

ABSTRACT:

Our community’s existing network of caring professionals comes together to provide teen parents and vulnerable families who encounter multiple challenges including infants, toddlers, special needs, difficulties finding inclusive early learning programs, lack of services available in Spanish, lack of parenting skills and oral health needs with culturally competent, relationship oriented, home-based mental health, medical, bilingual therapy and case management parenting education services. Our community’s program also supports underpaid but dedicated early childhood care and education professionals with technical assistance that strengthens their capacity to create stimulating and healthy environments and sustain nurturing relationships with young children and their families.

Statement of Need

This table shows the goals as prioritized in the Smart Start planning process.

Smart Start Planning Goal	Priority Ranking (1 is highest, 5 is lowest)
The basic needs of families and children are met through a comprehensive, coordinated, collaborative, accessible family support system.	<u>1.56</u>
High quality, accessible, affordable childcare and early education is available to all families.	<u>2.60</u>
Universal, local access to healthcare services (physical, mental and oral health) and safe environments are assured for pregnant women and children.	<u>2.73</u>
Children enter school socially, emotionally and cognitively ready to learn.	<u>3.36</u>
The workplace supports working families.	<u>4.45</u>

These goals were identified by the participants and prioritized by importance. It was recognized that these goals couldn’t be thought of as mutually exclusive categories but as parts of a whole system supporting families with young children. Early childhood education goals, for example, were conceived as part of family support services.

Family Support Services

Success By 6 of Douglas County has developed a collaborative system of family supports based on enhancing and expanding the capacity of existing agencies to deliver family support services to childbearing and parenting families of young children. Family support is needed in the following areas:

- Mental health services, case management and social supports for Spanish speaking families
- Health related pregnancy and parenting education and case management for teen parents and vulnerable families pre-natal through age five
- Mental health services combined with case management for families with infants and toddlers with special needs
- Mental health services for families with children zero to five with multiple challenges
- Case management for families with children zero to five not part of populations listed above.
- Oral health education and related case management for families including Spanish speaking.
- Support for families with children three to five years old in Baldwin with parenting education

Family Support for Spanish Speaking Families

In the first 10 months of 2007, 65 Spanish speaking families received case management, parenting education and social support by Centro Hispano Resource Center. Fifteen of those families received mental health services. Thirty-five percent of families served in the Health Department’s Maternal Child Health programs are Spanish speaking. In 2006 the estimated Spanish speaking population of Douglas County was 4,220. There are only two bilingual mental health clinicians in Douglas County, both at Centro Hispano Resource Center. In 2007, the top six Case Management issues for which CHRC provided assistance were: taxes, adult education

(primarily English classes, a few GED classes), food, legal assistance in the area of immigration, interpretation and translation, and financial assistance.

Health and Social Support for Pregnant and Parenting Teens and Vulnerable Families

With minimal outreach (due to limited program capacity), the Health Department receives an average of 250 new referrals per year for childbearing families needing assistance. This indicates that approximately 20% of the 1200 annual births to Douglas County families are to families needing special support during pregnancy.

An average of 80 teen mothers per year is referred for the department's teen pregnancy case management and goal setting program. Twenty-five to forty families are referred for help with child health and parenting concerns for children over age one.

The families referred typically have complex multifaceted needs. Areas assessed by the nurse case manager include physical and emotional issues related to the pregnancy; ability to access medical prenatal care and child health care; extent of available support system; presence of domestic violence and/or substance abuse; ability to meet basic needs such as food, housing, transportation; educational or vocational goals of the parents; and understanding of means to foster healthy infant and child development.

Most families served have needs in many of these areas and do not know where to begin to meet them. They need a knowledgeable, supportive individual to assess and guide them toward services while also providing education related pregnancy and parenting.

Currently, the level of service provided by the nurse case manager is determined by triage of family needs. Families with more complex needs receive intensive services for a longer period of time. Those at lower risk may receive short term intervention and linkage to other community services, and then Health Department follow-up is discontinued.

Support for Families of Infants and Toddlers with Special Needs

The Smart Start Early Childhood Mental Health Specialist employed at tiny-k Early Intervention will have served approximately 40 families in 2007. These families have at least one child who participates in the tiny-k Early Intervention program due to having either a disability or developmental delay. This is a significant characteristic that impacts typical family functioning. Parents must deal with many emotional issues, i.e. grief, loss, etc. while handling additional appointments, seeking additional financial resources to assist with monetary issues due to child's special needs, learning about available local and regional resources available due to child's special needs, educating self on child's special needs and learning how to advocate for child with different professionals and in various situations. Many times parents will need assistance finding and paying for child care due to their child's special needs.

Families become overburdened by these challenges and begin to present concerns with needs that are not a result of their child's special needs, but are the parent's own. These can include inadequate parenting skills, poverty and financial issues, substance abuse, domestic abuse, housing, transportation and employment issues, mental and physical health concerns. Any of these issues require assistance from the Early Childhood Mental Health Specialist.

Early Childhood Mental Health Services and Related Case Management

The Family Resource Team records approximately 201 new families each year receiving services from Smart Start funded family support programs. Approximately 80 of these families are referred for mental health services from clinically trained Early Childhood Mental Health Specialists at Bert Nash Community Mental Health Center. The needs are: psychotherapy, parenting education, advocacy and support. Specifically, parents have concerns about their child's development, behavior, relationship with the parents and others, and their emotional well-

being. Parents request parenting skills enhancement, referral to early childhood resources, parent-child relationship building, and mental health services (evaluations, medication, and therapy). Often these families need a variety of case management and assistance with resources in combination with family therapy and parenting education services.

The percentage of families receiving case management *and* mental health services averages 25% - 30%. Over a six month period in 2007, the Smart Start Case Manager has acquired approximately 220 resources for families spending 400 hours on finding these.

The families served by Smart Start case management need a variety of services referrals to other area agencies and professionals, 1:1 support including coaching, mentoring and advocacy, clinical collaboration, case management for areas including children's educational needs, legal/immigration information, healthcare, food, childcare information, financial resources, transportation, housing, clothing, information about community resources, interpretation and translation, adult education, safety resources.

Family needs arise from issues including poverty, shared family experience of abuse/neglect, drug and alcohol addiction, exposure to trauma and generational history of poverty/trauma. Families typically seek services when able to meet their family's basic needs, when there are parenting issues centering on unmanageable child behaviors or when parents are experiencing feelings of being overwhelmed by chaotic and highly stressful family systems.

Early Childhood Oral Health

The Kansas Department of Local and Rural Health has designated Douglas County as a dental and medical Health Professional Shortage Area (HPSA). It is specifically designated as a shortage area for low income or Medicaid providers. The Douglas County Dental Clinic currently serves 590 children ages 0-5 through the Access To Baby Child Dentistry (ABCD) program. The number of children and families served by the ABCD program has continued to rise annually. The number of visits during 2003 was 276. In 2004 this number jumped to 511 and in 2005 rose again to 560. Last year, 695 ABCD visits occurred at DCDC.

Access to oral health care and education are needed. Many families also need interpretation services and transportation or childcare in order to keep appointments. There are very few dental providers who will accept Medicaid and no other providers who offer reduced fees for dental care to the uninsured. The Dental Clinic finds that low income families need intensive case management in order for them to bring their children in to the clinic.

Parenting Education as Family Support in Baldwin City

Baldwin has approximately 150 children between three and five years old. 45 of these children receive early education support through the 4 year old At-Risk preschool. USD 348 meets the needs of Special Education preschool students in the P.E.P. program. Baldwin has one private part day part week preschool. This option has a limited number of slots and is too costly for some families. Baldwin Parents as Teachers serves approximately 90 children each year in the Birth to age three program. Approximately 20 – 25 children exit this program. If PAT expands services to offer PAT support to these exiting children until Kindergarten entry, the likely number of children served would be 40.

These families have a gap of parent education and support from the time they exit PAT at age 3, and enter preschool at age 4 or Kindergarten due to the limited preschool opportunities in Baldwin, particularly at age three. Typically 50% of enrolled PAT children remain home with parent, and the other 50% generally attend a family childcare program.

These families continue to seek age-appropriate parent/child interaction activities. They seek parenting support and education to deal with discipline, communication, self-esteem, sibling

rivalry, etc. The PAT program is the primary local source of family supports. Families who age out of this program are left with few supports within the community.

Early Care & Education

Children spend a significant portion of life in child care. Nationally, 63% of young children are in child care arrangements every week. To meet the needs of these children, we must develop quality child care. Every child deserves a quality early learning. Douglas County has approximately 6,802 children under 5 of whom approximately 4,500 are in care. Data published by the Kansas Association of Child Care Resource & Referral Agencies indicate that of the 219 regulated family child care programs, 149 accept infants. There are 22 child care and two Head Start centers. Only eight of the child care centers provide infant care for 69 infants.

All of these early learning programs face obstacles to quality improvement. There is limited access for early childhood educators to mentoring or coaching opportunities and on-site support. Staffing child care programs is a significant need. Recruiting and retaining qualified teachers to maintain staff/child ratios and provide an age-appropriate early learning service is crucial. Yet, early childhood educators require qualified and trained substitutes in order to attend professional development and training. The cost of providing services for infants and toddlers exceeds that for older children due to the ratios and equipment required.

There are needs for programs serving preschool age children as well. During the period 9-30-05 through 12-31-07, Douglas County piloted a program to house literacy coaches in early learning programs to provide instructional information and support to teachers around the five emergent literacy components of alphabet knowledge, phonological awareness, oral language, print awareness, and invented spelling. Seven centers and family childcare homes were served, impacting approximately 650 children. Evaluation of the program by the University of Kansas revealed that DIEBELS and PALS scores improved. The instructional information and support was provided to the teaching staff therefore the impact upon children will continue at pilot sites without significant investment. *However, another 20 childcare centers and 235 child care homes need literacy instruction and support.*

From January – June 2004, the Douglas County Child Development Association received 23 requests for childcare for children with special needs. From July – November 2007, ERC Resource & Referral reported that 16 parents included information about their children’s special needs in childcare referral requests. In the December 1, 2003 Part C of Individuals with Disabilities Education Act (IDEA) report, the Douglas County Infant Toddler Coordinating Council (now called tiny-k Early Intervention Services) reported only five of the 76 settings in which intervention services were provided were in programs designed for typically developing children. Only two of the settings were in programs designed for children with developmental delay or disabilities. ERC’s current database records only 82 family childcare homes having received specialized training regarding special needs.

Community Collaboration and Planning

In 2007 Douglas County Smart Start expanded its community planning and collaboration in several ways. First, we recruited a delegation of “unusual suspects” to attend the Kansas Health Foundation annual Leadership Conference. We have sustained this group by asking them to prepare a strategic communications grant proposal which was submitted and funded for implementation in 2008. This project involves a community education campaign that links early brain development to economic development and organizes a community summit related to this topic. The project focuses the attention of community leadership on sustaining support for infant toddler childcare for working families. These new partners include representatives from public

education in the smaller communities of Eudora and Baldwin as well as leaders of the community that have not in the past participated in early childhood programming.

Our second planning and collaboration improvement brought ERC, Resource and Referral agency in the selection, design and implementation of an early childhood mental health consultation grant proposal. This proposal also included nine early learning firms and 11 direct service personnel and agency administrators. We also included ERC in the selection and design of this 2008 Smart Start proposal. We also participated in selection and design of a regional Infant Mental Health Conference proposal submitted to KACCRRRA by ERC.

A third elaboration of planning and collaboration involved a series of 17 interviews of 19 stakeholders to provide input to the Smart Start Coalition on the direction of family supports in 2008. Subsequently, Smart Start held four meetings to synthesize this input and facilitated two meetings with practitioners and partners to evaluate a plan for improving coordination of services to families. This plan embeds early childhood mental health specialists in existing agencies. *The plan supports these specialists by providing for consultation, reflective supervision and professional development for credentialing under the emerging classification by the Kansas Association for Infant Mental Health (KAIMH).*

Fourth, Smart Start of Douglas County continues to provide statewide leadership around the planning and collaboration of local early childhood mental health systems by participating on the KS Early Childhood Mental Health Advisory Council which is developing a strategic plan for early childhood mental health and by organizing and facilitating a NE regional informational meeting to create linkages between the Advisory Council and local communities. Staff helped organize the 2007 Children's Mental Health Conference entitled "The New ABCDs of Early Childhood Mental Health". Smart Start staff will facilitate an "Early Childhood Mental Health Learning Community" in 2008 under the auspices of the KS Early Childhood Comprehensive Systems Plan. Douglas County Smart Start staff wrote a proposal resulting in a \$5,000 KHF Recognition Grant to fund a key note speaker and provide lunch for the participants in this event.

Finally, we convened and facilitated 3 meetings with early childhood program directors from three school districts and five community based programs to design a PreK pilot project. This project was funded and implemented in two school districts and three community based programs. The lead agency for the PreK Pilot is the Douglas County Child Development Association, a key leader in the Douglas County Smart Start partnership. This table is a "chart that demonstrates how the community partnership interacts or is a sub-group of other other partnerships." Also see chart on page 41.

Success By 6 Coalition of Douglas County - Smart Start Grantee		
Smart Start Implementing Agencies	Closely Related Program Areas	Distantly Related Program Areas
tiny-k Early	IDEA Part C Services	
Bert Nash Center	Child & Family Services	Adult Services, Family Centered Syst. of Care
Health Dept.	WIC, Maternal Child, Immunizations	Senior & general public health
Centro Hispano Resource Center	Mental Health, Case Management, Family Support	
Do. Co. Child Dev. Assoc.	Food Program, PreK Pilot, EC Mental Health Consult.	
ERC Resource & Referral	R&R, Infant Toddler Spec. EC Mental Health Consult.	
USD 348	P.E.P., PreK Pilot Site, 4 yr Old At Risk	K-12
Do. Co. Dental Clinic	ABCD	Adult Services

Program Description

Family Support

Family Support for Spanish Speaking Families

Smart Start of Douglas County approaches the design of programs serving Spanish speaking families by investing in Centro Hispano Resource Center. These investments build on the existing capacity of the center which relies on networking with existing services in the community rather than creating a one stop shop for all the needs of Spanish speaking families. This networking approach is implemented by a bilingual case manager. The provision of mental health services for Spanish speaking families is more effectively met by increasing the availability of bilingual clinicians. Smart Start accomplishes this in the longer term by partnering with the KU School of Social Welfare in the recruitment and retention of a qualified Bilingual Early Childhood Clinical Case Manager for CHRC and in the short term by contracting with an existing family therapist in partnership with St. John the Evangelist Church.

Health and Social Support for Pregnant and Parenting Teens and Vulnerable Families

The role of the Health Department nurse case manager is to assess family needs and work in an educational and care coordination role to help the family meet assessed needs while weaving in teaching about healthy pregnancy and parenting. Linkage with community resources through diligent follow-up on referrals is an essential component. Addressing system barriers through advocacy for clients and advocacy for systems change is an essential role of the nurse case manager. The nurse case manager follows the adult childbearing family throughout pregnancy and for up to one year postpartum. Teen parents can be served to age 21. Families of children over one are followed until the presenting issue is resolved or appropriate connection is made to other service providers.

In terms of number of persons served, the goal is to maintain a caseload of approximately 25-30 active families per nurse case manager. This includes families newly referred plus those receiving ongoing services. Because of attrition, a single nurse case manager may serve 50 or more families per year. The addition of a full time nurse case manager funded by Smart Start

Kansas helps keep program caseloads for all program nurse case managers to a number that allows the appropriate intensity of services to be provided for all families served by the program.

Support for Families with Infants and Toddlers with Special Needs

The Smart Start Early Childhood Mental Health Specialist at tiny-k Early Intervention provides 40 families with mental health and related case management services annually. The Smart Start Early Childhood Mental Health Specialist program at tiny-k Early Intervention is unique in that it addresses both child and family outcomes, knowing that the family must be supported in order to be able to care and assist their child. A comprehensive support and team approach is used to accomplish this goal. All children who qualify for mandated IDEA Part C services must be served immediately upon qualification. This includes addressing families concerns. Providers from different disciplines work with the family and collaborate with each other to empower family to be able to support their child. The Smart Start Early Childhood Mental Health Specialist's expertise is essential in assisting families to work toward becoming self-sufficient and competent in order to assist their child with special needs. The tiny-k providers and Specialist work together in finding the best way to address child and family issues.

The Smart Start Early Childhood Mental Health Specialist has extensive knowledge of the "Primary Coaching" approach. This model allows parents to build on increasing child participation in existing activities & routines while building their capacity to support their child.

Mental Health & Related Case Management

Smart Start funds two Early Childhood Mental Health Specialists at Bert Nash Mental Health Center, who have training and experience in areas of infant-toddler mental health assessment, diagnosis, and treatment, parenting education, and support/advocacy. These clinicians also work systemically; providing the above services to the whole family, the parent-child dyad, and child care providers without time constraints. These clinicians collaborate with local early childhood educators and often work as a "team" with community based case managers to efficiently and affectively accomplish the family's goals. The clinicians also refer to appropriate service providers for medication and individual psychotherapy services. These Early Childhood Mental Health Services are often coupled with services of a Case Manager.

The Smart Start program employs this licensed social worker in order to lower caseloads making possible intensive, in-home services. This approach supports teams to understand clearly and thoroughly the layers of need that families have, focusing on the complexity of capacity building, advocacy and identifying gaps in services. This Smart Start Case Manager also manages referrals to the "Family Resource Team" which serves as an inter-agency collaborative body for coordinating services and managing referrals.

Early Childhood Oral Health

Case management services provided by the Access to Baby and Child Dentistry (ABCD) program are critical to the success of our Smart Start program. Families receive phone calls, written correspondence and one-on-one counsel and education when they are in the clinic with their children. The ABCD program is designed to remove barriers and provide low income families with young children a dental home. The ABCD program educates parents about the importance of getting their children in to see the dentist at a very young age. ABCD provides childcare during appointments, interpretation services and transportation to and from appointments when needed. ABCD also helps with referrals to specialists and other social service agencies and can help eligible families with enrolling their children in HealthWave.

Parenting Education as Family Support in Baldwin City

The Baldwin PAT program currently employs two full time B – K (birth to kindergarten entry) certified Parent Educators. The program is housed in USD #348’s Family Resource Center which includes a large play room available for activity sessions, group meetings, and also a parent resource center with books and a toy lending library.

The 2008 Smart Start program will offer continued PAT services to children age 3 and 4, using the 3- K PAT curriculum. This expanded PAT service would include quarterly Personal Home Visits to each child, a minimum of once a month Parent/Child School Readiness Activity Sessions, monthly parent newsletters, opportunities for yearly developmental, hearing, and vision screenings, as well as collaboration with community resources. As we implement this needed expansion of PAT, this opportunity will be offered to all 3 year old PAT enrolled children who are NOT being served through other district offered support (P.E.P. the first year, and Pre-K 4 year old preschool the second year). This program will start with the 3 year old children the first school year (until June 2008), and then add the 4 year old children the next school year (September 2008) at which time the USD 348 PAT would become, with these Smart Start investments, a Birth to K Parents as Teachers Program.

Early Care & Education

Early Childhood Special Education Consulting

Smart Start continues its Early Childhood Special Education Consultant in 2008. This specialist provides technical assistance to center based classrooms and family childcare homes who desire to provide early learning opportunities to children with special needs, but lack the skill and knowledge. Intensive technical assistance involves 2-3 hours per day for 2-3 days per week and is based on specific children’s special needs and leads to overall program and learning environment improvements that support inclusion. Quality improvement plans are developed for each classroom or home. These plans are informed by the results of an initial Infant Toddler Environmental Rating Scale - Revised (ITERS-R). Early Childhood Environmental Rating System - R (ECERS-R) is used for programs serving children 3-5. Though technical assistance is directed at classrooms and homes that wish to provide quality early learning opportunities for infants and toddlers with special needs, there are spill-over benefits to programs that also provide educational services to preschool age children covered under IDEA part B and for all children.

Quality Connections

Quality Connections provides on-site coaching to child care center teachers and family child care homes over a six-month period. The program focuses on environments in which infants and toddlers are enrolled. Early care and education professionals receive 6-8 on-site technical assistance visits (one approximately every 3 weeks) using the Parents as Teachers “Supporting Care Providers” curriculum. One visit focuses on health & safety, and one visit focuses on early literacy. The topics of remaining visits are selected by the teacher and coach based on need and interest. A program improvement plan, based on findings from an initial assessment of the environment using the Clifford-Harms Environment Rating Scales, will guide the services. Participants attend 6 clock-hours of professional development. Programs achieving their 6-month goals receive a \$300 mini-grant to purchase quality improvement materials. To support and promote early literacy efforts, participants receive an age-appropriate book at each technical assistance visit and have the opportunity to check out teacher resource materials and activity kits from ERC’s Resource Lending Library. Parent education is provided through *Parent Pages*, an informational tip-sheet sequenced with technical assistance provide to the teacher. Project funding will provide services to 18 classrooms or family child care homes, impacting the quality

of care for an estimated 145 children and providing parent education to 96 families. Quality improvement will be measured by pre and post environment rating scales observation data.

Caring Connections Substitute Development

Caring Connections is a partnership between ERC Resource & Referral and Key Staffing, designed to meet the needs of child care centers for qualified substitute teachers. ERC works recruit individuals to work in child care centers and provides basic training, which meets the requirements by Kansas Department of Health & Environment (KDHE). The training series includes: Child care first aid; Recognizing the Reporting Illness, Abuse & Neglect; Infant & Toddler Development, Routines & Activities; Preschool Development, Routines & Activities; Guiding Behaviors. These classes are offered at least quarterly. Participants completing the training are placed with Key Staffing for job assignments. A child care center director needing a substitute can call Key Staffing and request a substitute. Substitutes are employees of Key Staffing. Key Staffing bills the child care program for the hourly wage of the substitute and the employment taxes. The fee for Key's services is covered by project funding. Project funding will start this program in Douglas County, providing needed support to at least 10 child care centers in year one serving an estimated 300 children.

2007 Work Plan Progress

In the first 11 months, 201 families received support services from Smart Start Implementing Partner agencies. Services included intensive mental health and clinical case management, health related pregnancy and parenting support, case management and mental health services available in Spanish, mental health and clinical case management for families with infants and toddlers with special needs. We exceeded our target number of families served by over 50 families. We increased this target in 2008 to reflect the needs presenting and our capacity to meet them. We will track and report services and families by specific agency and disaggregate the numbers of families and services according to refined definitions of services.

We are on track regarding investments in improving quality and availability of infant toddler early learning programs. The Early Childhood Special Education Consultant (ECSEC) added services to two family childcare homes and maintained services to two family childcare homes. Two more family childcare homes are scheduled to be added in January 2008. The consultant has maintained service to two center based classrooms and added two additional center based classrooms. All exiting programs recorded post intervention increases in quality ratings using the ITERS-R and ECERS-R. The ECSEC developed a supplemental assessment for relationships of care and early education for children with special needs. This tool will be used in 2008. We invested \$7,298 in Infant Toddler Health and Safety grants to 23 programs.

In 2007 we began providing Parenting with Love and Logic for Early Childhood®. We had planned one session. Due to unexpected demand, we provided two 6-evening sessions rather than one. Both sessions were full each with 17 families. This success led to partnership with agencies to develop a community-wide comprehensive schedule of parenting classes.

ATTACHMENT A: Work Plan

GRANT YEAR OBJECTIVE OR BENCHMARK 1: By December 31 2008, the Bilingual Case Manager at Centro Hispano Resource Center will provide direct support to 70 Spanish speaking families.

ACTIVITIES

- Maintain Resource Acquisition Database
- Education and Outreach about resources that exist (including annual *Feria Hispana* Resource & Cultural Fair)
- Maintain Douglas County Interpreter and Translator Database
- Educate about English classes
- Presentations to agencies, general community (including *Feria Hispana*, mentioned above)
- Facilitate volunteers and partners for Intercambio Cultural Exchange program

OUTPUTS

- Record of resources acquired by families
- Numbers of people attending *Feria Hispana* and other events
- Numbers of people accessing interpreters through Translator Database
- Numbers of Spanish speaking families enrolled in ESL classes
- Numbers of Intercambio partnerships

SUPPORTING RESEARCH

Delgado, M. (2007). *Social Work with Latinos: a Cultural Assets Paradigm*. N.Y.: Oxford University Press.

Gutierrez, L.M. (1990). Working with women of color: an empowerment perspective. *Social Work*. 35 (2): 149-53.

Gutierrez, L.M. & Lewis, E. A. (1994). Community organizing with women of color: a feminist approach. *Journal of Community Practice*. 1 (2). Pp. 23-44.

Suarez-Orozco, C. & Suarez-Orozco, M.M. (2001). *Children of Immigration*. Cambridge, MA: Harvard University Press.

GRANT YEAR OBJECTIVE OR BENCHMARK 2: By December 31' 2008, 7 families will receive family therapy or clinical case management services from the Bilingual Smart Start Early Childhood Mental Health Specialist.

ACTIVITIES

- Convene and facilitate Spanish speaking Women's Group meetings
- Parenting classes and individual sessions
- Provide home visit to Spanish speaking families
- Develop goals in partnership with families
- Collaborate with Bilingual Case Manager to coordinate services and record progress
- Determine relationship between family goals and outcomes
- Report goal achievement progress and service levels including numbers of families, infants, toddlers and preschoolers served to Collaborative Projects Coordinator

OUTPUTS

- Number of Women participating in Women's Group
- Number of parents enrolled in parenting classes held in Spanish

- Numbers of families receiving clinical case management
- Semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

SUPPORTING RESEARCH

Falicov, C. J. (1998). *Latino Families in Therapy: a Guide to Multicultural Practice*. N.Y.: Guilford Press.

Cordero, A. & Kurtz, B. (2006). Acculturation and the mental health of Latina women in the Women, Infant and Children program. *Affilia: Journal of Women and Social Work*. 21 (1). Pp. 46-58.

GRANT YEAR OBJECTIVE OR BENCHMARK 3: By December 31 2008, the Smart Start Nurse-Case Manager will provide bilingual health related educational and care coordination services with home visits to help 50 families meet assessed needs.

ACTIVITIES

- Receive referrals for teen moms and vulnerable families from Health Department, Family Resource Team and other community agencies.
- Develop goals with teen parents and families
- Conduct home visits and other sessions
- Find resources for teens families
- Assist teens and families with achieving goals
- Report goal achievement progress and service levels including numbers of families, infants, toddlers and preschoolers served to Collaborative Projects Coordinator

OUTPUTS

- Number of teens and families receiving services from Nurse-Case Manager
- Goals identified
- Number of home visits and other sessions
- Numbers of resources acquired for families and teens
- Percentage of goals achieved by teens and families
- Semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

SUPPORTING RESEARCH

Hill, Peggy, and Tamar Bauer. "Nurse-Family Partnership: Effective and Affordable." NACCHO Exchange, Volume 6, September 2007, pp. 1-5.

Olds et al, D. "Effects of Nurse Home Visiting on Maternal and Child Functioning: Age 9 Follow-up of a Randomized Trial." Pediatrics, Volume 120, October 2007, pp. e-832 - e845.

The National Campaign to Prevent Teen Pregnancy. Another Chance: Preventing Additional Births to Teen Mothers, Number 10, September 2004.

GRANT YEAR OBJECTIVE OR BENCHMARK 4: By December 31 2008, the Smart Start Early Childhood Specialist at tiny-k Early Intervention Services will provide clinical case management, family therapy, and case management to 40 families enrolled in Part C early intervention services.

ACTIVITIES

- Collaborate with tiny-k staff to identify families needing social and emotional and related supports

- Provide home-visit to vulnerable families
- Assist families in identifying goals
- Determine relationship between family goals and Smart Start Outcomes
- Collaborate with SB6 Case Manager as needed to coordinate services and record progress
- Report goal achievement progress and service levels including numbers of families, infants, toddlers and preschoolers served to Collaborative Projects Coordinator

OUTPUTS

- Numbers of families served
- Numbers of home visits and other sessions
- Goals identified
- Semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

SUPPORTING RESEARCH

Allen, M. et al. (1992). Helping children by strengthening families – A look at family support programs. Children’s Defense Fund.

Miliotis, D. et al. (1999). Parenting as a protective process for school success in children from homeless families. Early Education and Development, 10, 111-133

Albee, G., & Gullott, T. (1997). Primary prevention works. Issues in Children’s and Families’ Lives, Vol. Sage Publications.

Centers for Disease Control & Prevention. First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation and firearms laws. Findings from the Task Force on Community Prevention Services. MMWR 2003; 52 (no. RR-14).

GRANT YEAR OBJECTIVE OR BENCHMARK 5: By December 31 2008, 100 vulnerable families encountering multiple challenges will receive Early Child Mental Health services and related case management from the Smart Start Early Childhood Mental Health Specialist and SB6 Case Manager.

ACTIVITIES

- Collaborate with tiny-k staff, SB6 Staff and other community agencies to identify families needing social and emotional and related case management supports
- Provide home-visit to vulnerable families
- Assist families in identifying goals
- Determine relationship between family goals and Smart Start Outcomes
- Collaborate with SB6 Case Manager as needed to coordinate services and record progress
- Report goal achievement progress and service levels including numbers of families, infants, toddlers and preschoolers served to Collaborative Projects Coordinator

OUTPUTS

- Numbers of families served
- Numbers of home visits and other sessions
- Goals identified
- Semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

SUPPORTING RESEARCH

- Allen, M. et al. (1992). Helping children by strengthening families – A look at family support programs. Children’s Defense Fund.
- Miliotis, D. et al. (1999). Parenting as a protective process for school success in children from homeless families. Early Education and Development, 10, 111-133
- Albee, G., & Gullott, T. (1997). Primary prevention works. Issues in Children’s and Families’ Lives, Vol. Sage Publications.
- Centers for Disease Control & Prevention. First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation and firearms laws. Findings from the Task Force on Community Prevention Services. MMWR 2003; 52 (no. RR-14).
- Vimpani, Graham. “How can we improve access to services for families with young children? The need for new models of interagency collaboration.” Services for families with young children – AIFS Conference Paper. Australian Institute for Family Studies: AGPS, 1996.
- Werner EE and Smith RS. Vulnerable but Invincible; a longitudinal study of resilient children and youth. McGraw Hill, New York, 1992.
- Hogue, Teresa. Community Based Collaboration: Community Wellness Multiplied. Chandler Center for Community Leadership Evaluation of Current Collaborations. Chandler Center for Community Leadership. Bend, OR. 1994.
- Rapp, Charles A. The Strengths Model: Case Management with People Suffering from Severe and Persistent Mental Illness. Oxford University Press. New York. 1998.
- Child Rearing in America: Challenges Facing Parents with Young Children. Neal Halfon, Kathryn Taaffe McLearn, Mark Schuster Editors. Cambridge University Press, 2002
- “Parents Hold Keys to Promoting School Readiness” News & Issues, National Center for Children in Poverty, Fall 2002.
- “School Readiness Starts with Economics” News & Issues, National Center for Children in Poverty, Fall 2002.

GRANT YEAR OBJECTIVE OR BENCHMARK 6: By December 31, 2008, three Smart Start Early Childhood Mental Health Specialist, one Early Childhood Mental Health Consultant, and three other community based Early Childhood Mental Health Specialist will participate together in 36 hours of group clinical consultation and reflective supervision by an experienced Early Childhood Mental Health Clinical Consultant.

ACTIVITIES:

- Convene ECMH Specialist to consensus on scope of work needed from Consultant
- Advertise regionally for qualified Consultant
- Recruit Consultant
- Clinicians meet on average semi-monthly for 12 months
- Clinical Consultant and clinicians collaborate to produce report on progress toward KAIMH Credentialing, reflective supervision, and clinical progress

OUTPUTS:

- Meetings with clinicians
- Contract with Consultant
- Meetings with Consultant
- Numbers of clinicians applying for and receiving KAIMH credentials at level three.
- Hours of reflective supervision

- Report on clinical progress made possible from consultation

SUPPORTING RESEARCH:

Kadija Johnston and Charles Brinamen. Mental Health Consultation in Childcare: Transforming Relationships With Directors, Staff and Families.

Eggbeer, Linda, Tammy L. Mann, Nancy L. Seibel. “Reflective Supervision: Past Present, and Future,” Zero to Three, November 2007.

Wightman, Barbara, et al. “Reflective Practice and Supervision in Child Abuse Prevention,” Zero to Three, November 2007.

GRANT YEAR OBJECTIVE OR BENCHMARK 7: By December 31 2008, the Bilingual ABCD Oral Health Educator/Case Manager will facilitate 600 ABCD patient visits for children ages 0-5, where oral health education and dental services are provided at DCDC or other pediatric dental providers that accept referrals from our agency.

ACTIVITIES:

- Distribute ABCD brochures and flyers throughout the community, targeting agencies likely to serve low income families with young children.
- Attend health fairs in the community, distributing ABCD brochures, toothbrushes, toothpaste, dental floss and booklets explaining proper oral health care for children ages 0-5.
- Network with school nurses and healthcare facilities to facilitate the process of referring children that are suffering from oral health problems.
- Gather data on the numbers of infants, toddlers, and preschoolers benefiting from Services of the ABCD program.
- Gather data on the numbers of referrals ABCD makes to agencies and professionals dealing with children’s mental and physical health.
- Gather data on the number of Medicaid children served by ABCD.
- Gather data on the number of local dentists who are contacted and encouraged to participate in the ABCD program.
- Prepare semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

OUTPUTS:

- Numbers of families receiving services.
- Numbers of infants, toddlers and preschoolers benefiting from mental and physical health related referrals by ABCD.
- Numbers of children referred to ABCD by school nurses and other healthcare facilities.
- Numbers of Medicaid children served by ABCD.
- Numbers of local dentists who are contacted regarding ABCD.
- Semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

SUPPORTING RESEARCH:

Burt, B. & Eklund, S. (1999). Dentistry, Dental Practice, and the Community.

Access to Baby and Child Dentistry of Washington State website. <http://www.abcd-dental.org/>

Jameson, C. (1996). Broken Appointments and No Shows.

<http://www.dentalangle.com/08.96/jameson2-archived.html>

Burt, B. & Eklund, S. (1999). Dentistry, Dental Practice, and the Community.

Hispanic Dental Association website. <http://www.hdassoc.org/>
Hispanic Health Needs Assessment: A Community Guide for Documenting Health Status and
Establishing Priorities. http://www.hispanichealth.org/hhna2001_1.pdf

GRANT YEAR OBJECTIVE OR BENCHMARK 8: By December 31 2008, 20 families with children 3-5 in Baldwin will receive 4 PAT home visits and 9 Group Activity Sessions

ACTIVITIES

- Inform parents already enrolled in the 0-3 PAT program of the expanded services
- Recruit families to participate
- Schedule home visits
- Deliver PAT curriculum
- Collaborate with other agencies in Douglas County to identify resources and advocate for access to these resources for parents in Baldwin
- Report goal achievement progress and service levels including numbers of families, infants, toddlers and preschoolers served to Collaborative Projects Coordinator

OUTPUTS

- Numbers of families enrolled in PAT 3-K program
- Numbers of home visits
- Sessions of Curriculum delivered
- Number of resources accessed by PAT enrolled families
- Semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

SUPPORTING RESEARCH

Pfannenstiel, J., Lambson, T., & Yarnell, V. (1996) PAT Program, Longitudinal follow-up to Second Wave Study.

Drazan, S. & Hust, M. (1995) Effects of Parents as Teachers Together Program on School Advocacy.

Coleman, M., Rowland, B., & Hutchins, B. (1997) Parents as Teachers Policy, Implications for Early School Intervention.

Pfannenstiel, J. (1999) School Entry Assessment Project.

Pfannenstiel, J.C., Seitz, V., & Zigler, E. (2002) Promoting School Readiness: The Role of Parents as Teachers.

GRANT YEAR OBJECTIVE OR BENCHMARK 9: By December 31 2008, five family childcare homes will receive 125 hours each of technical assistance from the Smart Start Early Childhood Special Education Consultant

ACTIVITIES

- Publish selection criteria and application form for participation in program
- Receive and evaluate applications
- Selection of participants completed
- Contract with selected homes
- Negotiate schedule for Technical Assistance
- Administer ITERS, ECERS and Poracsky-McCullough measures pre-intervention tests
- deliver Technical Assistance
- Administer ITERS, ECERS and Poracsky-McCullough measures post-intervention tests

- Prepare semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

OUTPUTS

- Number of family child care homes receiving Technical Assistance
- Number of hours of TA provided
- Pre-intervention scores
- Post-intervention scores
- Semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

SUPPORTING RESEARCH

O'Brien, Marion. Inclusive Child Care for Infants and Toddlers: Meeting Individual and Special Needs. "Organizing Inclusive Infant Toddler Care: The Organizing of Teachers." Page 64. Baltimore Maryland: Paul H. Brooks, 1997.

McWilliam, R.A., Ph.D. Family-Centered Intervention Planning: A Routines-Based Approach. "Implementation Difficulties for Classroom-Based Programs: Difficulties for Classroom-Based Staff." Page 16. Tucson: Communication Skill Builders, Inc. 1992.

McGrady Heath, Jennifer "Creating a Statewide System of Multi-Disciplinary Consultation for Early Care and Education in Connecticut" Holt, Wexler & Farnam, LLP, Children's Fund of Connecticut, Inc. 2005.

GRANT YEAR OBJECTIVE OR BENCHMARK 10: By December 31 2008, three center-based programs will receive 125 hours each of technical assistance from the Smart Start Early Childhood Special Education Consultant

ACTIVITIES

- Publish selection criteria and application form for participation in program
- Receive and evaluate applications
- Selection of participants completed
- Contract with selected homes
- Negotiate schedule for Technical Assistance
- Administer ITERS, ECERS and Poracsky-McCullough measures pre-intervention tests
- deliver Technical Assistance
- Administer ITERS, ECERS and Poracsky-McCullough measures post-intervention tests
- Prepare semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

OUTPUTS

- Number of Programs receiving Technical Assistance
- Number of hours of TA provided
- Pre-intervention scores
- Post-intervention scores
- Semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

SUPPORTING RESEARCH

Hanft, Barbara E., Rush, Dathan D., and Shelden, M'Lisa L., Coaching Families and Colleagues in Early Childhood. 2004

O'Brien, Marion. Inclusive Child Care for Infants and Toddlers: Meeting Individual and Special Needs. "Organizing Inclusive Infant Toddler Care: The Organizing of Teachers." Page 64. Baltimore Maryland: Paul H. Brooks, 1997.

McWilliam, R.A., Ph.D. Family-Centered Intervention Planning: A Routines-Based Approach. "Implementation Difficulties for Classroom-Based Programs: Difficulties for Classroom-Based Staff." Page 16. Tucson: Communication Skill Builders, Inc. 1992.

McGrady Heath, Jennifer "Creating a Statewide System of Multi-Disciplinary Consultation for Early Care and Education in Connecticut" Holt, Wexler & Farnam, LLP, Children's Fund of Connecticut, Inc. 2005.

GRANT YEAR OBJECTIVE OR BENCHMARK 11: By December 31 2008, ERC Resource and Referral will deliver Quality Connections services to 10 classrooms or family child care homes

ACTIVITIES

- Advertise program to early care & education professionals in Douglas County
- Receive and accept applications to participate in program
- Enroll participants
- Deliver technical assistance, evaluation and mini-grants
- Prepare semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

OUTPUTS

- Numbers of early learning programs enrolled
- Numbers of hours of TA provided
- Numbers of mini-grants earned
- Semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

SUPPORTING RESEARCH

Hanft, Barbara E., Rush, Dathan D., and Shelden, M'Lisa L., Coaching Families and Colleagues in Early Childhood. 2004

Bryant, D., Maxwell, K., Taylor, K. Poe, M., Peisner-Feinberg, E., and Bernier, K. (2003). Smart Start and preschool child care quality in NC: change over time and relation to children's readiness. Chapel Hill, NC: FGP Child Development Institute.

Cryer, D. (2005). Providing technical assistance to encourage sustainable improvement in early child care and education program quality. Paper presented at Conference on Ensuring Quality in Early Childhood Services. Berlin, Germany. (March 2005), and at the National Head Start Association Annual Conference. Orlando, FL (May 2005).

Knowledge Into Practice: NACCRRRA's Survey of Child Care Resource & Referral On-Site Technical Assistance. (2007) National Association of Child Care Resource & Referral Agencies, Arlington, VA.

GRANT YEAR OBJECTIVE OR BENCHMARK 12: By December 31 2008, 10 substitute teachers will complete the ERC Caring Connections program and become available for service through Key Staffing, Inc.

ACTIVITIES

- Write contracts between ERC and Key Staffing
- Recruit and train qualified early childhood substitutes for the program

- Advertise program to early learning programs in Douglas County
- Prepare semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

OUTPUTS

- Training sessions for substitutes
- Number of trained substitutes
- Number of programs using substitutes
- Semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

SUPPORTING RESEARCH

Bellm, Dan and Marcy Whitebook. "Good Sub Is Hard To Find: Recruiting and Retaining Temporary Staff for Child Care Programs." Child Care Employee Project, Berkeley, CA. 1986. Foundation for Child Development, New York, NY.; Rosenberg Foundation, San Francisco, CA.; National Association for the Education of Young Children, Washington, DC. Current link available at: <http://www.springerlink.com/content/q315236755415211/>

[http://www.smartstartga.org/about us/programs/sub teacher.php](http://www.smartstartga.org/about_us/programs/sub_teacher.php)

<http://www.fpg.unc.edu/~contact/>

Program Evaluation Plan

To meet the many different needs presented by families, our overall Smart Start program relies on different strategies of intervention through existing network of agencies. This is particularly true of direct family support services such as home visits by mental health professionals and case managers. Not all families receive the same service or set the same goals and we don't know what they will need until we get to work with them. In fact there exists a multitude of psycho/social instruments to measure the impact of interventions and services. Add to this complexity the need to evaluate programs directed at early learning programs. We need a multi-dimensional evaluation plan.

Clearly the design of the evaluation plan faces constraints. The design is constrained by limits to how much time consumers and caregivers have to give over to filling out forms or engaged in activities related to evaluation instruments the nature and volume of which can interfere with the caregiver/consumer relationship. Data and information is sometimes limited by the confidential and intimate nature of this relationship. For efficiency the plan must, when possible, synchronize with evaluation protocols already in place by implementing partner agencies and the Smart Start evaluation conducted by COSMOS. The evaluation plan must balance the need to measure short-term program and consumer level outcomes with longer-term system wide outcomes. We summarize the evaluation plan in a table which relates to the logic model tables, work plan and COSMOS evaluation.

Table Summarizing Evaluation Plan

Indicators & Outcomes	Benchmark	Measurement				
		Data	Sources	Person	Time	Mthd
Outcomes & Indicators Related to Consumers from Logic Model						
Family Support for Spanish Speaking Families	Families meet 50% of goals 80% improve QOL	Case Plan/Pr. Rpt QOL Survey	Families at CHRC	ECMH Spec. Case Manager	Jan- Dec	Calc.
Health and Social Supports for Pregnant and Parenting Teens and Vulnerable Families	Meet 2010 objectives for healthy pregnancy 90% delay subs. birth Families meet 50% Goals	Prematurity & Low Birth Weight rates Case Notes	Health Dept. Teen Moms	Nurse- Case Manager	Jan- Dec	Calc
Early Childhood Mental Health and Related CM for families w/ infants & toddlers w/ spec. needs	Families meet 50% of goals related to indicators	IFSP, Case Notes, QOL Survey	Families	ECMH Spec., SB6 CM	Jan- Dec	Calc
Early Childhood Mental Health and Related Case Management for families in general population	Families meet 50% of goals related to indicators	Case Notes, Various Psycho/social Instruments, QOL Survey	Families	ECMH Spec., SB6 CM	Jan- Dec	Calc
Early Childhood Oral Health	Fewer restorative care appts with Pedodontist (%case load); Increased hygienist & dentist visits (% case load)	Case Notes	Dental Clinic	Bilingual Case Manager	Jan- Dec	Calc
Parenting Education as Family Support in Baldwin City	10% increase post test over pre test	Parent Survey's	Families complete	Parent Educators	June- Dec	Calc
Early Childhood Special Education Consultation	100% improve environment and relationship measures	ITERS, ECERS & Poracsky- McCullough Relationship Measure	Consultant Observ.'s	ECSE Consultant	Jan- Dec	Calc
Quality Connections	100% improve environments	Clifford-Harms Environment Rating Scales	ITS Observ.'s	Infant Toddler Specialist	Jan- Dec	Calc

Indicators & Outcomes	Benchmark	Measurement				
		Data	Sources	Person	Time	Mthd
Caring Connections - Substitute Pool Program	10 subs are trained, 10 programs use subs	Utilization records, Satisfaction surveys	ERC, Key Staffing	ERC, Key Directors	Jan-Dec	Add
COSMOS and Service Delivery Level Outcomes, Indicators and Measures						
Work Plan (Service Delivery) Outcomes	See specific work plan benchmark numbers	See work plan	Partner Directors, Practitioners	Collab. Projects Coord.	Jan-Dec	Add
COSMOS Evaluation Related Outcomes	#s of infants, toddlers and preschoolers served, Short Term Outcomes synchronized with local Plan, Narratives	See COSMOS Plan	Partner Directors, Practitioners	Collab. Projects Coord.	Jan-Dec	Add, Calc. Narr.

Program Name: Family Support for Spanish Speaking Families

Program Vision: Spanish speaking families have what they need to successfully parent their young children

Population Served: Spanish speaking families with young children

- **Population Needs to be Addressed by Services:** In the first 10 months of 2007, 65 Spanish speaking families received case management, parenting education and social support by Centro Hispano Resource Center. Fifteen of those families received mental health services. Thirty six percent of the Health Department's Maternal Child Health programs serve Spanish speaking families. There are only two bilingual mental health clinicians in Douglas County, both at CHRC.

**Services	Resources	Outcomes	Indicators	Measurement
65 Spanish speaking families receive case management	1.0 FTE Bilingual Case Manager. 5 FTE Bilingual Early Childhood Mental Health Specialist	Participants effectively access formal support systems in their communities	Participants demonstrate knowledge of the array of services available to them in the community. Participants demonstrate knowledge of how to access needed services available to them in the community. Participants access needed services in the community.	Quality of Life Survey
		Participants experience personal and interfamilial effectiveness	Participants identify their goals and obstacles in life. Participants identify and engage in change to reach their goals. Participants demonstrate a positive change in their quality of life.	Quality of Live Survey Case Plan/Progress Report

**** Service Assumptions:** Smart Start of Douglas County approaches the design of programs serving Spanish speaking families by investing in Centro Hispano Resource Center. These investments build on the existing capacity of the center which relies on networking with existing services in the community rather than creating a one stop shop for all the needs of Spanish speaking families. This networking approach is employed by a bilingual case manager. The provision of mental health services for Spanish speaking families is more effectively met by increasing the availability of bilingual clinicians. Smart Start accomplishes this in the longer term by partnering with the KU School of Social Welfare in the recruitment and retention of a qualified early childhood mental health clinician for CHRC.

Program Name: Health and Social Supports for Pregnant and Parenting Teens and Vulnerable Families

Program Vision: Children are born healthy and families have what they need to successfully parent their young children

Population Served: Health related pregnancy and parenting education and case management for families pre-natal through age five. Goal setting and case management for teen parents to age 21.

Population Needs to be Addressed by Services: The families referred typically have complex multifaceted needs. Most enter the program during the childbearing period. Areas assessed by the nurse case manager include physical and emotional issues related to the pregnancy; ability to access medical prenatal care and child health care; extent of available support system; presence of domestic violence and/or substance abuse; ability to meet basic needs such as food, housing, transportation; educational or vocational goals of the parents; and understanding of means to foster healthy infant and child development.

**Services	Resources	Outcomes	Indicators	Measurement
<p>Nurse case manager provides comprehensive, individually tailored pregnancy and parenting education and case management services for 50 families during 2008.</p> <p>Addition of Smart Start funded nurse case manager allows all Health Department Pregnancy and Parenting nurses to maintain recommended active caseload of 25-30 families, thereby promoting timely and intensive</p>	<p>The nurse case manager follows the adult childbearing family throughout pregnancy and for up to one year postpartum. Teen parents can be served to age 21. Families of children over one are followed until the presenting issue is resolved or appropriate connection is made to other service providers. In terms of number of persons served, the goal is to maintain a caseload of approximately 25-30 active families per nurse case manager. This includes families newly referred plus those receiving ongoing services. Because of attrition, a single nurse case manager may serve 50 or more families per year.</p> <p>The addition of a full time nurse case manager funded by Smart Start Kansas helps keep program caseloads for all program nurse</p>	<p>Childbearing families have the information and resources they need to have healthy pregnancy outcomes.</p>	<ul style="list-style-type: none"> • Pregnant women practice good prenatal health habits. • Pregnant women obtain prenatal medical care. • Families' basic needs for housing, food, and transportation are met. • Pregnant women experiencing serious mental health or substance use issues receive treatment. • Families live in homes free of intimate partner violence. • Childbearing families have adequate social support. 	<ul style="list-style-type: none"> • Prematurity rate (% of live births to program participants occurring at < 37 weeks gestation). • Low birth weight rate (% of live births to program participants with infant birth weight of < 2500 grams). • Goal is to meet Healthy People 2010 objectives for prematurity and low birth weight rates. • Compare prematurity and LBW rates in program's vulnerable population to Douglas County and Kansas rates, with goal of meeting or having lower rate than in general population.

		Participating teen mothers delay birth of subsequent child until after completion of high school education	<ul style="list-style-type: none"> • Participating teen mothers know local program options for completing their high school education. • Participating teen mothers receive services to address barriers to high school completion. • Participating teen mothers are enrolled in a basic education program (or have graduated from high school) within six months of program enrollment. • Participating teen mothers do not experience a subsequent pregnancy prior to completing basic education. 	<p>Percent of participating teen mothers who delay birth of subsequent child until after completion of high school education.</p> <p>Program goal = 90%</p>
		Participating families meet their self-identified family goals	<ul style="list-style-type: none"> • Participating families identify outcome goals for their family. • Participating families work toward meeting goals with support from nurse case manager. • Families are linked with community resources to help meet goals. • Barriers to reaching goals are addressed jointly by family and case manager. • Nurse case managers identify and address system barriers through advocacy. 	<p>Families receiving nurse case management services for at least three months will meet 50% of the goals in their family case plan within six months of enrollment</p>

**** Service Assumptions:** The role of the Health Department nurse case manager is to assess family needs and work in an educational and care coordination role to help the family meet assessed needs while weaving in teaching about healthy pregnancy and parenting. Linkage with community resources through diligent follow-up on referrals is an essential component. Addressing system barriers through advocacy for clients and advocacy for systems change is an essential role of the nurse case manager.

Program Name: Early Childhood Mental Health & Related Case Management

Program Vision: Families have what then need to successfully parent their young children

Population Served: Vulnerable families with multiple challenges including children with special needs

Population Needs to be Addressed by Services: Having at least one child who has either a disability or developmental delay impacts typical family functioning. Parents deal with many emotional issues These families become overburdened and begin to present concerns with needs unrelated to special needs, but are the parent's own including inadequate parenting skills, poverty and financial issues, substance abuse, domestic abuse, housing, transportation and employment issues, mental and physical health concerns. Vulnerable families without a child with special need also are vulnerable. The needs are: psychotherapy, parenting education, advocacy and support, concerns about a child's development, behavior, relationship with the parents and others, and their emotional well-being. Parents request parenting skills enhancement, referral to early childhood resources, parent-child relationship building, and mental health services (evaluations, medication, and therapy). Often these families need a variety of case management and assistance with resources in combination with family therapy and parenting education services.

**Services	Resources	Outcomes	Indicators	Measurement
<p>The Smart Start Early Childhood Mental Health Specialist at tiny-k Early Intervention provides 40 families with mental health and related case management services annually.</p> <p>The Smart Start Early Childhood Mental Health Specialists at BNC provide 80 families annually with intensive mental health services.</p> <p>The Smart Start Case Manager/Family Resource Advocate compliments the work of both the BNC and tiny-k ECMH Specialists with related case management and resources acquisition for families and provides exclusively case</p>	<p>1 FTE Early Childhood Mental Health Specialist at tiny- Early Intervention Services</p> <p>2.0 FTE Early Childhood Mental Health Specialist at Bert Nash Community Mental Health Center</p> <p>1.0 FTE Case Manager/Family Resource Advocate at Success By 6</p>	<p>Participants understand how to care for themselves (self-care) so they can gain/maintain emotional well-being.</p>	<p>Participants demonstrate knowledge of how to effectively advocate for themselves.</p>	<ul style="list-style-type: none"> • IFSP and Case Notes • Family Goal Setting • SB6 Quality of Life Survey

		Participants understand the nature of parent/child attachments (bonding).	Participants demonstrate knowledge of the conditions that jeopardize the formation and/or maintenance of healthy attachments.	ASQ- SE
		Participants with children with special needs are aware of community resources and supports available to them.	Participants demonstrate knowledge of the purpose of IEP, IFSP, or treatment planning meetings and how they can participate effectively.	IFSP and Case Notes

		<p>Participants know how to manage child behavior in a nurturing and effective manner (behavior management, discipline).</p>	<ul style="list-style-type: none"> • Participants demonstrate knowledge of the importance of noticing and encouraging their children's positive behaviors. • Participants demonstrate knowledge of the importance of predictable and developmentally appropriate routines for their children (bedtime, meals, homework, etc.). • Participants demonstrate knowledge of realistic expectations for their children's behavior. • Participants demonstrate knowledge of the negative consequences of physical punishments and coercion. 	<ul style="list-style-type: none"> • IFSP and Case Notes • Family Goal Setting
		<p>Participants understand the scope of their children's special needs and abilities.</p>	<ul style="list-style-type: none"> • Participants demonstrate knowledge of their children's particular medical conditions, developmental delays, or other special needs. • Participants demonstrate knowledge of their role in participating in their children's treatment/therapy plans. • Participants demonstrate knowledge of the potential effects on themselves and the family members of children with special needs (and therefore are more inclined to seek respite or services for the entire family). 	<ul style="list-style-type: none"> • IFSP & Case Notes • Family Goal Setting
		<p>Couples know skills and behaviors that support a healthy marriage/relationship or other co-parenting relationship.</p>	<p>Couples experiencing conflicts that involve violence or threats of violence seek assistance.</p>	<p>Family Goal Setting</p>

		Participants know when their emotions interfere with their ability to parent well.	Participants demonstrate knowledge of how anxiety, exhaustion, depression, anger, and other stressors can affect their ability to parent.	<ul style="list-style-type: none"> • Family Goals • Case Notes
		Participants know the importance of supervision and how to monitor their children.	Participants demonstrate knowledge of appropriate methods to monitor and supervise according to the children's ages, individual needs, and behaviors and the resources available to the parents.	<ul style="list-style-type: none"> • Family Goal Setting • SB6 Quality of Life Survey
		Participants know the importance of having a mutual support network of friends, family, and neighbors.	Participants demonstrate knowledge of how reliable, safe, and appropriate friends, family members, and neighbors can provide their families with support when they need it.	<ul style="list-style-type: none"> • Family Goal Setting • SB6 Quality of Life Survey
		Participants understand the effects of substance abuse on the family.	Participants demonstrate knowledge of the signs of substance abuse/dependency in themselves and their family members.	<ul style="list-style-type: none"> • Family Goals • Case Notes
		Participants know what to do when their emotions interfere with their ability to parent well.	Participants demonstrate knowledge of healthy methods to reduce stress.	<ul style="list-style-type: none"> • Family Goals • Case Notes
		Participants know how to access formal support systems in their communities.	Participants demonstrate knowledge of family needs that can best be met through community organizations or agencies.	<ul style="list-style-type: none"> • Family Goal Setting • SB6 Quality of Life Survey
		Participants know appropriate and effective strategies for mediating their children's challenging behaviors (behavior management).	Participants demonstrate knowledge of how to structure their children's environment to facilitate positive behaviors.	<ul style="list-style-type: none"> • Family Goals • Case Notes

**** Service Assumptions:** The Smart Start Early Childhood Mental Health Specialist program at tiny-k Early Intervention is unique in that it addresses both child and family outcomes, knowing that the family must be supported in order to be able to care and assist their child. A comprehensive support and team approach is used to accomplish this goal. The Smart Start Early Childhood Mental Health Specialist's expertise is essential in assisting families to work toward becoming self-sufficient and competent in order to assist their child with special needs. The tiny-k providers and Specialist work together in finding the best way to address both child and family issues. All tiny-k providers, including the Smart Start Early Childhood Mental Health Specialist have extensive knowledge around the

Primary Coaching approach. This model allows parents to build on increasing child participation in already existing activities and routines while building their capacity to support their child. Smart Start Early Childhood Mental Health Staff at Bert Nash Community Mental Health Center have training and experience in areas of infant-toddler mental health assessment, diagnosis, and treatment, parenting education, and support and advocacy. These clinicians work systemically; providing the above services to the whole family, the parent-child dyad, and child care providers without time constraints; collaborate with local early childhood educators and work as a team with community based case managers to efficiently and affectively accomplish families' goals. Services are coupled with services of a Smart Start Case Manager in order to lower caseloads making possible intensive, in-home services. This approach allows teams of professionals to understand, more clearly and thoroughly, the layers of need that families have, focusing on the breadth and complexity of capacity building, advocacy and gaps in services.

Program Name: Early Childhood Oral Health

Program Vision: Families have what they need to successfully parent their young children

Population Served: Low to moderate income families with young children, Spanish speaking families with young children

Population Needs to be Addressed by Services: The Kansas Department of Local and Rural Health has designated Douglas County as a dental and medical Health Professional Shortage Area (HPSA). It is specifically designated as a shortage area for low income or Medicaid providers. The Douglas County Dental Clinic currently serves 590 children ages 0-5 through the Access To Baby Child Dentistry (ABCD) program. The number of children and families served by the ABCD program has continued to rise annually. The number of visits during 2003 was 276. In 2004 this number jumped to 511 and in 2005 rose again to 560. Last year, 695 ABCD visits occurred at DCDC. Access to oral health care and education are needed. Many families also need interpretation services and transportation or childcare in order to keep appointments. There are very few dental providers who will accept Medicaid and no other providers who offer reduced fees for dental care to the uninsured. The Dental Clinic finds that low income families need intensive case management in order for them to bring their children in to the clinic.

Services	Resources	Outcomes	Indicators	Measurement
600 children will receive ABCD services.	1.0 FTE Bilingual Oral Health Educator/Case Manager.	Low income children ages 0-5 have improved overall oral health	Fewer incidences of dental caries.	Fewer numbers of appointments with the Pedodontist for restorative care.
Families of these children will receive oral health education and comprehensive case management services.	Fluoride Varnish	Parents of low income children have improved understanding of the importance of their children's oral health.	Increased number of routine visits for cleanings and check-ups.	Increased number of visits with the hygienist and dentist for check-ups and cleanings.

* **Service Assumptions:** Case management services provided by the Access to Baby and Child Dentistry (ABCD) program are critical to the success of our Smart Start program. Families receive phone calls, written correspondence and one-on-one counsel and education when they are here in the clinic with their children. The ABCD program is designed to remove barriers and provide low income families with young children a dental home. The ABCD program educates parents about the importance of getting their children in to see the dentist at a very young age. ABCD provides childcare during appointments, interpretation services and transportation to and from appointments when needed. ABCD also helps with referrals to specialists and other social service agencies and can help eligible families with enrolling their children in Healthwave.

Program Name: Parenting Education as Family Support in Baldwin City

Program Vision: Families have what they need to successfully parent their young children **Population Served:** Families with 3 and 4 year old children in Baldwin City

Population Needs to Be Addressed by Services: Baldwin City does not have a full day, full service center-based early learning program for working families with young children. The dearth of early learning programs adds to the need for additional supports to families in Baldwin. USD 348 Parents As Teachers program is the primary local source of family supports and is only funded through age three. Families who age out of this program are left with few supports within the community.

**Services	Resources	Outcomes	Indicators	Measures
20 families with children 3-5 in Baldwin will receive 4 PAT home visits and 9 Group Activity Sessions	0.15 FTE Parents As Teachers Parent Educator at USD 348;	PAT parents are more knowledgeable about child rearing practices and child development.	• Parents engage in age-appropriate parent/child activities.	Parent Surveys; Personal Visit Records.
			• Parents demonstrate knowledge of positive discipline.	
	Parenting Education Supplies	PAT parents engage in more language and literacy promoting behaviors with their children.	• Parents engage in follow-up developmental activities with their child.	Parent Surveys; Personal Visit Records.
			• Parents read to their children on regular basis.	
		PAT parents are more involved in their children’s schooling.	• Parents have knowledge of available community resources for literacy.	Classroom Teacher Survey
			• Parents attend parent/teacher conferences and are involved in school functions and classroom activities.	

** Service Assumptions: Families need parenting education and related support to successfully parent their young children. PAT is a proven source of good information and healthy supportive relationships.

Program Name: Early Childhood Special Education Consultation

Program Vision: Quality, Inclusive Childcare for All Children in Douglas County

Population Served: Families of infants and toddlers with special needs

Population Needs to be Addressed by Services: Families of infants and toddlers with special needs have a hard time finding appropriate child care. Family childcare homes and center based classroom teachers and directors often lack the knowledge and skills to create inclusive learning environments and to initiate and sustain relationships that meet the needs of families with infants and toddlers. This is especially true of families of infants and toddlers with special needs.

**Services	Resources	Outcomes	Indicators	Measurement
Five family childcare homes and three center-based programs will receive 125 hours each of technical assistance from the Smart Start Early Childhood Special Education Consultant	1.0 FTE Early Childhood Special Education Consultant	Participants with children with special needs are aware of community resources and supports available to them.	<ul style="list-style-type: none"> Participants demonstrate knowledge of the purpose of IEP, IFSP, or treatment planning meetings and how they can participate effectively. 	<ul style="list-style-type: none"> ITERS – R ECERS –R Poracsky/McCullough Caregiver Relationship Measure
		Participants know how to manage child behavior in a nurturing and effective manner (behavior management, discipline).	<ul style="list-style-type: none"> Participants demonstrate knowledge of the importance of noticing and encouraging their children's positive behaviors. Participants demonstrate knowledge of realistic expectations for their children's behavior. 	<ul style="list-style-type: none"> ITERS – R ECERS –R Poracsky/McCullough Caregiver Relationship Measure
		Participants understand typical infant development.	<ul style="list-style-type: none"> Participants demonstrate knowledge of typical developmental sequences for infants. Participants demonstrate knowledge of the developmental "red flags" that indicate a need for further assessment. Participants demonstrate knowledge of healthy brain development (brain architecture). 	<ul style="list-style-type: none"> ITERS – R ECERS –R Poracsky/McCullough Caregiver Relationship Measure
		Participants understand their infants' needs.	<ul style="list-style-type: none"> Participants demonstrate knowledge of the basic survival needs of infants and children. Participants demonstrate knowledge of the verbal and nonverbal cues infants use to express their needs. Participants demonstrate knowledge of appropriate caregiver responses to infant cues. Participants understand the relationship between meeting infants' needs and attachment (bonding). 	<ul style="list-style-type: none"> ITERS – R ECERS –R Poracsky/McCullough Caregiver Relationship Measure

**** Service Assumptions:** These families and their infants and toddlers are the proverbial "canaries in the [early learning program] coal mine". Improvements in these environments and skill building of their care givers results in healthy social and emotional development - the key to success in school and in life. These improvements and skills benefit all children.

Program Name: Quality Connections

Program Vision: Families have what they need to successfully parent their young children

Population Served: Early learning program staff serving families with infants and toddler

Population Needs to be Addressed by Services: Children spend a significant portion of their day in a child care setting. Nationally, 63% of children under age 5 are in some type of child care arrangement every week. If we are to have significant impact on meeting the needs of children under 5, we must support child care providers in their efforts to provide quality care. There are limited opportunities for early learning program staff (center-based teachers and family child care providers) to access mentoring or coaching opportunities and on-site support.

**Services	Resources	Outcomes	Indicators	Measurement
10 early childhood educators receive Quality Connections programming	1.0 FTE ERC Consultant, \$3,000 for \$300 mini-grants to program participants, age appropriate books.	Participants understand how to meet children's needs for health and safety.	<ul style="list-style-type: none"> Participants demonstrate knowledge of nutritional programs that are appropriate for infants or toddlers. Participants demonstrate knowledge of healthy standards of hygiene for infants or children that include bathing and diapering. 	Pre/post environment ratings scales
		Participants understand typical infant and toddler development.	<ul style="list-style-type: none"> Participants demonstrate knowledge of typical developmental sequences for infants and toddlers. Participants demonstrate knowledge of healthy brain development (brain architecture). 	Pre/post environment ratings scales
		Participants understand infants' and toddlers' needs.	<ul style="list-style-type: none"> Participants demonstrate knowledge of the basic survival needs of infants and toddlers. Participants demonstrate knowledge of the verbal and nonverbal cues infants use to express their needs. Participants demonstrate knowledge of appropriate responses to infant cues. Participants understand the relationship between meeting infants' needs and attachment (bonding). 	Pre/post environment ratings scales

**** Service Assumptions:** Quality Connections is a voluntary program providing on-site coaching to child care center teachers and family child care homes over a six-month period. The Smart Start program in Douglas County focuses on environments in which infants and toddlers are enrolled. Early care and education professionals serving infants and toddlers receive 6-8 on-site technical assistance visits (one approximately every 3 weeks) using the Parents as Teachers Supporting Care Providers curriculum. One visit focuses on health & safety, and one visit focuses on early literacy. The topics of remaining visits are selected by the teacher and coach based on need and interest. A program improvement plan, based on findings from an initial assessment of the environment using the Clifford-Harms Environment Rating Scales, will guide the services. Participants attend 6 clock-hours of professional development. Programs achieving their 6-month goals receive a \$300 mini-grant to purchase quality improvement materials. To support and promote early literacy efforts, participants receive an age-appropriate book at each technical assistance visit and have the opportunity to check out teacher resource materials and activity kits from ERC's Resource Lending Library. Parent education is provided through Parent Pages, an informational tip-sheet sequenced with technical assistance provide to the teacher.

Program Name: Caring Connections - Substitute Pool Program

Program Vision: Early childhood programs have quality substitutes

Population Served: Early childhood care & education professionals

Population Needs to be Addressed by Services: Recruiting and retaining qualified teachers to maintain staff/child ratios and provide an age-appropriate early learning service is crucial. Yet, early childhood educators require qualified and trained substitutes in order to attend professional development and training.

**Services	Resources	Outcomes	Indicators	Measurement
10 substitute teachers will complete the ERC Caring Connections program and become available for service through Key Staffing, Inc.	\$2,000 of funding for managing temporary staffing of substitute pool.	Regulated child care programs have access to qualified substitutes/ call-in teachers	Child care programs utilize service	Program utilization records, satisfaction surveys

**** Service Assumptions:** ERC works recruit individuals to work in child care centers and provides basic training, which meets the requirements by Kansas Department of Health & Environment (KDHE). The training series includes: Child care first aid; Recognizing the Reporting Illness, Abuse & Neglect; Infant & Toddler Development, Routines & Activities; Preschool Development, Routines & Activities; Guiding Behaviors. These classes are offered at least quarterly. Participants completing the training are placed with Key Staffing for job assignments. A child care center director needing a substitute can call Key Staffing and request a substitute. Substitutes are employees of Key Staffing. Key Staffing bills the child care program for the hourly wage of the substitute and the employment taxes. The fee for Key’s services is covered by project funding. Project funding will start this program in Douglas County, providing needed support to at least 10 child care centers in year one serving an estimated 300 children.

Organization Description

Success By 6 Coalition of Douglas County, Inc. (SB6) is the Smart Start Grantee for Douglas County. SB6 oversees the inter-agency Family Resource Team (FRT). The FRT functions to facilitate and expedite referrals, coordinate services when multiple agencies or disciplines serve the same family, and to identify gaps in services or problems in the larger systems impacting families.

Staffing changes in the upcoming year are the addition of a Parents As Teachers Parent Educator in Baldwin City, the addition of contracted bilingual family therapy and the addition of a .5 FTE Bilingual Early Childhood Mental Health Specialist at Centro Hispano. SB6 will also contract with an experienced Early Childhood Mental Health Specialist to provide group clinical consultation and reflective supervision for Early Childhood Mental Health Specialists employed in partner agencies which do not have the capacity to provide this needed service. SB6 conducts its systems changing activities by selecting, designing and implementing projects, programs and policies under three implementation groups which focus on Early Care & Education, Family Support, Early Childhood Systems Development. Chart 1 shows the Coalition's organizational structure with current activities.

Figure 1: Organization Chart for Administration of Smart Start of Douglas County

