MINUTES OF THE SENATE COMMITTEE ON EDUCATION.

The meeting was called to order by Chairperson Dwayne Umbarger at 1:30 p.m. on February 14, 2002 in Room 123-S of the Capitol.

All members were present except: Senator Hensley (excused)

Committee staff present: Ben Barrett, Legislative Research

Carolyn Rampey, Legislative Research Theresa Kiernan, Revisor of Statutes

Dale Dennis, Deputy Commissioner of Education

Judy Steinlicht, Secretary

Conferees appearing before the committee: Amy M Murphy, USD229, Blue Valley

Michiel N. Ford, USD336, Holton Jada L. Kohlmeier, USD232, Desoto

Joyce Cussimanio, Executive Director of the Children's Cabinet

Others attending: See Attached List

Milken Foundation Teacher Awards

Dale Dennis offered some background about the Milken awards. The foundation is sponsored by private funds with their primary interest in education and cancer research. The recipients do not know yet who nominated them and they will go to Los Angeles to receive their award. They will have two days of staff development training, a banquet and entertainment and receive a \$25,000 personal award. The three Milken Award winners for this year will share challenges they see facing education today and then answer questions.

Before recognizing the Milken award winners, Senator Vratil was recognized for bill introduction. Senator Vratil made a motion to introduce a bill involving truancy. The main purpose of the bill is to give judges more alternatives to deal with truant students. Seconded by Senator Schodorf. Motion passed.

The three Milken Foundation Award winners are: Amy Murphy, USD 229, Blue Valley School District; Michiel N. Ford, USD 336, Holton; and Jada L. Kohlmeier, USD 232, Desoto School District.

Amy is an assistant principal at Blue Valley North High School. Prior to being an administrator, Amy had teaching experience in mathematics in Virginia, North Carolina and Kansas. At Blue Valley North, their mission is to empower all students to achieve their potential. She sees the biggest challenge in Kansas schools as teacher quality. Amy thanked the legislators for the law and funding provided for teacher mentoring. Blue Valley has begun to see the impact of mentoring in their classrooms.

Michiel Ford, Holton High School, teaches science and journalism. A challenge he sees is the ever changing technology. He remembers the time when the school had one computer and now the kids cannot live without them and another challenge is to motivate the kids and get to get the message across every day.

Jada L. Kohlmeier, has been teaching for nine years, the last two at the new high school at Desoto. She teaches World and American history. Her biggest challenge is how fast the teaching field is changing. The only source for information used to be the libraries, now there is so much information on the internet and much of her time is spent on research. It is difficult to plan her curriculum for the year because of constant changes across the world, not knowing what will be important later in the year.

During discussion, the teachers were asked what their worst problem in the classroom is and the thing that helps them the most to do their job. Jada stated that the worst is too many students and not enough time to know their personal needs and the best is being surrounded by other quality teachers that she can learn from

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON EDUCATION at on February 14, 2002 in Room 123-S of the Capitol.

and share with. Michiel thinks the best is the commitment from the superintendent and local board to see where they want to be in the future and the worst is having a student tell him he doesn't care. Amy sees the biggest problem as not having enough time to do all that she would like and the best is the kids. She gets her energy from the kids and they remind her why she comes to work every day.

Briefing on the Children's Cabinet

Joyce Cussimanio, Executive Director of the Children's Cabinet, briefed the Committee on what the responsibilities of the cabinet were as created by Substitute for **HB2558** in 1999. One of the key responsibilities is to review, assess and evaluate expenditures from the Children's Initiatives Fund. The cabinet completed an extensive review of funded programs and provided recommendations. The recommendations are based on three elements: Data-driven, outcome-based approaches; best practices proven by research; and evaluation of funded programs. Funding recommendations for the upcoming fiscal year are in three categories, increased spending, level funding, or programs that they do not feel should be funded with Children's Initiative Fund dollars.

The Cabinet recommends an increase for the Four-Year-Old At-Risk program and the Vision Research program. They recommend level funding for the Parent Education program and the School Violence Prevention program. The Cabinet did not include \$7.4 million in programs that were considered inappropriate for the Children's Initiatives Fund expenditures. The last page of the attachment has a budget summary by agency and program. The programs with a recommendation of '0' for FY2003 are the programs they found inappropriate to fund. These programs total the \$7.4 million that the cabinet did not include in their budget. Joyce is bringing this to the attention of the Legislature and will budget these dollars if the Legislature recommends it.

The Children's Cabinet is supporting program accountability. They are making an effort to define school readiness and identify specific data measures that will assist educators and others in maximizing state resources that contribute to school readiness. In addition to child indicators, other indicators occur within the family, community and school. The next step will be to select possible assessment tools to help determine a child's readiness. A complete copy of the recommendations are attached. (Attachment 1)

Chairman Umbarger thanked Joyce for the information and adjourned at 2:30 p.m.

SENATE EDUCATION COMMITTEE GUEST LIST DATE - 2 14 0 2

NAME	REPRESENTING
Cada Kohlmein	Kansas Exemplary Ed. Network - 2001 Milken
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Nike dral	in the
Bol And	45DE-
Scott Heidner	KC Civic Council
DAle Huffman	Families Together Inc
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Bead Stauller	Topeta, USD 501
Jacque Dokes	50E
Lay, Leong.	Olatho Achool Dist
Rich Griffing	Os county Farm Bureau
Joshua Zewis	Senator Teichman
Diane Gierstan	Wichita Public Schools
Rosibn James - Martin	SRS
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NSAS CHILDREN'S CABINET AND TRUST FUND



Joyce A. Cussimanio, Executive Director 415 sw 8th avenue, 1st floor Topeka, Kansas 66603-3913 Tele: (785) 368-7044

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TESTIMONY

To the Senate Education Committee February 14, 2002

Mr. Chairman and members of the Committee, thank you for the opportunity to share the Children's Cabinet Recommendations to the Governor and Legislature for 2003. I am Joyce Cussimanio, Executive Director of the Kansas Children's Cabinet. In addition, this afternoon I would like to bring you up to date on the work of the School Readiness Task Force.

Passage of Senate Substitute for House Bill 2558 in the 1999 Legislative session dedicated 95 percent of the state's portion of the Master Tobacco Settlement to improving the health and well being of children and youth in the state. In addition, House Bill 2558 created the Kansas Children's Cabinet to oversee the expenditures from the Children's Initiatives Fund. The Children's Cabinet is directed by the statute to undertake four overarching responsibilities:

- Advising the Governor and the legislature regarding the uses of the moneys credited to the Children's Initiatives Fund
- > Evaluating programs which utilize Children's Initiatives Fund moneys
- Assisting the Governor in developing a more coordinated, comprehensive system of services for children and families of Kansas
- Supporting the prevention of child abuse and neglect through the Children's Trust Fund

One of the Cabinet's key responsibilities is to review, assess and evaluate expenditures from the Children's Initiatives Fund, and the enabling statute sets forth specific and objective standards to be applied. Programs, projects, services or activities funded from the Children's Initiatives Fund:

- Must have clearly articulated objectives that are to be achieved
- Must be data-driven and outcomes based. Data must be available to benchmark its outcomes.
- Must demonstrate its design is supported by credible research
- · Must constitute best practices in the field
- Must have an evaluation component capable of:
 - o determining program performance,
 - o identifying needed program modifications,
 - showing how the program can be transferred to other venues and
 - o indicating when funding is no longer justified.

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The Cabinet engaged in an extensive review of funded programs including completion of a questionnaire by each agency, interviews with program coordinators, presentations before the Cabinet, and follow-up with additional information. This review has led to the following recommendations to the Governor and Legislature. The recommendations are based upon the program's ability to demonstrate the presence of these three basic elements found within the law:

- > Data-driven, outcome-based approaches
- > Best practices proven by research
- Evaluation of funded programs

Three categories for funding for the upcoming fiscal year reflect the findings of the Cabinet:

- Program increases based upon adherence to statutory requirements
- Level funding due to pending or inconclusive evaluation results for failure to adhere to statutory requirements
- Programs that supplant state general funds, do not honor the intent of the law or are inappropriate for expenditures from the Children's Initiative Fund.

Department of Education programs recommended to receive increases based upon adherence to statutory requirements:

		<u>2002</u>	<u>2003</u>
Four-Year-Old At-Risk	KSDE	4,500,000	6,000,000
Vision Research	KSDE	300,000	400,000

Department of Education programs recommended to remain at level funding due to pending or inconclusive evaluation results or failure to adhere to statutory requirements:

Parent Education	KSDE	2,500,000
School Violence Prevention	KSDE	500,000

The Department of Education does not fund any programs that are considered to supplant State General Funds.

A review of the Recommendations to the Governor and Legislature for Fiscal Year 2003, page 15, indicates that although the Children's Cabinet was authorized to make recommendations on the use of \$45 million, the recommendation total is \$37.6 million. This figure does not include the programs, totaling \$7.4 million that are considered inappropriate for Children's Initiatives Fund expenditures.

The Role of the Children's Cabinet in Supporting Program Accountability

The Children's Cabinet currently supports efforts in a variety of ways:

- Smart Start Kansas discretionary grants
- Facilitating the collaborative process to define school readiness and to identify data measures, both existing and those that we must begin collecting
- Establishing an outcome-based grant process with Smart Start Kansas and Children's Trust Fund grants
- Facilitating a common grant application with Social and Rehabilitation Services staff that is outcome-based and reliant upon data and promotes a more evaluative emphasis with funded programs
- Planning efforts with SRS Office of Prevention and the Kansas Health Foundation to create support for an outcome-based approach among all state level stakeholders
- Co-facilitating, with Kansas Action for Children, identification of data indicators to be used in the Kids Count publication that will not only be useful to local planners, but will help to drive state policy decisions
- Facilitating meetings to determine how state agencies can collectively support communities' needs for data, program documentation, local capacity building and developing the growing demand for workforce development to support community efforts.

Over the last 18 months the state has undergone a collaborative effort to define school readiness and identify specific data measures that will assist educators and others in maximizing state resources that contribute to school readiness. The School Readiness Task Force has relied upon research and the work of other states and private foundations to guide this process. The group strongly supports the use of this data to track trends that will assist in establishing programs and developing policies supportive of school readiness.

The public has long considered school readiness to be related to the capabilities of the child upon entrance to school, usually at the kindergarten level. But we have come to realize that determining readiness at the moment of entry does not paint a complete picture, and does not provide the opportunity to intervene early. We now understand that available data can be measured within the child's environment to help us predict school readiness across the population. This information allows us to implement programs that will positively impact data measures, and Kansas children.

As part of our Kansas efforts, three types of indicators have been identified, in addition to child indicators. Those indicators occur within the family, community and school.

Indicator	Data Measures	Data Source(s)
Stable home environment	Transitions/Mobility in child's life	Parent Interview
	# of moves within foster care system	Foster care infor. State level
	# of family outings per week	Parent Interview
	# of meals eaten together/day or week	Parent interview
Availability of early childhood education programs	# of childcare slots available	KACCRRA KDHE
	# of Licensed or registered placements	KDHE
	% of infant/toddler slots available	KDHE
	% of at-risk children (0-3, 3-5) who are	Head Start: Early HS 4-yr-old-
	unserved by a federally/state subsided	at-risk
	program	Other
	Rate of Supply vs. Demand	State level information
Access of health and nutrition services	% of eligible students (K) participating in lunch program	School information
	% of eligible students (K) participating in breakfast program	School information
	Nurse involvement with parents (beyond immunizations and medication)	Principal interview
	Availability of screenings/K roundup	School information
	Availability of social worker/counselor in school buildings	School information

As you can see, many data measures are already available within the state through archival data collected by state agencies. We are currently investigating additional available data that may contribute to our knowledge of trends in the state. We may determine, through this collaborative effort, that data currently unavailable at the state and county level is more predictive of school readiness and must be collected. We expect a validation process to occur which will ensure that data measures selected are, in fact, valid indicators (based upon research) of school readiness. These data measures will be incorporated into Connect Kansas and could be used by local site councils, community partnerships and for state level decision-making.

Educators and others across the nation are currently identifying indicators and data measures, much like our own Task Force. Kansas has been invited to participate in a 14-state readiness project, funded by the Packard and Ford Foundations. Kansas participation is sponsored by the Ewing M. Kauffman Foundation. Kansas and the other 13 states will learn first-hand from one another's work. The hope of the funders is that the collective work in these 14 states will provide a basis for national indicators of school readiness and help to drive federal policy.

I am proud Kansas has been asked to participate in this project, this effort furthers the work of the Cabinet, and I am personally delighted to be a part of this important project.

The next logical step is to select possible assessment tools to help determine a child's readiness. State Department of Education staff members are currently working, even as we refine our measures, to do just that. The Children's Cabinet has a particular interest in this effort because the ultimate goal of Smart Start Kansas discretionary grants is to ensure that children enter school ready to learn. An assessment of children impacted by Smart Start Kansas will be part of our evaluation and our hope is that we can develop a tool that is useful for schools and our evaluation process. We hope that, collaboratively, we may establish a pilot of the assessment in Smart Start communities.

A complete copy of the Recommendations accompanies this summary. I am pleased to respond to any questions the Committee might have.



Recommendations to the Governor and Kansas Legislature

For State Fiscal Year 2003

October 4, 2001

I. BACKGROUND

Passage of Senate Substitute for House Bill 2558 in the 1999 Legislative session dedicated 95 percent of the state's portion of the Master Tobacco Settlement to improving the health and well-being of children and youth in the state. In addition, House Bill 2558 created the Kansas Children's Cabinet to oversee the expenditures from the Children's Initiatives Fund, which will be used for providing additional funding for programs, projects, improvements, services and other purposes directly or indirectly beneficial to the physical and mental health, welfare, safety and the overall well-being of Kansas' children.

The Cabinet began meeting in August of 1999. Initially the meetings focused on the most effective use of Master Tobacco Settlement funds and included testimony from a diverse range of experts such as child and youth advocates, state government representatives, child welfare organizations, and tobacco prevention and cessation advocates.

Clear consensus emerged from the views expressed: addressing the needs of children and youth before they become costly is the most responsible and effective way to use the resources. Early prevention is the most cost-effective and efficient way to deal with problems such as youth violence, low levels of school achievement, unhealthy and high-risk behaviors and juvenile crime rates. Further, data-driven, outcomesbased programs with a history of success provide an unprecedented opportunity for the state to strategically invest resources.

In order to support the needs of children and youth into the future, Senate Substitute for House Bill 2558 provides for the following:

- The Kansas Endowment for Youth (KEY) Fund, a landmark trust fund that will ensure financial resources are sustained long into the future. The KEY fund is managed by trustees of the Kansas Public Employees Retirement System (KPERS).
- The Children's Initiatives Fund (CIF), which will annually receive funds from the Endowment.

- The Kansas Children's Cabinet, directed by the statute to undertake these four overarching responsibilities:
 - Advising the Governor and the Legislature regarding the uses of the moneys credited to the Children's Initiatives Fund;
 - > Evaluating programs which utilize Children's Initiatives Fund moneys;
 - Assisting the Governor in developing and implementing a coordinated, comprehensive delivery system to serve children and families of Kansas;
 - > Supporting the prevention of child abuse and neglect through the Children's Trust Fund.

Present members of this diverse fifteen-member Cabinet are:

Ex-Officio Members:

Mr. Clyde Graeber, The Secretary of Health and Environment

Ms. Janet Schalansky, The Secretary of Social and Rehabilitation Services

Dr. Mabel Rice, The State Board of Regents designee

Dr. Andy Tompkins, The Commissioner of Education

Mr. Albert Murray, The Commissioner of Juvenile Justice Authority

Honorable Ed Larson, Supreme Court Justice

Four Voting Members appointed by Legislative Leadership:

House Majority Leader Shari Weber, The House Speaker's designee

Mr. Marvin Barkis, The House Minority Leader's designee

Senator David Adkins, The President of the Senate's designee

Kathleen Sebelius, Insurance Commissioner, The Senate Minority Leader's designee

Five Voting Members appointed by the Governor.

Mr. John E. Moore, Executive Vice President, Cessna Aircraft Company

Ms. Carol Nazar, Executive Director, Wichita Public Library Foundation

Mr. Reginald Robinson, Counselor to the Chancellor, University of Kansas

Ms. Donna Shank, Vice President, Al Shank Insurance Inc.

Honorable Carla Stovall, Attorney General

The Mission Statement of the Kansas Children's Cabinet is to identify, evaluate, recommend funding, promote, measure and re-evaluate programs, prevention services and delivery services that directly benefit the physical and mental health, welfare, safety and overall well-being of children in Kansas.

The Children's Cabinet adopted the goals associated with Connect Kansas as a framework for its statutory responsibilities. Connect Kansas is a sophisticated system of data indicators to measure progress toward nine developmental goals for children and their families. Existing data indicators established in conjunction with Connect Kansas, in addition to data indicators that will be identified in the upcoming two years, provide quantifiable measures for evaluation of programs toward a specified outcome or goal. The Connect Kansas nine goals for children, youth and families are widely accepted by children's advocates, private foundations, community partnerships and many state agencies:

- Families, youth, and citizens are part of their community's planning, decision-making, and evaluation
- Families and individuals live in safe and supportive communities.
- Pregnant women and newborns thrive
- · Infants and children thrive
- Children live in stable and supported families
- Children enter school ready to learn
- Children succeed in school
- Youth choose healthy behaviors
- Youth successfully transition to adulthood

One of the Cabinet's key responsibilities is to review, assess and evaluate expenditures from the Children's Initiatives Fund. The enabling statute sets forth specific, objective standards to be applied toward that end. Programs, projects, services or activities funded from the Children's Initiatives Fund must:

- > Be outcomes based and have clearly articulated objectives
- > Benchmark outcomes
- > Demonstrate the design is supported by credible research
- > Constitute best practices in the field
- Implement an evaluation

The evaluation must be capable of:

- Determining program performance
- o Identifying needed program modifications
- Showing how the program can be transferred to other venues
- o Indicating when funding is no longer justified

Children's Cabinet recommendations for SFY 2001 included funding for early childhood discretionary grants built upon an outcomes-based approach, entitled Smart Start Kansas. The implementation of Smart Start Kansas, while providing community support to ensure that children enter school ready to learn, also serves as a model for outcome-based grants and services. Smart Start Kansas is a pilot project that keeps the final outcome in the forefront, implements research-proven best practices and assures an evaluation is in-place within the State to test the effectiveness of research-based strategies in the Kansas environment. The Smart Start Kansas evaluation process has begun, and intermediate results will be available within the next year.

In August 2001, the Children's Cabinet developed a strategic plan based upon its statutory requirements. The strategic plan has three major areas of focus: accountability; maximizing performance through collaboration and coordination; and, advocacy for children's programs. Over the next two years, the Children's Cabinet will play a significant role contributing to the State's knowledge of program effectiveness, identifying gaps in services for children and families, and advocating to alter or expand services to fill identified gaps. The strategic plan follows:

Accountability

Objective 1: To assure accountability to Kansas' children, citizens, policy-makers and other stakeholders, the Kansas Children's Cabinet will develop and model an evaluation system to demonstrate resources invested in research-based children's initiatives yield measurable differences for Kansas' children.

Strategies

- 1. Recommend an accountability format identifying success indicators and a means to support and expand existing documentation and data systems.
 - > By November '01, begin a process jointly with Kansas Action for Children to identify success indicators associated with Connect Kansas that interface with the Kansas Kids Count book.

> By January '02, have data format for local and statewide Smart Start Kansas measurements in place.

> By May '02, alignment of all CIF programs with outcomes and data indicators associated

with Connect Kansas will be completed.

> By January '02, seek assistance of Kansas Health Institute, contracted provider or research team consisting of representatives from the Regents Universities to validate the data indicators through established research projects.

> By March '02, facilitate meetings with state agencies, community partnerships and others to identify ways to support and/or expand existing technical assistance to communities and

documentation and data systems.

2. Develop and implement an evaluation model and ultimately a comprehensive evaluation system.

> By November '01, secure services for evaluation project management and development of a Children's Initiatives Fund evaluation plan.

> By January '02, have evaluation plan in place for Smart Start Kansas.

- > By January '02, contract with a trained evaluator to initiate a review of CIF programs to determine a valid evaluation presence.
- > By February '02, establish an interagency task force, including members such as Kansas Health Institute, Regent's Universities, and nationally recognized evaluators to assist in the establishment and format of the evaluation model. Ensure evaluation is both formative, identifying necessary "course corrections" and summative, reporting outcome results.
- > By January '02, the Children's Cabinet shall make specific recommendations for expenditures from the Research/Accountability fund for the evaluation system.
- 3. Based upon evaluation results, trend analysis and identified gaps in services, make recommendations regarding the implementation of additional children's programs or the elimination of programs and the redirection of funds.
 - > By January '03, identify gaps in services for children by analysis of data indicators and existing evaluation results.

Maximizing Results (Performance) through Collaboration and Coordination

Objective 2: To maximize the use of limited resources benefiting Kansas' children the Children's Cabinet will facilitate the development of a coordinated and seamless system of programs and services for children.

Strategies

- 1. Engage leadership of the state agencies around a common vision.
- 2. Determine if the Connect Kansas framework can serve as an organizational framework for children's initiatives across state agencies.
 - > By end of November '01, schedule meetings with agency heads and appropriate staff to begin review of Connect Kansas data indicators.
 - > By December '01, establish a group to determine if/how programs fit outcomes and indicators.

- 3. Address the need for a recommendation at the executive level to embrace the Connect Kansas outcomes and data indicators. Preferably the recommendation would be generated by agency Secretaries, however, in the absence of such a recommendation, Children's Cabinet members are prepared to suggest an executive order be given by the Governor. Such an executive order should include:
 - a strategic vision.
 - language that all agencies can use.
 - > operational direction.

Championing Kansas Children

Objective 3: To advocate for a Children's Public Policy Agenda.

Strategies

- 1. Advise the Governor as to how to best support and provide leadership in promoting a children's agenda.
- 2. Advise the Legislature as to how to best support and provide leadership in promoting a children's agenda.
- 3. Provide information to gubernatorial candidates regarding the Children's Cabinet, the Children's Initiatives Fund and ongoing efforts to improve services for Kansas' children and families.
- 4. Recognize success in communities and with programs across the state.
- 5. Enlist private foundations, organizations, agencies and businesses in support for and leadership in promoting a children's agenda.
- Advocate for programs which fill gaps in services to meet the needs of Kansas' children.

The long-term goal of the Children's Cabinet is to utilize the expanded data and documentation system to identify gaps or needed adjustments in services for Kansas' children and families. Funding to support evaluation efforts is reflected in the increase in research and accountability expenditures. In order to ensure thoughtful, responsible allocation of the resources, SFY 2003 will be dedicated to expanding the evaluation of funded programs addressing the needs of children and families.

In the event, pilot programs are initiated by state agencies or the Legislature to test concepts or promising approaches, the Children's Cabinet proposes to play a role in developing and evaluating those. As pilot projects are initiated, the Cabinet proposes to assist agencies in the establishment of an effective documentation system, to assure an evaluation is in place and ultimately to report the effectiveness of the pilot program, thus aiding in the decision regarding allocation of additional funding for successful programs in future years.

The Children's Cabinet strongly favors funding community-based programs which rely on a comprehensive community plan addressing goals associated with Connect Kansas and which employ the use of research-proven best practices applied to affect specific objectives. Further, the Children's Cabinet recommends a pilot of collaboration among state agencies with such programs, enabling communities to access funding from a variety of state agencies through a single comprehensive planning process or a simplified, common grant process.

II. FUNDING RECOMMENDATIONS

The members of the Cabinet feel strongly that the Master Tobacco Settlement moneys present the State with an unparalleled opportunity to strategically and systematically improve the overall well-being of our children. To that end, the Children's Cabinet distributed questionnaires to funded programs, requesting information based upon its statutory requirements to evaluate as previously listed. Review of these questionnaires, presentations from program staff, additional discussion with program staff and review of the statutory requirements have led to the enclosed recommendations presented to the Governor and the Legislature.

The statute identifies data-driven, outcome-based approaches; best practices proven by research; and evaluation as the three required elements to receive Children's Initiatives Fund moneys. Program funding recommendations for SFY 2003 are based upon the "test" of these three elements and program descriptions reflect Cabinet findings.

Program increases based upon adherence to the statutory requirements:

Tobacco Use Prevention Grants-\$1,225,000 KSDE

This program implements a comprehensive tobacco use prevention program in one pilot community in Kansas following the Centers for Disease Control best practices. Additional funds will allow the program to expand and maximize additional moneys from an American Legacy Foundation grant.

This grant process is based upon a sound design and well-researched practices. Baseline data has been collected to ensure that an effective evaluation takes place. Community change has begun to occur and this program shows promise.

Juvenile Prevention Program Grants-\$6,500,000 JJA

This enhancement will improve the prevention knowledge base within the Juvenile Justice Authority and ensure that data collection occurs in the 31 judicial districts. Communities will be measuring their progress against newly developed JJA outcomes. In addition, these funds will purchase needed technical assistance and professional services to support community efforts. Although communities will not be direct recipients of the funds, they will be direct beneficiaries of services provided by these funds. It is anticipated that in addition to funding much-needed technical assistance, these funds will significantly strengthen existing data collection efforts, which will ultimately contribute to our knowledge of resources, needs and successes within the state.

These grants utilize sophisticated, prevention technology to determine community-based strategies. Technical assistance and improved data collection capacity for local communities is vital to maximize the effectiveness of this program. This framework relies heavily on data to determine community needs, to record community successes and to measure results. Additional information is needed through a summative and formative evaluation before additional funds to local programs is appropriated.

Home and Community Based Services-SED Waiver-\$2,500,000

The HCBS/SED waiver funds services designed to prevent children with Severe Emotional Disturbance (SED) from being placed in state psychiatric hospitals. The overall goal of the waiver is to provide in-home and community-based supportive services, which allow children and youth to live with their families, remain in their communities and prevent hospitalization. The program allows for the provision of certain in-home community-based services to eligible children.

This program is based upon best practices, is data-driven and has an evaluation in place. The program has exceeded three of the four identified benchmarks.

Smart Start Kansas Discretionary Grants-\$6,475,000 SRS

Smart Start Kansas is an early childhood development and education initiative to ensure children enter school ready to learn. It focuses on local control, community planning and collaboration, and developing a comprehensive approach. Communities have maximum flexibility applying funds to impact a framework of core services. The flexibility in utilizing funds has made this a demanded program by communities and it provides maximal opportunities to tailor the program to meet needs.

This program is based upon a significant body of research, utilizes best practices and is data-driven. Communities have demonstrated appropriate progress on intermediate outcomes associated with their comprehensive plans and evaluation of the program is in place.

Children's Cabinet Research/Accountability-\$1,900,000 SRS

This fund is established for evaluation of programs receiving moneys from the Children's Initiatives Fund. The Children's Cabinet is instituting a rigorous evaluation agenda over the next two to five years. This funding is necessary to review current program evaluation processes in order to determine the need for an independent evaluation to be conducted by the Children's Cabinet. The result of the review will be an evaluation plan, and additional funds will be required to conduct indicated program evaluations. An initial review indicates that the Parent Education, School Violence Prevention and Juvenile Justice Prevention Grants must establish evaluation procedures with resources unavailable within the Department of Education and the Juvenile Justice Authority. The Four-Year-Old At-Risk program must increase its evaluation capacity, and additional funding is necessary to enhance data and documentation systems across the state for community partnership.

These program evaluations constitute initial evaluation requirements that will ensure the recommendations to the Governor and Legislature are valid and accurate.

Four-Year-Old At-Risk Program-\$6,000,000 KSDE

The purpose of the program is to prepare an early childhood education program for four-year-old at-risk children who were identified as at-risk for success in school. Each program must address the following areas of development: cognitive, language, social, emotional, physical, cultural and aesthetic through the use of a high-quality developmentally appropriate early childhood curriculum.

This program is research-based and has identified data measures. Evaluation results demonstrate success in this program.

Vision Research-\$400,000 KSDE

This program identifies children with specific vision conditions that cause difficulty with reading and provides vision therapy to them. Early identification of children with vision disorders has the potential to improve student learning and quite possibly divert children from costly special education and remedial education programs. The additional funds will allow for program expansion and increase the number of students to be served.

A sound research process was utilized to determine the effectiveness of this strategy. Data indicators, benchmarks for success and clearly articulated measurable results exist for this study. This program has demonstrated success in improving reading levels among children who have undergone the vision therapy.

Programs remaining status quo due to pending or inconclusive evaluation results or failure to adhere to one or more statutory requirements:

Healthy Start-\$250,000 KDHE

The program provides education and support to pregnant women and families with a baby (birth through one year) for the purpose of reducing the incidence of child abuse and neglect by improving parents' nurturing skills. The program is designed to improve and enhance parenting and problem solving skills and to increase the use of cost-effective preventive health care services such as prenatal care, family planning, immunizations, nutrition and well child visits. The program promotes early prenatal care and discourages unhealthy behaviors such as substance abuse. Utilizing home visitors to promote preventive health care cuts health care costs. The program serves expectant mothers, new parents and infants, with priority to high-risk families.

No research was cited, although the program was modified and implemented based upon a similar program in the United Kingdom. This program has clearly identified data indicators, benchmarks and outcomes. An evaluation is being conducted by Kansas Health Institute designed to provide qualitative data on programs.

Infants and Toddlers Program-\$500,000 KDHE

The program provides screening, evaluation, assessment and intervention for children with developmental delays/disabilities (from birth to three years of age) through community networks. The goal of the program is to identify infants and toddlers with developmental delays or disabilities as soon as possible. This ensures assistance is available to meet the individualized needs of the infants/toddlers and their families in community-based natural settings, and to plan for a seamless transition into other systems of care prior to age three.

Most data collected reflects process rather than outcomes data. Adequate benchmarking for limited outcome data is present. No information regarding best practices or supporting research was made available. Kansas Infant Toddler Services is currently participating in a five-year national study that may provide information about improving services. This evaluation data combined with local service coordination may provide information to assist state policy makers regarding state funding levels. It does not appear that this study will serve as a summative evaluation of service effectiveness.

Community Services for Children and Families-\$2,600,000 SRS

This program provides funding to SRS Area Offices to keep children in non-abuse/neglect cases in their homes and schools using community intervention programs and supports rather than out-of-home placements. Services initially identified as being important are: emergency respite care; coordinated intake and assessment, which span multiple systems including JJA; mental health and SRS; 24/7 crisis response for certain children with mental health concerns; closer involvement with families coming to the attention of SRS through police protective custody and enhancement of kinship care.

Services were developed throughout SFY 2001, therefore results based upon these early efforts are quite tentative. No formal evaluation of these local efforts is underway. This initiative requires further study to ensure local programs do not supplant funds withdrawn in previous years.

Family Centered System of Care-\$5,000,000 SRS

Each Community Mental Health Center has developed a strategic plan in collaboration with key community stakeholders and parents to identify existing gaps in services and build programs to meet the needs of children with SED and their families. Plans are unique to each community as determined by the collaborative planning process at the local level. Three guiding principles drive the initiative: building community collaboration on behalf of service delivery, providing parent support services to families of children with SED and increasing/expanding the array of community-based services for children with SED. No additional funding was requested from this program.

This program is based upon nationally recognized best practices and has data indicators to measure success and benchmarks outcomes. Cabinet members are requesting more information about how benchmarks were established. The University of Kansas compiles quarterly evaluation reports to assess client satisfaction with services.

Therapeutic Preschool-\$1,000,000 SRS

This is a program for infants and young children who are at-risk for abuse, neglect and future emotional-social-behavior disorders; 2 ½ to 5 year-old special needs children who have severe emotional disturbance and are unable to attend other preschools due to their behavior; and kindergarten children who attend half-day public school special education services and half-day therapeutic preschool. Programs have been developed in a collaborative effort with parents and other agencies and/or systems involved with young children such as regular and special education, Head Start, public health departments, Interagency Coordinating Councils, local SRS offices and others. Programs must be community-based, allow family involvement, provide parent support and outreach services, and track program outcomes.

This program was first implemented in Spring, 2001. Evaluation results will be available in future years. At this time it is unclear if data indicators for success are research-based. Additional study must be done on this program.

Parent Education-\$2,500,000 KSDE

This program provides expectant parents and parents of infants and toddlers with information, advice, assistance, resource materials, guidance and learning experiences. Home visits encourage parents to be the best first teachers of their children; developmental, vision, hearing and health screenings are provided for all children enrolled in the program; and families are supported with parent education, family resource centers and information on various topics. The moneys are given in the form of grants to school districts to fund their Parents As Teachers programs.

This model is research-based. Process and outcome measures were provided, although quantifiable results were not indicated. Currently, the evaluations from Missouri are reviewed for program effectiveness. Little state data is available to determine the success of this program and no statewide evaluation is currently conducted. Most program information is gleaned from parent and teacher satisfaction surveys, and no thorough analysis of data occurs. The Cabinet proposes to undertake an evaluation of this program to assist in the establishment of measurable success indicators and to determine program effectiveness.

School Violence Prevention-\$500,000 KSDE

These funds address violence prevention by providing children with mental health support/services in the school setting through collaborative partnerships among schools, mental health centers and local coordinating councils. It is designed to reduce school violence, substance abuse, school dropouts and delinquency. This competitive grant program is in its second year and requires a 25 percent local match. Services that may be provided include attendant care, case management, respite care, family therapy, psychiatric care, outpatient therapy and parent support.

Research to support this strategy was not cited in the Cabinet questionnaire. No statewide evaluation is conducted on this program, however local evaluations are required. Both process and outcome data indicators are in place, although the levels of change within school districts implementing this program are unclear. Further study of this program is recommended before additional funding or application to other venues should be considered.

TeleKidcare-\$250,000 KU Medical Center

This expands the program to deliver medical services to children in school using personal computer based telemedicine technology. The project links school nurses and parents with physicians to provide clinical consultations for students.

This program has completed its first year of implementation and direct services to children are not anticipated to begin until the second year. Program staff is currently developing process and outcome measures. Evaluation results will be available in future years.

Programs which should not be funded by Children's Initiatives Funds:

Senate Substitute for House Bill No. 2558, New Section 2 (b) states: "Moneys allocated or appropriated from the children's initiatives fund shall not be used to replace or substitute for moneys appropriated from the state general fund in the immediately preceding fiscal year." Further, Senate Substitute for House Bill 2513 Sec. 20(r) relating to discretionary grants states: "That grant funds may not be used to supplant any grantee's existing fund." From these statements, the Children's Cabinet clearly understands the intent of the law is to expand the scope of children's programs within the State rather than take the place of State General Funds for existing programs.

The Cabinet believes current allocations for several programs, namely Child Care Subsidy, HealthWave, and Children's Medicaid, constitute supplanting of funds and usurp the intent of the law. The Cabinet suggests the State fund these programs with State General Funds, returning the Children's Initiatives Fund moneys for programs that do, in fact, expand the scope of services available to Kansas' children.

The Cabinet contends that Juvenile Graduated Sanctions Grants are mandated by federal law, constitute intervention services for troubled youth rather than prevention efforts and should be matched with State General Funds.

Together, these programs received \$7,400,000 in Children's Initiatives Fund moneys in SFY 2002, which clearly supplanted State General Funds in contravention of the governing statute. The Governor and the Legislature in previous years have eliminated Children's Initiatives Fund moneys for programs which did not directly focus on children. It is the Cabinet's strong recommendation that these programs no longer be funded with CIF moneys beginning in SFY 2003.

The sole factor that tempers this recommendation is the fiscal difficulty faced by the State in SFY 2003. As an alternative to eliminating CIF moneys for these programs in SFY 2003, the Cabinet suggests firm plans be put in place in the coming year to provide State General Funds to support these programs, no later than SFY 2004.

The Children's Cabinet supported a one-time request to fund equipment for Pediatric Biomedical Research at University of Kansas Medical Center. The Cabinet does not recommend continued support for this program, now entitled Brain Development and Epilepsy.

The Children's Cabinet has reviewed statutory requirements, heard program presentations, sought clarification and additional information from agency staff and performed considerable deliberation and study regarding funding for the Children's Initiatives Fund. The Kansas Children's Cabinet respectfully submits these recommendations for consideration by the Governor and Legislature.

Complete Budget Summary by Agency and Program

	Children's Cabinet	FY 2002	Children's Cabinet FY 2003
	FY 2002		
Agency/Program	Recommendation	<u>Final Funding</u>	Recommendation
Department of Health and Environment			
Healthy Start	\$250,000	\$250,000	\$250,000
Infants and Toddlers Program	500,000	500,000	
Tobacco Use Prevention Grants	0	500,000	
Subtotal-KDHE	750,000	1,250,000	1,975,000
Juvenile Justice Authority			0.500.000
Juvenile Prevention Program Grants	5,000,000	6,000,000	6,500,000
*Juvenile Graduated Sanctions Grants	2,000,000	2,000,000	0
Subtotal-JJA	7,000,000	8,000,000	6,500,000
Department of Social and Rehabilitation Services			
Home and Community Based Services	1,800,000	1,800,000	2,500,000
Family Centered System of Care	5,000,000	5,000,000	5,000,000
Community Services	2,600,000	2,600,000	2,600,000
Therapeutic Preschool	1,000,000	1,000,000	1,000,000
*Child Care Subsidy	1,400,000	1,400,000	0
*HealthWave	1,000,000	1,000,000	0
Smart Start Kansas	14,825,000	3,000,000	6,475,000
Research/Accountability	750,000	550,000	1,900,000
*Children's Medicaid	0	3,000,000	0
Subtotal-SRS	28,375,000	19,350,000	19,475,000
Department of Education			
Parent Education	1,500,000	2,500,000	2,500,000
Four-Yr-Old At-Risk	1,000,000	4,500,000	6,000,000
School Violence Prevention	500,000	500,000	500,000
Vision Research	0	300,000	400,000
Subtotal-KSDE	3,625,000	7,800,000	9,400,000
University of Kansas Medical Center			
TeleKidcare	250,000	250,000	250,000
Brain Development and Epilepsy	0	1,000,000	0
Subtotal-KU Medical Center	250,000	1,250,000	250,000
Total	\$40,000,000	\$37,650,000	**\$37,600,000

 ^{*} Indicates programs recommended for funding through the State General Fund.
 ** Total does not include \$7,400,000 recommended to return to the Children's Initiatives Fund.