KANSAS INFANT-TODDLER SERVICES

(PART C)

NEEDS ASSESSMENT

2019

KU CENTER FOR PUBLIC PARTNERSHIPS & RESEARCH
The University of Kansas

tiny-k
Early Intervention Services

FORWARD

This needs assessment is submitted to the Kansas Department of Health and Environment (KDHE) Bureau of Family Health which has contracted with the Center for Public Partnerships and Research at the University of Kansas (CPPR) to conduct an independent assessment of the Kansas Infant-Toddler Services system. Any opinions expressed in the report are those of the authors and do not necessarily represent those of KDHE and Kansas Infant-Toddler Services.

ABOUT CPPR

CPPR's mission is to optimize the well-being of children, youth, and families by generating responsive solutions that improve practice, inform policy, and advance knowledge. CPPR works closely with national, state and local agencies, nonprofit organizations, and private foundations to assist partners in solving complex social problems and evaluating the impact and effectiveness of those efforts. CPPR staff have experience and expertise in education, public health, psychology, substance abuse, behavioral health, maternal and child health, and early childhood systems.

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TABLE OF CONTENTS

INTRODUCTION

PROGRAM OVERVIEW

Since 1987, the Kansas Department of Health and Environment (KDHE) has been the lead state agency for the Early Intervention Program for Infants and Toddlers with Disabilities, also known as Part C of the Individuals with Disabilities Act (IDEA), and in Kansas as Infant-Toddler Services (ITS). Part C of the IDEA ensures that infants and toddlers with disabilities from birth to age 3 receive early intervention services to enhance their development and minimize their potential for developmental delays. The overarching goal is to identify and meet children's needs in five developmental areas: physical, cognitive, communication, social/emotional, and adaptive development.

ITS provides services for any child under 3 — and their family — who needs early intervention services because the child is experiencing a developmental delay in one or more of these developmental areas or has a diagnosed condition that is likely to result in developmental delay. Policies and procedures are also in place to ensure a smooth transition for infants and toddlers with disabilities exiting the program for any reason, including those children who reach age 3 and transition from Part C to preschool and/or other appropriate services for toddlers with disabilities.

In Kansas, ITS are currently delivered locally through 33 programs generally known as tiny-k programs. Tiny-k programs help develop partnerships between parents and professionals at a very early stage of child development which helps the child and community as a whole.

33 Kansas tiny-k programs

FIGURE 1. TINY-K PROGRAM GOALS

Tiny-k assists parents of children birth to age 3 who are at risk for developmental delays or disabilities by enhancing their development and minimizing their potential for delays through:

ENHANCING	ASSISTING	MAXIMIZING	MINIMIZING	REDUCING	HELPING
Enhancing capabilities of families to meet the needs of their child	Assisting infant and toddlers to attain age-appropriate developmental levels	Maximizing the significant development that happens during a child's first three years of life	Minimizing feelings of isolation, stress, and frustration that families may experience	Reducing or eliminating long-term educational costs to society by minimizing the need for special education and related services at school age	Helping children grow up to become productive, independent individuals

Through the provision of a wide array of early intervention services by local tiny-k programs, the state's ITS system has established a long history of service and has benefited thousands of infant and toddlers and their families.

UNDERTAKING THE NEEDS ASSESSMENT

Since its inception in 1987, there has never been a comprehensive examination of the performance of the ITS system in Kansas. Project stakeholders agreed that a formal needs assessment would be useful to inform planning efforts to ensure the system continues to provide the quality services Kansas infants and toddlers and their families expect and deserve.

The following report outlines findings from a statewide ITS Needs Assessment conducted fall 2018 through the spring 2019 of local tiny-k programs, the statewide ITS system, and many stakeholders.

PURPOSE OF THE NEEDS ASSESSMENT

The primary goal of the needs assessment was to identify strengths and priority needs of the tiny-k programs in the state by engaging state and local staff, providers affiliated with the programs, community stakeholders, and families served by the programs. The purpose was to better understand:

- The capacity of the current system
- Screening and service delivery practices
- Family and community experiences with tiny-k programs

METHODS OF THE NEEDS ASSESSMENT

KDHE contracted with CPPR to coordinate the needs assessment. CPPR worked with staff from the Kansas ITS Program, tiny-k program coordinators, Ron Benham from the Part C Program in the Massachusetts State Department of Public Health, and Maureen Greer, principal of Emerald Consulting and executive director of the IDEA Infant and Toddler Coordinators Association, to develop the design and methods used in the needs assessment. CPPR collected and reviewed data from numerous sources, including:

- **Existing system data/reports.** This included a review of local tiny-k program annual grant applications and progress reports submitted to the state, consolidated financial statements and audit reports of the local programs, demographic and service information from the state tiny-k database, and a variety of publicly available Part C reports. When available, data were compared across State Fiscal Years (SFY) from 2017-2019. Data from the ITS database for SFY 2019 is accurate as of the date it was pulled. However, data for SFY 2019 are still being entered at the time of publication of this needs assessment and thus do not represent the entire SFY (see more in General Notes following the appendix).
- **Newly-collected information from local tiny-k programs.** Working with local tiny-k programs, CPPR conducted a number of analyses. Briefly, the analyses consisted of:
    - *Analysis of network collaboration.* Each tiny-k program is required to be part of a local network of early childhood providers referred to as Local Interagency Coordinating Councils (LICCs). Two tools (the Wilder Collaboration Factors Inventory and Levels of Collaboration Scale) were used to understand network dynamics at a local level.
    - *Staff time study.* Every staff member and contractor providing Part C services was asked to complete a two-week time study. At 15 minute increments, providers summarized their activity, based on the type of service being provided and the setting. 400 staff and contractors participated in the time study.

- *Tiny-k program coordinator survey.* A 25-question survey was developed to collect information from local tiny-k program coordinators. The survey asked for information about staff recruitment and retention, documentation practices (including use of the statewide tiny-k database), billing and reimbursement, and program support and communications.
- *Developmental screening survey.* An online survey was distributed through the tiny-k programs as well as through many statewide programs, associations, and other partners. The survey was designed to understand types of developmental screening tools being used, timing of screening, documentation practices, referral practices, and barriers experienced administering screening tools and referring children and families to appropriate resources.
- *Family and community experiences with tiny-k programs.* Information was collected from both family members and providers to capture their insights regarding early childhood through the collection of stories using an innovative tool called SenseMaker®. Participants were asked to share stories about times they were encouraged or discouraged about a child's development, and then were asked a series of follow-up questions designed to understand factors that influenced their perceptions of the story they shared.

All data collection occurred between October 2018 and June 2019. The Appendix summarizes the various data elements collected from each of the 33 tiny-k programs in Kansas during the course of the needs assessment.

This needs assessment consists of several major sections, including:

- **Description of the organization and characteristics of the current ITS system in Kansas.** This includes some introductory material on ITS system history, structure, and approach. There is also extensive information on local programs, including geography, demographics, organizational structures, financial support, and program staffing.
- **Network relationships of tiny-k programs.** This section focuses on collaboration between local early childhood service providers, including members of the LICCs.
- **Review of the historical data on program revenues and expenses.** This section provides an overview of the principle means by which tiny-k programs finance operations (including Part C funding), and a high-level examination of program expenditures.
- **Overview of service delivery practices of the system.** This section has information on methods to identify children in need of program services. It includes information on developmental screening practices (an important mechanism to identify children who may benefit from early intervention services), results of a statewide Developmental Screening Survey that was administered as part of this needs assessment, and information on referral and evaluation practices. Following this is information on tiny-k program services, which includes demographic information of the children and families served by programs, as well as detailed information on program services collected as part of the time study completed by 400 tiny-k staff and contractors in early 2019. This section concludes with a description and statistics about children/families exit/transition out of the ITS system.
- **Information on family, community, and program experiences with ITS.** This section includes results from two methods used in the needs assessment. The first was the collection of stories/experiences of families and providers using an innovative narrative research methodology, SenseMaker®. This method collects and allows for self-interpretation of narratives, providing quantitative data that can be used to interpret

patterns of responses. Almost 500 experiences were collected through this online system. Results are also provided for the tiny-k Program Coordinator survey that was administered to all local programs statewide. Twenty-nine responses were received and analyzed.

- **Findings and recommendations.** This section provides a summary of overall findings and recommendations for consideration by Kansas ITS.

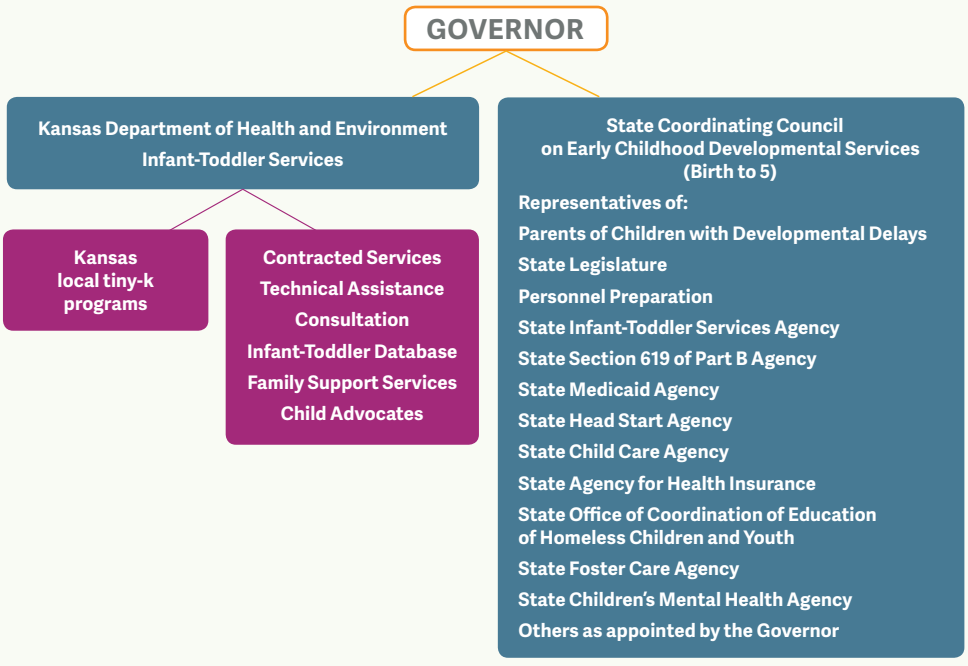
This needs assessment is accompanied by a Technical Report that provides an array of program statistics and comprehensive information on each of the methods employed during the needs assessment.

ORGANIZATIONAL CHARACTERISTICS of the KANSAS INFANT-TODDLER SERVICES SYSTEM

BACKGROUND: ITS HISTORY AND STRUCTURE IN KANSAS

The Education of the Handicapped Act Amendments of 1986 established the Early Intervention Program for Infants and Toddlers with Disabilities under Part H (now Part C) of the Individuals with Disabilities Education Act (IDEA). In 1987, the Kansas Department of Health and Environment (KDHE) was designated as the lead agency to administer Infant-Toddler Services (ITS) in Kansas. KDHE was (and still is) advised and assisted by the State Coordinating Council on Early Childhood Developmental Services, also known as State Interagency Coordinating Council (SICC). The SICC members consist of parents; service providers; legislative representatives; a variety of education, health, and social service agencies; and representatives of state agencies with oversight of various early childhood services programs including ITS. The SICC also advises other federally-funded programs to children with disabilities birth through 5 and their families authorized under IDEA. KDHE also works closely with other state agencies including the Kansas State Department of Education (KSDE) and the Kansas Department for Children and Families (DCF) as well as with programs and agencies such as Head Start, Parents as Teachers, parent support groups, local health departments, hospitals, professional service providers, local mental health providers, non-profit programs, and local education agencies. The Kansas legislature began designating state general funds to ITS in 1992.

FIGURE 2. RELATIONSHIP OF PART C SYSTEM STAKEHOLDERS



KANSAS INFANT-TODDLER SERVICES (ITS) OBJECTIVES

The objectives, as defined in the Kansas ITS Manual, are:

- Uphold Kansas' statewide, comprehensive, coordinated, multidisciplinary, interagency system for infants and toddlers with disabilities and their families
- Facilitate the coordination of payment for Part C intervention services from federal, state, local, and private sources
- Enhance the lead agency's capacity to provide early intervention services, and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families
- Enhance the capacity of state and local agencies and local tiny-k service providers to identify, evaluate, and meet the needs of all infants and toddlers with disabilities to include the historically underrepresented populations such as the homeless, low-income, minorities, inner-city and rural infants and toddlers, and infants and toddlers in foster care

Terminology

Programs providing services under Part C may be referred to as any of the following interchangeably:

PART C
INFANT-TODDLER SERVICES
EARLY INTERVENTION
TINY-K
BIRTH TO THREE

—

In this report, parts of the system will be referred to and defined as:

TINY-K
(local program)

INFANT-TODDLER SERVICES
(ITS)
(statewide system)

PART C
(federal program)

ITS SYSTEM APPROACH IN KANSAS

Federal and state funding is distributed to community-based programs that provide services at the local level. ITS has utilized these local programs since creation of the state program in 1987 (Table 1). There are 33 tiny-k programs in the state. Federal Part C funding is the "payor of last resort" for all early intervention services. All available funding sources must be exhausted before Part C funds can be utilized for early intervention services.

Each tiny-k program signs assurances with the state each year to provide services in accordance with the Mission and Key Principles for Providing Early Intervention Services in Natural Environments Using a Primary Service Model. These principles are central to the philosophy of Kansas ITS and are based on the premise that infants and toddlers learn and develop best through everyday experiences and interactions with people and in environments that are familiar to them. The early intervention process is expected to be individualized to reflect the child's and the family's cultural beliefs, learning styles, and other preferences. ITS believes that all families can enhance their child's learning and development, and the system is designed to provide the necessary resources and support to ensure families can optimally support their children. In Kansas, the program follows the Primary Service Provider (PSP) model. This model is family-centered and focuses on building capacity among children and families with developmental delays or disabilities. While early intervention remains a team-based service model, the PSP model provides a primary person to serve as the liaison between program staff and family members, and collaborates with other team members to ensure family needs are met. All programs are also expected to facilitate "child find" activities involving a broad range of possible referral sources used to identify the potential need for early intervention services among children birth to 3 years of age. Each program should also have a public awareness program to inform the community about child find activities, the availability of early intervention services, and information about how to contact the program for information. Evaluations to determine eligibility include all five developmental domains, are multidisciplinary, and are provided free to the parents. Early intervention services are also provide free to families.

TABLE 1. KANSAS TINY-K PROGRAMS

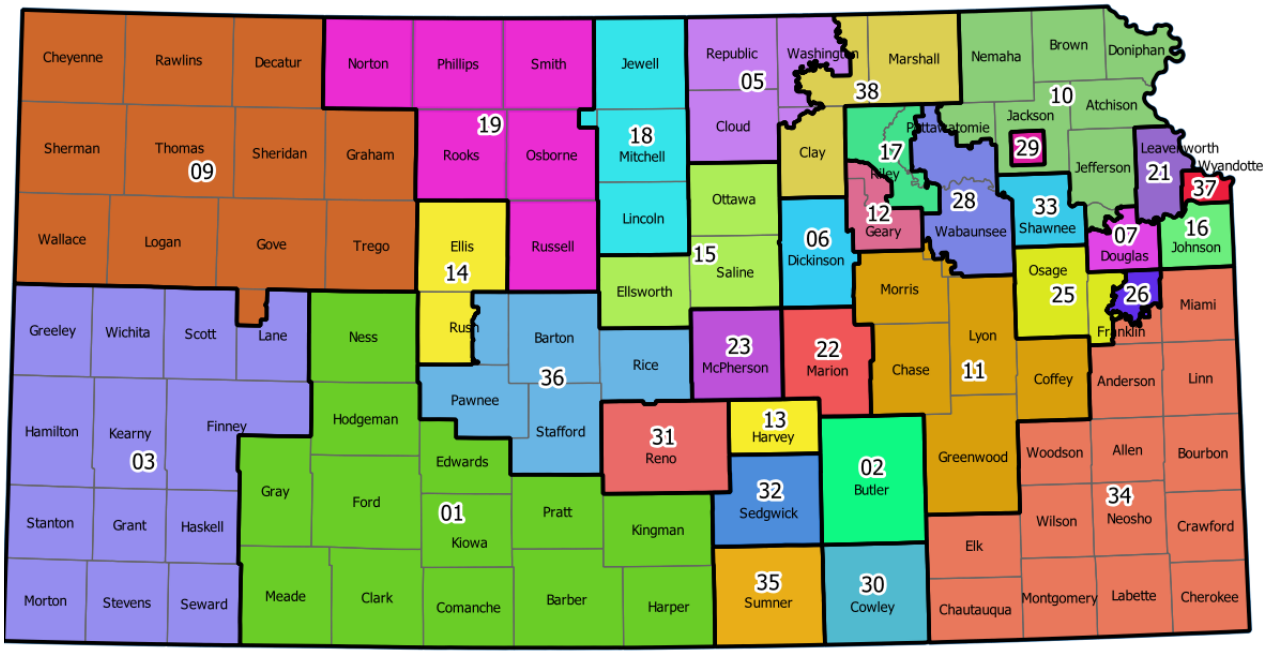
KDHE-designated program numbers, full program names and abbreviations.

PROGRAM NO.*	FULL PROGRAM NAME	PROGRAM ABBREVIATION
KS01	Arrowhead West, Inc., Infant-Toddler Services	KS01 Arrowhead West
KS02	Bright Beginnings of Butler County - Rainbows United, Inc.	KS02 Butler Co-RUI
KS03	Russell Child Development Center	KS03 Russell CDC
KS05	OCCK Infant Toddler Services - Cloud Republic	KS05 OCCK (Cloud Republic)
KS06	OCCK Infant Toddler Services - Dickinson County	KS06 OCCK (Dickinson)
KS07	tiny-k Early Intervention— Douglas County	KS07 Douglas Co
KS09	Northwest Kansas Educational Service Center EC3	KS09 NKESC (NW)
KS10	Northeast Kansas Infant Toddler Services	KS10 NEKITS
KS11	Flint Hills tiny-k Program	KS11 Flint Hills
KS12	Geary County Infant Toddler Services	KS12 Geary Co
KS13	Harvey County Infant Toddler Program	KS13 Harvey Co
KS14	Hays Interagency Coordinating Council	KS14 Hays
KS15	Salina Infant Child Development - Salina Regional Health Center	KS15 Salina ICD
KS16	Infant Toddler Services of Johnson County	KS16 Johnson Co
KS17	Infant-Toddler Services Network of Riley County	KS17 Riley Co
KS18	Jewell/Lincoln/Mitchell Counties Interagency Coordinating Council	KS18 J-L-M
KS19	KS19 Kid-Link/Developmental Services of Northwest Kansas	KS19 Kid-Link/DSNWK
KS21	Leavenworth County Infant Toddler Services	KS21 Leavenworth Co
KS22	Marion County Infant-Toddler Services	KS22 Marion Co
KS23	MCKIDS (McPherson County Kansas Infant Development Services)	KS23 MCKIDS
KS25	Three Lakes Educational Cooperative, Infant-Toddler Services	KS25 Three Lakes-OS CO
KS26	Ottawa-Wellsville Infant Toddler	KS26 OWIT
KS28	Pottawatomie Wabaunsee Infant Toddler Services	KS28 Pott-Wab
KS29	Prairie Band Potawatomi Nation	KS29 Prairie Band
KS30	REACH tiny-K Infant Toddler Services	KS30 REACH
KS31	Reno County Infant/Toddler Program	KS31 Reno Co
KS32	Infant-Toddler Services of Sedgwick County - Rainbows United, Inc.	KS32 Sedgwick Co-RUI
KS33	TARC tiny-k	KS33 TARC tiny-k
KS34	Southeast Kansas Birth to Three Program	KS34 SEK Birth to Three
KS35	Sumner County Interagency Coordinating Council - Futures Unlimited, Inc.	KS35 Sumner Co
KS36	Sunflower Early Education Center	KS36 Sunflower
KS37	Wyandotte County Infant Toddler Services	KS37 Wyandotte Co
KS38	Pony Express Infant Toddler Services	KS38 Pony Express

**Program numbers are non-sequential due to program changes (closures, consolidation, etc.) in recent years.*

This map (Figure 3) shows each program's service area. Programs are indicated by their KDHE-designated program number. Program numbers are non-sequential due to program changes (closures, consolidation, etc.) in recent years.

FIGURE 3. TINY-K PROGRAM AREA MAP



See tiny-k Program Areas on page 55 for more detail. Tiny-k service areas defined mostly by county and school district boundaries, the Prairie Band Potawatomi Nation Reservation, and Fort Riley. Census demographic & geographic data come from the 2017 5-year American Community Survey (ACS) estimates and 2017 TIGER/Line Shapefiles.

TABLE 2. KDHE-DESIGNATED PROGRAM NUMBERS & ABBREVIATIONS*

KS01	KS01 Arrowhead West	KS14	KS14 Hays	KS28	KS28 Pott-Wab
KS02	KS02 Butler Co-RUI	KS15	KS15 Salina ICD	KS29	KS29 Prairie Band
KS03	KS03 Russell CDC	KS16	KS16 Johnson Co	KS30	KS30 REACH
KS05	KS05 OCCK (Cloud Republic)	KS17	KS17 Riley Co	KS31	KS31 Reno Co
KS06	KS06 OCCK (Dickinson)	KS18	KS18 J-L-M	KS32	KS32 Sedgwick Co-RUI
KS07	KS07 Douglas Co	KS19	KS19 Kid-Link/DSNWK	KS33	KS33 TARC tiny-k
KS09	KS09 NKESC (NW)	KS21	KS21 Leavenworth Co	KS34	KS34 SEK Birth to Three
KS10	KS10 NEKITS	KS22	KS22 Marion Co	KS35	KS35 Sumner Co
KS11	KS11 Flint Hills	KS23	KS23 MCKIDS	KS36	KS36 Sunflower
KS12	KS12 Geary Co	KS25	KS25 Three Lakes-OS CO	KS37	KS37 Wyandotte Co
KS13	KS13 Harvey Co	KS26	KS26 OWIT	KS38	KS38 Pony Express

** See Table 1. Kansas tiny-k Programs for full program names. Program numbers are non-sequential due to program changes (closures, consolidation, etc.) in recent years.*

LOCAL PROGRAM CHARACTERISTICS

While the ITS program was developed and is structured to promote certain shared practices and quality outcomes, programs nonetheless vary widely on a variety of factors including geography (including size and the rural/urban nature of program service areas), the size and demographics of the populations served, program organizational structures and functions, fiscal structure and size, and the size and complexity of local partner and system relationships.

Geography and Demographics

Kansas is a large state geographically, with 105 counties that range from large, urban communities to very sparsely-populated frontier counties. There are programs with service areas smaller than a county and programs that serve large geographic expanses. There are programs that exclusively serve urban or rural areas, and programs whose service areas span urban to frontier communities. The five class urban/rural classification scheme (see sidebar) used in this needs assessment is a KDHE system based on population density (SOPC-RH, 2019).

The KDHE Urban/Rural Classification Scheme

FRONTIER
<6 persons per square mile

RURAL
6 – 19.9 persons per square mile

DENSELY-SETTLED RURAL
20 – 39.9 persons per square mile

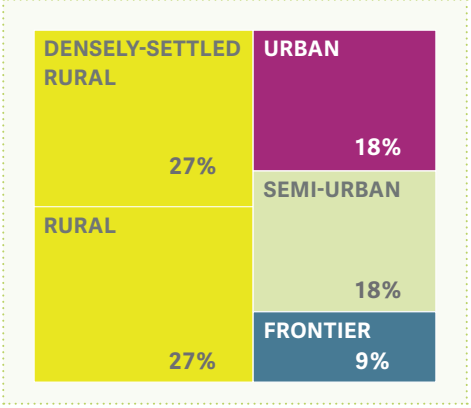
SEMI-URBAN
40 – 149.9 persons per square mile

URBAN
150 or more persons per square mile

Over half of the tiny-k programs (18 of 33) in Kansas are classified as rural or densely-settled rural (Figure 4) based on KDHE's rural/urban classification system and census ACS 2017 data. Six are classified as semi-urban, six as urban. Only three tiny-k programs are identified as frontier. This might seem surprising given that well over one-third of Kansas counties have a population density of less than 6 people per square mile. Many of these frontier counties, however, are served by programs with a large service area that also encompasses more densely-settled rural and/or urban areas.

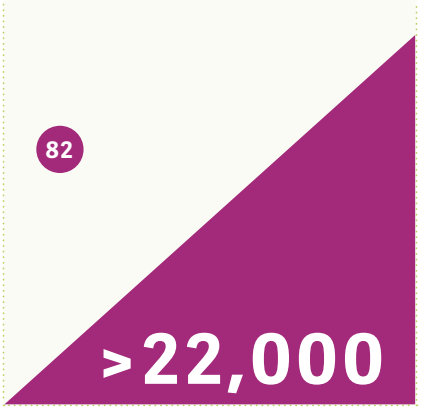
Given the size and differing population densities found among the service areas, it is not surprising to find that the number of children from birth to 3 years differs dramatically between the service areas of the local programs (Figure 5). Using the most recent census data (ACS 2017), it is estimated that the number children birth to 3 years varies from a low of 82 children in the Prairie Band Potawatomi Nation service area to over 22,000 children in the service areas in Johnson and Sedgwick counties. See Technical Report, Section B for more geographic, demographic, and service data for the tiny-k program service areas.

FIGURE 4.
TINY-K PROGRAM COUNT BY CLASSIFICATION



Source: ACS 2017.

FIGURE 5.
ESTIMATED RANGE IN NUMBER OF CHILDREN BIRTH TO 3 LIVING IN TINY-K SERVICE AREAS



Source: ACS 2017.

Children and Families Served

In total, the tiny-k programs in Kansas served a total of 10,061 children from birth to 3 years of age and their families in SFY 2018 (the latest complete year of data). The number of children served per program varied from 14 to 1,806. There are many small programs, with 10 programs serving less than 100 children annually. Another 17 serve between 100-499 children. Only 6 programs serve 500 children or more, with two of those serving over 1,500 children each. Collectively, over one-third of all children receiving ITS services in Kansas are served by these two programs.

Kansas Service Data

An estimated
8.1%
of children birth to 3
in Kansas received tiny-k
services in 2017

Based on 2017 data from the Census, American Community Survey (ACS 2017), and program data from SFY program 2017, approximately 8.1% of all children from birth to 3 years in the state receive tiny-k services. Boys make up a disproportionate share (63.0% in SFY 2017) of children served, which is also consistent with national statistics for children in Part C (62.7%; ED, 2018b).

More demographic characteristics of children served (SFY 2019 program data):

- 85% were white
- 19.6% were Hispanic, with programs ranging from 2.6%-61.5% Hispanic families
- 51.9% were covered by Medicaid/CHIP
- 19.3% were covered by private insurance (a decrease from 43.8% in 2017 and 24.2% in 2018)

Financial Expenditures

The information in this section is based on actual program expenditures for SFY 2017. Comparisons with earlier SFYs is not possible because the number, service area, and sizes of programs changed between SFY 2016 and SFY 2017. Expenditures do vary for programs year-to-year, but annual variations are not thought to have material impact on the overall picture portrayed in this report.

Tiny-k programs collectively spent approximately $26.9 million providing program services in 2017, and vary by many magnitudes when comparing local program expenditures. For general descriptive purposes, this section of the report will focus on six groupings based on program expenditures. These program breakdowns are from "very small" (total expenditures of less than $100,000) to "largest" with average annual expenditures of over $4 million.

- **Very Small:** $0-$100,000 (average $65,958)
- **Small:** $101,000-$200,000 (average $144,267)
- **Medium:** $200,001-$500,000 (average $370,509)
- **Large:** $501,000-$1 million (average $679,629)
- **Very Large:** $1,000,0001- $4 million (average $1,876,057)
- **Largest:** Over $4 million (average $4,029,695)

"Very small" and "small" programs, representing 8 programs (almost one-fourth of all programs in the state), comprised less than $1 million (only about 3%) of statewide local tiny-k program expenditures. "Medium" and "large" programs (18 programs) spent approximately $8.5 million. "Very large" (N=5) and "Largest" (N=2) programs had expenditures of over $17 million, roughly two-thirds of all expenditures for tiny-k services in the state.

Staffing

The types of professionals who provide tiny-k services as staff or contractors vary across programs, and there are a wide array of backgrounds, skill sets, and recognized disciplines represented among those who provide administrative, coordination, and clinical services. Information was gleaned from Part C program applications to the state, time study documents, and individual queries with programs to identify the number of positions in the tiny-k programs. A total of 521 positions were identified. The number of positions varied from 4-59 per program.

A simple scheme of position types will be used throughout much of this report (see Table 3). The number of each type of position (statewide) is noted. While most staff held a single position, there were people that held multiple positions. More information about tiny-k program staffing is covered in the "ITS Service Delivery Practices" section of the report, and in Technical Report, Section H (Time Study Data).

TABLE 3. SCHEME OF POSITION TYPES

POSITION TYPES (STATEWIDE)	NUMBER
EARLY CHILDHOOD SPECIAL EDUCATOR (ECSE)	102
SPEECH/HEARING (a broad category including Speech Language Pathologists, Audiologists, etc.)	127
OCCUPATIONAL THERAPY (all levels of training and certification)	59
PHYSICAL THERAPY (all levels of training and certification)	56
ADMIN – OTHER	43
COORDINATOR/CO-COORDINATOR	37
SOCIAL WORK/MENTAL HEALTH (the bulk of these providers are social work, but the category encompasses other types of mental health providers)	32
PROVIDER - OTHER (captures a variety of provider types with limited hours of program service)	29
NURSING (all levels of training and certification)	15
INTERPRETER/TRANSLATION (these providers are often contractors used on a part-time basis or are bilingual staff that serve in some clinical capacity)	9
TEACHER - OTHER (category used when type of teacher unclear)	7
VISION SERVICES	5
TOTAL	**521**

Data on positions are for SFY 2019.

Organizational Structure

Tiny-k services are provided by an incredibly diverse array of organizations across the state. A simple classification of tiny-k programs by organizational type is nearly impossible, in part because tiny-k programs can designate both a lead agency that oversees operations and a fiscal agency that manages the financial aspects of the program (see Table 4 and the Appendix). Some programs have the same programmatic and fiscal agent, but programmatic and fiscal oversight by two different organizations is not uncommon. In these cases, the lead agency may be one organizational type, and the fiscal agent another. Some agencies may also have a contract with yet another organization to provide substantial administrative and operational support for staffing, billing, etc.

Furthermore, some programs in Kansas have management contracts with one of the seven Educational Service Centers that provide an array of support services primarily to school districts. While recognizing this diversity in program governance and administration, it can still be worthwhile to understand the main types of lead agencies seen across Kansas, which include:

- **Community Developmental Disability Organization (CDDO)** Designed to be a single point of entry for an individual or family to obtain services through the developmental disabilities system in the State of Kansas.
- **School Districts** Frequently manage both Part C and Part B programs, and often share staff among programs.

- **Education Service Center (ESCs)** The state's seven centers provide an array of services to multiple school districts. These services may include tiny-k as well as special education, Parents as Teachers, staff development, internet and technology services, cooperative purchasing, and more. Several ESCs also provide extensive contract services to other organizational types, so even in programs where the lead and fiscal agent is not an ESC, there may be significant involvement of an ESC. In fact, three of the largest programs in the state (TARC, Johnson County and Russell Child Development) contract with one of the ESCs (Greenbush) for staffing and staff training.
- **Special Education Cooperatives** Like ESCs, these cooperatives provide services to multiple school districts, but with a specific focus on special education services. These cooperatives are often (but not universally) managed by one school district, while serving multiple districts.
- **Children's Service Agencies** Non-profit organizations focused on a broad array of children's services, including Infant-Toddler Services. There are a few programs that are part of a larger children's services agencies, which generally serve a broader age spectrum than birth to 3.

There are also a number of programs that represent a unique organizational type, including:

- A hospital/health system
- A county
- A Native American tribe
- A health department

There is one program, ITS of Johnson County, that operates as its own non-profit organization focused solely on tiny-k services. Table 4 and the Appendix include tables with more detail on organizational structure of programs, including a full table of the lead and fiscal agencies used by programs.

Network Relationships

Each tiny-k program belongs to a network of early childhood stakeholders, including members of a LICC and other partners. The LICC selects what organization or agency should serve as the lead Infant-Toddler Services agency in their service area and what organization should serve as the fiscal agency to receive Part C funds from the state. LICCs must meet at least quarterly and have at least one member who is a parent of a child with disabilities. Most LICCs also have representatives of health/medical agencies, education providers, social services, and other appropriate community members. The next major section of the needs assessment examines in much more detail the nature of the relationships among the members of LICCs and other partners at the local network level.

TABLE 4. TINY-K PROGRAM ORGANIZATIONAL STRUCTURE

PROGRAM CODE / NAME*	ORGANIZATIONAL STRUCTURE	LEAD AGENCY / FISCAL AGENCY (IF DIFFERENT)
KS01 ARROWHEAD WEST	Community Developmental Disabilities Organization	Arrowhead West, Inc.
KS02 BUTLER CO-RUI	Children's Service Agency	Rainbows United, Inc.
KS03 RUSSELL CDC	Children's Service Agency	Russell Child Development Center
KS05 OCCK (CLOUD REPUBLIC)	Community Developmental Disabilities Organization	OCCK, Inc. / Southeast Kansas Education Service Center #609
KS06 OCCK (DICKINSON)	Community Developmental Disabilities Organization	OCCK, Inc. / Southeast Kansas Education Service Center #609
KS07 DOUGLAS CO	School District	USD 497 Lawrence Public Schools
KS09 NKESC (NW)	Education Service Center	Northwest Kansas Education Service Center
KS10 NEKITS	Education Service Center	Keystone Learning Services
KS11 FLINT HILLS	Special Education Cooperative	Flint Hills Special Education Cooperative / Emporia USD 253
KS12 GEARY CO	School District	USD 475 Geary County Schools
KS13 HARVEY CO	Special Education Cooperative	Harvey County Special Education Cooperative / USD 373 Newton
KS14 HAYS	Children's Service Agency	Hays Area Children's Center
KS15 SALINA ICD	Hospital	Salina Regional Health Center
KS16 JOHNSON CO	Free-standing tiny-k Program	Infant Toddler Services of Johnson County
KS17 RILEY CO	School District	USD 383 Manhattan-Ogden Public Schools
KS18 J-L-M	Special Education Cooperative	Beloit Special Education Cooperative / USD #273
KS19 KID-LINK/DSNWK	Community Developmental Disabilities Organization	Kid-Link / DSNWK, Inc.
KS21 LEAVENWORTH CO	Educational Service Center	Southeast Kansas Education Service Center #609
KS22 MARION CO	Special Education Cooperative	Marion County Special Education Cooperative
KS23 MCKIDS	County	McPherson County
KS25 THREE LAKES-OS CO	Special Education Cooperative	Three Lakes Educational Cooperative
KS26 OWIT	School District	USD 290 Ottawa Public Schools
KS28 POTT-WAB	School District	USD 320 Wamego Public Schools
KS29 PRAIRIE BAND	Tribe	Prairie Band Potawatomi Nation
KS30 REACH	Education Service Center	Southeast Kansas Education Service Center-Interlocal #609
KS31 RENO CO	School District	Early Education Center, Inc. / USD 308 Hutchinson Public Schools
KS32 SEDGWICK CO-RUI	Children's Service Agency	Rainbows United, Inc.
KS33 TARC TINY-K	Community Developmental Disabilities Organization	TARC Inc.
KS34 SEK BIRTH TO THREE	Education Service Center	Southeast Kansas Education Service Center-Interlocal #609
KS35 SUMNER CO	Community Developmental Disabilities Organization	Futures-Unlimited, Inc.
KS36 SUNFLOWER	Community Developmental Disabilities Organization	Sunflower Diversified Services
KS37 WYANDOTTE CO	Special Education Cooperative	Wyandotte Comprehensive Special Education Cooperative / Kansas City Kansas Public Schools
KS38 PONY EXPRESS	Health Department	Marshall County Health Department / Keystone Learning Services

**Program numbers are non-sequential due to program changes (closures, consolidation, etc.) in recent years.*
Lead Agency/Fiscal Agency data come from the SFY 2019 tiny-k grant applications.

PARTNERSHIPS & RELATIONSHIPS of TINY-K PROGRAMS

INTRODUCTION/PURPOSE

This section focuses on relationships among tiny-k programs, partner agencies, and other organizations. Collectively these partners comprise what this needs assessment refers to as early childhood networks. Many of the partners belong to LICCs that are formally-recognized entities that are an integral part of the ITS system in Kansas and are codified in state policy (Kansas Administrative Regulation 28-4-565). Each tiny-k program is part of an LICC that is required to meet quarterly. LICCs are, however, diverse in size, types of agencies represented, and their roles. One goal of the needs assessment was to understand the interaction between LICC partners and identify areas of strength and opportunities for network development. For this needs assessment, "network" is defined as a tiny-k program's LICC and all other agencies/organizations that participate in early intervention work. This section describes two different types of analyses that were used to examine network dynamics. A full description of findings is included in Technical Report, Section C.

METHODS

The two tools used in this study were the Wilder Collaboration Factors Inventory (Mattessich, et al., 2001) and the Levels of Collaboration Scale (Frey, et al., 2006). Both tools are found in Technical Report, Section C.

The Wilder Collaboration Factors Inventory was developed to examine 20 factors that have been found to contribute to successful collaboration. Those 20 factors are grouped into six categories (Figure 6).

FIGURE 6. THE WILDER COLLABORATION FACTORS INVENTORY

The Wilder Collaboration Factors Inventory has developed six categories that examine 20 factors found to contribute to successful collaboration.

ENVIRONMENT

HISTORY
History of collaboration in the community

LEADERSHIP
Legitimacy of the collaborative group as a leader in the community

CLIMATE
Political and social climate in relation to the focus of the collaborative.

MEMBERSHIP

RESPECT
Respect and trust within collaborative

CROSS-SECTION
Appropriateness of the cross section of membership

SELF-INTEREST
Perception of the collaborative as in their self-interest

COMPROMISE
Ability of the collaborative to compromise

PROCESS & STRUCTURE

SHARE A STAKE
Stake that group members share in process and outcome

LAYERS
Layers of participation on behalf of organizational members

FLEXIBILITY
Flexibility of the group

CLEAR ROLES
Clarity of roles/ responsibilities and decision-making processes

ADAPTABILITY

PACE
Appropriateness of pace of work

COMMUNICATION

COMMUNICATION
Openness and frequency of communication

INFORMAL
Informal relationships and communication among members of the group.

PURPOSE

CONCRETE GOALS & SHARED VISION
Clarity around the shared goals and vision of the collaborative group

UNIQUENESS
Perception of the collaborative as having a unique purpose.

RESOURCES

RESOURCES
Sufficiency of funds, staff, materials, and time

SKILLS
Perceptions of the skills of the leaders of the group

The Wilder uses a five-point likert scale: strongly disagree (1), disagree (2), are neutral or have no opinion (3), agree (4), or strongly agree (5). Scores are averaged across all ratings for items within each factor. Wilder scores were interpreted based on the following criteria: ≥ 4.0 or higher = strong; 3.0 ≤ 3.9 = borderline; ≤ 2.9 = areas for improvement. A total of 273 inventories were collected from members of 26 of the state's tiny-k networks.

The Levels of Collaboration Scale (LOCS) measures perceptions of collaboration among agencies that participate in self-defined interagency teams/coalitions, such as the LICCs. The LOCS uses a five-point rating system (Figure 7) to measure the perceived coordination between the individual respondent and each agency in the collaborative.

Wilder Collaboration Factors Inventory

273
inventories were collected from members of 26 of the state's tiny-k networks

FIGURE 7. LOCS RATING SYSTEM

A five-point rating system measuring the perceived coordination between the individual respondent and each agency in the collaborative.

LEVEL 1 NETWORKING	LEVEL 2 COOPERATION	LEVEL 3 COORDINATION	LEVEL 4 COALITION	LEVEL 5 COLLABORATION
Aware of organization	Provide information to each other	Share information and resources	Share ideas	Members belong to a single system
Loosely defined roles	Somewhat defined roles	Defined roles	Share resources	Frequent communication is characterized by mutual trust
Little communication	Formal communication	Frequent communication	Frequent and prioritized communication	Consensus is reached
All decisions are made independently	All decisions are made independently	Some shared decision making	All members have a vote in decision making	

Local coordinators were asked to provide a list of LICC member organizations, as well as any other partners that were integral to the network. For each program, a LOCS instrument was developed containing the names of all identified partners of the network. Surveys were distributed to the local tiny-k coordinators to have their partners complete, either at a LICC meeting or individually. Several programs requested assistance in collecting data; in 4 instances CPPR staff attended LICC meetings and administered the surveys in person.

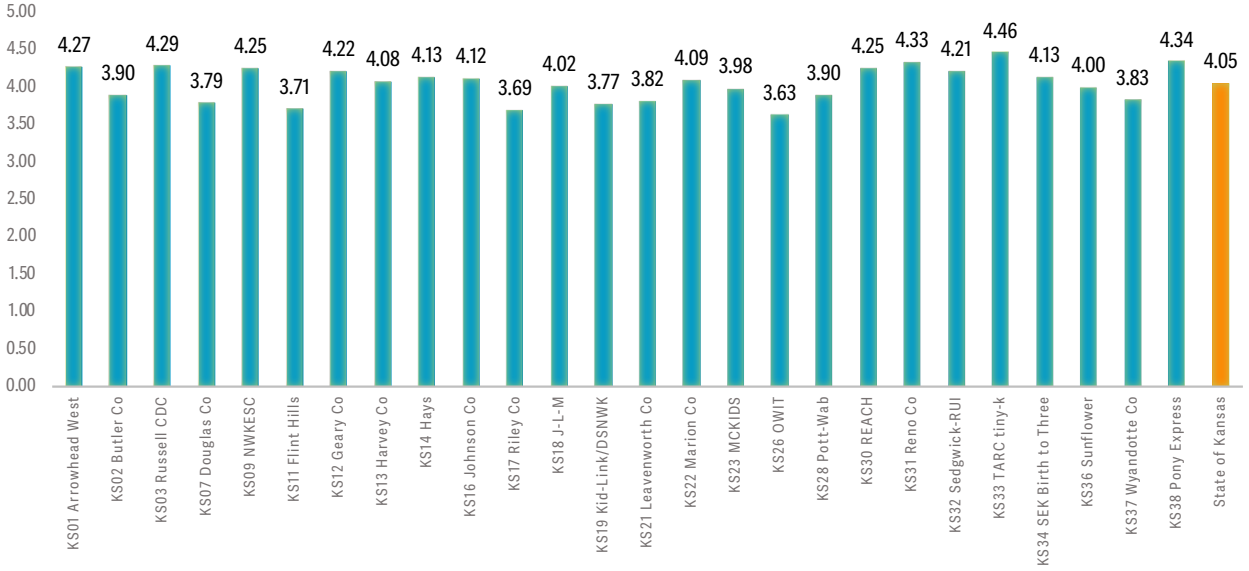
Participation varied by network; overall, 224 network partners across 26 networks completed the LOCS collaboration tool.

RESULTS: WILDER COLLABORATION FACTORS INVENTORY

Network scores by category can be used to understand the overall strengths and challenges of the collaborative, and to provide insight into the overall functioning of the network. As mentioned above, higher scores (above 4.0) indicate that the collaborative is strong in that category. Mid-range scores (between 3.0 and 3.9) are generally considered borderline. And, low scores (below 2.9) are areas for improvement.

Scores for each of the 6 categories are provided for the 26 networks that participated in data collection, as well as the average across networks (State of Kansas).

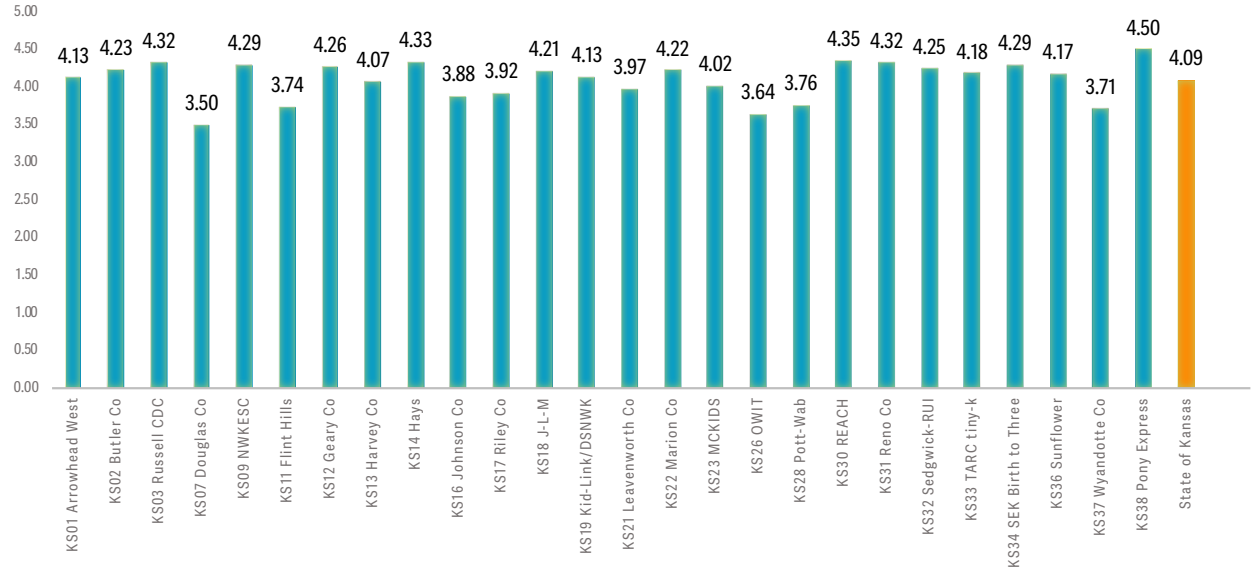
FIGURE 8. ENVIRONMENT



See data table for Figure 8. Environment on page 59. Source: Wilder Collaboration Factors Inventories collected from tiny-k programs 2018-19.

On Environment, the average across networks was 4.05, and 16 of 26 networks (62%) scored strong (4.0 or higher). There were no networks that scored as needing improvement in Environment, although 10 of 26 (38%) networks were in the borderline range. The range of scores was 3.63 (KS26 OWIT) to 4.46 (KS33 TARC tiny-k).

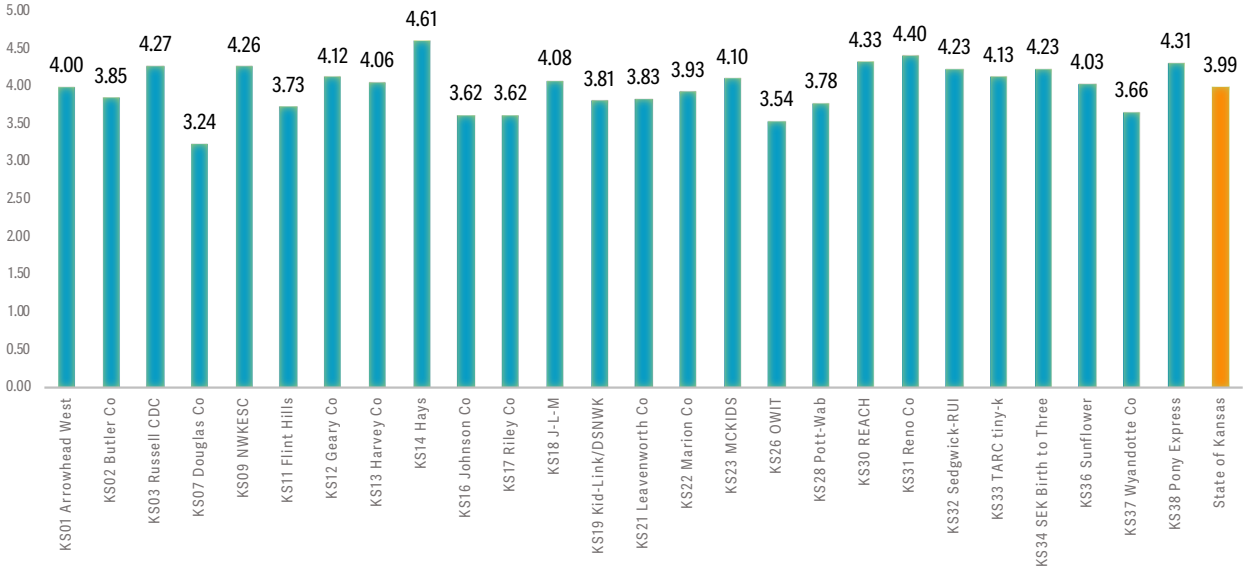
FIGURE 9. MEMBERSHIP



See data table for Figure 9. Membership on page 59. Source: Wilder Collaboration Factors Inventories collected from tiny-k programs 2018-19.

The state average for Membership was 4.09, including 18 of 26 networks (69%) that scored in the strong range. Only 8 networks (31%) scored in the borderline range, and no networks scored in the needs improvement range. Scores ranged from 3.50 (KS07 Douglas Co) to 4.50 (KS38 Pony Express).

FIGURE 10. PROCESS AND STRUCTURE



See data table for Figure 10. Process and Structure on page 60.
Source: Wilder Collaboration Factors Inventories collected from tiny-k programs 2018-19.

Process & Structure ranked 5th of the 6 Collaboration Factor categories across the state, with an average score of 3.99. Fifteen of 26 networks (58%) scored as strong in Process & Structure. Eleven networks (42%) scored in the borderline range. The scores ranged from 3.24 (KS07 Douglas Co) to 4.61 (KS14 Hays).

FIGURE 11. COMMUNICATION

See data table for Figure 11. Communication on page 60. *Source: Wilder Collaboration Factors Inventories collected from tiny-k programs 2018-19.*

The average score for Communication was 4.14, with 18 of 26 (69%) of networks scoring in the strong range. Eight networks (31%) scored in the borderline range. The scores ranged from 3.43 (KS16 Johnson Co) to 4.67 (KS14 Hays).

FIGURE 12. **PURPOSE**

See data table for Figure 12. Purpose on page 61. Source: Wilder Collaboration Factors Inventories collected from tiny-k programs 2018-19.

The average score for Purpose was 4.05, with 18 of 26 networks (69%) scoring in the strong range. 8 networks (31%) scored in the borderline range. The scores ranged from 3.38 (KS07 Douglas Co) to 4.55 (KS30 REACH).

FIGURE 13. **RESOURCES**

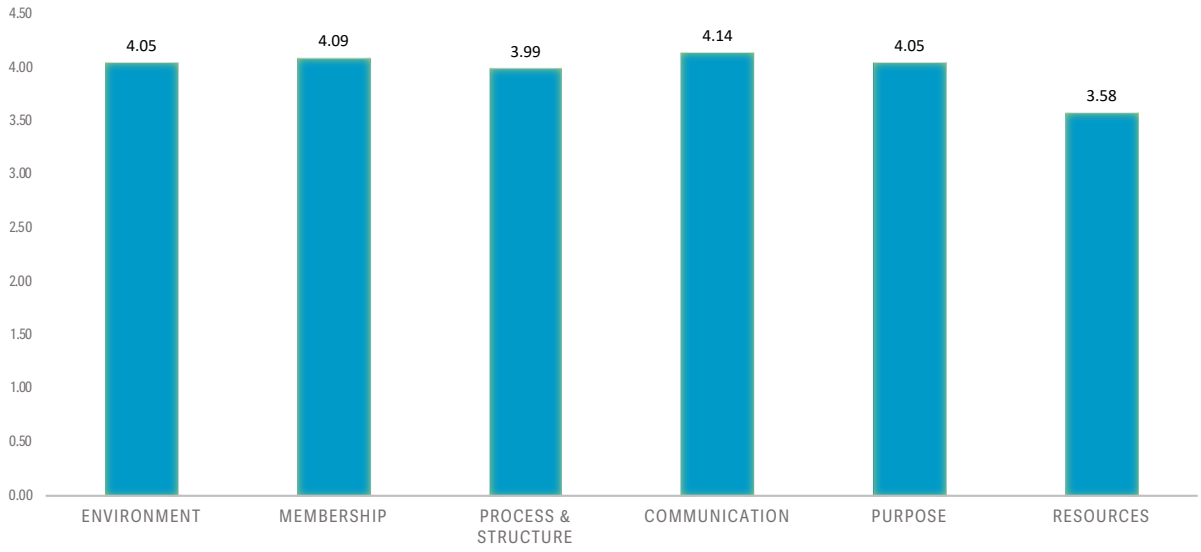
See data table for Figure 13. Resources on page 61. Source: Wilder Collaboration Factors Inventories collected from tiny-k programs 2018-19.

The Resources category had the lowest average score across the Wilder categories, with a state average of 3.58. Only 4 networks (15%) scored in the strong range on Resources; 20 networks (77%) scored in the borderline range; and, 2 networks (8%) scored as needing improvement. The scores ranged from 2.95 (KS16 Johnson Co) to 4.42 (KS14 Hays).

As a whole, the system scored as strong in 4 of the 6 categories: Environment, Membership, Communication, and Purpose (see Figure 14). The system scored as borderline in 2 of 6 categories: Process & Structure and Resources.

A borderline score for Process & Structure suggests there may be opportunities for improvement in clarifying roles and responsibilities as well as decision-making processes within networks, and that it may be worthwhile examining the extent of "buy-in" to shared processes and outcomes within networks. A borderline score for Resources means networks may have insufficient funding, staff, materials and time, and/or there may be a perception of lack of leadership within networks.

FIGURE 14. AVERAGE STATEWIDE WILDER SCORES BY CATEGORY



See data table for Figure 14. Average Statewide Wilder Scores by Category on page 61.
Source: Wilder Collaboration Factors Inventories collected from tiny-k programs 2018-19.

By program, there were 4 programs that scored as strong in 6 of the 6 categories, and 6 programs that scored strong in 0 of 6 categories. Additional information on Wilder Inventory results, including a more detailed program-level view of the Category scores for each of the participating networks, is found in Technical Report, Section C (a copy of the Wilder Collaboration Factors Inventory instrument is also included there).

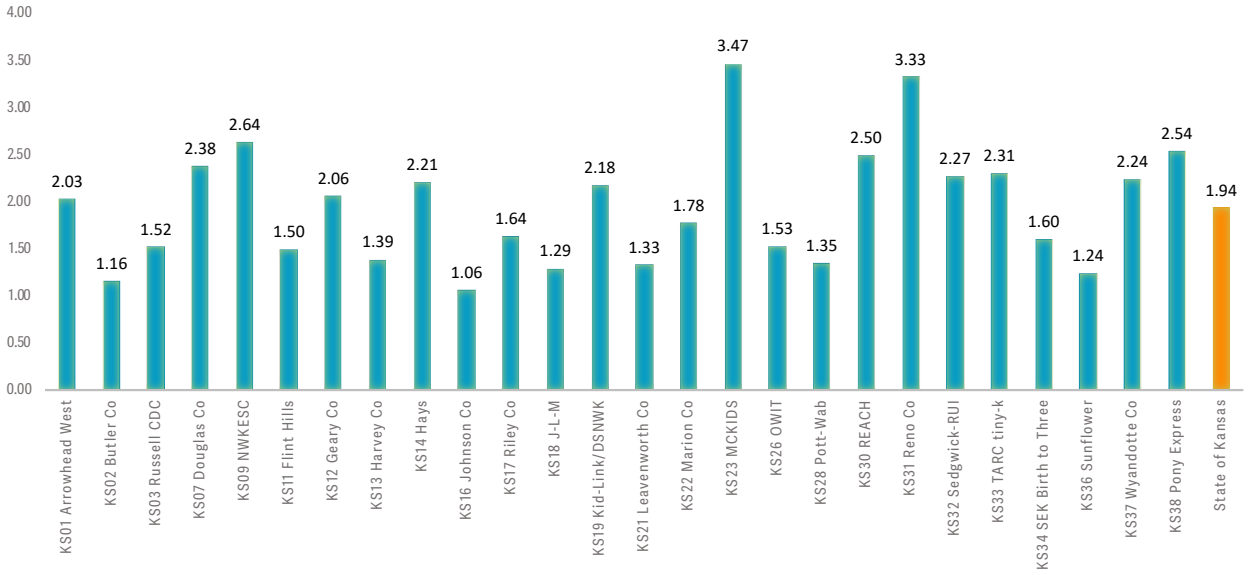
RESULTS: LEVELS OF COLLABORATION SCALE (LOCS)

Collaboration is generally defined as the cooperative way that two or more entities work together towards a shared goal. The Levels of Collaboration Scale (LOCS) examines interagency relationships using the five-level rating scale of collaboration described earlier.

During administration of the scale, respondents are asked to what extent they collaborate with each other identified partner. Answer options are on a 0 to 5 scale with 0 indicating "no interaction at all" and 1 to 5 indicating the level of interaction from networking through collaboration.

For the purpose of this report, LOCS are reported as mean scores for each network and for the state as a whole. Scores indicate the perceptions of collaboration as indicated by each of the partners who responded to the scale. Figure 15 below presents the average LOCS score for each of the 26 participating networks as well as the statewide average

FIGURE 15. LOCS AVERAGE SCORE FOR NETWORK



See data table for Figure 15. LOCS Average Score for Network on page 62. Source: Levels of Collaboration Scales collected from tiny-k programs 2018-19.

Thirteen networks (50%) scored at the Networking level, between 1.0 and 1.9. The Networking level is categorized by a low level of collaboration, primarily through general awareness of organizations, minimal communication, and independent decision making. Eleven networks (42%) scored at the Cooperation level, between 2.0 and 2.9. The Cooperation level includes more information sharing, more formal communication, and independent decision making. Two networks (8%) scored at the Coordination level, between 3.0 and 3.9. At the Coordination level, networks share information and resources, have more defined roles and frequent communication, and share some decision making.

Research suggests that in terms of collaboration, more is not necessarily better; one previous study involving LICCs found that the mean level of collaboration was 2.7, or at the Cooperation level (Gillam, et al., 2016). In comparison, the level of collaboration for LICCs in this study is lower.

LIMITATIONS

There were six programs that did not participate in the network collaboration analysis. There were 27 networks that participated in either the LOCS and/or Wilder (see the Appendix). Since completion of data collection, a new Wilder Collaboration Factory Inventory version (with 22 rather than 20 factors) has been made available. However, the 20 factors in this report are consistent with those in the newer version. As such, comparisons would be valid for those factors should the survey be replicated in the future. With the LOCS, participation rates varied significantly across networks. Ten of 26 networks had less than 50% of identified network partners complete a LOCS. Future use of the LOCS should focus on garnering more significant participation.

Recommendations

Analyses of network collaboration revealed that many Local Interagency Coordinating Councils believe there are opportunities to improve the effectiveness of their network partnerships.

Kansas ITS should considering strengthening the guidance around LICCs and investing in technical assistance to improve LICC operations. Activities that should be considered are:

- Direct communications between state Part C program staff and LICCs on regular intervals through multiple channels, including presentations at LICC meetings (in-person or through videoconferencing) and regular written communications
- Work with the Kansas State Department of Education to strengthen the orientation program for new LICC members
- Professional development of tiny-k coordinators in coalition leadership and management

Changes in network dynamics of the LICCs should be monitored through routine network collaboration analyses, and additional interventions considered if needed.

FINANCIAL OPERATIONS of TINY-K PROGRAMS

INTRODUCTION/PURPOSE

Historical data on program revenues and expenses were reviewed as part of the needs assessment to provide some insight into financing of the ITS system. Evaluating tiny-k program financing is complex, because the ITS system is funded through very diverse sources: Part C and other grants from KDHE, grants from other state agencies, grants from private foundations, insurance reimbursement, and more. Sources of funds for local tiny-k programs vary widely between programs. Because Part C funding is an important funding source for all tiny-k programs, there is concern among some tiny-k stakeholders (including tiny-k programs) regarding the adequacy and distribution of Part C funds (see Technical Report, Section D: Program Coordinator Survey). While a comprehensive fiscal analysis of the ITS program was beyond the scope of this assessment, financial and programmatic data were examined to enhance understanding of the role Part C funding plays in financing the state's tiny-k programs.

METHODS

This section examines data from SFY 2017, because at the time of this analysis the ITS program did not have SFY 2018 data from Medicaid. In order to make valid comparisons, other data (such as unduplicated number of children served) is also based on SFY 2017 data. Comparisons are made among six cohorts (small to largest) based on total program expenditures.

RESULTS

Key Funding Sources

Table 5 below examines some of the key funding sources that help finance tiny-k programs across the state. Children's Initiative Fund support (Children's Cabinet funding distributed to tiny-k programs through KDHE, listed as KDHE CIF in the table) and Kansas State Department of Education (KSDE) consistently are the larger sources of program revenues. The Part C grant is also significant, accounting for an average of 11.9% of program expenditures. Medicaid revenues are another important portion of program support. There are also a variety of other sources of program support, including (but not limited to):

- Local tax funding
- Private insurance reimbursement
- Endowment funding
- United Way funding
- Other CIF funding
- Other local fundraising

The relative contribution of these other sources vary from program to program, and on average fund 16.9% of total program expenditures.

TABLE 5.
TINY-K COHORTS BY AVERAGE ANNUAL EXPENDITURES
AND PORTION OF EXPENDITURES COVERED BY SELECTED SOURCES

PROGRAM COHORT	AVERAGE ANNUAL PROGRAM EXPENDITURES	PART C GRANT	KDHE CIF	KSDE CATEGORICAL AID	KSDE TRANSPORTATION	MEDICAID	OTHER
Very Small	$65,958	12.2%	22.5%	17.0%	2.2%	9.9%	36.2%
Small	$144,267	15.1%	27.1%	36.0%	5.4%	9.6%	6.8%
Medium	$370,509	11.6%	22.4%	39.8%	2.4%	5.0%	18.8%
Large	$679,629	14.2%	21.5%	38.6%	4.2%	7.2%	14.3%
Very Large	$1,876,057	9.8%	18.0%	39.0%	3.0%	11.9%	18.3%
Largest	$4,029,695	12.7%	23.5%	39.0%	1.6%	7.7%	15.5%
Statewide Averages		**11.9%**	**21.2%**	**38.7%**	**2.7%**	**8.6%**	**16.9%**

Financial data from SFY 2017 revenue and expense data from KDHE.

Infant-Toddler Grant Program Awards

The KDHE ITS funding formula is based on historical data for both the birth rate and number of children served by the tiny-k programs. In SFY 2017, KDHE ITS awarded approximately $3.2 million to the 33 tiny-k programs, and the following tables provide some perspective on how ITS grant dollars are distributed across the programs.

Table 6 shows the relative distribution of KDHE Part C grants to the six program size cohorts, as well as the relative expenditures for tiny-k services compared to total Part C funding levels. "Small" and "very small" programs comprise about 25% of all programs in the state, but receive only 4.2% of Part C grant funding. Conversely, the largest two programs receive 32.1% of all Part C grant funds. Comparing the "Part C Grant" and "Total Expenditures" columns, the table shows that Part C grant funding consistently mirrors overall program expenditures.

Part C Funding

Part C grants consistently fund a similar percentage of total program expenditures **REGARDLESS OF THE PROGRAM SIZE.**

TABLE 6. EXPENDITURES & PART C GRANTS BY COHORT

PROGRAM COHORT	PROGRAM COUNT (% OF TOTAL PROGRAMS)	PART C GRANT	TOTAL EXPENDITURES
Very Small	3 (9%)	$24,881 (0.8%)	$197,873 (0.7%)
Small	5 (15%)	$108,603 (3.4%)	$721,333 (2.7%)
Medium	12 (36%)	$520,049 (16.3%)	$4,446,109 (16.5%)
Large	6 (18%)	$592,322 (18.5%)	$4,077,776 (15.2%)
Very Large	5 (15%)	$922,482 (28.9%)	$9,380,287 (34.9%)
Largest	2 (6%)	$1,024,875 (32.1%)	$8,059,389 (30.0%)
TOTAL	**33 (100%)**	**$3,193,212 (100%)**	**$26,882,766 (100%)**

Financial data from SFY 2017 revenue and expense data from KDHE.

Total expenditures per child are compared (using unduplicated counts of children) in Table 7. Average expenditures per child vary from $1,826 to $3,287, with an average of $2,797 spent per child. KDHE awarded an average of $332 per unduplicated child. There is variation among these figures that are not explained by program size (ranging from $275 to $389).

TABLE 7. PER CHILD EXPENDITURES & PART C GRANT AWARDS

PROGRAM COHORT	AVERAGE ANNUAL EXPENDITURES	AVERAGE PART C GRANT AWARDS	AVERAGE NUMBER OF CHILDREN SERVED (UNDUPLICATED)	AVERAGE EXPENDITURES/CHILD	AVERAGE KDHE AWARD/CHILD
Very Small	$65,958	$8,294	19.3	$3,411	$429
Small	$144,267	$21,721	69.8	$2,067	$311
Medium	$370,509	$43,337	145.4	$2,549	$298
Large	$679,629	$98,720	258.7	$2,627	$382
Very Large	$1,876,057	$184,496	576.4	$3,255	$320
Largest	$4,029,695	$512,438	1663.5	$2,471	$313
STATEWIDE AVERAGES	**$814,629**	**$96,764**	**291.2**	**$2,912**	**$329**

Financial data from SFY 2017 revenue and expense data from KDHE.
Data on number of children served come from SFY 2017 and were pulled from the state ITS database on May 23, 2019.

Medicaid Revenues

It is worth specifically examining Medicaid revenues. The relatively small contribution of Medicaid program revenue (Table 8) appears to stand in stark contrast to the considerable number of Medicaid children served by tiny-k programs (50.4% of children served across the state). While the average cost to provide tiny-k services to a child is $2,797 a year, Medicaid reimbursement averages only $476 per child. As such, Medicaid revenues appear to pay only a fraction of the total cost for service for children covered by the program. This is particularly important to take into account given that the same dynamic is true for private insurance. In fact, private reimbursement is not included in these tables since only five programs reported any private insurance revenue in 2017. Generally, tiny-k programs do not bill private insurance companies, even though many of the families in the program do carry private insurance.

TABLE 8. MEDICAID REVENUE

(percentage of program expenditures & per child expenditures)

PROGRAM COHORT	MEDICAID (% OF TOTAL PROGRAM EXPENDITURES)	% CHILDREN SERVED WHO HAD MEDICAID	MEDICAID SPENDING PER MEDICAID CHILD (AVERAGE AND RANGE)	TOTAL EXPENDITURES PER CHILD (AVERAGE AND RANGE)
Very Small	9.9%	40.6%	$752 ($334-$1,923)	$3,092 ($2,485-$4,738)
Small	9.6%	47.8%	$431 ($121-$887)	$1,826 ($1,659-$1,909)
Medium	5.0%	39.2%	$333 ($188-$555)	$2,706 ($1,803-$6,466)
Large	7.2%	51.8%	$390 ($62-$682)	$2,631 ($1,888-$3,210)
Very Large	11.9%	67.1%	$612 ($388-$1,045)	$3,287 ($2,499-$4,826)
Largest	7.7%	40.7%	$473 ($420-$525)	$2,596 ($2,513-$2,687)
STATEWIDE AVERAGES	**8.6%**	**50.4%**	**$476**	**$2,797**

Financial data from SFY 2017 revenue and expense data from KDHE.
Data on percent of children served that had Medicaid come from SFY 2017 and were pulled from the state ITS database on May 23, 2019.

Expenditure Analysis

Staffing is clearly and consistently the single biggest expense for all programs across the state. Staff salaries comprise almost 70% of total expenditures (Table 9). Despite concerns about differing travel costs among rural and urban programs, travel costs are a relatively small program expense for all programs around the state regardless of the size of the program. Even for the four programs that serve vast, multi-county regions of the state (Southeast Kansas Birth to Three Program, Russell Child Development Center, Arrowhead West, and Northwest Kansas Educational Service Center) travel expenses comprise 4.9% of total program expenditures, a figure relatively close to the state mean.

TABLE 9. EXPENDITURE PERCENTAGES BY CATEGORY

PROGRAM COHORT	SALARIES	CONTRACTS	TRAVEL	OTHER	TOTAL
Very Small	71.4%	12.5%	2.5%	13.5%	100%
Small	53.3%	26.9%	7.9%	11.9%	100%
Medium	80.7%	5.1%	3.7%	10.6%	100%
Large	60.4%	17.9%	4.2%	17.4%	100%
Very Large	79.9%	3.3%	4.4%	12.4%	100%
Largest	57.6%	25.0%	3.2%	14.2%	100%
STATEWIDE AVERAGES	**69.2%**	**13.3%**	**4.0%**	**13.5%**	**100%**

Financial data from SFY 2017 revenue and expense data from KDHE.

Expenses

STAFFING IS
clearly and consistently
THE SINGLE BIGGEST EXPENSE
for all programs across the state.

Part C Funding Formula

One question frequently raised during the development of this needs assessment was the adequacy of the existing funding formula for Part C grants to the tiny-k programs. The current funding formula is based on numbers of live births and the annual count of children served by tiny-k programs. Tiny-k program coordinators were asked for recommendations to improve the funding formula. Themes among respondents included:

- Reconsideration of the use of live births, primary because of large fluctuations
- Weighting to account for the complexity of needs of children and families
- Weighting for small volume programs to account for their relatively high fixed costs
- Weighting for the geographic size of program service areas to account for higher travel costs (a respondent also said this should not be accounted for since travel is taken into account by Categorical Aid)
- Some accounting for referral and screening in the formula, since these constitute frequent, time-consuming activities for programs
- Some mechanism to build in additional funding for programs that are not linked to school districts, as they are penalized because they do not have equal access to Categorical Aid

CONCLUSION

ITS funding is a significant but relatively small portion of funding that finances tiny-k programs across the state, and these funds are distributed fairly consistently across programs when funding is compared to the number of children served and overall expenditures for tiny-k services among the programs in the state. As such, at present the current formula for allocation of ITS funding across the state's 33 tiny-k programs is reasonable and rational.

LIMITATIONS

This analysis of program revenues and expenses cannot directly address the question of overall adequacy of funding for the state ITS system and the state's tiny-k programs.

Recommendations

Some notable observations regarding Part C grant funding include:

- Part C grant funds awarded by KDHE cover about 12% of local tiny-k program expenditures, with considerable consistency across tiny-k programs. KDHE funding accounts for approximately $330 per tiny-k child, and what variation exists from program to program is not readily attributable to program size (i.e. small programs do not receive disproportionately more funding per child, which in theory could offset relatively higher fixed costs expected in smaller programs).
- IDEA requires Part C funds to be the "payor of last resort." In practice this is not the case. Specifically, Medicaid revenues appear to be far less than would be expected based on the percentage of children covered by Medicaid who participate in the program. This is also true of children with private insurance.

Twenty-two tiny-k programs participating in the tiny-k coordinator survey indicated they did not bill private insurance. Six programs recorded private insurance revenues in 2017, and private insurance revenues accounted for less than 2% of tiny-k program revenues statewide.

- Expenditures for travel (as a percentage of total expenditures) are fairly consistent across tiny-k programs regardless of rurality, size of service area, and children and families served (the relative amount of time invested in travel does tend to be higher in rural programs, although variation is found within rural programs and within programs serving more urban areas as well).

Kansas ITS should:

- Create a statewide working group to discuss examine ways to enhance reimbursement through third party insurers including Medicaid and private insurers. The Division of Health Care Finance at KDHE, the state Infant-Toddler Services Program, tiny-k program representatives (including representatives of lead and fiscal agents for the tiny-k programs), and other key stakeholders must all be engaged in a discussion around Medicaid to ensure optimal solutions can be achieved. Engaging private insurers is equally critical in discussions about third party billing and reimbursement.
- Pursue other program enhancements, including those recommended in this report, before considering changes to the Part C funding formula. Proposed changes to the funding formula that were discussed during the course of this needs assessment (program travel, program size, type of lead organization) would be unlikely to result in redistribution of program funding sufficient to drive marked overall improvements in quality, efficiency, etc. of the Infant-Toddler Services program statewide, absent other program changes. A more targeted and focused fiscal analysis including a detailed cost study could provide important baseline information for possible funding formula revisions in the future.

ITS SERVICE DELIVERY PRACTICES

INTRODUCTION/PURPOSE

The purpose of this section of the needs assessment is to examine the experience of children and families in the ITS system from the time they are identified as having potential needs for services, are evaluated for eligibility, enter the program, receive program services, and eventually exit the program on or before their third birthday.

METHODS

A variety of data and methods are utilized to describe the early intervention services provided to children and families who are served by the tiny-k programs around the state:

- Child find and referral to tiny-k (including findings from the developmental screening survey administered as part of this needs assessment)
- Program entry (data from the state ITS database)
- Planned services (aggregate data from the state ITS database pulled from Individual Family Service Plans)
- Service delivery (examined through a time study completed by 400 tiny-k staff and contractors across the state that provides insight into time spent on direct service and other supporting activities, as well as where services are provided)
- Program exit (data from the state ITS database)
- Comparison of children served to the total number of children in the eligible age range for tiny-k services

Collectively this information presents a rich picture of how services are provided and also highlights some of the variability seen among the tiny-k programs providing services across the state. Additional information on the findings presented in this section can be found in Technical Report, Section E (Program Entry/Exit Data), Section F (Developmental Screening Survey), Section G (Planned Services of tiny-k Programs), and Section H (tiny-k Time Study Analysis).

RESULTS

Child Find and Referral to tiny-k

A wide array of efforts are made at the local level to identify children who qualify to receive Infant-Toddler Services (ITS). Tiny-k programs all are engaged in activities referred to as "child find" that seek to create public awareness of early intervention services and provide mechanisms for parents and other community members to understand how to refer children and families to the tiny-k program. Some of the more common "child find" activities include screenings at local events; disseminating information about services through partner organizations like doctors' offices, daycares, health departments, etc.; community service announcements in local media; social media; and more.

"Child Find"

Activities that tiny-k programs participate in to help **BUILD AWARENESS OF TINY-K SERVICES** available to children and families.

Many children are referred for evaluation by local service agencies including health care clinics, public health agencies, child welfare agencies, social service providers like homeless and domestic violence shelters, and other local partner organizations (Technical Report, Section E provides data on referrals by source). One specific question this needs assessment sought to examine was what screening practices are being conducted for possible developmental delays among potential tiny-k referral sources. For many, results of a validated developmental screening tool often provide an entry point to vital early intervention services. As such, the Kansas early childhood system has made a significant investment in building an effective and efficient system of developmental screening. Evidence-based screening tools including the ASQ-3™ and ASQ:SE-2™ have been widely promoted by many stakeholders in the state's early childhood programs. However, despite these efforts, there are still significant opportunities to improve screening practices in the state, as only two-fifths of Kansas children between the ages of 9-35 months received a parent-completed developmental screening in 2016 (CAHMI, 2017).

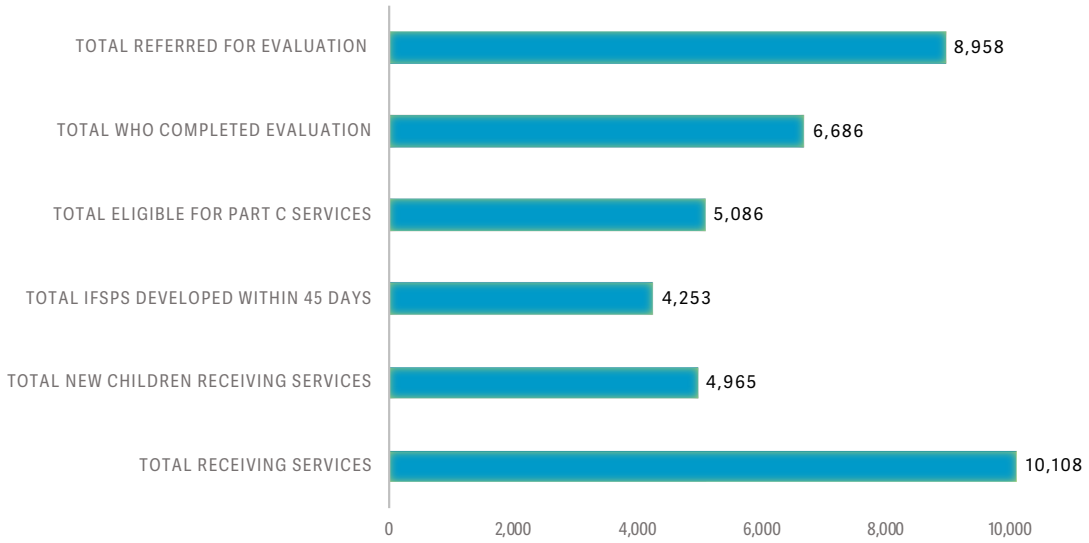
A large majority of early childhood partners conduct developmental screening to identify potential delays, and therefore are often catalysts for referral to early intervention services. As such, as part of this needs assessment a developmental screening survey was developed to better understand screening practices and barriers to screening across the state. Surveys were collected online through Qualtrics from November 2018 through April 2019. The survey was distributed to providers statewide by tiny-k program coordinators and through many statewide professional provider networks. A total of 550 surveys were used for the analysis. In general, a high percentage of respondents (about 90%) indicated the use of a validated developmental screening tool. However, use of validated screening tools among those affiliated with child care settings were lower than other types of organizations, as use of validated tools was reported by only 69.4% of the 72 respondents affiliated with child care programs. Of all respondents, 11.5% also indicated they did not use developmental screening tools.

When asked about actions they took after a screening indicated a young child potentially needed more support for one or more developmental delays, referral to a tiny-k program was the highest response (77.4% of responses). Rates of referral to tiny-k programs did not differ substantially between urban, semi-urban, densely-settled rural, and rural areas (ranging between 74.6% to 77.5%), with frontier areas having a slightly higher rate of referrals (87.5%). While referrals to tiny-k were the most frequently cited action in cases of positive screening results, these results suggest there are still opportunities to improve referral rates to tiny-k. More results from the developmental screening survey are included in Technical Report, Section F.

Program Entry

In SFY 2019 (as of June 24, 2019), a total of 8,958 children and families were referred for evaluation to the ITS program (Figure 16). Of these, 75% were evaluated (see Figure 16). Reasons evaluations were not conducted include not being able to locate a family, having a family move, having a family refuse evaluation, etc. Of children evaluated, 5,086 were eligible for Part C services, and 4,965 new children actually received services during the fiscal year. More data on Program Entry (including statistics for individual programs) is found in Technical Report, Section E.

FIGURE 16. **CHILDREN ENTERING PART C: STATEWIDE UNDUPLICATED COUNTS SFY 2019**



See data table for Figure 16. Children Entering Part C: Statewide Unduplicated Counts SFY 2019 on page 62.
SFY 2019 Entry/Exit Data pulled from state ITS database on June 24, 2019.

Program Services

An Individualized Family Service Plan (IFSP) is a dynamic, personalized document used to plan the services a child will be provided by a tiny-k program, created by tiny-k staff and the family working as equal partners. For Kansas Infant-Toddler Services (ITS), child IFSPs include data on all 17 Part C services, and the state ITS database keeps record of the IFSPs for all children in the ITS system. In order to address the intent of Congress to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay, each local tiny-k program is expected to have an implementation plan for provide all seventeen of the following services required in the federal statute:

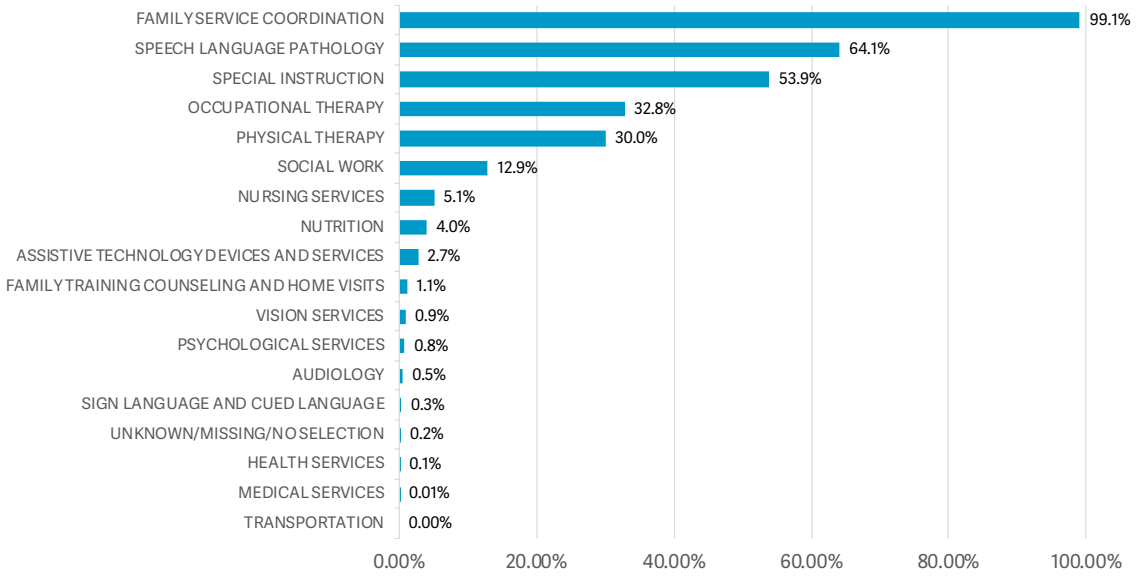
- Assistive Technology Devices and Services
- Audiology
- Family Training Counseling and Home Visits
- Health Services
- Medical Services
- Nursing Services
- Nutrition
- Occupational Therapy
- Physical Therapy
- Psychological Services
- Family Service Coordination
- Sign Language and Cued Language
- Social Work
- Special Instruction
- Speech Language Pathology
- Transportation
- Vision Services

Data for program services come from two different sources: statewide ITS database statistics for SFY 2019, which are based on planned services in each child's Individual Family Service Plan (IFSP) and the two-week program time study conducted in early 2019.

Planned Services (from IFSPs)

Figure 17 shows information on the 17 federally-mandated ITS services from IFSPs in the ITS database that had any services planned during SFY 2019. Figure 17 shows that nearly 100% of children have Family Service Coordination explicitly addressed in their IFSP, as would be expected. Speech language pathology, special instruction, occupational therapy, and physical therapy are the next most common services included in IFSPs.

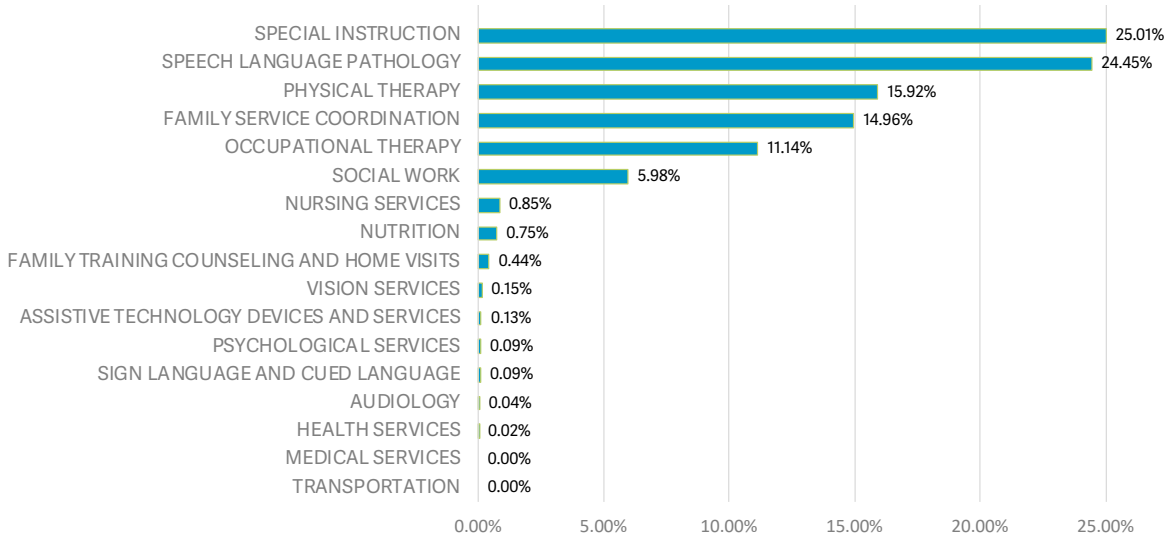
FIGURE 17. **STATEWIDE PERCENT OF CHILDREN WITH THIS SERVICE TYPE IN THEIR IFSP, SFY 2019**



See data table for Figure 17. Statewide Percent of Children with this Service Type in their IFSP, SFY 2019 on page 62.
Counts of children per service type and total served in SFY 2019 were pulled from the state ITS database on June 24, 2019.

Figure 18 provides information from IFSPs for all children statewide on the planned allocation of time by service. Statewide, about one-fourth of all time is allocated to special instruction and another one-fourth to speech language pathology. Family Service Coordination, while offered to every child and family, comprises less time (approximately 15%). Other commonly planned services are physical therapy, occupational therapy, and social work. All other services are expected to be offered less frequently (less than 1% of time statewide). Patterns of planned care are relatively consistent across programs, although some variation is found among some programs (see Technical Report, Section G for more discussion of program variation).

FIGURE 18. **PERCENT OF PLANNED TIME BY SERVICE TYPE, SFY 2019**



See data table for Figure 18. Percent of Planned Time by Service Type, SFY 2019 on page 62.
Counts of minutes per year per service type for SFY 2019 were pulled from the state ITS database on July 15, 2019.

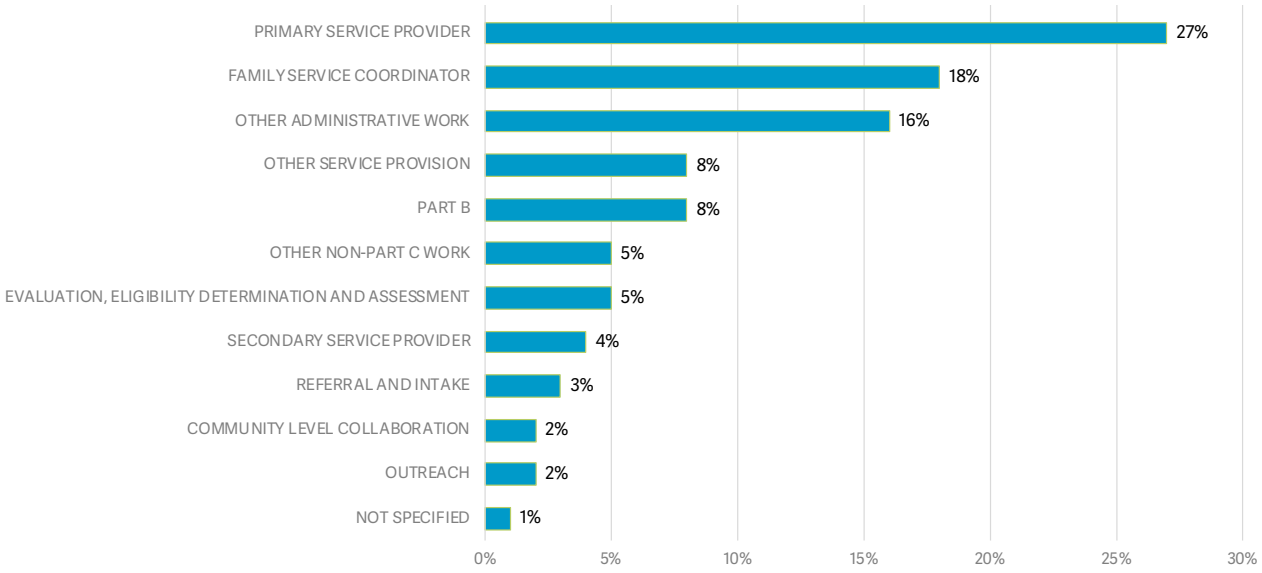
Time Study

The comprehensive tiny-k staff/contractor time study conducted as part of this needs assessment resulted in the collection of over 24,000 hours of data over a two-week time span from 400 tiny-k staff and contractors, which provides rich and detailed insight into how tiny-k services at rendered are the local level. A thorough presentation of time study results can be found in Technical Report, Section H.

Time by Category

A key goal statewide is to provide early intervention services in natural environments using a Primary Service model. Figure 19 shows that the most time (27%) documented by tiny-k providers was spent as a Primary Service Provider, followed by Family Service Coordination (18%) and "other" administrative work (16%). Many ITS staff split time between ITS and Part B work. Staff and contractors who provide ITS spent 8% of their time, on average, providing Part B services.

FIGURE 19. PERCENT OF TIME BY CATEGORY



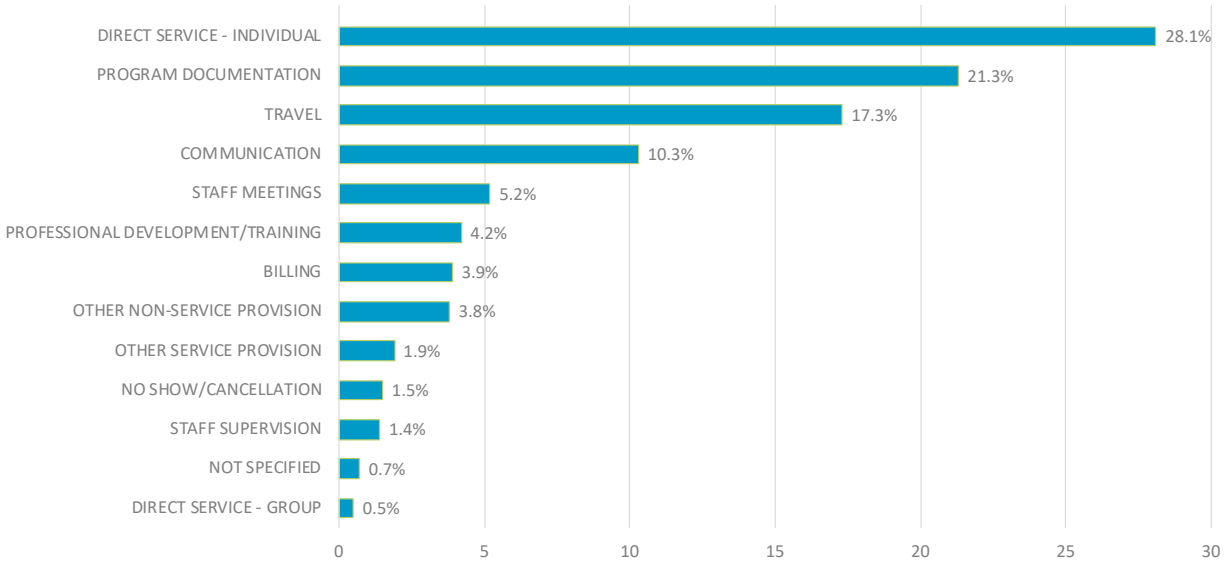
See data table for Figure 19. Percent of Time by Category on page 63. Time Study data (reported hours) collected in February and March 2019.

Time by Activity

In addition to the broad categories examined above, participants also coded time by specific activities, including direct service (both individual and group), communications, documentation and billing, staff supervision, professional development, and others (Figure 20). Time spent by activity was analyzed only for appropriate Part C work to make comparisons across programs based only on services rendered to children and families in the tiny-k program (see Technical Report, Section H).

Direct service was the most common activity, with direct service to individual children and families comprising 28.1% of total Part C time. Program documentation (21.3%), travel (17.3%), and communications (10.3%) were the next most documented activities.

FIGURE 20. PERCENT OF TIME BY ACTIVITY



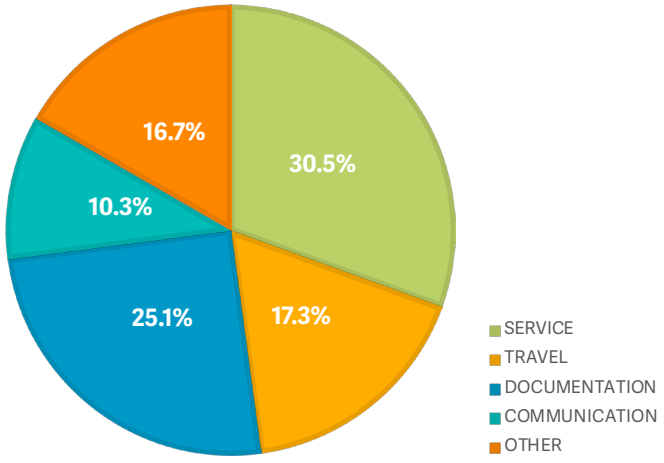
See data table for Figure 20. Percent of Time by Activity on page 63. Time Study data (reported hours) collected in February and March 2019.

To examine differences in the allocation of time between the individual tiny-k programs, some activities were combined for analysis. The combined categories used were:

- **Service**
  Direct Service: Individual
  Direct Service: Group
  Direct Service: Other Service Provision
- **Travel**
- **Communication**
- **Documentation**
  Program Documentation, Billing
- **Other**
  Staff Supervision, No Show/Cancellation, Professional Development/Training, Staff Meetings, Other Non-Service Provision

Using these combined activities, Figure 21 shows the statewide allocation of staff/contractor time.

FIGURE 21. PERCENT OF TIME BY ACTIVITY GROUP



Time Study data (reported hours) collected in February and March 2019.

Table 10 shows time allocation across all participating programs.

TABLE 10. PERCENT OF TIME BY ACTIVITY GROUP BY TINY-K PROGRAM

PROGRAM	SERVICE	TRAVEL	DOCUMENTATION	COMMUNICATION	OTHER	TOTAL
KS01 ARROWHEAD WEST	36.8%	19.8%	16.9%	11.6%	15.0%	100.0%
KS02 BUTLER CO-RUI	21.2%	17.2%	30.4%	20.1%	11.0%	100.0%
KS03 RUSSELL CDC	24.6%	17.5%	20.9%	7.9%	29.1%	100.0%
KS05 OCCK (CLOUD REPUBLIC)	20.3%	31.2%	19.1%	3.1%	26.2%	100.0%
KS06 OCCK (DICKINSON)	27.5%	29.4%	23.7%	10.5%	8.9%	100.0%
KS07 DOUGLAS CO	30.5%	15.2%	32.1%	8.1%	14.0%	100.0%
KS09 NKESC (NW)	32.2%	25.6%	13.3%	6.4%	22.5%	100.0%
KS10 NEKITS	24.5%	28.6%	13.5%	16.8%	16.5%	100.0%
KS11 FLINT HILLS	30.3%	22.4%	9.1%	6.3%	31.8%	100.0%
KS12 GEARY CO	38.7%	18.8%	20.7%	8.1%	13.7%	100.0%
KS13 HARVEY CO	24.8%	7.1%	24.9%	9.9%	33.3%	100.0%
KS14 HAYS	50.4%	14.8%	19.5%	3.4%	11.9%	100.0%
KS15 SALINA ICD	29.8%	9.0%	34.9%	9.9%	16.4%	100.0%
KS16 JOHNSON CO	35.1%	16.1%	23.2%	12.6%	13.1%	100.0%
KS17 RILEY CO	28.6%	13.9%	33.9%	9.4%	14.1%	100.0%
KS18 J-L-M	25.6%	15.5%	45.9%	3.2%	9.9%	100.0%
KS19 KID-LINK/DSNWK	17.8%	16.2%	31.7%	21.3%	13.0%	100.0%
KS21 LEAVENWORTH CO	22.4%	16.6%	21.5%	4.7%	34.8%	100.0%
KS22 MARION CO	27.7%	15.0%	18.8%	16.2%	22.3%	100.0%
KS23 MCKIDS	33.4%	15.5%	22.7%	6.7%	21.7%	100.0%
KS26 OWIT	35.5%	26.0%	25.8%	8.5%	4.1%	100.0%
KS28 POTT-WAB	40.1%	16.8%	32.8%	4.0%	6.3%	100.0%
KS30 REACH	31.5%	15.7%	28.6%	7.0%	17.2%	100.0%
KS31 RENO CO	36.5%	15.5%	32.4%	3.0%	12.6%	100.0%
KS32 SEDGWICK CO-RUI	29.3%	20.4%	25.2%	11.0%	14.1%	100.0%
KS33 TARC TINY-K	35.7%	11.3%	23.6%	9.5%	19.9%	100.0%
KS34 SEK BIRTH TO THREE	29.9%	24.8%	24.8%	10.3%	10.2%	100.0%
KS35 SUMNER CO	32.9%	26.2%	14.6%	2.3%	24.1%	100.0%
KS36 SUNFLOWER	24.8%	19.7%	27.0%	7.9%	20.6%	100.0%
KS37 WYANDOTTE CO	29.0%	9.9%	31.9%	12.1%	17.1%	100.0%
KS38 PONY EXPRESS	23.4%	14.0%	39.5%	9.0%	14.2%	100.0%
STATEWIDE	**30.5%**	**17.3%**	**25.1%**	**10.3%**	**16.7%**	**100.0%**

Time Study data (reported hours) collected in February and March 2019.

Substantial variation is seen among programs, but in general this variation could not be attributed to specific program characteristics such as program size (children served or budget), service area, rural/urban, organizational type, etc. A review of Table 10 shows that:

- **Service** Programs vary from 17% to 50%. Programs where service comprises less than 25% of total time are common (9 programs), while there are only two programs where staff allocate over 40% of time to service provision.
- **Travel** Travel constitutes a significant portion of tiny-k staff time. This is true of both rural and urban programs (in fact, rurality does not appear to be a primary factor influencing the amount of time spent traveling).There is a three-fold variation in time allocated to travel among those programs serving more rural (frontier, rural, and densely-settled rural) populations (9-31%) and also substantial variation among those programs serving semi-urban and urban areas (7-26%). In a program whose model is based on service provision in homes and other natural environments, it is not surprising to find that travel constitutes a substantial amount of tiny-k providers' time.
- **Documentation** There is substantial variation among documentation, as well. What is perhaps most notable is the relatively large percentage of time devoted to documentation among many programs. The staff of more than 14 tiny-k programs participating in the time study (close to half of programs) spend over 25% of their time engaged in documentation.
- **Communication** Communication is a relatively smaller allocation for most programs, and also shows considerable variability (2.3% - 21.3%).

TABLE 11.

COMPARISON OF SERVICE TIME, CHILDREN SERVED, AND PROGRAM EXPENDITURES AS PERCENTAGES OF STATEWIDE TOTALS

PROGRAM	TIME SPENT IN DIRECT SERVICE *% of state total**	CHILDREN SERVED *% of state total***	TINY-K ANNUAL PROGRAM EXPENDITURES *% of state total****
KS01 ARROWHEAD WEST	3.3%	3.0%	3.3%
KS02 BUTLER CO-RUI	1.9%	2.5%	2.6%
KS03 RUSSELL CDC	6.1%	5.6%	6.7%
KS05 OCCK (CLOUD REPUBLIC)	0.3%	0.6%	0.5%
KS06 OCCK (DICKINSON)	0.9%	0.9%	0.6%
KS07 DOUGLAS CO	2.0%	2.8%	2.2%
KS09 NKESC (NW)	1.6%	0.9%	1.1%
KS10 NEKITS	2.4%	2.9%	2.5%
KS11 FLINT HILLS	1.2%	1.2%	1.6%
KS12 GEARY CO	2.3%	2.6%	1.8%
KS13 HARVEY CO	1.0%	0.7%	1.0%
KS14 HAYS	1.9%	1.1%	1.3%
KS15 SALINA ICD	5.4%	3.7%	5.5%
KS16 JOHNSON CO	15.9%	18.9%	15.1%
KS17 RILEY CO	1.3%	2.0%	1.4%
KS18 J-L-M	0.4%	0.4%	0.2%
KS19 KID-LINK/DSNWK	1.1%	0.9%	1.5%
KS21 LEAVENWORTH CO	1.7%	2.5%	1.7%
KS22 MARION CO	0.4%	0.3%	0.3%
KS23 MCKIDS	0.9%	1.0%	0.5%
KS25 THREE LAKES-OS CO		0.8%	0.6%
KS26 OWIT	0.7%	0.9%	0.5%
KS28 POTT-WAB	1.3%	1.0%	1.0%
KS29 PRAIRIE BAND		0.1%	0.2%
KS30 REACH	1.2%	1.2%	1.5%
KS31 RENO CO	4.0%	3.3%	2.7%
KS32 SEDGWICK CO-RUI	14.1%	15.6%	14.9%
KS33 TARC TINY-K	10.8%	8.3%	9.5%
KS34 SEK BIRTH TO THREE	7.8%	6.9%	6.9%
KS35 SUMNER CO	0.6%	0.7%	0.5%
KS36 SUNFLOWER	1.7%	1.6%	1.9%
KS37 WYANDOTTE CO	4.9%	5.8%	6.3%
KS38 PONY EXPRESS	1.0%	0.9%	1.3%
STATEWIDE TOTAL	**100.0%**	**100.0%**	**100.0%**

** Time Study data collected in February and March 2019.*

*** Counts of children receiving services in SFY 2019 pulled from state ITS database on June 24, 2019.*

**** SFY 2017 revenue and expense data from KDHE.*

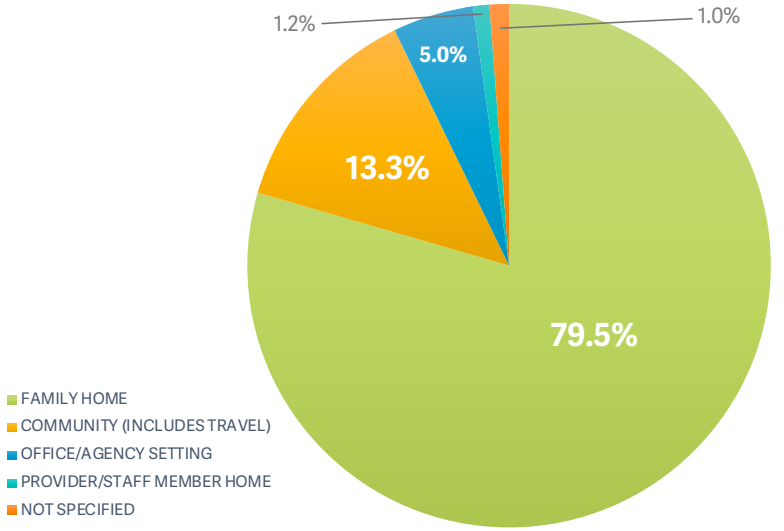
Service per Program as a Percent of all tiny-k Services (Statewide)

Time allocated to service provision was also examined. Table 11 includes the percent of children served and total program expenditures (also as a percentage of the state total). There is substantial consistency across programs, with the percentage of direct service aligning closely to the percentage of children served and the percentage of total tiny-k expenditures.

Allocation of Direct Service by Location

The goal of ITS is to provide services in natural environments (family homes and appropriate community-based settings), so direct services were further evaluated by examining what locations were recorded in association with direct service. In total, 79.5% of direct service occurred in the home (Figure 22). Nationally in 2016, 88.9% of children received Part C services primarily in the home (ED, 2018a). Table 12 presents this data by program.

FIGURE 22. LOCATION OF DIRECT SERVICE PROVISION (STATEWIDE AVERAGES)



Time Study data (reported hours) collected in February and March 2019.

TABLE 12. LOCATION OF DIRECT SERVICE PROVISION BY PROGRAM

PROGRAM	FAMILY HOME	COMMUNITY (INCLUDES TRAVEL)	OFFICE/AGENCY SETTING	PROVIDER/STAFF MEMBER HOME	NOT SPECIFIED
KS01 ARROWHEAD WEST	76.1%	11.3%	8.8%	0.0%	3.8%
KS02 BUTLER CO-RUI	84.2%	12.0%	1.5%	0.0%	2.2%
KS03 RUSSELL CDC	77.0%	6.4%	14.7%	0.0%	1.9%
KS05 OCCK (CLOUD REPUBLIC)	94.6%	5.4%	0.0%	0.0%	0.0%
KS06 OCCK (DICKINSON)	84.6%	11.5%	3.8%	0.0%	0.0%
KS07 DOUGLAS CO	81.9%	16.5%	1.0%	0.6%	0.0%
KS09 NKESC (NW)	75.4%	20.5%	2.3%	1.8%	0.0%
KS10 NEKITS	94.2%	5.8%	0.0%	0.0%	0.0%
KS11 FLINT HILLS	73.9%	14.3%	9.1%	2.6%	0.0%
KS12 GEARY CO	91.4%	5.6%	3.0%	0.0%	0.0%
KS13 HARVEY CO	77.1%	0.0%	22.9%	0.0%	0.0%
KS14 HAYS	70.8%	7.3%	21.8%	0.0%	0.0%
KS15 SALINA ICD	74.2%	18.4%	7.1%	0.3%	0.0%
KS16 JOHNSON CO	81.6%	12.0%	0.3%	5.4%	0.6%
KS17 RILEY CO	85.5%	14.5%	0.0%	0.0%	0.0%
KS18 J-L-M	72.9%	10.4%	16.7%	0.0%	0.0%
KS19 KID-LINK/DSNWK	79.5%	5.3%	13.4%	0.4%	1.4%
KS21 LEAVENWORTH CO	77.3%	22.7%	0.0%	0.0%	0.0%
KS22 MARION CO	72.5%	22.0%	0.0%	5.5%	0.0%
KS23 MCKIDS	92.0%	4.7%	3.3%	0.0%	0.0%
KS26 OWIT	96.1%	3.9%	0.0%	0.0%	0.0%
KS28 POTT-WAB	72.5%	8.7%	18.9%	0.0%	0.0%
KS30 REACH	91.3%	3.0%	5.7%	0.0%	0.0%
KS31 RENO CO	65.3%	29.1%	5.0%	0.4%	0.1%
KS32 SEDGWICK CO-RUI	82.8%	16.5%	0.6%	0.1%	0.0%
KS33 TARC TINY-K	74.3%	14.6%	9.8%	0.7%	0.6%
KS34 SEK BIRTH TO THREE	85.0%	6.8%	0.9%	1.3%	6.0%
KS35 SUMNER CO	97.8%	0.0%	2.2%	0.0%	0.0%
KS36 SUNFLOWER	76.9%	18.7%	2.9%	1.5%	0.0%
KS37 WYANDOTTE CO	73.8%	20.7%	5.2%	0.2%	0.0%
KS38 PONY EXPRESS	77.8%	11.3%	10.9%	0.0%	0.0%
STATEWIDE	**79.5%**	**13.3%**	**5.0%**	**1.2%**	**1.0%**

Time Study data (reported hours) collected in February and March 2019.

Children Served in the tiny-k Program Service Areas

Based on program data for the number of children served (SFY 2017) and 2017 census data, an estimated 8% of children younger than 3 years of age receive tiny-k services in Kansas (Table 13). When estimates are examined at the tiny-k program level, some variation is observed. Twelve programs are estimated to see 10% or more of children birth to 3 in their service area. These programs are both urban and rural and large and small (both geographically and in number of children and families served).

TABLE 13. **PERCENT OF POPULATION UNDER 3 YEARS SERVED BY PART C, 2017**

PROGRAM	CHILDREN UNDER 3 YEARS (ACS17)	CHILDREN SERVED (SFY17)	% OF TOTAL POPULATION UNDER 3 YEARS SERVED BY PART C
KS01 ARROWHEAD WEST	4,303	287	6.7%
KS02 BUTLER CO-RUI	2,229	237	10.6%
KS03 RUSSELL CDC	4,572	568	12.4%
KS05 OCCK (CLOUD REPUBLIC)	644	50	7.8%
KS06 OCCK (DICKINSON)	763	80	10.5%
KS07 DOUGLAS CO	3,648	294	8.1%
KS09 NKESC (NW)	1,520	100	6.6%
KS10 NEKITS	2,956	300	10.1%
KS11 FLINT HILLS	1,813	125	6.9%
KS12 GEARY CO	3,466	245	7.1%
KS13 HARVEY CO	1,281	88	6.9%
KS14 HAYS	1,151	112	9.7%
KS15 SALINA ICD	2,947	352	11.9%
KS16 JOHNSON CO	22,498	1,708	7.6%
KS17 RILEY CO	2,661	205	7.7%
KS18 J-L-M	413	26	6.3%
KS19 KID-LINK/DSNWK	1,021	68	6.7%
KS21 LEAVENWORTH CO	2,936	218	7.4%
KS22 MARION CO	388	18	4.6%
KS23 MCKIDS	1,191	109	9.2%
KS25 THREE LAKES-OS CO	683	84	12.3%
KS26 OWIT	499	69	13.8%
KS28 POTT-WAB	1,077	98	9.1%
KS29 PRAIRIE BAND	82	14	17.1%
KS30 REACH	1,369	137	10.0%
KS31 RENO CO	1,995	279	14.0%
KS32 SEDGWICK CO-RUI	22,464	1,559	6.9%
KS33 TARC TINY-K	6,740	752	11.2%
KS34 SEK BIRTH TO THREE	8,321	569	6.8%
KS35 SUMNER CO	749	66	8.8%
KS36 SUNFLOWER	1,692	155	9.2%
KS37 WYANDOTTE CO	8,441	641	7.6%
KS38 PONY EXPRESS	798	94	11.8%
STATEWIDE UNDUPLICATED TOTAL	**117,311**	**9,553**	**8.1%**

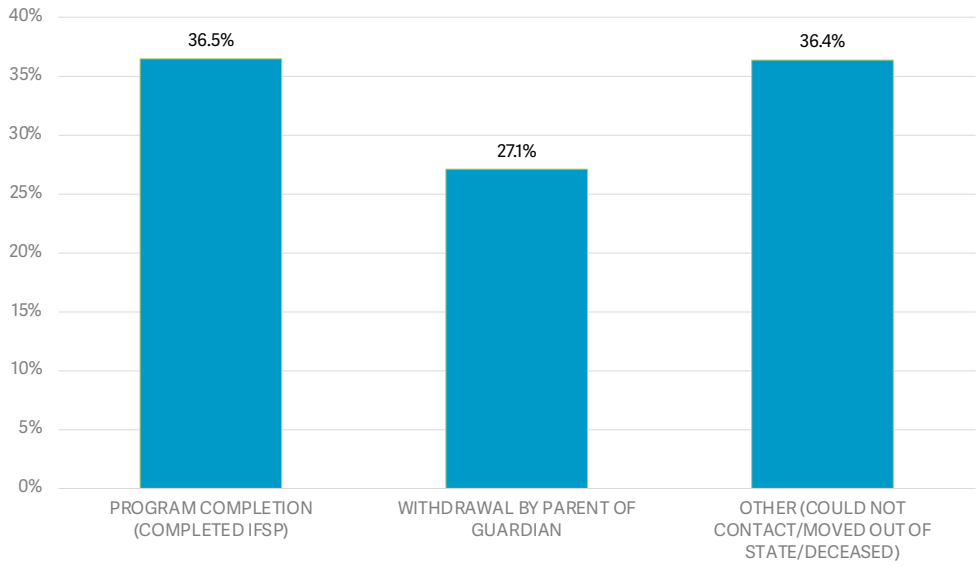
When census and Part C data are compared, 2017 is used to match the most recent census data available. Census data comes from the 2017 5-year American Community Survey (ACS17) estimates. SFY 2017 demographic data was pulled from the state ITS database on May 23, 2019 (SFY17).

Program Exit

Children and their families may exit the program prior to age 3, or upon their 3rd birthday when they are no longer eligible for program services.

Figure 23 provides information on exits prior to reaching age 3. Over one-third (36.5%) of children exit the program because they have completed their IFSP and are no longer considered in need of Part C services. The percentage of children who are withdrawn by a parent or guardian is 27.1%, and 36.4% leave the program for other reasons.

FIGURE 23. **CHILDREN EXITING PART C BEFORE AGE 3: STATEWIDE UNDUPLICATED PERCENTAGES, SFY 2019**

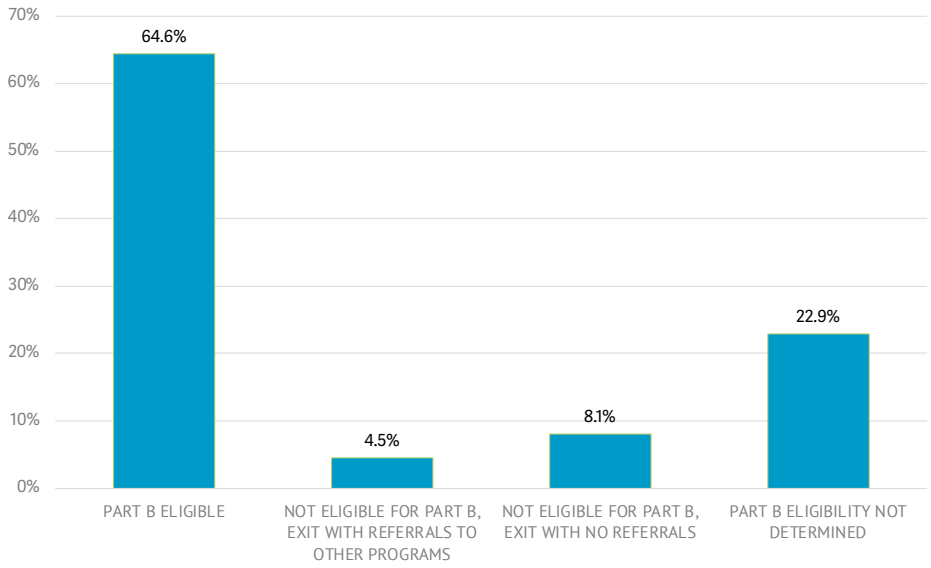


SFY 2019 entry/exit data pulled from state ITS database on June 24, 2019.

When looking at exit data for children reaching age 3 (Figure 24), almost two-thirds (64.6%) are determined to be Part B eligible, slightly less than in the two previous years (SFY 2017 = 75.1%; SFY 2018 = 66.3%). This differs from national data (ED, 2018a) that shows that 36.4% of the children who exit Part C are eligible for Part B.

Almost one in four Kansas children (22.9%) exit Part C without having their Part B eligibility determined. The 2019 percentage was higher than the national figure cited in the 2010 IDEA report (11.2%) (ED, 2018a) and higher than the two previous SFYs for Kansas (SFY 2017 = 12.1%; SFY 2018 = 20.0%). This high percentage may warrant additional examination.

FIGURE 24. **CHILDREN EXITING PART C AT AGE 3: STATEWIDE UNDUPLICATED PERCENTAGES, SFY 2019**



SFY 2019 entry/exit data pulled from state ITS database on June 24, 2019.

LIMITATIONS

The way time per service is tracked in the state ITS database changed in July of 2018. This change allowed for the analysis conducted here, but the analysis could not be carried further back in time. The time study represented a two-week window of time and thus was subject to potential effects of seasonality, provider schedules, etc. The developmental survey was distributed through multiple methods and a true response rate could not be calculated. Response rates were lower among some provider types than others.

Recommendations

Developmental Screening

There were respondents that indicated they used screening tools that are not considered reliable and valid, and respondents who indicated they do not use any type of developmental screening tool. There was comparatively low use of screening tools by child care providers.

There were many providers who indicated they did not have toolkits for ASQ-3, ASQ-2, and other developmental screening tools.

- Kansas ITS and local tiny-k programs should work with initiatives such as Early Childhood Comprehensive Systems (ECCS) and Help Me Grow (HMG), and statewide and local partners, to promote the use of reliable, valid developmental screening tools. Specific targeting of child care providers appears to be warranted. This may result in more referrals to tiny-k programs.

Program Operations

The time study, while limited to a two-week window of time, provided valuable insight into the efforts of tiny-k programs to provide services to children and families across the state. Some of the notable findings included:

- Hours of direct service of programs correlated closely to the number of children served and overall program expenditures
- Travel comprised a significant amount of time (and was variable among programs), but was not demonstrably higher in rural or urban programs
- Documentation accounted for about 25% of staff and contractor time (higher in some programs)
- Some programs recorded very little direct service for some service types during the study (this could be due to the limited window of data collection, but could be examined further through means other than a time study)

Kansas ITS should:

- Conduct additional analysis to better understand documentation processes among tiny-k programs and examine barriers to efficient, effective documentation efforts. Findings should be used to develop new training and technical assistance offerings to help programs streamline and enhance documentation processes.
- Further examine tiny-k programs whose time studies revealed possible gaps in service provision. Other methods, such as examination of billing records, could provide insight into the range and extent of services provided by the tiny-k programs around the state.

FAMILY, COMMUNITY & PROGRAM EXPERIENCES with the INFANT-TODDLER SERVICES SYSTEM in KANSAS

INTRODUCTION/PURPOSE

An important part of this statewide Infant-Toddler Services needs assessment was capturing insights regarding the ITS Program from program participants — including parents, tiny-k staff and other providers, and any community member concerned about young children in their community — through a variety of means. The goal was to capture as much information as possible in the participants' voices as an important supplement to the enormous amount of quantitative data captured.

METHODS

Two primary methods were used to collect information for this section:

- **SenseMaker®.** A narrative-based research methodology that enabled the collection of experiences in the form of narrative stories along with answers to a follow-up set of questions based on predefined topics of interest. The questions allow a respondent to "self analyze" his or her own story. The system is an ideal mechanism for recognizing patterns and trends in perceptions, behaviors, and relationships. Experiences were collected from anyone with a story to tell, and they were asked to identify as a provider or family member.
- **Tiny-k Program Coordinator Surveys.** Local program coordinators' recorded their perceptions about the strengths and weaknesses of the program statewide. The survey consisted of multiple-choice and other "forced response" questions and open-ended questions for coordinators to provide broad input based on their most important issues.

Some key findings from both methods are presented in this section of the report, and in more detailed individual reports in Technical Report, Section D (Program Coordinator Survey) and Section I (SenseMaker® Emerging Patterns Report).

RESULTS

SenseMaker® Findings

A total of 492 experiences were shared, including 336 from providers and 156 from family members. Most experiences were characterized by a positive (30.7%) or strongly positive (55.3%) emotional tone. Only 7.3% of experiences shared were categorized by respondents as negative or strongly negative.

The vast majority of respondents were white (92.6%) and female (96.7%). Children identified in the story were covered by private insurance in 46.1% of experiences and by Medicaid in 36.5%. Well over 9 in 10 children (93.1%) were birth to 3 years of age at the time of the story. Tiny-k programs were specifically referenced in 58% of responses, although many other experiences referred to providers that may have been affiliated with a tiny-k program.

The greatest value of SenseMaker® lies in the dialogue it can facilitate among project stakeholders who are able to examine and discuss patterns in data based on the unique approach offered through the system's analytic tools. However, there were certain observations made the by needs assessment team when reviewing the narrative data:

- A high percentage (well over one third) of stories described improvement by a child, sometimes to the point of transitioning out of services.

> "I am a home visitor with [PROGRAM]. I was working with a family with a 2 year old. The mother was really concerned about a speech delay with her 2 year old son. She was not very confident in her ability to help him in this area. After completing an ASQ:3 screening, I was able to show her that he was not communicating as well as he should compared to other children his age. I discussed how the tiny-k program worked and she agreed to a referral and her son qualified for speech services. It was very rewarding to see her confidence level in helping her son acquire language increase as she worked with the tiny-k SLP. Due to that partnership and the skills tiny-k taught to that family, this little boy was able to catch up developmentally by age 3."

- Many stories described a parent(s) active role in a child's care, and the confidence, knowledge, and skills they developed to foster their child's growth and development.
- There were many stories where a tiny-k program helped connect child/family to appropriate services, and/or advocated for the family. One such story was:

> "This experience is about an infant I was asked to see because he was not gaining weight. Developmentally he was falling behind. He was having difficulty with oral feeding and issues with retention of the amount he did consume. Initially, his weekly weights showed no expected growth changes. After several attempts at nutritional improvement and a mother who was very frustrated with the medical system and what she felt was the lack of action on their part, I made two visits to the doctors office with this mom. I showed the doctor my data and what we as a team were trying to accomplish. This child was not able to participate because of poor nutrition. The physician listened and with the mother decided a gastrostomy tube would be appropriate at that time. The procedure was arranged. As a result of the insertion of the G-Tube, this child began to flourish and grow, becoming more active and meeting developmental milestones."

- There were also stories where families were hesitant or refused to accept services, or would not accept recommendations the provider believed would benefit the child.

In addition to these general themes, the patterns revealed in some of the follow-up questions also provide some insight into issues of importance to the tiny-k program. For example, one of the follow-up questions asks who people relied on in the experiences they shared. The question was posed in the form of a "triad" that allows respondents to place a marker somewhere between three responses (Figure 25). The three responses offered for this question were

professionals, self, and friends/family/community. The place where respondents place the marker provides a relative sense of who the storyteller relied upon the most. The larger triads in Figure 25 below show where respondents placed their marker, while the smaller triangles in the upper right show how many actual responses are found in different areas of the triangle. In the question (Triad A), one can see that both providers and families were more likely to choose a response where reliance on professionals was greater than reliance on self or friends/family/community (in SenseMaker® we say answers are "indexed"towards professionals).

Triad B examines responses to the question who/what families relied on when things got tough. Providers were far more likely to say that, when things got tough, families relied more on support from others than on effort and hard work, or on hope for the future. Families, in contrast, were nearly as likely to say they relied on effort and hard work as they were to say they relied on support from others.

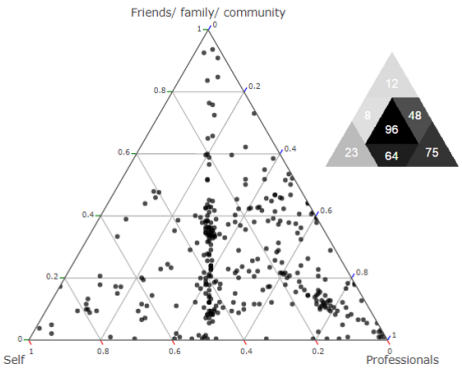
FIGURE 25. **TRIADS**

A system of response gathering that allows respondents to place a marker in answer to a question within three response choices

Triad A: "Who People Relied Upon"

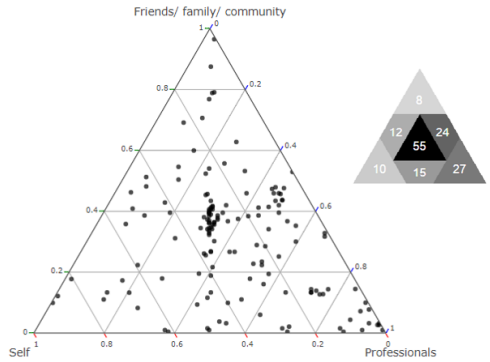
PROVIDERS

Indexed toward relying on professionals.



FAMILIES

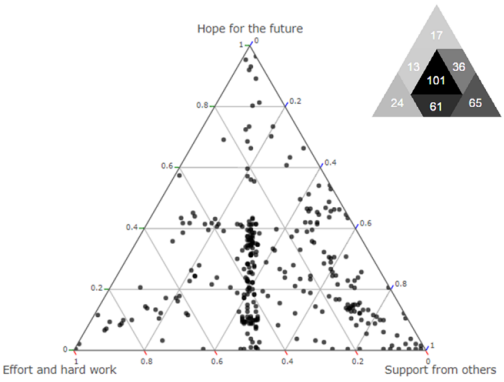
Indexed centrally with some tendencies toward professionals.



Triad B: "When Things Got Tough, Families Relied On"

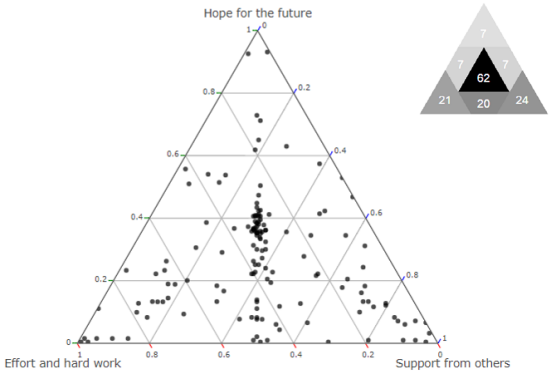
PROVIDERS

Indexed centrally, but with more weight distributed to support from others.



FAMILIES

Indexed centrally, but weight distributed between support from others and effort and hard work.



Another type of follow-up question used by SenseMaker® is referred to as a dyad. Dyads ask respondents to place their response between two "extreme" responses to a question. No specific examples of dyads are included here. A full report of SenseMaker® findings is included in the Technical Report, Section I.

Program Coordinator Survey Findings

Twenty-nine surveys were collected anonymously from among the 33 tiny-k networks. Questions covered:

- Program support
- Part C grant application
- Infant-Toddler Services (ITS) database
- Recruitment & retention of staff and contractors
- Billing and reimbursement
- The process of this Part C needs assessment

For nearly all questions, a majority of responses were favorable. Many tiny-k coordinators had positive comments about program evaluations, communications, training, and technical assistance. There was recognition for the work done at the state level that makes "work in the field" easier and acknowledgment that tiny-k programs are given a reasonable amount of autonomy to carry out day-to-day work while at the same time being offered high-quality support. There were some themes that did consistently emerge regarding perceived opportunities for program improvement, including:

- **Individual Family Service Plan (IFSP) Development.** Many coordinators think additional support should be provided to programs to ensure high quality IFSPs for all children and families statewide. Several coordinators suggested that annual reviews should have a stronger focus on IFSPs. One suggestion was that a small number of IFSPs be reviewed in detail on-site, and feedback/suggestions should be provided at the time of the on-site review to help programs improve their IFSP development. Several coordinators asked that there be significantly more training on IFSP development. It was also suggested that an online orientation program be developed that would include key program concepts like the IFSP. There were also several suggestions about improving entry of IFSPs into the ITS database.
- **Inconsistency in program communications.** Concerns were cited that contradictory information is often provided through different channels (trainings, technical assistance, email communication, etc.) and that methods could be used to ensure programs are kept better informed. Some of the suggested improvements included:
  - Improving timeliness of communications
  - Have a system of more routine communication between the state and local programs
  - Ensure that communications get recorded in writing as well as shared verbally, and ensure program actions and decisions get transmitted through email
  - Have site visits to offer opportunities for additional state/local program interaction
  - Develop a more robust system to allow access to guidance and resource documents, including a more functional website
  - The state program should play an active role in communications with lead agency personnel and LICC members, including routine communications with senior staff of lead agencies and LICC members

- **The ITS database.** While the majority of programs thought the database collected the appropriate information, there were many responses to questions about challenges entering data into the database and about additional features or changes to features that would benefit the programs. Some of the most significant concerns centered on reporting. There are concerns that the database cannot efficiently and effectively provide the information needed to make strategic decisions required to run a very complex program.
- **Billing insurance.** While many programs indicated they had not encountered recent problems when billing Medicaid, six programs did indicate they had challenges. The issues identified were:
  - Insufficient staff time to adequately bill Medicaid
  - Lack of appropriate IT resources to make Medicaid billing easy for all staff
  - A Medicaid billing structure built on a "medical model" that is not a good fit for Early Intervention Services

  While almost all tiny-k programs bill Medicaid, only a small number of programs bill private insurance. There is fairly universal agreement that billing private insurance is exceedingly complex and that few programs would generate sufficient revenues in comparison to the cost and effort needed to create and manage private insurance billing systems.
- **ITS funding formula.** There were a number of suggestions regarding the funding formula, including weighting that would account for:
  - Complexity/acuity of needs of children and families
  - Geographic size of program to address higher travel costs
  - The relatively high fixed costs of small programs
  - The volume of referrals and screening, since those activities are frequent and time-consuming
  - Greater funding needs of programs not linked to school districts since they do not have equal access to Categorical Aid

  It was also suggested that live births is a problematic statistic for the funding formula since there are large fluctuations in births at a local level across the state.
- **Awareness of the Part C program.** A number of coordinators described a "branding" problem and suggested that the program would benefit from a uniform, common language (with guidelines that also allow local flexibility). The awareness issue was brought up from several perspectives including provider awareness, community awareness, and awareness of the program as a potential employer. Several programs felt working with post secondary educational programs could help create greater awareness among students of opportunities to work with young children.
- **Lack of awareness and capacity to deal with the effects of trauma in young children.** It was observed that participants in the broader early childhood system do not have the appropriate tools to treat the effects of trauma, and many children who have suffered from trauma end up in Part C and Part B because the system is "not sure what to do" with these children. There is interest in being part of a broader, system-wide approach to address the need for trauma-informed care because special education is not capable of "doing it all." A full report on the results of the Coordinator Survey is found in Technical Report, Section D.

LIMITATIONS

The number of experiences collected during the needs assessment were less than anticipated, particularly among family members. Respondents were not representative of the demographics of the children and families served by tiny-k (respondents were generally white and relatively affluent). The smaller number of responses did not allow for community-based sensemaking sessions at the local level that were envisioned as part of the assessment's methodology.

The tiny-k coordinator survey generated a significant volume of suggestions for program improvement, but the number of overall responses was too small to ascertain which areas were collectively of greatest concern across tiny-k programs.

Recommendation

A statewide work group of ITS stakeholders (with significant representation from the tiny-k programs themselves) should be assembled to examine proposed improvements documented in the needs assessment, select and prioritize possible system improvements, and make formal recommendations to the ITS Program.

KEY OBSERVATIONS and RECOMMENDATIONS

Recommendations have been included throughout this report, but are summarized here in their entirety.

DEVELOPMENTAL SCREENING

Key observations: Kansas providers who responded to the developmental screening survey generally used reliable, validated tools to screen children for possible developmental delays. High percentages of respondents indicated the use of tools including the ASQ-3 (80.2%), ASQ:SE-2 (66.9%), and the M-CHAT (19.5%). However, there were areas for concern:

- A high percentage of respondents indicated they used "other" tools (reliability and validity uncertain)
- Some respondents specifically indicated they used tools like the Denver Developmental Screening Tool that are not considered reliable and valid
- Sixty-three respondents (11.5%) indicated they do not use a developmental screening tool
- Over 30% of providers working in child care settings reported they did not use a screening tool recognized as reliable and valid

Just over half of all respondents indicated that they have ASQ-3 kits and even less indicated they had an ASQ:SE-2 toolkit. Sixty-seven respondents (12.2%) indicated they did not have kits for screening tools of any kind. This would indicate that there are cost and/or other barriers to access of these kits.

Recommendation

Kansas ITS and local tiny-k programs should work with initiatives such as Early Childhood Comprehensive Systems (ECCS), Help Me Grow (HMG), and statewide and local partners to promote the use of reliable, valid developmental screening tools. Specific targeting of child care providers appears to be warranted.

NETWORK RELATIONSHIPS

Key observations: Analyses of network collaboration revealed that many Local Interagency Coordinating Councils believe there are opportunities to improve the effectiveness of their network partnerships. In addition, many tiny-k coordinators are concerned about the considerable decision-making authority LICC networks are afforded in selecting program and fiscal agents and approving all aspects of Part C grant submissions to the state.

Recommendations

The Part C Program should consider strengthening the guidance around LICCs and investing in technical assistance to improve LICC operations. Activities that should be considered are:

- Direct communications between state Part C program staff and LICCs on regular intervals through multiple channels, including presentations at LICC meetings (in-person or through videoconferencing) and regular written communications
- Professional development of tiny-k coordinators in coalition leadership and management

Changes in network dynamics should be monitored through activities like the network collaboration analyses carried out as part of this needs assessment, and additional interventions considered if improvements are not seen.

PROGRAM SERVICES

Key observations: The time study indicated that the hours of direct service provided across local tiny-k programs was closely correlated with the number of children each program served as well as their overall program expenditures, suggesting that the relative amount of time invested in each child and their family and the amount of money spent per child served is relatively consistent across all programs in the state. During the two-week time study there were programs, however, that documented little or no provision of service from key provider types (for example, early childhood special education, speech/language services, physical therapy, occupational therapy, and/or social work/mental health). Even among these provider types, there were many programs where the total of direct service and travel accounted for less than 50% of providers' time. Documentation comprised a significant portion of the total professional time of many tiny-k programs, and statewide accounted for about 25% of total time documented for ITS work. It was also clear from multiple sources (the tiny-k coordinator survey, observations of question/answer sessions at the ITS program meeting, discussions with Kansas Inservice Training System Technical Assistance Providers, and informal discussion with tiny-k and Part C staff at the local and state level) that tiny-k programs greatly desired to have more in-depth training and technical assistance around documentation, including IFSP development, billing practices, etc.

Recommendations

- Kansas ITS should conduct additional analysis to better understand documentation processes among tiny-k programs and examine barriers to efficient, effective documentation efforts. Findings should be used to develop new training and technical assistance offerings to help programs streamline and enhance documentation processes.
- Kansas ITS should further examine tiny-k programs whose time studies revealed possible gaps in service provision. It should be noted that, while the time study was very comprehensive in nature, not every staff and contractor statewide participated. In addition, the time study underestimates some types of services in some programs. Other methods, such as examination of billing records, could provide insight into the range and extent of services provided by the tiny-k programs across the state.

PROGRAM SUPPORT

Key observations: More tiny-k program coordinators were satisfied than were unsatisfied with program supports (communications, technical assistance, evaluation, database). But there were many suggestions for improvement provided by coordinators through the tiny-k coordinator survey and other discussions during the course of the needs assessment. Some of the key concerns were around a desire to have more frequent and regular communications between the state and local programs, concern that information is not always provided accurately and consistently to all programs in the state, and interest in having more presence by the state program at the local level. Some of the frequently stated opportunities/suggestions for improvement identified in the tiny-k coordinator survey were:

Evaluation

- Implement site visits to programs that include discussions with families, policy review, and review of fiscal procedures. An overarching theme was that evaluation should concentrate very heavily on Individual Family Service Plan (IFSP) development (see Technical Report, Section D for more detail)
- Improve the timeliness of feedback from the review. An overarching concern was not having determinations well in advance of grant submission deadlines

Training

- Ensure availability of training for new coordinators
- Consider ways to provide trainings onsite and assist in coordinating trainings so that programs in a region can coordinate and/or attend each other's training programs offered locally
- Provide early notice and frequent communication about trainings (and technical assistance offerings)
- There were many suggestions about topics programs would like to see, including IFSP development and use of the ITS database

General Communications

- Create mechanisms to ensure consistency of information. Concerns were shared about different information being provided to local programs through different channels (training programs, technical assistance, written communications, etc.)
- Ensure better access to programmatic information including policies and procedures, guidance/resource documents, etc. Making sure this information is accessible online was a common theme
- Assist programs with communications with their lead/fiscal agencies and Local Interagency Coordinating Councils. A frequent theme was that lead agencies and LICCs could benefit through better understating of their roles, responsibilities and functions through more thorough and consistent communication from the state

Recommendation

A statewide work group of ITS stakeholders (with significant representation from the tiny-k programs) should be assembled to examine proposed improvements, select and prioritize possible system improvements, and make formal recommendations to the ITS Program.

FINANCIAL OPERATIONS

Key observations: While a comprehensive fiscal analysis was not within the scope of this needs assessment, historical fiscal data (program revenue and expense data) were examined to distinguish any trends and variation among tiny-k programs. Some notable observations regarding tiny-k funding included:

- Part C grant funds awarded by KDHE cover about 12% of local tiny-k program expenditures, with considerable consistency among programs. KDHE Part C funding accounts for approximately $330 per child, and what variation exists from program to program is not readily attributable to program size (i.e. small programs do not receive disproportionately more funding per child, which in theory could offset relatively higher fixed costs expected for smaller programs).
- Expenditures for travel (as a percentage of total expenditures) are fairly consistent across tiny-k programs regardless of rurality, size of service area, and children/families served (the relative amount of time invested in travel tends to be higher in rural programs, although variation is found within rural programs and within programs serving more urban areas as well).
- IDEA requires Part C to be the "payor of last resort." In practice this is not the case. Specifically, Medicaid revenues appear to be far less than would be expected based on the percentage of children covered by Medicaid who participate in the program. This is also true of children with private insurance. Twenty-two tiny-k programs participating in the tiny-k coordinator survey indicated they did not bill private insurance. Six programs recorded private insurance revenues in 2017, and private insurance revenues accounted for less than 2% of tiny-k program revenues statewide.

Recommendations

- Create a statewide working group to examine ways to enhance reimbursement through third party insurers including Medicaid and private insurers. The Division of Health Care Finance at KDHE, the state ITS Program, tiny-k program representatives (including representatives of lead and fiscal agents for the tiny-k programs), private insurers, and other key stakeholders must all be engaged to ensure optimal solutions can be achieved. This work should be pursued concurrently–and in conjunction with–analysis of documentation practices proposed earlier in this section.
- The ITS Program should pursue other program enhancements, including those recommended in this report, before considering changes to the Part C funding formula. Proposed changes to the funding formula that were discussed during the course of this needs assessment (program travel, program size, type of lead organization) would be unlikely to result in redistribution of program funding sufficient to drive marked overall improvements in quality, efficiency, etc. of the ITS program statewide, absent other program changes. A more targeted and focused fiscal analysis including a detailed cost study could provide important baseline information for possible funding formula revisions in the future.

APPENDIX

CHARACTERISTICS OF TINY-K PROGRAMS

TINY-K PROGRAM AREAS

KS01 Arrowhead West
Barber, Clark, Comanche, Edwards, Ford, Gray, Harper, Hodgeman, Kingman, Kiowa, Meade, Ness, and Pratt counties

KS02 Butler Co-RUI
Butler County

KS03 Russell CDC
Finney, Grant, Greeley, Hamilton, Haskell, Kearny, Morton, Seward, Scott, Stanton, Stevens, and Wichita counties and the 3/4 of Lane County not covered by USD 468

KS05 OCCK (Cloud Republic)
Cloud and Republic counties; the parts of Washington and Clay Counties covering USDs 108 and 224

KS06 OCCK (Dickinson)
Dickinson County

KS07 Douglas Co
Most of Douglas County except for USD 343

KS09 NKESC (NW)
Cheyenne, Decatur, Graham, Gove, Logan, Rawlins, Sheridan, Sherman, Thomas, Trego, and Wallace counties and the 1/4 of Lane County covering USD 468

KS10 NEKITS
Atchison, Brown, Doniphan, Jefferson, and Nemaha counties; Jackson County minus the Prairie Band Potawatomi Nation Reservation; the parts of Pottawatomie County covering USD 322; the parts of Douglas County covering USD 343

KS11 Flint Hills
Lyon, Chase, Greenwood, Morris, Coffey counties; the parts of Wabaunsee County covering USD 417 and the city of Alta Vista.

KS12 Geary Co
Geary County; the Fort Riley Military Reservation

KS13 Harvey Co
Harvey County

KS14 Hays
Ellis County; 1/2 of Rush County, depicted by following USD lines (covering western Rush County and USD 395)

KS15 Salina ICD
Ellsworth, Ottawa, and Saline counties

KS16 Johnson Co
Johnson County

KS17 Riley Co
Riley County minus the Fort Riley Military Reservation; the parts of Pottawatomie County covering USDs 384, 378, and 383

KS18 J-L-M
Jewell, Lincoln, and Mitchell counties; and the city of Downs in Osborne County.

KS19 Kid-Link/DSNWK
Norton, Phillips, Smith, Russell, and Rooks counties; most of Osborne County except for the city of Downs

KS21 Leavenworth Co
Leavenworth County

KS22 Marion Co
Marion County

KS23 MCKIDS
McPherson County

KS25 Three Lakes-OS CO
Osage County; the 1/3 of Franklin County covering USD 287

KS26 OWIT
The 1/3 of Franklin County covering Ottawa City and USDs 290 and 289

KS28 Pott-Wab
The parts of Pottawatomie and Wabaunsee Counties that cover USDs 320, 321, 323, 329, and 330; other parts of the 2 counties that are not part of KS17 Riley (USDs 384, 378, and 383 in Pottawatomie County), KS10 NE (USD 322 in Pottawatomie County), or KS11 FH (USD 417 in Wabaunsee County)

KS29 Prairie Band
Prairie Band Potawatomi Nation Reservation

KS30 REACH
Cowley County

KS31 Reno Co
Reno County

KS32 Sedgwick Co-RUI
Sedgwick County

KS33 TARC tiny-k
Shawnee County

KS34 SEK Birth to Three
Allen, Anderson, Bourbon, Chautauqua, Cherokee, Crawford, Elk, Labette, Linn, Miami, Montgomery, Neosho, Wilson, and Woodson counties; the 1/3 of Franklin County covering USD 288

KS35 Sumner Co
Sumner County

KS36 Sunflower
Barton, Pawnee, Rice, and Stafford counties; half of Rush County, depicted by following USD lines (covering eastern Rush County and USD 403)

KS37 Wyandotte Co
Wyandotte County

KS38 Pony Express
Marshall county; the parts of Washington and Clay Counties coving USDs 379 and 223

TABLE A-1. **TINY-K PROGRAM ORGANIZATIONAL STRUCTURE**

PROGRAM CODE / NAME*	ORGANIZATIONAL STRUCTURE	LEAD AGENT / FISCAL AGENT (IF DIFFERENT)
KS02 BUTLER CO-RUI	Children's Service Agency	Rainbows United, Inc.
KS03 RUSSELL CDC	Children's Service Agency	Russell Child Development Center
KS05 OCCK (CLOUD REPUBLIC)	Community Developmental Disabilities Organization	OCCK, Inc. / Southeast Kansas Education Service Center #609
KS06 OCCK (DICKINSON)	Community Developmental Disabilities Organization	OCCK, Inc. / Southeast Kansas Education Service Center #609
KS07 DOUGLAS CO	School District	USD 497 Lawrence Public Schools
KS09 NKESC (NW)	Education Service Center	Northwest Kansas Education Service Center
KS10 NEKITS	Education Service Center	Keystone Learning Services
KS11 FLINT HILLS	Special Education Cooperative	Flint Hills Special Education Cooperative / Emporia USD 253
KS12 GEARY CO	School District	USD 475 Geary County Schools
KS13 HARVEY CO	Special Education Cooperative	Harvey County Special Education Cooperative / USD 373 Newton
KS14 HAYS	Children's Service Agency	Hays Area Children's Center
KS15 SALINA ICD	Hospital	Salina Regional Health Center
KS16 JOHNSON CO	Free-standing tiny-k Program	Infant Toddler Services of Johnson County
KS17 RILEY CO	School District	USD 383 Manhattan-Ogden Public Schools
KS18 J-L-M	Special Education Cooperative	Beloit Special Education Cooperative / USD #273
KS19 KID-LINK/DSNWK	Community Developmental Disabilities Organization	Kid-Link / DSNWK, Inc.
KS21 LEAVENWORTH CO	Educational Service Center	Southeast Kansas Education Service Center #609
KS22 MARION CO	Special Education Cooperative	Marion County Special Education Cooperative
KS23 MCKIDS	County	McPherson County
KS25 THREE LAKES-OS CO	Special Education Cooperative	Three Lakes Educational Cooperative
KS26 OWIT	School District	USD 290 Ottawa Public Schools
KS28 POTT-WAB	School District	USD 320 Wamego Public Schools
KS29 PRAIRIE BAND	Tribe	Prairie Band Potawatomi Nation
KS30 REACH	Education Service Center	Southeast Kansas Education Service Center-Interlocal #609
KS31 RENO CO	School District	Early Education Center, Inc. / USD 308 Hutchinson Public Schools
KS32 SEDGWICK CO-RUI	Children's Service Agency	Rainbows United, Inc.
KS33 TARC TINY-K	Community Developmental Disabilities Organization	TARC Inc.
KS34 SEK BIRTH TO THREE	Education Service Center	Southeast Kansas Education Service Center-Interlocal #609
KS35 SUMNER CO	Community Developmental Disabilities Organization	Futures-Unlimited, Inc.
KS36 SUNFLOWER	Community Developmental Disabilities Organization	Sunflower Diversified Services
KS37 WYANDOTTE CO	Special Education Cooperative	Wyandotte Comprehensive Special Education Cooperative / Kansas City Kansas Public Schools
KS38 PONY EXPRESS	Health Department	Marshall County Health Department / Keystone Learning Services

Lead Agency/Fiscal Agency data come from the SFY 2019 tiny-k grant applications.

TABLE A-2. PROGRAM SIZE BY TOTAL EXPENDITURES

PROGRAM CODE / NAME	ANNUAL EXPENDITURES	STAFF/CONTRACTORS	COUNTIES SERVICED
VERY SMALL			
KS18 J-L-M	$67,094	13	3
KS22 MARION CO	$78,664	10	1
KS29 PRAIRIE BAND	$52,115	4	1 (PARTIAL)
SMALL			
KS05 OCCK (CLOUD REPUBLIC)	$126,818	10	4
KS06 OCCK (DICKINSON)	$169,118	8	1
KS25 THREE LAKES-OS CO	$149,013	6	2
KS26 OWIT	$129,422	5	1 (PARTIAL)
KS35 SUMNER CO	$146,962	7	1
MEDIUM			
KS09 NKESC (NW)	$308,488	26	12
KS11 FLINT HILLS	$442,014	8	5
KS12 GEARY CO	$481,462	9	1
KS13 HARVEY CO	$259,894	8	1
KS14 HAYS	$337,449	7	2
KS17 RILEY CO	$371,132	12	1
KS19 KID-LINK/DSNWK	$407,385	10	6
KS21 LEAVENWORTH CO	$467,619	10	1
KS23 MCKIDS	$350,186	15	1
KS28 POTT-WAB	$257,028	8	2
KS30 REACH	$407,664	5	1
KS38 PONY EXPRESS	$355,788	13	3
LARGE			
KS01 ARROWHEAD WEST	$880,843	13	13
KS02 BUTLER CO-RUI	$701,061	12	1
KS07 DOUGLAS CO	$579,562	14	1
KS10 NEKITS	$674,665	14	7
KS31 RENO CO	$721,606	15	1
KS36 SUNFLOWER	$520,039	14	5
VERY LARGE			
KS03 RUSSELL CDC	$1,802,430	29	13
KS15 SALINA ICD	$1,486,502	21	3
KS33 TARC TINY-K	$2,554,390	41	1
KS34 SEK BIRTH TO THREE	$1,850,155	28	13
KS37 WYANDOTTE CO	$1,686,810	25	1
LARGEST			
KS16 JOHNSON CO	$4,058,925	42	1
KS32 SEDGWICK CO-RUI	$4,000,464	59	1
STATE OF KANSAS	**$26,882,766**	**521**	**105**

Financial data from SFY 2017 revenue and expense data from KDHE. Data on positions are for SFY 2019.

TABLE A-3. SUMMARY OF RESULTS CAPTURED BY PROGRAM

PROGRAM CODE / NAME*	SENSEMAKER® STORIES[1]	DEVELOPMENTAL SCREENING SURVEYS[2]	WILDER INVENTORIES[3]	LOCS NETWORK PARTNERS PARTICIPATING[4]	TIME STUDY PARTICIPANTS[5]
KS01 ARROWHEAD WEST	5	41	5	5	12
KS02 BUTLER CO-RUI	5	8	5	10	9
KS03 RUSSELL CDC	43	34	21	19	24
KS05 OCCK (CLOUD REPUBLIC)	0	7	0	0	10
KS 06 OCCK (DICKINSON)	0	7	0	0	8
KS07 DOUGLAS CO	6	19	8	7	8
KS09 NKESC (NW)	5	21	8	7	23
KS10 NEKITS	1	12	0	0	12
KS11 FLINT HILLS	16	17	11	5	6
KS12 GEARY CO	3	11	9	7	6
KS13 HARVEY CO	21	16	26	17	6
KS14 HAYS	2	17	4	0	4
KS15 SALINA ICD	3	13	0	3	18
KS16 JOHNSON CO	88	38	7	7	42
KS17 RILEY CO	0	21	6	7	7
KS18 J-L-M	9	8	7	3	8
KS19 KID-LINK/DSNWK	2	8	8	4	8
KS21 LEAVENWORTH CO	19	18	16	17	8
KS22 MARION CO	6	10	15	14	5
KS23 MCKIDS	9	7	8	6	5
KS25 THREE LAKES-OS CO	0	4	0	0	0
KS26 OWIT	29	4	13	8	3
KS28 POTT-WAB	3	8	9	7	6
KS29 PRAIRIE BAND	0	8	0	0	0
KS30 REACH	31	10	8	7	4
KS31 RENO CO	27	40	11	8	12
KS32 SEDGWICK CO-RUI	38	34	14	15	46
KS33 TARC TINY-K	24	43	12	8	34
KS34 SEK BIRTH TO THREE	20	7	4	4	26
KS35 SUMNER CO	0	16	0	0	5
KS36 SUNFLOWER	7	25	9	9	9
KS37 WYANDOTTE CO	6	15	16	12	20
KS38 PONY EXPRESS	1	3	13	8	6
STATEWIDE	**429**	**550**	**273**	**224**	**400**

[1]Number of SenseMaker® stories collected within tiny-k program service area.
[2]Number of Developmental Screening Surveys collected within tiny-k program service area.
[3]Number of Wilder Collaboration Factors Inventories completed by network partners.
[4]Number of network partners who completed Levels of Collaboration Scale instruments.
[5]Number of staff and contractors that completed a Time Study.

DATA TABLE FOR FIGURE 8. ENVIRONMENT

PROGRAM	ENVIRONMENT
KS01 ARROWHEAD WEST	4.27
KS02 BUTLER CO-RUI	3.90
KS03 RUSSELL CDC	4.29
KS07 DOUGLAS CO	3.79
KS09 NKESC (NW)	4.25
KS11 FLINT HILLS	3.71
KS12 GEARY CO	4.22
KS13 HARVEY CO	4.08
KS14 HAYS	4.13
KS16 JOHNSON CO	4.12
KS17 RILEY CO	3.69
KS18 J-L-M	4.02
KS19 KID-LINK/DSNWK	3.77
KS21 LEAVENWORTH CO	3.82
KS22 MARION CO	4.09
KS23 MCKIDS	3.98
KS26 OWIT	3.63
KS28 POTT-WAB	3.90
KS30 REACH	4.25
KS31 RENO CO	4.33
KS32 SEDGWICK CO-RUI	4.21
KS33 TARC TINY-K	4.46
KS34 SEK BIRTH TO THREE	4.13
KS36 SUNFLOWER	4.00
KS37 WYANDOTTE CO	3.83
KS38 PONY EXPRESS	4.34
STATE OF KANSAS	4.05

DATA TABLE FOR FIGURE 9. MEMBERSHIP

PROGRAM	MEMBERSHIP
KS01 ARROWHEAD WEST	4.13
KS02 BUTLER CO-RUI	4.23
KS03 RUSSELL CDC	4.32
KS07 DOUGLAS CO	3.50
KS09 NKESC (NW)	4.29
KS11 FLINT HILLS	3.74
KS12 GEARY CO	4.26
KS13 HARVEY CO	4.07
KS14 HAYS	4.33
KS16 JOHNSON CO	3.88
KS17 RILEY CO	3.92
KS18 J-L-M	4.21
KS19 KID-LINK/DSNWK	4.13
KS21 LEAVENWORTH CO	3.97
KS22 MARION CO	4.22
KS23 MCKIDS	4.02
KS26 OWIT	3.64
KS28 POTT-WAB	3.76
KS30 REACH	4.35
KS31 RENO CO	4.32
KS32 SEDGWICK CO-RUI	4.25
KS33 TARC TINY-K	4.18
KS34 SEK BIRTH TO THREE	4.29
KS36 SUNFLOWER	4.17
KS37 WYANDOTTE CO	3.71
KS38 PONY EXPRESS	4.50
STATE OF KANSAS	4.09

DATA TABLE FOR FIGURE 10. PROCESS AND STRUCTURE

PROGRAM	PROCESS AND STRUCTURE
KS01 ARROWHEAD WEST	4.00
KS02 BUTLER CO-RUI	3.85
KS03 RUSSELL CDC	4.27
KS07 DOUGLAS CO	3.24
KS09 NKESC (NW)	4.26
KS11 FLINT HILLS	3.73
KS12 GEARY CO	4.12
KS13 HARVEY CO	4.06
KS14 HAYS	4.61
KS16 JOHNSON CO	3.62
KS17 RILEY CO	3.62
KS18 J-L-M	4.08
KS19 KID-LINK/DSNWK	3.81
KS21 LEAVENWORTH CO	3.83
KS22 MARION CO	3.93
KS23 MCKIDS	4.10
KS26 OWIT	3.54
KS28 POTT-WAB	3.78
KS30 REACH	4.33
KS31 RENO CO	4.40
KS32 SEDGWICK CO-RUI	4.23
KS33 TARC TINY-K	4.13
KS34 SEK BIRTH TO THREE	4.23
KS36 SUNFLOWER	4.03
KS37 WYANDOTTE CO	3.66
KS38 PONY EXPRESS	4.31
STATE OF KANSAS	3.99

DATA TABLE FOR FIGURE 11. COMMUNICATION

PROGRAM	COMMUNICATION
KS01 ARROWHEAD WEST	4.32
KS02 BUTLER CO-RUI	4.48
KS03 RUSSELL CDC	4.31
KS07 DOUGLAS CO	4.05
KS09 NKESC (NW)	4.48
KS11 FLINT HILLS	3.51
KS12 GEARY CO	4.22
KS13 HARVEY CO	4.31
KS14 HAYS	4.67
KS16 JOHNSON CO	3.43
KS17 RILEY CO	3.63
KS18 J-L-M	4.29
KS19 KID-LINK/DSNWK	4.09
KS21 LEAVENWORTH CO	3.82
KS22 MARION CO	4.15
KS23 MCKIDS	4.48
KS26 OWIT	3.58
KS28 POTT-WAB	3.93
KS30 REACH	4.43
KS31 RENO CO	4.33
KS32 SEDGWICK CO-RUI	4.30
KS33 TARC TINY-K	4.50
KS34 SEK BIRTH TO THREE	4.35
KS36 SUNFLOWER	3.98
KS37 WYANDOTTE CO	3.53
KS38 PONY EXPRESS	4.57
STATE OF KANSAS	4.14

DATA TABLE FOR FIGURE 12. PURPOSE

PROGRAM	PURPOSE
KS01 ARROWHEAD WEST	4.06
KS02 BUTLER CO-RUI	4.00
KS03 RUSSELL CDC	4.41
KS07 DOUGLAS CO	3.38
KS09 NKESC (NW)	4.39
KS11 FLINT HILLS	3.74
KS12 GEARY CO	4.06
KS13 HARVEY CO	4.23
KS14 HAYS	4.39
KS16 JOHNSON CO	3.65
KS17 RILEY CO	3.63
KS18 J-L-M	4.33
KS19 KID-LINK/DSNWK	4.12
KS21 LEAVENWORTH CO	3.79
KS22 MARION CO	4.21
KS23 MCKIDS	4.07
KS26 OWIT	3.69
KS28 POTT-WAB	3.62
KS30 REACH	4.55
KS31 RENO CO	4.35
KS32 SEDGWICK CO-RUI	4.22
KS33 TARC TINY-K	4.19
KS34 SEK BIRTH TO THREE	4.04
KS36 SUNFLOWER	4.17
KS37 WYANDOTTE CO	3.69
KS38 PONY EXPRESS	4.38
STATE OF KANSAS	4.05

DATA TABLE FOR FIGURE 13. RESOURCES

PROGRAM	RESOURCES
KS01 ARROWHEAD WEST	4.32
KS02 BUTLER CO-RUI	4.48
KS03 RUSSELL CDC	4.31
KS07 DOUGLAS CO	4.05
KS09 NKESC (NW)	4.48
KS11 FLINT HILLS	3.51
KS12 GEARY CO	4.22
KS13 HARVEY CO	4.31
KS14 HAYS	4.67
KS16 JOHNSON CO	3.43
KS17 RILEY CO	3.63
KS18 J-L-M	4.29
KS19 KID-LINK/DSNWK	4.09
KS21 LEAVENWORTH CO	3.82
KS22 MARION CO	4.15
KS23 MCKIDS	4.48
KS26 OWIT	3.58
KS28 POTT-WAB	3.93
KS30 REACH	4.43
KS31 RENO CO	4.33
KS32 SEDGWICK CO-RUI	4.30
KS33 TARC TINY-K	4.50
KS34 SEK BIRTH TO THREE	4.35
KS36 SUNFLOWER	3.98
KS37 WYANDOTTE CO	3.53
KS38 PONY EXPRESS	4.57
STATE OF KANSAS	4.14

DATA TABLE FOR FIGURE 14. AVERAGE STATEWIDE WILDER SCORES BY CATEGORY

CATEGORY	AVERAGE STATEWIDE WILDER SCORES
ENVIRONMENT	4.05
MEMBERSHIP	4.09
PROCESS & STRUCTURE	3.99
COMMUNICATION	4.14
PURPOSE	4.05
RESOURCES	3.58

DATA TABLE FOR FIGURE 15. LOCS AVERAGE SCORE FOR NETWORK

PROGRAM	LOCS AVERAGE SCORE
KS01 ARROWHEAD WEST	2.03
KS02 BUTLER CO-RUI	1.16
KS03 RUSSELL CDC	1.52
KS07 DOUGLAS CO	2.38
KS09 NKESC (NW)	2.64
KS11 FLINT HILLS	1.50
KS12 GEARY CO	2.06
KS13 HARVEY CO	1.39
KS14 HAYS	2.21
KS16 JOHNSON CO	1.06
KS17 RILEY CO	1.64
KS18 J-L-M	1.29
KS19 KID-LINK/DSNWK	2.18
KS21 LEAVENWORTH CO	1.33
KS22 MARION CO	1.78
KS23 MCKIDS	3.47
KS26 OWIT	1.53
KS28 POTT-WAB	1.35
KS30 REACH	2.50
KS31 RENO CO	3.33
KS32 SEDGWICK CO-RUI	2.27
KS33 TARC TINY-K	2.31
KS34 SEK BIRTH TO THREE	1.60
KS36 SUNFLOWER	1.24
KS37 WYANDOTTE CO	2.24
KS38 PONY EXPRESS	2.54
STATE OF KANSAS	1.94

DATA TABLE FOR FIGURE 16. CHILDREN ENTERING PART C: STATEWIDE UNDUPLICATED COUNTS SFY 2019

CHILDREN ENTERING PART C	TOTAL STATEWIDE UNDUPLICATED COUNTS
RECEIVING SERVICES	10,108
NEW CHILDREN RECEIVING SERVICES	4,965
IFSPS DEVELOPED WITHIN 45 DAYS	4,253
ELIGIBLE FOR PART C SERVICES	5,086
WHO COMPLETED EVALUATION	6,686
REFERRED FOR EVALUATION	8,958

DATA TABLE FOR FIGURE 17. STATEWIDE PERCENT OF CHILDREN WITH THIS SERVICE TYPE IN THEIR IFSP, SFY 2019

SERVICE TYPE	PERCENT OF CHILDREN
TRANSPORTATION	0.00%
MEDICAL SERVICES	0.01%
HEALTH SERVICES	0.1%
UNKNOWN/MISSING/NO SELECTION	0.2%
SIGN LANGUAGE AND CUED LANGUAGE	0.3%
AUDIOLOGY	0.5%
PSYCHOLOGICAL SERVICES	0.8%
VISION SERVICES	0.9%
FAMILY TRAINING COUNSELING AND HOME VISITS	1.1%
ASSISTIVE TECHNOLOGY DEVICES AND SERVICES	2.7%
NUTRITION	4.0%
NURSING SERVICES	5.1%
SOCIAL WORK	12.9%
PHYSICAL THERAPY	30.0%
OCCUPATIONAL THERAPY	32.8%
SPECIAL INSTRUCTION	53.9%
SPEECH LANGUAGE PATHOLOGY	64.1%
FAMILY SERVICE COORDINATION	99.1%

DATA TABLE FOR FIGURE 18. PERCENT OF PLANNED TIME BY SERVICE TYPE, SFY 2019

SERVICE TYPE	PERCENT OF TIME
TRANSPORTATION	0.00%
MEDICAL SERVICES	0.00%
HEALTH SERVICES	0.02%
AUDIOLOGY	0.04%
SIGN LANGUAGE AND CUED LANGUAGE	0.09%
PSYCHOLOGICAL SERVICES	0.09%
ASSISTIVE TECHNOLOGY DEVICES AND SERVICES	0.13%
VISION SERVICES	0.15%
FAMILY TRAINING COUNSELING AND HOME VISITS	0.15%
NUTRITION	0.75%
NURSING SERVICES	0.85%
SOCIAL WORK	5.98%
OCCUPATIONAL THERAPY	11.14%
FAMILY SERVICE COORDINATION	14.96%
PHYSICAL THERAPY	15.92%
SPEECH LANGUAGE PATHOLOGY	24.45%
SPECIAL INSTRUCTION	25.01%

DATA TABLE FOR FIGURE 19. PERCENT OF TIME BY CATEGORY

CATEGORY	PERCENT OF TIME
NOT SPECIFIED	1%
OUTREACH	2%
COMMUNITY LEVEL COLLABORATION	2%
REFERRAL AND INTAKE	3%
SECONDARY SERVICE PROVIDER	4%
EVALUATION, ELIGIBILITY DETERMINATION AND ASSESSMENT	5%
OTHER NON-PART C WORK	5%
PART B	8%
OTHER SERVICE PROVISION	8%
OTHER ADMINISTRATIVE WORK	16%
FAMILY SERVICE COORDINATOR	18%
PRIMARY SERVICE PROVIDER	27%

DATA TABLE FOR FIGURE 20. PERCENT OF TIME BY ACTIVITY

ACTIVITY	PERCENT OF TIME
DIRECT SERVICE - GROUP	0.5%
NOT SPECIFIED	0.7%
STAFF SUPERVISION	1.4%
NO SHOW/CANCELLATION	1.5%
OTHER SERVICE PROVISION	1.9%
OTHER NON-SERVICE PROVISION	3.8%
BILLING	3.9%
PROFESSIONAL DEVELOPMENT/TRAINING	4.2%
STAFF MEETINGS	5.3%
COMMUNICATION	10.3%
TRAVEL	17.3%
PROGRAM DOCUMENTATION	21.3%
DIRECT SERVICE - INDIVIDUAL	28.1%

REFERENCES & NOTES

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GENERAL NOTES

State Fiscal Years (SFY)

- SFY 2017 July 1, 2016 – June 30, 2017
- SFY 2018 July 1, 2017 – June 30, 2018
- SFY 2019 July 1, 2018 – June 30, 2019 (or date data downloaded, if earlier)

Notes on Service Areas

The last changes to service area borders for tiny-k programs happened before July 2016, between SFY 2016 and SFY 2017. Since then (for all three years of SFY 2017 – SFY 2019) service areas have been consistent, and therefore data broken down by tiny-k program can be comparable across those years.

Tiny-k program numbers (e.g. KS01 – KS38) are non-sequential due to those program changes (closures, consolidations, etc.) happening before July 2016. These program numbers were retired before SFY 2017: KS04, KS08, KS20, KS24, and KS27.

Notes on ITS Child-Level Data

Data on Infant-Toddler Service (ITS) children used throughout this needs assessment come from the state ITS database:

- Demographic data for ITS children were pulled from the state ITS database for SFYs 2017, 2018, & 2019 on May 23, 2019.
- Counts of children per service type, total children served, and entry/exit data for ITS children were pulled from the state ITS database for SFY 2017 on June 23, 2019, and for SFY 2018 & SFY 2019 on June 24, 2019.
- Counts of minutes per year per service type for ITS children were pulled from the state ITS database for SFY 2019 on July 15, 2019.

ITS data were compared between the three State Fiscal Years usually using percentages instead of counts. As noted above, most data for SFY 2019 were downloaded before the end of SFY 2019. Additionally, because Individualized Family Service Plans (IFSPs) are updated within up to 6 months of changes, data for SFY 2019 in the ITS database will still be updating at least until December 2019. This means that SFY 2019 data in this needs assessment was accurate for when it was downloaded but does not cover all data that will be entered for SFY 2019. Therefore, when looking at numbers between the three State Fiscal Years used, counts will not be comparable. Instead, comparisons using percentages are the more accurate comparison.

For ITS data, counts on each topic are unduplicated within each program. However, between programs there is some duplication in the counts because of children that moved between programs inside the state. To account for this overlap at a collective level, a statewide unduplicated count is provided.

For ITS data, counts less than 10 (and calculations based on those counts) have been excluded from this needs assessment to protect identifiable information.

Notes on Census Data

Data about service areas and the general population come from the US Census Bureau:

- Census demographic data used in this needs assessment come from the 2013-2017 American Community Survey (ACS) 5-year estimates.
- Geographic data come from the Census Bureau's 2017 TIGER/Line Shapefiles.
- Census 2017 ACS and Shapefile data were downloaded on June 21, 2019, as geodatabases from the Census Bureau's "TIGER/Line with Selected Demographic and Economic Data" page located at https://www.census.gov/geographies/mapping-files/time-series/geo/tiger-data.html

When Census and ITS program data are compared, 2017 is used.