

APPLICATION FOR GRANT

COVER PAGE

<p>A. APPLICANT AGENCY (NAME, ADDRESS, TELEPHONE, E-MAIL) Success By 6 Coalition of Douglas County 2518 Ridge Court, Room 240 Lawrence, Kansas 66046 785-842-8719 Successby6@sunflower.com</p>	<p>C. OFFICIAL AUTHORIZED TO SIGN APPLICATION (NAME, TITLE, ADDRESS, TELEPHONE, E-MAIL) Rich Minder Collaborative Projects Coordinator Success By 6 Coalition of Douglas County 2518 Ridge Court, Room 240 Lawrence, Kansas 66046 785-842-8719 Successby6@sunflower.com</p>								
<p>B. TYPE OF AGENCY Public; <u>Private Non-Profit</u>; Private Profit (circle one)</p>	<p>SIGNATURE _____</p>								
<p>D. PROJECT DIRECTOR (NAME, TITLE, ADDRESS, TELEPHONE, E-MAIL) Rich Minder Collaborative Projects Coordinator Success By 6 Coalition of Douglas County 2518 Ridge Court, Room 240 Lawrence, Kansas 66046 785-842-8719 Successby6@sunflower.com</p>	<p>E. FINANCIAL OFFICER (NAME, TITLE, ADDRESS, TELEPHONE, E-MAIL) Rich Minder Collaborative Projects Coordinator Success By 6 Coalition of Douglas County 2518 Ridge Court, Room 240 Lawrence, Kansas 66046 785-842-8719 Successby6@sunflower.com</p>								
<p>F. TYPE OF APPLICATION</p> <p align="center"><input checked="" type="checkbox"/> NEW SERVICES, <input checked="" type="checkbox"/> EXPANSION OF CURRENT SERVICES <input checked="" type="checkbox"/> ENHANCING EXISTING SERVICES TO BRING THE CURRENT PROGRAM UP TO HIGH QUALITY EVIDENCED-BASED PROGRAM STANDARDS</p>									
<p>G. TITLE OF PROJECT Douglas County Early Care & Education Affordability, Availability, and Quality Improvement Program</p>									
<p>H. GEOGRAPHIC AREA TO BE SERVED, TARGET POPULATION, AND ESTIMATED NUMBERS IMPACTED GEOGRAPHIC AREA: NUMBERS OF CHILDREN 0-3 TO BE SERVED: 61 NUMBER OF CHILDREN 3-5 TO BE SERVED: 312</p>									
<p>I. FEDERAL IDENTIFICATION NUMBER (FEIN) 74-3130758</p>	<p>K. PROJECT COSTS</p> <table border="0"> <tr> <td>1. GRANT FUNDS REQUESTED</td> <td>\$725,515</td> </tr> <tr> <td>2. LOCAL FUNDS/CASH MATCH</td> <td>\$87,000</td> </tr> <tr> <td>3. IN-KIND</td> <td>\$87,000</td> </tr> <tr> <td>4. TOTAL COST</td> <td>\$899,515</td> </tr> </table>	1. GRANT FUNDS REQUESTED	\$725,515	2. LOCAL FUNDS/CASH MATCH	\$87,000	3. IN-KIND	\$87,000	4. TOTAL COST	\$899,515
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<p>J. APPLICANT'S FISCAL YEAR: January 1 – December 31.</p>									
<p>L. ABSTRACT: Please include a brief (100 words or less) overview of the project. Font size may be 10 point, if necessary, in this box. Douglas County's ECBG proposal addresses affordability, availability and quality of learning experiences for at-risk infants, toddlers and preschoolers. A Fund for Infants and Toddlers (FIAT) builds a financial aid system with augmented infant childcare tuition reimbursements thus inducing increases in supply. FIAT scholarships require participation in the KS Quality Rating System which is also incorporated into a PreK Enhancement/Expansion for at risk children and into three centers serving at risk children. Program-wide implementation of the CSEFEL Pyramid approach to social/emotional development and intensive mental health interventions comprise an Early Childhood Mental Health Consultation Program for ECBG participating early learning programs.</p>									

SUMMARY OF CONTENTS/SCORING TEMPLATE

This checklist is a guide as the grant application is completed. Complete and sign this page and submit it with the application as page 2. When submitting the grant application, please compile the requested information in the following order. Please check “yes” if this information is enclosed with the application.

	Yes	No	N/A	Scoring Template
1. Application for Grant Cover Page (use provided form)	✓			Requirement
2. Summary of Contents (use provided form)	✓			Requirement
3. Needs Assessment and Program Planning	✓			15
4. Partnerships and Organizational Capacity	✓			15
5. Program Approach	✓			30
6. Program Evaluation Plan	✓			15
7. Evidence Based Worksheet	✓			10
8. Logic Model	✓			5
9. Budget Sheet	✓			Requirement
10. Budget Narrative	✓			10
11. 501(c)(3) Verification	✓			Requirement
12. List of Board members with a conflict of interest statement	✓			Requirement
13. Letter of Compliance with Assurances	✓			Requirement
14. Transmittal Letter for Audit, Form 990, or Most Recent Year-End Financial Statement				Requirement Requirement
15. Licensing/Accreditation Documentation				Requirement

Needs Assessment and Program Planning

Geographic Area to be served: This ECBG program serves Douglas County, Kansas with three public school districts – with total PreK-12 enrollment of 13,260 students – Lawrence (10,466), Eudora (1,383) and Baldwin (1,411).

Community Characteristics: The total county population in 2006 was 112,123. Approximately 6,199 are under age five. Of these we estimate that at least 817 live below 100% of the federal poverty level (FPL). If the 2008 rate of participation for free and reduced lunch were applied to this population of children under five, there would be at least 1,756 children 0-5 living under 185% of the FPL. There were 1,257 live births to families living in Douglas County in 2006. Of these, approximately 89 babies were born low in birth weight. In 2006 approximately 222 babies were born of mothers who received inadequate prenatal care.

Current Status: Table 1 describes the facilities and capacity for child care in Douglas County.

Table 1: Overall Child Care Capacity

Type of Facility	# of Facilities	Capacity
Family Child Care Homes	238	2,146
Child Care Centers	27	2,077
Head Start Centers	2	82
Preschools	6	202

In addition to these facilities with capacities, Douglas County early childhood partners maintain programs that support or enhance

early learning opportunities. The Kansas PreK Pilot program funds six classrooms at five sites and serves 90 children, 46 in the public schools and 44 in private community based programs. Approximately 82 of the 90 children (91%) meet the at-risk guidelines. There are six preschool classrooms operated by Lawrence Public Schools. This program is designed to provide income-eligible families with a quality preschool program for children age four. Half days in this program are funded through the KS Department of Education’s Four Year Old at Risk Program. The other half days of these full days are currently funded using the KS PreK Pilot and with contributions from the Lawrence Schools Foundation. Baldwin School District maintains three Four Year Old at Risk classrooms funded for half day. One of these classrooms offers a full day program and another of these classrooms is funded a second half of the day by KS PreK Pilot program. Baldwin serves a total of 48 children. Eudora public schools operate four half day Preschool Enhancement Program (PEP) sessions serving 60 children. About three quarters of these are students with special needs and one quarter are “peer mentors”. In the fall of 2009, Eudora Schools will open a new early childhood center that will maintain and hopefully expand existing PEP classrooms and add a Four Year Old at Risk classroom. Three Community-based

early learning centers, one of which is a Head Start Classroom, also participate in the KS PreK Pilot program with three full day classrooms serving a total of 44 children.

Success By 6 Coalition of Douglas County (SB6) administers Smart Start Kansas programs. These include *Early Childhood Special Education (ECSE) Consulting* annually serving five family child care homes and three center-based programs. The ECSE Consultant, employed at the Part C agency, provides technical assistance to programs positively impacting the development of 4 infants, 17 toddlers and 54 preschoolers in the first half of 2008.

SB6 also administers a Smart Start inter-agency Family Resource Team home visiting program serving 200 families annually with 2.0 FTE Clinical Early Childhood Mental Health (ECMH) Specialists at Bert Nash Community Mental Health Center, 1.0 FTE Clinical ECMH Specialist at the Part C agency, 1.0 FTE BSW Case Manager at SB6, 1.0 FTE Bilingual RN Nurse-Case Manager at the Lawrence-Douglas County Health Department and 1.5 FTE Bilingual ECMH Specialist/Bilingual Case Manger at Centro Hispano Resource Center.

SB6 also maintains a Smart Start Partnership with Baldwin Public Schools' Parents As Teachers program enabling the Baldwin PAT to extend service to 9 families with children 3-5 years of age who have aged out of the regular PAT 0-3 curriculum.

Another SB6 Smart Start partnership is with the Douglas County Dental Clinic (DCDC) to fund 1.0 FTE Bilingual Case Manager to support the Access to Baby Child Dentistry (ABCD) program that facilitates 600 ABCD patient visits for children ages 0-5, where oral health education and dental services are provided.

SB6 also maintains a Smart Start partnership with ERC Resource and Referral agency to administer a substitute program (Caring Connections) that provides training and development of a pool of early childhood education substitutes for early learning centers and an infant/toddler quality care enhancement program (Quality Connections) that provides mini-grants coupled with mentoring and formal education for family child care homes serving families enrolling infants and toddlers. The Quality Connections program worked with early learning programs that had 10 infants, 84 toddlers and 4 preschoolers in the first half of 2008.

In addition to these programs that provide direct support to families or invest in the quality of early learning programs, there are two programs that address the affordability of early learning. First, the KS Department of Social & Rehabilitation Services (SRS) administers child care subsidies for eligible families earning between 90%-185% of the FPL. Second, the Douglas

County Child Development Association (DCCDA) administers a scholarship program funded through the United Way of Douglas County (UW). This program is available to families enrolling children in nine center-based programs. In 2007 the UW scholarships served 95 families ineligible to receive SRS Subsidies, earning between 100%-300% of the FPL.

Finally Douglas County recently was approved for a first time introduction of 20 Early Head Start (EHS) slots administered by a regional Head Start Grantee. This agency has said that the biggest challenge to success of the EHS program in Douglas County is finding early learning programs willing to partner. The KS Head Start Association (KHSA) indicates that the compensation levels offered are too low and is therefore proposing an ECBG to augment compensation to EHS providers.

Need and Justification for Chosen Approach: The most pressing unmet need for at risk families with young children in Douglas County is the need for affordable, high quality, available infant and early toddler child care. The second is for quality enhancements of full time early learning opportunities for at-risk three and four year olds. The third is for a systematic approach to providing healthy social and emotional learning environments and supportive relationships for infants, toddlers and preschoolers.

Infant Toddler Childcare Affordability: The cost of infant and early toddler child care (Table 2, page 6) is more expensive than for preschool age children. Family child care homes consistently charge less than center-based programs making family child care homes a likely more affordable option for most low and moderate income working families who do not qualify for the inadequate number of Early Head Start openings.

There are two forms of financial aid currently available – United Way (UW) Scholarships and SRS Subsidies. UW Scholarships are only available to nine center-based programs that collectively offer 42 infant slots. In 2007 none of the UW Scholarships were used to cover the cost of infant care. So far in 2008 only two infants' tuition are assisted by UW Scholarships.

About 19% of SRS subsidies are used for infant care. An average of 550 eligible children used SRS Subsidies monthly in 2007. On average about 105 infants per month are served with SRS subsidies. The SRS Regional Directors of Economic and Employment Supports reports that SRS subsidies are inadequate assistance to families in that there remains a lack of quality, affordable infant care. The price of center-based infant care in KS as percentage of median single family income is 40.6%. The price of center-based infant care in KS as a

percentage of the median two parent family income is 13.6% (National Association of Child Care Resource and Referral Agencies). One might reasonably conclude that working for a living and having an infant constitutes a unique risk category for families and infants.

Table 2: Infant & Toddler Child Care Market Rates

Infant Toddler Child Care Quality: There is no system for effectively communicating quality in the market place for infant care. Preference for family child care versus center-based programs, as expressed in child care referral requests by families shows only a slight difference. The relationship between affordability and quality is also a factor in understanding the need and must be considered when approaching the program design. If at-risk

CENTER RATES	MIN (\$)	MAX (\$)	AVG (\$)
Under Age 1	152	234	186
12-17 mos	85	208	152
18-23 mos	85	208	149
2 Years	85	188	133
FAMILY CHILD CARE HOME RATES			
Under Age 1	80	208	132
12-17 mos	80	200	132
18-23 mos	80	175	121
2 Years	80	175	119

families have ideas of what constitutes a quality infant care setting, they are usually not in a position to demand this quality in the market place due to the sheer lack of availability.

Infant Toddler Childcare Availability: Annual infant and toddler child care referral requests (73% of calls) exceed those of families seeking care and early education for 3-5 year old children (27%). The largest number of calls (437) comes from families seeking infant care. Families face several constraints as they select infant child care. First, the location must correspond to the needs of families to travel between home to child care and to work. Second, some families will also need child care for other children location of which factors into the selection. Nationally 37.2% of women with infants also have one more child (Cohany). Finally, the program must satisfy the family’s definition of quality care.

The need for more infant care is illustrated by examining the actual number of licensed infant slots compared with estimates of the number of women with infants who return to the workforce. ERC Resource and Referral Agency serving Douglas County calculates that there are about 140 licensed infant slots in Douglas County. Nationally about 53.5% percent of women with infants are working (Cohany). If this percentage of workforce participation is applied to Douglas County’s 1,257 live births, one can reasonably estimate that 672 infants are in need of child care while their mothers work. Some of these child care needs may be met by families, friends and neighbors, and some mothers return to work for only part of the infant’s first year.

Even considering the provision of these informal, non market-based arrangements, the availability of only 140 licensed infant care slots to meet the needs of 437 infant child care referral requests for 672 working parents with infants is clearly inadequate.

In sum the inter-dependence of affordability, quality and availability – the “trilemma” – of infant child care must be considered in program design, implementation and evaluation. Our approach is to enter this inter-dependent system through the “door” of affordability. The fact that families’ urgent search for affordable infant care is so evident and represents the strongest and most easily measurable expression of stakeholder interest justifies an approach of providing financial aid to families in a way that strategically improves quality and induces availability rather than by an approach that would enter the system with incentives to the supply side to increase availability and then hope to improve quality. In order to be effective, this financial aid must increase the compensation to early learning programs enrolling infants but require early learning programs to participate in quality rating and continuous improvement planning. We expect that the initial and greatest impact will be on affordability with impacts on quality following a close second. Tertiary impacts on availability are anticipated to be of a lesser magnitude.

Early Learning Opportunities for at-risk Three and Four Year Olds: This ECBG proposal addresses the unmet need for early learning opportunities in programs currently with classrooms participating in the KS PreK Pilot program. The needs for enhancements and the needs for expansion are dealt with separately in this proposal.

Enhancement: The need for enhancement of existing PreK Pilot program has several facets. First the existing classrooms are rated using the Kansas Quality Rating System (KQRS). However, there is no KQRS Quality Improvement Coach (addressed in section below on KQRS). Second, the existing classrooms enroll children with special needs whose educational opportunities are insufficiently met with existing KS PreK Pilot funding. Third, KS PreK Pilot funds part year of Family Service Advocacy but the need for these services is ongoing. Finally, the current PreK Pilot specifies a target population of four year old children while many community-based early learning programs structure classrooms with three year old children and mixed ages of three and four year old children. There is a need for preschool learning opportunities for at-risk three year old children as well.

Expansion: The needs for the expansion of the KS PreK pilot is determined by the number of at-risk children enrolled in classrooms currently unfunded by the KS PreK Pilot. Early learning programs participating in the current PreK Pilot have some classrooms funded by the PreK Pilot and some that are not. These programs have a total of 64 at risk children who do not benefit from PreK Pilot funding. The classroom configuration of one of these programs is such that 16 three year olds make up an entire classroom not funded by the KS PreK Pilot.

These enhancement and expansion needs justify this ECBG proposal's chosen approach of building on the existing KS PreK Pilot program.

Quality Rating and Continuous Program Improvement System

Families, employers, the community in general, funding agencies, and early childhood educators need an evidence-based, predictable and reliable system for evaluating early learning program quality, communicating this quality, and facilitating continuous program improvement. This need manifests itself in the context of a complex of early childhood programs, policies and practices as well as funding streams. This ECBG proposal approaches the structuring of the need for a quality rating and continuous improvement system as integral to the understanding of the need for quality infant care and the early learning needs of at-risk three and four year old children and their families.

The need to apply the KQRS to family child care homes caring for infants faces several qualifying characteristics. First, licensed family child care homes (238) are more numerous than center-based programs (27). Understanding, communicating and improving quality of infant care across many family child care homes that often use informal channels of communication with families is complex. Second, many family child care homes are accustomed to operating independently of collaboration with other early childhood professionals. Third, working families often seek infant care under economic and employment duress and understandably consider child development outcomes lower on their radar than finding custodial care so they can work.

There is also a need for a quality rating and continuous improvement system for programs participating in the KS PreK Pilot. Indeed the requirement of these programs to receive KQRS rating is included in the KS PreK Pilot design. A KQRS Quality Improvement Coach is needed for these programs. But for a quality rating system to go to scale requires sufficient volume of information communicated between programs and families that the expectation of quality takes root throughout the early care and education market and other

publicly funded allocation systems. This ECBG proposal adds three additional early learning programs with a total of 8 more classrooms to KQRS in order to reach a tipping point needed to build broad public support. These programs serve a total of 139 children 38% of which meet at risk the criteria defined by the RFP for the ECBG.

ECMH Consultation: The need for a systematic approach to promoting social and emotional health for all children 0-6, preventing the onset of social and emotional problems among children at-risk, and intervening when young children have already developed mental health problems is evident in Kansas as well as in Douglas County. In Kansas, of the 8,783 children served in Early Head Start and Head Start in 2005-2006, there were 2,617 mental health consultations with staff about a child (24 percent of children served). Over half of these children had three or more staff consultations. Twenty percent of children had individual mental health assessments, and 4 percent were referred for mental health services outside the program.

This Douglas County ECBG proposal uses our estimate of the number of children 0-6 living at or below 100% FPL to estimate 817 at-risk young children in need of such a system in Douglas County. Of course, all children not just those at-risk need such a system. This ECBG proposal addresses the need for an early childhood consultation program that involves early learning programs as collaborative partners in building that system. In Douglas County the need to build the capacity of early learning programs to effectively deal with the social and emotional needs of young children and their families is evidenced by high levels of enrollment (33) in 2007-2008 Conscious Discipline trainings by ERC. An ECMH Consultant employed at DCCDA conducted 110 mental health consultations with children in early learning programs between September 2007 and June 2008. Twenty five of these were considered “intensive interventions”.

In addition to the need for ongoing training and technical assistance in the form of consultation to programs there is also a need for a systematic program-wide approach that relies on evidence-based practices. Our experience with introducing Early Childhood Special Education and Early Childhood Mental Health Consultation to early learning programs is that these programs seek assistance for specific children’s behaviors but have failed to understand how to either engage consultation services that build staff capacity or to implement a program-wide promotion and prevention strategy so the consultants’ time and expertise can focus on instances where a child is in need of intensive and sustained interventions.

Community Partnerships and Organizational Capacity

Success By 6 Coalition of Douglas County is the lead agency and applicant for this proposal. There are three implementing partner agencies – Douglas County Child Development Association (DCCDA) and ERC Resource and Referral Agency (ERC) and the Kansas Association of Child Care Resource and Referral Agencies (KACCRRRA).

Capacity, Partnerships and Organizational Capacity of Partners: Success By 6 Coalition of Douglas County (SB6) is the Douglas County Smart Start grantee and has successfully provided leadership in the selection, design, implementation and evaluation of over four million dollars in early childhood grants in seven years including a Federal Early Learning Opportunities Act (ELOA) grant focusing on early literacy, a Safe Schools Healthy Students Contract with Lawrence Public Schools, a KS Early Childhood Mental Health Consultation Grant and two Kansas Health Foundation (KHF) Recognition Grants and a Kansas Action For Children/KHF strategic communications grant. With KHF and KS Dept. of Health and Environment (KDHE) funding, SB6 organized and implemented a one-day state-wide forum (Building Local Bridges for Social & Emotional Development) on behalf of the KS Early Childhood Comprehensive Systems Plan Goal 2 to support local community teams' efforts at implementing the KS Early Childhood Mental Health Strategic Plan. SB6 is a partner agency of the United Way of Douglas County. Rich Minder, Collaborative Projects Coordinator has served the Coalition for seven years.

The Douglas County Child Development Association (DCCDA) is the applicant and lead agency for the KS PreK Pilot the design of which was collaboratively developed with participating centers. DCCDA also was the implementing partner for an SB6 Early Childhood Mental Health Consultation Grant and has administered the United Way scholarship program for over thirty years. DCCDA served as fiscal agent for SB6 on the implementation of the ELOA grant. DCCA also administers the USDA Adult and Child Food Program for Douglas County's family child care homes. Anna Jenny, Executive Director, has been with DCCDA since 2004. Ms. Jenny will supervise the Early Childhood Mental Health Consultant and the Financial Aid Officer/Program Director who will implement ECMH Consultation Program and the infant scholarship component of this ECBG proposal respectively. Table 3, on page 11 shows the specific early learning programs that will participate in the PreK enhancement/expansion for this ECBG proposal and three factors that indicate the extent to which these programs qualify to provide early care & education services to at risk families. Three additional programs not part

of the PreK Pilot will also participate in KQRS: Immanuel Lutheran serves 22% at-risk children in one toddler and one preschool room. Sunshine Acres Montessori serves 45% at-risk in four preschool classrooms. Kidtopia has four classrooms serving 40% at-risk children of which 10 are infants, 7 are two years old, 17 are between 2 ½ and four, and 18 are between four-six years old.

ERC is the Child Care Resource and Referral Agency for Douglas County and the surrounding eight counties. ERC partners with SB6 implementing the Smart Start grant and participated in the implementation of the Early Childhood Mental Health Consultation Grant by providing Conscious Discipline Training and follow up technical assistance. ERC maintains a Lawrence office providing a local presence for Douglas County early childhood educators. ERC implements the EXCEL program that combines technical assistance with mini-grants to family child care homes serving infants and toddlers. ERC will supervise the KQRS Quality Improvement Coach and collaborate on the training component of the ECMH Consultation program in this ECBG proposal. ERC has provided input on the development of this ECBG’s infant and toddler scholarship program and on drafts of this ECBG proposal.

Table 3: PreK Early Learning Program Partners

Program	Qualifications	at-risk	Evidence Based Curriculum
USD 497 (PreK)	Certified Teacher	100%	Scholastic EC Education
USD 348 (PreK)	Certified Teacher	100%	Children’s School Success
Community Children’s Ctr. (PreK)	Certified Teacher	100%	Creative Curriculum
Children’s Learning Ctr. (PreK)	B.A. Early Ed.	50%	Scholastic EC Education
Ballard Ctr. (PreK)	B.A. Early Ed.	100%	Creative Curriculum

The Kansas Association of Child Care Resource and Referral Agencies (KACCRRRA) is the licensee for Qualistar Early Learning’s QRS upon which the KQRS is based. KACCRRRA has implemented KQRS in nine counties with a total of 122 early learning programs. KACCRRRA administers a state-wide network of Infant Toddler Specialists including one at ERC’s Lawrence office. SB6 will contract with KACCRRRA for implementation of the KQRS components of this proposal. KACCRRRA provided input on this proposal regarding implementation, and researched evidence base for KQRS in family child care homes’ infant care.

Staffing and Organizational Structure: This ECBG proposal relies on existing staffing for the administrative positions and relies on position descriptions for the KQRS Quality Improvement Coach and the FIAT Financial Aid Officer. The proposed Early Childhood Mental Health Consultant previously provided these services in Douglas County and has established working relationships with DCCDA, ERC, SB6 and Head Start. Attached to this proposal are three brief résumés and two position descriptions describing the qualifications, specialized skills and duties required to implant this ECBG proposal. The administrators at the early learning programs will recruit and retain staffs that meet the qualifications required under the KS PreK Pilot enhancement/expansion. The ECBG organizational chart is on page 47.

Program Approach

Program Design & Goals and Objectives: This ECBG program consists of four inter-related programs: 1) Fund for Infants and Toddlers (FIAT) – 20 child care scholarships; 2) Kansas PreK Program Expansion/Enhancement – 138 four year olds, 16 three year olds; 3) Kansas Quality Rating System (KQRS) – 18 programs, 31 classrooms, 272 four year olds, 40 three year olds, 20 infants/toddlers ; 4) Early Childhood Mental Health Consultation and CSEFEL Training – 35 children with intensive interventions, 21 center-base classrooms for program-wide implementation of the CSEFEL Pyramid approach. Table 5 on page 18 provides the goals and objectives associated with each. Included in the objectives are the hours of technical assistance, training and educational/early care opportunity provided by each program. Table 6 on page 19 links these program to the goals and objectives of the KS Early Childhood Comprehensive Systems and the KS Strengthening Families Plans.

The evidence supporting a market-based approach to financing infant child care (Goals 1 & 2) using FIAT scholarships is demonstrated by research from the Lumina Foundation on adapting the methods used in financing higher education to early learning (Vast) as well as in proposals developed by the Federal Reserve Bank of Minneapolis (Grunwald & Rolnick). The Grunwald & Rolnick’s project for PreK applies for financing infant and toddler care as well and links this financing to the ability of programs to provide quality child development services. While this ECBG proposal funds scholarships for an estimated 20 infants/toddlers depending upon the family income level, subsequent years’ grants anticipates a shift from the KQRS component to additional scholarships as more programs reach higher quality standards.

FIAT Scholarships combined with SRS subsidies result in weekly per infant revenue of \$236. This is \$50 more than the average center-based tuition (\$186) and \$104 more than the average family child care home tuition (\$132). Each program in the KQRS/FIAT programs also receives quality improvement coaching, \$1,000 in formal education reimbursements, and \$3,500 in quality improvement mini-grant funds. Our theory of change predicts that increases in tuition combined with the KQRS supports increase the availability of infant care for at-risk families.

This ECBG proposal launches the FIAT program but is only the beginning of a community-wide effort to expand FIAT to include assets that will provide financial aid to working families making up to 300% of the Federal Poverty Level. Potential sources of funds to increase FIAT assets are the United Way of Douglas County, City and County economic development funds and private employer contributions.

Unlike FIAT's market based approach, expansion/enhancement of the KS PreK program approximates the financing method used for K-12 education. This approach is advanced by the KS Children's Cabinet through the PreK Pilot. Our ECBG proposal follows suit. Programs currently participating in the KS PreK Pilot have some classroom configurations that mix three and four year old children as well as with exclusively three year olds. This proposal enhances the opportunities for three year old children by applying the KS PreK model to this age.

KQRS (Goals 5 & 6) is supported by research cited in the RAND study of the Qualistar Quality Rating & Improvement System. While RAND encountered research design and implementation problems, regarding infants in family child care, subsequent evaluation of the Early Childhood Quality Rating System of Greater Kansas City (also based on Qualistar) shows improvements in program quality and child outcomes. In the research cited by RAND, low adult to child ratios determine positive child outcomes for infants. *Therefore, this proposal requires FIAT/KQRS programs to maintain the maximum 8 points on the ratio measure.*

Early Childhood Mental Health Consultation (Goals 7 & 8) fulfills the purposes of the ECBG. Evidence provided by the Center on the Social and Emotional Foundations of Early Learning (CSEFEL), the Harvard Center on the Developing Child (Knudsen) and others (Social and Emotional Health in Early Childhood) demonstrate the efficacy of investments in a systems approach to providing early childhood mental health services. This ECBG proposal builds on the vision of such a system articulated in the KS Early Childhood Mental Health Strategic Plan. This system universally promotes social and emotional health, targets interventions for children

and families with demonstrated risk and intervenes intensively with families and children with already developed mental health problems. This ECBG proposal takes a two-pronged approach: 1) Training early learning programs for program-wide implantation of the CSEFEL pyramid approach and 2) ECMH Consultation services that support this training and provide intensive mental health interventions. The pyramid approach to early childhood social and emotional health supports a system of “intensive interventions” for approximately 8%-10% of children.

The Early Childhood Mental Health Consultant expedites and provides therapy for children needing intensive services. Identified children receive a minimum of four weeks observation prior to implementing the DECA tool. This includes no less than two hours of in-person contact a week, ideally for 2-4 hours per week. Once assessed, each child receives 1-2 hours of services/week until goals are met. DECA recommends on-going tracking of progress two to three times a year. Other measures to track progress include reflective checklists, teacher/parent report, and frequent observation. After DECA results are tabulated, an individualized service plan is developed in collaboration with the teacher and parent(s).

Recruitment, Eligibility, and Participant Selection: The recruitment of families to receive FIAT scholarships will use SRS Office of Employment and Economic Supports, the SB6 Family Resource Team, ERC Resource and Referral, tiny-k of Douglas County (Part C) and the Maternal Child Field Programs at Lawrence Douglas County Health Department all of which serve at risk families with infants and toddlers. Families earning up to 185% of FPL or who exhibit other ECBG risk factors are eligible for FIAT scholarships.

The selection of participants in the KQRS follows two trajectories. The first trajectory relates to how KQRS functions in support of the FIAT scholarships. Selection of family child care homes for participation in KQRS depends upon the program accepting infants with FIAT scholarships and SRS subsidies. Families seeking child care for infants who have received FIAT scholarship vouchers serve as one recruitment mechanism. SB6 will utilize its relationships with ERC Resource and Referral, the USDA Adult and Child Food Program at DCCDA, Child Care Licensing Bureau at the Lawrence-Douglas County Health Department and SRS Subsidy program administration to recruit family child care homes and centers to participate in KQRS.

The second trajectory for KQRS program selection will be for existing center-based programs that are currently participating in the KS PreK Program.

Children enrolled in programs that implement the CSEFEL Pyramid model will be eligible to receive intensive interventions by the ECMH Consultant provided that proper releases and consents are acquired from the families of these children. Families with infants and toddlers enrolled in the FIAT scholarship programs will also be eligible for social and emotional supports in a collaborative relationship between the ECMH Consultant and the Family Resource Team.

Child Screening and Assessment: tiny-k of Douglas County (Part C), a Smart Start Partner, has established systems to receive referrals for screenings (using Denver II) and assessments. SB6 partner agencies have begun incorporating the SRS Social Emotional Screening Tool – Revise (SEST-R). The proposed ECMH Consultant and one ECMH Specialist on the Family Resource Team have been trained to use the DC 0-3 Diagnostic Tool.

Comprehensive Approach: SB6 is currently building consensus around a pyramid model for a community-wide early childhood family centered system of care with an accompanying protocol to help guide relationships among agencies and families within that system. The impetus for these initiatives is to facilitate the timely and accurate screening and assessment of social and emotional risks and problems and to help guide families through the available services and to facilitate collaborative relationships between service providers. ***This ECBG proposal addresses the physical, social, emotional, and cognitive development and specific needs of families, by incorporating financial aid, quality early learning opportunities and early childhood mental health services into this community-wide family centered system of care.***

Transitions: Family service advocates at PreK programs and the EC Mental Health Consultant in collaboration with the Family Resource Team assist as needed with transitions of children between home-based services, infant/toddler child care, PreK and Kindergarten. Two ongoing forums support this collaboration. The Family Resource Team consisting of the ECSE Consultant, the ECMH Consultant, three ECMH Specialists, the Nurse-Case Manager, and the Bilingual ECMH Specialist meet monthly to staff cases. The Early Childhood Collaborative Organization, a group of case managers with partial or total involvement with families with young children meets monthly and provides another forum for collaborations that result in effective assistance with transitions.

Implementation Plans: The KQRS program is integrated into both the FIAT and PreK programs. Table 4 (page 16) provides a timeline for implementation of the essential components of KQRS. Table 7 (page 19) provides an implementation timeline for FIAT. Table 8 (page 20) provides a

timeline for PreK Enhancement/Expansion.

Table 9 (page 21) provides a timeline for implementation of the CSEFEL training schedule. Program and child specific ECMH Consultation will be

Table 4: KQRS Implementation Timeline		
Activity	Timeline	Responsible
Pre-Recruitment of sites	12/1/08	CCR&R
Hire & Train QR Specialists	12/30/08	KACCRRA
Hire QI Coaches	12/30/08	CCR&R
Train QI Coaches	12/30/08	KACCRRA
Recruit Programs (3 waves)	1, 4, 7/09	CCR&R
Baseline Quality Ratings Quality Improvement Work	3 – 10/2009	QR Specialists, Coaches

implemented in collaboration with early learning programs. The Family Resource Team will receive referrals for Spanish speaking families and others using family, friend and neighbor care arrangements.

Training and Professional Development: Training and professional development for early childhood educators uses CSEFL materials or is embedded in the KQRS Coaching. KACCRRA facilitates pre-service training for and facilitates bi-monthly professional development events for KQRS staff. Smart Start will fund professional development of the ECMH Consultant.

Evaluation Plan: evaluation in this ECBG proposal measures the short-term and intermediate outcomes. The long-term outcomes are identical to the KECCS and KSF Plans goals and are beyond the scope of this proposal’s implementation timeline. Nevertheless, as the logic models demonstrate, these long-term outcomes are a logical extension of the outcomes evaluated in this proposal. Table 10 on page 22 articulates the evaluation plan for selected short-term and intermediate outcomes in the logic models which are in the appendices. This plan includes benchmarks, data, and persons responsible for data collection, time frame and method of data/information processing. SB6 will contract the outside evaluation firm *Evaluation Insights*.

Evaluation of FIAT tracks indicators of affordability, quality, and availability. Evaluation of PreK Enhancement/Expansion relies on the KQRS framework. Other evaluation measures follow those already in place for the KS PreK Program. We understand that the KS Department of Education may develop a logic model and outcomes for the KS PreK Program as it evolves from the Pilot. This ECBG anticipates tracking these outcomes and synchronizing our evaluation plan in due course. The Early Childhood Mental Health evaluation includes components that measure the success of program-wide implementation of CSEFEL Pyramid and success of intensive interventions. The PI will review the evaluation reports from *Evaluation Insights* and submit reports to the Children’s Cabinet and Trust Fund.

Table 4: ECBG Goals and Objectives

Program Area	Goals	Objectives
FIAT Scholarships	<p>Goal 1: Increase availability, affordability and quality of infant child care for at risk families</p> <p>Goal 2: Establish infant toddler child care financial aid system.</p>	<p>1.1: Provide scholarships to 20 at risk infants, toddlers and their families</p> <p>1.2: <i>15 family child care homes</i> will increase the number of infants enrolled.</p> <p>2.1: Develop MOUs that identify the terms for participation in the FIAT program between DCCDA and SRS, ERC, KACCRRRA & 20 early learning programs</p>
KS PreK Expansion/ Enhancement	<p>Goal 3: Expand KS PreK Program to serve additional at risk families</p> <p>Goal 4: Enhance KS PreK program to provide opportunities for at risk three year olds</p>	<p>3.1: Establish <i>four additional PreK classrooms</i> serving 64 at risk children.</p> <p>4.1: Establish <i>one of these four new classrooms</i> to serve 16 at risk three year old children</p> <p>4.2: Provide KQRS Quality Improvement Coaching for <i>five existing KS PreK Pilot Classrooms with 90 preschoolers</i></p>
KQRS	<p>Goal 5: A uniform and consistent system to communicate quality of programs to families, employers</p> <p>Goal 6: A system of continuous improvement for early learning programs</p>	<p>5.1: Provide KQRS Rating for <i>20 FIAT, & 5 PreK early learning programs</i></p> <p>6.1: Provide <i>30 hrs of Getting Ready for Ratings coaching</i> prior to Quality Rating for 18 programs with 31 classrooms (center-based and family child care)</p> <p>6.2: Provide 1-3 Star rated programs <i>80 hrs of coaching</i></p> <p>6.3: Provide 4-5 Star rated programs <i>68 hrs of coaching</i></p> <p>6.4: Provide \$1,000 of formal education funding to each participating program</p> <p>6.5: Provide \$3,500 in quality improvement grants for each 1-2 Star rated program</p> <p>6.6: Provide \$1,500 of quality improvement grants for each 3-4 star rated program</p>

ECMH Consultation/ CSEFEL Training	Goal 7: ECMH Consultation Services to ECBG programs Goal 8: The CSEFEL pyramid approach to program wide adoption of social and emotional supports in PreK & Scholarship Programs.	7.1: Provide <i>1,300 hours of ECMH child specific intensive interventions for 35 children</i> across early learning programs implementing CSEFEL Pyramid. 8.1: Provide <i>one three-hour collaborative training</i> to early learning programs on working with an ECMH Consultant 8.2: Provide <i>11.5 days of trainings</i> to ECBG participating early learning programs on program-wide adoption of CSEFEL model for social & emotional development.
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Table 5: ECBG Program Areas linked to KEECS & KSF Plans

Program Component	KECCS Plan Goals/Objectives	<u>KSF Plan Goals/Objectives</u>
<u>FIAT Infant / Toddler Scholarships, Financial Aid Officer and KQRS</u>	<u>Goal 3: Objective 3.1, Objective 3.2</u> <u>Goal 5: Objective 5.3, Objective 5.4</u>	<u>Goal 1: Health and Safety Objective 1.3: Families will have access to quality child care while parents work or attend school.</u> <u>Goal 3: Family Supports Objective 3.2: Families will receive economic supports to meet their needs.</u>
<u>KS PreK Program Enhancement/Expansion</u>	<u>Goal 3: Objective 3.1, Objective 3.2</u> <u>Goal 5: Objective 5.3, Objective 5.4</u>	<u>Goal 1: Objective 1.3: Families will have access to quality child care while parents work or attend school. Goal 3: 3.2:</u>
<u>KQRS</u>	<u>Goal 3: Objective 3.4</u> <u>Goal 4: Objective 4.1</u>	<u>Goal 4: Parent Education Objective 4.1: Parents will have the skills and knowledge they need to nurture healthy child development.</u>
<u>ECMH Consultation Program:</u>	<u>Goal 2: Objectives 2.1, Objective 2.2, Objective 2.3</u>	<u>Goal 1: Objective 1.1 Children will have health needs met. Goal 5: Aligning Evidence-Based Research with Public Policy and Practice. Objective 5.1: Prevention programs in Kansas utilize evidence-based practices (EBP).</u>

Table 6: FIAT Implementation Timeline

Target Date	Activities / Deadlines / Benchmarks
Nov. 15, 2008	SB6 Completes MOUs with KACCRRRA, ERC, DCCDA DCCDA completes MOU models for child care homes and centers for participation in FIAT
Dec. 1, 2008	Program design revisions based on award, other state-wide grants and changes in external environment
Jan. 1, 2009	Financial Aid Officer/Program Director hired at DCCDA Promotion activities for ECBG funded target populations begins Design of PR and communications strategies for local donors completed KQRS Coach hired at ERC Contracts with ERC/KACCRRRA for KQRS completed
Feb. 1, 2009	Five <i>ECBG</i> scholarships contracted 2-3 center-based or family child care homes enrolled in FIAT related KQRS Five families pre-natal to 12 months over 185% of FPL identified as potential scholarship recipients
Mar. 1, 2009	2-3 additional center-based or family child care homes enrolled in FIAT related KQRS
Apr. 1, 2009	ERC, KACCRRRA, SB6, DCCDA Implementation and Evaluation Meeting: FIAT and related KQRS program modification recommendations to SB6 Board
May 1, 2009	FIAT and related KQRS program modifications complete 3-4 additional center-based or family child care homes enrolled in FIAT related KQRS
Jne. 1, 2009	3-4 additional center-based or family childcare homes enrolled in FIAT related KQRS
Jul. 1, 2009	ERC, KACCRRRA, SB6, DCCDA Implementation and Evaluation Meeting: FIAT and related KQRS program modification recommendations to SB6 Board
Sept. 1, 2009	Prepare Year 2 ECBG proposal based on evaluation of year one outcomes and needs assessment

Table 7: PreK Enhancement/Expansion & Related KQRS Timeline

Target Date	Activities
Nov. 1, 2008	Notification of ECBG award
Nov. 15, 2008	SB6 completes MOU with DCCDA for management/implementation of ECBG PreK Enhancement/Expansion DCCDA completes MOUs with ERC for KQRS Coaching to ALL PreK Classrooms and UW Scholarship programs DCCDA completes MOUs with PreK programs for participation in ECBG PreK Expansion/Enhancement Early learning programs begin recruiting teachers ERC begins recruiting KQRS Quality Improvement Coach
Dec. 15, 2008	Early learning programs hire qualified teaching staffs for ECBG Expansion ERC hires KQRS Quality Improvement Coach
Jan. 5, 2009	ECBG Expansion classrooms staffed and begin serving children (ongoing) Initial KQRS “Getting Ready for Ratings” training for ALL PreK and UW Scholarship programs, coaching begins
Feb., 2009	First KQRS participating programs submit Customer Information Packet
Mar., 2009	KQRS participating programs receive Quality Ratings Packet and collect data SB6 begins collaborative planning with Eudora Schools for additional PreK classrooms through next ECBG cycle
Apr. , Ongoing	KQRS ratings completed on first participating programs
May, 30, 2009	KQRS Coach / early learning programs set improvement plans based on KQRS ratings KQRS Coach provides TA for participating early learning programs ECBG PreK at public schools ceases early childhood classroom instruction for the summer.
Aug. 19, 2009	ECBG PreK at public schools resumes early childhood classroom instruction
Sept. 21, 2009	ECBG proposal due (included expansion for Eudora Schools)
Nov. 1, 2009	2 nd year funding for ECBG proposal begins

Table 8: CSEFEL & ECMH Collaborative Training Schedule

Timeline	Training/Content	Participants
Month 1: 3 days	Overview of PW-PBS system, expectations, evaluation activities, and team planning	Leadership Team
Month 2: 1 day	Mental Health Consultation in Early Childhood: A Collaborative Training	ECMH Consultant, PreK and FIAT Prgms
Month 2: 1 day	Review data collection & evaluation activities, TPOT training and communication of data results to team.	Evaluation Coordinator
Month 2: 1/2 day	Introduce all stakeholders (staff, parents, directors, community members) to the model, establish staff buy-in, and set the stage for module training.	Key stakeholders
Month 3: 2 days	CSEFEL Modules 3a & 3b: Intensive Individualized Interventions for Challenging Behavior. The team leaves with a plan for developing/refining their program's behavior support process.	Leadership Team
Month 3: 1 day	Staff training on CSEFEL Module 1; provides the basis for how to build the foundation of support for all children.	Teaching Staff
Month 4: 1 day	Staff training on CSEFEL Module 2; emphasizes the importance of teaching social-emotional skills and provides multiple strategies for teaching skills to children.	Teaching Staff
Month 5/6: 2 days	Staff training on CSEFEL Module 3; these two modules address supporting children with challenging behavior. Module 3a explains what behavior means, while Module 3b teaches how to develop support plans for children.	Teaching Staff
Month 7 1 day	The final team event will review progress for the year, address implementation issues, and create feedback and action planning.	Leadership Team

Table 9: Evaluation Plan

Indicators & Outcomes	Benchmark	Measurement				
		Data	Sources	Responsible	Time	Mthd
EC programs increase revenue	20 homes & 9 center in FIAT earn revenue >avg.	Rate & revenue reports	programs	Directors	11/08 – 12/09	Calc
Programs link quality/revenue	20 homes, 9 centers apply to KQRS	KQRS applications	programs	(FAO)	11/08 – 12/09	Add
Families know/value quality	70% of FIAT families demonstrate increased knowledge of quality	Survey	families	(FAO)	11/08 – 12/09	Calc
Financial Aid System	Uniform, Consistent MOUs between participating agencies	DCCDA, ERC, SB6, prgrms' files	Admin. Programs	(FAO)	11/08 – 12/09	Records Review
Increase infant slots	10 new infant slots produced	program survey	programs	(FAO)	11/08 – 12/09	Add
Families demand affordable care	Requests for scholarships exceed supply of approved slots	Scholarship req.'s/apprvd slots	DCCDA, ERC	(FAO)	11/08 – 12/09	Calc
Early learning programs increase quality	100% of 1-3 Star programs increase rating by 10%; 4-5 Star programs maintain rating	Quality Performance Profiles	KACCRRRA	Quality Rating Specialist	11/08 – 12/09	Calc
focused implementation of pyramid Intensive Interventions	8 Centers develop pyramid plans 90% of children receiving intensive interventions show improvement on DECA scores.	Program files ECMH DECA Scores	EC Programs DCCDA	Program Directors ECMH Consultant	11/08 – 12/09	Record Review
Fewer behavior problems	20% reduction of incidence of reported behavior problems	Early Learning Program Records	EC Programs	Program Directors	11/08 – 12/09	Record Review

APPENDICES

Logic Models

- FIAT
- PreK Enhancement/Expansion
- KQRS
- Early Childhood Mental Health Consultation Program

ECBG Attachment A: Evidence-Based Programs attachment

Résumés

- FIAT/ECMH Consultation Program Director: Anna Jenny
- ECMH Consultant: Marci Ramsay
- Principal Investigator: Rich Minder
- Evaluator: Kimberlee C. Murphy, Ph.D.

Position Descriptions

- FIAT Financial Aid Officer/Program Manager
- KQRS Quality Improvement Coach

ECBG Organizational Structure Chart

ECBG Attachment C: Budget & Budget Narrative

Licensing Attachment

Letters of Support

Logic Model for FIAT and Related KQRS

Inputs	Outputs		Outcomes		
	Activities	Participation	Short-term	Intermediate	Long-term (KECCS & KSF Plan Goals)
.75 FTE Financial Aid Officer / Program Director	Promote scholarships Certify programs for FIAT Provide financial aid services	KACCRRRA, ERC, DCCDA, SRS	Families demand financial aid Early learning programs increase revenue	Financial Aid System in place EC programs increase supply of infant slots	<ul style="list-style-type: none"> • Available infant and early toddler care • Families will have access to quality child care while parents work or attend school. • Increase the number of early childhood programs that are available.
20 FIAT Scholarships	Provide financial aid to families	20 at-risk Families	20 Families recognize the components and value of quality	families demand affordable, quality care	<ul style="list-style-type: none"> • Families will receive economic supports to meet their needs. • Increase the number children living in families that can afford basic necessities; • Increase the affordability of early childhood programs

Assumptions: Three inter-related dynamics contribute to infant child care market failure. First, infant care is not affordable to families because of a lack of financial support. Second, there is no systematic way to communicate quality in the market place. Third there is a chronic shortage of available infant care primarily due to the need for higher adult/child ratios, Program design must account for the dynamic interaction of these three aspects of market failure. Low to moderate income working families demonstrate the most urgent need for infant care and therefore have the most at stake in improved availability, affordability and quality. Infant care is not funded universally as a public good like k-12 education nor like health insurance by employers and Medicaid. In these respects the financing of infant care more closely resembles higher education in which financial aid is an appropriate and promising strategy. However, current financial aid available to families through public subsidies is insufficient to help with the affordability, fails to address quality standards or to induce sufficient supply. This program increases the financial aid to families, increases the expectations of quality by establishing and communicating clear standards, and induces increased supply by augmenting compensation to early learning programs.

Logic Model for KS PreK Expansion/Enhancement and Related KQRS

Inputs	Outputs		Outcomes	
	Activities	Participation	Short-term	Intermediate & Long-term (KECCS & KSF Plan Goals)
<ul style="list-style-type: none"> • 3 FTE Certified Teachers • 1 FTE Uncertified Teacher • 1.25 FTE Art Teacher • 4.5 FTE Assistant Teachers • 1 FTE Inclusion Para • 1.25 FTE Family Support Advocate • 1 FTE KQRS Coach • Art Supplies 	<ul style="list-style-type: none"> • Provide 185 eight-hour days of preschool instruction • Provide art curriculum and supplies • Provide classroom support for children with IEPs • Provide KQRS coaching to PreK programs 	<p>48 at-risk four year old children 16 at-risk three year old children (expansion & enhancement)</p> <p>90 at-risk four year olds (enhancement)</p> <p>8.5 FTE Teachers 4 Center/Program Directors</p> <p>138 families</p>	<p>At-risk children four years old and their families have access to quality, tuition free early learning opportunities</p> <p>Early Learning Programs participating in KS PreK have developed continuous improvement plans based on evidence of best practice.</p>	<p><u>KSF Goal 1: Health & Safety Objective 1.3:</u> Families will have access to quality child care while parents work or attend school.</p> <p><u>KSF Goal 3: Family Supports Objective 3.2:</u> Families will receive economic supports to meet their needs.</p> <p><u>KECCS Goal 2: Early Care & Education Services Objective 3.1:</u> Increase the number of children receiving high quality early education; <u>Goal 5: Family Supports Objectives 5.3</u> Increase the number children living in families that can afford basic necessities; <u>5.4</u> Increase the affordability of early childhood programs</p>

Assumptions: Children who attend high quality early learning programs enter school more ready to learn than their counterparts who do not attend high quality programs. Expansion and Enhancement of the KS PreK Program coupled with the implementation of KQRS and associated coaching lead to higher levels of school readiness by meeting the developmental needs of at-risk children enrolled.

Logic Model for KQRS

Inputs	Outputs		Outcomes		
	KQRS Components	Activities	Short-term	Intermediate	Long-term
Quality Rating Specialists	Quality Performance Profile	Conduct annual quality rating	Families will have increased knowledge of the availability of quality child care programs	Families will choose high quality child care programs based on Star Rating information	Families will request rated programs when searching for child care
Early Learning Report	Start Ratings published	Publish Star Rating on KACCRRRA website Provide Star Rating on R&R referral lists for families			
Quality Improvement Coach	Quality Improvement Coaching to Programs	30 hours of “Getting Ready for Ratings”, 80 hours of onsite TA to 1-3 Star programs, 60 hrs on site TA to 4-5 Star programs	EC Programs will receive baseline Star Rating, develop plan to increase quality	EC Programs will increase quality rating by at least 4 points annually if they are 1-3 Stars; maintain their Quality Rating if they are 4-5 Stars	EC Programs will increase their quality by at least 1 Star level (if they are 1-3 Stars), sustain their Quality Rating Star Level over time (if they are 4-5 stars)
Financial Resources	Quality Improvement Grants to Programs	1 Start: Health & Safety Grant 2-3 Star: Improvement Grant 4-5 Star: Special Project Grant			
TEACH, WAGES, CDA BELIEF, [FIAT REVENUE, KS PREK SALARIES]	Professional Development Scholarships and Salary Supplements	CDA/AA/BA Scholarship Salary Supplement (i.e., FIAT revenue, KS PreK Salaries) Director Credential Courses			

Assumptions: Families who have access to quality rating information will use that information to choose high quality early learning programs for their children. At-risk children are more affected by poor quality early learning programs than their non at-risk counterparts. Children who attend high quality early learning programs enter school more ready to learn than their counterparts who do not attend high quality programs.

Logic Model for ECMH Consultation and CSEFEL Program-Wide Pyramid Model Implementation Training

Inputs	Outputs		Outcomes		
	Activities	Participation	Short-term	Intermediate	Long-term (KECCS & KSF Plan Goals)
1.0 FTE Early Childhood Mental Health Consultant	1 day collaborative training for How to Engage an ECMH Consultant 1,300 hours of ECMH Consultations to early learning programs	10 FIAT Programs Three Community Based Early Learning Programs Four PreK Classrooms	Programs have the skills they need to provide social emotional development services to at-risk families Children and Families receive social/emotional support services coordinated between school and home	Programs make appropriate requests of the ECMH Consultant Fewer reports of behavior problems from early learning programs	<u>KSF Goal 1: Objective 1.1</u> Children will have health needs met. <u>KEECS Goal 2: Mental Health and Social-Emotional Development</u> <i>Objectives 2.1</i> Increase the ability of providers to identify, address and prevent social-emotional problems in early childhood; <i>2.2</i> increase the early identification of children who need mental health services
CSEFEL Training Materials	12 days of training on program-wide implementation of CSEFEL pyramid model 25-30 hours of appropriate mental health services for children needing intensive interventions	35 children needing intensive intervention services	Stakeholders in programs accept the pyramid approach to social/emotional health Children with mental health problems receive the services they need.	Program staff demonstrate increased ability to implement pyramid approach 90% of children receiving intensive interventions demonstrate improvement in social/emotional function as measured by scores on the DECA PreK or DECA I/T	<u>KEECS Goal 2: Mental Health and Social-Emotional Development</u> <i>Objectives 2.1</i> Increase the ability of providers to identify, address and prevent social-emotional problems in early childhood; <i>2.2</i> increase the early identification of children who need mental health services; <i>2.3</i> Develop a system to provide mental health services so that at-risk young children and families receive needed services; <u>KSF Goal 5: Aligning Evidence-Based Research with Public Policy and Practice. Objective 5.1:</u> Prevention programs in Kansas utilize evidence-based practices (EBP).

Assumptions: At risk young children and their families exhibit disproportionately high need for social emotional prevention and intervention services. An early childhood mental health system based on a public health model that universally promotes social/emotional well being for all children; targets prevention activities to families demonstrating risk of developing social/emotional problems; and intensively intervenes to treat children and families who already have mental health problems most effectively and efficiently meets the social/emotional needs of at-risk children and families.

Attachment A: Evidence-Based Programs or Curricula Attachment for Early Childhood Block Grant Application

1.a. Please describe the theory of change your program is based upon. Theory of change is what you expect to be different as a result of our program.

Observation Set I (FIAT Scholarships): In Douglas County Infant and early toddler child care opportunities are unaffordable, unavailable and the quality of what care exists is not well communicated. The market is the primary means of allocating infant and early toddler child care. SRS subsidies are the only functioning market intervention and these have not ensured quality, affordability or increased availability. Child care providers have not responded to SRS subsidies by increasing supply or quality. Working families with infants and young toddlers are the participants in this malfunctioning market with the most at stake yet their financial power in the market is too small to be effective.

Hypothesis Set I: Families' *effective* demand for affordable infant care drives quality and availability decisions. *Effective* demand consists of the ability to demand quality and induce supply decisions on the part of providers. Family financial aid of sufficient dollar value coupled with a uniform and consistent means to communicate quality (KQRS) increases the availability of quality infant and early toddler child care opportunities.

Observation Set II (KS PreK Enhancement/Expansion): The needs for high quality early learning programs for at-risk three and four year old children and families are only partially met by the KS PreK Program.

Hypothesis Set II: Children who attend high quality early learning programs enter school more ready to learn than their counterparts who do not attend high quality programs. Expansion and Enhancement of the KS PreK Program coupled with the implementation of KQRS and associated coaching meets this need.

Observation Set III (KQRS): Families, early childhood educators, funding sources and communities lack a uniform and consistent system to identify the components and levels of quality in early learning programs. It is difficult to enroll in, invest in, and work in early learning programs without such a system.

Hypothesis Set III: When families have information about program quality, they will use that information to choose high quality early learning programs that best fit their needs and the needs of their child(ren). When early childhood programs have the resources they need they are able to improve program quality over time. When funding sources and communities have information about program quality, they will use that information to make informed decisions about supporting early learning programs.

Observation Set IV (ECMH Consultation Program): At risk young children and their families exhibit disproportionately high need for social emotional prevention and intervention services.

Hypothesis Set IV: An early childhood mental health system based on a public health model that universally promotes social/emotional well being for all children, targets prevention activities to families demonstrating risk of developing social/emotional problems, and intensively intervenes to treat children and families who have already developed mental health problems is the most effective and efficient way to meet the social/emotional needs of at-risk children and families.

1.b. Please describe the outcomes of your program and the activities that are related to these outcomes? Outcomes are the results of program operations or activities; the effects

triggered by the program (e.g.; increased knowledge, changed beliefs, or altered behaviors). [theory of change and outcomes may be represented by a logic model if the logic model depicts the assumptions of the model and the activities that will lead to the desired outcomes]

See Attachment B: Logic Models

2. a. Does your program have a book, manual, other available writing, action plan, and/ or training materials that describe the components of the program? Such materials should include a description of the program's content and organization, its duration, the amount of training required, and the population for which it is intended. If yes, please briefly describe.

FIAT Scholarships: Yes. We have developed spreadsheets that serve as a schedule of financial aid to families. These tables combine SRS subsidies and the proposed scholarships to families. Financial Aid in these tables are based on a sliding scale with families at lower income levels receiving higher financial aid and lower “family share deductions”(FSD). Families at higher income levels receive lower financial aid and pay higher FSD. These tables also determine the level of tuition reimbursement that participating centers and family child care homes will receive by participating in the program. No we have not developed a complete implementation manual that addresses all the questions that might arise from families, donors, early leaning program directors.

KS PreK Enhancement/Expansion: No. The closest thing that the PreK Pilot has to a manual is the RFP.

KQRS: KQRS has three operation manuals, each directed at the three components of KQRS. The Implementation Manual includes the history of the program, policies & procedures, business rules, recruitment, training protocols for all staff, staff requirements and implementation information. The Coaching manual for Quality Improvement Coaches proves program introduction roles and responsibilities, quality rating overview, policies and procedures, rating components, coaching guidelines, visits guides, forms, resources and a job description. The Quality Rating Specialist Manual includes program introduction, roles and responsibilities, rating overview, polices and procedures for Raters, rating components, data entry instructions, and report writing guidelines and instructions and a job description.

ECMH Consultation Program: No, for the Direct Consultation to early learning programs. However, the CSEFEL trainings are well documented and can be accessed on the CSEFEL website <http://www.vanderbilt.edu/csefel/>

2. b. Are these manuals and/or training materials sufficient for other programs or agencies to administer the program or practice similar to the way it was originally intended to be implemented?

FIAT Scholarships: Yes

KS PreK Enhancement/Expansion: Yes.

KQRS: Yes

ECMH Consultation Program: Yes (CSEFEL)

2. c. [ANSWER ONLY IF YOU ANSWERED NO TO 2a.] Is your agency working on

documents that describe the protocol specify the components of the practice or program protocol and describes how to administer it? Such documents should be described at a level that would allow others to implement/ replicate the program. For example, a manual or written standards to guide program administration. If yes, please describe.

FIAT Scholarships: We are developing a “Frequently Asked Questions” document that answer a number of implementation issues that are possible to emerge during implantation. The implementation partner, DCCDA, has been administering a similar scholarship program for 35 years which is used exclusively by center-based programs and primarily serves the tuition needs of preschool age children. This manual and the experience of administering this program will provide some bases for the development of the new scholarship model for infants and early toddlers enrolled in centers as well as family childcare homes.

PreK Enhancement/Expansion: We have asked Kansas Dept. of Education which administers the PreK Pilot to examine the problems and possibilities associated with developing a PreK manual as part of the development of the KS PreK Program in the coming year.

3. Can your agency demonstrate that the evidence-based program is being implemented as intended by the designers of the program? Please briefly describe how you are demonstrating or monitoring that the program or practice is being implemented as intended by the designers of the program (i.e., monitoring fidelity).

A Financial Aid Officer will monitor the implementation of the financial aid to families in collaboration with the local SRS office administering the subsidy program. Data collection on the impact of the program on the market for infant and early toddler child care will be monitored by SB6 in collaboration with ERC Resource & Referral.

KACCRRRA will monitor the quality improvements and implementation of the KQRS program. Coordination between the Financial Aid and KQRS facets of the program will be monitored by quarterly meetings of participating partners. Local CCR&R partners who implement coaching services to KQRS programs track and report delivery of services monthly in a standardized database developed by KACCRRRA. Reports are reviewed and progress/services are monitored by the KQRS Director at KACCRRRA.

Early Childhood Mental Health Consultation Program will be monitored by an oversight committee consisting of the DCCDA Executive Director, the SB6 Collaborative Projects Coordinator and a faculty member from the KU School of Social Welfare.

4. a. Please indicate the type of research that has been conducted to evaluate the program. The type of research evidence listed below can be at the local program level and/or national level. **Please mark all that apply with an “X” in the box to the right of the description (see glossary for definitions of terms in ALL CAPITAL LETTERS).**

Evaluation is in process but results are not yet available.	X
Research evaluating the program that did not have a COMPARISON GROUP, such as PRE-POST designs to examine change of individual from before the program or practice was implemented to afterward, without comparing to an UNTREATED GROUP.	X
At least one study utilizing some form of CONTROL or COMPARISON GROUP	

has established the practice's EFFICACY over PLACEBO, or found it comparable to a comparison practice and a formal independent report has been produced which documents the program's positive outcomes.	X
At least 2 RANDOMIZED CONTROLLED TRIALS <u>in highly controlled settings (such as a university laboratory)</u> have found the practice to result in improved outcomes when compared to usual care. The results have been reported in published PEER-REVIEWED literature.	X
At least 2 between-group design studies using either a MATCHED COMPARISON or REGRESSION DISCONTINUITY have found the practice to be equivalent to another practice that would qualify as supported or well-supported.	X
At least 2 RANDOMIZED CONTROLLED TRIALS <u>in different usual care or practice settings</u> have found the practice to result in improved outcomes when compared to usual care. The results have been reported in published PEER-REVIEWED literature.	X
4. b. Please give a brief description of the research/evaluation you indicated in the previous question. If the research has been published, please list relevant citations.	
<p>Research supporting financial aid/market based approach used in FIAT Scholarships: Vast, Teresa, Learning between Systems: Adapting Higher Education Financing Methods to Early Care and Education. Research Report. 2001 Lumina Foundation for Education. http://www.luminafoundation.org/publications/researchreports/mainLBS.pdf</p> <p>Grunwald, Rob and Arthur Rolnick. "A Proposal for Achieving High Returns on Early Childhood Development" March 2006: Federal Reserve Bank of Minneapolis. http://www.minneapolisfed.org/Research/studies/earlychild/highreturn.pdf</p> <p>Cohany, Sharon R. and Emy Sok. "Trends in labor force participation of married mothers of infants" February 2007 Monthly Labor Review. http://www.bls.gov/opub/mlr/2007/02/art2full.pdf</p> <p>National Association of Child Care Resource and Referral Agencies. "Parents and the High Price of Child Care: 2008 Update" http://www.naccrra.org/docs/reports/price_report/Price_Report_2008.pdf</p>	
<p>Research supporting scholarships as needed for outcomes "Families will receive economic supports to meet their needs" and "Increase the number children living in families that can afford basic necessities": Rosenbaum, Dorothy. Food Stamp Inflation Adjustment Lags, Resulting in Inadequate Benefits. Center on Budget and Policy Priorities, July 22, 2008. http://www.cbpp.org/7-22-08fa.pdf</p>	
<p>Research supporting KQRS approach to quality assurances and continuous improvement model as applied to infant care in family child care homes: "Several studies have found that the quality of care children receive in family child-care homes is associated with their social, cognitive, and emotional functioning. After controlling for the requisite family background characteristics, higher levels of process and structural quality have been associated with higher levels of cognitive (Goelman and Pence, 1994; Clarke-Stewart et al., 2002; Kontos, 1994) and social development (Kontos, 1994; Kontos, Hsu, and Dunn, 1994; Clarke-Stewart et al., 2002; NICHD ECCRN, 2003) and with secure attachment to the caregiver (Kontos, Howes, and Galinsky, 1996; Elicker, Fortner-Wood, and Noppe, 1999)." [Zellman, 79]</p>	

Research Linking Structural Quality Characteristics to Process Quality

“Staff training and education have been examined in relation to the family child-care provider’s process quality. Several studies have found that the provider’s level of formal education is linked to process quality (Burchinal, Howes and Kontos, 2002; Clarke-Stewart et al., 2002; Raikes, Raikes, and Wilcox, 2005). Training has also been found to be a significant predictor of quality (e.g., Whitebook et al., 2004). However, two studies do not replicate this link for formal education (Pence and Goelman, 1991; Doherty et al., 2006) and one found no relation between training and quality (Kontos, 1994). Findings about the relationship between years of provider experience and quality are inconsistent, with some studies supporting such a link (Stuart and Pepper, 1988), some finding a negative relationship (NICHD ECCRN, 1996; Burchinal et al., 2002), and still others finding no relationship at all (Clarke-Stewart et al., 2002; Kontos, 1994). [Zellman 79]

Findings about the effect of child-staff ratios on quality in family child-care providers have been similarly inconsistent. Some studies report higher quality levels when child-staff ratios are lower (Clarke-Stewart, Gruber, and Fitzgerald, 1994; Howes and Norris, 1997), whereas some report lower quality when child-staff ratios are lower (Pence and Goelman, 1991; Kontos, Howes, and Galinsky, 1996). Burchinal et al. (2002) reported no relationship at all. Helburn, Morris, and Modigliani (2002) found that in Kontos, Howes, and Galinsky’s (1996) family child-care and relative care sample the highest-quality providers actually cared for a larger number of children (and had higher child-staff ratios); these providers typically considered themselves professionals running their own businesses.

Other potential predictors of process quality that have been examined are provider work conditions, intentionality, use of supports, and children’s ages. Doherty et al. (2006) provide a good summary of results of these various provider characteristics.” [Zellman 80]

As cited in Zellman et al:

- Burchinal, M. R., Cryer, D., Clifford, R. M., and Howes, C. (2002). Caregiving training and classroom quality in child care centers. *Applied Developmental Science*, 6(1), 3–11.
- Burchinal, M., Howes, C., and Kontos, S. (2002). Structural predictors of child care quality in child care homes. *Early Childhood Research Quarterly*, 17, 87–105.
- Clarke-Stewart, K. A., Gruber, C. P., and Fitzgerald, L. M. (1994). *Children at Home and in Day Care*. Hillsdale, NJ.: Earlbaum.
- Clarke-Stewart, K. A., Vandell, D. L., Burchinal, M., O’Brien, M., and McCartney, K. (2002). Do regulable features of child-care homes affect children’s development? *Early Childhood Research Quarterly*, 17, 52–86.
- Elicker, J., Fortner-Wood, C., and Noppe, I. C. (1999). The context of infant attachment in family child care. *Journal of Applied Developmental Psychology*, 20(2), 319–336.
- Goelman, H., and Pence, A. R. (1994). Play, talk literacy, and the ecology of family day care. In H. Goelman and E. V. Jacobs (eds.), *Children’s Play in Childcare Settings*. Albany, NY: State University of New York Press, 193–213.
- Kontos, S. (1992). *Family Day Care: Out of the Shadows and into the Light*. Washington, DC: NAEYC. (1994). The ecology of family day care. *Early Childhood Research Quarterly*, 9, 87–110.

- Kontos, S., Hsu, H.-C., and Dunn, L. (1994). Children's cognitive and social competence in child care centers and family day-care homes. *Journal of Applied Developmental Psychology*, 15(3), 387–411.
- Kontos, S., Howes, C., and Galinsky, E. (1996). Does training make a difference in quality in family child care? *Early Childhood Research Quarterly*, 11, 427–445.
- National Institute of Child Health and Human Development Early Child Care Research Network (1996). Characteristics of infant child care: Factors contributing to positive caregiving. *Early Childhood Research Quarterly*, 11, 269–306. (2003). Does quality of child care affect child outcomes at age 4½? *Developmental Psychology*, 39(3), 451–469.

Recent research and evaluation of quality rating systems implementation:

- Fuger, Kathryn L., Tammy Hietpas-Wilson, Melissa K. Nekirk. Early Childhood Quality Rating System Initiative of Greater Kansas City – Evaluation Report. University of Missouri-Kansas City. Institute for Human Development. March 2008. Pages 33-35.
- Zellman, Gail L., Michal Perlman, Vi-Nhuan Le, Claude Messan Setodji. Addressing the Validity of the Qualistar Early Learning Quality Rating and Improvement System as a Tool for Improving Child-care Quality. 2008: Rand Corporation.
<http://www.rand.org/pubs/monographs/MG650/>

Research supporting Early Childhood Mental Health Consultation

- Gilkerson, Linda, PhD., Cochran Kopel, Carolyn, MSW. Relationship-based Systems Change. Illinois' Model for Promoting Social emotional Development in Part C Early Intervention. *Infants & Young Children*, Vol. 18, No. 4. pp349-365 (2005)
- Green, Beth L., et al. Characteristics of Effective Mental Health Consultations in Early Childhood Settings: A Multi-level Analysis of a National Survey.” *Topics in Early Childhood Special Education*. 26:3 pp 142-152 (2006)
<http://www.npresearch.com/Files/Characteristics%20of%20Effective%20Mental%20Health%20Consultation.pdf>
- Johnston, Kadija and Charles Brinamen. Mental Health Consultation in Child Care: Transforming Relationships With Directors, Staff, And Families. Zero to Three 2006.
- Knudsen, Eric I., James Heckman, Judy L. Cameron, Jack Shonkoff “Economic, Neurological and Behavioral Perspectives on Building America’s Future Workforce” National Academy of Sciences, USA 2006
http://www.developingchild.net/pubs/peer/Economic_Neurobiological_Behavioral_Perspectives.pdf
- Social and Emotional Health in Early Childhood: Building Bridges Between Services and Systems Perry, Deborah F., Roxanne K. Kaufmann and Jane Knitzer, Editors, Brookes Publishing.
- The Science of Early Childhood Development 2007 The National Scientific Council on the Developing Child. <http://www.thedevelopingchild.net>
- Walker, Pamela. Creating an Early Childhood Mental Health System: A Success Story Focused on Community and Integration. *Zero to Three*. Volume 27 No. 2, November 2006
- ZERO TO THREE and the National Conference of State Legislatures (NCSL). Helping young Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development. (2006)

CSEFL Research supporting CSEFEL program-wide pyramid approach:

Fox, L., Dunlap, G., Hemmeter, M.L., Joseph, G., & Strain, P. (2003). The teaching pyramid: A model for supporting social competence and preventing challenging behavior in young children. *Young Children*, 58(4), 48-52.

National Education Goals Panel (1996). *The national education goals report: Building a nation of learners*. Washington DC: US Government Printing Office.

Raver, C., & Knitzer, J. (2002). *Ready to enter: What research tells policymakers about strategies to promote social and emotional school readiness among three- and four-year old children*. New York, NY: National Center for Children in Poverty. nccp@columbia.edu

Raver, C. (2002). Emotions matter: Making the case for the role of young children’s emotional development for early school readiness. *Social Policy Report of the Society for Research in Child Development*, 16(3), 1-20.

Smith, B., & Fox, L. (2002). *Systems of service delivery: A synthesis of evidence relevant to young children at risk for or who have challenging behavior*. Center for Evidence-Based Practice: Young Children with Challenging Behavior. www.challengingbehavior.org

ZERO TO THREE (2003). *Assuring school readiness by promoting healthy social and emotional development*. Washington, DC: ZERO TO THREE Policy Center.

Zins, J., Bloodworth, M., Weissberg, R., & Walberg, H. (2004). The scientific base linking social and emotional learning to school success. In J. Zins, R. Weissberg, M. Wang, & H. J. Walberg (Eds.), *Building academic success on social and emotional learning: What does the research say?* (pp. 1-22). New York: Teachers Press, Columbia University.

Please answer “yes” or “no” in the box to the right of questions 4c and 4d.	
4. c. Has the research shown the practice to have a sustained effect of at least one year beyond the end of treatment with no evidence that the effect is lost after this time?	FIAT: Yes PreK: Yes KQRS: not part of study design EMCH Consultation: Yes
4. d. Is there any evidence or theoretical basis indicating risk of harm to those receiving the practice or program?	No

4. e. Has your local program examined long-term outcomes and/ or participated in research that demonstrates the effectiveness of the program? If so, please provide a description

FIAT Scholarships: No.
KS PreK Enhancement/Expansion: No.
KQRS: Yes. KQRS is currently participating in a three year study of Quality Rating Systems with the Midwest Child Care Research Consortium (MCCRC). MCCRC is a

Child Care Policy Research Partnership formed by university research teams and state child care principles in four Midwestern states that comprise U.S. Department of Health and Human Services Region 7 (Iowa, Kansas, Missouri and Nebraska). MCCRC began a study of early childhood program quality rating systems in the fall of 2004. This MCCRC QRS Pilot study builds on the consortium's previous work of examining early childhood program quality and workforce characteristics. Common data collected across the states will enable the research team to compare and contrast professional development in the context of a Quality Rating System and to investigate variability.
ECMH Consultation Program: No.

5. Please list each of the outcome measures used for your program. If the measure is published, please provide a reference or citation.

Short-term

- Employers and local economic development partners recognize economic impact
- Families demand financial aid
- Early learning programs realize increased revenue by scholarship program
- Early learning programs recognize link between quality and increased compensation
- Families recognize the components and value of quality infant and early toddler care

Intermediate

- Financial Aid System in place
- Employers, donors & economic development partners support scholarship program
- Early learning programs induced to increase supply of infant slots
- Early learning programs induced to increase quality of infant care
- families demand affordable, quality care

Long Term PUBLISHED AS OUTCOMES OF KANSAS EARLY CHILDHOOD COMPREHENSIVE SYSTEMS PLAN (KECCS) OR KANSAS STRENGTHENING FAMILIES PLAN (KSFP):

- Available infant and early toddler care
- Families will have access to quality child care while parents work or attend school.
- Increase the number of early childhood programs that are available
- Parents have the skills and knowledge they need to nurture healthy child development.
- Increase the number of children receiving high quality early education;
- Increase the quality of classroom learning environments
- Increase the number of programs that promote parent education on the school readiness developmental domains
- Families will receive economic supports to meet their needs.
- Increase the number children living in families that can afford basic necessities;
- Increase the affordability of early childhood programs

6. Please describe your agency's continuous quality improvement activities for this evidence-based program.

FIAT Scholarships: The continuous improvement of the financial aid part of this program is determined by the efficiency of funds allocated for scholarships and the subsequent improvement in the allocation of resources in the infant care market. Activities associated with this involve monitoring the impact of financial aid on family financial self sufficiency, child care tuition rates, availability of infant child care and demand by families for financial aid.

KS PreK Enhancement/Expansion:

KQRS: KACCRRRA will continue to monitor quality rating system research, implementing best practice findings when applicable. KACCRRRA will train Quality Rating Staff based on best practice findings from assessment and technical assistance realms. Continuous improvement activities are embedded in the KQRS program design in which coaching supports continuous improvement programming between quality ratings and the evaluation of families' knowledge of quality care.

ECMH Consultation Program: Continuous improvement of ECMH Consultation program is based on the role of trainings and consultation in the development of a community-wide family centered system of care for families with young children. Improvement activities include the adoption of an inter-agency protocol that supports the development of a systems approach to early childhood mental health.

FIAT/ECMH CONSULTANT PROGRAM DIRECTOR

Anna M. Jenny

(785) 832-8550

ajenny@sunflower.com

1909 W. Third Street

Lawrence, KS 66044

Administrative Experience

2004 – Present Douglas County Child Development Association, Lawrence, KS.
Executive Director – Administrative and program management

1998 – 2001 Self-employed. Developed and managed accounting and reporting systems for small businesses; short and long term plan development.

1984 – 1997 Employed in manufacturing and service sector. Accounting management; budget planning and implementation; purchasing and human resources.

-

Major Accomplishments

Technical 30 years experience in Accounting Management, Financial Analysis, Budgeting, and Human Resource Management

Planning & Administration Written successful grants for \$800,000 for community-wide PreK program. Managed program administration and collaborative efforts.

Collaborated on successful ELOA grant for \$853,000 for community-wide literacy program. Fiscal agent and program administrator.

Managed diverse programs including Resource & Referral, CACFP, Early Childhood Mental Health and Child Care Tuition Scholarship Program with multiple funding sources and varying fiscal year ends.

Wrote Guidebook for developing a new program for mentoring young children

Social Work Experience

2001 – 2004 Bert Nash Community Mental Health Center, Lawrence, KS.
Residential Assistant – support adults living with persistent mental illness in home setting

2000 – 2004 Headquarters Counseling Center, Lawrence, KS. Volunteer counselor, recruit and train volunteers, prepared accounting and board reports

Board Experience

2004 – Present Success by 6 of Douglas County

2006 – Present Kansas Association for Education of Young Children

Education

University of Kansas, Lawrence, KS. MSW, 2003

Miami University, Oxford, OH. MBA, 1983

University of Cincinnati, Cincinnati, OH. BBA, 1979

**EARLY CHILDHOOD MENTAL HEALTH CONSULTANT
MARCI J. RAMSAY**

LICENSURE/CERTIFICATION

Licensed Masters Social Worker in the state of Kansas June 2006

License Number: 6268

Registered Play Therapist Eligible May 2008

KC Play Therapy Institute Certificate Program (Provider # 99-067)
150 hours of instruction completed

EDUCATION

Master of Social Work May 2006
The University of Kansas Lawrence, Ks.
Emphasis: Clinical social work/Child and family services.

Bachelor of Science May 2000
Kansas State University Manhattan, Ks.
Major: Psychology

CLINICAL EXPERIENCE

Early Childhood Mental Health Consultant September 2008 – current

- Provide social-emotional consultation to early childhood programs and family child care homes
- Provide individualized services for children ages 0-5 within their natural setting
- Facilitate professional development for early childhood professionals

W.R.A.P Clinician October 2006-September 2007
Bert Nash Mental Health Center Lawrence, Ks.

- Provided school-based interventions and crisis resolution.
- Completed behavioral assessments and subsequent clinical interventions.
- Facilitated psycho-educational groups focusing on social skills, anger management, and conflict resolution.
- Assisted families in accessing needed resources for safety and well being.

Family Support Worker June 2002-September 2005
DCCCA, Family Preservation Services Lawrence, Ks.

- Provided in-home, crisis oriented services to at-risk children and their families.
- Completed safety assessment and safety plans.
- Completed comprehensive reports outlining services and progress.
- Referred clients based on expanded knowledge of community resources.

PROFESSIONAL DEVELOPMENT/SPECIALTY TRAINING

- **Trainer**, Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC:0-3R). **Zero to Three**
- Completion of Phase One in Neurosequential Model of Therapeutics. **Child Trauma Academy**

PRINCIPAL INVESTIGATOR

Richard W. Minder

1218 Delaware #3

Lawrence, Kansas 66044

785-760-3791

richminder@sunflower.com

Education

Masters of Urban and Regional Planning, University of Pittsburgh's Graduate School of Public and International Affairs, 1994

Bachelor of Science – Business Administration, Duquesne University, 1988

Associate of Culinary Arts, Culinary Institute of America, 1980

Professional Experience

Collaborative Projects Coordinator, Success By 6 Coalition of Douglas County, Lawrence, Kansas. Provide leadership and leadership support for broad based community-based early childhood coalition. Responsible for coordinating program, project, and policy selection, design, implementation and evaluation in partnership with implementing partner agencies; maintain fiscal accountability and non-profit status; represent coalition in building partnerships with business, civic organizations, local governmental units and state level agencies and collaborative initiatives. 2000 to the present.

Treasurer and Building Manager, Western District Conference of the General Conference Mennonite Church, North Newton, Kansas. Maintain fiscal accountability for budget and operation, including endowment fund. Provide staff support for Conference Minister and Conference Administrator; install and maintain accounting software, manage conference owned facility with four tenants. Prepare and communicate financial information to member churches and annual conference; assist with coordination between related inter-denominational Mennonite Conference; provide staff support for organizing and implementing fundraising events. 1995-1999

Adjunct Instructor, Hesston College, Hesston, Kansas. Provide student instruction and evaluation for entry level economics and computer applications course. Spring Semester 1995.

Resident Services Provider, Northview Development Services, Newton, Kansas. Provide residential group home support for adults with developmental disabilities; record interactions of supervised visits between parent and young adult child.

Public & Community Service

Kansas Early Childhood Mental Health Advisory Council 2007-08; USD 497 Board of Education 2004-Present; Centro Hispano Resource Center Board of Directors 2007- present; Leadership Lawrence Class of 2002; Leadership Lawrence Advisory Council 2002-2006; Founding Member Delaware Street Commons Cohousing Neighborhood, Lawrence, KS; Newton-North Newton Area Planning Commission 1998-99

PROGRAM EVALUATOR

Kimberlee C. Murphy, Ph.D.

Evaluation Insights
2713 Bishop Street
Lawrence, KS, 66046-5606
785-838-3428, kcmurphy@sunflower.com

EDUCATION

Ph.D., 1997 Developmental and Child Psychology, University of Kansas, Lawrence, KS.
M.A., 1992 Human Development, University of Kansas, Lawrence, KS.
B.A., 1986 Psychology, Wittenberg University, Springfield, OH.

SELECTED RESEARCH AND EVALUATION EXPERIENCES (1986 to present)

2008-present **Evaluator & Program Manager**, School of Social Welfare, University of Kansas, Lawrence, KS.

- Work with state-level agency to design and conduct fidelity evaluation of new program.
- Provide technical assistance and consultation to staff on database creation and evaluation design for current and upcoming evaluation projects.

2005-present **Evaluator & Consultant**, Evaluation Insights, Lawrence, KS.

- Work with agencies and organizations to design and conduct outcome/program evaluations.
- Develop data collection instruments.
- Collect, analyze, and summarize (through written and oral formats) evaluation results.

2003-2005 **Research Analyst**, Kansas Action for Children, Topeka, KS.

- Collected & analyzed county- and state-level data for Kansas KIDS COUNT and Kansas Children's Report Card publications.
- Provided technical assistance and information for people using data.

1998-2000 **Research Associate**, School of Social Welfare, University of Kansas.

- Evaluated KC Adopts Project, a post-legalization project.

1993-1997 **Coordinator for Data Management and Analysis, Family Coordinator, Project Coordinator**, Center for Research on the Influences of Television on Children, University of Kansas, Lawrence, KS.

SELECTED CONSULTATIONS (out of 14 consultations since 1997)

2008-present Tobacco Free Kansas Coalition, Topeka, KS.
2008-present Spencer Museum of Art, University of Kansas, Lawrence, KS.
2005-present GaDuGi SafeCenter, Lawrence, KS.
2005-2007 Kansas Association of Child Care Resource & Referral Agencies, Salina, KS.
2005-2007 Kansas Health Institute, Topeka, KS.
2005 American Humane Association, Englewood, CO.

PUBLICATIONS AND PRESENTATIONS (total of 101 since 1988)

POSITION DESCRIPTION: FIAT PROGRAM

Position Title: Early Childhood Financial Aid Officer/Scholarship Program Director

Supervised by Executive Director, Douglas County Child Development Association

Qualification: Bachelor Degree in Business Administration or Social Work Administration

Responsibilities

- Promote scholarship and SRS subsidy programs with working families, employers, early learning centers and family childcare homes.
- Assess families for qualification for scholarships
- Work with SRS to assemble overall financial aid packages for families
- Work with ERC to certify early learning programs as qualifying to enroll scholarship recipients
- Work with KACCRRRA to ensure accountability of funds used for KQRS component of the program and to maximize the use of funds during the grant funding year
- Manage the budget, revenue and expenses for the program to maximize the number of families enrolled and the quality & affordability of the early learning programs.
- Represent DCCDA and SB6 in meetings pertaining to community based efforts to increase scholarship funding with local employers and economic development officials.

Compensation: \$30,000 per year plus Health Insurance, Workers Compensation, 401K, Childcare Scholarship.

POSITION DESCRIPTION: KQRS COACH

General Description:

As a member of the Quality Rating Team (QRT), the Quality Improvement Coach (QI Coach) is responsible for working with participating KQRS sites to assist the program in setting, implementing and tracking measurable goals for quality improvement criterion. This position will require building and supporting relationships with providers in the local child care community. Position will report to district office supervisor and be accountable to the KQRS Program Director for project outputs.

Essential Duties & Responsibilities:

1. Site recruitment and support
 - a. Provide *KQRS Eligibility* form and *Commitment* form to all potential KQRS sites and return completed forms to KACCRRRA
 - b. Ensure that all programs applying for KQRS meet eligibility requirements
2. Preparing sites for Quality Rating process
 - a. Implement the *Getting Ready for Ratings* curriculum with all KQRS sites as described in the *Getting Ready for Ratings Manual* (group orientation, individual site visits, etc.)
3. Coaching activities
 - a. Prepare KQRS sites for the coaching relationship and quality improvement work pending the outcome of the Quality Rating results
 - b. Coordinate with QRT members to prepare for and deliver Quality Rating Consultation to KQRS sites
 - c. Work with KQRS sites to set, implement and track specific and measurable goals related to the Quality Rating results
 - d. Assist KQRS sites in writing the Quality Improvement Grant and work with sites to identify needed resources
 - e. Organize and facilitate monthly support group meetings for KQRS participants
 - f. Provide on-site technical assistance to KQRS sites in accordance with the *KQRS Coaching Guidelines* as written in the *KQRS Coaching Manual*
 - g. Analyze KQRS quality trends across the service delivery area and coordinate with other R&R services to deliver resources to KQRS sites based on identified trends (in-service coordination, resource library, community support services, etc.)
 - h. Provide CDA mentoring to CDA candidates in KQRS sites (as part of on-site technical assistance)
 - i. Provide guidance and technical assistance to KQRS sites engaged in NAFCC and NAEYC accreditation (as part of on-site technical assistance)
4. Project coordination and communication
 - a. Attend bi-monthly KACCRRRA Agency Council (KAC) meetings
 - b. Maintain up-to-date records on all participants
 - c. Submit quarterly reports on project accomplishments as directed by KACCRRRA and monthly KQRS database reports
 - d. Communicate regularly with QRT on issues related to KQRS implementation
 - e. Participant in monthly QRT conference calls

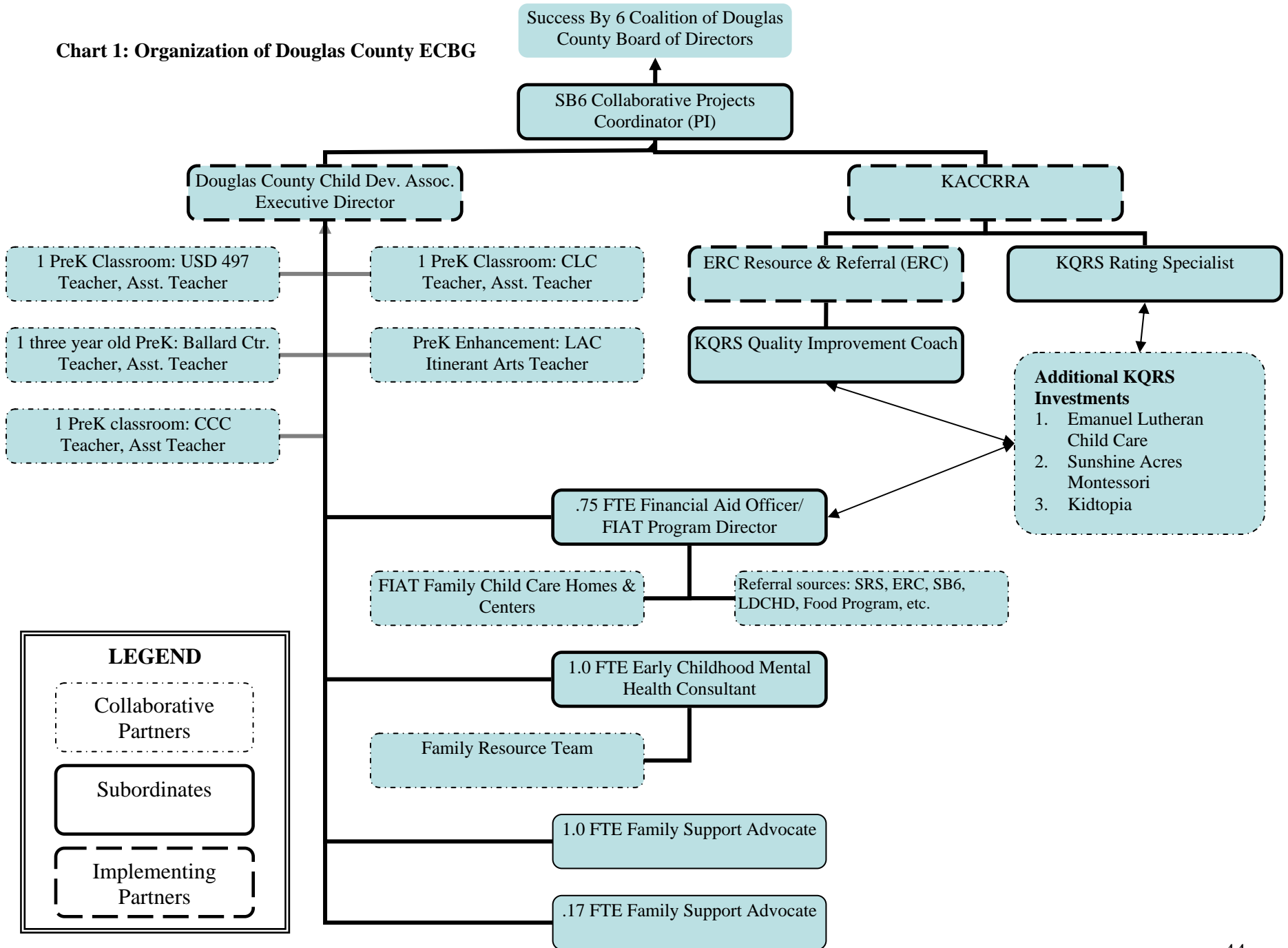
Skills & Qualifications:

- Demonstrated knowledge of early childhood and developmentally appropriate practice
- Demonstrated experience delivering technical assistance to early childhood programs
- Excellent oral and written communication skills, including strong presentation skills
- Strong interpersonal skills
- Intermediate skills with Word, Access, Excel and other MS Office based software
- Strong organization and time management skills
- Ability to work independently and collaboratively in a fast-paced, demanding and complex environment with the ability to adapt to changing situations and priorities

Education Requirements:

- Bachelor's degree in Early Childhood Education or related field
- Minimum of three years' quality improvement experience with varied early childhood educators, settings and programs
- Interest in children's issues and early childhood education

Chart 1: Organization of Douglas County ECBG



LEGEND

- Collaborative Partners
- Subordinates
- Implementing Partners

Needs Assessment and Program Planning

Statement of Need: The most pressing unmet need for at risk families with young children in Douglas County continues to be the need for affordable, high quality, available infant and early toddler child care. The second is for quality enhancements of full time early learning opportunities for at-risk three and four year olds. The third is for a systematic approach to providing healthy social and emotional learning environments and supportive relationships for infants, toddlers and preschoolers. These needs, identified in this ECBG's 2009 initial proposal remain the focus for the 2010 renewal application. The detailed explanations provided in the original proposal still hold true but for several changes which are noted in the second paragraph of this statement of needs section.

In the 2009 proposal reported 2007 monthly average of 550 eligible children using SRS Subsidies. In 2008 show this average increased to 608. Updated annual infant and toddler child care referral requests (70% of calls) decreased but continue to exceed those of families seeking care and early education for 3-5 year old children (30%). The largest number of calls (306) still comes from families seeking infant care but is slightly lower than last year. Updated calculations from ERC Resource and Referral Agency are about 149 licensed infant slots. Douglas County. Douglas County had 1,273 live births. We continue to reasonably estimate that around 672 infants are in need of child care while their mothers work. In 2009 KSDE discontinued funding KQRS ratings for the KS PreK program. This presents a new need in as much as the Block Grant expansion and enhancement program builds on the coordination between KS PreK program and KQRS.

Community Partnerships and Organizational Capacity

Success By 6 Coalition of Douglas County continues in 2010 as the lead agency and applicant with this renewal application. The three implementing partner agencies – Douglas County Child Development Association (DCCDA) and ERC Resource and Referral Agency (ERC) and the Kansas Association of Child Care Resource and Referral Agencies (KACCRRA) remain in place for 2010 as well. The focus of improvements in these partnerships in 2010 will be on the cross training of coaches across agencies implementing both Block Grant and Smart Start programs. These program areas are Early Childhood Mental Health Consultation program's CSEFEL classroom and behavior coaching, KQRS coaching, and Early Childhood Special Education Coaching. In 2009 DCCDA responded to a request by the regional Head Start grantee (ECKAN)

for clinical consultation and support to its EHS home visitors. The subsequent agreement is a positive expansion of the community's capacity to provide social and emotional supports for families with infants and toddlers and has resulted in a revised agreement between this Block Grantee and its partner DCCDA which implements the Early Childhood Mental Health Consultation program. In 2009, this grantee has also expanded the flexibility and depth of expertise brought to the ECMH Consultation program by increasing the collaboration and sharing of cases and consultation duties between Block Grant and Smart Start Early Childhood Mental Health Specialists.

As mentioned in the statement of needs section of this renewal application, the coordination between KQRS and the KS PreK program has changed by KSDE decision to cease funding for KQRS ratings. KSDE has instituted a requirement that PreK programs invest in the CLASS observation tool. This change has implications outlined in the program design section of this renewal application.

Program Progress

This renewal application relies on two sets of measures to report on program progress – 1. Performance Measures as defined in our grant contract. These are taken from the Goals and Objectives section of the original application and 2. Evaluation plan as defined in the initial 2009 proposal. Table 1 combines these measures by correlating the components of the evaluation plan with the goals by major program area.

Table 1: Program Progress

Program Area	Performance Measure	Evaluation Plan
FIAT	<p><u>Goal 1.</u> Increase availability, affordability and quality of infant child care for at-risk families.</p> <p><u>Goal 2.</u> Establish infant toddler child care financial aid system.</p>	<p>OUTCOME: Increase infant slots. BENCHMARK: 10 new infant slots produced. PROGRESS: 15 new infant slots and new toddler slots have been produced by the FIAT scholarship program.</p> <p>OUTCOME: EC programs increase revenue; BENCHMARK: 20 homes & 9 center in FIAT earn revenue >avg. PROGRESS: Revenue per slot exceeds market rates by \$19 - \$22.50 in center-based programs and by \$13.70 – \$17.00 in family child care homes.</p> <p>OUTCOME: Financial Aid System. BENCHMARK: Uniform, Consistent MOUs between participating agencies. PROGRESS: KACCRRRA-Grantee MOU consistent with state-wide program planning yet with modifications for local block grant design. CHALLENGES: Grantee seeks an MOU with more flexibility in program design from KACCRRRA related to use of funds for professional development, quality improvement grants and salary enhancements. SB6-DCCDA & SB6-ERC MOUs consistent with Smart Start and other inter-agency implementation agreements. CHALLENGES: coordination of program recruitment across DCCDA administered FIAT and KACCRRRA/ERC administered KQRS presented difficulties with communications around early learning program selection for participation. A consensus approach was adopted to address these challenges. KACCRRRA-Early Learning Programs MOUs are consistent with state-wide program planning but customized to Douglas County Block Grant design. CHALLENGES: SB6, DCCDA and ERC MOUs need to outline responsibilities for and coordination of communications with early learning program in order to ensure appropriate and accurate expectations about benefits of participation on the part of expressed by early learning programs.</p>
PreK	<p><u>Goal 3.</u> Expand Kansas PreK Program to serve</p>	<p>OUTCOME: Early learning programs increase quality. BENCHMARK: 100% of 1-3 Star programs increase rating by 10%; 4-5 Star programs maintain rating. PROGRESS: Participating programs have received initial KQRS ratings and begun receiving coaching services. Scheduling of KQRS ratings for PreK classrooms has</p>

	<p>additional at-risk families.</p> <p><u>Goal 4.</u> Enhance Kansas PreK program</p>	<p>been synchronized across two funding sources – Block Grant (Children’s Cabinet) and KS PreK program (KSDE). PreK programs that had already been rated prior to Block Grant have shown the following improvement results:</p> <table border="1" data-bbox="611 342 1419 532"> <thead> <tr> <th><i>Program name</i></th> <th><i>2008 Score</i></th> <th><i>2009 Score</i></th> </tr> </thead> <tbody> <tr> <td><i>Ballard</i></td> <td><i>21</i></td> <td><i>19</i></td> </tr> <tr> <td><i>Children’s Learning Center</i></td> <td><i>28</i></td> <td><i>Bi-year</i></td> </tr> <tr> <td><i>Community Children’s Center</i></td> <td><i>32</i></td> <td><i>Bi-year</i></td> </tr> <tr> <td><i>Marion Springs</i></td> <td><i>19</i></td> <td><i>31</i></td> </tr> </tbody> </table> <p>One classroom maintained their 3-Star rating and one increased from a 3-Star to a 4-Star rating. The remaining three programs received a 4-Star rating in their first year and were not scheduled for ratings this year. Also see final progress note under KQRS below.</p>	<i>Program name</i>	<i>2008 Score</i>	<i>2009 Score</i>	<i>Ballard</i>	<i>21</i>	<i>19</i>	<i>Children’s Learning Center</i>	<i>28</i>	<i>Bi-year</i>	<i>Community Children’s Center</i>	<i>32</i>	<i>Bi-year</i>	<i>Marion Springs</i>	<i>19</i>	<i>31</i>
<i>Program name</i>	<i>2008 Score</i>	<i>2009 Score</i>															
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<i>Community Children’s Center</i>	<i>32</i>	<i>Bi-year</i>															
<i>Marion Springs</i>	<i>19</i>	<i>31</i>															
KQRS	<p><u>Goal 5.</u> A uniform and consistent system to communicate quality of programs to families, employers.</p> <p><u>Goal 6.</u> A system of continuous improvement for early learning</p>	<p><u>OUTCOME:</u> Families demand affordable care. <u>BENCHMARK:</u> Requests for scholarships exceed supply of approved slots. <i>PROGRESS:</i> The waiting list is currently 8 families.</p> <p><u>OUTCOME:</u> Families know/value quality. <u>BENCHMARK:</u> 70% of FIAT families demonstrate increased knowledge of quality. <i>PROGRESS:</i> Evaluator has developed a survey of families. Survey will be administered closer to the end of the grant year. Recruitment of families to participate in FIAT relied more heavily on center directors and family child care homes rather than on families. This would indicate greater salience of the financial incentives to these suppliers of early learning service than of quality awareness to families.</p> <p><u>OUTCOME:</u> Programs link quality/revenue. <u>BENCHMARK:</u> 20 homes, 9 centers apply to KQRS. <i>PROGRESS:</i> 10 Centers and 8 family child care homes are currently enrolled in KQRS.</p> <p><u>OUTCOME:</u> Early learning programs increase quality. <u>BENCHMARK:</u> 100% of 1-3 Star programs increase rating by 10%; 4-5 Star programs maintain rating. <i>PROGRESS:</i> KQRS will be unable to show increased rating scores until the end of 2010. Nevertheless we can report for KQRS as of this writing: <i>Successes:</i> 100% of sites have been recruited to participate in KQRS. 18 out of 19 recruited sites</p>															

	programs.	<i>received KQRS Quality Ratings in 2009. 100% of rated site have received quality rating consultations and quality improvement recommendations. CHALLENGES: 1 site had a delay of rating due to a drop in enrollment. This site will be rated in January 2010 (allowing time to increase enrollment) and will be rated again in its regularly scheduled month of November 2010.</i>
ECMH Cons.	<p><u>Goal 7.</u> Early Childhood Mental Health (ECMH) Consultation Services to Early Childhood Block Grant (ECBG).</p> <p><u>Goal 8.</u> ... (CSEFEL) pyramid approach to program wide adoption of social and emotional supports in PreK and Scholarship Programs.</p>	<p>OUTCOME: Focused implementation of pyramid. BENCHMARK: 8 Centers develop pyramid plans.</p> <p>PROGRESS: Implementation schedule was modified and training module content and delivery were customized to better meet the professional development needs and constraints of individual early learning programs. Due to the higher than anticipated participation by centers (38 classrooms currently enrolled in program), overall implementation plan was modified to support programs with classroom and behavior coaching resources thus repositioning the ECMH Consultant to assume a higher level program management. Expectations around relationships and duties between coaches, program directors teachers and the ECMH Consultant have become clearer and more institutionalized.</p> <p>OUTCOME: Intensive Interventions. BENCHMARK: 90% of children receiving intensive interventions show improvement on DECA scores. PROGRESS: We have obtained DECA scores for one of the seven children receiving intensive interventions. This DECA score showed statistically significant improvement from pre to post DECA. Challenges in collecting this data include obtaining parental consent for the assessment and/or getting teachers and parents to complete the forms.</p> <p>OUTCOME: Fewer behavior problems. BENCHMARK: 20% reduction of incidence of reported behavior problems. PROGRESS: 2 of the 8 programs enrolled in PW-PBS have collected BIR's on a consistent basis. Results from their data collection show a decrease in total BIR's. CHALLENGES: Establishing buy-in from programs regarding the usefulness of BIR data and defining and establishing protocol for completing BIR's so data is consistent, and difficulty in determining whether data is accurate (ie: is there a change due to actual changes in behavior or are changes due to the rate at which staff are completing BIR's?)</p>

Program Approach

Program Design & Goals and Objectives: This ECBG renewal continues four inter-related programs: 1) Fund for Infants and Toddlers (FIAT) – 31 child care scholarships for children 0-3; 2) Kansas PreK Program Expansion/Enhancement – 202 children 3-5; 3) Kansas Quality Rating System (KQRS) – 20 programs, 39 classrooms – 88 children 0-3, 363 children 3-5; 4) Early Childhood Mental Health Consultation and continued program-wide implementation of the CSEFEL Pyramid approach – 89 children 0-3, 422 children 3-5. Some children benefit from more than one of these programs. The unduplicated counts are 150 children 0-3 and 508 children 3-5 for a total unduplicated count of 658 children.

Table 3 on page 12 provides the goals and objectives associated with each of the four block grant inter-related program areas. Table 4 on page 14 links these programs to the goals and objectives of the KS Early Childhood Comprehensive Systems and the KS Strengthening Families Plans.

While this ECBG proposal funds FIAT scholarships for an estimated 31 infants/toddlers depending upon the family income level, subsequent years' block grant activity anticipates a shift from the KQRS component to additional scholarships as more programs reach higher quality standards. However, in the short run, in order to build a functioning community-wide financial aid system that meets the needs of working families, it will be necessary to strategically invest limited block grant resources. KQRS is an infrastructure investment needed to ensure continuous quality improvement in programs participating in the financial aid system. Local investors will look for this assurance of continuous improvement before committing funds to the system. This may necessitate the investment of block grant funds in additional center-based programs enrolled in KQRS.

FIAT Scholarships combined with SRS subsidies result in weekly per infant revenue of \$236. This is \$19 to \$22.50 more than the average center-based tuition and \$13.70 to \$17.00 more than the average family child care home tuition. Each program in the KQRS/FIAT programs also receives quality improvement coaching, \$1,000 in formal education reimbursements, and up to \$3,500 in quality improvement mini-grant funds. Our theory of change predicts that increases in tuition combined with the KQRS supports increase the availability of infant care for at-risk families.

This ECBG proposal launches the FIAT program but is only the beginning of a community-wide effort to expand FIAT to include assets that will provide financial aid to working families making up to 300% of the Federal Poverty Level. Potential sources of funds to increase FIAT assets are the United Way of Douglas County, City and County economic development funds and private employer contributions.

Unlike FIAT's market based approach, expansion/enhancement of the KS PreK program approximates the financing method used for K-12 education. In 2009 KSDE suspended funding for KQRS ratings at KS PreK program sites. While this renewal application does not include in its implementation plan to pick up the cost of these ratings, it does maintain KQRS program rating and investments already put in place by the Block Grant program. This Block Grantee anticipates that the State of KS will eventually fund KQRS ratings if not the entire KQRS program as part of the KS PreK program.

This ECBG proposal builds on the vision of such a system articulated in the KS Early Childhood Mental Health Strategic Plan. This ECBG renewal application continues to take a two-pronged approach: 1) Training early learning programs for program-wide implantation of the CSEFEL pyramid approach and 2) ECMH Consultation services that support this training and provide intensive mental health interventions. The pyramid approach to early childhood social and emotional health supports a system of "intensive interventions" for approximately 8%-10% of children. The program design refinements in this renewal application build on a successful year of training by investing in coaches to institutionalize the knowledge gained. In 2009 the number of center-based programs requesting participation in this program, and therefore the number of classrooms implementing this program was greater than anticipated. A total of 8 centers with 38 classrooms have received the trainings identified in the 2009 proposal. This renewal application takes program implementation to the next stage with classroom and behavior coaching. Eventually the implementation results in an institutionalization of the model throughout participating programs which is characterized by leadership teams and internally available coaching. Some programs will reach this institutionalization stage of implementation sooner than others.

The Early Childhood Mental Health Consultant expedites and provides therapy for children needing intensive services. Identified children receive a minimum of four weeks observation prior to implementing the DECA tool. This includes no less than two hours of in-

person contact a week, ideally for 2-4 hours per week. Once assessed, each child receives 1-2 hours of services/week until goals are met. DECA recommends on-going tracking of progress two to three times a year. Other measures to track progress include reflective checklists, teacher/parent report, and frequent observation. After DECA results are tabulated, an individualized service plan is developed in collaboration with the teacher and parent(s).

Recruitment, Eligibility, and Participant Selection: The recruitment of families to receive FIAT scholarships will use SRS Office of Employment and Economic Supports, the SB6 Family Resource Team, ERC Resource and Referral, tiny-k of Douglas County (Part C) and the Maternal Child Field Programs at Lawrence Douglas County Health Department all of which serve at risk families with infants and toddlers. Families earning up to 185% of FPL or who exhibit other ECBG risk factors are eligible for FIAT scholarships.

The selection of participants in the KQRS follows two trajectories. The first trajectory relates to how KQRS functions in support of the FIAT scholarships. Selection of family child care homes for participation in KQRS depends upon the program accepting infants with FIAT scholarships and SRS subsidies. Families seeking child care for infants who have received FIAT scholarship vouchers serve as one recruitment mechanism. The second trajectory for KQRS program selection will be for existing center-based programs that are currently participating in the KS PreK Program.

Children enrolled in programs that implement the CSEFEL Pyramid model are eligible to receive intensive interventions by the ECMH Consultant provided that proper releases and consents are acquired from the families of these children. Families with infants and toddlers enrolled in the FIAT scholarship programs will also be eligible for social and emotional supports in a collaborative relationship between the ECMH Consultant and the Family Resource Team.

Implementation Plans: The KQRS program is integrated into both the FIAT and PreK programs. Table 2 on page 10 provides a timeline for implementation of the essential components of KQRS. Table 5 on page 15 provides an implementation timeline for FIAT. Table 6 on page 14 provides a timeline for PreK Enhancement/Expansion. Table 7 on page 15 provides a timeline for implementation of the CSEFEL training schedule. Program and child specific

Table 2: KQRS Implementation Timeline

Activity	Timeline	Responsible
Recruitment of sites	Jan. 2010	CCR&R
Quality Ratings, Improvement	March 2010	QR Specialists, Coaches

ECMH

Consultation will be implemented in

collaboration with early learning programs.

Evaluation Plan: evaluation in this ECBG proposal measures the short-term and intermediate outcomes. The long-term outcomes are identical to the KECCS and KSF Plans goals and are beyond the scope of this proposal’s implementation timeline. Nevertheless, as the logic models demonstrate, these long-term outcomes are a logical extension of the outcomes evaluated in this proposal. Table 8 on page 16 articulates the evaluation plan for selected short-term and intermediate outcomes in the logic models which are in the appendices. This plan includes benchmarks, data, and persons responsible for data collection, time frame and method of data/information processing. SB6 will contract the outside evaluation firm *Evaluation Insights*.

Evaluation of FIAT tracks affordability, quality, and availability. Evaluation of PreK Enhancement/Expansion relies on KQRS. The Early Childhood Mental Health evaluation includes components that measure the success of program-wide implementation of CSEFEL Pyramid and intensive interventions. The PI will review the evaluation reports from *Evaluation Insights* and submit reports to the Children’s Cabinet.

In 2010 this grantee will institute procedures to gather data in such a way that we identify the number of children and families who benefit from both the Early Childhood Block Grant and the Smart Start Grant.

Table 3: ECBG Goals and Objectives

Program Area	Goals	Objectives
FIAT Scholarships	<p>Goal 1: Increase availability, affordability and quality of infant child care for at risk families</p> <p>Goal 2: Expand infant toddler child care financial aid system.</p>	<p>1.1: Provide scholarships to 31 at risk infants, toddlers and their families</p> <p>1.2: 15 family child care homes will increase the number of infants enrolled.</p> <p>2.1: Develop pilot program to establish child care financial aid as an economic development tool; 2.2: Recruit one employer specific FIAT pilot site; 2.3: Launch an employer specific FIAT pilot to serve working families between 186%-300% of FPL; 2.4: Partner with an academic institution to extrapolate the economic development impact of taking the pilot to scale in Do. Co.</p>
KS PreK Expansion/ Enhancement	<p>Goal 3: Expand KS PreK Program to serve additional at risk families</p> <p>Goal 4: Enhance KS PreK program to provide opportunities for at risk three and/or four year olds.</p>	<p>3.1: Continue KS PreK program integration of five 4-Year at Risk classrooms <i>and one</i> Head Start classroom to full day programs and one full-day community classroom serving 112 at risk children. Classroom deliver research based curriculum, aligned to the KS Early Learning guidelines. Formative assessments used to document each child’s development. Weekly art classes delivered to programs by Lawrence Arts Center teacher. Arts instruction supplemented by 3 live performances in drama, dance, visual and the musical arts. A family service advocate is available to each classroom.</p> <p>4.1: Continue KQRS Quality Improvement Coaching and other KQRS supports for five existing KS PreK Pilot Classrooms with 90 preschoolers</p>

KQRS	<p>Goal 5: A uniform and consistent system to communicate quality of programs to families, employers</p> <p>Goal 6: A system of continuous improvement for early learning programs.</p>	<p>5.1: Provide KQRS Rating for <i>20 FIAT</i>, & <i>5 PreK early learning programs</i></p> <p>6.1: Provide <i>12 hrs of Getting Ready for Ratings coaching</i> prior to Quality Rating for 20 programs with 39 classrooms (center-based and family child care)</p> <p>6.2: Provide 1-3 Star rated programs approximately <i>80 hrs of coaching</i></p> <p>6.3: Provide 4-5 Star rated programs approximately <i>68 hrs of coaching</i></p> <p>6.4: Provide \$1,000 of formal education funding to each participating classroom</p> <p>6.5: Provide improvement grants for each 1 - 5 Star rated program. Grant amounts are determined based on the site's Star rating, and the number of classrooms within the site</p>
ECMH Consultation/ CSEFEL Training	<p>Goal 7: ECMH Consultation Services to ECBG programs</p> <p>Goal 8: The CSEFEL pyramid approach to program wide adoption of social and emotional supports in PreK, KQRS & Scholarship Programs.</p>	<p>7.1: Provide 720 hours of ECMH child specific intensive interventions for <i>15 children</i> across early learning programs implementing CSEFEL Pyramid.</p> <p>8.1: Provide 750 hours of coaching to programs enrolled in CSEFEL Program-wide adoption <i>servicing 89 children 0-3 and 422 children 3-5.</i></p> <p>8.2: Provide 35 hours of continuing education to programs enrolled in CSEFEL Program-wide adoption related to programs' specific professional development needs.</p> <p>8.3 Provide 4 days of CSEFEL Pyramid Module Training to ECBG participating early learning programs on program-wide adoption of CSEFEL model.</p>

Table 4: ECBG Program Areas linked to KEECS & KSF Plans

Program Component	KEECS Plan Goals/Objectives	<u>KSF Plan Goals/Objectives</u>
<u>FIAT</u>	Goal 3: Objective 3.1, Objective 3.2 Goal 5: Objective 5.3, Objective 5.4	<u>Goal 1: Health and Safety Objective 1.3:</u> Families have access to quality child care while parents work or attend school. <u>Goal 3: Family Supports Objective 3.2:</u> Families receive economic supports to meet needs.
<u>PreK</u>	Goal 3: Objective 3.1, Objective 3.2 Goal 5: Objective 5.3, Objective 5.4	<u>Goal 1: Objective 1.3:</u> Families have access to quality child care while parents work or attend school. <u>Goal 3: 3.2:</u> Families receive economic supports to meet needs.
<u>KQRS</u>	Goal 3: Objective 3.4 Goal 4: Objective 4.1	<u>Goal 4: Parent Education Objective 4.1:</u> Parents have the skills and knowledge they need to nurture healthy child development.
<u>ECMH Consultation</u>	Goal 2: Objectives 2.1, Objective 2.2, Objective 2.3	<u>Goal 1: Objective 1.1</u> Children will have health needs met. <u>Goal 5: Aligning Evidence-Based Research with Public Policy and Practice. Objective 5.1:</u> Prevention programs in Kansas utilize evidence-based practices (EBP).

Table 5: PreK Enhancement/Expansion & Related KQRS Timeline

Target Date	Activities
Jan	SB6 MOU with DCCDA for management/implementation of PreK; DCCDA MOUs with programs
Jan – May	Deliver PreK to 109 children
May	Transition plans for children transitioning into kindergarten. Cease instruction for the summer.
June-July	Programs recruit 112 children for fall enrollment.
August	8 hours of Professional Development is delivered to all teachers and assistant teachers in ECBG classrooms.
Aug - Dec	Deliver PreK to 112 children. Same as previous semester.

Table 6: FIAT Implementation Timeline

Date	Activities / Benchmarks
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Winter	<ul style="list-style-type: none"> • B6 Board designates some of its UW allocated funds for <i>FIAT Employer Specific Pilot</i>. • Assess KQRS capacity to meet <i>FIAT Employer Specific Pilot</i> demand. Link Capacity to employer participant need. • Recruit employer to participate in <i>FIAT Employer Specific Pilot</i> • Recruit KU evaluation partner • Develop promotion plan for <i>FIAT Employer Specific Pilot</i> program (internal, external) • Continue/renew all active ECBG FIAT Scholarships; add new FIAT Scholarships as needed • Conduct search for funding source for <i>FIAT Employer Specific Pilot</i> and evaluation/economic impact analysis
Spring	<ul style="list-style-type: none"> • Finalize pilot design in collaboration with employer • Begin implementation of <i>FIAT Employer Specific Pilot</i> promotion plan
Summer	<ul style="list-style-type: none"> • Finalize pilot evaluation plan • Continue implementation of <i>FIAT Employer Specific Pilot</i> promotion plan • Continue/renew all active Block Grant funded FIAT Scholarships; add new FIAT Scholarships as needed
Fall	<ul style="list-style-type: none"> • Launch <i>FIAT Employer Specific Pilot</i> • Continue implementation of <i>FIAT Employer Specific Pilot</i> promotion plan • Begin evaluation of <i>FIAT Employer Specific Pilot</i> • Continue/renew all active Block Grant funded FIAT Scholarships; add new FIAT Scholarships as needed

Table 7: CSEFEL Implementation Timeline

Timeline	Content/Training
Jan – Dec Monthly	Collect BIR Data from PBS sites
January	Program-wide expectations established in all PBS sites; Establish functioning leadership teams in all PBS sites
January 13	Networking and Professional Development, Attendance at PBS Kansas Meeting
January 29	Pre TPOT/TPITOS to be completed with 2 priority PBS sites
February	Prof. Dev. during annual mini-conference; Program-wide adoption of center specific behavior flow chart

Timeline	Content/Training
March 31	Pre TPOT/TPITOS to be completed with remaining 6 PBS sites
April, 1 day	CSEFEL Module 1 Training
August, 1 day	CSEFEL Module 2 Training
Aug/Sept	Post TPOT/TPITOS completed with 2 priority PBS sites
October	PBS sites complete satisfaction surveys regarding PW-PBS support
Oct/Nov	Post TPOT/TPITOS completed with remaining 6 PBS sites
November 2010	Review program specific Benchmarks of Quality related to implementation of the elements of PW-PBS
December, 2 days	CSEFEL Module 3 Training

Table 8: Evaluation Plan

Indicators & Outcomes	Benchmark	Measurement				
		Data	Sources	Responsible	Time	Mthd
EC programs increase revenue	20 homes & 9 center in FIAT earn revenue >avg.	Rate & revenue reports	programs	Directors	11/08 – 12/09	Calc
Programs link quality/revenue	20 homes, 9 centers apply to KQRS	KQRS applications	programs	(FAO)	11/08 – 12/09	Add
Families know/value quality	70% of FIAT families demonstrate increased knowledge of quality	Survey	families	(FAO)	11/08 – 12/09	Calc
Financial Aid System	Uniform, Consistent MOUs between participating agencies	DCCDA, ERC, SB6, prgrms' files	Admin. Programs	(FAO)	11/08 – 12/09	Records Review
Increase infant slots	10 new infant slots produced	program survey	programs	(FAO)	11/08 – 12/09	Add
Families demand affordable care	Requests for scholarships exceed supply of approved slots	Scholarship req.'s/apprvd slots	DCCDA, ERC	(FAO)	11/08 – 12/09	Calc
Early learning programs increase quality	100% of 1-3 Star programs increase rating by 10%; 4-5 Star programs maintain rating	Quality Performance Profiles	KACCRRRA	Quality Rating Specialist	11/08 – 12/09	Calc
focused implementation of pyramid Intensive Interventions	8 Centers develop pyramid plans 90% of children receiving intensive interventions show improvement on DECA scores.	Program files ECMH DECA Scores	EC Programs DCCDA	Program Directors ECMH Consultant	11/08 – 12/09	Record Review
Fewer behavior problems	20% reduction of incidence of reported behavior problems	Early Learning Program Records	EC Programs	Program Directors	11/08 – 12/09	Record Review

APPENDICES

Logic Models

- FIAT
- PreK Enhancement/Expansion
- KQRS
- Early Childhood Mental Health Consultation Program

ECBG Organizational Structure Chart

ECBG Attachment C: Budget & Budget Narrative

Logic Model for FIAT and Related KQRS

Inputs	Outputs		Outcomes		
	Activities	Participation	Short-term	Intermediate	Long-term (KECCS & KSF Plan Goals)
.75 FTE Financial Aid Officer / Program Director	Promote scholarships Certify programs for FIAT Provide financial aid services	KACCRRRA, ERC, DCCDA, SRS	Families demand financial aid Early learning programs increase revenue	Financial Aid System in place EC programs increase supply of infant slots	<ul style="list-style-type: none"> • Available infant and early toddler care • Families will have access to quality child care while parents work or attend school. • Increase the number of early childhood programs that are available.
30 FIAT Scholarships	Provide financial aid to families	30 at-risk Families	30 Families recognize the components and value of quality	families demand affordable, quality care	<ul style="list-style-type: none"> • Families will receive economic supports to meet their needs. • Increase the number children living in families that can afford basic necessities; • Increase the affordability of early childhood programs

Assumptions: Three inter-related dynamics contribute to infant child care market failure. First, infant care is not affordable to families because of a lack of financial support. Second, there is no systematic way to communicate quality in the market place. Third there is a chronic shortage of available infant care primarily due to the need for higher adult/child ratios, Program design must account for the dynamic interaction of these three aspects of market failure. Low to moderate income working families demonstrate the most urgent need for infant care and therefore have the most at stake in improved availability, affordability and quality. Infant care is not funded universally as a public good like k-12 education nor like health insurance by employers and Medicaid. In these respects the financing of infant care more closely resembles higher education in which financial aid is an appropriate and promising strategy. However, current financial aid available to families through public subsidies is insufficient to help with the affordability, fails to address quality standards or to induce sufficient supply. This program increases the financial aid to families, increases the expectations of quality by establishing and communicating clear standards, and induces increased supply by augmenting compensation to early learning programs.

Logic Model for KS PreK Expansion/Enhancement and Related KQRS

Inputs	Outputs		Outcomes	
	Activities	Participation	Short-term	Intermediate & Long-term (KECCS & KSF Plan Goals)
<ul style="list-style-type: none"> • 2.5 FTE Certified Teachers • 1 FTE Uncertified Teacher • .62 FTE Art Teacher • 2.8 FTE Assistant Teachers • 1.0 FTE Family Support Advocate • 1 FTE KQRS Coach • Art Supplies 	<ul style="list-style-type: none"> • Provide 185 eight-hour days of preschool instruction • Provide art curriculum and supplies • Provide classroom support for children with IEPs • Provide KQRS coaching to PreK programs 	<p>112 at-risk three and four year old children (expansion & enhancement)</p> <p>90 at-risk four year olds (enhancement)</p> <p>8.5 FTE Teachers 4 Center/Program Directors</p> <p>138 families</p>	<p>At-risk children four years old and their families have access to quality, tuition free early learning opportunities</p> <p>Early Learning Programs participating in KS PreK have developed continuous improvement plans based on evidence of best practice.</p>	<p><u>KSF Goal 1: Health & Safety Objective 1.3:</u> Families will have access to quality child care while parents work or attend school.</p> <p><u>KSF Goal 3: Family Supports Objective 3.2:</u> Families will receive economic supports to meet their needs.</p> <p><u>KECCS Goal 2: Early Care & Education Services Objective 3.1:</u> Increase the number of children receiving high quality early education; <u>Goal 5: Family Supports Objectives 5.3</u> Increase the number children living in families that can afford basic necessities; <u>5.4</u> Increase the affordability of early childhood programs</p>

Assumptions: Children who attend high quality early learning programs enter school more ready to learn than their counterparts who do not attend high quality programs. Expansion and Enhancement of the KS PreK Program coupled with the implementation of KQRS and associated coaching lead to higher levels of school readiness by meeting the developmental needs of at-risk children enrolled.

Logic Model for KQRS

Inputs	Outputs		Outcomes		
	KQRS Components	Activities	Short-term	Intermediate	Long-term
Quality Rating Specialists	Quality Performance Profile	Conduct annual quality rating	Families will have increased knowledge of the availability of quality child care programs	Families will choose high quality child care programs based on Star Rating information	Families will request rated programs when searching for child care
Early Learning Report	Start Ratings published	Publish Star Rating on KACCRRRA website Provide Star Rating on R&R referral lists for families			
Quality Improvement Coach	Quality Improvement Coaching to Programs	30 hours of “Getting Ready for Ratings”, 80 hours of onsite TA to 1-3 Star programs, 60 hrs on site TA to 4-5 Star programs	EC Programs will receive baseline Star Rating, develop plan to increase quality	EC Programs will increase quality rating by at least 4 points annually if they are 1-3 Stars; maintain their Quality Rating if they are 4-5 Stars	EC Programs will increase their quality by at least 1 Star level (if they are 1-3 Stars), sustain their Quality Rating Star Level over time (if they are 4-5 stars)
Financial Resources	Quality Improvement Grants to Programs	1 Start: Health & Safety Grant 2-3 Star: Improvement Grant 4-5 Star: Special Project Grant			
TEACH, WAGES, CDA BELIEF, [FIAT REVENUE, KS PREK SALARIES]	Professional Development Scholarships and Salary Supplements	CDA/AA/BA Scholarship Salary Supplement (i.e., FIAT revenue, KS PreK Salaries) Director Credential Courses			
				Children will attend high quality early learning programs	Children will enter school ready to learn

Assumptions: Families who have access to quality rating information will use that information to choose high quality early learning programs for their children. At-risk children are more affected by poor quality early learning programs than their non at-risk counterparts. Children who attend high quality early learning programs enter school more ready to learn than their counterparts who do not attend high quality programs.

Logic Model for ECMH Consultation and CSEFEL Program-Wide Pyramid Model Implementation Training

Inputs	Outputs		Outcomes		
	Activities	Participation	Short-term	Intermediate	Long-term (KECCS & KSF Plan Goals)
.75 FTE Early Childhood Mental Health Consultant 2.0 FTE CSEFEL Coaches	Ongoing Program-wide implementation of CSEFEL Pyramid 1,300 hours of ECMH Consultations to early learning programs	10 FIAT Programs Three Community Based Early Learning Programs Four PreK Classrooms	Programs have the skills they need to provide social emotional development services to at-risk families Children and Families receive social/emotional support services coordinated between school and home	Programs make appropriate requests of the ECMH Consultant Fewer reports of behavior problems from early learning programs	<u>KSF Goal 1: Objective 1.1</u> Children will have health needs met. <u>KEECS Goal 2: Mental Health and Social-Emotional Development</u> <i>Objectives 2.1</i> Increase the ability of providers to identify, address and prevent social-emotional problems in early childhood; <i>2.2</i> increase the early identification of children who need mental health services
CSEFEL Training Materials	25-30 hours of appropriate mental health services for children needing intensive interventions	35 children needing intensive intervention services	Stakeholders in programs accept the pyramid approach to social/emotional health Children with mental health problems receive the services they need.	Program staff demonstrate increased ability to implement pyramid approach 90% of children receiving intensive interventions demonstrate improvement in social/emotional function as measured by scores on the DECA PreK or DECA I/T	<u>KEECS Goal 2: Mental Health and Social-Emotional Development</u> <i>Objectives 2.1</i> Increase the ability of providers to identify, address and prevent social-emotional problems in early childhood; <i>2.2</i> increase the early identification of children who need mental health services; <i>2.3</i> Develop a system to provide mental health services so that at-risk young children and families receive needed services; <u>KSF Goal 5: Aligning Evidence-Based Research with Public Policy and Practice. Objective 5.1:</u> Prevention programs in Kansas utilize evidence-based practices (EBP).

Assumptions: At risk young children and their families exhibit disproportionately high need for social emotional prevention and intervention services. An early childhood mental health system based on a public health model that universally promotes social/emotional well being for all children; targets prevention activities to families demonstrating risk of developing social/emotional problems; and intensively intervenes to treat children and families who already have mental health problems most effectively and efficiently meets the social/emotional needs of at-risk children and families.

Chart 1: Organization of Douglas County ECBG

