

## MINUTES OF THE SENATE EDUCATION COMMITTEE

The meeting was called to order by Chairman Jean Schodorf at 1:35 p.m. on February 12, 2008, in Room 123-S of the Capitol.

Committee members absent: Carolyn McGinn- excused  
Ruth Teichman- excused

Committee staff present: Sharon Wenger, Kansas Legislative Research Department  
Carol Toland, Kansas Legislative Research Department  
Theresa Kiernan, Revisor of Statutes Office  
Matt Todd, Revisor of Statutes Office  
Shirley Higgins, Committee Secretary

Conferees appearing before the committee: Mark Tallman, Kansas Association of School Boards  
Don Jordan, Secretary, Kansas Department of Social and Rehabilitation Services  
Tracie Lansing, Kansas Children's Service League  
Stephanie Harder, Rainbows United, Inc.  
Kathy Johnson, TARC, INC.  
Tim Emerson  
Bill Craig, Lakemary Center

Continued hearings on:

**SB 407 – Transfer of certain early childhood education programs to State Department of Education**

**SB 408 – Early childhood education programs; transfer of the administration of tiny-k early head start and the pre-K pilot to State Board of Education**

Mark Tallman, Kansas Association of School Boards (KASB), testified in support of **SB 407** and **SB 408**. He emphasized that KASB viewed the bills as a further step in the process of strengthening early childhood and pre-school programs, which KASB believes will contribute to improving outcomes for the K-12 system and beyond. He went on to discuss the reasons KASB believes all publically funded pre-school education programs should be under the supervision of the State Board of Education and/or the locally-elected board. He noted that KASB believes that placing early childhood programs under the State Board allows a greater alignment and transition between programs helping prepare children for school and the schools they are being prepared to attend. In conclusion, he encouraged the Committee to consider the Governor's recommendations for expanded funding for early childhood programs. Furthermore, he suggested that the issues of funding, governance, and accountability be addressed together. (Attachment 1)

Don Jordan, Secretary, Kansas Department of Social and Rehabilitation Services (SRS), testified in support of **SB 408**. He noted that research indicates that school readiness efforts have a positive impact, and SRS is willing to work with the Legislature and active participants in early childhood education to ensure the continued success of the Early Head Start Program. (Attachment 2) In response to a question from Senator Vratil regarding a conferee's concern that \$8 million in federal funding would be lost if the authority for early childhood programs were transferred to the Department of Education, Secretary Jordan explained SRS receives approximately \$11 million in funding for early childhood programs made up predominately from three sources – tobacco money (\$1.6 million), the State General Fund, and federal child care development funds (\$7.9 million). For ease of administration, Secretary Jordan suggested that the \$11 million dollars move with early childhood programs and the State General Fund be substituted for the child care development funds. In his opinion, there should be no risk of losing federal funds as long as those funds are used by SRS or any other department for activities that are consistent with the program goals of the child care development fund.

Tracie Lansing, Kansas Children's Service League (KCSL), gave an overview of the KCSL Healthy Families program and offered support for early childhood programs that not only benefit Kansas children and families but the state as a whole. She explained that the Healthy Families program was designed to provide intensive services for first-time parents experiencing multiple stressors, to prevent child maltreatment, and to strengthen

## CONTINUATION SHEET

MINUTES OF THE Senate Education Committee at 1:35 p.m. on February 12, 2008, in Room 123-S of the Capitol.

families. KCSL has a nationally accredited program; however, due to funding restrictions, KCSL has reached its capacity for the number of families it can serve. For the past ten years, KCSL has provided \$300,000 per year for the Healthy Families program. With the state's support, KCSL can grow further and achieve its mission to protect and promote the well being of Kansas children. Ms. Lansing stated that KCSL had no preference with regard to **SB 407** and **SB 408**, but she expressed her support for the funding of Healthy Families accredited programs with block grant dollars, especially programs serving infants and toddlers. (Attachment 3) At this point, she introduced Katherine Duncan and Maria Galvin, who shared their positive experiences with the KCSL Healthy Families program after they gave birth to their first child.

Stephanie Harder, Rainbows United, Inc., testified in opposition to **SB 408**. She explained that Rainbows United is the lead and fiscal agent for tiny-k services in Sedgwick and Butler counties, and in order to maintain and grow existing funding sources for tiny-k services, it is important that the services not be administered by the Kansas Department of Education. She went on to discuss information taken from annual reports sent to KDHE Part C by each network for the 2006-2007 fiscal year, noting that the numbers speak for themselves. She pointed out that the majority of states and territories have selected a lead agency that is not education to govern their infant-toddler programs as shown in maps she attached to her written testimony. She contended that a vote for the bill would sacrifice millions of private dollars now available and would cripple the creative collaboration and public/private system of support now in place for children and families. (Attachment 4)

Ms. Harder submitted written testimony in opposition to **SB 408** prepared by Jeanine Phillips, Fundamental Learning Center (Attachment 5); Michael DeBroeck and Teresa I. Rupp, Child Start, Inc. (Attachment 6); Don Youts, Male Focus Coalition (Attachment 7); Maureen Hofrenning, a mother who received tiny-k services from Rainbows United (Attachment 8); and Chad VonAhnen, Sedgwick County Developmental Disability Organization (Attachment 9).

Kathy Johnson, Coordinator for Shawnee County Infant-Toddler Services, TARC, INC., testified in opposition to **SB 408**. She explained that TARC, INC., is the lead fiscal agency in Topeka for Infant-Toddler Services, and TARC works collaboratively with a pool of funding sources to blend services and personnel to provide comprehensive services for children and families in Shawnee County. In her opinion, private funding could be jeopardized if the Department of Education is appointed as lead agency, and this kind of financial loss would be devastating to the network in their effort to maintain the integrity and quality of the services currently provided. She noted that schools would not be willing to add additional resources and funding to the tiny-k network, and in spite of considerable efforts over the years, Infant-Toddler Services has not been able to establish a collaborative relationship with local school districts to access categorical aid. In conclusion, Ms. Johnson emphasized that could see no benefit in moving tiny-k to the Department of Education. (Attachment 10)

Tim Emerson, a parent from Wichita whose son was diagnosed at birth with Down Syndrome, testified in opposition to **SB 408**. He explained that he and his wife received very little information from hospital staff; however, a tiny-k provider came to the NICU and brought them a book for new parents of children with Down Syndrome along with information on resources in the Wichita community. The family's relationship with the provider has continued over the past four years, and his son and the entire family continue to receive "wrap around" care as the needs of his son and his family change. He observed that tiny-k functions from a private, holistic approach; however, the Department of Education focuses solely on educational strategies. In his opinion, families face enough challenges without having to deal with yet another in the form of an untested transition process. (Attachment 11)

Bill Craig, Lakemary Center of Paola, testified in opposition to **SB 408**. In his opinion, the tiny-k program would not find its best home under the Department of Education. He noted that, as an outreach, early intervention, multi-organizational program, tiny-k goes well beyond the normal reach of educational services. He explained that thousands of children have thrived in the tink-k experience, but many of them have gone on to less satisfying experiences in schools as schools are not primarily social service agencies. In conclusion, he stated, "This is a solution seeking a problem that does not exist." (Attachment 12)

Senator Schodorf called attention to written testimony in opposition to **SB 408** by Tiffanie Krentz, a member of the State Interagency Coordination Council on Early Childhood Developmental Services and the parent of

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a child with special needs. Ms. Krentz was scheduled to testify but was unable to attend the meeting. (Attachment 13)

Written testimony in opposition to **SB 408** was also submitted by Jeff DeGraffenreid, and attorney from Wichita. (Attachment 14)

There being no further time, the testimony in opposition to **SB 408** by Tom Laing, InterHab, was rescheduled for February 13.

The meeting was adjourned at 2:30 p.m.

The next meeting is scheduled for February 13, 2008.

SENATE EDUCATION COMMITTEE  
GUEST LIST

DATE: February 12, 2008

NAME	REPRESENTING
Oodie Wellshead	USA/Kansas
Kari Presley	Hearney & Associates
Scott Frank	LPA
Bill Brady	SFFF
BILL REARDON	USD 500 (K.C. KS)
DENNIS ORTMAN	TAG GROW NETWORK
Tom Paine	InterHab
Bill Craig	Lakemore Center
MATT FITCHER	INTERHAB
Mary Ann Keating	TAVC
Michelle Eastman	Rainbows United, Inc.
Stephanie Harder	Rainbows United, Inc.
Kathy Johnson	Shawnee County Infant-Toddler Serv
Timothy A. Emerson	Martin, Pringle - Wichita.
Doug Bowman	CCECOS
Effie Surran	Senator Derek Schmidt
Moty Van Wastal	Families Together
Jesli Guind	Families Together
Mara Lamm	Healthy Family





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Testimony before the  
Senate Education Committee

on  
**SB 407 and 408 – Transfer of Early Childhood Education Programs**

by

**Mark Tallman, Assistant Executive Director/Advocacy**  
Kansas Association of School Boards

**February 11, 2008**

Madam Chairman and Members of the Committee:

Thank you for the opportunity to appear today in strong support of **SB 407**, which would transfer supervision of the Early Head Start Program and the Pre-K Pilot Program to the Kansas State Board of Education, and **SB 408**, which would transfer supervision of the special education infants and toddlers program to the State Board, as well. Last session, KASB supported legislation calling for a study of early childhood program coordination by the 2010 Commission and Legislative Educational Planning Committee. These bills are the result of that study. We endorse these measures as a further step in the process of strengthening early childhood and pre-school programs, which we strongly believe will contribute to improving outcomes for the K-12 system and beyond.

Over the past year, KASB has made early childhood education an important focus. As one of three states receiving a grant from the National School Boards Association to promote school board awareness of early childhood issues, we have made this topic a subject of meetings and seminars across the state. In November, we hosted six regional forums to foster dialogue between school leaders and other early childhood providers. Later this week, we are presenting three hours of informational programming at our annual Governmental Relations Seminar here in Topeka. In December, our Delegate Assembly adopted the following resolution:

***KASB Resolution 2: Early Childhood Initiatives***

Free, universal public education is so vital to democratic institutions, economic prosperity and quality of life, the people of Kansas guaranteed it in the state constitution. Although public education has largely been limited to kindergarten through grade 12, there is overwhelming evidence educational experiences prior to the traditional half-day kindergarten and first grade have substantial immediate and long-term positive effects on children. Recognizing these benefits, both the state and local school districts have expanded services to children through the age of five.

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2-12-08  
Attachment 1

KASB believes young children and their families should have the same access to high quality early education programs, regardless of income, location or other circumstances. KASB supports the following principles for early childhood and pre-kindergarten programs:

- Funding should be expanded for educational programs that improve school readiness from birth through kindergarten, including all-day kindergarten. School districts should be able to offer these programs directly or in cooperation with other providers.
- In order to qualify for public funding, all programs must meet state standards. Those standards should emphasize child-centered outcomes, and programs should be given flexibility in meeting those outcomes.
- School districts should be given wide flexibility in developing programs that best reflect the needs of their community, and in developing cooperative activities with other early childhood education service providers.
- Participation in early childhood/pre-K programs should be voluntary on the part of both parents and school districts.
- To foster efficiency and coordination, all publicly funded pre-school education programs should be under the supervision of the Kansas State Board of Education or locally elected school boards.

The last point addresses **SB 407** and **SB 408**. KASB believes all publicly funded pre-school education programs should be under the supervision of the State Board and/or the locally-elected board for the following reasons. First, the Kansas Constitution states the “state board of education...shall have general supervision of public schools, educational institutions and all the educational interests of the state, except educational functions delegated by law to the state board of regents. The state board of education shall perform such other duties as may be provided by law.” If these programs are an “educational interest of the state,” which we certainly believe they are, they should be under the supervision of the State Board.

Second, the constitution further provides that “Local public schools under the general supervision of the state board of education shall be maintained, developed and operated by locally elected boards.” The people of Kansas have charged local school boards with the duty of overseeing local public schools, accountable to local voters. There is great support for the concept of community-based planning, services, programs and funding. We agree, and would respectfully point out that the school board is the only educational agency directly elected by and accountable to the voters in each community, and with both taxing authority and a constitutional mandate for suitable funding.

Third, we believe placing early childhood programs under the State Board allows a greater alignment and transition between programs helping prepare children for school, and the schools they are being prepared to attend. Remember, about 90 percent of these children will attend public schools when they reach the appropriate age, and more will attend private schools accredited by the State Board, or receive special education services from public schools while attending private schools.

Finally, in addition to these bills, KASB would encourage the committee to consider the Governor’s recommendations for expanded funding for early childhood programs, and for further study of ways to improve the effectiveness of these programs. We believe the issues of funding, governance and accountability should be addressed together. We further believe that without increased funding, the benefits of changes in governance will fall short of the goals we should have for Kansas children.

Thank you for your consideration.



Kansas Department of  
**Social and Rehabilitation Services**  
Don Jordan, Secretary

**Senate Education Committee**  
**February 12, 2008**

**Kansas Early Head Start**

Mr. Chairman, thank you for the opportunity to appear before the Committee today.

Research indicates that school-readiness efforts have a positive impact, underscoring the value of providing programs like Early Head Start for Kansas children. SRS, KDHE, the Children's Cabinet, the Dept. of Education, and many local groups are active participants in early childhood education. SRS understands the Legislature's priority on enhanced coordination of Early Childhood programs, and SRS is ready to collaborate to ensure the continued success of the Early Head Start program.

I will now stand for questions.

For Additional Information Contact:  
Patrick Woods, Director of Governmental Affairs  
Docking State Office Building, 6<sup>th</sup> Floor North  
(785) 296-3271

*Senate Education Committee*  
*2-12-08 Attachment 2*





# Kansas Children's Service League

Giving Kids Our Best. For Over 100 Years.

## Testimony from Kansas Children's Service League Regarding Healthy Families Program To the Senate Education Committee Senator Jean Schodorf, Chair February 12, 2008

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### Locations

- Cimarron
- Deerfield
- Garden City
- Hays
- Hugoton
- Hutchinson
- Johnson
- Kansas City Metro
- Kingman
- Leoti
- Liberal
- Manhattan
- Pittsburg
- Pratt
- Salina
- Satanta
- Scott City
- Stafford
- Topeka
- Ulysses
- Wichita

Kansas Children's Service League is the Kansas Chapter of Prevent Child Abuse America, a member of the Child Welfare League of America and the United Way. Accredited by the Council on Accreditation.

Thank you for the opportunity to testify today. My name is Tracie Lansing and I am the East Region Director of Program Services with Kansas Children's Service League (KCSL).

Kansas Children's Service League is a not for profit agency serving children and families across the state. In our 114 years, KCSL has provided a range of services driven by community need, spanning the areas of prevention, early intervention, treatment and placement. KCSL also has a long rich tradition of advocating for the needs of Kansas children and their families as reflected in our mission. Our collective efforts are aimed at keeping children safe, families strong and communities involved.

I am here today to provide information on the Healthy Families program and to offer support for early childhood programs that will not only benefit Kansas children and families but our State on the whole.

Fifty years ago, "Dr. C. Henry Kempe, a pediatrician, noticed the link between childhood injury and parenting practices" (Culp & Schellenbach, 2007). Twenty-five years ago, research began on an innovative home visitation program, Healthy Families. The program was designed to provide intensive services for first-time parents experiencing multiple stressors to prevent child maltreatment and strengthen families utilizing recommendations from Dr. Kempe and his team (Prevent Child Abuse America, 2007). The findings were overwhelming that Healthy Families works. In fact, since that time, there have been an additional 19 independent evaluations of the program and it has been found not only to prevent child abuse and neglect but also to improve child and family health; increase self-sufficiency; and enhance school readiness (PCAA, 1992, 2002, 2007).

I am proud to say that Kansas Children's Service League brought Healthy Families to Kansas ten years ago. We currently serve approximately 300 families each year in Johnson, Reno, Shawnee and Wyandotte Counties with our nationally accredited program.



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Attachment 3



Our results have mirrored those found among our sister programs in 37 other states: 96% of the children served are current on immunizations; 84% of the families served have a primary medical provider; 87% have smoke free homes; 99% receive nutrition and physical activity information and training; and 99% are free of abuse and neglect.

Unfortunately, at this time we have reached our capacity for the number of Kansas communities and families we can serve due to funding restrictions. Each year for the past ten years, KCSL has developed our own funding to provide Healthy Families which now translates to nearly \$300,000 per year. With the State's direct support, we can grow further in hopes to achieve our mission to protect and promote the well being of Kansas children.

I read recently that every American taxpayer pays at least \$1,400 each year as a result of the costs from child abuse and neglect. We know that a family can be served by Healthy Families for \$2,500 to \$4,000 per year yet the lowest annual cost of one child in foster care is \$35,000 (National Clearinghouse on Child Abuse and Neglect, 1998).

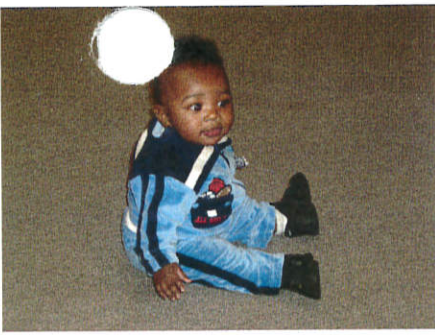
If Healthy Families were provided to the nearly 5,000 families currently in the Kansas child welfare system, our state may have avoided \$140,000,000 in expenses incurred as a direct result of child abuse and neglect just last year.

For these reasons, I stand before you today to provide my support for the funding of Healthy Families accredited programs with block grant dollars recommended by our Governor for early childhood programs, especially those serving infants and toddlers.

I have guests with me today who would like to share their experience with Healthy Families.

Thank you for the opportunity to testify before you today. I am happy to stand for questions.





## How Can Healthy Families Benefit Kansas?

### Relevant Research and Facts

*In 2004, **4,895** children were substantiated as abused or neglected in Kansas. Of those, 8 children died as a result of abuse or neglect. (CWLA, 2007)*

#### Cost-Benefit Analysis

Lowest Average Cost of Child Abuse or Neglect per year    \$32,500\* per child

**4,895 Children x \$32,500 = \$159,087,500 per year**

Average Cost of Healthy Families per year per family	\$3,800
Cost to Provide Healthy Families to 4,895 children	\$18,601,000

#### **Potential Cost Avoidance of \$140,486,500**

\*(National Clearinghouse on Child Abuse and Neglect, 1998)

“The consequences of child abuse and neglect cost every American family more than \$1400 each year, and this is a conservative estimate... There’s a tremendous imbalance between what we invest on the front end to prevent abuse and neglect before it happens and what we spend as a consequence of abuse and neglect after it has occurred.”

(Sid Johnson, President and CEO, *Prevent Child Abuse America*)

#### States with State Systems for Healthy Families experience the following benefits:

1. Common Mission
2. Create Economies of Scale
3. Minimize Duplication of Effort
4. Generate Stronger Outcomes
5. Enhance Opportunities for Training and Technical Assistance
6. Demonstrate Greater Capacity to Serve Families
7. Provide Mechanisms for Sharing Information and Support
8. Facilitate Relationship Development/Collaboration
9. Greater Potential for Public Relations and Marketing Activities

Studies have shown that **Healthy Families America works**. Research indicates the program:

- Reduces child abuse and neglect,
- Promotes positive parenting practices,
- Improves family health,
- Enhances school readiness,
- Increases self-sufficiency, and
- Helps ensure healthy child development. (HFA, 2006)

# Healthy Families America: A Program That Works



Healthy Families America has been providing supportive home visiting services designed to strengthen families since 1992. What started as a pilot project with 25 sites has grown into a nationwide effort defined by three overarching goals: promoting positive parenting, improving child health and development, and preventing child abuse and neglect. Healthy Families America helps parents provide a safe and supportive home environment, gain a better understanding of their child's development, obtain access to health care and other supportive services, use positive forms of discipline, and nurture the bond with their child, reducing the risk factors linked to child maltreatment.

The flexible approach of this home visiting program enables communities and states to define their target populations according to their needs. Participants are a diverse group of parents facing a number of challenges. Most participants are single parents—many are teen mothers. Some live in relative isolation and have no social network to support them. Others struggle with substance abuse, mental illness, current or past family violence, unstable housing, joblessness and poverty. In spite of these obstacles, participants are making positive changes in their parenting practices. Results from a number of site and state-level evaluations conducted throughout the ten-year history of the program demonstrate the program's effectiveness.

## ⊙ **Promotes Positive Parenting Practices.**

Home visitors work with parents to build on their existing strengths and minimize potentially harmful behavior. They educate parents about interacting with their child, help them understand their child's capabilities at each developmental stage, and teach them positive forms of discipline. Home visitors help parents build a strong parent-child relationship and develop skills to increase their sensitivity and responsiveness towards their children.

## ⊙ **Improves Family Health.**

Families enrolled in the program are healthier and use medical services more appropriately than members of the general population, accessing preventive health care services and achieving higher immunization rates. Because these programs typically serve low-income families with multiple challenges, the program's ability to motivate parents to access timely well-baby care is impressive. Furthermore, participants are more likely to seek prenatal care, leading to fewer birth complications and low birth weight babies than individuals who did not receive services.

## ⊙ **Enhances School Readiness.**

Multiple factors contribute to a child being ready to benefit from school: basic health and nutrition,

proper stimulation, and an ability to listen and concentrate. An undetected developmental delay can limit a child's ability to learn. Children participating in Healthy Families America receive early developmental screenings and, if needed, are referred to appropriate services to address delays. Home visitors help new parents to provide children with experiences that stimulate healthy brain development and to develop strong, nurturing parent-child bonds, so that their children are more cognitively, emotionally, socially, and behaviorally ready to enter school.

## ⊙ **Increases Self-Sufficiency.**

The more stable the home environment, the stronger the foundation on which to raise a child. Healthy Families America programs have been effective in improving mothers' lives by facilitating their re-enrollment in school, making referrals for employment and housing, encouraging them to seek counseling for substance abuse and domestic violence. In addition, the program helps delay subsequent pregnancies. Mothers who are more successful in delaying subsequent pregnancies are generally in a better position to complete school, obtain employment, leave welfare and provide more positive child-rearing environments for their children.

## **Healthy Families America Works.**

The program continues to expand as communities recognize the importance of providing parents with the information and skill-building opportunities they need to raise their children in a healthy, nurturing environment. Experience confirms that Healthy Families America is reducing child maltreatment and having a positive impact on families across the country.



# Why a State System for Home Visitation is Critical: A Research Rationale



In 1992, Prevent Child Abuse America launched the Healthy Families America program, a national voluntary home visiting initiative whose goals are to promote positive parenting, enhance child health and development and prevent child abuse and neglect. Healthy Families America sites are administered through a variety of organizational structures. As the number of sites has increased, so has the need to develop local and statewide infrastructures to support this growth.

**State systems** are statewide networks made up of representatives from multiple fields working together to support families through voluntary home visiting services, have emerged as an efficient administrative model. State systems have allowed for broad advocacy efforts, integrated technical assistance and the pooling of resources that have been building the capacity of the Healthy Families America network since 1998.

## Research Tells Us Why State Systems for Home Visitation Work

Research studies undertaken by academia, foundations and nonprofit organizations have been critical in helping the field better understand the challenges and best practices in home visitation. Below is a brief summary of research findings that support the development of state systems for home visitation.

### **Lisbeth Schorr, author of *Common Purpose* and Lecturer at Harvard University:**

⊙ Through her analysis of various case studies of social service programs, Schorr identified several “elements of successful replications” including: the backing of a larger organization offering expertise and support to individual program sites; understanding the influence of the political and social environment while growing a program; strategically planning growth and direction; and evaluating successes.

### **Charles Bruner, Executive Director, Child and Family Policy Center:**

⊙ Bruner states that an effective social service system must possess the following characteristics: community-based (providing shared decision-making and governance with localities); holistic (delivering a seamless approach to families); results-accountable (systematically collecting outcomes data); and participatory (engaging a wide variety of constituents).

### **Hiro Yoshikawa, Professor of Psychology, New York University**

⊙ Yoshikawa, et al, warn that the growth of a program is not simply the addition of more sites, but rather a more complex and interactive system that provides support in a variety of areas, including training, quality assurance and evaluation. Higher levels of organization, rather than direct program-to-program interaction, are necessary to support and grow the service.

**The Healthy Families America State Systems model provides the essential elements of success that have been identified by these researchers.**

## **State Systems Produce Positive Outcomes for Children and Families**

In evaluating a “systems level approach” to coordinating health care services, researchers in North Carolina concluded that “system-level interactions hold promise to improve the effectiveness and outcomes of care for children.” Their findings, published in the journal *Pediatrics*, demonstrated outcomes that included policy-level changes, the alignment of multiple organizations toward a common goal, reduced duplication of services, and better health outcomes for mothers and children compared to the outcomes of previous randomized trials.

## **Conclusion**

Research has provided an important justification for the state systems support work of the Healthy Families America program. With the solid backing of research, the Healthy Families America approach is further validated and paves the road for further advocacy and funding pursuits.



Kansas Children's Service League (KCSL) provides Healthy Families programs in Johnson, Reno, Shawnee and Wyandotte counties. KCSL's Healthy Families programs are nationally accredited by Healthy Families America (HFA) and the Council on Accreditation (COA).

### Goals of Healthy Families

- To enhance child health and development;
- To prevent child abuse and neglect; and
- To promote positive parenting.

### Core Services

- Ensure families have a medical provider;
- Educate parents on children's development processes;
- Assist families in completing recommended immunization and well child schedules;
- Assist families in identifying their baby's needs;
- Support families in the home;
- Provide role models and peer mentors on caring for babies, toddlers, & young children;
- Link families with other resources in the community for assistance with job placement, identification of day care providers, etc.; and
- Help families feel more empowered.

### Services are

- Initiated prenatally or at birth;
- Voluntary and use positive outreach efforts to build family trust;
- Intensive (i.e. at least once a week) with well-defined criteria for increasing or decreasing frequency of service;
- Culturally competent;
- Focused on supporting the parent as well as supporting the parent-child interaction and child development;
- Provided by staff with appropriate caseloads (i.e. 15-20 families per home visitor on the most intense service level);
- Provided utilizing standardized and evidence-based tools to systematically evaluate program outcomes and effectiveness (Ages and Stages Questionnaire, Adult/Adolescent Parenting Inventory, Home/Environment Measurement Tool, Kempe Assessment, Family Stress Checklist, and Life Skills Progression Tool); and
- Individualized depending on the family's needs to include linkage to services such as a medical provider, financial, food, and housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters.

Since 1997, Kansas Children's Service League's Healthy Families Programs have maintained Healthy Families America Affiliation and Accreditation. The benefits of accreditation include:

- Recognition as research-based program providing highest quality services for intensive home visitation adhering to twelve critical elements;
- National membership, networking and participation in advocacy efforts;
- Access to over 20 years of research and evaluation;
- Access and participation in national training opportunities and technical assistance;
- Use of HFA name, logo and affiliation; and
- Opportunities for joint research opportunities with Prevent Child Abuse America.





Kansas Children's  
Service League

### Service Providers/Home Visitors

- Have a framework, based on education and/or experience, for handling the variety of situations they may encounter when working with at-risk families;
- Receive an initial 40 hours core training and 30 hours shadow training and at least 15 hours continuing education training each year in areas such as family assessment, home visitation, cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and community services; and
- Receive ongoing, effective supervision at an average of 2 hours per week.

"The Healthy Families America initiative ... is the most hopeful and promising development that has occurred within the memory of anyone working in the field of child maltreatment." - American Academy of Pediatrics

"Healthy Families America is a smart investment. If you want the biggest bang for your buck, you focus on childhood, on the things in childhood that will allow a child to have the best chance they can have." - Bruce Perry, M.D., Ph.D., Chief of Psychiatry, Texas Children's Hospital

"Even in one of our most difficult fiscal situations I decided to fund home visiting in my executive budget... I believe that this is an investment in the future of New York's children, families and communities... I encourage all states to make an investment in Healthy Families America." - George Pataki, Governor of New York

KCSL Healthy Families Program Outcomes	2004	2005	2006	2007	National Outcome
Goal 1: 95% of the families will not have any substantiated child abuse and neglect.	99%	99.7%	99.6%	99%	98.77%
Goal 2: 90% of the children will have a developmental screen in the last six months or are already receiving developmental services.	88%	95%	90%	88%	41%
Goal 3: 80% of the families will have a reduction in risk factors that lead to child abuse and neglect.	83%	75%	77%	79%	Unknown
Goal 4: 80% of the children are up to date with immunizations as per the immunization schedule.	86%	90%	88%	89.5%	82.2%

Other States who provide Healthy Families in multiple sites or statewide:  
Arizona, Florida, Hawaii, Indiana, Illinois, Massachusetts, New York and Oregon.

#### Sources:

Healthy Families America. Available at: <http://www.healthyfamiliesamerica.org>.

Prevent Child Abuse America: Current Trends in Child Abuse Reporting & Fatalities: The 2000 Fifty State Survey.

Schor, E. MD. (2005). Best Practices in Developmental Screening and Services. Available at: [www.earlychildhoodnm.com](http://www.earlychildhoodnm.com).

U.S. Department of Health & Human Services Administration for Children & Families. Child Maltreatment 2003: Summary of Key Findings.







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*bringing potential to life*

February 12, 2008

**TO: Senator Jean Schodorff, Chair and Members  
Senate Education Committee**

**FR: Lorraine Dold, President/CEO  
Rainbows United, Inc.**

**RE: SB408**

**Testimony on SB408 Lead Agency to the  
Senate Education Committee  
Monday, February 11 and Tuesday, February 12, 2008**

Good afternoon. My name is Stephanie Harder. I am presenting on behalf of Lorraine Dold, President/CEO of Rainbows United, Inc. in Wichita who is unable to join us in person today. Rainbows is lead and fiscal agent for *tiny-k* services in Sedgwick and Butler counties (868 infants and toddlers served in 2007).

In order to maintain and grow existing funding sources for vital *tiny-k* services, it is important that these services **NOT** be administered by the Kansas Department of Education. The following information provides critical insight to the reality of funding. The following information is taken from annual reports sent to KDHE Part C by each network for the 2006-2007 fiscal year.

**The numbers speak for themselves...**

Of the 36 *tiny-k* networks:

- **Nine (9) of the twelve (12) largest** networks are community-led and serve **84.8%** of the children state wide;
- **20 are community-led networks and served 76% of the children;**
- **16 are education-led networks and served 24% of the children;**
- Of the over **\$3 million** accessed in local/private funds (i.e. county mill levy, United Way, private fundraising, private insurance, etc.), education-led networks accessed only **8.5% of these funds (\$255,260)** whereas community-led networks accessed **91.5% (over \$2.7 million);**
- Of the **\$277,904** accessed in private insurance, only community-led networks utilized this funding source;
- Of the **\$1,830,925** accessed in SRS/Medicaid funds, **10.8% (\$196,967)** was accessed by education-led networks as compared to an overwhelming **89.2% (\$1,633,958)** accessed by community-led networks

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*Senate Education Committee*  
*Elevating the uniqueness of children and their families, bringing potential to life.* 2-12-08  
*Attachment 4*



- While the almost **\$8 million** in funding from both KDHE and KSDE is significant, one cannot deny the critical importance of the over **\$3 million** generated largely by community-led networks from other local and private sources;
- Community-led networks generated approximately **\$1,000 more per child** than education-led networks;
- This is the fifth time (in the mid 1990s, 2001, 2006 and 2007) that KSDE has maneuvered to assume *tiny-k* lead agency responsibilities. Each time funding streams have been reviewed and it has been decided that KSDE is NOT the appropriate fit for overseeing *tiny-k*;
- Historically, when 3-5 year old special education services were put under education, ***all private and local funding sources evaporated.***

By Federal Law (108-446), the governor has the sole authority to appoint the lead agency for *tiny-k* services. During 2007, the governor charged the Kansas Coordinating Council on Early Childhood with researching this topic. The Council recommendation was made to NOT appoint KSDE as lead agency by a 13 to 8 vote and followed four months of intense deliberation.

Finally, it is notable that a majority of states and territories nationwide - **42 of 56 (75%) - have selected a lead agency that is NOT education** to govern their respective infant-toddler programs (see maps attached).

Please oppose SB408. At a time when our state is clamoring to find adequate funding for early childhood programs, your vote for SB408 would sacrifice millions of private dollars now available and would cripple the creative collaboration and public/private system of support now in place for children and families.









February 9, 2008

Honorable Jean Schodorf  
Senate Education Committee Chair  
Topeka, Ks 66604

Re: Senate Bill No.: 407 – Transfer of authority of certain early childhood educational programs to KSDE, and  
Senate Bill No.: 408 – Early childhood education programs; transfer of the administration of tiny-K, early head start and the pre-K pilot to state board of education, and  
Senate Concurrent Resolution No.: 1614 – Requesting the governor to designate department of education as lead agency for administration of the Infants and Toddlers with Disabilities Program.

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Dear Jean,

As Executive Director of Fundamental Learning Center, member of the Governor's Pre-K Pilot Advisory Council, member of Sedgwick County Early Childhood Coordinating Council, and member of Wichita's Visioneering Leadership Team for Early Childhood, I am requesting the Senate Education Committee to please listen carefully to the experienced voices of the constituents of Sedgwick County's early childhood agencies, and other agencies across the State of Kansas involved in Early Head Start, Tiny K Program and the Pre-K Pilot, before making any final decision regarding a change of administration from the Kansas Department of Health and Environment to the State Dept. of Education. As a result of my experience working with the various men and women who represent the many agencies it takes to surround young families with appropriate services in our State, I am constantly in awe of the professionalism, communication, and the organization necessary to address all the complex issues of raising young children in an urban and rural society today.

I am serving on the above listed committees, as you might surmise, out of my concern for kindergarten readiness in the State of Kansas. The Fundamental Learning Center is probably the only agency independent of the care or direct education of children ages 0-5 years. However, as I have worked to bring quality language and literacy preschool teacher preparation and training to many local agencies, I have gained great respect for the wealth of knowledge and experience of the various agencies involved with the day to day care, health related services, and financial assistance to local families. I have grave concerns related specifically to the Kansas Dept. of Education's ability to respond to the myriad of services ranging from medical to social for children ages 0-5 years. I believe a thorough audit, separate from the investigation and testimony of the 2010 Commission, is in order and should be considered before a decision of this magnitude is finalized.

I feel it is important to recommend the Senate Education Committee postpone decisions regarding SB 407, 408, and Resolution 1614 until a Senate early childhood education task force is formed to investigate concerns across the state of those serving and working with children in Early Headstart, the Tiny-K Program and the Pre-K Pilot. There are concerns in the trenches.

Please don't hesitate to call as you know I'm always delighted to talk with you. Thank you for your consideration.

Respectfully submitted by,

Jeanine Phillips  
Executive Director of Fundamental Learning Center  
316-684-7323



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in bringing  
literacy  
to life





December 18, 2007

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The Honorable Kathleen Sebelius  
Governor of Kansas  
Kansas State Capitol  
300 SW 10<sup>th</sup> Avenue, Ste. 212S  
Topeka, KS 66612

Dear Governor Sebelius:

Thank you for your continuing commitment to young children, as reflected in your budget recommendations and policy statements. As this is an important year for investing in children and for organizing how those investments will be administered, no doubt you have received many opinions. Probably most of those commenting would agree that there needs to be one place in Kansas where information about services for young children and their families comes together in order that elected officials and citizens can see a whole picture rather than splintered reflections from multiple perspectives.

As a provider of services to young children of rural and urban families in 53 Kansas counties, from all walks of life and income levels, Child Start, Inc., and its Board of Directors have given considerable thought to the issues of organizing multiple services. We strongly favor the establishment of a cabinet-level department focused on early childhood for several reasons:

**Accountability for funding and outcomes**

With current services to young children and their families spread across the Departments of Education, Health & Environment, and Social & Rehabilitation Services, it's nearly impossible to determine how much Kansas is spending and how effective our dollars are. And although cooperation is mandated across departments, in practice it is often the case that whichever department controls the funding for a particular service makes decisions based on its own departmental priorities without much consideration of perspectives from the other "cooperating" departments.

We believe that funding currently spread across multiple departments should be folded into a single, comprehensive budget document. In order to

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assure meaningful cooperation and respect for multiple perspectives, the new cabinet-level department should take the lead in developing agreements among existing departments and should be responsible for reporting outcomes to elected officials as well as all Kansans. Outcomes from diverse projects/programs should be considered in the context of all services for young children and their families (health services, universal access to pre-K education, child care quality rating systems, funding assistance with child care) to discover whether interactions among services have lessons to offer for greater effectiveness of service or better use of resources.

#### **Appropriate use of existing expertise**

While the Departments of Education, Health & Environment, and Social & Rehabilitation Services all have vital expertise to share, each has a well-established perspective on young children largely formed by each of their departmental missions. Placing responsibility for all early childhood services in any one of the existing departments would virtually guarantee primacy of that department's viewpoint. Kansas needs to structure services to children based on growing research in children's cognitive and physical and social/emotional development, which will require that multiple department perspectives (and non-state agency perspectives) be considered as we go forward. This is most likely to happen successfully if a separate cabinet department is established.

Each existing department currently has its own networks of communication, training, reimbursement for services, etc. A separate, new department should take the lead in bringing those separate networks into alignment to assure that information flows seamlessly, both across former boundaries between departments and toward elected officials and the public.

#### **Focus on children in context of their families**

Kansas's elected officials have great respect for parents' choices about what is best for their children. Many departmental decisions about services, however, focus on children without much thought to the context of their families, leaving front-line workers in county health departments and school districts to deal with the difficulties of parents' schedules, transportation problems, etc. One advantage of a separate cabinet-level department focused on young children and families would be the opportunity to build services and policies in ways that support families' needs for flexible scheduling, for delivery of services in the children's homes or in the child

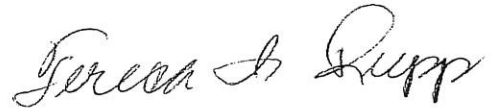
care facilities where many children spend most of their waking hours, and for training of staff to provide services in ways that consider parents' needs as well as the needs of their children.

Those of us who personally commit volunteer time and financial support to organizations serving children are greatly heartened to know that our Governor understands the importance of children's earliest years and is committed to investing in young children. We would be happy to further discuss our thoughts on the important issue of organizing Kansas's services to young children; this can be arranged by contacting Teresa Rupp, Executive Director of Child Start ([trupp@childstart.org](mailto:trupp@childstart.org) or 316.682.1853). Thank you for your consideration of our thoughts as you make the important decisions ahead.

Sincerely yours,



Michael DeBroeck, Chair  
Board of Directors



Teresa I. Rupp  
Executive Director



February 12, 2008

TO: Senate Committee on Education

FROM: Don Youts, Male Focus Coalition

RE: Senate Bills 407 and 408

I truly wear several hats as I **advocate for NOT MOVING Tiny-K or Early Head Start programs** to the Kansas Department of Education. I have been a part of the social service delivery system as well as a recipient of those services in our community.

- I am a parent who raised two special needs adopted children.
- I am a grandparent raising a special needs grandson.
- I am recently retired from the position of Director of Community Planning for the United Way of the Plains here in Wichita, Kansas.
- I am a board member on the Kansas Association of Child Care Resource and Referral Agencies.
- I am co-chair of the SRS Kinship Advisory Council for Sedgwick County.
- I am a community volunteer involved in mentoring and training men of all ages for fatherhood.

In each of these roles I have various experiences in the networks of services provided by the public education system as well as services provided by the existing collaborative efforts of community non-profit organizations.

My experience has convinced me that no one monolithic government agency is capable of meeting the needs of children and their families as effectively as collaborative community partnerships. My experience in working with community agencies both as a family member and as the Director of Community Planning has also convinced me that the bureaucracy of the public education system is not capable of responding to the diversity of problems that they are already juggling. I cannot imagine why we would choose to dismantle our existing effective service delivery system and then require an already overwhelmed agency to attempt rebuilding that same entire system.

Our current service delivery system of community partnerships has decades of collaboration with innovative and creative responses to individual and personal needs of the children and their families. This is an enormous social capital that, once lost, cannot be bought back with any amount of tax dollars. Besides this extraordinary existing social capital, our communities would forfeit the \$1,000+ per child we currently invest through the private donations, grants, and fund raising activities. Replacing those dollars with taxes seems the antithesis of sound financial planning for public funds.

Finally, I have experienced the extraordinary response of compassion and kindness provided by the committed staff and volunteers in the many community agencies reaching out to children and their families. Unfortunately, the public school system has too often been adversarial rather than

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collaborative in responding to these families. Our needs certainly extend well beyond the academic issues addressed in the educational environment although those are certainly critical issues. Our needs include medical and mental health issues as well. We need respite care, family counseling, and emergency financial assistance to name just a few of the stresses in our lives.

Despite the many political issues that may be bubbling beneath the surface of these two proposed bills, I urge this committee and the Senate to support our existing system of services rather than undermining our children and their families by dismantling what is already an effective service in our communities.

Thank you.  
Don Youts  
11210 W 13<sup>th</sup> St Ct  
Wichita, KS 67212  
(316) 721-5759  
donyouts@sbcglobal.net

Testimony to the Senate Education Committee  
February 12, 2008

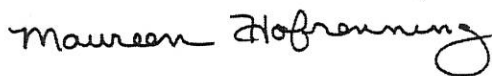
Dear Committee Chair Schodorf and members of the Senate Education Committee,

I am mother of a child who received tiny-k services from Rainbows United in Sedgwick County. My son, Andrew, was born in 1999 with a unilateral cleft lip and palate, and received speech therapy at home and in his pre-school until he was five years old. He entered kindergarten completely intelligible and ready to learn, and today is thriving in 3rd grade.

I am contacting you today regarding SB408 which supports moving tiny-k to the Department of Education. As a parent, I am in support of tiny-k remaining under the auspices of KDHE until an Early Childhood Department is created and all appropriate programs can be moved together at that time. One of the most important things about the services we received for Andrew was that it was conducted in our home. This was important not only because it was a very comfortable setting for Andrew, but because it also allowed complete involvement by both my husband and me. This meant we were confident in teaching Andrew the new skills throughout the week, but also validated what we had been doing which really made us much stronger as parents. In addition to speech issues, we also dealt with feeding issues, pre/post-surgical care, etc, and being able to address all these issues in an integrated way was so beneficial to us. I believe that this family-centered model for tiny-k is essential to the program, and am concerned that this emphasis could be lost if it were viewed as strictly an educational program.

Because of our involvement with Rainbows, I joined the Sedgwick County Early Coordinating Council, and have been a member since 2000 and on the steering committee as a parent representative since 2002. This has allowed me to experience and understand the importance of community collaboration and partnership in the provision of tiny-k services. The current model values community partnerships, enhances those partnerships and ensures community resources are well used and duplication of efforts reduced. In addition, the tiny-k lead agencies have leveraged strong public-private partnerships to increase funds available for the programs. Again, I believe that the current structure supports community collaboration, wise utilization of resources in the community, and access to private funding sources, not only in Sedgwick County, but statewide through the Interagency Coordinating Council (ICC).

I understand that the Senate Education Committee is currently reviewing S408. I support maintaining tiny-k under the auspices of KDHE until an Early Childhood Department is created to ensure that the family-centered model is continued and that community partnerships and collaboration continue to be fostered - both of which are essential to the program. I hope that my experiences and perspective as a fellow parent who has benefited from tiny-k services is helpful as you proceed.



Maureen Hofrenning

8624 Stoneridge  
Wichita, KS 67206

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Sedgwick County  
Developmental Disability Organization

Chad VonAhnen -- Director

615 N. Main    Wichita, Kansas 67203    T 316-660-7630    F 316-4911    TTY 316-660-4893

**February 12, 2008**

**TO:** Senator Jean Schodorff, Chair and Members of the Senate Education Committee  
**FR:** Chad VonAhnen, Director  
Sedgwick County Developmental Disability Organization  
**RE:** SB408

**Testimony on SB408 Lead Agency to the  
Senate Education Committee  
Monday, February 11 and Tuesday, February 12, 2008**

Thank you, members of the committee, for the opportunity to provide this testimony. In Sedgwick County we have seen first hand how the value of long-term community partnerships has helped our families through access to local and private funds. The numbers suggest a community-led network has been beneficial not only to us locally but also to communities around the State.

It is compelling to see that nine of the twelve largest networks are community-led and serve 84.8% of the children statewide. What is more compelling is the amount of local and private funds these networks access in the way of funding through county mill levies, fundraising, etc. Over \$2.7 million of the \$3 million accessed in this manner was done so by a community-led network. That totals 91.5% of those funds. Having partnerships that can secure this amount of additional funding (roughly \$1,000 more per child) is important to our families and our communities.

My fear is that by moving tiny-k to KSDE we would be risking a significant amount of local and private funding. I also question how this jeopardizes the mission of tiny-k, which focuses on children at risk of developmental delay. Community-led networks have a proven history of demonstrating their abilities in collaborative efforts with community disability service partners. I would like to express my opposition to SB 408 as I do not see it being in the best interest of our infants and toddlers, families, or communities.

*Sedgwick County...working for you*

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## Shawnee County Infant Toddler Services

February 12, 2008

TO: Senate Education Committee

FROM: Kathy Johnson, Coordinator for Shawnee County Infant Toddler Services – TARC, INC., 2701 SW Randolph, Topeka, KS 66611, (785) 233-7374, kjohnson@tarcinc.org

RE: Senate Bill 408 –designating KSDE as the state lead agency for Part C of IDEA

I would like to thank you, Senator Schodorf and members of the Committee for this opportunity to tell you about Shawnee County Infant Toddler Services and to share some thoughts about the lead agency for *tiny-k* services.

As Coordinator for Infant Toddler Services in Shawnee County for the last 14 years we have seen tremendous growth and we are now the third largest community in Kansas in the number of children we serve. Our local lead and fiscal agency is TARC, INC., the Community Developmental Disability Organization (CDDO) for our county. As shown in the attached fact sheet we have more than doubled the number of children served in the past seven years. This growth has caused a significant challenge for our community. In Topeka, we have several agencies that provide Infant Toddler or *tiny-k* services for children and families. These include TARC, INC., as the primary service provider as well as lead and fiscal agency, Shawnee County Health Agency and Stormont Vail NICU (Neonatal Intensive Care Unit). We have come together to pool resources and have accessed many funding sources. We receive funding from United Way, Smart Start funding, County Mil Levy funds, Educational Categorical aid as well as Medicaid reimbursement, and insurance. We work collaboratively, to blend services and personnel to provide comprehensive services for children and families in Shawnee

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County. One example of these collaborative efforts is for the last four years, half of my position is shared by Community Action Head Start as their Disability and Mental Health Content Area Expert.

I share this information as the basis for our very real concerns about Senate Bill 408 and the designation of Education as a lead agency

The foundation of our network is based on many strong collaborative relationships. Approximately one third of our funding comes from local community resources such as United Way, County Mil levy and Smart Start. We believe that this private funding could be jeopardized if Education is appointed as lead agency. This kind of a financial loss would be devastating to our network as we don't believe the schools would be willing to add additional resources and funding to the *tiny-k* network.

In addition, part of our concern, comes from not being as successful as we would have liked in building a relationship with our local schools over the years. In spite of considerable efforts we have never been able to establish a collaborative relationship with our local school districts to access categorical aid. My community's ability to access categorical aid for children birth to three has been a continual struggle with little or no support from any State Agency. This struggle and different interpretations of regulations has caused considerable consternation and was the primary reason for the loss of a local partner that provided Infant Toddler Services which in turn resulted in a loss of staff and resources.

As the Legislative Post Audit indicated each infant toddler community is unique. We are very pleased with the working relationships and partnering that occurs in Topeka and Shawnee County between all of the different organizations involved. We don't see a benefit of moving *tiny-k* to the Department of Education. State reimbursement for *tiny-k* does not cover the cost of providing these mandated services. As Shawnee County Infant Toddler Services is not a part of a school system we are able to access desperately needed funds to support the program locally.

Most important is our desire to maintain the integrity and quality of the services we currently provide. TARC, INC. as our local lead and fiscal agency supports Infant Toddler Services in so many ways – too many to list them all here today. Our local community partners, such as Shawnee



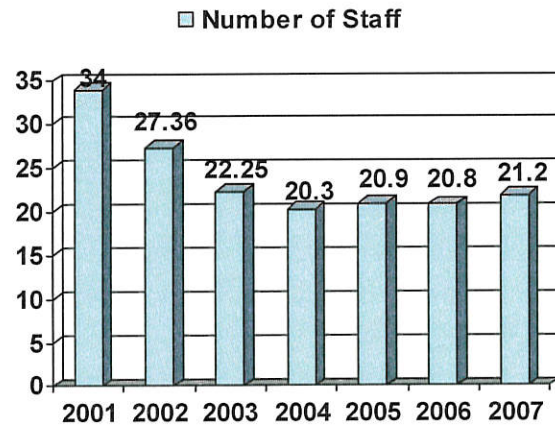
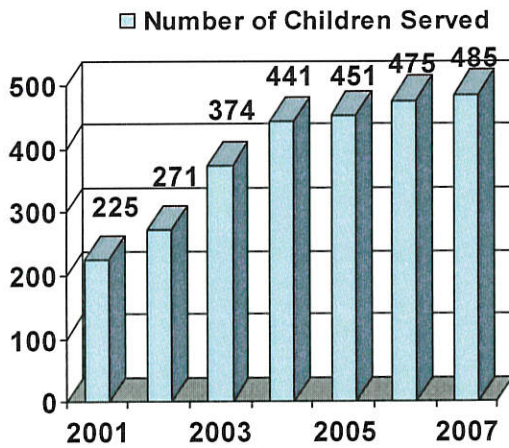
County Health Agency, United Way Success by Six, Stormont-Vail Regional Medical Center, Community Action Early Head Start and many others are strong in their support as well. This support and our local commitment to serve children and families has meant reaching out to our community partners to write for grants, fundraise, and partner to make best use of funds.

In closing we would like you to thank you for your consideration and to urge you to please consider the recommendations of the Governor's appointed Interagency Coordinating Council as the representative body for Early Childhood Developmental Services to not move Infant Toddler services to KSDE.



## Shawnee County Infant-Toddler Services Facts at a Glance

- Shawnee County Infant Toddler Services (SCITS) receives more than 30% of the total budget from local funds. These include United Way, County Mil Levy, and Smart Start funds. (The Part C Grant, Categorical Aid and Medicaid reimbursement make up more than 60% of the Infant-Toddler Budget in Shawnee County)
  
- In the last seven years, Shawnee County Infant Toddler Services has more than doubled the number of children served.



### What Services look like in Shawnee County:

**7,224 home or child care visits**  
**5,784 hours of therapy or education**  
**6,264 hours of family service coordination**  
**3,562 hours of indirect service hours (such as transportation)**  
**346 comprehensive developmental evaluations provided by professional teams**

- **Statewide one out of every four tiny-k children doesn't need further special education.  
Data shows that 26% of children close the gap in their developmental delay and then don't qualify for further special education services. This equals a savings for the state of approximately \$2.8 million dollars each and every year.**

**In Shawnee County 29% of the children exit with age appropriate skills and do not qualify for further special education services.**

- **These are family- friendly services.  
Families serve on the team that decides which services will be provided, by whom, and where. Recent surveys report a 96% satisfaction rate for families.**

**TARC, INC. exit interviews and surveys also show a high rate of family satisfaction.**



**Senate Committee on Education**  
**SB408 Testimony**  
**Presenter: Tim Emerson**

**Intro**

\* I'm an attorney from Wichita, my wife and I have four children, ages 11, 9, 6 and 4. Our 4 year old, Aidan Michael, was diagnosed at birth with Down syndrome.

\* He was born on 9-23-03; we did not know of his diagnosis until five minutes after he was born; the neonatologist gave us information on Down syndrome by copying the pages of a textbook; in the first paragraph of the copied text were the words "idiot" and "Mongol;" we were lost.

\* We found ourselves in the strange position of mourning the loss of a perfect child. Shortly after he was born, Aidan's oxygen level began to de-saturate and he was moved to the NICU.

\* When we turned to the establishment that was the hospital, we received an "antiseptic" response at best. We really didn't know where to turn to get answers to our questions.

\* Then - our *tiny-k* provider showed up at the NICU. The representative brought a book especially for new parents of children with Down syndrome. She also brought information on resources in the Wichita community. She visited us and our son at least two more times while he was in the hospital. Our *tiny-k* provider's relationship with the hospital was obviously good and well established.

\* As Aidan's (and our family's) relationship w/ that provider has continued over the last four years, our fondness for the provider (and its methods) grows.

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Attachment 11

## Wrap-Around Services

- I have often heard *tiny-k* services described as “wrap-around” care but didn’t *really* understand what that meant. I’ve come to understand that it has multiple meanings. I liken it to teaching a man to fish as opposed to simply giving him a fish. The wrap-around care Aidan has been given is not only given to him, but to our family as well. We all participate in his therapy so that we can continue it when the therapists are not around. Further, the collaborative efforts used in Aidan’s care and education appear to come from long-standing, established relationships between our provider and other entities in the community. Examples of the collaboration I reference are Children’s Miracle Network, hippo-therapy, and respite care in the Wichita area.
- As Aidan grows, his needs and the needs of our family, also grow and change. The partnership/collaborative approach has served to successfully meet those needs.
- Our *tiny-k* network functions from a private, social service, holistic approach. As best I can tell, the Department of Education focuses solely on educational strategies.
- While educational strategies are a key part of Aidan’s plan – his plan does not stop there. We as parents *also have the option* of selecting additional supports that fit our family – things like therapeutic child care, case management services, in-home respite care, parenting education, the list goes on and on. These needs are outside the typical “educational” focus.
- Because a holistic approach is not the basis of our educational system, these “wrap-around” services simply are not a part of education’s lingo.

- Two important issues we have encountered are 1) early intervention and 2) a smooth transition into the educational system.
- Early intervention is really just sound logic – the earlier you provide for your child a needed program, the better the outcome, whether the child is developmentally delayed or typically developing. Experts in the field of early childhood education (such as Carl Dunst & Mary Beth Bruder) agree that an early, family-centered approach leads to better outcomes because 1) it is based on family support principles; 2) it is focused on the child’s interests and assets; 3) it supports and empowers parents in their role as the child’s primary care provider; 4) it addresses the priorities of the family; and 5) it implements a holistic approach with each child and family.
- The transition from *tiny-k* into the schools is governed by federal law, regardless of what agency is designated as the lead. Thus, the process of transition must be clean. It is and has been clean, due in large part to the collaboration of invested partners in the community. Delivery of services to infants, toddlers and their families includes many services besides education.
- If it ain’t broke, don’t fix it. As I understand it, the proposed transition of Part C to the Kansas Dept of Education is driven in part by the concern for “continuity of services.” I believe we already have that. I believe it continues to improve. When I initially heard that a proposal was in the works to move *tiny-k* from KDHE to the Dept of Education, the translated meaning to me was, “they just want to make things easier for the Dept of Education.” In my opinion, the concern should be on making things easier for the children and their families. They face enough challenges without having to deal with yet another in the form of an untested transition process.





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**DATE:** February 12, 2008  
**TO:** Senator Jean Schodorf, and  
Members of the Senate Education Committee  
**FROM:** Bill Craig, Ph.D.  
President/CEO  
Lakemary Center  
Paola, KS 66071  
**RE: SB 408**  
***tiny-k*: A New Home?**

I am presenting today as the CEO of an organization, Lakemary Center, which has served as the lead agency for *tiny-k* Services for the past 8 years.

I am also the father of a 28 year old son, John, who is developmentally disabled and has Autism.

*tiny-k* services in our area had been housed in the local Special Ed Coop. When Lakemary was approached about the possibility of taking them over, the program had 8 identified children. After two years of intensive child find, we were serving over 120. This remarkable disparity confirms my belief that the *tiny-k* program would not find its best home under the Department of Education.

The essence of *tiny-k's* success is its ability to assist families to become more effective in addressing the effects of disabilities, and sometimes to virtually eliminate the developmental delay that exists. Many *tiny-k* customers no longer need special services when they graduate. As an outreach, early intervention, multi-organizational program *tiny-k* goes well beyond the normal reach and experience base of educational services.

There are thousands of families and children out there who have thrived in the *tiny-k* experience. Many of them have gone on to less satisfying experiences in schools. Schools are not primarily social service agencies. This transfer was thoroughly discussed last year by the ICC which is charged with oversight of *tiny-k*. After lengthy and thoughtful study, that group voted to move it to SRS.

Of all state departments, SRS has been the clear leader in recognizing the rights and needs of families with children who have disabilities. They have strived to maximize resources to comply with federal requirements to meet the needs of these individuals, and not considered these requirements "unfunded mandates." They have increasingly gone to bat for more services for infants and children and, I believe that if an enhanced administrative home is sought, SRS would be the wise place to assure the future continued growth and success of this wonderful program.

This is a solution seeking a problem that does not exist. Instead, your legislative efforts should be devoted to adequately funding this outstanding program.

Thank you.

Dr. Bill Craig

Madam Chairman and members of the committee, thank you for the opportunity to address you today concerning SB 408. My name is Tiffanie Krentz, I am a parent member of the State Interagency Coordinating Council on Early Childhood Developmental Services, a Board Member for the Topeka Association for Retarded Citizens (TARC) and the parent of a child with special needs.

This afternoon I am here as the parent of a special needs child, however my experiences on the State ICC have shaped my perspective of the possible change for the State Lead Agency for Part C services.

When my son, JJ began to receive Part C services, I didn't know who the Lead agency was. In fact, like most parents I didn't understand how Part C services worked. I only knew JJ needed services and we were receiving them. I soon became more involved as a member of the State ICC committee. At the request of Governor Sebelius in 2007 the State ICC was asked to review a possible lead agency change. Both KSDE and SRS expressed interest in becoming the Lead Agency for Part C services. As a member of the State ICC I was able to listen to testimony and review written testimony from all interested parties. The experience of was both educational and personal for me.

I initially thought KSDE would be a perfect match for Part C Services. It seemed like a good fit since many children continue to receive services at age 3 through Part B. However, through testimony and review I ultimately determined that, in my opinion, KSDE was not the best match to provide Part C services.

Children transition out of Part C services provided by Tiny-K networks to Part B services provided by the school districts. This transition process is difficult at best. JJ moved from Part C services to Part B services last May. Families move from having an IFSP (Individual and Family Service Plan) to an IEP (Individual Education Plan.) This change alone was difficult for me and our family. JJ requires multiple services, not only at the educational level but in the home and community. When we moved from Part C to Part B services I lost the support we needed in the home. It is very important to note that this transition process will not change regardless of who becomes the lead agency. Tiny-K networks will still provide Part C services and a transition from one system to another will still occur.

Part B services will not change and will always provide an IEP for children with special needs. It is imperative that the manner in which Part C services are provided do not change. The family must always be part of the plan for a child receiving Part C services and a top priority in the child's plan. When children birth to age 3 receives services through their Tiny-K provider so do their families. The benefits of an IFSP cannot be overlooked. KSDE's ultimate goal is to help all children receive the best education possible. As a parent, I am concerned that the philosophy of education would eventually trickle down to Part C services, either through policy, practice or both. I know the intent of KSDE would not be to change the way the delivery model works but that could be difficult given their philosophy is educational based. Part C services provide for the needs of the child and family.

In closing, I ask you to thoughtfully consider your decision on the bill before you and ask you to consider the impact this change could have on the families and children involved. Thank you for your time today and I will now stand for questions.

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## Testimony in opposition to SB-408

February 11, 2008

My name is Jeff DeGraffenreid and I am a partner with the Foulston Siefkin law firm, practicing in our Wichita office. First, let me explain what I am not. I am not an expert on early childhood development, on state funding of education, or even on the particular duties and responsibilities of the Department of Education. I am not a parent of a child receiving Tiny K services.

I am a lawyer; a litigator. My profession is helping clients resolve disputes, typically through negotiation and the litigation process.

I would prefer, as I am sure you would, that my work as a lawyer not involve the mechanics of administration for the Tiny K program, or for the educational needs of children. Unfortunately, in recent years for me, that has not been the case. I am here today to express my concerns over the Department of Education receiving lead agency status for the Tiny K program, given my experience of assisting a client with addressing DOE audits of the 0-5 programs over the last several years.

Since the implementation of new audit guidelines a few years ago, one of my clients has received several hundred thousand dollars in audit exceptions. At that time, my client received funding through a local school district, which received funding directly from Education. When Education deemed that particular services provided did not fall within its guidelines, they issued an exception report to the school district, which in turn requested reimbursement for monies previously paid to my client. I assisted in negotiating with the school district and Education to resolve issues over whether certain payments my client had already received needed to be reimbursed to the State.

I am all for eliminating government waste, but these dollars were not wasted. They were utilized to help children who desperately need the services, but who received such services through a delivery system that did not meet Education's view as to what is appropriate. The concerns raised about these guidelines by private providers have apparently fallen on deaf ears. While private providers can, and have, varied their practices in an effort to accommodate these guidelines, these changes were necessitated by audit guidelines built on a different mode of delivering services, rather than on how those services might be best delivered to the children who need them. This has always seemed to me an advancement of rigid form over important substance, with private providers left with fewer dollars to carry on important work.

Based on my experience in responding to these audits, there appears to be significant tension between Education and private providers. This was made apparent to me when my client was accused, as we understood it, of fraud when it submitted paperwork in response to a recent audit. What actually occurred was a simple misunderstanding of what was being sought by the Department. My initial reaction to the allegation was one of disbelief—surely the department was not accusing a well-respected and nationally recognized private provider with outright fraud—but my reaction quickly turned to significant concern when it became apparent that this was, in

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Attachment 14*

fact, what was being alleged. Given Education's immediate reaction to assume fraud, and not a mistake, to me indicated a level of mistrust that is not conducive to a constructive working relationship.

I believe it is important for any government agency to critically examine the way it uses our resources and to respond to its constituents' concerns and suggestions in a manner that best provides for those placed in its care. My experience in dealing with the audit exceptions did not leave me with impression that Education heard or addressed the concerns of those private providers delivering direct care to the consumers of Tink K services. I hope that you will consider these concerns—as well as those voiced by others--as you consider this legislation and the needs of those served in the Tiny K program.

Thank you for your time and service to these important matters.