- ✓ At-risk children are the primary of these FastStart Preschools. One way to think of "at-risk," referring back to the intervention graphic, is that these are children and families who are at-risk of becoming tangled up in one of these many government intervention programs. These are children who are living in poverty, in a family receiving state assistance (TANF eligible, etc.) have emotional or behavior disorders, or have parents that are in transition from receiving public assistance to being integrated into the workforce.
- ✓ At-risk children, however, are not the only ones served by these community-based preschools. For example, 28 other states currently provide funding for local preschools. HB 2844 specifically has the State Board of Education examine these other 28 states' preschool programs to look at issues like setting up sliding fee-scales, so that these programs are available to all children and families.

Other provisions of the FastStart School Readiness bill:

- FastStart Preschool applicants must demonstrate that they have applied for and also have a utilization plan for available funding from federal, state and local sources, to prevent duplication of services and funding.
- These Community-based grant applications are reviewed, evaluated and funded by an evaluation team appointed by the governor.
- 25% of the funding is assigned to children with behavior and emotional disorders, in order to help reduce reliance on expensive special education programs.
- Certified teachers and special service professionals must be the ones working directly with the children in this program.

One last comment on preschools. I know that several members of this committee want to invest in services that have a history of getting positive results. Specifically, I heard many of you ask for longitudinal data about the impact of different services. When measuring the success of preschools we have perhaps one of the best examples of a successful longitudinal study, the High/Scope Perry Preschool Project study. I would encourage members of the committee that do not have a copy of this study to read through it. The High/Scope Perry Preschool Project study found that preschools have an important and lasting positive impact on the lives of children and youth. The Perry Preschool study found that children who went to preschools had higher graduation rates, lower teenage pregnancy rates, etc. In fact, over the lifetime of those who attended preschool it was estimated that “\$7.16 is saved for every \$1 that is invested in preschools and early childhood education.”

**Children’s Trust Fund (HB 2845)**

This Children’s Trust Fund would operate similarly to other private foundations and charitable trusts. Any dollars devoted to the Children’s Trust Fund (state, federal, business contributions, individual contributions, etc.) would be invested and the interest would then be used to make grants to early childhood education services. Consistent with the goal of our entire package, this trust fund would be used to assist communities in their efforts to develop programs to meet the needs of children and families in their community. The funds would be flexible to allow for one-time or short-term expenditures not covered under categorical funding streams, with two main criteria: 1) the program must address early childhood education, and 2) there must be evidence of strong community cooperation and collaboration. Grant awards would be dispersed by the Board of Directors of this non-profit children’s trust fund. Grants awarded would not exceed the interest earned on the dollars in the trust fund. Because the principle remains untouched, this trust fund can become a continuous gift to the well being of children and families in Kansas. There are several options for funding for this trust fund, including part of the one-time Western Resources dollars, future windfalls and settlements, federal funding, etc. Also, because it is a non-profit trust fund, dollars could come from several sources, including businesses, individuals, other foundations, etc. What is most important is to set up this trust fund so

Dollars from several different sources (state, federal, private, etc.) can begin to flow into

### **Funding Flexibility**

- I would encourage this committee and the Department of Social and Rehabilitation Services to aggressively pursue all available federal funding for these and other early childhood education services. With the passage of federal welfare reform legislation, Kansas has a greater flexibility in spending funds such as the Temporary Assistance to Needy Families (TANF), Child Care Development Block Grant (CCDBG), Social Services Block Grant (Title XX), etc. Attached you will find a memo from Legislative Research outlining the available federal dollars to pay for the early childhood education services we are proposing, as well as many others. We have tried to maintain maximum flexibility of funding with these proposals.

Thank you again for the opportunity to talk with you about these issues.



## Community-based investments for children and families --

### Increase Investments in:

\* **FastStart Preschools** (State-Funded grants for communities and schools to set-up Preschools) -- \$10 million investment.

*State grants for communities to create FastStart preschools throughout Kansas.*

\* **Parents as Teachers** -- \$3.25 million investment

Expands program from current 209 school districts to all 304 districts. Reduces the \$1:\$1 match to a fifty-cents local match to leverage every \$1 from the state.

*Gives parents the support and information they need to give their child the best possible start in life. Information is provided on nutrition, home safety, language development, nurturing, and other information important to help ensure learning development during the important 0 to 4-year-old window of opportunity.*

\* **Infant and Toddler Program** -- \$350,000 investment

Expand the funding so that the local Infant and Toddler committees can serve more children and families under this program. Since 1993 the number of children served by this program has increased by 50%, while the amount of state funding has not increased.

*Identifies developmental disabilities through early detection and prevention.*

\* **Healthy Start** -- \$1.3 million investment

Expands Healthy Start from current 80 counties to serve all 105 Kansas counties.

*Gives pregnant women and families with newborn infant's information and tools to promote the health of their children and prevent child abuse and neglect.*

\* **Healthy Families** -- \$4.1 million investment

Currently these services are funded by a hodge-podge of private sources or time-limited grants. This will provide a more stable funding base and expand the current four cities where this program is offered to more cities in Kansas.

*Strengthens families and empowers first-time parents with the supports they need to give their children a good start in life.*

### Leveraging Federal Dollars:

\* **Health Insurance for Uninsured Kansas Children** -- \$12 million dollar investment to leverage over \$31 million in Federal dollars.

### One-Time Investment that keeps on giving to children and families:

\* **Children's' Trust Fund** -- use part of the one-time Western Resources dollars and/or other dollars to set-up an on-going endowment fund for children and families.

# Early Childhood Education -- Getting Positive Results

## Parents as Teachers

The State Board of Education's evaluation of Parents as Teachers (PAT) programs found:

- The achievement of children who participated in PAT is rated higher by teachers in comparison to other children in the class.
- Children who participated in PAT are reported by their parents to talk more frequently about daily events such as school experiences, family outings, or at-home activities.
- Parents who participated in PAT communicate more frequently with their child's teacher than do parents who did not participate in the program.
- Parents who participated in the PAT program report they read to their child more frequently than parents who did not participate in the program.

## FastStart Preschool (based successful preschool models)

One preschool for at-risk children who have emotional/behavior disorders has been in operation since 1984 and has achieved these positive results for children who complete the program:

- 75% to 82% of children with emotional/behavior disorders completing the program attended a regular classroom without the use of expensive special education programs.
- 70% of children who entered regular education remained there.
- 100% have not become involved with the juvenile justice system.
- 96% remained in their home.
- 100% of parents rated the program as good or excellent for overall quality of services.
- 100% of the children showed an increase in motor skills, concept skills and language skills. The average increase experienced by children was a 44% increase in motor skills, 35% increase in concepts skills, and 14% increase in language skills.

## Healthy Families

Research data indicates that children who are abused and neglected are more likely to commit crime later in life and are more likely to suffer serious injury and death. One recent program evaluation indicated that there have been no confirmed reports of abuse or neglect to the Department of Social and Rehabilitation Services for families involved in Healthy Families.

- 66% demonstrated significantly increased knowledge of child growth and development,
- 91% learned and used positive discipline techniques
- 100% reduced their changeable risk factors per the Family Stress Checklist test
- 100% had no confirmed child abuse or neglect reports.

## Healthy Start

Volumes of evidence clearly indicate that early intervention in preventing problems experienced by children is cost effective. For example, a 1994 publication by the National Conference of State Legislatures indicated the following results regarding home visitor programs:

- Teen mothers in Virginia's Resource Mothers Program had 46 percent fewer low-birth weight babies and 35 percent fewer infant deaths than teens in the same localities who were not in the program.
- North Carolina saved \$2.1 million in Medicaid expenses during the first two years of its Maternity Care Coordination program because fewer newborns required intensive care.
- Hawaii's Healthy Start home visiting program saves child welfare and foster care costs by decreasing the number of families involved in child abuse and neglect investigations from an expected 20 percent of program participants to 1 percent.

February 9, 1998

**To:** Representative Rocky Nichols

**Office No.:** 284-W

**From:** Susan Kannarr, Fiscal Analyst

**Re:** Federal Funding Options for Early Childhood Services

I. Fast Start Preschools

A. Welfare/TANF Eligible Children

1. State can prorate TANF dollars based on the percentage of eligible children in the program with the usual TANF consequences.

B. Non-Eligible Children

1. Social Services Block Grant (SSBG, Title XX)
2. Welfare-to-Work funding for nonwelfare eligible families in training programs (working poor). (Balanced Budget Reconciliation Act of 1997)
3. Child Care Development Block Grant (CCDBG) (Personal Responsibility and Work Opportunities Act of 1996)

II. Healthy Start, Healthy Families, and Parents as Teachers

A. Eligible Children/Families

1. TANF dollars may be used if services are temporary

B. Non-Eligible

1. Can use Family Preservation and Support Services Program (Title IV-B, Part II) funding. (Adoption and Safe Families Act of 1997, P.L. 105-89)
2. Social Services Block Grant (SSBG, Title XX)
3. Look at the Maternal and Child Health Block Grant

III. Children's Trust Fund

- A. The Fund must still serve TANF eligible children if TANF dollars are put into Fund. However, TANF "consequences" would not apply.
- B. State might be able to give money to a nonprofit foundation (501(c)(3)) which could then distribute benefits to children.
- C. The major issue is determining when the money is actually spent for purposes of the federal Cash Management Act.

SK/aem

#22784.01(1/27/98(11:13AM))

# KANSAS LEGISLATIVE RESEARCH DEPARTMENT

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February 2, 1998

**To:** Representative Rocky Nichols

**Office No.:** 284-W

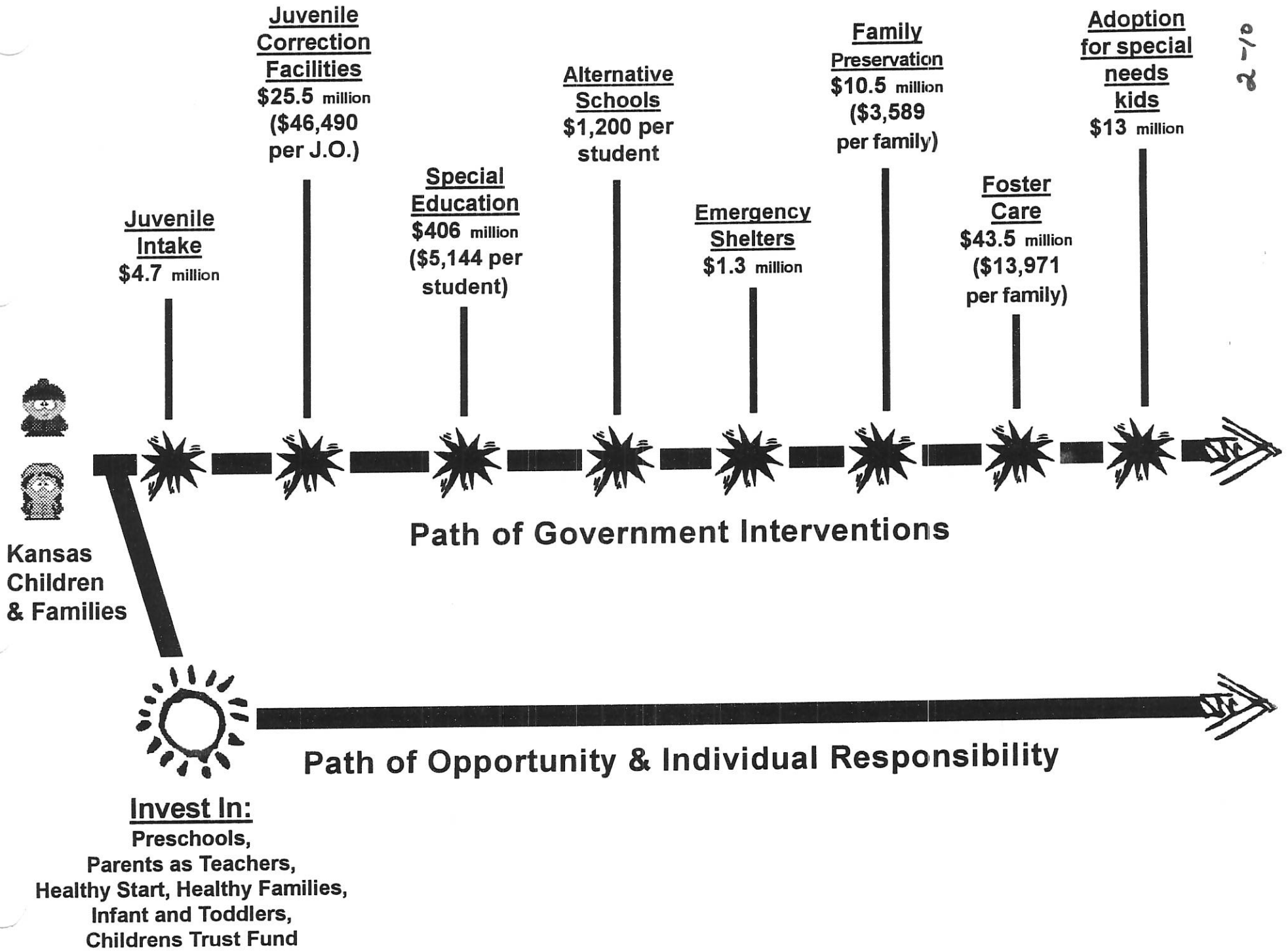
**From:** Susan Kannarr, Fiscal Analyst

**Re:** Transfer from TANF Block Grant to Child Care Block Grant

Under the federal Welfare Reform law, Kansas is allowed to transfer up to 30 percent of the Temporary Assistance to Needy Families (TANF) Block Grant (\$102 million annually) to the Social Services Block Grant (SSBG, Title XX) and the Child Care Block Grant (CCBG) with no more than 10 percent going to the SSBG. Under the Governor's recommendation for FY 1998 and FY 1999, the state is transferring \$10.0 million (9.8 percent) to the SSBG. In FY 1999, the Governor recommends transferring \$6.6 million to the CCBG out of a total of \$20.4 million that may be transferred. This leaves approximately \$13.8 million which is still available for transfer in FY 1999. Something to be aware of when considering new expenditures is that child care funding for employed persons is increasing rapidly due to the number of people joining the workforce. Current resources for these services are almost fully spent and the state may have to look other places such as transferring money from TANF to the CCBG to cover these expenditures in the future.

SK/mkl

#22849.01(2/2/98{11:03AM})



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TOPEKA

HOUSE OF  
 REPRESENTATIVES

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 CRIMINAL LAW ADVISORY COMMITTEE  
 NCSL ASSEMBLY ON FEDERAL ISSUES—  
 LAW AND JUSTICE COMMITTEE  
 EX OFFICIO: KANSAS SENTENCING  
 COMMISSION

TESTIMONY ON EARLY CHILDHOOD LEGISLATION  
 HOUSE BILLS 2843, 2844, AND 2845  
 HOUSE APPROPRIATIONS COMMITTEE  
 9 FEBRUARY 1998

Chairman Kline and Members of the Committee:

Thank you for this opportunity to share with you today some comments and information on the importance of investing in early childhood education and parenting programs. We are in a remarkable session of the Kansas Legislation in which we enjoy a great surplus and are presented with a whirlwind of ideas on how to spend this excess revenue. Today, I urge the members of this committee, the entire legislature and the Governor to join together and use this opportunity to improve the quality of life for many of our youngest citizens as we set budget priorities.

There are three compelling reasons why funding for early childhood programs must be a top priority -- They will help reduce crime; they will improve the quality of classroom education; and they are important to implementing welfare reform.

When I started serving in the Legislature in 1991, I dedicated much energy and effort to addressing the issues of adult crime. After much time and research, I became convinced that to have a real impact on reducing crime, we must focus on the juvenile justice system. Along with many others (including members of this committee), we have just spent the last three years researching and reforming the juvenile justice system. As a result of that experience, I am now more convinced that to impact and reduce the incidents of crime, we must reach these kids even earlier in life. By investing a relatively small amount early, we can avoid expensive problems later, keeping kids away from the juvenile system and out of our prisons.

Second, investments in early childhood programs will improve the quality of classroom education for all children. I am concerned when I hear parents express frustration that their children's educational progress is slowed because other children in the classroom are not prepared to learn. We should be working to make sure all kids are ready to learn when they enter kindergarten so that they each have an opportunity to succeed in school from the start.

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 Attachment 3*

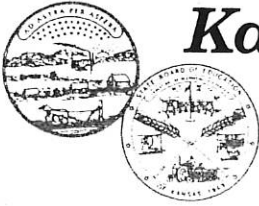
Third, a new commitment to early childhood programs is vital if we are to have successful welfare reform. More and more single parents are moving from public assistance to the workforce. We must be supportive in our public policies to make sure these parent shave the tools to succeed. Among the needed tools are quality childhood and parenting education programs. If we are serious about welfare reform, then we must be equally serious about the programs included in the legislation presented today.

The legislation presented today include: (1) enhanced for programs that are proven to work -- Parents as Teachers, Healthy Start, Healthy Families and Infants and Toddlers program (HB 2843) (2) Grants for local FastStart School Readiness Preschools (HB 2844); and (3) Creation of a Children's Trust Fund to provide needed assistance to local programs (HB 2845).

As you can see, there are compelling and overwhelming reasons supporting investments in the early childhood programs. These programs work. I am hopeful that parenting and early childhood will be treated as a priority in the budgets passed this session.

Thank you again for the opportunity to share my thoughts and I will be glad to answer any questions.





# Kansas State Board of Education

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February 9, 1998

To the Members of the House Appropriations Committee:

As a member of the State Board of Education, my concern is that an important dimension of school improvement is more vigorously addressing the needs of pre-schoolers from infancy to kindergarten.

I bring you a list of existing proven programs, each underfunded with waiting lists for participation, and urge you to fund each of these at a level commensurate with its benefit.

Perhaps the legislature ought to consider this situation in greater detail. To that end, I recommend you designate the issue of early childhood programs and funding to an interim study. I look forward to working with you on this important matter.

Thank you for your attention.

Sincerely,

William O. Wagon  
Member, Kansas State Board of Education  
District 4

WOW:pp  
Attachment

*Appropriations  
2-9-98  
Attachment 4*

## EARLY CHILDHOOD FUNDING

Funds for early childhood programs are an investment in our future. For every dollar spent on prevention programs, we save eight dollars in treatment programs later on. The new research on brain development highlights the critical importance of the first five years.

Programs in Kansas deserving of state funding include:

**Head Start** - At the Federal level, Health and Human Services funds Head Start through regional offices. Kansas programs are administered through Kansas City. Currently, about 40 programs cover just over half our geographic areas. Although there is increased Federal funding for Head Start and Early Head Start programs, Federal requirements for writing these grants may not allow the whole state to be covered. State moneys could be made available to regions where no Head Start or Early Head Start is available.

**Parents as Teachers** - Currently, 209 of the 304 school districts have Parents as Teachers. The recent evaluation of the program show how effective it is for families that have had it available to them. What has been a barrier some places is the local school coming up with the 1-to-1 match; if the local match were reduced to 50 cents for every state dollar, more districts could fund the program. This voluntary program gives parents support and information so they can give their child the best possible start in life.

**Preschools for At-Risk Children** - Several initiatives have been presented to serve at least some of our state's preschool-age children. Some are for 3-year-olds, some for 4-year olds, others are limited to at-risk only, some would fund preschools based on the Head Start model. Whatever the approach, any program helping preschoolers develop and be ready to learn when they are kindergarten age will benefit our schools and communities.

**Even Start** - Currently, Even Start is totally federally funded with \$620,000, operating in 6 school districts. This is a family literacy program that also emphasizes parent education and the importance of early childhood. In addition, we have \$750,000 set aside for 8 Migrant Even Start grants.

**Increased Funding for Infant-Toddler and Preschool Children with Disabilities** - Under the Individuals with Disabilities Education Act, we have an interagency program serving nearly 2000 children from birth to age 3, and through public schools a program serving nearly 6500 children from 3 through age 5 with disabilities. Both of these programs would benefit from increased state funding because programs would have increased capacity to locate more eligible children and serve them. Children who have received early intervention services show better results in school and community.

**Healthy Start** - Administered by county health departments, Healthy Start funds lay home visitors to connect with families on a voluntary basis. They go to the home in the few weeks after a baby is born, and continue on a weekly basis for a year. Under the supervision of a county health nurse, home visitors give support to families and help access resources such as WIC, Medicaid, community programs, and other services they might need. Currently only 80 of the 105 counties in the state have Healthy Start. The program has been shown to be effective in promoting health and preventing child abuse and neglect.

**Healthy Families** - Four cities have this program, currently funded by private moneys and a Safe and Drug-Free Community grant from the Attorney General's office. The program is designed to strengthen at-risk families and first-time parents with the supports they need to give their children a good start in life. State funding would allow the program to become available in more communities in Kansas.

**Health Insurance for Uninsured Kansas Children** - If 60,000 children have no health coverage, we know they will have a more difficult time in school because their health is at risk. With state funding, Kansas can leverage more than \$31 million in Federal money to set up a system to cover our state's uninsured children.

Increased funding of all early childhood programs affects communities directly, in that it results in increased coordination and collaboration at the local level. People network and share resources the very best when they are directed toward young children and their families. Somehow, there are not the "turf wars" that may exist for programs serving other groups, because in Kansas communities, these are all our children.



Testimony  
House Appropriations Committee  
February 9, 1998

Submitted by:  
Cris Anderson, Early Childhood Education Coordinator

Lawrence Public Schools' Early Childhood Education program are not only providing developmentally appropriate experiences for children but also work towards breaking the cycle of intergenerational poverty, and illiteracy. We cannot afford to lose another generation.

In 1993, the Lawrence Business/Education Partnership was founded. This partnership was established between the school district and the Chamber of Commerce for the purpose of building a strong relationship between school and community and to assist the public school in addressing the National Educational Goals 2000. The partnership was challenged with the following goal: "All children will start school ready to learn."

As part of this partnership, we gather information about why children in our community were not starting school ready to learn. The research revealed that there were 400 preschooler in our community who had not received any kind of formal early childhood education prior to starting kindergarten. Further data revealed that of those 400 children, 240 were children living in poverty. We concluded, that while some children had the luxury of being at home with a parent there were many more children (60 percent) not having a preschool experience prior to entering kindergarten. Insufficient slots and

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lack of available funding were the reasons for low income children not having this experience.

Poverty is one of education's most pressing concerns. We know that there is a direct relationship between education and income.

- ◆ Ninety percent of welfare recipients are high school dropouts.
- ◆ The typical ADFC (Aid to families with Dependent Children) Recipient between 17 and 21 has reading skills below the sixth grade level.
- ◆ By the year 2000, people with less than a high school education will only be able to fill 14% of all jobs.

Other alarming facts reveal that:

- ◆ Two-thirds of AFDC recipients are children.
- ◆ Children's literacy levels are strongly linked to the educational levels of the parents -- especially their mothers.
- ◆ The more educated the parent and the economically stable the home, the more learning opportunities are provided for children.
- ◆ Children who live in homes with adults who are unemployed and have not completed high school are five to six times more likely to drop out of school.

There is a way to impact these negative statistics about poverty and education—

**Early Childhood Education!** The results of a 15-year study called the *High/Scope Perry Preschool Study* showed that low income students who attended preschool were less likely to get arrested, to drop out of school, or to apply for welfare. Translated into dollars and cents, the Perry Study concluded that for every \$1 invested in quality preschool programs, the public saves \$7.21 per participant in life time costs of welfare, teen pregnancy and crime. The most recent High/Scope Perry Preschool research estimated that the program saved \$6,872 per participant in elementary and secondary education costs. The dollar invested in early childhood education can also result in a saving of \$150,000 per participant in criminal correction costs.

We also found the states of Delaware, Georgia, North Carolina, Kentucky, and Tennessee to have state funding for non-special education preschool programs. The Partnership and our local School Board share in the frustration of unavailable funds from the state of Kansas. Funds that we need to address the concerns of an at risk group of unserved children.

Armed with such research findings, the Business/Education Partnership took the initiative to create and fund an early childhood educational program. I must share with you the excitement I felt to see the enthusiasm and commitment this group made of behalf of the young children in our community. We have successfully raised approximately 250,000 private dollars and currently have two early childhood educational classrooms. One classroom is completing its second year. The other is in its first year. But aside from increasing the opportunities for at-risk children, we are adamant about meeting the needs of the parents. Parents are supported in their role as “first teacher” by participating in the classroom weekly. Parents who are in need of education themselves attend adult education classes. Parents also participate in parenting classes and are involved in our job shadowing program. Our Early Childhood Education program replicated and expanded our current Even Start Family Literacy model, which integrates adult education with early childhood education. Family Literacy programs seldom rely on the resources of a single agency. The families who participate have a variety of needs that can be best met through a collaboration of services and resources.

Kansas families need to know that our schools, local, state, and federal governments value children. I am not sure that is the message we are sending. The state of Kansas spends \$3,648 per year on a child’s education while, at the same time we spend

\$47,450 on a youth being incarcerated. The least expensive care in the foster care system is \$9,125. Currently, in Douglas County we spend approximately \$2,775 per child living on welfare. These cost are all expensive ways to be taking care of children! Is this the best way to spend our Kansas tax dollars? Research clearly shows us that if children have a quality early childhood education the chances of having to spend the aforementioned dollars is drastically reduced. Instead they will start school ready to learn and will continue to be life long learners and contributors to our community.

I would like to recommend on behalf of Lawrence Public Schools that:

◆ House Bill 28.44 be supported by this committee. The Fast Start School Readiness Pre-School program promises to ensure a hopeful future for our Kansas children, our Kansas families.

## FastStart Preschool Program

I am Jim Cain and I am here to testify in support of giving children an early start in their education and in overcoming any problems facing their young lives. I am the Superintendent of West Franklin USD 287 in Pomona, Kansas and I am also the parent of three grown children. Two of those children have handicapping conditions. One is hearing impaired and the other is Severely Emotionally Disturbed. With our 19-year-old son, we knew when he was adopted at the age of two that he had problems. He had been abused and malnourished as an infant and by age two he was already demonstrating anti-social behaviors. As we took him to Doctors, we were repeatedly told that he would grow out of it. By age 7, we were accessing mental health assistance but at most we could only get two hours of therapy per week and the expense was beyond our financial capability. By age 12, he had been hospitalized three times in private psychiatric hospitals and had entered Rainbow Mental Health Facility. Ultimately he was hospitalized for extended periods at Osawatomie State Hospital twice, spent three months in a group home and currently is incarcerated at The Topeka Juvenile Correctional Facility. There is very little doubt in my mind that these institutional stays would have been unnecessary had early interventions been available for him. The success would have been caused by the cooperative effort of the family, the school, the mental health system, and any other agency that might have been helpful for the specific needs of the child. Typically taxpayers and Legislators view services from a cost basis. I don't have accurate figures on the costs for this one child's institutional stays but I do know I spent over \$100,000 from my pocket, my health insurance paid something over \$100,000 also and the State has spent something close to \$500,000. The tragedy is that all that money was spent and this 19-year-old is not "cured". Early intervention probably would not have solved all of his problems but surely it would have prevented much of this institutional cost. More importantly if we could have prevented institutional stays during those formative years, we could all be more optimistic about his adult life. You see when we fail a child, that child ultimately ends up being an adult that is not prepared to be a productive member of society. Although, I hope my fear is not realized, I fear this one individual's cost to my family, to my community, and to my state is far from over. By all probability, we will all pay for his care for many years to come. Oh how wise we would have been to have had preventive programs for this one person. Think of how many other individuals exist in our state that are costing us significant sums of money for their care, and each of those could have been helped had we had the foresight and the programs in place when they were small children.

As an educator, we see more and more children enter our schools every year that have a multitude of deficits in their life. We have had a handicapped preschool since 1986. For several years, the only children in that preschool were children with physical handicaps and occasionally a child with mental retardation. The number of children we now serve has multiplied several times over and virtually all of these children have significant problems with social skills. Many live in poverty and lack cultural awareness.

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They commonly have communications deficits. The preschool experience is valuable to each of these children but many need services beyond that provided by education. They desperately need therapy with their family and a variety of community supports to prepare them for a well adjusted life that leads to being a productive adult. We have the financial ability this year to provide services to children that have not been affordable in the past. I admit that I probably lack the perspective of any of you as elected officials but I really have a difficult time understanding why the State of Kansas is more concerned about cutting taxes than helping to insure the future against adults that are a burden to society. There is an old wise saying that "an ounce of prevention is worth a pound of cure". The FastStart Preschool program is that ounce of prevention. It is affordable for Kansas and it is a great investment in the future. Won't you please help today's children prevent a life like my son has had to live because you and I were unable to meet their needs when they were most susceptible to help? I would be happy to answer your questions.

# Legislative House Appropriation Committee Testimony

February 9, 1998

## Fast Start Preschools

Presented by Diane Z. Sullivan, M.N., A.R.N.P.

It is a pleasure to testify to you today on behalf of an effort which has my unequivocal support. I will share information to you from two unique perspectives.

I am the mother of three darling little girls. As a mom, I had to advocate on behalf of my middle child to get needed assessments, referrals and treatment for her when she was 3 1/2 years old. My trials and tribulations with the process will be highlighted.

My other full-time profession is as the Executive Director of the community mental health center in Franklin County based in Ottawa, Kansas. I have worked within community mental health centers in a variety of capacities both in Franklin County and Wyandotte County for nearly nineteen years. I have both administratively and clinically seen a rise in the number of preschoolers being referred to our community based services due to special needs.

As a mother, the first clue that anything was of concern was during Katie's first year of preschool. On routine, yearly screening my daughter showed a gross disturbance in being able to repeat a sentence appropriate to her age level.

Within a short time, I realized that she easily became frustrated with others whether at home or school. She acted impulsively often interrupting the conversations of others. It seemed that she was not willing to follow my directives. Katie spent endless hours in time out especially during the dinner hour. As a "professional" mother, I was extremely frustrated since I was using time out correctly. My child didn't care that she was in time out since she was quite capable of entertaining herself even with her nose in the corner. What was worse, by the time she got out of the corner she had no clue why she went into it in the first place. I started to question what was wrong with me and I often felt like I was going to lose it. This frustration only made it harder for us to get through dinner or get ready in the morning for school.

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When I faced the reality that Katie was unable to follow my directives and did not have a character defect because I was a working mom, I began the long and arduous process of obtaining a professional assessment.

Since our health benefits were offered through a HMO, a managed care philosophy was the first obstacle to tackle. In this setting, a child who is calm during a five minute office visit and who can follow a few simple one step directions is not going to get a full neurological exam or any referrals for developmental testing. Special assessments require referrals to outside providers. For HMO doctors, there is a disincentive to make outside referrals.

Since my child did not act out for the pediatrician, I was left with an important, but expensive decision. I sought the independent evaluations from two speech/language specialists. By this time, Katie had progressed to become a stutterer. Her self-esteem was plummeting as evidenced by her desire not to go to preschool.

After five hours and three visits with the second speech therapist, I was given some important feedback which helped me advocate for my child. Katie had an auditory processing problem. This condition often coincides with the development of language when a child has experienced multiple ear infections. My Katie also had many ear infections. The therapist encouraged me to see a mental health professional for an assessment to rule out the ADHD diagnosis. It also can be a co-morbid condition with kids who have Attention Deficit Hyperactivity Disorder. Kids with auditory processing have difficulty with multiple instructions and often have trouble searching for words, another problem Katie experienced.

Finally, success! Two independent evaluators noting deficits in my daughter's ability to process information and use information effectively whether at home or school.

Finally, the pediatrician took my feedback and those of the independent evaluators and made a referral to a pediatric developmental neurologist at Children's Mercy Specialty Clinic in Kansas City. Katie profited from an assessment approach conducted by an interdisciplinary team. Katie was finally diagnosed as ADHD, referred for speech therapy to address the stuttering and teach Katie how to compensate for the auditory processing problem. Katie now has the assistance of a supportive and well informed family, a low dose

stimulant, and supportive educational services. This road as a parent, however, was fraught with tremendous anxiety and at times despair when I alone only knew that my child was unhappy with her own self.

I have met many children and families since going through this initial period with Katie. Many children have not been accurately assessed and therefore interventions came too late to prevent such sequelae as family disruption, divorce, school failure and the ultimate disaster, the formation of a child's self image as bad. Do you know that our research of over 20 years, documents that one of four children with ADHD end up in the juvenile justice system? There are many other children with other childhood mental disorders who struggle in the classroom, home and peer group activities. It is my professional and personal opinion that the key to successfully reaching our kids experiencing mental disorders, is through early assessment and intervention.

Let us now switch to my experience as an administrator. The incidence of severely emotionally disturbed (S.E.D.) children has risen dramatically since 1992, within the caseload of Franklin County Mental Health Clinic.

In 1992, we had 68 children meeting the Federal definition of S.E.D. Besides our regular outpatient mental health staff, we had two children's case managers. This past year our specialized community based team consisted of four children's case managers, a therapist assigned to our alternative middle school, a therapist assigned to provide in home family therapy and an additional four university students employed to co-lead after school and summer psychosocial groups. Our caseload of S.E.D. children served this past year was 140.

One of my senior staff persons reported to me this past Thursday, that we only had one preschooler receiving intensive community based services within the past three years. Already in 1998, we are treating eight preschoolers in more than one treatment modality. These kids have been kicked out of preschools for such behaviors as aggressiveness, biting, hitting, kicking, screaming, and defiance. Regular preschools are not equipped to provide enough one on one contact to interrupt such acting out.

Katie's youngest sister's preschool class has a teacher, a para and a parent volunteer for 20 four year olds. This team of three adults could not effectively work with children with poor verbal skills or those displaying behaviors such as head butting. These problematic behaviors are showing up in many preschools.

To summarize a large body of research conducted by the National Institute of Mental Health and published within the National Plan for Research in Children and Adolescent Mental Disorders (1990), there are many factors which place children at risk of mental and behavioral disorders including:

- ✓ ♦ genetic factors, which increase a child's vulnerability to autism, affective and anxiety disorders, Tourette's disorder, and attentional and learning disorders;
- ✓ ♦ biological "insults" such as physical trauma or exposure to toxic chemicals or drugs;
- ♦ poor prenatal care, which lead to increased risk of premature birth and a host of related problems;
- ♦ chronic physical illness, such as leukemia, diabetes, asthma, cystic fibrosis, epilepsy, and AIDS;
- ♦ cognitive impairments such as those resulting from mental retardation, as well as sensory perception, including deafness and blindness;
- ♦ persistent psychological adversity, such as poverty, disorganized and inadequate schooling, and homelessness;
- ♦ child abuse or neglect; and/or
- ♦ parental mental illness, with potentially dangerous combinations of psychologically traumatic disruptions of family life and inconsistent parenting.

Many of these risk factors themselves can be altered, and even when they cannot, protective factors can be enhanced to lessen children's chances of becoming ill.

Preventive and early intervention as those described in the Fast Start program are likely to be cost effective and relieve individual families and society of great suffering and expense. Needs of S.E.D. preschoolers can be addressed through Fast Start. Cooperative efforts between school districts, mental health centers and when available public health departments can reach children with special needs through such features as: 1) special classes with more one to one contact; 2) contact with parents (often through outreach) which supports family involvement; 3) sensitivity to the special needs of the family concerning education, health care, child rearing practices, and child development; and, 4) intensive intervention over a period of one or more years. Finally, the positive gains made in preschool will always follow a child into the challenges of upcoming school years.

# PRESCHOOL DEVELOPMENT CENTER (PDC)

## TARGET POPULATION

- 2 ½ - 5 year old special needs children who have severe emotional disturbances and unable to attend other preschool settings due to their behavior.
- 2 ½ - 5 year old special needs children who attend special education services ½ day and the other ½ day in the Preschool Development Center
- 2 ½ - 5 year old children who have age appropriate development and can serve as role models for the special needs children
- Parents and families of the special needs children

## Referred By

- |                            |                     |
|----------------------------|---------------------|
| ● SRS                      | ● Physicians        |
| ● Other Day-Care Providers | ● Health Department |
| ● Schools                  | ● Parents           |

## Other

Current program capacity is 34 "Special Needs" children and 8 "Age Appropriate" children.

This program has had a waiting list since it's inception in 1985.

If the special needs children were enrolled in public school, they would all be in special education classes (usually in classes for behavior disorders).

With the closure of the Menninger Preschool:

- More children with forms of autism are seeking admission
- Menninger Psychiatry residents receive training at the Preschool Development Center

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## **THE PROGRAM**

- This is the only SRS (Medicaid) partial hospitalization program (day treatment) for emotionally disturbed preschoolers in a Kansas Mental Health Center. Menningers has closed their program.
- Hours of operation for the program are 7:00 a.m. - 5:30 p.m. Monday through Friday.
- The program is staffed by Early Childhood Developmental Specialists, Clinical Social Workers, Psychologist, Psychiatrist, and Interns.

## **PROGRAM ACTIVITIES**

- Are designed and conducted by professional staff.
- Enhance social, cognitive, intellectual, motor, and emotional development.

## **MENTAL HEALTH SPECIALISTS**

- Provide training and therapy on emotional/behavioral control
- Teach appropriate and effective social/interpersonal interaction
- Provide training, therapy, and support for the family
- Consult and collaborate with public school personnel and day care providers
- Provide medication management for some children

## CHARACTERISTICS OF CHILDREN IN PDC

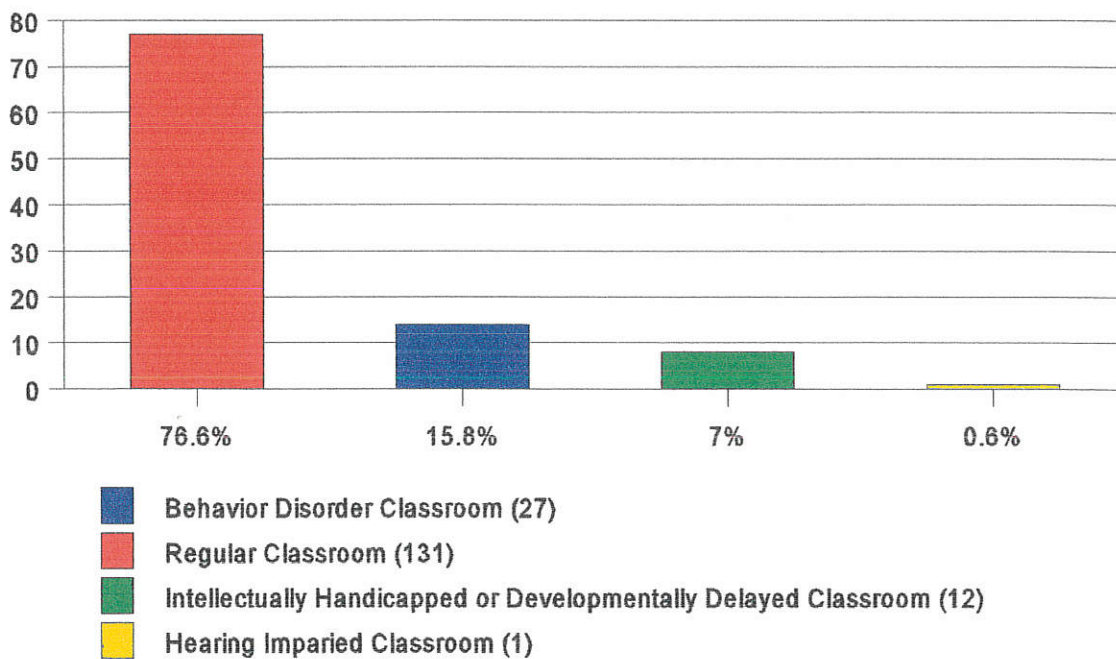
The following characteristics are representative of the children currently enrolled in FSGC's Preschool Development Center (both special needs and age-appropriate children):

Family member who is incarcerated	23%
Alcohol and/or drug abuse in family	33%
Have required out-of-home placement past or present	10%
Homes with domestic violence	23%
Physically abused (confirmed)	12%
Neglected (confirmed)	20%
Single-parent homes (divorced)	38%
Parent(s) disabled	14%
Receiving public assistance	62%
Parent(s) identified as chronically mentally ill	12%



**PRESCHOOL DEVELOPMENT CENTER  
DISPOSITION OF CHILDREN  
COMPLETING THE PDC PROGRAM**

**GOAL A:** 70% of children completing at least one year of the program will be able to attend a regular classroom



- ✓ A regular education classroom child costs approximately \$ 5,000
- ✓ A special education classroom child costs approximately \$ 13,000 (January 1998)

# **PRESCHOOL DEVELOPMENT CENTER FOLLOW-UP STUDIES**

Follow-up study of PDC children who "Graduated" between 1989 - 93.

- 70% of the children who entered regular education remain there
- 5% of the children who started in special education now are in regular classrooms
- 22% of the children are in special education
- 92% have remained in their own homes
- 100% have not become involved with the juvenile justice system

Follow-up study of 33 PDC children who "graduated" in last 5 years

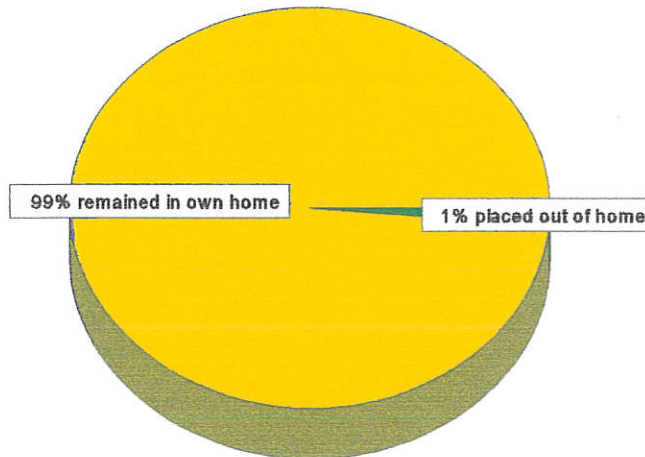
- 82% were maintained at own home or with relative
- 100% had no contact with juvenile justice system
- 64% have not needed further help for their emotional or behavioral problems

# PRESCHOOL DEVELOPMENT CENTER 1996-97

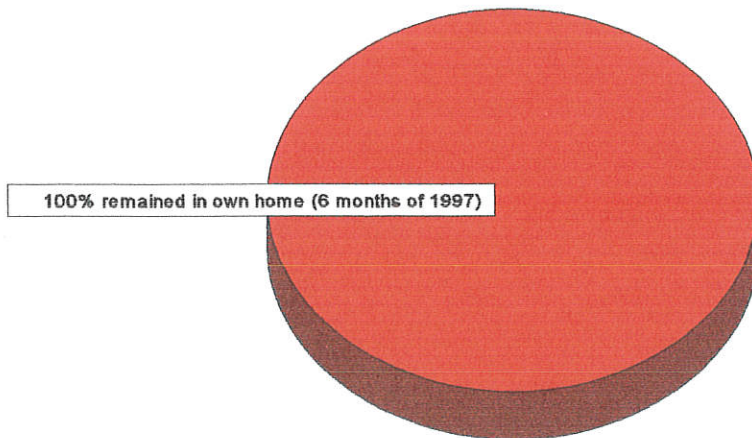
GOAL B: At least 80% of the children will remain in their own home and out of a psychiatric treatment facility.

PDC children with severe emotional disorders remain in their home

1996



1997

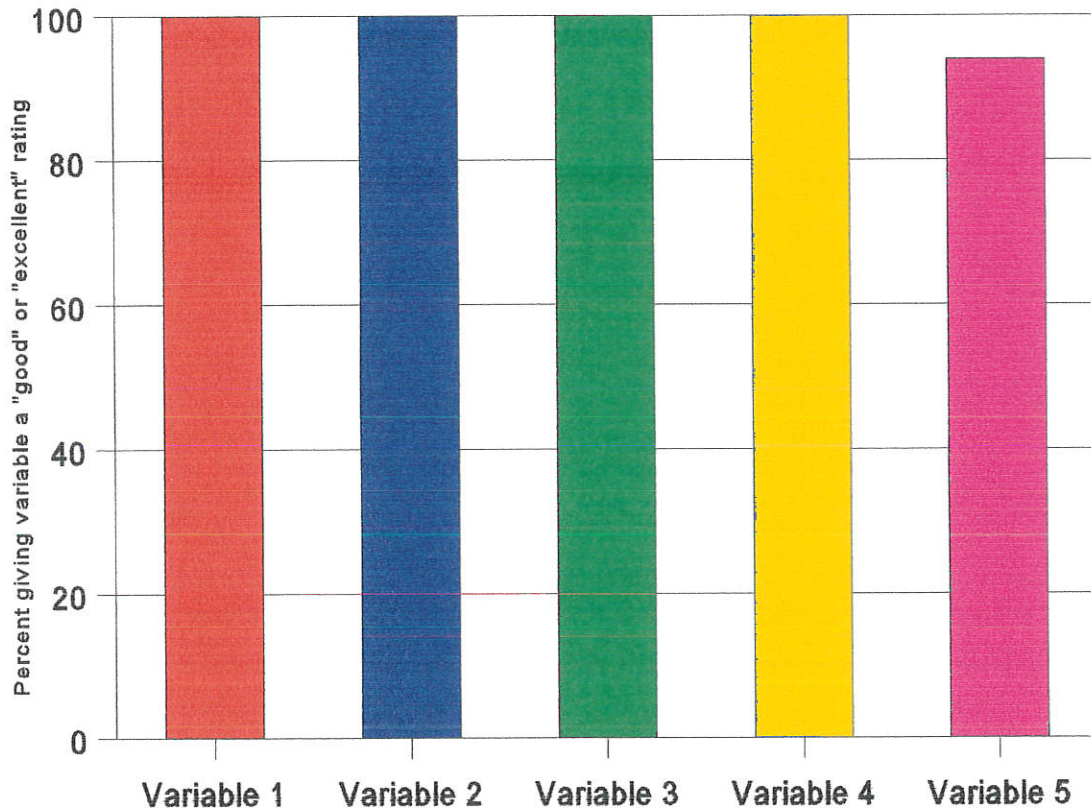


- ✓ ● 32% of the children have experienced abuse/neglect
- ✓ ● 45% of the parents have a psychiatric disorder and/or substance abuse
- ✓ ● 10% of the children have been placed outside of the home previously

# PRESCHOOL DEVELOPMENT CENTER

## 1996 - 97

GOAL C: A minimum of 80% of parents will provide a "good" or "excellent" rating on 5 satisfaction variables (page 24)



Variable 1: Professionalism and courtesy shown by treatment providers (100%)

Variable 2: Knowledge and skill level of treatment providers (100%)

Variable 3: Amount of help received (100%)

Variable 4: The extent to which I was involved in developing the treatment/service plan and goals (100%)

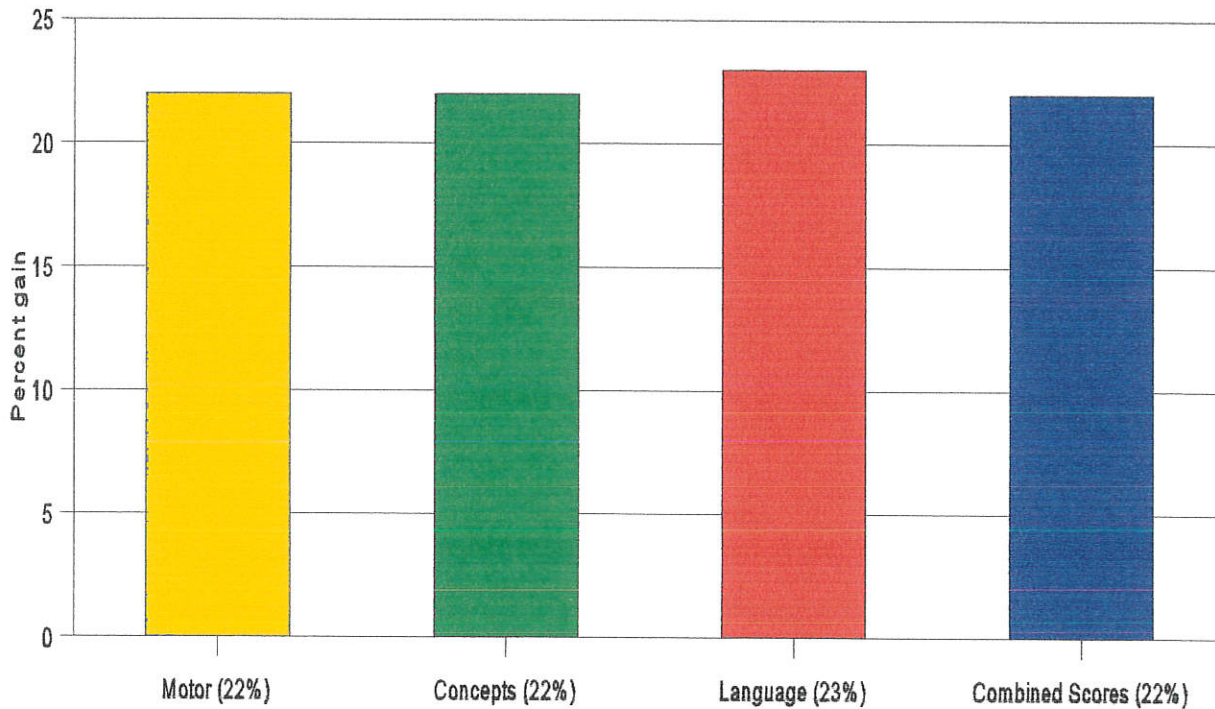
Variable 5: Overall quality of services (94%)

# PRESCHOOL DEVELOPMENT CENTER

## 1996 - 97

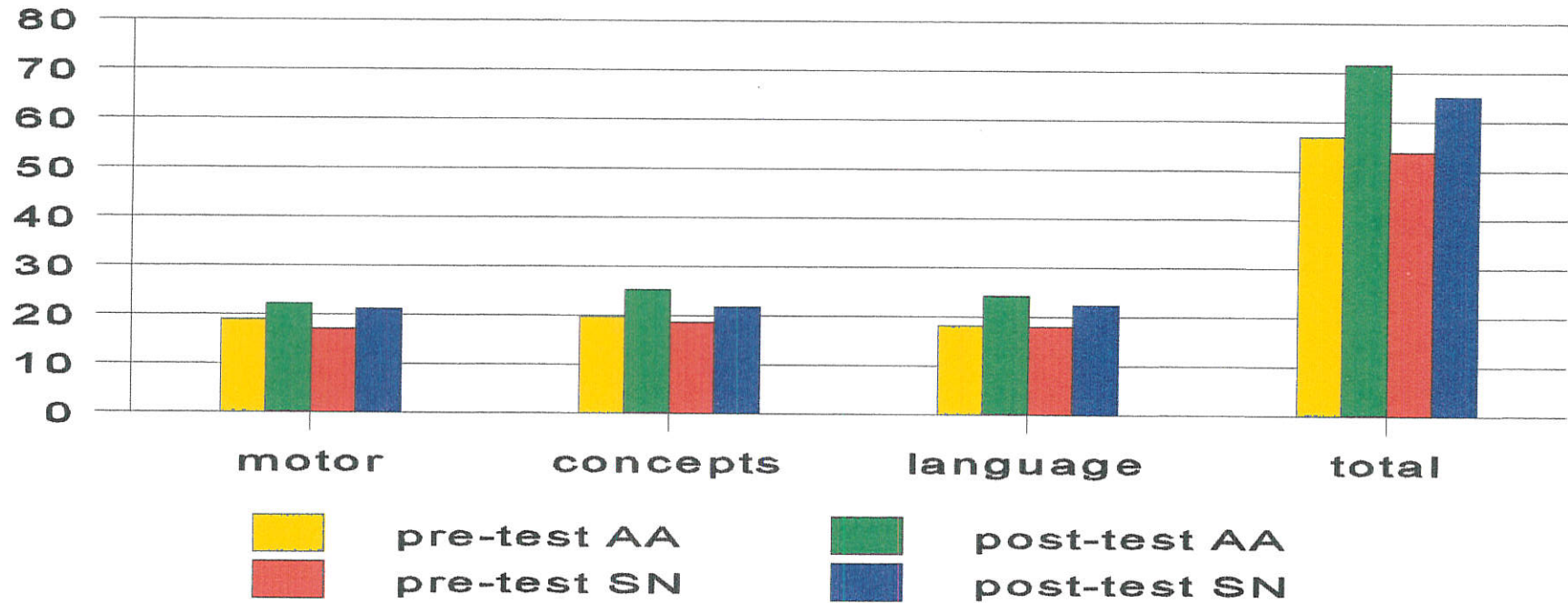
GOAL D: Children will show an increase in motor, concepts, and language skills

Minimum Standard = 10% gain



Those 5 year olds leaving the program had an average score 9.5% above the norm

# Dial R



8-9

AA motor score average increase 16%  
 AA concepts score average increase 28%  
 AA language score average increase 33%  
 AA overall score average increase 26%

SN motor score average increase 24%  
 SN concepts score average increase 16%  
 SN language score average increase 24%  
 SN overall score average increase 21%

Expected "normed" overall increase 18%

60

BEFORE THE HOUSE APPROPRIATIONS COMMITTEE

February 9, 1998

The Need for a Comprehensive Package of Early Childhood Programs

Gary Brunk, Chair of the Children's Coalition  
Executive Director of Kansas Action for Children

Recent research on brain development has helped draw attention to how the first few years significantly shape the rest of a child's life. By age 3 a child's brain has reached 90 percent of its growth, and much of the course has been set for life-long language development, emotional attachment, behavioral patterns, and motor skills.

The evidence is clear: infants who are well fed, have good health care, and are in caring, stable, and enriching environments are more likely to do well when they enter school and to grow up to be productive and contributing adults.

We know better than we ever have known what it is that children need to support their healthy development. Our problem is that there is a large gap between what we know and public policy. The best illustration of this gap that I have seen is the attached chart developed by the RAND Corporation. Across the bottom the chart shows age in years, from 0 to 18. The left side shows the percent of total brain growth, and the right side shows the cumulative percent of public spending on children.

What the chart demonstrates is that the vast majority of our spending on children occurs after the critical early years. Less than 10% of all public spending on children takes place through age 5, and yet over 90 percent of their brain growth has occurred by then. For the sake of our children, of the success of welfare reform, and of our long-term economic prosperity, we need to narrow that gap.

To narrow the gap the Children's Coalition and Kansas Action for Children strongly support enacting a comprehensive package of early childhood programs. Last summer the Children's Coalition agreed that in light of the compelling evidence about the importance of the first few years of life, the focus of our advocacy efforts for the next several years would be on improving policies affecting early childhood. At that time we decided that our priorities for the current year were increasing support for Parents as Teachers, Healthy Start, and programs modeled on Healthy Families, and increasing access to health insurance for uninsured children.

We are pleased that children's initiatives reflecting our priorities have been advanced by persons from both political parties, and we are eager to work with everyone interested in increasing our investment in proven, community-based, and voluntary early childhood programs.

Parents as Teachers, Healthy Start, the Infant and Toddler Program, programs based on the Healthy Families model, Early Head Start, FastStart Preschools, and a Children's Trust Fund are all worthy existing programs that would benefit from additional funding or are programs that merit new funding. We believe what is important is not the amount of new or increased funding for any specific program, but an overall increase in funding for a comprehensive package that will foster the early development of all our children.

What will we get in return for a greater state investment?

From the many evaluations of these and similar programs that have been done in the past decade we know that some of the returns include:

- Significant reductions in child abuse and neglect.
- More children who start school ready to learn.
- A reduction in the need for special education services.
- Higher scores in reading and math.
- Reduced juvenile crime.
- A decrease in the numbers of adults supported by public assistance and receiving other social services.
- An increase in persons who own homes and a second car.

Each one of these benefits represents a real dollar savings. For example:

- \$1 spent on immunizations saves \$10 in childhood illness and death from illness.
- \$1 spent on voluntary home visits for pregnant mothers saves \$5.63 in obstetrical and pediatric costs.
- \$1 spent in quality preschool saves \$7.16 in later special education, crime, welfare and other costs.

In other words, every dollar invested in these programs represents a long term savings of many more dollars.

If government were a business, we would all probably agree that not making those investments would be irresponsible. That conclusion is leading states across our nation to increase their



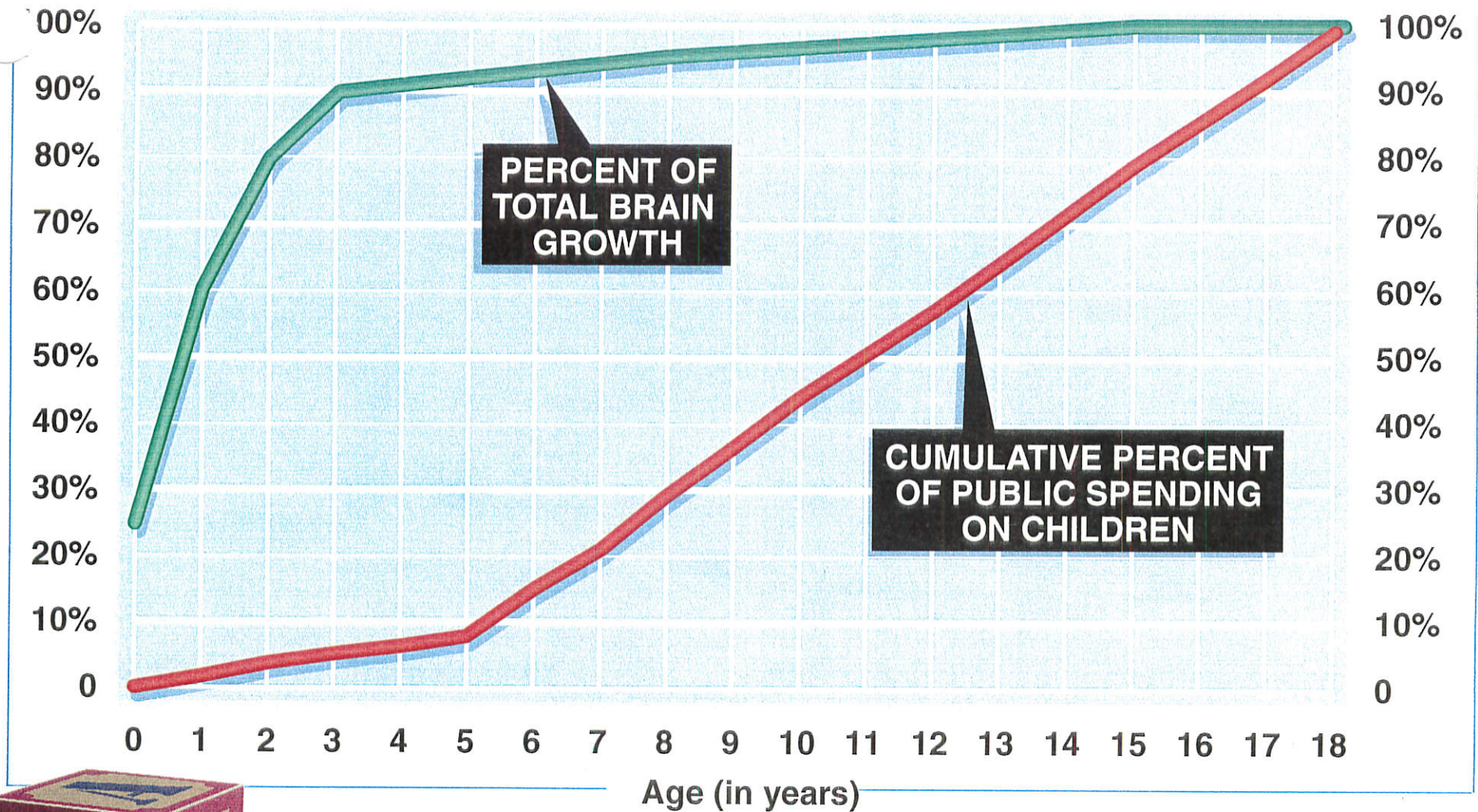
investment in early childhood. A partial list of those increases includes: \$170 million in Ohio, \$18 million in Arkansas, \$25 million in Washington, \$10 million in West Virginia, \$18 million in Arizona, \$13 million in Colorado, \$146 million in Florida, \$157 million in Georgia, \$10 million in Iowa, \$73 million in Kentucky. Is it good for our state to lag behind? Is it good for our economy?

Emily Dickinson wrote:

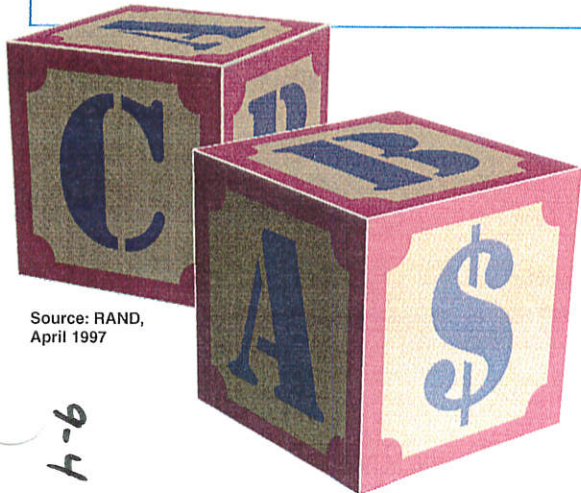
The brain is wider than the sky,  
For, put them side by side,  
The one the other will include  
With ease, and you beside.

The brain is deeper than the sea,  
For, hold them, blue to blue,  
The one the other will absorb,  
As sponges, buckets do.

Our children's brains have the potential to be, in Dickinson's words, wider than the sky and deeper than the sea. When we help our children fulfill that potential we are investing in their future--and in ours. We can--and should--make an investment in a comprehensive package of early childhood programs.



9-4



Source: RAND, April 1997

# Brain Growth versus Public Expenditures on Children Ages 0-18

4-6

Ft. Larned

SCHOOL DISTRICT OFFICE

PAWNEE COUNTY

120 East Sixth Street

OFFICE OF SUPERINTENDENT

Number 495

LARNED, KANSAS 67550

DR. RONALD L. WHITE

316-285-3185

*Appropriations  
2-9-98  
Attachment 10*

# Focus on Prevention: New Research on the Brain Highlights the Importance of the Early Years

This past April, President Clinton and the first lady hosted a symposium on children's brain development and the importance of a child's early years. The symposium was held in response to recent scientific research indicating that the critical stages of a child's brain development occur in the first few years of life. The research has shown that it is vital the child receive considerable stimulation during these years to ensure healthy development.

The implications of these findings are many. The quality of early child care programs takes on heightened importance. The violence and crime that plague environments in which many children grow up can no longer be ignored. Yet most importantly, parenting takes on a whole new significance. Not only does the research show that stressful incidents like physical or sexual abuse have an adverse effect on development, but that lack of stimulation, in the case of neglect, can have devastating effects on brain development and intelligence. According to a 1996 survey, 55% of confirmed cases of child maltreatment were neglect.<sup>1</sup>

Ronald Kotulak in his 1993 prize-winning series in the Chicago Tribune, "Unlocking the Mind," has documented many of these findings.<sup>2</sup> The following material highlights some of the studies in his account and discusses their implications with regard to policy and programs affecting children.

Research has shown that during the first few months after conception, brain nerve cells begin sending electrical messages to and from one another, making connections at a fervent rate. These connections establish the initial pathways the infant's brain will later use to detect voices, touch objects, and sense other environmental stimuli. However, these nerve connections are still very feeble when the child is born. It is the sensory experiences in the first couple of years that ingrain these pathways and profoundly shape the child's brain for life.<sup>3</sup> Three aspects of development rely on sensory stimulation: cognitive, emotional, and physical.

In terms of cognitive stimulation, a study done by William Greenough at the University of Illinois, Champaign-Urbana found on autopsy that rats exposed to an enriched environment full of toys, food, exercise devices, and playmates had superbrains. They had about 25% more connections between brain cells than rats raised in standard, dull laboratory cages. Studies also show that the IQ's of premature children or those born into poverty can be significantly increased by exposure to toys, language, appropriate parenting, and other stimuli.

This research implies that children benefit when parents challenge them cognitively at a very early age. Parents do this by talking to their children, reading with their children, and creating a stimulating play environment with bright colors, different textures, and interesting sounds and smells.

Healthy emotional development also is contingent on adequate stimulation. Dr. Ned Kalin, Chief of Psychiatry at the University of Wisconsin, Madison, found that rats when stressed during pregnancy have offspring that are very emotional and reactive. They are hyper-responsive to stress and their brains produce more adrenaline, a stress hormone. Neuroscientist

Bruce McEwen of Rockefeller University and others have found that with increased mothering behaviors, newborns grow up calm and ready to explore.

This research implies that parents need to provide a safe, calm, and nurturing environment for their children. Parents do this by bonding with their infants with eye contact and touch. Children also benefit from a stable and predictable environment—meals and bedtime at the same time each day, for example. And parents need to take care of their own emotional needs and monitor their own stress levels in order to be emotionally available for their children.

Physical stimulation also plays a key role in early brain development. Dr. Saul Schanberg of Duke University and Tiffany Field of the University of Miami noticed a lack of growth among premature infants in "do not touch" incubators. The doctors felt these children were so small that they should not be disturbed with touch. Yet no matter how well fed or medically cared for the children were, they struggled to survive. To understand this phenomenon, Schanberg and Field studied rats without physical stimulation from a caretaker and found that the baby rats had released stress hormones to decrease the body's need for nourishment and cause growth to cease. The animals' brains were responding to the absence of a caretaker by telling the baby rats' bodies to stop growing because they would not be cared for. Based on this information, when hospitals started to hold and rub the backs of the preemies, the infants began to grow and thrive. Their growth rates nearly doubled!

These findings suggest that children need abundant affection to ensure physical growth and development. Although this comes naturally to most parents, some might find providing affection difficult, particularly if they were not nurtured as children. Sometimes parents need to be made aware of the necessity of hugging and cuddling infants and children.

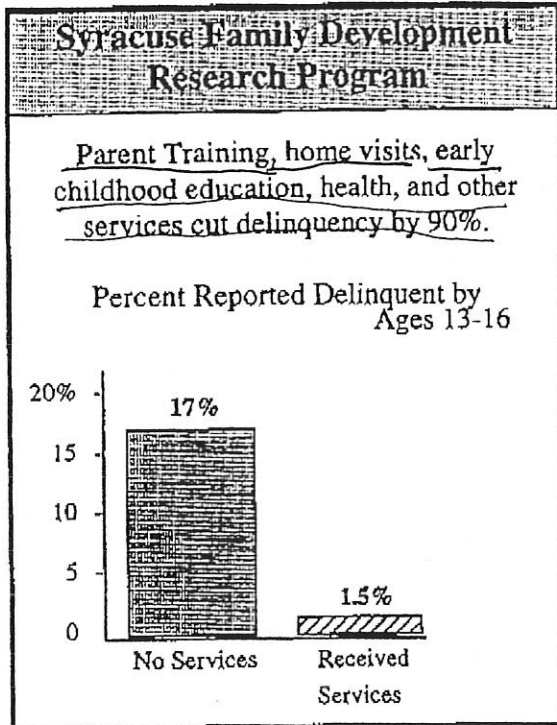
So what does this research mean for programs and policies affecting children? Clearly, focus must be placed on the early years and how society can support all new parents so they have the resources and knowledge to care for and nurture their children. NCPA's Healthy Families America initiative is realizing this goal. With over 200 sites around the country, the initiative seeks to enhance family functioning by providing intensive parenting education and support services, tailored to the specific needs of a family, and provided in the home. Research has consistently documented impressive outcomes for families enrolled in home visitor programs that are intensive, comprehensive, well integrated into other community services, and flexible in responding to families' needs. If you would like to help children get off to a healthy start, become involved with a Healthy Families America site in your community. Call 1-800-CHILDREN to find out how.

1. Lung, C.T. and Daro, D. (1996) *Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1996 Annual Fifty State Survey*. Chicago, IL... NCPA.

2. Kotulak, R. (1993) "Unlocking the Mind, A Prize-Winning Series from the Chicago Tribune."

3. Nash, M. (1997) "Fertile Minds," *Time Magazine*, February 3.

# Early Childhood Investments Cut Delinquency



The Syracuse University Family Development Research Program showed that delinquency was reduced by 91% when families were provided parent training home visits, early childhood education, nutritional, health, safety and other human services beginning prenatally and continuing until children reached elementary school age. Just ten years after the children began elementary school:

- Of those children who had received the services, only one had been charged with serious delinquency, and only 6% had even been reported "ungovernable" to juvenile authorities;
- Among those children "who had not" received the family development and early childhood services, nearly one in five had already been charged with offenses, including burglary, robbery, assault, and sexual assault. At age 15, nearly one in ten were already "chronic offenders."

Source: Ronald Lally, Peter L. Mangione, Alice S. Honig, and Donna S. Wittmer, "More Pride Less Delinquency: Findings from the Ten-Year Follow-up Study of the Syracuse University Family Developmental Research Program", in the Zero to Three Child Care Anthology, 1984-1992. (Arlington: Zero to Three, 1992), pp. 95-103. \*

10-4

### Number of children being raised by relatives with no parents present, 1989-1995 (in thousands)

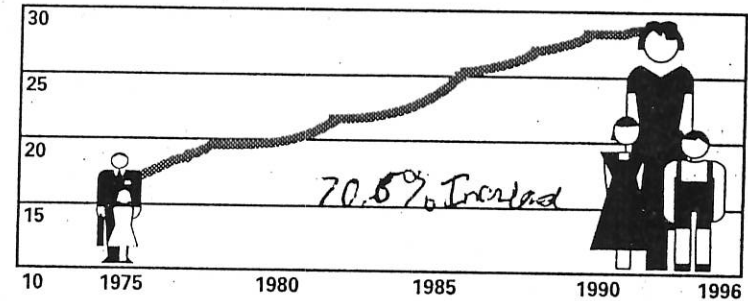
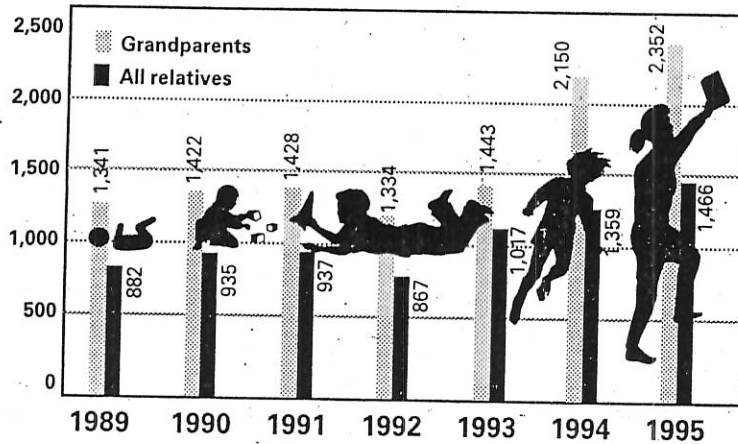
## FACT FILE

### Percent of families with children under 18 headed by single parent, 1975-1996

#### In Relatives' Care

The number of children living with relatives with no parent in the home grew 75 percent in the first half of the 1990s. The number of children living with grandparents with no parent present increased 66 percent during the same period.

Source: Children's Defense Fund, *The State of America's Children Yearbook*, 1997, p. 55.



The percentage of single-parent families with children has increased steadily, rising from 17 percent in 1975 to 29 percent in 1996.

Source: Annie E. Casey Foundation, "Kids Count Pocket Guide," 1997, p. 7.

h-01

## THE KANSAS PARENTS AS TEACHERS EVALUATION PROJECT

A study evaluating the effectiveness of the Kansas Parents as Teachers Program conducted by the Research and Training Associates of Overland Park was presented to the State Board of Education at the November Board Meeting. The study focused on the kindergarten experiences and performances of the children whose parents participated in the PAT program, and the parents' involvement in their children's schools and activities to support learning in the home. Seventeen school districts participated in the study including seven urban and suburban districts in the Kansas City PAT Consortium and 10 rural and small town districts in the Northeast Kansas Education Service Center Consortium. Approximately 400 parents and teachers were interviewed about the success of the PAT children in kindergarten. Children who did not receive PAT services were randomly selected as the control group.

According to Judy Pfannenstiel who conducted the study, "the results are very similar to the extensive evaluations of the Missouri PAT program". Pfannenstiel has participated in evaluations of the Missouri program which has been tracking the progress of children who received PAT services as far back as 1985.

In all areas assessed by their teachers, the Kansas PAT participant children were rated more highly than the comparison group. A higher proportion of PAT parents initiated contacts with teachers and took an active role in their child's schooling. Additional benefits of participating in PAT listed by the teachers and parents surveyed are:

- \* The achievement of children who participated in PAT is rated higher by their teachers in terms of how well the child feels he or she is doing in school. (when children feel good about their first experiences in school, they become enthusiastic learners)
- \* Children who participated in PAT tell or retell stories more frequently than do children who did not participate in PAT. (demonstrates child's ability to use verbal language, memory and socialization)
- \* Parents who participated in PAT report that they read to their child more frequently than do parents who did not participate in PAT. (research shows the best activity for preparing a child to read is to read to them)
- \* Parents who participated in PAT communicate more frequently with their child's teacher than do parents who did not participate in PAT. (parents' involvement and interest in the child's education is one of the strongest indicators for success in school)

These findings are compatible with the current brain research which stresses the importance of the experiences a child has during the first three to five years of life. Scientists are telling us that what happens in the early years makes a big difference in a child's brain development. Dr. Jeff Lichtman, director of the Neuroscience Graduate Program, Washington University School of Medicine, and professor of neurobiology, St. Louis Missouri says, "there are windows of opportunity when activity in the brain changes the circuitry of the nervous system in a permanent way, and the function of the brain as a consequence. If those windows are missed, wiring the brain for certain jobs may happen later on only with great difficulty or many never happen at all."

Summary of Findings

Are PAT children "ready" for school? Do PAT children attend preschool more frequently than those who do not participate in PAT? How does the achievement of PAT children compare to the achievement of children who did not participate in PAT? Is preschool attendance related to positive outcomes for children in kindergarten?

- Children who participated in PAT are significantly more likely to attend preschool than are children who did not participate in PAT. Only 17% of PAT children did not attend preschool compared to 25% of children who did not participate in PAT.
- The achievement of children who participated in PAT is rated higher by teachers in comparison to other children in the class.
- Children who participated in PAT are rated higher by their teachers in terms of how well the child feels she is doing in school.
- Parents who report that participation in the PAT program helped them to better understand how young children learn more frequently sent their child to preschool. Children who attended preschool are rated higher by their teachers in terms of how well they get along socially and are rated higher by their parents in terms of their sensitivity and respect for others. Parents of children who attended preschool read more frequently to their children at home and visit their child's kindergarten class more frequently. Children who attended preschool for longer periods of time are reported by their parents to write more frequently at home.

In what ways is participation in the PAT program (In terms of months of actual participation and frequency of home visits) related to children's readiness for school?

Children who participated for longer periods of time in PAT:

- Are rated higher by their teachers in terms of how well they are doing in kindergarten.
- Are rated higher by their parents in terms of how well they are doing in kindergarten.
- Are rated higher by their parents in terms of how well they feel they are doing in kindergarten.

Parents who participated for longer periods of time in PAT:

- Rate their child's overall kindergarten experience more positively.

Children who received more frequent PAT home visits:

- Are rated higher by their teachers in terms of how well they are doing in kindergarten.
- Are rated higher by their parents in terms of how well they are doing in kindergarten.



- Are rated higher by their teachers in comparison to the achievement of other children in their class.
- Are rated higher by their parents in terms of how well they feel they are doing in kindergarten.
- Are reported by their parents to write more frequently.
- Are reported by their parents to talk more frequently about daily events such as school experiences, family outings, or at home activities.

**Parents who received more frequent PAT home visits:**

- Rate the PAT program more positively for its contributions to their child's readiness for kindergarten.
- Rate the PAT program more positively for helping them to support their child's learning experiences in kindergarten.
- Rate the PAT program more positively for helping them understand how young children learn.

**How involved are PAT parents in their child's school compared to parents who did not participate in PAT?**

- Parents who participated in PAT communicate more frequently with their child's teacher than do parents who did not participate in PAT. Teacher reports also indicate that PAT parents initiate contacts with them more frequently throughout the year than parents who do not participate in PAT.
- Parents who participated in PAT report reading to their child more frequently than do parents who did not participate in PAT.
- Children who participated in PAT tell or retell stories more frequently than do children who did not participate in PAT.

Over one-third of parents who provided comments made statements about the program's importance, often by suggesting that PAT should serve families until children are five years of age. Parents said

[PAT service] should go to kindergarten age.

I was glad you had [questions about] Parents As Teachers.... I used to be a walking testimonial for the program.

I would like to see PAT mandated. I believe this program is more important than kindergarten.

Parents As Teachers was absolutely wonderful. It helped me to be an advocate [for my child].

I wish they could expand the program. My neighbor wants in. Every first time parent should have the opportunity. I wish there was more funding.

parent of a special needs child said

If we hadn't been enrolled in the program, I wouldn't have sought further evaluation [for my child].

### **Conclusion**

The results of this study replicate findings from a number of studies of PAT in Missouri and nationwide which indicate that participation in Parents as Teachers (1) assists parents in becoming the first and most important teachers of their children, (2) encourages activities in the home that support early literacy development, (3) promotes school readiness, and (4) promotes greater parental involvement in schools when children are of school age.

information about the Quality Child Care Conference at the White House  
<http://www.whitehouse.gov/WH/New/Childcare/>.

**Parenting Press** <http://www.parentbooks.com>  
**Child Development Media, Inc.** [www.childdevmedia.com](http://www.childdevmedia.com)

**Strong Schools** <http://www.ed.gov/Family/agbts>  
Tel 1-800-USA-LEARN

**America Reads Challenge** <http://www.ed.gov/inits/americanreads>

**good library sites:**

**Kansas State Library** [http://skyways.lib.ks.us/kansas/KSL/Ref/ksl\\_ref.html](http://skyways.lib.ks.us/kansas/KSL/Ref/ksl_ref.html) (offers legislative information, KS Gov. publications, demographics, bibliographies, info. packs etc.) Tel. 785-296-3296 Legislative ref. 785-296-2149 E-mail [refmail@ink.org](mailto:refmail@ink.org)

**New York Public Library** <http://www.nypl.org>

**WHAT DOES BRAIN RESEARCH MEAN TO OUR FAMILIES**

★ I saw an excellent article and a TV special about parents' reaction to the brain research. Both, highlighted the importance of interacting with children and not trying to enhance their intelligence by providing expensive equipment. The best and most stimulating play thing for children is still their parents. Encourage the parents to talk, read and sing to children, share activities and experiences with them, avoid the television, and respond appropriately to their curiosity and delight in their world. Flash cards, structured games and mind exercises are not necessary. Love, interaction, gentleness, kindness, and routines are necessary. Actually, the "new" information is just confirming what we are already teaching.

**MARCH OF DIMES \$\$**

Jo McKinley, the state director of the March of Dimes Birth Defects Foundation and Lee Ann Hinson, formerly from MO and now from Manhattan met with me to discuss the interaction of the March of Dimes and PAT. They have excellent information about prenatal care which they are willing to share with us. Contact your local March of Dimes representative or call Jo McKinsley at 785-266-2255 for brochures, training and information on ways to collaborate.

There is a grant available called the Joe L. Ault Memorial March of Dimes Educational Fund which focuses on community services and education. Priorities are innovative approaches to enrolling and maintaining pregnant women in early prenatal care and through the infant's first year of life, innovative approaches to the prevention of substance use during pregnancy, education programs that promote lifestyle behaviors that provide a positive influence on pregnancy, early child development and risk-reducing behaviors, support systems for infants less than one year of age with birth defects and or developmental delays, and their families.

Grants are intended for activities to be completed prior to Dec. 31, 1998. They will be awarded to (or through) March of Dimes chapters and divisions. The grants require a \$ for \$ match. The grants have averaged \$2500 in the past. Due date is August 31, 1998. For more information contact Cynthia Scott, Regional Program Director at (972) 490-0072 or call your local March of Dimes Chapter. I have a faxed copy of the RFP which I will fax upon request or you may receive a copy by calling the local March of Dimes office.

I support the Comprehensive Early Childhood Education Plan & I have first hand experience with the Parents as Teachers program.

My name is Darrin Cox. I am from Hutchinson and I thank you for allowing me to speak today.

January 26, 1996 was the day my son Jeremy was born. On that day, my wife Lois and I entered the world of parenthood. While in our Lamaze and pre-natal classes we heard of a program that actually brings a teaching professional in our home, where we are free to ask questions. The whole concept was to give us ideas and direction on our child's development. It sounded good but we had no idea how beneficial the program would become to us. I remember the day our parent educator came for our first visit. She had handouts what to expect from our then 2-month-old son, exercises for our new baby, but the best thing she brought that day was knowledge. We had an expert in our house that gave us her undivided attention and answered most if not all of our questions. Maybe it was not what we were looking for, but WE HAD AN ANSWER. We would not have had these things if the PAT program did not exist. Lois and I are always very appreciative of Dorothy and the PAT program, but the true beneficiary is Jeremy. When Dorothy comes over, he just beams with excitement. After we tell him she is coming, he spends the remaining time until her arrival scampering throughout the house picking books and toys that he plans to show Dorothy. The first thing they do is hurry back to the family room where the show begins. After a few minutes of show and tell, Dorothy begins to unveil some of her treasures she has brought. All are fun yet all are educational. Whether it is a puzzle or blocks to stack, Jeremy has fun and learns at the same time.

Aside from teaching us about different ways to teach Jeremy, the PAT program is a great resource center in itself. PAT offers everything from classes about parenting or toilet teaching to seminars on finding the right childcare facility. These classes not only help us, but they help all who are involved. They teach our children to be responsible, self-confident and provide them with good problem solving skills. PAT is helping us to be better parents so our children will be better children. On occasion at evening playgroup, they have specialists from different fields visit. One night they might have a nutritionist, the next a language specialist. These professionals

*Appropriations  
2-9-98  
Attachment 11*

mingle and watch the kids then talk to the parents to alert them of potential problem areas or let them know that their child is normal and just perfect as mom and dad had suspected.

I have told you how Jeremy loves the PAT program, now I would like to say a few words about how Lois and I feel about Parents as Teachers.

The instant Jeremy was born we were committed to his upbringing and doing everything we could to assure he has all of the tools necessary to have a life filled with success. We feel we are teaching him many things that will benefit him not only now but when he begins attending school. We like to say we are teaching him to learn. PAT has taught us that children learn in so many ways, through activities that look like play to us. We have realized Jeremy can learn from every minute of activity we participate in together. It is so rewarding to enter a room and see him with a book, reading and absorbing all that he sees. When he is done, he runs over to show you what he has just discovered. That alone tells me he enjoys learning. I contribute a lot of that to the Parents as Teachers program and Dorothy Showalter. Combined they are two critical tools we as parents need to give our children the jump on learning that they need to succeed.

In closing, I would to thank you again for this opportunity to speak. Please lend your support to the Comprehensive Early Childhood Education Plan.

**House Appropriation Committee  
Early Childhood Development  
February 9, 1998**

**Presenter: Elaine Welch  
Healthy Start Home Visitor  
Pawnee County Health Department  
Box 150  
715 Broadway  
Larned KS 67550**

**316-285-6963  
Fax: 316-285-3246**

My name is Elaine Welch and I am the Healthy Start Home Visitor for the Pawnee County Health Department, located in Larned. I have been the Healthy Start Visitor for five years. Being a parent, grandparent, and a former day care provider, prior to becoming the Healthy Start Visitor, provided me with hands on experience, common sense, and knowledge that I share with pregnant women and families.

I am supervised by a registered nurse who is available for consultations and support on a daily basis. My training included studying the Healthy Start manual which provides guidance and support materials for the clients, visiting with the local doctors and area pediatricians about the program, and in turn providing feedback to me on how **they** wanted the Healthy Start program to reinforce their recommendations to pregnant women, infants and families. In addition I received training at the hospital where the majority of the infants are delivered in our area and have official hospital visiting privileges. Healthy Start Visitors are required to attend two days of orientation provided by the State Health Department. Other required training includes attendance at quarterly in-services along with training and supervision received on a regular basis from the Pawnee County Health Department. The Healthy Start program, being a part of the local health department, allows this program instant access to other services available to pregnant women and families. These include WIC, Maternal and Infant prenatal care, immunizations, nursing health assessments, Expectant Parent Classes and a variety of other programs. The expertise of nurses, nutritionist, and social workers are available at the health department where my office is located.

✓ Gifts from the local retail establishments are given to our Healthy Start clients. We receive gifts and educational materials from the local pharmacies, infant companies, State agencies, and the local hospital auxiliary, just to mention a few. This has all been made possible because I have personally contacted these organizations and companies requesting their support of the Healthy Start program.

✓ What I like about Healthy Start is the availability of the program to **all** families. I emphasize all families, because there are no income eligibility requirements to qualify for the program. Our goal is to reach every pregnant woman and family in Pawnee County. The **three key factors** of the Healthy Start program are **support, education, and referral**. I have been welcomed into doctor's and nurses homes. No one has ever refused my Healthy Start Home visit. My visits are made when it is convenient for the families, whether that be in the evening, during the day, or on week-ends. Once the word got out about the program I started receiving phone calls from pregnant women asking why I had not come and seen them yet. Contact is made with the hospital daily to get a county birth report and once I know I have a baby and mother to visit, I am on the road to the hospital.

Now, I am going to tell you in more detail how the Healthy Start Home Visitor program works. I will share several examples of the programs impact on the lives of pregnant women and families in our community, using the three key factors: **support, education, and referral**.

A referral from a Healthy Start Visitor in another county told me there was a woman who recently delivered and moved to Pawnee County. Would I continue Healthy Start services for her which had been initiated in this other county? The client had a newborn and a preschool age child. On my home visit I explained the services available through the health department such as: immunizations, the availability of infant scales for weighing, WIC, and discussed other community resources. Information about Parents as Teachers (PAT) program was provided. With her permission, I contacted Parents as Teachers, who in turn made a home visit, finding the older child would benefit from Head Start. Through the Healthy Start program you can see where we

were able to network with two other programs which in turn benefited the newborn infant and the preschool age child.

A second case involved a woman referred from the Sunrise half-way house, a facility for recovering alcohol and drug addicts, located in Larned. She came to the health department for a pregnancy test. With the results being positive she was referred to the Healthy Start program after her education session with the nurse. I then continued the process of providing information about infant care, breast-feeding, nutrition, and the importance of consistent and early prenatal care with her physician.

During my subsequent visits, as her pregnancy progressed, we talked about her many concerns, her past history of drug problems, depression, inexperience with basic infant care and the lack of necessary supplies for taking care of an infant. She did not have resources for infant clothes or a crib. She lived in a small one room apartment. Because of no local family for support, I listened like a mother.

Late in her pregnancy, lacking transportation, she had no means of securing the necessary supplies for the arrival of the infant. Through the Healthy Start program networking with several local churches and a former client, the necessary baby items, like a crib, mattress, bedding, infant clothing and a car seat were gathered and delivered to her.

After the birth of the baby I called for my daily birth report at the hospital and was advised this client's newborn needed to be transported to Wichita by Life Watch. In talking to the client I could tell she was upset, and, she was alone. My offer to come and be with her during this crisis was accepted and welcomed. Because I had toured the Neonatal Intensive Care Unit at Wesley hospital as part of my training as a Healthy Start Visitor, I was prepared to share with the client the services available at Wesley hospital for the baby and her. This information provided some comfort and relief of her anxiety during this crisis.

I am pleased to report the baby is home. They have moved into a larger apartment and continue to receive Healthy Start Home Visits as a follow-up. The program provides follow-up through the first year of life and will continue visits even after he turns 12 months old, if needed.



My final example takes me back to my first week on the job. One week into my new job as a Healthy Start Visitor I received a phone call at home telling me of an infant that had died of Sudden Infant Death Syndrome at a day care providers home. Reporting to work the next day I consulted my administrator for information on Sudden Infant Death Syndrome. After reviewing the information on file in our office, and knowing the importance of giving correct information and support, I contacted the National SID's Foundation for resource material and guidance. They in turn put me in touch with the Kansas Affiliate Chapter of SIDS, a closer resource. Prepared with information and guidance from my supervisors and the SID's organization, several home visits were made to these families offering information, support, and comfort.

In the next fifteen months our county had two more Sudden Infant Deaths (SIDS). This may not be something every Healthy Start Home Visitor will experience in their job, but in a small rural community, seldom do we have the availability of support groups needed for such crisis. So, we identified our Healthy Start program to be the appropriate resource for information and support for these families. Life does not always assure a happy ending to the birth of a baby. The Healthy Start Home visitors have to be prepared for all circumstances.

✓ In summary, the Healthy Start program is for every pregnant woman and family who are from all walks of life. We emphasize to pregnant teens the importance of staying in school and practicing good health habits leading to the healthy outcome for both mother and infant.

As we continue our mission of **support, education, and referral**, we would encourage you to **preserve** and **enhance** the necessary funding for the programs providing early childhood development.

Thank you for the opportunity to speak with this committee about the importance of early childhood development services for families in rural communities. This concludes my talk and I would be happy to answer questions. Thank you.

## HEALTHY FAMILIES

My name is Linda Ochs and I am a Program Coordinator for Heartland Healthy Families in Salina and Saline County. Our program is a collaboration between the Salina/Saline County Health Department and Early Head Start. We are one of five Healthy Families Kansas sites and have been in operation for 2 years. Other sites are Topeka, Hutchinson (including Reno County), Project Before in Southeast Kansas (serving Crawford, Cherokee, Labette and Montgomery Counties) and a site just beginning in Wichita. Our programs have been funded through grants and many of these grants are coming to an end. Some of the grants currently funding these programs are from the United Methodist Health Ministry Fund/Kansas Health Foundation, Federal Abandoned Infants Assistance Grant, Safe & Drug Free Schools & Communities Grants administered through the Attorney General's Office, SRS Family Preservation Support Program, Salina Regional Health Foundation and Federal Head Start.

Healthy Families Kansas serve overburdened families with children ages 0-3 or 0-5. Families are assigned a visitor or consultant and receive weekly home visits. Building on the strengths of the families, the consultants or visitors provide information on community resources, child development, parenting skills, health and nutrition, safety, and other topics as needed. The consultants also provide support to the families by listening and being available on a flexible basis. The consultants follow curricula based on appropriate developmental skills of the target child. Due to the intensity of services needed by these over-burdened families caseloads must remain at about 15-20 families per visitor or consultant.

All Healthy Families Kansas sites follow goals set by Healthy Families America which is a program of the National Committee to Prevent Child Abuse. These goals are:

- To systematically assess families' strengths and needs and refer to community resources as needed.
- To enhance family functioning by teaching problem solving skills and improving the family's support system.
- To promote positive parent-child interaction.
- To promote healthy childhood growth and development.

All five sites also follow 12 critical elements established by Healthy Families America. These critical elements allow for communities to tailor the program to their needs while basic program concepts are maintained consistently throughout the country.

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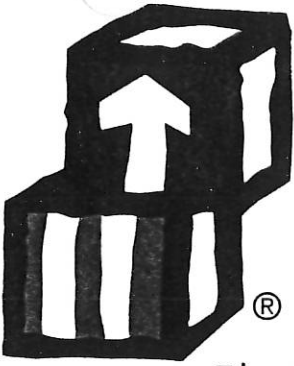
What have we accomplished since Healthy Families began in Kansas 2 years ago?

- ✱ 650 families have been served.
- ✱ Families show a decrease of changeable risk factors. Child abuse and/or neglect confirmations run less than 5% among program participants.
- ✱ Parents show increased knowledge of child development and appropriate parental expectations of child behavior.
- ✱ 100% of children have a health care provider.
- ✱ Over 80% of children are up to date on immunizations.
- ✱ Families show a decrease in unintended repeat pregnancy rates.
- ✱ Families show a decrease in arrests for parents.
- ✱ Families show an increase in school attendance and/or employment by parents.

I would like to share about a couple of our families. When we first went to one young mother's apartment she was afraid to let us in. She had been recently arrested for drug possession. Her consultant earned her trust by accompanying her to appointments with her probation officer and encouraging her to complete her court obligations. She has paid her fines, completed probation and is now working. She has told her consultant she loves being a parent and enjoys using the activities from the program to help her daughter grow and develop. Another young mother has been in our program for just over 1 year. When we first met her she had just delivered her second child and was living with her grandmother. The children's father was in jail. Her consultant helped her obtain housing, helped her enroll in college and has given her ongoing encouragement during visits. She is attending college and has successfully completed her first semester. She discovered a love for writing and hopes to use that talent in her career. Her children are developing appropriately and she reports she feels much more confident in her parenting abilities.

It is my belief Healthy Families Kansas is prevention at its best. By starting at birth we are able to intervene before over-burdened families become lost in the welfare, child protection and legal systems.

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Community Action

# HEAD START® PROGRAM

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First let me thank Chairman Kline and the committee for arranging this opportunity to testify before you today.

My name is Terry Lower and I am the Director of Community Action Head Start here in Topeka. I am here today to testify about Early Head Start.

According to the 1990 census there were over 195,000 children under the age of five in Kansas. Some of these children are born into families that are economically independent, but some are born into families that are financially challenged; some are born into extended families with lots of support, but some are born to families that don't know anyone else in the community; some attend a quality child care center or home, but some are left with folks who make minimal efforts at attending to the child's needs; some are born into families that have a stimulating home environment with someone whose main concern is the development of that child, but others are born into families where the main concern might be what will we eat, how will I pay the heating bill, or, where will we sleep this evening.

Of those 195,000+ children, 18,000 were low-income children under the age of three years. This is the population Early Head Start would serve with its home visitation services. The U.S. Government Accounting Office reports that clients receiving home visitation services, compared to those not receiving the services, have fewer low birth weight babies and fewer reported cases of child abuse and neglect, and have higher rates of child immunizations and age appropriate child development. Longitudinal studies have confirmed that families receiving home visitation services exhibited lasting positive outcomes, including less welfare dependency, greater family stability, and increased self-sufficiency. This information, coupled with the recent brain research that indicates that "learning" begins long before a child enters a formal educational setting, is compelling evidence that Early Head Start could make a difference.



A Program of Community Action, Inc.

*Appropriations  
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Attachment '4*

Currently in Kansas there are three Early head Start Programs: Salina which serves 75 families, Wichita which serves 75 families, and Kansas City which serves 150 families. Each of these Early Head Start Programs is designed by the community it serves, which is one of the unique features of Early Head Start. Each program may be different in many small ways but all of them follow these four cornerstones of Early Head Start:

Child development-which covers health, nutrition, safety, and education.

Family development-which includes goal setting, education, and support.

Community involvement-which includes collaboration between agencies, and transition from one service to another.

Staff development-which allows for opportunities for continuing education.

Here in Shawnee County we have applied for an Early Head Start grant from the Federal government. One of the unique features of our grant is the use of an Assessment Coordinator and Review Committee to help determine what program would best serve a family's needs. Members of the Committee would come from the local Interagency Coordinating Council which serves children from 0-3 with special needs, Topeka Association for Retarded Citizens, Parents as Teachers, Healthy Families, Maternal and Infant Health, the Neonatal Intensive Care Units, and others, thereby supporting community collaborations. Our program would serve 96 families with eight home visitors. Each home visitor would serve twelve families, allowing them the time for 2-4 monthly home visits per family lasting at least 90 minutes, as well as 2 monthly group meetings lasting about 90 minutes. This case load size would allow the home visitor to maintain a relationship with the family and better enable them to help the family meet their goals.

The Governor's proposal includes a provision to work with child care providers to increase the quality of care which will allow the services to reach additional children. For instance, if a provider was serving a child in Early Head Start and receiving the benefits of the training provided, other children in that providers care, although not enrolled in Early Head Start, would receive the benefits from the expanded knowledge of the provider.

Early Head Start strengthens the child and family receiving services, strengthens collaborations within the community, and with training, it also strengthens the staff.

Again, thank you for the opportunity to testify before you today.

February 9, 1998

Dear Mr Chairman and Member of the Appropriations Committee:

My name is Linda Gardner and I wanted to take this opportunity today to tell you about my Granddaughter, Savannah, whom we have chosen to raise. Savannah is two and one half years old and has been diagnosed with Autism. I brought her picture for you as it would be very difficult for Savannah to have come with me today.

I wanted to share with you about what the Shawnee County Infant Toddler Services have meant to Savannah and my family. Savannah receives services from TARC where she attends a classroom two mornings a week. In addition, we receive home visits from Savannah's teacher, who is our Family Service Coordinator. Savannah also receives Physical Therapy, Occupational Therapy, Speech and Language Therapy as well as her Early Intervention from the Early Childhood teacher.

Infant Toddler Services, specifically TARC, has been very important to us as we made the decision to raise Savannah, and I wanted to take this opportunity to encourage you to support the requested increases in funding so they can continue to provide these vital services for families.

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(16)

# • MAKE A • Difference



TESTIMONY BEFORE HOUSE APPROPRIATIONS COMMITTEE  
EARLY INTERVENTION - February 9, 1998

Mr. Chairman and members of the committee, thank you for this opportunity to appear before you. My name is Doug Bowman, and I am staff to the KS Interagency Coordinating Council. We have as our statutory mission to advise and assist all of state government in matters pertaining to pre-school children with developmental disabilities.

The Infant-Toddler program can be found as a line-item within the KS Department of Health and Environment budget. In reality, the program is a collaborative effort by many entities to serve families consisting of a child aged birth to two years with a disability. The nature of this collaboration requires that all early childhood programs receive adequate funding. In order to for our efforts to succeed, we require the meaningful contributions of government at all levels (federal, state, and local) as well as the private sector.

These voluntary services are provided in a manner determined by an individualized family service plan (IFSP). Families help decide what specific services will be provided by which professionals in what natural setting. The role of the family is also integral in decision-making, the actual delivery of services, and the setting of goals.

Over the last five years, the number of children served by this program has doubled. At the same time, state general fund support in the KDHE budget has remained constant. This is a good time to correct that unfortunate situation. Without greater support from the state, local networks will continue to struggle to meet the legal obligation of serving all children who meet eligibility requirements. We may even have local lead agencies reconsider their role in the system.

Recent research in brain development leaves little doubt about the efficacy of investing our resources in early intervention services. The sooner we identify a developmental delay or disability and deliver quality intervention services, the greater the likelihood of mitigating the impact of that disability on the child's future. Today's investment will surely save us money tomorrow.

I will gladly answer questions now, or later as you decide this budget. For now, I want to give more time to the families who can tell you of the significant difference this program makes in the lives of real Kansans. Thank you for your consideration.

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## Kansas - Our State's Commitment to Infants and Toddlers with Special Needs

**The Coordinating Council on Early Childhood Developmental Services requests additional funding of \$2,200,000 of State General Funds for Infant-Toddler Services. (Current level of funding for this program is \$496,000.) The following information is provided as supporting documentation for this request.**

**Background:** With the passage of Part H (PL 99-457) of the Individuals with Disabilities Education Act (IDEA) (1986), and Part C of the Re-authorization of the Individuals with Disabilities Education Act (IDEA-R) (1997), Congress gave states an opportunity to develop a system of coordinated, comprehensive, multi-disciplinary, interagency programs of services for infants and toddlers with disabilities and developmental delays and their families. In 1987, the Kansas Department of Health and Environment was designated as lead agency to administer early intervention services in Kansas. Federal money was made available to design and implement the Infant-Toddler Program.

The Coordinating Council on Early Childhood Developmental Services (CCECDs) was formed to advise and assist the lead agency in carrying out Part C of IDEA. Members of the CCECDs are appointed by the governor. The membership includes parents of children with disabilities, public or private providers of early intervention services, representatives of the State legislature, a person involved in personnel preparation, agency heads, a representative from the Kansas Insurance Department, and public members at large.

**Guiding Principles:** The benefits of early intervention services have been clearly demonstrated. The earlier intervention is started, the greater is the ultimate dollar savings, the higher the rate of educational attainment for children with disabilities, and the sooner the child and family benefit from the child's enhanced quality of life. Principles used to guide the system's development and implementation include:

1. The family is the most influential factor in a child's life.
2. The family is the most knowledgeable about their child's and family's needs.
3. All children with disabilities should have the opportunity to achieve their maximum potential.
4. All children should be checked periodically to be assured they are growing and developing normally.
5. Child and family needs change rapidly during the child's first three years; therefore, services should be flexible.
6. For services to be most effective, they must be individualized to meet the needs of child and family.
7. The local community is the preferred place for a child and family to receive needed services.
8. A child with a disability should be served in natural environments, including the home and community settings in which children without disabilities participate, to the maximum extent appropriate to meet the needs of the child.
9. No one agency or program can offer the full array of early intervention services a child and family may need.
10. Comprehensive services can be achieved through coordinated efforts by various disciplines from multiple agencies. *Procedure Manual for Infant-Toddler Services in Kansas - Revised August 1997*

**Development of System in Kansas:** From its very beginning, the Kansas service system has placed top priority on services that are family guided, responsive to community identified needs, and reflective of private and public partnerships at the local and state level. Seven pilot community projects paved the way for a state-wide interagency service system now comprised of 37 community networks. These networks, guided by community selected coordinating councils, are responsible for conducting child find activities, determining eligibility for early intervention services, and assuring that eligible children have access to the early intervention services they need, including assistive technology, audiology, family training, counseling and home visits, health services, medical services (for purposes of diagnosis or evaluation), nursing, occupational therapy, physical therapy, psychological services, service coordination services, social work services, special instruction, speech-language pathology, transportation and vision services.



**Financing of Services:** Law mandates that federal funds and state general funds must not be used to supplant money from other public or private sources already committed to serving this population. Federal law specifies which components of the early intervention service system must be available at no cost to parents. Kansas has adopted the policy that all early intervention services will be provided at no cost to parents.

Part C of IDEA-R funds from the Federal grant program were initially used to develop the system of early intervention services in Kansas. Kansas State general funds of \$247,500 were first appropriated to help support the infant/toddler service delivery system in FY '93. State general funds were increased to \$496,000 the following year (FY '94) and have remained at this level since that time, even though the number of children served through this program has almost doubled during that same time span. The annual December 1 count reflects the actual number of children who are enrolled in services on that date. The following figures show the KDHE tabulated December 1 child counts submitted by community networks.

December 1, 1992	853
December 1, 1993	1,005
December 1, 1994	1,200
December 1, 1995	1,429
December 1, 1996	1,492
December 1, 1997	<u>1,628</u> (35 out of 37 networks reporting)

Community networks also annually submit cumulative counts of children who received services at some point during the previous fiscal year. The Kansas Department of Health and Environment reports a cumulative count of over 3,000 infants and toddlers who received early intervention services from July 1, 1996 through June 30, 1997.

**Justification for Request for Additional Funds:** The network of supports has grown significantly since the beginning of infant-toddler services in Kansas. As a result of the commitment of K.D.H.E. to maintain control and decision making at the local level, communities have invested a great deal of time and resources. The system is stronger because of this local ownership. Investing in young children has proven to be cost effective. Early intervention increases the likelihood that children with identified developmental delays or disabilities will become productive, tax paying citizens as they approach adulthood. The economic self-sufficiency and well-being of families is enhanced as well when they are supported in their role as care givers.

Although convinced of the efficacy of early intervention, many communities are struggling to provide the mandated cadre of early intervention services for eligible infants and toddlers and their families. Allocation of Part C funds is determined by a formula mix of live births for service area and actual count of children in services. Some of the smaller networks receive as little as \$10,000 through KDHE to serve the children in their designated area. Even when coupled with other available funding, the costs of providing an effective service delivery system is hobbled by meager resources. Larger networks struggle as well, as a result of fierce competition for available dollars. Networks across the state share the frustration of rising expectations from the public and from funding sources, increased numbers of children with identified service needs, and inadequate monetary support to meet the challenges with which they are confronted.

Public schools serving children ages three through five with special needs receive \$1,835 per child in state equalization funds to support the cost of services. KDHE state funds available for children under three are \$496,000 in state general funds, which, based on the December 1, 1996 child count, averages only \$322 per child (17.5% of the amount available for three through five year olds). Yet the service intensity needed for infants and toddlers is just as great, especially when coupled with the significant needs of the family during the child's most formative years. The \$2,200,000 requested increase in state general funds will bring the total SGF line item for Infant-Toddler Services to \$2,700,000. This amount (\$2,700,000) will provide funding for each infant and toddler that approximates the \$1,835 funding currently available for three through five year olds (\$1,800 per child for 1,500 children birth through two is \$2,700,000).

**TODDLERS AND INFANTS IN KANSAS NEED YOU (tiny-k). On behalf of these vulnerable children and their families, we ask that you respond positively to this request for additional funding of \$2,200,000 of State General Funds to KDHE's budget for Infant-Toddler Services.**

Coordinating Council on Early Childhood Developmental Services - January 29, 1998



**Kansas  
Children's  
Service League**

**Testimony before House Appropriations  
Prevention Programs**

**Kansas Children's Service League  
February 9, 1998**

**Kansas Children's Service League (KCSL)** a statewide, private, not-for-profit agency, founded in 1893 and dedicated to children and families. In keeping with our tradition of supporting children and their families before a crisis occurs, our organization merged with the Kansas Child Abuse Prevention Council in 1994. Their mission aimed at preventing child abuse and neglect, added an important dimension to the work of Kansas Children's Service League. As an experienced leader in child welfare, KCSL provides a continuum of programs and services, advocates for children, and collaborates with other public and private agencies to increase effectiveness and promote efficiency and quality. Services and advocacy efforts focus on:

**> Preventing Child Abuse and Family Crisis**— Strengthening families has proven to be a key element in preventing child abuse and neglect, as well as teen pregnancy and substance abuse. Providing needed supports sets the stage for children and their families to achieve future success. To achieve this, KCSL provides a variety of family services, based on family needs and existing strengths.

**> Providing Safe Homes for Children in Crisis**— When circumstances make it impossible for the child to safely remain at home, services must be immediately in place to care for the child. KCSL services provide a safe haven as well as address the child's emotional, physical and practical needs during the time of crisis.

**> Establishing Permanent Homes**— Children need the security of a permanent family. KCSL advocates keeping children with their own families, when the child can do so safely. However, if it is determined that a child cannot remain with their families, KCSL is dedicated to ensuring a child moves to a permanent home as soon as possible.

**> Advocacy**— Knowing the needs of children creates an obligation to take what we know and place it in the hands of decision makers who determine laws and policies that will impact them. KCSL has a rich history of working with policy makers and community leaders in developing those laws policies.

Clearly, we **represent a group of special interest, NOT a special interest group.** At KCSL we see the effects of the lack of support for our children and families everyday as children who have been victims of child abuse, drug abuse, neglect, & poverty walk through our front doors. This state should be proud of the many reform efforts they have put into place to improve the system of care, and for the foundation they have provided. And this year we have an opportunity to do more.

Prevention efforts, particularly those aimed at supporting parents and preventing child abuse and neglect, must continue to receive our attention. The question should not be "Should the state increase its investment in prevention based programs?", the question should be "Where should the investment be?"

Without continued investments aimed at slowing down the front door into our state system even the most well defined and accountable system will again outgrow itself and risk collapse. To that

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EMERGENCY  
CHILDREN'S SHELTER  
802 BUCHANAN  
TOPEKA, KS 66606  
913-232-8282  
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**OTHER LOCATIONS**

CIMARRON  
CLAY CENTER  
CONCORDIA  
DEERFIELD  
GARDEN CITY  
HUGOTON  
HUTCHINSON  
JUNCTION CITY  
KANSAS CITY  
LEOTTI  
LIBERAL  
MANHATTAN  
MANTER  
MARYSVILLE  
SALINA  
SATANTA  
SCOTT CITY  
ULYSSES  
WICHITA



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end, we hope in your deliberations around *where* to invest additional dollars you consider the following:

- The opportunity to invest in prevention programs is timely given the major changes in the child welfare system and the economic health of the state.
- Programs should reflect the needs of children and families and should focus on their strengths.
- Families must be ensured of a range of choices and believe that indeed they have that choice.
- The state should provide incentives for communities to also increase their investment in prevention programs.
- Programs must be outcome driven.
- The earlier the investment, the greater the pay off.

With that in mind KCSL will focus our resources and energies on:

- Expanding Healthy Start
- Children's Health Care
- Creating a pool of funding within the already existing Children's Trust Fund to allow communities to apply for funding, with a community match, to develop Healthy Families like programming.

We look forward to working with you and to seeing the dividends your investments early in the life of a child make.

**Presented by: Melissa L. Ness JD, MSW**  
**Director of Public Policy, Training, Legal**



# KANSAS CHILDREN'S SERVICE LEAGUE

## 1998 Legislative Priorities

*To protect and promote the well-being of all Kansas children by strengthening the quality of their family life through the provision of prevention, early intervention, treatment, advocacy, and placement services.*

---

### ▼ Prevention & Early Intervention Resources

#### Invest new state funds in supportive parent education programs, such as Healthy Families, Healthy Start, and Parents as Teachers

- *Current activities include:* discussions with the Governor's office regarding funding recommendations for these programs in the Governor's Budget; obtained funding commitment to develop an information and action "summit" on children's health insurance; work with KCSL Program and Development toward expanding the Healthy Families program; discussions with representatives of the Department of Health & Environment, the Board of Education and others regarding service expansion and adequate funding for these programs; and compilation of program outcomes and justification data
- *Partners & collaborations include:* Children's Coalition, Kansas Action for Children, Heartland Healthy Families (Salina) and Project Before (Southeast Kansas)

#### Implement the teen pregnancy prevention recommendations of the state Statutory rape, Teen pregnancy, and Out-of-wedlock birth Prevention (STOP) Task Force and allocate increased resources to reduce teen pregnancy in Kansas.

- *Current activities include:* KCSL representation on the STOP Task Force; KCSL Teen Pregnancy Prevention Media Campaign (Topeka & Junction City movie theaters); research on teen pregnancy prevention efforts across the nation; working with the March of Dimes, the Department of Social and Rehabilitation Services (SRS), and other pertinent entities to expand teen pregnancy prevention initiatives in Kansas; and teen focus groups assisting in media ad development
- *Partners & collaborations include:* the state STOP Task Force, March of Dimes, Children's Coalition, SRS, KDHE, and local teen pregnancy prevention groups

### ▼ Health Care

#### Provide access to comprehensive, age-appropriate health care benefits for Kansas children, including prevention, vision, dental, hearing, pharmaceutical, and mental health services children need.

- *Current activities include:* KCSL representation on the Insurance Commissioner's Children's Health Insurance Action Group, preparing recommendations for the state's Children's Health Insurance Program (CHIP); obtained funding commitment to plan participation in legislative hearings; and research on programs outside of Kansas and coverage guidelines from the American Academy of Pediatrics
- *Partners & collaborations include:* United Methodist Health Ministries, Children's Coalition, Children's Alliance, Kansas Action for Children

▼ Juvenile Justice Reform

□ **Assure appropriate and effective legal representation of children in the judicial system.**

- *Current activities include:* initiating dialogue with Kansas Legal Services and other allies to explore the possibility of creating a statewide Guardian Ad Litem office; conducting research on Guardian Ad Litem programs in Kansas and model programs in other states
- *Partners & collaborations include:* Kansas Legal Services (currently)

□ **Ensure the unique safety and permanency needs of children are facilitated by a court system that operates in a timely and efficient manner.**

- *Current activities include:* preparing survey to be administered to social service professionals to assess needs and gaps in court system; conducting research on court reform models from other cities and states
- *Partners & collaborations include:* Kansas Legal Services, judges, district attorneys, child advocates and other child-serving professionals

□ **As the Juvenile Justice Reform Act is implemented in Kansas, ensure that appropriate attention is given to prevention, base funding for community services, and service adequacy for juvenile offenders to prevent erosion of child-in-need-of-care (CINC) funds.**

- *Current activities include:* KCSL representation on the Juvenile Justice Task Force; monitoring interim committees of the Kansas Legislature focused on juvenile justice reform; researching and monitoring implementation of reform legislation by the Juvenile Justice Authority
- *Partners & collaborations include:* Children's Alliance, Children's Coalition, Kansas Youth Authority, Juvenile Justice Task Force, and juvenile court judges

▼ Welfare Reform

□ **Monitor the impact of welfare reform, minimizing potential harm to - and guaranteeing basic survival needs of - vulnerable children in Kansas.**

- *Current activities include:* working with Child Welfare League of America to monitor effects of welfare reform in the states; monitoring appropriate legislative committees; attending public hearings and supplementing those hearings with other forms of outreach; researching the impact of welfare reform on Kansas children; educating the public and policy makers about what reforms are working and which ones are not; assisting in the maintenance of state, local and national monitoring of welfare changes
- *Partners & collaborations include:* Child Welfare League of America, Children's Alliance, and Children's Coalition