

Statement of Need

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

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

Smart Start Planning Goal	Rank (1 highest, 5 lowest)
Basic needs of families & children met through family support system.	<u>1.56</u>
High quality, accessible, affordable childcare and early education available to all families.	<u>2.60</u>
Healthcare services (physical, mental, oral) & safe environments for pregnant women & children.	<u>2.73</u>
Children enter school socially, emotionally and cognitively ready to learn.	<u>3.36</u>
The workplace supports working families.	<u>4.45</u>

Family Support Services

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

Family support is needed in the following areas:

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

Family Support for Spanish Speaking Families

In the first 11 months of 2008, 108 Spanish speaking families received case management, parenting education and social support by Centro Hispano Resource Center. Seventeen of those families received mental health services. Thirty-five percent of families served in the Health Department's Maternal Child Health programs are Spanish speaking. In 2007 the estimated Spanish speaking population of Douglas County was 4,220. There are only two bilingual mental health clinicians in Douglas County, both at Centro Hispano Resource Center. In 2007, the top six Case Management issues for which CHRC provided assistance were: legal issues (broad range of issues), healthcare, taxes, employment, adult education, and housing issues, taxes, adult education (primarily English classes, a few GED classes), food, legal assistance in the area of immigration, interpretation and translation, and financial assistance.

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

The Health Department receives an average of 250 new referrals per year for childbearing families. This indicates that approximately 20% of the 1200 annual births to Douglas County families are to families needing special support during pregnancy.

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

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

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

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

In 2008 it has become clear that there is a need for parenting classes for new and expectant fathers. While this is true for all fathers, it is especially true for vulnerable families.

Support for Families of Infants and Toddlers with Special Needs

The Smart Start Early Childhood Mental Health Specialist employed at tiny-k Early Intervention served 45 families through November 2008. These families have at least one child who participates in the tiny-k Early Intervention program due to having either a disability or developmental delay. This is a significant characteristic that impacts typical family functioning. Parents must deal with many emotional issues, i.e. grief, loss, etc. while handling additional appointments, seeking additional financial resources to assist with monetary issues due to child's special needs, learning about available local and regional resources available due to child's special needs, educating self on child's special needs and learning how to advocate for child with different professionals and in various situations. Many times parents will need assistance finding and paying for child care due to their child's special needs.

Early Childhood Mental Health Services and Related Case Management

The Family Resource Team records approximately 201 new families each year receiving services from Smart Start funded family support programs. In the first 11 months of 2008, 73 of these were families needing mental health services. The needs are: psychotherapy, parenting education, advocacy and support. Specifically, parents have concerns about their child's development, behavior, relationship with the parents and others, and their emotional well-being. Parents request parenting skills enhancement, referral to early childhood resources, parent-child relationship building, and mental health services (evaluations, medication, and therapy). Often these families need a variety of case management and assistance with resources in combination with family therapy and parenting education services.

25% - 30% of families receive case management *and* mental health services. In the first 11 months of 2008, the Smart Start Case Manager provided services to 30 families presenting the following areas of need: Parenting Skill Building, Mental Health Needs, Childcare Needs, Employment/VR/Education, Community Resources and Misc. Case Management, Finances and Budgeting / Household organization, Safety, and Special Needs Child Supports.

There is a need to deliver parenting education classes to families experiencing the stresses associated with homelessness. The City of Lawrence's January 30, 2008 point in time count documented 75 homeless families with 103 children. Over the course of a year, service providers estimate that more than 350 families become homeless. The majority of these children are under seven years old. These families face life crises capable of undermining even the best parenting. The disruptions of lost jobs, major illness, divorce, or domestic violence combine with

the fear for physical safety without secure housing. Attention to the child's development and stability of routine may be lost. Family Promise provides secure emergency housing and support for a quick return to permanent housing. Without support for parents, as parents in crisis, the emotional fall out from homelessness may be unresolved. There is a need to ease disruption in the family and encourage parents' attention to their children's developmental needs.

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

Early Childhood Oral Health

The Kansas Department of Local and Rural Health has designated Douglas County as a dental and medical Health Professional Shortage Area (HPSA). It is specifically designated as a shortage area for low income or Medicaid providers. In the first 11 months of 2008 the Douglas County Dental Clinic served 538 children ages 0-5 through the Access to Baby Child Dentistry (ABCD) program. The number of children and families served by the ABCD program has continued to rise annually. The number of visits during 2003 was 276. In 2004 this number jumped to 511 and in 2005 rose again to 560. In 2007 695 ABCD visits occurred.

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

Parenting Education as Family Support in Baldwin City

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

These families continue to seek age-appropriate parent/child interaction activities. They seek parenting support and education to deal with discipline, communication, self-esteem, sibling rivalry, etc. The PAT program is the primary local source of family supports. Families who age out of this program are left with few supports within the community.

Early Care & Education

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

Of the 870 referral requests for full time child care made by parents to ERC during the one year period ending June 30, 2008, 73% were for children under age three.

From July 1 2007 through June 30 2008, ERC Resource & Referral reported requests were made for child care referrals for 48 children with special needs. Douglas County's IDEA Part C provider reports that of the 105 families active in services on 12/1/08, 12 were receiving services exclusively in child care settings. An additional 20 families receiving services were not receiving services in child care settings. Most families either cannot find childcare for their child with special needs or do not receive services for their child in childcare settings.

Beginning in January 2009, Douglas County s begins implementing an Early Childhood Block Grant. This program provides child care financial aid for at risk families with infants and toddlers up to 30 months old; increases the number of at risk children served by PreK classrooms; implements the Kansas Quality Rating System in 18 centers with 30 classrooms and implements early childhood mental health consultation. This ECBG program compliments the existing Smart Start Early Childhood Special Education Consulting program and other Smart Start investments in the availability, quality and affordability of early learning programs.

In 2008 Douglas County Smart Start replaced the Smart Start Infant Toddler Health & Safety Reimbursement mini-grant program with a Quality Connections program that required enrollment in a professional development program in order to receive infant toddler care mini-grants. The old Health & Safety grant program required family childcare homes to become licensed rather than registered. The Health Department's Child Care Surveyor reports a reduction in the number of family childcare homes that choose to become licensed instead of registered since the inception of the new Quality Connection program. This leads to the conclusion that limiting availability of mini-grants and requiring enrollment in the professional development program has reversed the trend toward more licensed rather than registered programs. The 2009 ECBG funded KQRS program and other incentives provides a more robust program than Quality Connections. This increase in ECBG resources combined with the desire to resume incentives to become licensed rather than registered necessitates the a revised program design for Smart Start investments in infant/toddler health and safety mini-grants

Community Collaboration and Planning

In 2008 Douglas County Smart Start expanded its community planning and collaboration in several ways. First, two annual delegations of "unusual suspects" recruited by Smart Start Staff and volunteers and who had attended the Kansas Health Foundation annual Leadership Conference hosted a community summit "Building Our Future Right from the Start: The Economic Promise of Investing in Early Childhood". The number of persons who indicated at the close of the summit interest in participating in follow up to the summit provides a measure of success. There were 46 who indicated such interest. Of these 35 do not make their living in early childhood or are not already involved in the governance of early childhood program. This group is continuing to follow up on the summit by engaging the Lawrence Chamber of Commerce, the Jayhawk Chapter of the Society for Human Resource Management and employers at the East Hills Business Park. Smart Start Coordinator provides staff support for these efforts.

Our second planning and collaboration improvement brought the Kansas Association of Child Care Resource & Referral Agencies (KACCRA) and ERC, Resource and Referral agency into the design and implementation of the Early Childhood Block Grant proposal.

A third collaborative and planning improvement involved the engagement of partners in the child protective services system to begin building a consensus protocol for social and emotional development for an early childhood family centered system of care. The resulting

draft protocol will be presented to a January 2009 forum of agencies working with families 0-18 years of age in and out of the child protective system in Douglas County. In 2009, we would like to approach the Kansas Family Advisory Network for assistance on gathering input from families on the further refinement of this protocol.

Fourth, Smart Start established collaboration with Family Promise of Lawrence, a transitional housing program with 15 participating religious congregations. Figure 1 on page 37 provides a schematic of the related early childhood investments and partnerships for Smart Start, the Early Childhood Block Grant and the PreK Pilot programs. **Program Description**

Family Support for Spanish Speaking Families

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

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

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

A caseload of 25-30 active families per nurse case manager is maintained. A single nurse case manager may serve 50 or more families per year. The full time Smart Start nurse case manager keeps program caseloads for all program nurse case managers to a number that allows the appropriate intensity of services to be provided for all families served by the program.

In 2009 we would like to begin providing Conscious Fathering: A Guide for Expectant Fathers through Lawrence Memorial Hospital's community education programs. This will require training and a curriculum license. LMH has endorsed the development of this plan.

Support for Families with Infants and Toddlers with Special Needs

The Smart Start Early Childhood Mental Health Specialist at tiny-k Early Intervention provides between 40-50 families with mental health and related case management services annually. The Smart Start Early Childhood Mental Health Specialist program at tiny-k Early Intervention addresses both child and family outcomes, knowing that the family must be supported in order to be able to care and assist their child. A comprehensive support and team approach is used. All children who qualify for mandated IDEA Part C services must be served immediately upon qualification. This includes addressing families concerns. Providers from different disciplines work with the family and collaborate with each other to empower family to support their child. The Smart Start Early Childhood Mental Health Specialist's expertise is

essential in assisting families to work toward becoming self-sufficient and competent in order to assist their child.

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

Mental Health & Related Case Management

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

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

In 2009 this program will partner with the Family Promise program to provide targeted supports for families transitioning from homelessness to permanent housing.

Early Childhood Oral Health

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

Parenting Education as Family Support in Baldwin City

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

The 2008 Smart Start program will offer continued PAT services to children age 3 and 4, using the 3- K PAT curriculum. This expanded PAT service would include quarterly Personal Home Visits to each child, a minimum of once a month Parent/Child School Readiness Activity Sessions, monthly parent newsletters, opportunities for yearly developmental, hearing, and vision screenings, as well as collaboration with community resources. This PAT expansion program is offered to all 3 year old PAT enrolled children who are NOT being served through other district offered support (P.E.P. the first year, and Pre-K 4 year old preschool the second year). The Smart Start USD 348 PAT augments the PAT 0-3 program making it a Birth to K PAT program.

With the passing of a bond issue in Baldwin, this Smart Start funded PAT program will move to a new and more developmentally appropriate space, where we can be in closer proximity to other aspects of the early childhood community. This proximity will not only benefit the program, but will better serve the needs of the youngest members of our community

Early Care & Education

Early Childhood Special Education Consulting

Smart Start continues its Early Childhood Special Education Consultant in 2009. This specialist provides technical assistance to center based classrooms and family childcare homes who desire to provide early learning opportunities to children with special needs, but lack the skill and knowledge. Intensive technical assistance involves 2-3 hours per day for 2-3 days per week and is based on specific children's special needs and leads to overall program and learning environment improvements that support inclusion. Quality improvement plans are developed for each classroom or home. These plans are informed by the results of an initial Infant Toddler Environmental Rating Scale - Revised (ITERS-R). Early Childhood Environmental Rating System - R (ECERS-R) is used for programs serving children 3-5. Though technical assistance is directed at classrooms and homes that wish to provide quality early learning opportunities for infants and toddlers with special needs, there are spill-over benefits to programs that also provide educational services to preschool age children covered under IDEA part B and for all children.

Infant & Toddler Childcare

This 2009 Smart Start proposal replaces the Quality Connections Program with Health & Safety Reimbursement Grant Program. The rationale is that the new ECBG's FIAT and KQRS programs provide more targeted and systematic approach to increasing quality and affordability. The Health Dept.'s Child Care Licensing Surveyor reports that fewer family child care homes are opting to become licensed due to the loss of the incentive when we replaced the Health & Safety Grants with the Quality Connections Program. The goal of the new program approach is to increase availability of infant toddler slots in Douglas County. The objective is to assist early care educators in providing equipment needed to support the health, safety and care of infants and toddlers. The action steps are to provide a three-step technical assistance program designed to evaluate and set goals for quality improvement of infant and toddler environments, provide up to two sleep sacks per infant classroom with two hours in-service on SIDS risk reduction, and a \$300.00 grant for infant toddler equipment. To qualify for the grant, the program must be licensed and have at least one child enrolled under the age of 30 months.

The first on-site visit would include an environment check and goal-setting plan. The ERC coach and provider would work together to evaluate the environment and determine if supplies are needed to meet basic health and safety requirements for infant and toddler care. If a need is determined, then a list of acceptable items would be given to the provider with an application for the grant. At the second visit, the coach would provide information about safe sleep habits and up to two sleep sacks for enrolled infants. The provider would also be given a coupon for free admittance and class dates for upcoming SIDS training. At this visit, the provider would submit her application and receipts of items purchased that meet or exceed \$300.00. A check for the approved items is mailed to the provider. At the final visit the coach and provider discuss use of the health and safety items and other requested technical assistance.

Caring Connections Substitute Development

Caring Connections is a partnership between ERC Resource & Referral and Key Staffing, designed to meet the needs of child care centers for qualified substitute teachers. ERC works recruit individuals to work in child care centers and provides basic training, which meets the

requirements by Kansas Department of Health & Environment (KDHE). The training series includes: Child care first aid; Recognizing the Reporting Illness, Abuse & Neglect; Infant & Toddler Development, Routines & Activities; Preschool Development, Routines & Activities; Guiding Behaviors. These classes are offered at least quarterly. Participants completing the training are placed with Key Staffing for job assignments. A child care center director needing a substitute can call Key Staffing and request a substitute. Substitutes are employees of Key Staffing. Key Staffing bills the child care program for the hourly wage of the substitute and the employment taxes. The fee for Key's services is covered by project funding.

2008 Work Plan Progress

In the first 11 months, 296 families received support services from Smart Start Implementing Partner agencies. Services included intensive mental health and clinical case management, health related pregnancy and parenting support, case management and mental health services available in Spanish, mental health and clinical case management for families with infants and toddlers with special needs. We exceeded our target number of families served by nearly 100 families.

We are on track regarding investments in improving quality and availability of infant toddler early learning programs for children with special needs. Progress includes technical assistance to seven family child care homes that provide care for 12 infants, 38 toddlers, and 20 preschoolers. Progress also includes technical assistance and coaching to eight classrooms in six center-based programs. Significantly, the ECSE Consultant has begun working with 8 families in their home to provide behavior support consistent with strategies being implemented in child care setting. All exiting programs recorded post intervention increases in quality ratings using the ITERS-R and ECERS-R. The ECSEC developed a supplemental assessment for relationships of care and early education for children with special needs.

In 2008 we provided two 6-evening sessions of Parenting with Love and Logic for Early Childhood®. Both sessions were full each with 17 families. Articulated demand for parenting classes has increased steadily. As a result we have partnered with a group of agencies to develop a "Parenting Initiative" to decrease the stigma associated with parenting classes, increase the availability of certain parenting curricula, and develop a position to coordinate the scheduling of parenting classes community-wide and across all age groups. We have also developed a parenting class to meet the needs of families in transition from homelessness to permanent housing in collaboration with Family Promise.

ATTACHMENT A: Work Plan

GRANT YEAR OBJECTIVE OR BENCHMARK 1: By December 31 2009, the Bilingual Case Manager at Centro Hispano Resource Center will provide direct support to 100 Spanish speaking families.

ACTIVITIES

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

OUTPUTS

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

SUPPORTING RESEARCH

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

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

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 2: By December 31 2009, 17 families will receive family therapy or clinical case management services from the Bilingual Smart Start Early Childhood Mental Health Specialist.

ACTIVITIES

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

OUTPUTS

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

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

SUPPORTING RESEARCH

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 3: By December 31 2009, the Smart Start Nurse-Case Manager will provide bilingual health related educational and care coordination services with home visits to help 60 families meet assessed needs.

ACTIVITIES

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

OUTPUTS

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

SUPPORTING RESEARCH

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

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 4: By December 31 2009, the Smart Start Early Childhood Specialist at tiny-k Early Intervention Services will provide clinical case management, family therapy, and case management to 50 families enrolled in Part C early intervention services.

ACTIVITIES

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

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

OUTPUTS

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

SUPPORTING RESEARCH

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

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

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 5: By December 31 2009, 125 vulnerable families encountering multiple challenges will receive Early Child Mental Health services and related case management from the Smart Start Early Childhood Mental Health Specialist and SB6 Case Manager.

ACTIVITIES

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

OUTPUTS

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

SUPPORTING RESEARCH

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

GRANT YEAR OBJECTIVE OR BENCHMARK 6: By December 31, 2009, *four* Smart Start Early Childhood Mental Health Specialists and one Early Childhood Mental Health Consultant, will participate together in 36 hours of group clinical consultation and reflective supervision by an experienced Early Childhood Mental Health Clinical Consultant.

ACTIVITIES:

- Clinicians meet on average semi-monthly for 12 months
- Clinical Consultant and clinicians collaborate to produce report on progress toward KAIMH Credentialing, reflective supervision, and clinical progress

OUTPUTS:

- Meetings with clinicians
- Contract with Consultant
- Meetings with Consultant
- Numbers of clinicians applying for and receiving KAIMH credentials at level three.
- Hours of reflective supervision
- Report on clinical progress made possible from consultation

SUPPORTING RESEARCH:

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

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 7: By December 31 2009, the Bilingual ABCD Oral Health Educator/Case Manager will facilitate 600 ABCD patient visits for children ages 0-5, where oral health education and dental services are provided at DCDC or other pediatric dental providers that accept referrals from our agency.

ACTIVITIES:

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

OUTPUTS:

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

SUPPORTING RESEARCH:

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

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

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

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

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

Hispanic Dental Association website. <http://www.hdassoc.org/>

Hispanic Health Needs Assessment: A Community Guide for Documenting Health Status and Establishing Priorities. http://www.hispanichealth.org/hhna2001_1.pdf

GRANT YEAR OBJECTIVE OR BENCHMARK 8: By December 31 2009, 20 families with children 3-5 in Baldwin will receive 4 PAT home visits and 9 Group Activity Sessions

ACTIVITIES

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

OUTPUTS

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

SUPPORTING RESEARCH

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

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

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

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 9: By December 31 2009, *seven* family childcare homes will receive 125 hours each of technical assistance from the Smart Start Early Childhood Special Education Consultant

ACTIVITIES

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

OUTPUTS

- Number of family child care homes receiving Technical Assistance

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

SUPPORTING RESEARCH

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

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 10: By December 31 2009, *five* center-based programs will receive 125 hours each of technical assistance from the Smart Start Early Childhood Special Education Consultant

ACTIVITIES

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

OUTPUTS

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

SUPPORTING RESEARCH

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

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

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 11: *By December 31 2009, ERC Resource and Referral will deliver 50 Smart Start Infant Toddler Health and Safety Grants, including 30 sleep sacks to new or existing early learning programs.*

ACTIVITIES

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

OUTPUTS

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

SUPPORTING RESEARCH

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

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

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

Paulsell, Diane, et al. "Partnerships for Quality: Improving Infant-Toddler Childcare for Low-Income Families" Mathematica Policy Research, Inc., March 11, 2002.

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

GRANT YEAR OBJECTIVE OR BENCHMARK 12: *By December 31 2009, 10 substitute teachers will complete the ERC Caring Connections program and become available for service through Key Staffing, Inc.*

ACTIVITIES

- *Write contracts between ERC and Key Staffing*
- *Recruit and train qualified early childhood substitutes for the program*
- *Advertise program to early learning programs in Douglas County*

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

OUTPUTS

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

SUPPORTING RESEARCH

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

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

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

Program Evaluation Plan

Indicators & Outcomes	Benchmark	Measurement				
		Data	Sources	Person	Time	Mthd
Outcomes & Indicators Related to Consumers from Logic Model						
Family Support for Spanish Speaking Families	Families meet 50% of goals 80% improve QOL	Case Plan/Pr. Rpt QOL Survey	Families at CHRC	ECMH Spec. Case Manager	Jan- Dec	Calc.
Health and Social Supports for Pregnant and Parenting Teens and Vulnerable Families	Meet 2010 objectives for healthy pregnancy 90% delay subs. birth Families meet 50% Goals	Prematurity & Low Birth Weight rates Case Notes	Health Dept. Teen Moms	Nurse- Case Manager	Jan- Dec	Calc
Early Childhood Mental Health and Related CM for families w/ infants & toddlers w/ spec. needs	Families meet 50% of goals related to indicators	IFSP, Case Notes, QOL Survey	Families	ECMH Spec., SB6 CM	Jan- Dec	Calc
Early Childhood Mental Health and Related Case Management for families in general population	Families meet 50% of goals related to indicators	Case Notes, Various Psycho/social Instruments, QOL Survey	Families	ECMH Spec., SB6 CM	Jan- Dec	Calc
Early Childhood Oral Health	Fewer restorative care appts with Pedodontist, Increased hygienist & dentist visits	Case Notes	Dental Clinic	Bilingual Case Manager	Jan- Dec	Calc
Parenting Education as Family Support in Baldwin City	10% increase post test over pre test	Parent Survey's	Families complete	Parent Educators	June- Dec	Calc
Early Childhood Special Education Consultation	100% improve environment and relationship measures	ITERS, ECERS & Poracsky- McCullough Relationship Measure	Consultant Observ.'s	ECSE Consultant	Jan- Dec	Calc
Health & Safety Grants	50 mini-grants	Number of mini- grants	ERC staff	ERC	Jan- Dec	Calc
Caring Connections - Substitute Pool Program	10 subs are trained, 10 programs use subs	Utilization records, Satisfaction surveys	ERC, Key Staffing	ERC, Key Directors	Jan- Dec	Add

Program Name: Family Support for Spanish Speaking Families

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

Population Served: Spanish speaking families with young children

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

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

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

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

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

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

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

**Services	Resources	Outcomes	Indicators	Measurement
Nurse case manager provides comprehensive, individually tailored pregnancy and parenting education and case management services for 60 families during 2008.	The nurse case manager follows the adult childbearing family throughout pregnancy and for up to one year postpartum. Teen parents can be served to age 21. Families of children over one are followed until the presenting issue is resolved or appropriate connection is made to other service providers. In terms of number of	Childbearing families have the information and resources they need to have healthy pregnancy outcomes.	<ul style="list-style-type: none"> • Pregnant women practice good prenatal health habits. • Pregnant women obtain prenatal medical care. • Families' basic needs for housing, food, and transportation are met. • Pregnant women experiencing serious mental health or substance use issues receive treatment. • Families live in homes free of intimate partner violence. • Childbearing families have adequate social support. 	<ul style="list-style-type: none"> • Prematurity rate (% of live births to program participants occurring at < 37 weeks gestation). • Low birth weight rate (% of live births to program participants with infant birth weight of < 2500 grams). • Goal is to meet Healthy People 2010 objectives for prematurity and low birth weight rates. • Compare prematurity and LBW rates in program's vulnerable population to Douglas County and Kansas rates, with goal of meeting or having lower rate than in general population.

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

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

Program Name: Early Childhood Mental Health & Related Case Management

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

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

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

**Services	Resources	Outcomes	Indicators	Measurement
<p>Smart Start Early Childhood Mental Health Specialist at tiny-k Early Intervention provides 50 families with mental health and related case management services. The Smart Start Early Childhood Mental Health Specialists at BNC provide 90 families annually with intensive mental health services. The Smart Start Case Manager/Family Resource Advocate compliments the work of both the BNC and tiny-k ECMH Specialists with related case management and resources acquisition for families and provides exclusively case management and supports to 35 families not receiving</p>	<p>1 FTE Early Childhood Mental Health Specialist at tiny- Early Intervention Services</p> <p>2.0 FTE Early Childhood Mental Health Specialist at Bert Nash Community Mental Health Center</p> <p>1.0 FTE Case Manager/Family Resource Advocate at Success By 6</p>	<p>Participants understand how to care for themselves (self-care) so they can gain/maintain emotional well-being.</p>	<p>Participants demonstrate knowledge of how to effectively advocate for themselves.</p>	<ul style="list-style-type: none"> • IFSP and Case Notes • Family Goal Setting • SB6 Quality of Life Survey

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

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

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

		Participants know appropriate and effective strategies for mediating their children's challenging behaviors (behavior management).	Participants demonstrate knowledge of how to structure their children's environment to facilitate positive behaviors.	<ul style="list-style-type: none"> • Family Goals • Case Notes
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**** Service Assumptions:** The Smart Start Early Childhood Mental Health Specialist program at tiny-k Early Intervention is unique in that it addresses both child and family outcomes, knowing that the family must be supported in order to be able to care and assist their child. A comprehensive support and team approach is used to accomplish this goal. The Smart Start Early Childhood Mental Health Specialist's expertise is essential in assisting families to work toward becoming self-sufficient and competent in order to assist their child with special needs. The tiny-k providers and Specialist work together in finding the best way to address both child and family issues. All tiny-k providers, including the Smart Start Early Childhood Mental Health Specialist have extensive knowledge around the Primary Coaching approach. This model allows parents to build on increasing child participation in already existing activities and routines while building their capacity to support their child. Smart Start Early Childhood Mental Health Staff at Bert Nash Community Mental Health Center have training and experience in areas of infant-toddler mental health assessment, diagnosis, and treatment, parenting education, and support and advocacy. These clinicians work systemically; providing the above services to the whole family, the parent-child dyad, and child care providers without time constraints; collaborate with local early childhood educators and work as a team with community based case managers to efficiently and affectively accomplish families' goals. Services are coupled with services of a Smart Start Case Manager in order to lower caseloads making possible intensive, in-home services. This approach allows teams of professionals to understand, more clearly and thoroughly, the layers of need that families have, focusing on the breadth and complexity of capacity building, advocacy and gaps in services.

Program Name: Early Childhood Oral Health

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

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

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

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

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

Program Name: Parenting Education as Family Support in Baldwin City

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

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

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

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

Program Name: Early Childhood Special Education Consultation

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

Population Served: Families of infants and toddlers with special needs

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

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

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

Program Name: Smart Start Health & Safety Reimbursement Grant

Program Vision: High Quality, Affordable Child Care for All Families

Population Served: Families with infants and toddlers in child care.

Population Needs to Be Addressed by Services: Families with infants and toddlers have difficulty finding affordable, high quality child care. Early learning programs that serve these families incur higher costs to provide infant and toddler child care than for preschool child care services.

**Services	Resources	Outcomes	Indicators	Measures
<p>Visits to new and existing family child care homes</p> <p>Guidance on proper items to use for quality care.</p>	<p>Resource & Referral staff visitors</p> <p>Mini-grants up to \$300</p> <p>List of approved health and safety related investments</p>	<p>Healthy, safe child care for infants and toddlers</p>	<ul style="list-style-type: none"> Percentage of family child care homes opting to become licensed instead of registered increases Family child care homes select and acquire equipment to properly serve infants and toddlers 	<p>Number of visits to new family child care homes</p> <p>Percentage of family child care homes opting to become licensed</p> <p>Number of mini-grants</p>

** Service Assumptions: Family child care homes need to cover costs in order to provide quality care. Families cannot pay sufficiently high tuition to cover the cost of quality care.

Program Name: Caring Connections - Substitute Pool Program

Program Vision: Early childhood programs have quality substitutes

Population Served: Early childhood care & education professionals

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

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

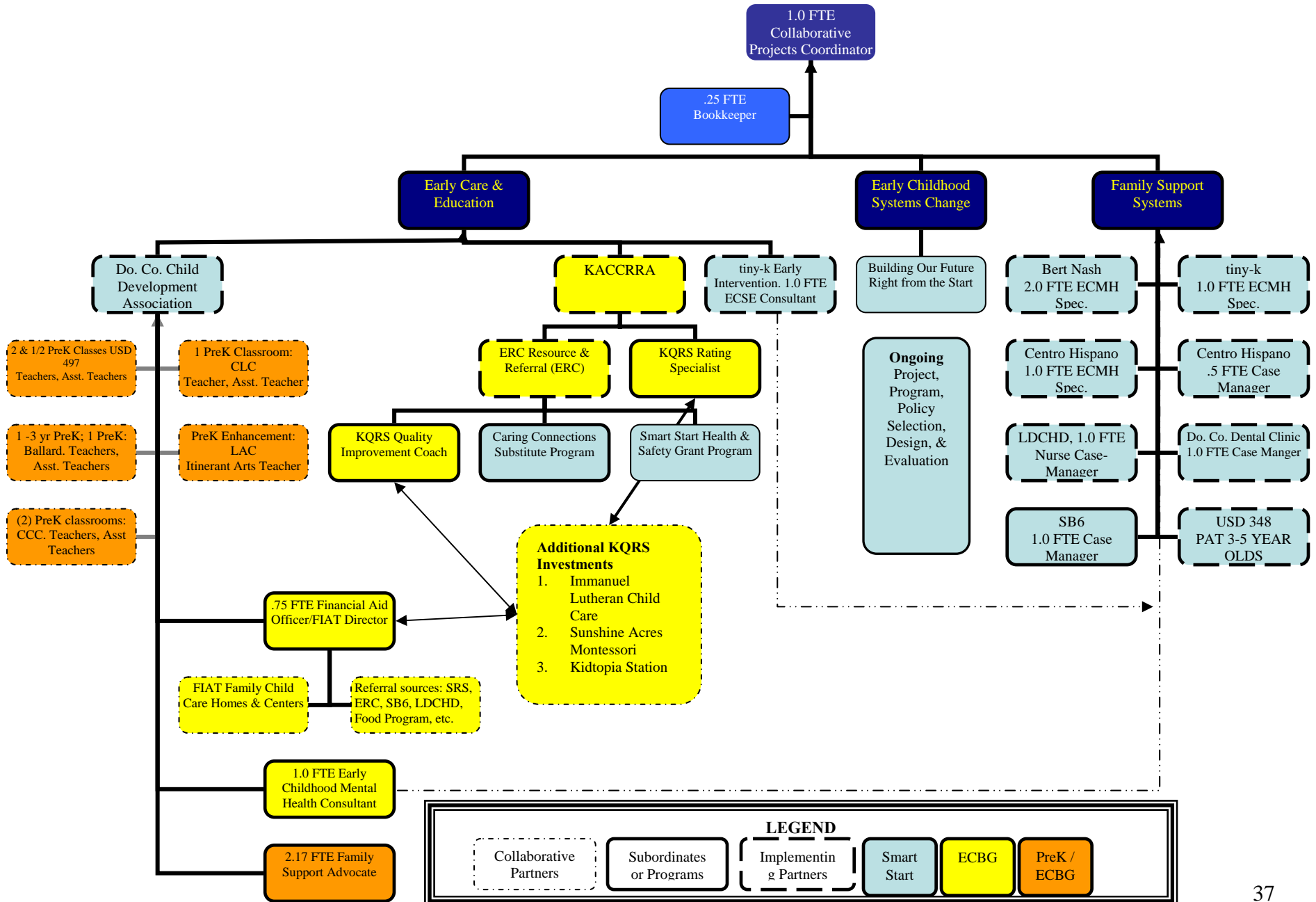
**** Service Assumptions:** ERC works recruit individuals to work in child care centers and provides basic training, which meets the requirements by Kansas Department of Health & Environment (KDHE). The training series includes: Child care first aid; Recognizing the Reporting Illness, Abuse & Neglect;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

Organization Description

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

In the upcoming year SB6 will contract with USD 348 for the Parents As Teachers program in Baldwin City, the .5 FTE Bilingual Early Childhood Mental Health Specialist at Centro Hispano. SB6 will also contract with an experienced Early Childhood Mental Health Specialist to provide group clinical consultation and reflective supervision for Early Childhood Mental Health Specialists employed in partner agencies which do not have the capacity to provide this needed service. SB6 conducts its systems changing activities by selecting, designing and implementing projects, programs and policies under three implementation groups which focus on Early Care & Education, Family Support, Early Childhood Systems Development. Figure 1 shows the Coalition's Smart Start investments in light blue boxes along with related Early Childhood Block Grant and PreK investments.

Figure 1: Chart for Administration of Smart Start, ECBG and PreK Programs in Douglas County



2010 Smart Start Renewal Application

Statement of Need

Family Support Services

Beyond the continued unmet needs already identified in the 2009 proposal, in 2009 we sharpened our assessment of the needs of homeless families with young children. Over half of the homeless families in Douglas County have children 0-6 years of age. Estimates range from 200-400 Douglas County families per year with young children experience homelessness. Kansas ranks 15th in the number of homeless children and 9th in the percentage of children who are homeless. Approximately 2,219 homeless children in KS are under six years of age. Experiences of trauma are the norm for these families and the co-incidence of trauma and homelessness is well documented. The overall need for economic assistance for families with young children expanded greatly. Rent and utility assistance, food and transportation assistance all became more pronounced and outstripped the community's ability to meet these basic needs. Some relief was obtained through the ARRA funding but the need continues unabated.

Early Care & Education

With respect to Douglas County's needs assessment in the area of early care and education, our Smart Start needs remain substantially unchanged in the areas identified for the 2009 Smart Start program. The high cost of producing quality infant and toddler child care results in scarce unaffordable opportunities particularly for families with infants and toddlers with special needs and for lower income families. These needs for increasing the availability and affordability of quality early learning opportunities for lower income families continues to be addressed by Early Childhood Block Grant funded programs. The needs of families with special needs continue to be addressed by the Smart Start grant's Early Childhood Special Education Consultant. In the course of implementing the 2009 Smart Start and Block grants, the need to cross train this Early Childhood Special Education Consultant with tools used in the Block Grant program became evident. Currently a program may be enrolled with Smart Start Early Childhood Special Education Consulting Services, Block Grant KQRS and Program-wide Implementation of the CSEFEL Pyramid Model for social and emotional development. Each of these involves coaching/consulting and technical assistance. There is a need to consolidate the coaching and consulting services that are presented to early learning programs.

Community Collaboration and Planning

Collaboration and planning efforts in 2009 produced several positive developments and some continued challenges. Smart Start of Douglas County expanded and deepened its collaboration with Family Promise of Lawrence. This partnership produced a proposal to incorporate a Family Informed Trauma Treatment approach to the work of a key group of partners that serve homeless families. The proposal would also implement a curriculum for physical and emotional health education for young children experiencing homelessness. This curriculum, entitled "Physical & Emotional Awareness for Children Who Are Homeless" (PEACH), was developed and evaluated for the National Center on Family Homelessness. While initial attempts to garner funding for the proposal have been unsuccessful, Smart Start of Douglas County and Family Promise of Lawrence continue to seek funding for this important program.

Another Smart Start collaboration initiated in 2009 was with KS Children's Service League which operates the Healthy Families America program in Douglas County. This partnership produced a KCSL Fatherhood Grant award by the Circle of Parents' Partners for Kids: United Hands Make the Best Families grant. This program will directly reach at least 50

fathers with either Conscious Fathering training for new and expectant fathers or facilitated fatherhood support groups. The grant will also produce a Douglas County Fatherhood Summit.

In spite of these successful new collaborations and the successful continuation and maturation of older partnerships, Smart Start leadership continues to face challenges in building collaborative relationships that could result in systems improvement for families with young children. Among these is the challenges is in bringing additional Early Head Start and Head Start resources to the county. In spite of a great need for these services, this Smart Start grantee has been unsuccessful in attracting HS or EHS investments in spite of the increase in overall funding available through the American Recovery and Reinvestment Act (ARRA). Smart Start and Block Grant investments could be much more effective if HS and EHS planning and program development is added to the overall systems coordination efforts.

A second, less serious, challenge has grown out of the positive new collaborations that result from the partnership made possible by the Block Grant. The success of this partnership has resulted in new opportunities for Smart Start planning. Specifically, the need to plan and collaborate between Smart Start funded Early Childhood Special Education Consulting and Block Grant funded KQRS coaching has arisen. Both programs involve coaching to early learning programs. Cross train coaches would make possible a reduction in the number of visits so coaching resources could be better consolidated and administered across program areas. Implementation partners in both grants have indicated a willingness to examine the problems and possibilities of permitting coaches other than those hired by. Differing expectations and credentialing and training requirements pose collaboration and planning challenges that Smart Start will address with these partners in 2010.

Another challenge that has grown out of success relates to the need to develop a new partnership around the early childhood needs of the Eudora Community which recently successfully received a Federal Safe Schools Healthy Students Grant. This grant contains an early childhood component that provides a challenging opportunity for Smart Start to support. The Director of the Eudora Safe Schools Healthy Students grant will begin serving on the Smart Start Coalition Board of Directors in 2010.

Program Description

Family Support for Spanish Speaking Families

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

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

The Health Department nurse case manager assesses family needs and works in an educational and care coordination role to help the family meet needs while teaching about healthy pregnancy and parenting. Linkage with community resources through diligent follow-up on referrals is essential. Addressing system barriers through advocacy for clients and advocacy for systems change is an essential role of the nurse case manager. The nurse case manager follows the adult childbearing family throughout pregnancy and for up to one year postpartum.

Teen parents can be served to age 21. Families of children over one are followed until the presenting issue is resolved or appropriate connection is made to other service providers.

A caseload of 25-30 active families per nurse case manager is maintained. A single nurse case manager may serve 50 or more families per year. The full time Smart Start nurse case manager keeps program caseloads for all program nurse case managers to a number that allows the appropriate intensity of services to be provided for all families served by the program.

In 2010 we will continue providing Conscious Fathering: A Guide for Expectant Fathers. This program is made possible by the partnership with KCSL on the Fatherhood Grant award by the Circle of Parents' Partners for Kids: United Hands Make the Best Families grant opportunity.

In 2010 there will be no changes in the program designs for the nurse case management or the Conscious Fathering program areas.

Support for Families with Infants and Toddlers with Special Needs

The Smart Start Early Childhood Mental Health Specialist at tiny-k Early Intervention provides between 40-50 families with mental health and related case management services annually. The Smart Start Early Childhood Mental Health Specialist program at tiny-k Early Intervention addresses both child and family outcomes, knowing that the family must be supported in order to be able to care and assist their child. A comprehensive support and team approach is used. All children who qualify for mandated IDEA Part C services must be served immediately upon qualification. This includes addressing families concerns. Providers from different disciplines work with the family and collaborate with each other to empower family to support their child. The Smart Start Early Childhood Mental Health Specialist's expertise is essential in assisting families to work toward becoming self-sufficient and competent in order to assist their child.

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

There are no program design changes for this area in 2010.

Mental Health & Related Case Management

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

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

In 2010 Smart Start will continue to collaborate with Family Promise of Lawrence to address the need for a trauma informed service delivery model for homeless families. The intensity of the interventions and the time required to implement these interventions has

sharpened in 2009. The level of Smart Start funding has remained the same. These two factors combine to necessitate the reduction in the number of families receiving services in 2010 from 125 to 100.

Early Childhood Oral Health

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

In 2010 there are no changes in the program design.

Parenting Education as Family Support in Baldwin City

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

The 2010 Smart Start program will offer continued PAT services to children age 3 and 4, using the 3- K PAT curriculum. This expanded PAT service would include quarterly Personal Home Visits to each child, a minimum of once a month Parent/Child School Readiness Activity Sessions, monthly parent newsletters, opportunities for yearly developmental, hearing, and vision screenings, as well as collaboration with community resources. This PAT expansion program is offered to all 3 year old PAT enrolled children who are NOT being served through other district offered support (P.E.P. the first year, and Pre-K 4 year old preschool the second year). The Smart Start USD 348 PAT augments the PAT 0-3 program making it a Birth to K PAT program. There are no changes in the program design for 2010.

Early Care & Education

Early Childhood Special Education Consulting

Smart Start continues its Early Childhood Special Education Consultant in 2010. This specialist provides technical assistance to center based classrooms and family childcare homes who desire to provide early learning opportunities to children with special needs, but lack the skill and knowledge. Intensive technical assistance involves 2-3 hours per day for 2-3 days per week and is based on specific children's special needs and leads to overall program and learning environment improvements that support inclusion. Quality improvement plans are developed for each classroom or home. These plans are informed by the results of an initial Infant Toddler Environmental Rating Scale - Revised (ITERS-R). Early Childhood Environmental Rating System - R (ECERS-R) is used for programs serving children 3-5. Though technical assistance is directed at classrooms and homes that wish to provide quality early learning opportunities for infants and toddlers with special needs, there are spill-over benefits to programs that also provide educational services to preschool age children covered under IDEA part B and for all children.

In 2010 the only program design change will be to address the need for cross training for delivery of KQRS and CSEFEL consulting/coaching and the introduction of the CLASS tool.

Infant & Toddler Childcare

This 2010 Smart Start proposal replaced the Quality Connections Program with Health & Safety Reimbursement Grant Program. The rationale was that the new ECBG's FIAT and KQRS programs provide more targeted and systematic approach to increasing quality and affordability. Nevertheless the need to encourage family child care homes to become licensed rather than registered continues. The Health Dept.'s Child Care Licensing Surveyor reports that fewer family child care homes are opting to become licensed due to the loss of the incentive when we eliminated the Health & Safety Grants. The goal of these grants program approach is to increase availability of infant toddler slots in Douglas County. The objective is to assist early care educators in providing equipment needed to support the health, safety and care of infants and toddlers. Due to reductions in the 2009 Smart Start allocations, this proposal was eliminated from the final plan. The new program, designed by Smart Start partner, ERC Resource and Referral, is called *Safe Sleep*. The action steps are to provide a three-step technical assistance program designed to evaluate and set goals for quality improvement of infant and toddler environments, provide up to two sleep sacks per infant classroom with two hours in-service on SIDS risk reduction, and a \$300.00 grant for infant toddler equipment. To qualify for the grant, the program must be licensed and have at least one child enrolled under the age of 30 months.

The details of the program as articulated in the 2009 proposal have not changed. However, we are taking a flexible approach to funding the Safe Sleep program in 2010. Smart Start funding will be budgeted to be expended on an as need basis. Safe Sleep and two other low cost program areas – Caring Connections, and direct material supports for families in crises receiving early childhood mental health services will be supported in the 2010 Smart Start budget.

Caring Connections Substitute Development

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

Other than combining the budget allocation for this with Safe Sleep program, there are not program design changes in 2010.

2009 Work Plan Progress

In order to fairly and constructively assess our progress on the 2009 Work Plan and the 2009 Evaluation Plan, each must be considered. Table 1 combines the Work Plan Benchmarks with the corresponding Evaluation Plan Outcomes into an assessment of the progress as of the writing of this renewal application and includes how this evaluation has influenced any modifications of the 2010 plans. In addition to these changes, in 2010 we will institute a system for tracking recipients of services of both Smart Start and Early Childhood Block Grants.

Table 1: Progress on 2009 Work Plan & Evaluation

Work Plan Benchmark	% met	Evaluation Plan Outcome	Notes on Evaluation Plan Progress
1: ... 100 Spanish speaking families.	94%	Families meet 50% of goals 80% improve QOL	<ul style="list-style-type: none"> • Families have met at least 50% of their goals. • QOL survey discontinued. Clients question the meaning of the statements and feel hesitant and frustrated. Low literacy levels, survey length, unfamiliarity with the concept of surveys, not understanding how the survey connected to the assistance they sought from us, and discomfort in sharing personal information (beyond the presenting issue) were cited. • Began use of ASQ-SE when presenting concern focused on child. • 2010 evaluation plan focuses on outcomes of the client-worker designed Case Plan/Goal Sheet and Case Notes and utilization of ASQ-SE when relevant.
2. ...17 families ... receive family therapy or clinical case management services	147%		
3. ... 60 families meet assessed needs.	88%	90% delay subs. birth Families meet 50% Goals	<ul style="list-style-type: none"> • Percent of teen mothers who delay birth of subsequent child until after completion of high school education (Program goal = 90%) <ul style="list-style-type: none"> ○ Result: 43 of 43 = 100% • Percentage of families who met 50% of their goals within 6 months of enrollment <ul style="list-style-type: none"> ○ Result: 90% • Prematurity rate (Healthy People 2010 goal = 7.6%) <ul style="list-style-type: none"> ○ Result: 0 of 28 = 0% • Low birth weight rate (Healthy People 2010 goal = 5%) <ul style="list-style-type: none"> ○ Result: 0 of 28 = 0%
4: ... 50 families enrolled in Part C early intervention services.	74%	Families meet 50% of goals related to indicators	<ul style="list-style-type: none"> • Both primary coaching and collaborative coaching benefit families. Client feedback <ul style="list-style-type: none"> ○ <u>appreciation</u> of focus on concerns that are not addressed by pediatricians, teachers, daycare providers or others, ○ <u>relief</u> for help navigating systems, ○ <u>interest</u> in different strategies that have helped other families, ○ <u>value</u> in the psycho educational aspect specific to the child and family • What is working? <ul style="list-style-type: none"> ○ Home or “natural environment” visits, ○ Collaboration with SB6 Case management

Work Plan Benchmark	% met	Evaluation Plan Outcome	Notes on Evaluation Plan Progress
			<ul style="list-style-type: none"> ○ Coaching approach (versus I will do it for you approach) ○ Meetings as a clinical team to discuss cases and get feedback/suggestions from other clinicians ● What might need to be changed? More definite parameters for collaboration with SRS and family preservation/court system
<p>5. ... 125 vulnerable families encountering multiple challenges</p>	71%	Families meet 50% of goals related to indicators	<p>65 % of the families met more than 50% of their goals. The goals met included enhancement of the parent-child relationship, reduction of children’s problematic behavior, increased stability and structure in the home environment, and the connecting of families to community resources. The 35 % who did not included families with whom she met sporadically due to no shows, cancellations, etc. Some of these families had circumstances arise or crises that deferred work on a goal. No 2010 fundamental changes in program design or evaluation are planned. However, the Early Childhood Mental Health Specialists and Case Manager have noted an increase in the complexity of the needs. The team has begun to restrict services to more intense interventions that combine therapy and targeted case management necessitating a reduction in the number of families served in 2010.</p>
<p>6. ... four ... Specialists and one ... Consultant, ... participate ... in 21 hours of ... consultation and reflective supervision</p>	100%	None identified	<p>All clinicians are pursuing KS Association for Infant and Early Childhood Mental Health Level IV clinical credential. Reflective supervision contract has been extended to meet the required number of hours for credentialing. In 2010 we would like to evaluate the investment in this consultation and reflective supervision in terms of the capacity to support the work of other practitioners in the system, i.e., Family Preservation and Foster Care contractors.</p>
<p>7. ...facilitate 600 ABCD patient visits for children ages 0-5</p>	76%	Fewer restorative care appts with Pedodontist, Increased hygienist & dentist visits	<p>Over 3 years preventative care has increased. 486 children served thus far in 2009 up from this same time period in 2007 of 419 and 443 in 2008. Referrals to a pediatric dentist have declined. Percentage needing restorative work in 2007 was 7%, it was 6% in 2008, and 5% now in 2009. The educational aspects (oral health information and instruction), outreach (health fairs, oral health information door-to-door, and at schools and daycares) work. Suggested changes include more involved parent education on impact of missed</p>

Work Plan Benchmark	% met	Evaluation Plan Outcome	Notes on Evaluation Plan Progress
			appointments and increased presence networking with other organizations. No change in 2010 evaluation plan.
8. ...20 families with children 3-5 in Baldwin will receive 4 PAT home visits and 9 Group Activity Sessions	95%	10% increase post test over pre test	Data is not available yet. No changes in 2010 evaluation plans.
9. ... seven family childcare homes ... receive 125 hours ... technical assistance	100%	100% improve environment and relationship measures 100% improve environment and relationship measures	All programs have improved scores. Need for a uniform and consistent tool for measuring care giver child relationship across PreK, Block Grant and Smart Start programs has led to a plan to substitute CLASS observation tool for the tool currently in use.
10. ...five center-based programs ... receive 125 hours ... technical assistance.	100%	100% improve environment and relationship measures	
11. ...5 substitute teachers ... complete ... program and become available	100%	5 subs are trained, 5 programs use subs	Substitute program has been underutilized. Reasons cited for underutilization: <ul style="list-style-type: none"> • Center directors facing lower enrollment due to unemployment find other ways to cover absences/need • Scheduling professional development properly reduces need for substitutes In 2010 we plan to continue the program but make funds available for direct support to families as well.

ATTACHMENT A: Work Plan

GRANT YEAR OBJECTIVE OR BENCHMARK 1: By December 31 2010, the Bilingual Case Manager at Centro Hispano Resource Center will provide direct support to 100 Spanish speaking families.

ACTIVITIES

- Maintain Service Record and Client Database
- Education and Outreach about services and resources that exist
- Support families in identifying and achieving goals
- Maintain Douglas County Interpreter and Translator Database
- Presentations to agencies and other community groups to facilitate understanding and positive interaction with Latino community
- Facilitate partnerships for the Intercambio Cultural Exchange program

OUTPUTS

- Record of services and resources obtained by families
- Numbers of people attending CHRC educational forums
- Numbers of people receiving the bimonthly newsletter
- Record of Case Plans/Goal Sheets
- Numbers of requests for Interpreter and Translator (I/T) Database
- Numbers of active interpreters and translators on I/T Database
- Numbers of people attending presentations
- Numbers of presentations in the community
- Numbers of Intercambio partnerships

SUPPORTING RESEARCH

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

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

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 2: By December 31 2010, 17 families will receive family therapy or clinical case management services from the Bilingual Smart Start Early Childhood Mental Health Specialist.

ACTIVITIES

- Convene and facilitate Spanish speaking Women's Group meetings
- Provide home and office-based visits to Spanish speaking families requesting social-emotional and related supports
- Develop goals in partnership with families
- Collaborate with Bilingual Case Manager to coordinate services and record progress
- Determine relationship between family goals and outcomes
- Report goal achievement progress and service levels including numbers of families, infants, toddlers and preschoolers served to Collaborative Projects Coordinator

OUTPUTS

- Number of Women participating in Women's Group
- Numbers of families participating in therapy/clinical case management
- Semi-annual report of goals achieved, numbers of families, infants, toddlers and preschoolers receiving services, and outcomes

SUPPORTING RESEARCH

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 3: By December 31 2010, the Smart Start Nurse-Case Manager will provide bilingual health related educational and care coordination services with home visits to help 60 families meet assessed needs.

ACTIVITIES

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

OUTPUTS

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

SUPPORTING RESEARCH

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

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 4: By December 31 2010, the Smart Start Early Childhood Specialist at tiny-k Early Intervention Services will provide clinical case management, family therapy, and case management to 50 families enrolled in Part C early intervention services.

ACTIVITIES

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

OUTPUTS

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

SUPPORTING RESEARCH

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

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

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 5: By December 31 2010, *100* vulnerable families encountering multiple challenges will receive Early Child Mental Health services and related case management from the Smart Start Early Childhood Mental Health Specialist and SB6 Case Manager.

ACTIVITIES

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

OUTPUTS

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

SUPPORTING RESEARCH

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

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

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

Vimpani, Graham. “How can we improve access to services for families with young children? The need for new models of interagency collaboration.” Services for families with young children – AIFS Conference Paper. Australian Institute for Family Studies: AGPS, 1996.

Werner EE and Smith RS. Vulnerable but Invincible; a longitudinal study of resilient children and youth. McGraw Hill, New York, 1992.

Hogue, Teresa. Community Based Collaboration: Community Wellness Multiplied. Chandler Center for Community Leadership Evaluation of Current Collaborations. Chandler Center for Community Leadership. Bend, OR. 1994.

Rapp, Charles A. The Strengths Model: Case Management with People Suffering from Severe and Persistent Mental Illness. Oxford University Press. New York. 1998.

Child Rearing in America: Challenges Facing Parents with Young Children. Neal Halfon, Kathryn Taaffe McLearn, Mark Schuster Editors. Cambridge University Press, 2002

“Parents Hold Keys to Promoting School Readiness” News & Issues, National Center for Children in Poverty, Fall 2002.

“School Readiness Starts with Economics” News & Issues, National Center for Children in Poverty, Fall 2002.

GRANT YEAR OBJECTIVE OR BENCHMARK 6: By December 31, 2010, *four* Smart Start Early Childhood Mental Health Specialists and one Early Childhood Mental Health Consultant, will participate together in 21 hours of group clinical consultation and reflective supervision by an experienced Early Childhood Mental Health Clinical Consultant.

ACTIVITIES:

- Clinicians meet on average semi-monthly for 7 months
- Clinical Consultant and clinicians collaborate to produce report on progress toward KAIMH Credentialing, reflective supervision, and clinical progress

OUTPUTS:

- Meetings with clinicians
- Contract with Consultant
- Meetings with Consultant
- Numbers of clinicians applying for and receiving KAIMH credentials at level three.
- Hours of reflective supervision
- Report on clinical progress made possible from consultation

SUPPORTING RESEARCH:

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

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 7: By December 31 2010, the Bilingual ABCD Oral Health Educator/Case Manager will facilitate 600 ABCD patient visits for children ages 0-5, where oral health education and dental services are provided at DCDC or other pediatric dental providers that accept referrals from our agency.

ACTIVITIES:

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

OUTPUTS:

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

SUPPORTING RESEARCH:

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

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

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

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

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

Hispanic Dental Association website. <http://www.hdassoc.org/>

Hispanic Health Needs Assessment: A Community Guide for Documenting Health Status and Establishing Priorities. http://www.hispanichealth.org/hhna2001_1.pdf

GRANT YEAR OBJECTIVE OR BENCHMARK 8: By December 31 2010, 20 families with children 3-5 in Baldwin will receive 4 PAT home visits and 9 Group Activity Sessions

ACTIVITIES

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

OUTPUTS

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

SUPPORTING RESEARCH

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

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

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

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 9: By December 31 2010, *seven* family childcare homes will receive 125 hours each of technical assistance from the Smart Start Early Childhood Special Education Consultant

ACTIVITIES

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

OUTPUTS

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

SUPPORTING RESEARCH

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

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

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

GRANT YEAR OBJECTIVE OR BENCHMARK 10: By December 31 2010, *five* center-based programs will receive 125 hours each of technical assistance from the Smart Start Early Childhood Special Education Consultant

ACTIVITIES

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

OUTPUTS

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

SUPPORTING RESEARCH

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

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

- McWilliam, R.A., Ph.D. Family-Centered Intervention Planning: A Routines-Based Approach.
“Implementation Difficulties for Classroom-Based Programs: Difficulties for Classroom-
Based Staff.” Page 16. Tucson: Communication Skill Builders, Inc. 1992.
- McGrady Heath, Jennifer “Creating a Statewide System of Multi-Disciplinary Consultation for
Early Care and Education in Connecticut” Holt, Wexler & Farnam, LLP, Children's Fund
of Connecticut, Inc. 2005.

Program Evaluation Plan

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

Program Name: Family Support for Spanish Speaking Families

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

Population Served: Spanish speaking families with young children

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

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

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

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

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

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

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

**Services	Resources	Outcomes	Indicators	Measurement
Nurse case manager provides comprehensive, individually tailored pregnancy and parenting education and case management services for 60 families during 2008.	The nurse case manager follows the adult childbearing family throughout pregnancy and for up to one year postpartum. Teen parents can be served to age 21. Families of children over one are followed until the presenting issue is resolved or appropriate connection is made to other service providers. In terms of number of	Childbearing families have the information and resources they need to have healthy pregnancy outcomes.	<ul style="list-style-type: none"> • Pregnant women practice good prenatal health habits. • Pregnant women obtain prenatal medical care. • Families' basic needs for housing, food, and transportation are met. • Pregnant women experiencing serious mental health or substance use issues receive treatment. • Families live in homes free of intimate partner violence. • Childbearing families have adequate social support. 	<ul style="list-style-type: none"> • Prematurity rate (% of live births to program participants occurring at < 37 weeks gestation). • Low birth weight rate (% of live births to program participants with infant birth weight of < 2500 grams). • Goal is to meet Healthy People 2010 objectives for prematurity and low birth weight rates. • Compare prematurity and LBW rates in program's vulnerable population to Douglas County and Kansas rates, with goal of meeting or having lower rate than in general population.

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

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

Program Name: Early Childhood Mental Health & Related Case Management

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

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

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

**Services	Resources	Outcomes	Indicators	Measurement
<p>Smart Start Early Childhood Mental Health Specialist at tiny-k Early Intervention provides 50 families with mental health and related case management services. The Smart Start Early Childhood Mental Health Specialists at BNC provide 90 families annually with intensive mental health services. The Smart Start Case Manager/Family Resource Advocate compliments the work of both the BNC and tiny-k ECMH Specialists with related case management and resources acquisition for families.</p>	<p>1 FTE Early Childhood Mental Health Specialist at tiny- Early Intervention Services</p> <p>2.0 FTE Early Childhood Mental Health Specialist at Bert Nash Community Mental Health Center</p> <p>1.0 FTE Case Manager/Family Resource Advocate at Success By 6</p>	<p>Participants understand how to care for themselves (self-care) so they can gain/maintain emotional well-being.</p>	<p>Participants demonstrate knowledge of how to effectively advocate for themselves.</p>	<ul style="list-style-type: none"> • IFSP and Case Notes • Family Goal Setting

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

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

		Couples know skills and behaviors that support a healthy marriage/relationship or other co-parenting relationship.	Couples experiencing conflicts that involve violence or threats of violence seek assistance.	Family Goal Setting
		Participants know when their emotions interfere with their ability to parent well.	Participants demonstrate knowledge of how anxiety, exhaustion, depression, anger, and other stressors can affect their ability to parent.	<ul style="list-style-type: none"> • Family Goals • Case Notes
		Participants know the importance of supervision and how to monitor their children.	Participants demonstrate knowledge of appropriate methods to monitor and supervise according to the children's ages, individual needs, and behaviors and the resources available to the parents.	<ul style="list-style-type: none"> • Family Goal Setting
		Participants know the importance of having a mutual support network of friends, family, and neighbors.	Participants demonstrate knowledge of how reliable, safe, and appropriate friends, family members, and neighbors can provide their families with support when they need it.	<ul style="list-style-type: none"> • Family Goal Setting
		Participants understand the effects of substance abuse on the family.	Participants demonstrate knowledge of the signs of substance abuse/dependency in themselves and their family members.	<ul style="list-style-type: none"> • Family Goals • Case Notes
		Participants know what to do when their emotions interfere with their ability to parent well.	Participants demonstrate knowledge of healthy methods to reduce stress.	<ul style="list-style-type: none"> • Family Goals • Case Notes
		Participants know how to access formal support systems in their communities.	Participants demonstrate knowledge of family needs that can best be met through community organizations or agencies.	<ul style="list-style-type: none"> • Family Goal Setting

		Participants know appropriate and effective strategies for mediating their children's challenging behaviors (behavior management).	Participants demonstrate knowledge of how to structure their children's environment to facilitate positive behaviors.	<ul style="list-style-type: none"> • Family Goals • Case Notes
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**** Service Assumptions:** The Smart Start Early Childhood Mental Health Specialist program at tiny-k Early Intervention is unique in that it addresses both child and family outcomes, knowing that the family must be supported in order to be able to care and assist their child. A comprehensive support and team approach is used to accomplish this goal. The Smart Start Early Childhood Mental Health Specialist's expertise is essential in assisting families to work toward becoming self-sufficient and competent in order to assist their child with special needs. The tiny-k providers and Specialist work together in finding the best way to address both child and family issues. All tiny-k providers, including the Smart Start Early Childhood Mental Health Specialist have extensive knowledge around the Primary Coaching approach. This model allows parents to build on increasing child participation in already existing activities and routines while building their capacity to support their child. Smart Start Early Childhood Mental Health Staff at Bert Nash Community Mental Health Center have training and experience in areas of infant-toddler mental health assessment, diagnosis, and treatment, parenting education, and support and advocacy. These clinicians work systemically; providing the above services to the whole family, the parent-child dyad, and child care providers without time constraints; collaborate with local early childhood educators and work as a team with community based case managers to efficiently and affectively accomplish families' goals. Services are coupled with services of a Smart Start Case Manager in order to lower caseloads making possible intensive, in-home services. This approach allows teams of professionals to understand, more clearly and thoroughly, the layers of need that families have, focusing on the breadth and complexity of capacity building, advocacy and gaps in services.

Program Name: Early Childhood Oral Health

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

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

Population Needs to be Addressed by Services: The Kansas Department of Local and Rural Health has designated Douglas County as a dental and medical Health Professional Shortage Area (HPSA). It is specifically designated as a shortage area for low income or Medicaid providers. The Douglas County Dental Clinic currently serves 590 children ages 0-5 through the Access To Baby Child Dentistry (ABCD) program. The number of children and families served by the ABCD program has continued to rise annually. The number of visits during 2003 was 276. In 2004 this number jumped to 511 and in 2005 rose again to 560. In 2008, 695 ABCD visits occurred at DCDC. Access to oral health care and education are needed. Many families also need interpretation services and transportation or childcare in order to keep appointments. There are very few dental providers who will accept Medicaid and no other providers who offer reduced fees for dental care to the uninsured. The Dental Clinic finds that low income families need intensive case management in order for them to bring their children in to the clinic.

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

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

Program Name: Parenting Education as Family Support in Baldwin City

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

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

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

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

Program Name: Early Childhood Special Education Consultation

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

Population Served: Families of infants and toddlers with special needs

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

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

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

Program Name: Safe Sleep Reimbursement Grant

Program Vision: High Quality, Affordable Child Care for All Families

Population Served: Families with infants and toddlers in child care.

Population Needs to Be Addressed by Services: Families with infants and toddlers have difficulty finding affordable, high quality child care. Early learning programs that serve these families incur higher costs to provide infant and toddler child care than for preschool child care services.

**Services	Resources	Outcomes	Indicators	Measures
Visits to new and existing family child care homes Guidance on proper items to use for quality care.	Resource & Referral staff visitors Mini-grants up to \$300 List of approved health and safety related investments	Healthy, safe child care for infants and toddlers	<ul style="list-style-type: none"> • Percentage of family child care homes opting to become licensed instead of registered increases • Family child care homes select and acquire equipment to properly serve infants and toddlers 	Number of visits to new family child care homes Percentage of family child care homes opting to become licensed Number of mini-grants

** Service Assumptions: Family child care homes need to cover costs in order to provide quality care. Families cannot pay sufficiently high tuition to cover the cost of quality care.

Program Name: Caring Connections - Substitute Pool Program

Program Vision: Early childhood programs have quality substitutes

Population Served: Early childhood care & education professionals

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

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

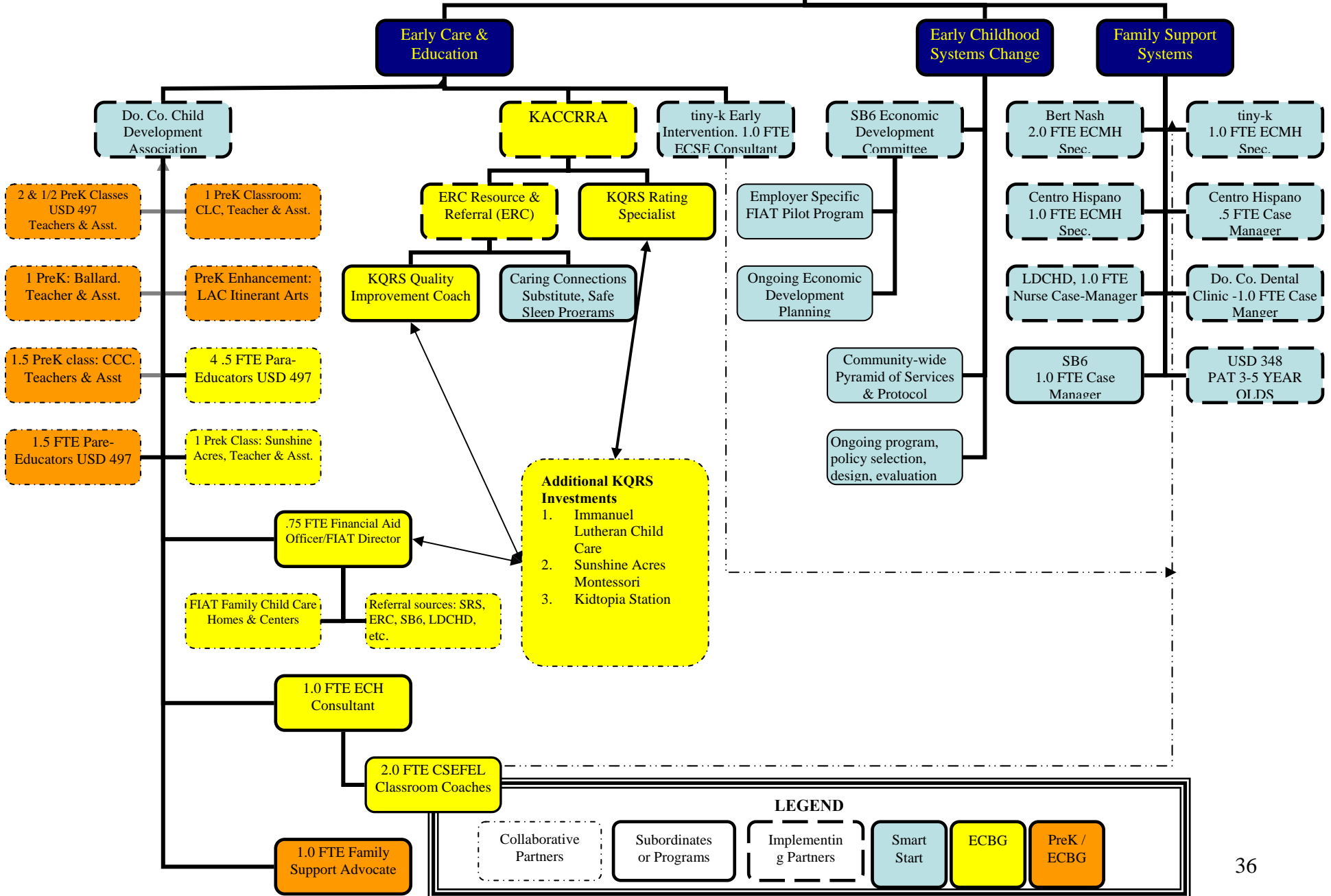
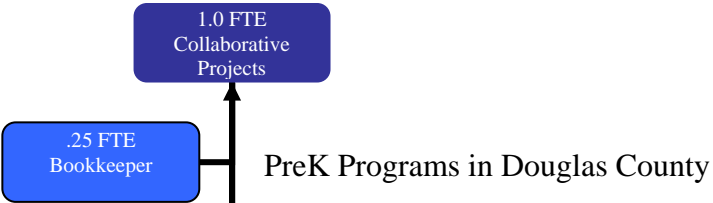
**** Service Assumptions:** ERC works recruit individuals to work in child care centers and provides basic training, which meets the requirements by Kansas Department of Health & Environment (KDHE). The training series includes: Child care first aid; Recognizing the Reporting Illness, Abuse & Neglect;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

Organization Description

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

There are no changes in the overall organizational structure of this Smart Start Grantee in 2010 and the collaborative and contractual relationships utilized for implementation of the Smart Start programs. However, a new Economic Development Committee has been formed and will continue to work in 2010.

Figure 1: Chart for Administration of Smart Start, ECBG and



LEGEND

- Collaborative Partners (dashed border)
- Subordinates or Programs (solid border)
- Implementing Partners (dashed border)
- Smart Start (light blue)
- ECBG (yellow)
- PreK / ECBG (orange)