



Where Do We Go From Here?

Prepared and Presented By:

Allison Apple, Hali Bielser, Kim Campbell and Sarah Legg
under the guidance of Dr. James K. Gentry,
School of Journalism and Mass Communications

Marketing Communications Capstone

The University of Kansas — Edwards Campus
Overland Park, Kan.

April 5, 2013



TABLE OF CONTENTS

Team Credentials	3
Executive Summary	5
Situation Analysis.....	7
Secondary Research	8
SWOT Analysis	17
Primary Research.....	23
Recommendations, Tactics and Measurement Guide	37
Timeline	46
Budget.....	48
Appendices	51

TEAM CREDENTIALS



Allison Apple is the marketing manager at National Advisors Trust in Overland Park, Kan. where she focuses on the company's TRO marketing program, project and brand management, social media and event planning. Allison earned her bachelor's degree in mass communication from Baker University where she was named Kansas

Associated Collegiate Press Journalist of the Year in 2002. She will receive her master's degree in marketing communications from the School of Journalism and Mass Communications at the University of Kansas in May.



Sarah Legg is the editor and co-founder of Living Wellness Kansas City magazine. Her background is in healthcare marketing and communications. She earned her bachelor's degree at the University of Nebraska at Omaha in May 2007 in Journalism for Public Relations and Marketing. She will receive her master's

degree in marketing communications from the School of Journalism and Mass Communications at the University of Kansas in May.



Hali Bielser is a project manager for Uhlig, LLC, a publishing company that focuses on personalized resident communications. At Uhlig, she has done everything from writing training manuals to developing move-in guides for apartment residents. Hali earned her bachelor's degrees in Spanish and Journalism and Mass Communications

from the University of Kansas, where she was active in her scholarship hall and with New Student Orientation. She will receive her master's degree in marketing communications from the School of Journalism and Mass Communications at the University of Kansas in December 2013.



This project was supervised by **James K. Gentry, Ph.D.**, Clyde M. Reed Teaching Professor at the School of Journalism and Mass Communications at the University of Kansas. Prior to joining KU as journalism dean in 1997, Gentry was a dean at the University of Nevada, Reno for five years and was a member of the faculty at University of Missouri School

of Journalism for 14 years, where he was a department chair for four years. He received his Ph.D. from the University of Missouri. He writes occasionally on the economics of sports for "The New York Times."



Kim Campbell is the director of marketing at MidAmerica Nazarene University where she oversees the school's digital, print and interactive marketing communications strategy. She earned a bachelor's degree in business communication and marketing from MNU, and has worked in a marketing role for a variety of Kansas City companies. Kim will receive

her master's degree in marketing communications from the School of Journalism and Mass Communications at the University of Kansas in May.



Executive Summary

EXECUTIVE SUMMARY

Despite the ever-growing number of children with special needs in the Kansas City metro area, Children's Therapeutic Learning Center (CTLTC) is struggling to fill its classrooms and meet fundraising goals. To help CTLTC figure out how to turn its situation around, four University of Kansas marketing communications graduate students worked with CTLTC staff and board members to develop an actionable strategic marketing communications plan.

During the development of this plan, the team conducted both primary and secondary research. Secondary research helped the team acquire a fundamental knowledge of common disabilities in children, therapies for the disabilities, insurance coverage and shortfalls, the competitive landscape, and target audiences.

As primary research, the team conducted 14 in-depth interviews and three separate surveys. Interviewees included CTLTC staff and therapists, an outside educator and CTLTC board members. The survey audiences included CTLTC board members, parents of CTLTC students and parents of children with disabilities who do not attend CTLTC.

Through this research, the team was able to develop four strategies to help CTLTC communicate more effectively with its members, fill classrooms and meet fundraising goals. These strategies, paired with supporting tactics, will allow CTLTC to implement an actionable plan to achieve its goals. The strategies include:

1. Develop brand image and execute it consistently
2. Develop symbiotic relationships with physicians and other appropriate members of the community
3. Review current development and fundraising and develop a plan to better fit CTLTC's needs
4. Focus on the customer

Along with supporting tactics, this marketing communications plan contains a suggested timeline for implementation, budget guidance and an appendix, which includes primary research transcripts and survey results.



Situation Analysis and Secondary Research

SITUATION ANALYSIS

History

CTLC has a rich history of providing specialized care to children with developmental disabilities since its inception in 1947. The organization has gone through several identity changes, and has operated independently as a 501(c)3 organization since 1993.

Children's TLC Today

Today, CTLC provides therapeutic and educational services for children with developmental disabilities. Services range from different types of therapies to full-day preschool classes. The children who attend CTLC today have been diagnosed with hearing or vision loss, autism, learning or intellectual disabilities, speech or language disorders, and other rare developmental delays. CTLC's staff is focused on helping children achieve their maximum potential in an environment focused on individual success and customized treatment plans.

Industry and Legislation

It is difficult to categorize or label organizations such as CTLC. Services for children with special needs range from a variety of outpatient therapy options to intensive and specialized care for children with significant developmental delays. This creates a fragmented landscape that makes comparison difficult.

The fragmented landscape is due in part to the increase in government regulation of special education and early intervention providers in the last few decades. As the focus on early intervention and children with disabilities has increased, federal funding has expanded and decreased for a variety of education and therapy services for children with different types of disabilities. Increased government regulation has also created the ability for states to set their own definitions of developmental delays, and has given individual states the option to identify lead agencies to contract early intervention services. This has ultimately resulted in a

fragmented marketplace that is almost constantly in flux from state to state.

In addition, legislation has created channels for public schools to develop some of the same services offered by organizations like CTLC. This represents an important development on the competitive landscape; CTLC now faces strong indirect competition from school districts, as well as strong direct competition from similar nonprofit organizations in the metropolitan area.

Competition

CTLC operates in a category that is difficult to define, thus making it challenging to identify successes or best practices within the industry. Within the Kansas City metro, there are several organizations that provide services similar to those of CTLC. Of these direct competitors, several appear to have a well-developed competitive position among current and potential donors, and a higher level of awareness of the types of services they provide. These advantages stem from a variety of different factors including:

- Association with an area hospital
- Prime location in an underserved area
- Established recognition through area events
- Professional and easy-to-understand website

These factors provide the basis of this study of CTLC. Through an assessment of market trends, government funding and a competitive analysis, as well as specific primary research from key individuals, this marketing plan will assist CTLC in:

- Differentiating itself from competitors
- Identifying key branding opportunities to build organizational consistency and clear messaging
- Increasing funding and overall enrollment
- Identifying key partnerships for long-term growth

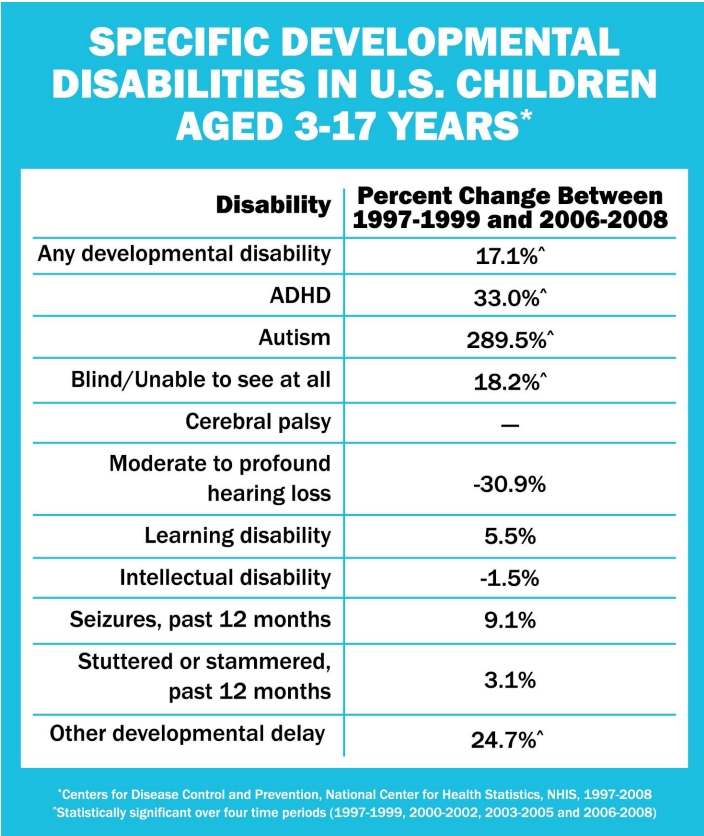
SECONDARY RESEARCH

MARKET TRENDS

Disabilities and Definitions

CTLC serves a challenging audience. The current state of care for disabled children in the U.S. is fragmented, but the children involved are receiving better care than ever with the best outcomes. In the U.S., depending on which agency’s statistics are cited, either 4.3 percent of children (National Survey of Child Health/NSCH) are disabled, or 8 percent (National Health Interview Survey/NHIS) are disabled. This highlights the disjointed nature of defining what “childhood disability” actually means. The NSCH defines a child as being disabled if he or she has limitations relative to other children of the same age. By contrast, the NHIS classifies a child as being disabled if he or she needs special education services. (Currie & Kahn, 2012)

The Centers for Disease Control and Prevention (CDC) has found that disabilities such as autism, attention deficient hyperactivity disorder (ADHD), and other developmental disabilities have all increased since 1997. One in six children has some sort of developmental disability. The most-alarming increase was autism with a more than 289 percent increase, as shown in the chart below. (CDC, 2008)



This chart illustrates change in developmental disabilities in the U.S. since 1997.

Disabilities and the Quality of Care

As the number of children with disabilities increases, the range of identified disabilities expands. Mental disabilities, such as ADHD, are becoming more prevalent. In many cases, the families are the sole coordinators of care, or are the only health and educational advocates for these children. Because of this, transitions between pre-school and public school, and coordinating medical appointments with schedules can be difficult. Medically speaking, family-centered care provides the most beneficial outcomes for disabled children by improving the quality of life. Children who have effective family advocates receive a higher quality of care than those with families not involved in their care. (Currie & Kahn, 2012)

Disabilities and the Educational System

In the U.S., it is estimated that 2.4 percent of all children receive special education services. Because each state has its own criteria for eligibility in special education programs, no clear estimate of how many children are actually eligible to receive services is available. (Aron & Loprest, 2012)

The Individuals with Disabilities Education Act (IDEA) provides federal funding for special education services for children with some types of disabilities. Part B covers most of the disabilities for which CTLC provides services. Part C covers services from birth to two years of age (Aron & Loprest, 2012). This includes early intervention, which includes coordinated care services for children and families during the critical early years of life. The services are designed to:

- Improve both developmental and educational gains
- Reduce the future costs of special education, rehabilitation and health care needs
- Reduce feelings of isolation, stress and frustration that families may experience
- Help children with disabilities grow up to become productive, independent individuals

Part C early intervention services include:

- Speech-language pathology
- Occupational therapy
- Physical therapy
- Services coordination
- Vision services

(Aron & Loprest, 2012)

These services have existed in center-based formats within the U.S. since the mid-1970s and the initial version of IDEA. However, Part C of IDEA, established in 1986, created state-based programs that provide early intervention services for infants and toddlers with certain disabilities. At the direction of the federal government, each state is required to appoint a lead agency to oversee the early intervention program that operates under the federal grant that was established by Part C. States are authorized to individually define what a developmental delay actually is, resulting in eligibility that varies by state. (Aron & Loprest, 2012)

The Kansas Infant-Toddler Services agency implements with local early intervention providers across the state. Missouri First Steps is the authorized IDEA agency in Missouri..

Approximately 850 children in the Greater Kansas City area were participating in the Missouri First Steps early intervention program as of January 2013 (Data, Budget, and Reports, 2013). Approximately 600 kids in Wyandotte County, Kan., currently receive early intervention services through contracted provider Kansas City Kansas Public Schools (Infant-Toddler

Services, 2012). In 2011, more than 1,300 kids in Johnson County, Kan., were eligible for early intervention services (Infant Toddler Services of Johnson County, 2012).

In special education, children achieve the greatest benefits when schools provide small-group or individualized education plans with faculty members who are skilled in developing programs specifically for each child (Aron & Loprest, 2012).

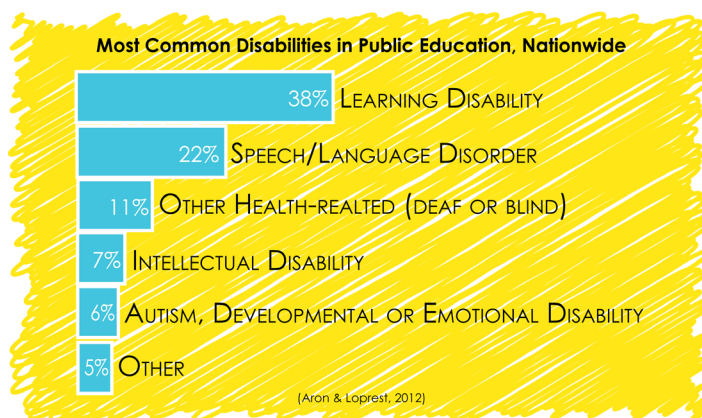
GOVERNMENT FUNDING AND OTHER PAYERS

Federal Coverage

Many programs cover children with disabilities, including Medicaid, IDEA, Child Health Insurance Plans and private insurers, among others (Musumeci, 2011). Although many programs exist to help cover costs associated with childhood disability, it's challenging to reach eligible families because resources are limited, services may not always be available, or service providers may have a waiting list, and transitions between programs can be uncoordinated and difficult (Aron & Loprest, 2012).

Pediatricians must screen all children for health and development issues under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program in Medicaid. Even though these screenings are required, in nine states studied, 40 percent of children did not receive screenings at all and 60 percent received inadequate screenings. The poor turnout of screenings for these states may have been due to cultural and family beliefs that screenings are not needed, the unwillingness or inability of families to take the time to have the screening performed, or incorrect contact information for program-eligible families. (Aron & Loprest, 2012)

In December 2012, 296 children with disabilities were enrolled in Missouri HealthNet, a state-sponsored insurance program for low income and vulnerable citizens under the Social Security umbrella (Missouri Health Net, 2012).



This chart illustrates most common disabilities found in public schools in 2012.

Although many types of coverage are available for children with disabilities, they are twice as likely to have unmet health needs. Some states may opt out of the Tax Equity Fiscal Responsibility Act (TEFRA), which covers children with disabilities regardless of family income. Missouri and Kansas do not participate in TEFRA (Catalyst Center, 2010). Also, services such as physical, occupational and speech therapies may not be covered by private insurers, which leads to gaps in coverage to be filled by other programs. (Musumeci, 2011)

Financial Trends

During the recent recession, an estimated 30 states cut spending and budgets for mental health care. Of those states, 10 had cuts of more than 10 percent. However, because of an increase in violence attributed to mental health during the last year, many states are considering a reversal, which would bring more money into the field. Kansas cut mental health spending by 12 percent between 2008 and 2011. Because of the recent violence, Kansas announced in January a new \$10 million program to help identify mental health dangers. The earlier a child receives services, the better the outcome. (Beaumont, 2013)

Diagnostic Trends

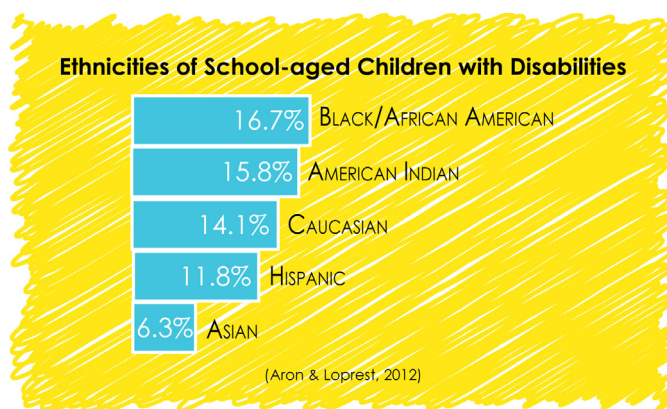
In addition to what states are doing, the federal government is increasing funding. A “USA TODAY” report “Obama calls for changes to mental health care,” stated that Medicaid is the largest funder of mental health services in the country. Another 17 million people will be eligible for coverage under the Affordable Care Act. President Barack Obama proposed spending \$50 million to train 5,000 mental health professionals to work with young people in communities and schools. (Szabo, 2013)

An increase in funding is necessary to service the increased number of children diagnosed with a developmental or mental disability. A “USA TODAY” article “One in six children have a developmental disability,” reported that the number of children with developmental disabilities has increased by 17 percent in 12 years (Szabo, 2011). This jump is mainly attributed to an increase in diagnoses for autism and attention-deficit hyperactivity disorder. And according to “Pediatrics, 2011,” more health and education services will be required.

Environmental Trends

According to the website Data Resource Center for Child & Adolescent Health (“Types of family structures in which CSHCN live ...”), in 2010, nearly 26 percent of children with special needs were living at home with only one parent – the mother. In Missouri, almost 30 percent lived at home with only the mother.

The CDC has found children insured by Medicaid were nearly 67 percent more likely to have a developmental disorder than those with private insurance and children from families with income below the federal poverty level had a higher prevalence of developmental disorders (CDC, 2013).



This chart illustrates the ethnicities of school-aged children with disabilities.

CHILDREN'S THERAPEUTIC LEARNING CENTER History

Since 1947, CTLC has provided early intervention services to more than 5,300 families in the Kansas City metro. Three local volunteers started the organization to help build the skills of children with cerebral palsy at a younger age than was previously offered in the community in order to help them transition to formal schooling.

CTLC underwent multiple name changes, settling on its current one in 1991. It became affiliated with Children's Mercy Hospital in 1965; however, in 1993, the official affiliation ended and CTLC took on its own programming and fiscal responsibility to provide services. Throughout the years, the organization expanded its services to include early intervention programs, hearing and vision services, and other services for children with varied disabilities. In 1994, CTLC joined with YMCA and Children's Center for the Visually Impaired (CCVI) in its

current location at the Children's Center Campus at 3101 Main Street in Kansas City, Mo.

Services

Currently, the organization provides outpatient occupational, physical, speech and aquatic therapies; multiple full and half-day preschool classes with therapy sessions throughout the day; and in-home early intervention services. CTLC also provides contracted services to two charter schools in Kansas City for therapy services. The agency is open Monday through Thursday each week with a school-year calendar running from August to July.

In 2012, the agency's contract with Wyandotte County Infant Toddler Services ended, which accounted for 66 percent of CTLC's services. The contracted services with schools accounted for 12 percent, therapeutic preschool accounted for 10 percent, and home community services and outpatient treatment services accounted for 7 and 5 percent, respectively. (The Flyer, Spring 2013)

Services Offered by Children's TLC

Therapy

- Occupational Therapy
- Physical Therapy
- Speech Language Pathology
- Aquatic Therapy

Preschool Services

Center-based Preschool Classrooms

- Deaf/Hard of Hearing Classroom
- Multi-age and Non-categorical Classrooms

Parent Activities

- Parent Committee
- Parent Workshops
- Parent-Teacher Communication

Outpatient Clinic for Appointment Services

Home-based/Community Services

- Early Intervention

Children's Therapeutic Learning Center offers a variety of services.

Audience

CTLC communicates with multiple audiences: donors, families, referrers, board members and the general public.

Donors: CTLC holds events throughout the year to raise money, which gives it the opportunity to communicate with several groups. These groups include: event attendees (non-consistent donors) and consistent donors, or those who donate to CTLC on a regular basis, whether it be annually, bi-annually, twice a year, etc.

Families: CTLC must be in constant communication with the families of the children who receive services at the facilities.

Referrers: Referrals can come from multiple sources including physicians/pediatricians, government agencies, social workers/care coordinators and school districts.

Board Members: As major decision makers and advocates for the organization, CTLC should communicate with board members on a regular basis.

General Public: Whether they be passers-by at the Children's Center Campus location at 31st and Main Streets, or a participant in Groundhog Run, CTLC should promote its services and educate the public about the organization's services.

Organizational Structure

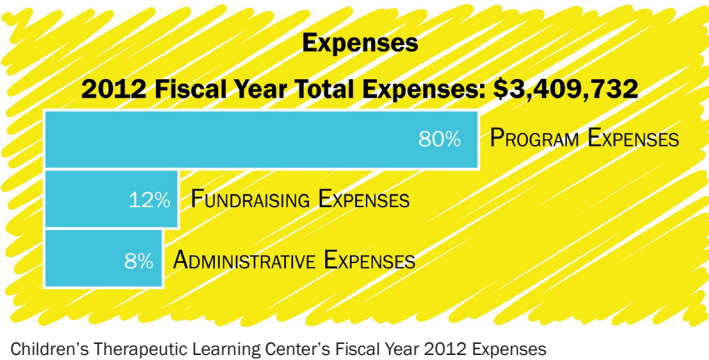
The CTLC leadership team is comprised of Alan Murry, executive director; Susan Steckmest, director of finance; Shelia Rancatore, program director; Stephanie Volk, director of development; and Helen Smith, agency coordinator. CTLC has 19 full-time and 19 part-time employees. The organization has a 37-member board with four committees focused on finance/audit, governance, human resources and quality of services.

Vision: To provide therapeutic and educational services for children with disabilities in an environment which fosters their independence and celebrates their successes.

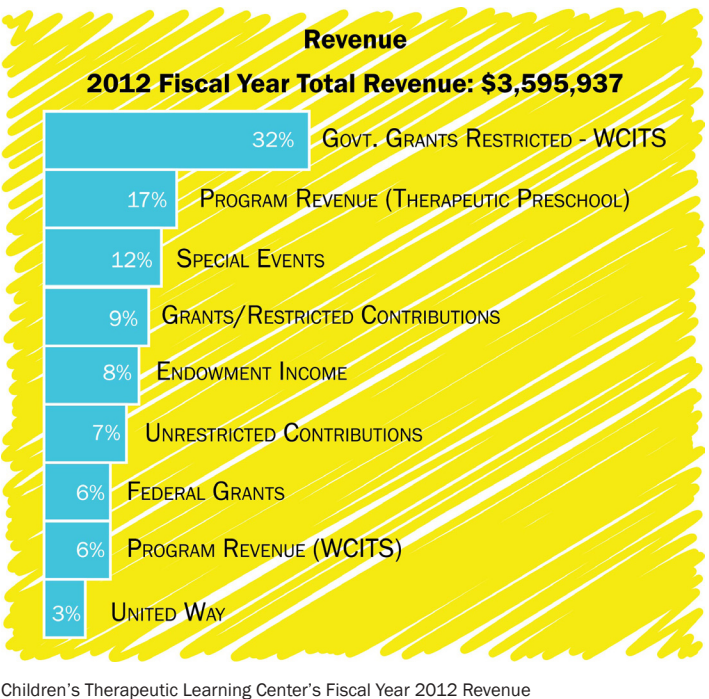
Mission: To become a model community of caring professionals, volunteers and families dedicated to innovation and excellence in the education and rehabilitation of diverse children with disabilities.

Finances

In FY2011, CTLC recognized a net gain of \$132,078, mostly due to non-operating income from the Stepladder Endowment. Although the agency still saw a loss from operations, it experienced a 17 percent increase over FY2010 operations, resulting in a lower loss.



In FY2012, the total operating revenue for CTLC was almost \$3.6 million. The year saw a net gain of \$186,206, again mostly due to non-operating income from the Stepladder Endowment. The agency saw its greatest reduction in loss from operations with a 69 percent improvement over the prior year. On June 30, 2012, the Wyandotte County Infant Toddler Services program (WCITS) contract ended for CTLC, which accounted for 38 percent of the organization's revenue. In FY2013, the Stepladder Endowment will not be available to help cover expenses.



The majority of revenue for CTLC came from the WCITS program (38 percent), followed by preschool tuition revenue (17 percent), special events (12 percent), grants/restricted contributions (9 percent), endowment income (8 percent), unrestricted contributions (7 percent), federal grants (6 percent), and United Way (3 percent). The majority of the organization's expenses (80 percent) goes to program expenses, followed by fundraising (12 percent) and administrative expenses (8 percent). (The Flyer, Spring 2013)

COMPETITIVE LANDSCAPE

Regional Summary

In the Kansas City region, multiple agencies and organizations provide services for disabled children or children who are diagnosed with a developmental delay. Options range from center-based, nonprofit formats to programs available within area school districts. For the purposes of this competitive summary, we will categorize the options into primary and secondary competitors using the format as the determining factor.

COMPETITORS OF CHILDREN'S TLC

DIRECT COMPETITORS

The Children's Spot
Lee Ann Britain Infant Development Center
Sunshine Center
Northland Early Education Center
Triality Tots
Childrens Center for the Visually Impaired

INDIRECT COMPETITORS

Kansas Infant Toddler Services
Infant Toddler Services of Johnson County
Missouri First Steps
Kansas Public Schools
Missouri Public Schools
Special Learning Center

Children's Therapeutic Learning Center has many direct and indirect competitors in the Kansas City metro area.

In Kansas, 37 county-based early intervention providers make up the Tiny-k Alliance ("Tiny-k Alliance"). In Missouri, the state's First Steps early intervention program coordinates services for children from birth to 3 years old. In addition, dozens of privately funded, center-based organizations offer certain types of early

intervention services. Since CTLC offers services in a center-based format, major findings will be addressed when comparing CTLC to other direct competitors in the region.

Preschool Option

All direct competitors offer a preschool option for children with developmental delays or disabilities. This increases competition for attention and a need for differentiation if CTLC sees the therapeutic preschool as its primary service offering.

The therapeutic preschool setting offered by each of the direct competitors follows a similar approach: peer-model classrooms that accommodate individual learning levels and strive to prepare children for “a lifetime of learning success” (CTLC in Kansas City). Preschool teachers at direct competitor programs hold varying levels of education, with CTLC instructors being required to hold a bachelor’s degree as a minimum qualification. Among the direct competitors, only CTLC’s facility includes access to a therapy pool.

The therapeutic preschool setting is an important differentiator for CTLC when compared to services offered by indirect competitors. All indirect competitors noted have some type of federal government tie, with some being the lead agency designated by the state to provide early intervention services. Lead agencies commonly contract with providers to deliver intervention services, and are thus important pipelines for children who might be candidates for preschool services at some point.

However, indirect competitors also commonly have ties with, or are local school districts, as schools have been faced with increased requirements to develop preschool services. This creates a level of competition for children who are clients of the indirect competitors.

Children who have utilized services provided by a state agency may have preschool options in their local school districts that present greater convenience for parents. Even if public school preschools do not offer the same quality or expertise as the preschools run by the direct competitors, they offer another important difference: the ability to be mainstreamed into a public school setting.

Services at Birth

Compared to the direct competitors, CTLC is the only organization not offering center-based services to children starting at birth. CTLC’s services begin at 12 months of age (CTLC, 2012).

Compared to the direct competitors, the majority of CTLC’s clients range from 2-6 years old. The focus on children between 12 to 24 months of age is a recent change for CTLC (services were added in September 2012). Current space restrictions do not permit expansion for a room dedicated to infants. This does represent a potential challenge for CTLC, as parents of children with developmental delays may gravitate toward providers who offer a full continuum of options for children based on age. For a comparison of services offered by competitors, see chart below.

	SUNSHINE CENTER	CCVI	BRITAIN	TRIALITY TOTS	CHILDREN'S SPOT	NORTHLAND EARLY EDUCATION CENTER	CHILDREN'S TLC
Physical Therapy			●	●	●	●	●
Occupational Therapy			●	●	●	●	●
Aquatic Therapy		●	●				●
Sensory Integration Therapy			●				
Speech Language Therapy			●	●	●	●	●
Music Therapy			●				
Feeding Therapy			●		●		
Integrated Listening Systems			●				
Therapeutic Listening			●				
Parent-involved classes	●		●				
Adult Services				●			
After School Programs	●			●		●	
Sign Language				●			
Early Literacy				●			
Science Exploration				●			
Autism Services			●	●			
Social Emotional Development	●			●			
Infant Stimulation				●			
Parent Education/Support	●	●			●		●
Visually Impaired Services		●					
Full and Half Day Services	●	●					
Preschool	●	●		●	●		●

This chart illustrates which services are offered by which competitors. A black dot represents a service offered.

Website

Compared to the direct competitors, CTLC has an average- to below-average website presence for the following audiences:

- Potential families
- Volunteers and donors
- Community members

CTLC’s current website presents a variety of information geared toward individuals in each of the three above audiences. However, information is poorly categorized and lacking a professional, branded appearance. In some cases, information is presented without a response mechanism, such as the ability to sign up online to volunteer.

Two direct competitors, CCVI and the Children’s SPOT, offer excellent website experiences. In addition to a credible, branded image, the sites leverage video, powerful testimonials, professional photos and well-organized information. These two direct competitor websites are inviting and easy to browse, connecting users with the specific information they are seeking.

Relative to donors and volunteers, CTLC separates a call to action for each group, but includes no meaningful information in these separate sections of the website. The single “donate” page includes a brief paragraph and an online giving form. The single “volunteer” page includes a description of opportunities but no ability to submit information online. In comparison, certain direct competitors include motivational information in their donor or volunteer sections, such as photos, testimonials and event opportunities.

Early Intervention

Direct competitor websites and/or materials do not provide convincing statistics about the importance of early intervention.

Direct competitors focus on touting their range or quality of services, perhaps assuming that potential client families or donors understand the importance of early intervention or the difference that an early intervention-based approach can make. This represents a potential opportunity for CTLC as the organization reevaluates its web presence and branding efforts.

Fundraising

Between CTLC, its direct competitors and other area non-profits, a variety of fundraising events take place within the Kansas City metro area each year. Of the direct competitors, many seem to use the same type of fundraising events: some type of race or run/walk, a gala, and other smaller cocktail hours or parties. In studying the timeframe of the direct competitors’ fundraising events, it became apparent that many of these events occur in early spring, including the following:

January: Groundhog Run, CTLC

February: Sake with Friends, CTLC; Once Upon a Time, Saint Luke’s Foundation (The Children’s SPOT); Food Fight, CCVI

April: Trolley Run, CCVI

Thus, the fundraising event landscape is crowded among the direct competitors. Multiple options and similar ticket prices create the need to stand out in order to capture attention and dollars.

FUNDRAISING EVENT COMPARISON			
	Sake with Friends	Once Upon a Time	Food Fight
Individual Ticket Price	\$100	\$100	\$80
Lowest Sponsorship Level	\$500	\$1,000	N/A
Highest Sponsorship Level	\$3,000	\$20,000	N/A
Event Website	No	No	Yes
Web Presence	Poor	Good	Good
Purchase Tickets Online	Yes	Yes	Yes
Event Attendance	>100	>200	>100
Auction	No	Yes	Yes
Published Committee	No	Yes	Yes
Standalone Social Media Presence	No	No	Yes
Year Founded	2012	1997	2010
Covered in Local Media	No	Yes	Yes

This chart compares the amount raised at a Children’s Therapeutic Learning Center event against two competitor events.

Conclusion

In an ever-growing sector of American life, providers of services for children with disabilities must learn to wade through legislation, medical advances and unique circumstances. The blurred line between medicine and education when it comes to dealing with these disabilities adds another level of difficulty. When reviewing the competition, it becomes apparent that competitor organizations in this field typically have a specific area of specialty. Even if the service offerings of the organization are somewhat broad, the competitor organizations reviewed in this research are known for treating specific disabilities or specific audiences. This is further evidence of the need for CTLC to be specific about its services and area(s) of expertise.

CTLC has the opportunity to grow with society as autism and other developmental disabilities become more prevalent. However, if CTLC develops additional services, such as a focus on autism therapies, the organization must also evaluate the competitive landscape before fully committing resources to new areas. The organization must be aware of its indirect, direct and potential competitors in order to find a niche in Kansas City that will contribute to increased enrollment and a larger patient base.



SWOT Analysis

STRENGTHS

- **Multi-Disciplinary Approach:** CTLC employs a variety of techniques to aid in students' development, including individual therapy, family involvement and peer-model classrooms.
- **Staff Goes the Extra Mile:** CTLC staff members are committed to students and will do whatever it takes to ensure the children are successful even as they move on to the next step in their care. If CTLC is unable to provide certain services, staff work with outside providers to coordinate care.
- **Innovative:** CTLC embraces new techniques, including iPads and smart boards for classrooms and piloting a curriculum used nationwide.
- **Diverse Services:** CTLC offers a variety of services that exposes students to children of all developmental levels. This helps kids learn at an early age how to accept and embrace diversity without fear.
- **Amenities:** CTLC offers one of the few aquatic therapy centers in the Kansas City area. CTLC also has an extensive physical therapy room, which includes the only special treadmill in Kansas City, Mo., to assist children with their motor skills.
- **Efficient, Qualified Staff:** CTLC requires all therapists have master's degrees, and the staff is small enough that it can interact with and learn from one another, which allows it to adapt to childrens' needs.
- **Full-Time Nurse on Site:** The full-time nurse from Children's Mercy Hospital on site at CTLC permits children to receive treatment from a medical professional if they need it.
- **Credentials:** CTLC holds a license from the Missouri Department of Health and Senior Services as a childcare program, and is a partner site for Missouri's Early Head Start and Head Start programs. The agency is accredited by the National Association for the Education of Young Children (NAEYC) and the Commission on Accreditation of Rehabilitation Facilities (CARF).

WEAKNESSES

- **Diverse Services:** The wide range of services CTLC offers is both a strength and a weakness because it prevents the organization from focusing on one disability and creating a clear identity among the many early education organizations in the area.
- **Funding Issues:** Money plays a big role in terms of what CTLC is able to offer; however, this can lead the organization in unintended directions and confuse people about CTLC's purpose.
- **Name Is Unclear:** The abbreviated "Children's TLC" does not describe what the organization does, but the entire name, "Children's Therapeutic Learning Center," is a mouthful. Furthermore, a variety of other area organizations, such as KidsTLC in Olathe, Kan., have similar names, which clouds people's understanding of CTLC.
- **Location Can Be Inhibitor:** It's difficult for passers-by to identify the Children's Center Campus unless they are coming from a particular direction, and the shared space with a competing organization, CCVI, makes it difficult for CTLC to truly set itself apart.
- **Multiple Target Audiences:** CTLC has to consider multiple audiences, which makes it difficult to focus.
- **Limited Hours:** CTLC is only open Monday through Thursday from 8 a.m. until 3:30 p.m., which makes it difficult for parents or other caregivers who hold full-time jobs to coordinate transportation and additional care.
- **Marketing Shortfalls:** On the few marketing materials CTLC produces, the agency struggles to maintain consistency, which can make the agency appear disorganized. The materials also fail to convey the level of care that CTLC provides.
- **Lack of Referrals:** CTLC relies heavily on word-of-mouth marketing for people to learn about the program; however, the organization doesn't formally encourage advocacy and doesn't regularly track from where referrals come.

OPPORTUNITIES

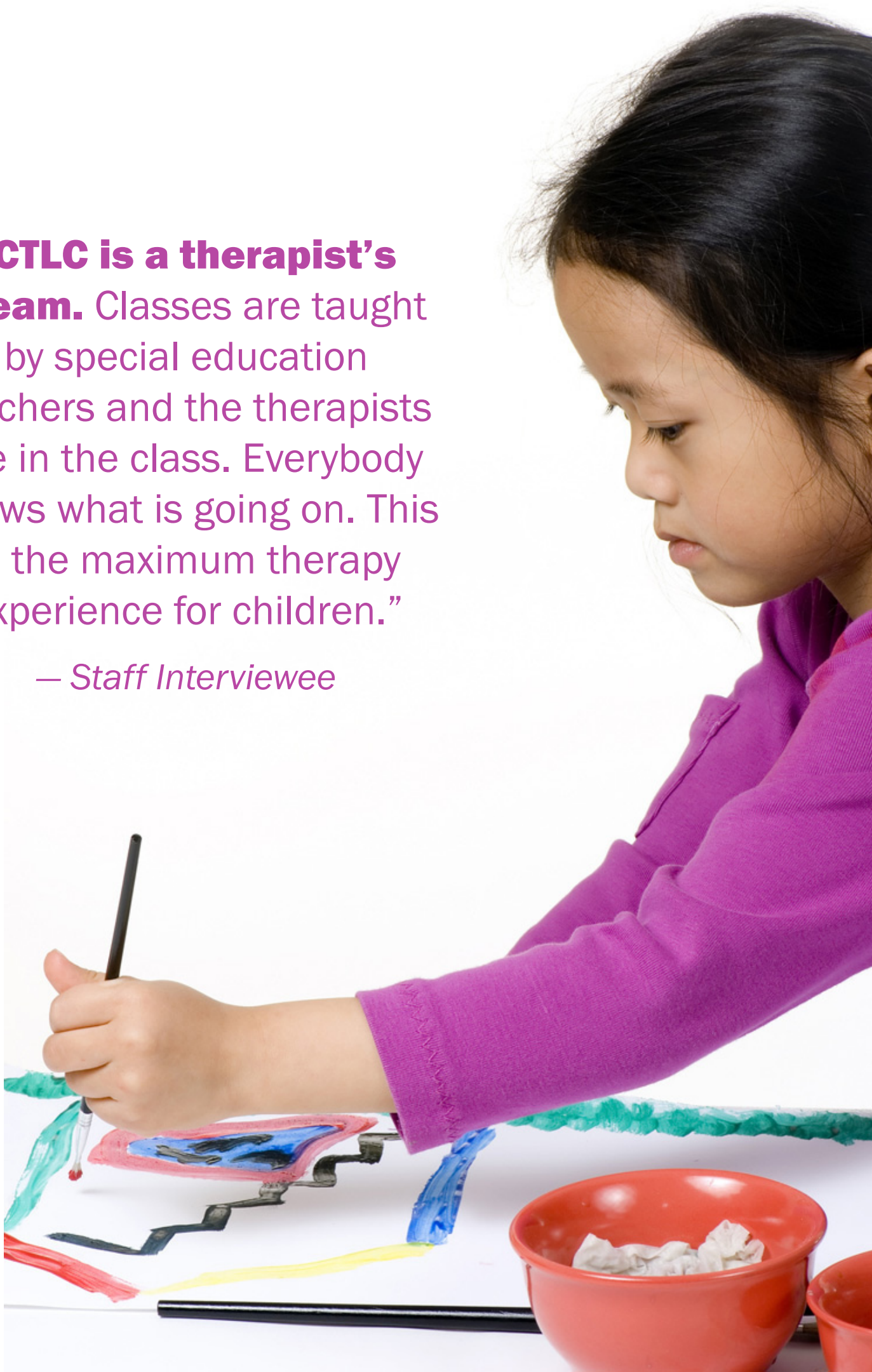
- **Outpatient Services:** People often overlook the agency as an option for therapy services even though the agency has a qualified staff to provide the services and no set capacity for the number of kids it can see.
- **Affordable:** Families can receive funding for care through multiple sources such as Head Start and agency scholarships, which range from a 20 percent to 90 percent reduction of tuition fees.
- **Accessible to Underprivileged Families:** The Children's Center Campus is located near lower income areas that tend to have underprivileged families who are more likely to have children with early developmental disabilities and limited access to high-quality facilities (CDC, 2013).
- **Parents as Advocates:** CTLC has a wealth of parents who could serve as strong advocates for the organization because they have experienced first-hand what it can do for kids.
- **Family Support:** Few organizations provide substantial programs for parents, siblings and other relatives of special-needs children, yet these caregivers often need just as much attention as the children.
- **Physician Partnerships:** Being in the Kansas City metro area, CTLC has access to excellent physicians. These individuals regularly see kids who would be prime referrals for CTLC.
- **Extended Services:** To assist caregivers, CTLC could extend its hours/days of operation and provide transportation to and/or from the center.

THREATS

- **Donor Attitudes:** When choosing whom to serve and where to provide services, CTLC has to be mindful not to offend its donors.
- **Brand Disconnect:** Even though CTLC may benefit monetarily from events, attendees don't always realize what organization they're contributing to. This makes it difficult for CTLC to establish a relationship with these potential long-term donors.
- **School Districts:** Programs offered through the public school system may be more appealing to families, particularly if a sibling already attends the school.
- **Continued Referrals:** Because CTLC serves a high-turnover clientele, it has to work to re-establish a steady stream of referrals each year.
- **Other Agencies:** CTLC is one among many organizations in the community that serves children with developmental disabilities, so the agency's "prospect base" is pulled in many directions.
- **Economy:** The current slow economy, along with possible legislative limits on tax deductions for high income earners, could make fundraising a challenge.

“CTLC is a therapist’s dream. Classes are taught by special education teachers and the therapists are in the class. Everybody knows what is going on. This is the maximum therapy experience for children.”

— *Staff Interviewee*





Primary Research

PRIMARY RESEARCH

Purpose

In order to gain a deeper understanding of CTLC's image, target audience and opportunities for growth, the team conducted a variety of primary research initiatives to gain a clearer understanding of what CTLC is doing well, what the organization can improve and what life as a parent of a disabled child is really like. The team was also eager to compare the results of its primary research with the results of earlier conversations with the organization staff to determine if leadership is making decisions based on customer needs and input.

Method

The team conducted a comprehensive survey of CTLC parents and caregivers to gather specific information and opinions of this key group. Over a period of nine days they gathered information regarding the challenges facing families with disabled children, highly demanded services and the demographic makeup of CTLC's current audience.

To gain insight into the strategic goals of the organization, the team also conducted a separate survey of CTLC board members. This survey led to three individual, in-depth interviews with board members to further discuss the competitive landscape and long-term success of the organization.

To gain a better understanding of internal culture and organizational history, team members also held three separate interviews with groups of CTLC employees.

Finally, the team distributed a survey to local parents of disabled children. This tool helped assess the public's current perception of CTLC, as well as broad trends in the demand for certain types of services.

CTLC PARENT SURVEY

CTLC PARENT SURVEY

(For a complete copy of the survey and responses, see Appendix A.)
The team conducted a survey for parents of children currently receiving CTLC services and parents of children who formerly received CTLC services from Feb. 22 through March 4. A total of 15 individuals took the survey via Qualtrics, with 11 of them completing the entire questionnaire.

The survey instrument included 24 questions that addressed four broad areas:

- 1. Disabilities and situation of the child
- 2. Competitor review and key service areas
- 3. Satisfaction/dissatisfaction with the organization
- 4. Demographic information

The Respondents

While the demographic information of the respondents varied slightly, there were prominent trends in the overall parent response.

- 80 percent of respondents reported a Missouri zip code
- 77 percent of respondents reported a total household income of \$75,000 or less
- 70 percent of respondents reported their highest level of education was an associate’s degree or lesser credential (such as a high school diploma or GED, or no diploma)

From this information, the team determined that CTLC is currently serving a target audience of moderate to low income families, typically located in urban Kansas City, Mo. neighborhoods.

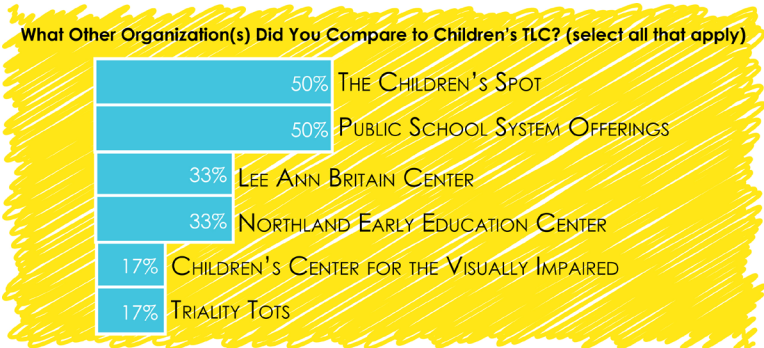
Key Survey Findings

Awareness of CTLC

When asked about the manner by which each family found out about CTLC, the largest category of respondents (40 percent) reported a referral relationship was key. Responses indicated referrals from a speech language pathologist or a Missouri First Steps therapist were crucial in linking families with the organization.

Competitors

The survey confirms there is no single, direct competitor of CTLC. Families actively researched several different types of organizations in their search for services. This illustrates the fragmented nature of the service landscape for families with disabled children, and underscores the need for CTLC to be able to effectively differentiate itself from other similar organizations.



This chart illustrates responses from parent survey when asked "What other organization(s) did you compare to Children's TLC? (select all that apply)."

Selection Factors

Families appear to be selecting CTLC for a variety of reasons. However, two factors, the therapeutic pre-school setting and the quality of services, clearly hold more value in this decision.

When asked to rank the importance of seven factors in a parent or family's decision to choose CTLC, 80 percent of respondents reported the quality of services was highly important, and 70 percent of respondents noted the therapeutic pre-school setting was also a highly important factor. These two factors outranked the importance of location, types of therapy offered, the cost of a program and small class size in their relative importance to the decision making process.

Development of Additional Services

Service offerings are key for CTLC. With a healthcare landscape that continues to change, it is important for CTLC to assess future services based on demand from its target audience.


When asked about additional services to which families would like access, there were multiple responses. It is clear families would like to have more support services.

As a follow-up to this question, the survey also asked an open-ended question regarding the most important areas in which CTLC could improve. More than 50 percent of respondents wanted extended hours or days of operation.

Summary

The CTLC parent survey gave a clearer picture of its customer base and helped identify the needs, desires and behaviors of its current audience. This information should be used to shape organizational messages, help inform the development of future services and identify possible opportunities for the organization.

Currently, it appears CTLC's primary audience is comprised of the lower-income, less-educated populations who live in a tightly-clustered area around the organization's facilities. Key opportunities for improvement and further enrollment may include partnerships and physician referral programs, extended hours or a full-week schedule, and transportation options for families. Families also choose CTLC for its two strongest features: the quality of available services and the therapeutic pre-school format.



“They care not only for your children (very well and in every way they can), but they also care for the whole family. **The support you receive is awesome.**”

— Parent Survey Response

CTLC BOARD SURVEY

CTLC BOARD SURVEY

(For a complete copy of the survey and responses, see Appendix B.)

From Feb. 25 to March 5, the research team conducted a survey of current CTLC board members. A total of 20 out of 34 recipients completed the survey, a 59 percent response rate for the board overall.

The survey, conducted via Survey Monkey, included 16 questions that addressed three main areas:

- 1. CTLC involvement
- 2. Perception of CTLC
- 3. Ideas/concerns for the future

The Respondents

Even though board members don't have to meet a standard set of criteria to serve, the current members are strikingly similar when it comes to CTLC and community involvement.

- 75 percent have served on the board one to six years
- 50 percent were involved with the organization before joining the board
- 50 percent currently serve on other area boards
- 70 percent or more attend CTLC events, visit the facility and/or help plan events

Based on the respondents' profiles, CTLC board members are more than just figureheads; they are active in the agency. Board members take a vested interest in the agency and are committed to helping the agency succeed.

Key Survey Findings

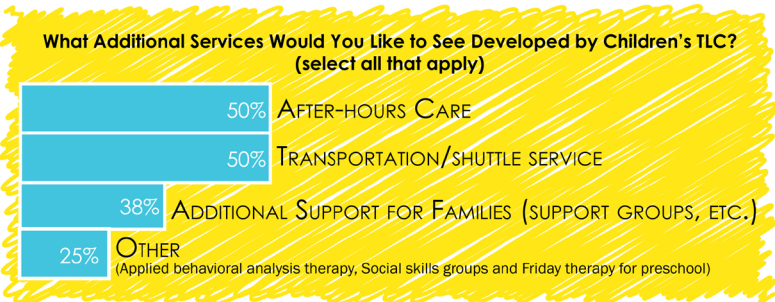
Superior Quality

The board believes CTLC is a standout organization because it provides a wide range of services in a centralized state-of-the-art facility. In addition, the board highly praised staff, saying, "We serve the entire spectrum of needs, from minor speech delay to the rarest disorders. We can do that because of the capabilities of our staff." Everyone who works for, or volunteers with the organization puts the children first, all the time, which results in an unrivaled level of attention for the kids.

Additional Services

When asked what additional services CTLC should provide, board members said it should provide more access to the current services, not add more services. For example, respondents frequently suggested extended hours and increased outpatient services.

Aside from longer hours, many board members recommended that CTLC add autism services to its offerings. Some respondents said any services the agency adds must show a return on the investment.

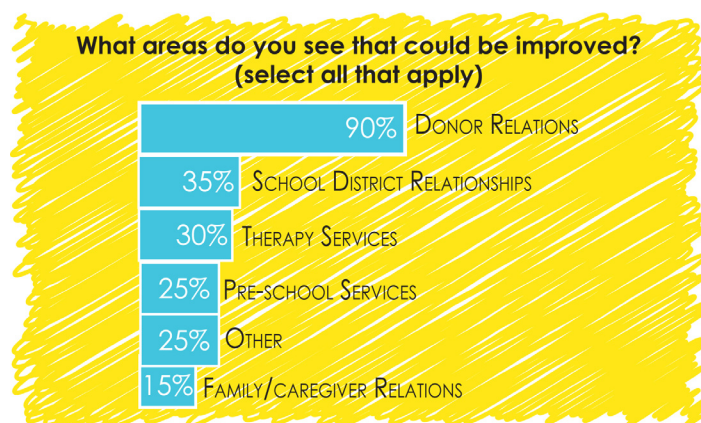


This chart illustrates responses from the board survey when asked "What additional services would you like to see developed by Children's TLC? (select all that apply)."

Funding Concerns

Board members consistently expressed concern about funding for CTLC, citing an unstable revenue stream, changes in the market and donor burnout. In fact, donor relations ranked as the highest area in which the organization could improve.

One member stated, “People don’t know us, and even worse get us confused with KidsTLC. Potential donors don’t understand what we do and why they should support us.” Another said CTLC needs to achieve “competitive differentiation.”



This chart illustrates responses from the board survey when asked “What areas do you see that could be improved? Select all that apply.”

Pride

Board members believe in the mission of CTLC and feel the organization meets a need for children with special needs. Respondents took pride in the fact that CTLC focuses on the whole child and his or her family, not just a specific disability.

Respondents stated that CTLC finds effective ways to educate children, both in the classroom and through its specific therapy services. Because of their confidence in the agency, 25 percent of board members have referred at least one child to CTLC, and almost 16 percent have a child who has attended the school.

Conclusion

From the survey responses, it is clear CTLC has a passionate, dedicated board, but the group has clear concerns about the agency’s financial situation. The board recognizes the need for the organization to expand its services in some capacity so it can continue meeting the most pressing needs of children with special needs. Board members agree the agency’s strongest assets are its qualified staff and all-in-one facility. These strengths can help CTLC determine the audience it can best serve and can aid in future marketing plans.

BOARD MEMBER INTERVIEWS

BOARD MEMBER INTERVIEWS

(For a complete copy of the board member interviews, see Appendix C.)

Between March 4 and March 16, the team conducted personal interviews with three CTLC board members. These board members agreed to be interviewed beyond their participation in the board of directors survey, however, they wished to remain anonymous for the purpose of sharing specific information and opinions.

Each interview addressed common areas of concern evident from the previous survey. Questions addressed brand image, development and fundraising, organizational funding, and organizational services.

The Interviewees

Together, the three have spent a combined 10 years on the board of CTLC.

Key Interview Findings

Brand Image

Board members consistently acknowledged there are several reasons why limited resources are devoted to developing the CTLC brand. However, they all felt strongly that, because of competition and name confusion, this should be an area of intense focus for the immediate future. Board members spoke specifically of the link

between a strong brand and an active and engaged donor base, acknowledging, "... we need to do a better job of communicating who we are."

Target Audience Confusion

Each board member echoed the current confusion within the organization in regard to target audience. The question at the board level seems not to be whether to serve families who cannot pay, but how to balance the operational strategy of finding families who can pay for services and helping those who cannot.

The board seems comfortable with the agency's diverse customer base and sees potential for the organization to develop a stronger reputation for serving low-income families. However, members all noted this must be done in a balanced way that addresses how CTLC will also focus on recruiting families who are able to pay. Without additional support, the current financial support of the agency is not strong enough for the organization to exist simply by targeting low-income families.

Members acknowledged this diverse customer base and confusion of target audience contributes to watering down the overall CTLC brand.

Development Strategy

More than one board member used the term “shot-gun approach” in referring to the current development and fundraising strategy. In fact, two board members questioned if there is an actual fundraising strategy, or if the organization is simply conducting development and fundraising in much of the same manner as it has over the past several years.

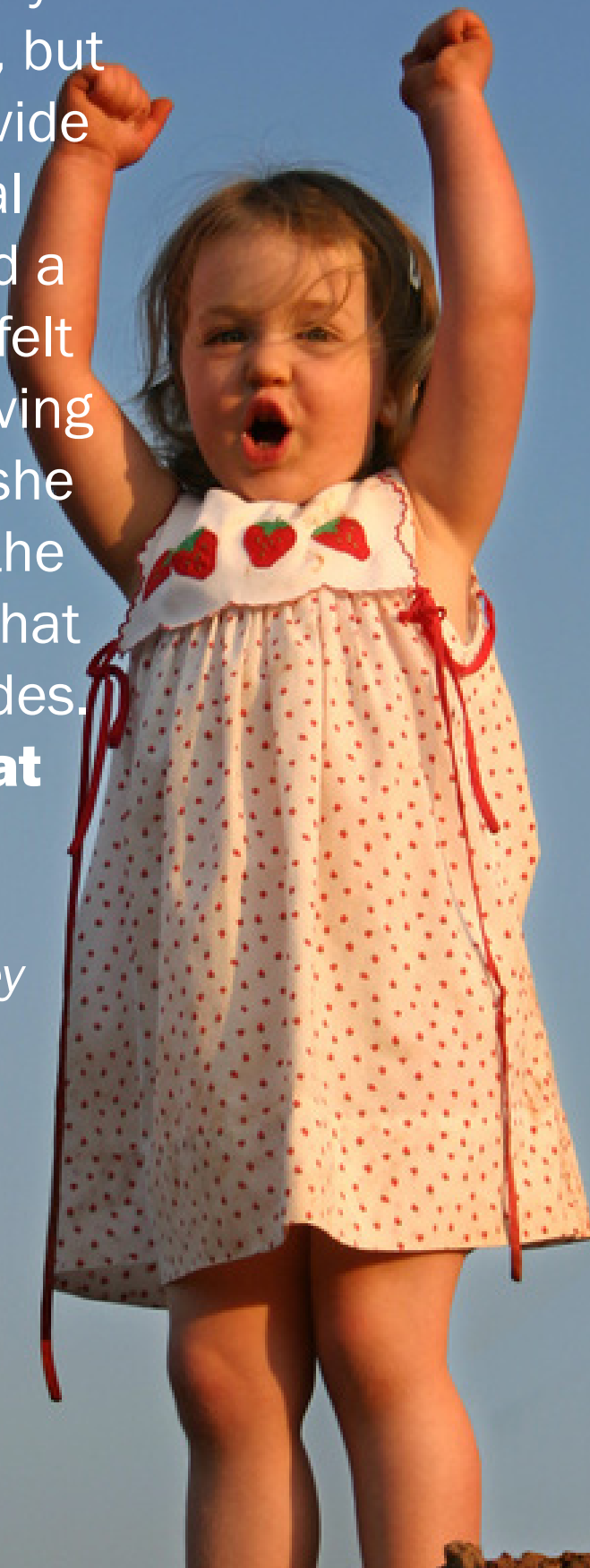
Examples of this included their concern regarding key fundraising activities. All three noted the two largest fundraising events, the Groundhog Run and the Duck Derby, currently do not allow for direct interaction with attendees. In their opinions, this results in a watered down or inconsistent message about CTLC. Because of the limited resources available in this area, and the need to recognize the role that fundraising activities play in the development of an overall CTLC brand, board members commented they would rather see the organization only hold events that “ ... absolutely build our name and impact.”

Board members also acknowledged the opportunity to integrate the success stories of CTLC children and families into the overall development strategy. While stories are used from time to time, board members mentioned competitor agencies that consistently use success stories to engage current and prospective donors. Since this is the cornerstone of CTLC’s work, board members realize the successes of the children offer a strong solution to communicate in a meaningful way with donors, while clearly reflecting what it is the organization actually does.

“I wanted a school
that would treat my
daughter the same
... as [a] typically
developing child, but
also able to provide
for her special
needs. I wanted a
school where I felt
comfortable leaving
her, and know she
would receive the
quality of care that
our family provides.

**I found this at
TLC.”**

— *Parent Survey
Response*



STAFF INTERVIEWS

STAFF INTERVIEWS

(For a complete copy of the staff interviews, see Appendix D.)

On March 1, the team conducted interviews with three groups of CTLC staff members. The members agreed to be interviewed but wished to remain anonymous for the purpose of sharing specific information and opinions. Each interview addressed questions that had come up during secondary research or through informal discussions with agency leaders. Questions addressed what employees like most about the organization, the biggest challenges facing CTLC and how the organization has changed over time.

The Interviewees

Each group represented a different length of service at the agency. Group one had three participants who have worked at CTLC for less than one year. Group two had three participants who have worked at CTLC between four and five years. Group three had two members who have worked for CTLC for more than 10 years.

Decreased Disabilities

Staff members said when CTLC started, it specifically served children with cerebral palsy. Throughout the years, the organization has addressed other serious physical disabilities such as polio and spina bifida. However, experienced staff members said that through time, the severity of disabilities has decreased, and now children more often have rare syndromes rather than debilitating diseases.

The staff agreed that CTLC excels in serving those with severe needs, so as technology continues to improve and reduce the impact of diseases that once left children disabled, individuals said the agency has to figure out how it can serve these types of disorders just as effectively. In the staff's opinion, the general public sees CTLC as serving only those with substantial needs, which sometimes leads families to look elsewhere for less intensive care.

Parent Education

In fall 2012, CTLC opened an infant room that has yet to reach capacity. Although the staff recognized that CTLC has not promoted the room much, the bigger concern is parents are not comfortable leaving children that young in the care of someone else. The other possibility is denial - parents cannot admit their child truly needs special care.

The employees were adamant parents need to understand how important it is to seek therapy for children with special needs as early as possible. This way, children can work with professionals and potentially overcome their disabilities before reaching school-age.

Facility

Regarding the facility, employees felt the shared Children's Center Campus was a huge asset for all three organizations (CTLC, CCVI and YMCA) because none could afford the building on its own. Teachers said sharing the building actually has benefits beyond financial; children who attend the YMCA program serve as additional peer models for the special needs kids at CTLC.

The only real complaint is it takes a considerable amount of time to implement any building changes. An employee said sometimes it takes so long to implement a building upgrade that a potential CTLC family has gone elsewhere.

Student Demographic

In the past several years, CTLC has seen a shift in students' demographic characteristics. Currently, families tend to have a lower socio-economic status. CTLC works to serve its current families by hosting food and clothing drives as well as boutiques, where families can shop for free.

However, staff pointed out that the downtown area where the Children's Center Campus is located has seen an increase in large corporations over the past several years, and CTLC should be targeting parents who work nearby.

Staff Morale

Across the board, one of the main pain points for staff members is low compensation. One person said, "Some people feel like since we work at a non-profit, our work is a charitable contribution." Despite this, the staff spoke highly of the employees' ability to put the children's care first and not let factors such as pay get in the way of the quality of work they do.

Teachers said they like the small class size because they can give children the attention they deserve. Also, the teachers constantly learn techniques from the therapists

so they can continue helping children hone their skills beyond the hour spent with a therapist each day.

Last, the staff noted that because CTLC has had relatively high director turnover in the past decade, the organization seems to be constantly in flux. Each director brings his or her own ideas to the agency, and just as the employees settle into a rhythm, the director leaves.

Conclusion

From the staff interviews, it was clear that like the board, the highest priority for the employees is the children they serve. Consequently, employees are open to change as long as it ultimately benefits the children. Staff members are aware that CTLC is most helpful to those with severe special needs, but employees know this audience is shrinking and that they must find a way to be equally as strong when serving kids with lesser disabilities.

The staff realizes the organization needs to do a better job of promoting the agency to others and helping educate parents about the importance of early treatment. The more parents who seek therapy for their children, the bigger the enrollment at CTLC, which would both boost enrollment in the infant room and provide the agency with more funding that could go toward staff salaries.

PERCEPTION SURVEY

NON-CTLC PARENTS OF DISABLED CHILDREN PERCEPTION SURVEY

(For a complete copy of the survey and responses, see Appendix E.)

The team conducted an online survey via Qualtrics during the week of March 11. The survey consisted of 15 questions and received 96 respondents. This survey was designed to measure:

1. Perceptions of CTLC and other organizations
2. The quality and number of services available to parents of children with disabilities in the metro
3. The challenges these parents face when coordinating care and finding services for their children

The Respondents

Survey respondents primarily lived in Kansas and Missouri, as well as two from Illinois and Iowa. Of these respondents:

- 51 percent lived in Kansas, 44 percent lived in Missouri
- 27 percent had a household income of more than \$100,000 per year; 27 percent \$75,001-100,000; 24 percent \$50,001-75,000; and 20 percent less than \$50,000
- 90 percent of respondents were the child's mother, 8 percent the father and 1 percent the grandmother

- The majority (65 percent) had a child who was 11 years or older; 25 percent were 8-10 years; 7 percent were 5-7 years; and 3 percent were 2-4 years
- The majority of respondents' children (60 percent) had a form of autism, and/or another disability like a learning disability or neurological disorder who were diagnosed at 5-7 years (30 percent) and 2-4 years (29 percent)

HOW MUCH INFLUENCE DID THE FOLLOWING FACTORS HAVE IN YOUR SEARCH FOR SERVICES FOR YOUR CHILD?

(IN ORDER FROM MOST INFLUENCE TO LEAST)

1. Quality of Services
2. Types of Therapy Offered
3. Focused Area of Care
4. Cost of Program
5. Small Class Size
6. Location
7. Therapeutic Preschool Setting

This chart illustrates responses from the non-CTLC parent survey when asked "How much influence did the following factors have in your search for services for your child?"

Key Findings

Branding/Awareness

Although 32 percent of respondents had heard of CTLC, they did not have a clear understanding of what services the organization offers or the quality of services, or they had the organization confused with KidsTLC. For example, two respondents said CTLC was only focused on severely disabled children. However, those who were familiar with the actual services CTLC provides felt the quality of services was excellent.

Support and Resources

The majority of respondents described their experience with finding out about their child's disability as a very difficult process with limited resources and direction. They overwhelmingly felt there are unmet needs regarding the services and resources available to parents. Many parents wanted social activities for their children. Cost was cited as the number one obstacle in meeting their children's needs, followed by the time commitment and availability of services. The majority of parents had used public school services, speech therapy and occupational therapy in the past. Overall, respondents ranked services available for children with disabilities in the metro as either fair (32 percent) or good (34 percent).

Decision-Making Factors

The biggest influences for parents when making decisions regarding services for their children were, in order of highest influence to lowest: quality of services, types of services offered, a focused area of care and cost of program. High cost and lack of insurance coverage were cited multiple times as obstacles in making decisions and getting necessary services for their children. Time was also a big factor, whether it was

trying to coordinate care, finding time to have services done or time spent doing the research.

Conclusion

The responses from this survey reinforce the fact that CTLC needs to focus on its brand and develop a strategy to reinforce that image with the public. CTLC also needs to communicate its services more explicitly to create understanding both internally and externally. There is also some confusion with the other organization, KidsTLC, about which organization is which.

CTLC has a marketing opportunity to provide resources and guidance to parents when it's needed most - upon receiving diagnosis. Partnering with physicians will allow parents to receive information about where services are and how to access them.

As one interviewee put it, "We really, really need to reach out to the people at Children's Mercy. It's the place for kids in Kansas City. If we don't get referrals from Children's Mercy, we're dead. Lee Ann Britain Center does well because Shawnee Mission supports them. The Children's SPOT does well because Saint Luke's supports them. It's not rocket science. Doctors and rehab teams need to tour CTLC on a regular basis - we need relationships with them just like this happens at Shawnee Mission and Saint Luke's. There are plenty of kids out there who would benefit from a center-based format instead of coming in each week for an hour of therapy."

Another marketing opportunity is to create events and gatherings to facilitate a sense of community for parents, while giving the children social time to build life skills.



Recommendations, Tactics and Measurement Guide

RECOMMENDATIONS, TACTICS AND MEASUREMENT GUIDE

Research Conclusion

After reviewing the results of primary and secondary research, and taking into consideration trends and best practices in the areas of development and fundraising, brand development and special education, we believe that CTLC has the ability become a stronger, more well-known organization by implementing the following recommendations.

To meet the agency's overall objective of filling an approximate \$1 million shortfall and increasing overall enrollment, CTLC must address opportunities within the areas of:

- Brand
- Development
- Relationships

While these areas are broad and may appear somewhat unrelated to each other, top nonprofit organizations understand the crucial interdependence that exists

among them. Strong nonprofits have active strategies that support each of these areas, resulting in a clear identity, strong base of financial support and loyalty from key audiences.

Plan Objectives

1. Increase the perceived value of the CTLC brand
2. Improve donor relations and fundraising effectiveness
3. Improve customer relationships and perception
4. Build strong and effective referral relationships

BRAND

Strategy 1:

Create a clear and consistent understanding of CTLC

Throughout the primary research and competitive analysis, it is apparent that perception of the CTLC brand is low. Several factors contribute to this situation:

- The understanding of the organization’s mission is inconsistent.
- Confusion with Olathe-based Kids TLC results in misconceptions about CTLC.
- The agency’s marketing materials are sparse and often contain grammatical errors.

A brand is the perception of an organization or a business that exists in an individual’s mind. It is crucial that CTLC engage in efforts that build a consistent image of the organization. Ultimately, this contributes to increased credibility and increased value in the organization itself. Brand clarity will enhance the awareness of CTLC’s services. Brand consistency will align efforts across communication channels.

and the audience(s) it serves through a series of simple, clear messages. These messages should translate key points about CTLC in a way that resonates with key audiences.

Below is a sample key message guide, focused on the messages of innovative treatment, personal approach, and children’s success, and how they differ among key audiences.

Note: The use of the term “trans-disciplinary” arose throughout the team’s research. While CTLC’s staff and therapists are widely familiar with this term, it is confusing to external audiences. For that reason, we recommend removing the word “trans-disciplinary” from wide use in external messaging. We encourage consistent use of simpler phrases, such as “comprehensive care.”

Tactic:

Develop key messages for CTLC that convey the organization’s values.

CTLC should specifically and clearly define its area of expertise

This chart is a sample key message guide, focused on the messages of innovative treatment, personal approach, and children’s success, and how they differ between key audiences.

Sample Key Message Guide			
	General Public	Families	Donors
Innovative	Using a range of therapies, CTLC provides comprehensive care for the whole child, all in a state-of-the-art setting.	Children with special needs benefit from access to highly skilled therapists and a customized preschool experience through Individual Education Programs.	CTLC is committed to providing cutting edge services for children with special needs, resulting in greater outcomes and higher quality of life.
Personal	A personal treatment plan, designed by expert therapists and staff, identifies measurable goals for each child.	The CTLC approach is personal - we believe that families are a crucial part of each child's success.	Your gifts make it possible for children with a wide range of needs to achieve their maximum potential.
Success	At CTLC, we are committed to helping children with special needs achieve their full potential.	At CTLC, children with a wide range of needs reach their maximum potential.	For more than 60 years, CTLC has remained committed to helping children with special needs achieve their full potential.

Measurement:

CTLC can measure these initiatives through surveys, focus groups or one-on-one conversations. The team recommends that CTLC conduct initial parent, community and donor surveys to understand current awareness of the organization. One year after implementing new messaging, the agency should conduct the surveys again to determine if awareness of CTLC has increased.

Tactic:**Encourage brand consistency by building and using a CTLC brand standards guide.**

Widely used in nonprofit and for-profit organizations, a brand standards, or brand identity, guide is a helpful tool for internal stakeholders. Specifically for employees in the areas of marketing, communications or development, a brand standards guide provides overall guidance for consistent use of images, typography, colors and more.

CTLC's brand standards guide should provide accountability for print, digital and interactive communication. Whether materials are produced internally or externally, the brand standards guide should act as a consistent point of reference for employees or outside vendors. All vendors – those retained for a fee or those donating their services – should follow CTLC's standards in these key areas. Many moving pieces contribute to brand image, and consistency among all of them is key.

Measurement:

- Clear calls to action that result in increased target audience response / activity
- Consistent use of typography, colors and logo among all communication materials (brochures, signage, event materials, newsletter, letterhead, business cards, campaign materials, website, e-newsletters, etc.)
- Brand recognition

Tactic:**Network with board members and donors to secure professional assistance in rebuilding the CTLC website.**

It is vital that CTLC revamp its entire digital image. As indicated in the research, confusion exists about services, the organization's name and event information.

In today's digital age, a professional digital image is vital to organizational success. A website's design needs to have the most important users in mind. Currently, the CTLC website is difficult to navigate, uninviting and portrays the organization in a less-than-credible fashion. The site doesn't tell the story of what's happening inside the walls at CTLC. Menu structure is inconsistent, calls to action are not clear or easy to navigate, and images are sparse and low quality.

In researching the websites of direct competitors, the team found that at least one local agency is receiving discounted services from a local digital firm. This results in a highly professional and engaging site that is easy to use.

The team recommends that a small task force, including those in development and marketing roles as well as board members with marketing and communications backgrounds, spearhead this project. With many of Kansas City's marketing and communications firms specializing in cause marketing, it is certain that one would step forward and donate or discount this service, as well as provide training on website analytics to key staff. Additional opportunities would exist for CTLC to leverage this relationship for further development of additional communication tools, such as videos developed specifically for the new website.

Measurement:

- External traffic to the CTLC website
- Level of online giving
- Number of volunteer registrations submitted
- Across key website pages, the bounce rate should ideally be less than 30 percent. Examples of key pages are Our Services, Therapy Services, Preschool Services and Outpatient Services.

This reflects that visitors are consuming meaningful information as they travel throughout the site. *Note:* Bounce rate measures the number of website visitors who view only one page then leave the site. High bounce rates on certain pages can indicate that visitors find the exact information they are looking for and then exit the site. High bounce rates for summary or gateway pages, such as those listed above, are typically an indicator that visitors are discouraged from traveling through the site to find specific information.

Tactic:

Add a dedicated marketing manager position to the CTLC staff.

To oversee and manage the tactics associated with building an improved brand and understanding of the agency, we recommend that CTLC add a dedicated marketing role to the team. To conserve limited funds, this position could initially be part-time; however, due to the magnitude of need, we recommend expanding this role to full-time within one year.

The marketing manager should take on the marketing-related duties that currently fall under the development area. The manager would oversee the integration of print, digital and interactive media (all stationery, web design and content, social media strategy, logo usage, etc), including management of any employees with tasks in these areas, such as the graphic designer and social media manager. CTLC should hire someone with basic marketing and nonprofit experience.

As identified later in this section, the needs related to development and fundraising are significant. We feel the organization would be best served by separating these two important roles (marketing and development).

Measurement:

- Improved internal focus on marketing efforts

DEVELOPMENT

Strategy 2:

Build awareness of CTLC preschool and outpatient therapy services.

The team's research supports the fact that the general public is confused and/or uncertain about the types of services that CTLC offers. In addition, since the service landscape has the potential to change on a fairly regular basis, it is vital to build a more explicit understanding of CTLC's main services: therapeutic preschool and different types of developmental therapy.

Tactics:

- Develop branded apparel and nametags for therapists that identify "The Clinic at CTLC."
 - Require therapists to wear branded apparel and nametags when they are representing the organization in a school, home or on-site outpatient setting.
- Separate the two largest service categories: "The Clinic at CTLC" and "The Preschool at CTLC."
 - Consider separating the services section of the new CTLC website under two overall menu items: The Clinic and The Preschool.

- Train front office and billing staff to incorporate this language into phone calls, billing and other key areas.
- Support the new structure by increasing the quality and services offered by front office staff, such as the ability to pay a copay upon a visit to the clinic and a centralized appointment system.

Measurement:

- Rate of inquiries for therapy and preschool services
- Record the number of current school therapy referrals. Track the number/growth going forward.

Strategy 3:**Focus on the donors who really matter.**

Donor relationships and fundraising effectiveness repeatedly surfaced in the research as the largest opportunities for improvement. Since the agency relies on outside funding sources, it is vital that a strong, strategic development plan is in place to support those efforts.

In addition to broadening the current donor pool, CTLC must also develop depth in this area. The agency should assign constituents to tiers based on their level of annual giving. Tiers should designate what types of communication each donor receives, what events they are invited to and what solicitations they receive on an annual basis. Donors above a significant level should be treated with a VIP approach. Donors of a moderate level should be encouraged and motivated to remain engaged in the agency. Donors of a minimal level should be communicated with more efficiently, with a less personal approach.

Creating constituent segments will help increase the efficiency of limited development resources and ensure the organization remains focused on those who provide the most significant sources of substantial, long-term support.

The perception and image of the organization are closely linked to a donor's potential support. Generally, constituents want to support thriving organizations that are doing meaningful work.

Tactics:

- Create donor profiles or segments and group the entire existing database accordingly.
 - Develop a VIP level of donor recognition, events and communication for top-tier funders.
 - Build communication plans that differ by segment.
- Create at least four communication pieces each year about a specific child's success to serve as additional donor appeals that strengthen the CTLC brand. Distribute these based on the individual donor segments (some receiving all four and others receiving one).

Measurement:

- Formally record the current number of donors and amount of donations and compare to past levels. On a go-forward basis, track donor retention and donation amount in a year-over-year format.

RELATIONSHIPS

Strategy 4:

Increase the effectiveness of CTLC fundraising events.

The research and competitive analysis showed a significant gap in the current fundraising event approach. The two largest CTLC events – the Groundhog Run and the Duck Derby – don't provide opportunities to interact with the majority of attendees. As a result, it's debatable if these events do more than simply raise revenue for the agency.

Ideally, the agency should build a strong tie to the organization among event attendees through signage, agency information, spokespeople or other communication tools. However, since the Groundhog Run and the Duck Derby provide a major source of income for CTLC, the organization should increase its branding at these events.

Additionally, CTLC should develop a third significant fundraising event each year that allows for direct interaction with attendees. Competitor organizations, specifically the CCVI and the Children's SPOT, currently have significant events that accomplish this while raising substantial funds.

Finally, the research also identified a discrepancy in the perceived value of events hosted by the Friends Association. Since the Friends Association is a key part of CTLC's fundraising efforts, the team recommends that the organization receive best practices training in planning and hosting effective events. This will increase the quality of CTLC's events while hopefully also resulting in a higher return on investment.

Tactics:

- Increase signage and branding at all CTLC events. Ensure that agency literature is available.
- Create a set of event standards and best practices that the hosting group must meet. This will guarantee that events accomplish two objectives: 1) raising funds for the organization, and 2) strengthening awareness and understanding of CTLC.
 - These best practices should include a "brand kit" with items that must be present at all events, i.e. donation envelopes, newsletters, signage, nametags/badges for representatives, etc.
 - Schedule at least one five-minute overview of CTLC, given by an organizational spokesperson, at each event.
 - Train members of the Friends Association to be organizational spokespeople. Ensure they are aware of CTLC's key messages and have a plan for communicating these messages at each event.

Measurement:

- Amount of funds raised at CTLC Friends Association events
- Level of newsletter and volunteer sign-ups completed at events
- Currently, CTLC has no consistent visibility at agency events, so any increase in signage would be an improvement.

Strategy 5:**Focus on developing key partnerships.**

Within the competitive analysis and also within the primary research, it is clear that successful special needs agencies are often connected to larger healthcare organizations. For example, the Lee Ann Britain Infant Development Center is a partner of Shawnee Mission Medical Center. The Children's SPOT is an extension of Saint Luke's Hospital.

These key relationships provide an important benefit – they are a referral pipeline for children who would benefit from the agency's approach versus standing appointments at one of the hospital's clinics. In these arrangements, the care of the child takes precedence over the profitability and processes of individual healthcare providers.

CTLC has a tremendous opportunity to partner with the area's leading children's hospital, Children's Mercy. The agency has historic roots with this hospital, and should intentionally develop physician and therapist relationships to build referrals for specific children. Not only should therapists and the program director foster relationships with Children's Mercy, but they should also facilitate referral pipelines with physicians throughout the city with no affiliation to Children's Mercy.

In addition, the agency also has an opportunity to leverage parents as key partners through a formalized referral process. Parents are also valuable partners for the agency as a whole. CTLC has a chance to create partnerships with parents of children with all types of disabilities, whether they are patients or students. In positioning the agency as a group committed to the care and development of children with disabilities, CTLC can create long-term support.

Tactics:

- Dedicate at least one day each month to networking on-site at Children's Mercy Hospital and other pediatric physicians' offices to build quality, long-term relationships.
- Offer tours of the CTLC facility for key Children's Mercy doctors and therapists on a quarterly basis.
- Develop a specific publication that highlights the success of referral children to share with physician contacts.
- Hold an annual area-wide summit that focuses on increasing the quality of care for children with developmental disabilities and delays. Invite key Children's Mercy physicians and therapists and address relevant topics. This event could become a motivating story within local media as an example of what two leading organizations are doing to ensure these children have opportunities to truly thrive.
- Develop a formal referral plan for current and past parents that includes asking for a specific referral source.
- Hold an event for the greater metro area four times a year at the CTLC facility. While kids do art therapy or swim, parents can attend topical workshops or take advantage of a few hours of respite care.



Timeline and Budget

TIMELINE

To help CTLC implement this communications plan, the team has created a general timeline that outlines when to implement the suggested tactics. The timeline begins with those tactics that are relatively easy to execute and most important. As the timeline progresses, the tactics become more aspirational, yet attainable.

The timeline includes four separate phases:

0 to 3 Months: Identity

- First, the organization needs to solidify its identity and goals so all staff and board members have a clear understanding of the agency's vision.

4 to 7 Months: Awareness

- After establishing its identity, CTLC can focus on creating awareness about the agency among its target audience.

8 to 11 Months: Donors

- With consistent branding and increased awareness, the agency can turn its attention to creating and caring for its donors.

12+ Months: Network

- As its client and donor bases grow, CTLC can focus on networking with other area organizations to create a solid, broad referral base for children with special needs.

Below is a detailed breakdown of the tactics that CTLC should address in each phase.

0 to 3 Months

- Add a dedicated marketing manager position to the CTLC staff.
 - To manage the suggested tactics, CTLC should hire a full-time marketing manager. Although this is a relatively high ongoing cost, it will pay off by ensuring that CTLC maintains high-quality, informative marketing materials that will attract more donors and families.

- Develop key messages for CTLC that convey the organization's values.
 - The agency should create a set of key messages that concisely embodies its values. All staff and board members should know these by heart so they consider them whenever working with a child, making a decision for the agency or speaking with a prospective family.
- Encourage brand consistency by building and using a CTLC brand standards guide.
 - A brand standards guide will ensure that CTLC materials are uniform and easily recognizable. This will create a clear physical identity for the organization and help it stand apart from competitors.
- Network with board members and donors to secure professional assistance in rebuilding the CTLC website.
 - CTLC's website needs to convey the level of care and services that its staff offers to children and families. The organization can take advantage of the marketing agencies in the area to see if one will discount or donate services to create a usable, inviting website for CTLC.
- Create a set of event standards and best practices that the hosting group must meet. This will guarantee that events accomplish two objectives: 1) raising funds for the organization, and 2) strengthening awareness and understanding of CTLC.
 - Because CTLC relies on non-staff members to help with events, the organization should set guidelines and establish expectations for the hosting group. This will guarantee that the event maximizes CTLC's exposure and positively represents the agency.

4 to 7 Months

- Separate the two largest service categories: “The Clinic at Children’s TLC” and “The Preschool at Children’s TLC.”
 - To clarify what that CTLC offers, the agency should adopt separate names for the two distinct services. This will communicate the organization’s purpose to outsiders and will consequently attract more families who need CTLC’s assistance.
- Develop branded apparel and nametags for therapists that identify “The Clinic at Children’s TLC.”
 - Therapists should wear CTLC apparel when working offsite to indicate they are affiliated with the organization. This is an easy, yet effective, branding technique that will help increase awareness.
- Develop a formal referral plan for current and past parents that includes asking for a specific referral source.
 - One of the easiest ways to gain new clients is to recruit from areas that have been successful in the past. For this reason, CTLC should regularly ask current and alumni families how they learned about the organization and build on that.

8 to 11 Months

- Create donor profiles or segments and group the entire existing database accordingly.
 - To recognize donors for their level of giving, CTLC should segment its donor base; the more people contribute, the more they receive in return. This will not only make donors feel rewarded for their giving, but it will also incite people to give more.
- Create at least four communication pieces each year about a specific child’s success to serve as additional donor appeals that strengthen the CTLC brand.
 - Donors want to see how their contributions are helping the children, so CTLC should publish stories about recent, real-life successes at the agency that will encourage donors to continue giving.

12+ Months

- Dedicate at least one day each month to networking on-site at Children’s Mercy Hospital and other pediatric physicians’ offices in order to build quality, long-term relationships.
 - By partnering with Children’s Mercy and other pediatric physicians’ offices, CTLC can become the agency to which these partners regularly refer their clients for additional therapy.
- Offer tours of the CTLC facility for key Children’s Mercy doctors and therapists on a quarterly basis.
 - To increase visibility into the organization and to show the magnitude of the agency’s therapy offerings, CTLC should invite Children’s Mercy staff to tour the facility regularly. This will help doctors and therapists understand that CTLC is a fitting extension of the initial care that Children’s Mercy provides.
- Develop a specific publication that highlights the success of referral children to share with physician contacts.
 - CTLC should invest in a high-quality, appealing publication that it can give to physicians to distribute to patients who need regular, specialized therapy. Although the publication will require time to create and funds to publish, it will increase awareness and enrollment, which will more than make up for the investment.
- Hold an event for the greater metro area four times a year at the CTLC facility.
 - Inviting the public to tour the facility will show people that CTLC truly can serve young children with virtually any type of special need, even those who require hydrotherapy. Public tours also will dispel any misconceptions that the agency is only for children with severe needs.
- Hold an annual area-wide summit that focuses on increasing the quality of care for children with developmental disabilities and delays.
 - By hosting an annual summit, CTLC will demonstrate its commitment to the betterment of special needs care. It will also position the agency as an expert in the industry.

BUDGET

All deliverables in the budget require either time or money, both of which are scarce at CTLC. The team took this into consideration when allocating the resources and recommended the minimum investment that would still accomplish the corresponding tactic. The proposed marketing plan totals \$52,000, less than three percent of the agency’s \$2 million budget.

Budget		
Tactic	Deliverable(s)	Estimated Cost
Add a dedicated marketing manager position to the CTLC staff.	Marketing manager position	\$35,000 / Year
Develop key messages for CTLC that convey the organization’s values.	Key messages that CTLC can publish on website or send to staff and board	8 Hours of Staff Time
Encourage brand consistency by building and utilizing a Children’s TLC brand standards guide.	Brand standards guide that ensures consistent image on publications	8 Hours of Staff Time
Network with board members and donors to secure professional assistance in rebuilding the CTLC website.	Website direction and review	10 Hours of Staff Time
	Website build	\$5,000 (assumes discounted rate)
Create a set of event standards and best practices that must be met by a hosting group.	Event standards guide	8 Hours of Staff Time
Separate the two largest service categories: “The Clinic at Children’s TLC” and “The Preschool at Children’s TLC.”	Staff training	80 Hours of Staff Time

Budget continues on next page ...

Budget

Tactic	Deliverable(s)	Estimated Cost
Develop branded apparel for therapists that identifies "The Clinic at Children's TLC."	20 white polo shirts with CTLC logo	\$300 - Vistaprint (could potentially have local company donate these)
Develop a formal referral plan for current and past parents that includes asking for a specific referral source.	Referral database	2 Hours of Staff Time / Week
Create donor profiles or segments and group the entire existing database accordingly.	Donor profile database	2 Hours of Staff Time / Week
Create at least four stories each year about a specific child's success to serve as additional donor appeals that strengthen the CTLC brand.	Success stories and testimonials	16 Hours of Staff Time / Year
Dedicate at least one day each month to networking on-site at Children's Mercy Hospital and other pediatric physician's offices in order to build quality, long-term relationships.	Enhanced relationships and awareness	8 Hours of Staff Time / Month
Hold tours of the CTLC facility for key Children's Mercy doctors and therapists on a quarterly basis.	Enhanced relationships and awareness Refreshments	8 Hours of Staff Time / Quarter \$50 / Quarter
Develop a specific publication that highlights the success of referral children to share with physician contacts.	Success story publication 1,000 8-page booklets	40 Hours of Staff Time / Year \$400 - Gotprint.net (could potentially have local company donate these)
Hold an event for the greater metro area four times a year at the CTLC facility.	Event planning and staffing Refreshments	20 Hours of Staff Time / Quarter \$200 / Quarter
Hold an annual summit that focuses on increasing the quality of care for children with developmental disabilities and delays.	Event planning and staffing Refreshments	80 Hours of Staff Time / Year \$300 / Quarter

Total Staff Time (Year 1): 670 hours

Total Cost (Year 1): \$52,000



Appendices

Appendix A

Initial Report

Last Modified: 02/24/2013




1. What type of learning disability or developmental delay has your child been diagnosed with?(select all that apply)

#	Answer	Bar	Response	%
1	Autism	<div></div>	2	18 %
2	Learning Disability	<div></div>	1	9 %
3	Speech/Language Disorder	<div></div>	5	45 %
4	Intellectual Disability	<div></div>	1	9 %
5	Vision Loss		0	0 %
6	Other (specify)	<div></div>	6	55 %
7	Prefer Not to Answer	<div></div>	1	9 %
8	Hearing Loss	<div></div>	1	9 %

Other (specify)
rett syndrome
Cerebral Palsy
Physical impairments
Post brain surgery ataxia and apraxia
None
smll air way tat effect his communcating skills




Statistic	Value
Min Value	1
Max Value	8
Total Responses	11

2. What age was your child when he/she first received services at Children's TLC?

#	Answer	Bar	Response	%
1	12-24 months old		3	27%
2	25-36 months old		5	45%
3	Less than 12 months old		0	0%
4	More than 36 months old		3	27%
	Total		11	

Statistic	Value
Min Value	1
Max Value	4
Mean	2.27
Variance	1.42
Standard Deviation	1.19
Total Responses	11

3. How many children in your household have taken advantage of services at Children's TLC?

#	Answer	Bar	Response	%
1	1 child		8	73%
2	2 children		1	9%
3	3 or more children		2	18%
	Total		11	

Statistic	Value
Min Value	1
Max Value	3
Mean	1.45
Variance	0.67
Standard Deviation	0.82
Total Responses	11

4. Who is the primary coordinator of your child's care and what is his/her relationship to the child?(example: myself, mother; Children's TLC case worker, services provider)

Text Response	
myself, mother	
Mother. Father , Jennifer degner, Ashley Fields	
myself (mother)	
myself, mother	
Myself (mom)	
My husband and myself; mother and father	
myself, mother	
myself - mother	
myself, mother and Children's TLC social worker, and their teachers	
Mother	
myself	
Statistic	Value
Total Responses	11





5. Who is the primary caregiver for your child?

#	Answer	Bar	Response	%
1	Mother	<div></div>	9	90%
2	Father		0	0%
3	Grandmother		0	0%
4	Grandfather		0	0%
5	Aunt		0	0%
6	Foster parent		0	0%
7	Sibling		0	0%
8	Other (please specify)	<div></div>	1	10%
9	Uncle		0	0%
	Total		10	

Other (please specify)
Mother and father

Statistic	Value
Min Value	1
Max Value	8
Mean	1.70
Variance	4.90
Standard Deviation	2.21
Total Responses	10

6. How did you find out about Children's TLC?

#	Answer	Bar	Response	%
1	Referral from current parent		0	0%
2	Online search		1	10%
3	Recommendation from state or local agency		1	10%
4	Individual research		2	20%
5	Other (please specify)		6	60%
6	Referral from physician or pediatrician		0	0%
	Total		10	

Other (please specify)
SLP children's mercy
good friend who is also a social worker w/children who have special needs
Referral from MO First Steps therapist
Also at ccvi
Referral from private SLP
referral from speech therapist

Statistic	Value
Min Value	2
Max Value	5
Mean	4.30
Variance	1.12
Standard Deviation	1.06
Total Responses	10

7. What other organization(s) did you compare to Children's TLC?(select all that apply)

#	Answer	Bar	Response	%
1	Northland Early Education Center	<div></div>	2	33%
2	Lee Ann Britain Center at Shawnee Mission Medical Center	<div></div>	2	33%
3	The Children's Spot at Saint Luke's Hospital	<div></div>	3	50%
4	Triality Tots	<div></div>	1	17%
5	Children's Center for the Visually Impaired	<div></div>	1	17%
6	Other (please specify)		0	0%
7	Public school system offerings	<div></div>	3	50%

Other (please specify)

Statistic	Value
Min Value	1
Max Value	7
Total Responses	6

8. Describe your experience finding appropriate services for your child's needs. (example: I had difficulty finding organizations that offered services for children diagnosed with autism and that were also in a convenient location for our family.)

Text Response	
it is difficult finding adequate care in the extent of my Childs needs	
I researched and toured prospective centers myself and husband made a mutual decision.	
Had difficulty finding the services I knew he needed. the school district wasnt doing so & I finally gave up b/c time is so precious & few that I didnt want to waste anymore trying w/school district. Other issue is we are now a 1 income family since we have 2 w/special needs. Most of these places will not take you if already getting services somewhere else (school district) & if they do accept you it is full & private pay w/o tuition assistance/scholarship...very, very difficult to afford on 1 income yet you KNOW this is what your child needs & deserves!	
I was less than impressed by what the school district was offerering. I wanted a school that would treat my daughter the same care as the typically developing child, but also able to provide for her special needs. I wanted a school where I felt comfortable leaving her, and know she would receive the quality of care that our family provides. I found this at TLC.	
I have had a hard time finding services that work with work hours 8-5	
Our child is typically developing yet we wanted her involved in an inclusive setting so that she could interact with children of all abilities and hopefully serve as a positive peer model	
difficulty finding organization that fit the hours that i needed	
Difficulty finding services for children in his age group	
I didnt have to look. Children's TLC was there BEFORE my children were officially diagnosed. Before I actually knew they would need services.	
i had a easy time finding help	
Statistic	Value
Total Responses	10

9. How much influence did the factors below have in your decision to choose Children's TLC for your child(ren), with being 1 highly important and 5 being not at all important.

#	Question	1	2	3	4	5		Mean
1	Therapeutic pre-school setting	7	0	0	0	3	10	2.20
2	Quality of services	8	0	0	0	2	10	1.80
3	Location	1	2	4	2	1	10	3.00
4	Types of therapy offered	6	1	0	0	3	10	2.30
6	Cost of program	4	2	0	1	3	10	2.70
7	Small class size	4	2	3	0	1	10	2.20

Statistic	Therapeutic pre-school setting	Quality of services	Location	Types of therapy offered	Cost of program	Small class size
Min Value	1	1	1	1	1	1
Max Value	5	5	5	5	5	5
Mean	2.20	1.80	3.00	2.30	2.70	2.20
Variance	3.73	2.84	1.33	3.57	3.34	1.73
Standard Deviation	1.93	1.69	1.15	1.89	1.83	1.32
Total Responses	10	10	10	10	10	10

10. What Children's TLC services have you utilized?(select all that apply)

#	Answer	Bar	Response	%
1	Therapeutic Pre-school	<div></div>	8	80%
2	Occupational Therapy	<div></div>	7	70%
3	Speech Therapy	<div></div>	9	90%
4	Physical Therapy	<div></div>	3	30%
5	In-Home Services	<div></div>	2	20%
6	Early Intervention Services	<div></div>	3	30%
7	Other (please specify)	<div></div>	2	20%

Other (please specify)
aquatic & behavioral help
None

Statistic	Value
Min Value	1
Max Value	7
Total Responses	10

11. Overall, how satisfied are you with:

#	Question	Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Satisfied		Mean
1	Quality of services	0	0	3	7	10	3.70
2	Availability of services	0	1	2	7	10	3.60
3	Operating hours	2	1	2	5	10	3.00
4	Location	1	1	3	5	10	3.20
5	Cost	0	1	2	6	9	3.56

Statistic	Quality of services	Availability of services	Operating hours	Location	Cost
Min Value	3	2	1	1	2
Max Value	4	4	4	4	4
Mean	3.70	3.60	3.00	3.20	3.56
Variance	0.23	0.49	1.56	1.07	0.53
Standard Deviation	0.48	0.70	1.25	1.03	0.73
Total Responses	10	10	10	10	9

12. Please explain your overall level of satisfaction with Children's TLC services.

Text Response	
i would highly recomend CTLC to any person with a special needs child	
My overall satisfaction with the center is good therapists, teachers, support staff are all great professionals. My only dislike is there are no Autism services the need is great in the community speech and OT therapy is not sufficient for a child with autism. There for one of my children will be leaving the center.	
hands down the BEST! Despite fact its very, very difficult to afford & somewhat of a drive..its simply everything my children need!	
We are proud to have our child attend CTLC	
Fairly happy	
Somewhat satisfied	
extended day program for working families would be very helpful. more communication between teachers, therapist and parents	
I am very happy with the center, and wish they went beyond preschool services	
very satisfied	
Statistic	Value
Total Responses	9

13. Do you feel that your child(ren)'s classroom is diverse and included typically developing children?

#	Answer	Bar	Response	%
1	Yes		10	100%
2	No		0	0%
	Total		10	

Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	10

14. Please explain why you feel that your child(ren)'s classroom was not diverse?

Text Response	
Statistic	Value
Total Responses	0

15. What additional services would you like to see developed by Children's TLC?(select all that apply)

#	Answer	Bar	Response	%
1	Transportation/shuttle service	<div></div>	4	50 %
2	Bilingual/ESL services	<div></div>	0	0 %
3	After-hours care	<div></div>	4	50 %
4	Additional support for families (support groups , etc)	<div></div>	3	38 %
5	Other (please specify)	<div></div>	2	25%

Other (please specify)
Applied behavioral Analysis therapy
Social skills groups & Fri therap prek (1/2 day would be more than perfect)

Statistic	Value
Min Value	1
Max Value	5
Total Responses	8

16. Describe what you believe that Children's TLC could improve upon.

Text Response
Children's TLC can approve on letting the parents know what is going on beyond the newsletters, required parent committee meetings. Such as information that can be shared from the board meetings an appropriate report would be appreciated. Having the executive director be more hands on with the children and parents and introducing himself to the families would be helpful.
Aside from 5day/wk therap prek for continuity..nothing...they are wonderful!
5 day a week programs!
Utilization of evidence based practices at the recommended number if hours per week with more individualized attention and programming
transportation or extended hour option for working families
Setting aside more specific times to communicate with parents. The teachers and therapists do the best they can, but it can be hard to talk about everything you need to talk about in 2-5 minute increments.
i think a it would be awesome to have a resource room inwich familes could share of diffrent resources they know will help different family

Statistic	Value
Total Responses	7

17. Would you recommended Children's TLC to others?

#	Answer	Bar	Response	%
1	Yes		10	100%
2	No		0	0%

Statistic	Value
Min Value	1
Max Value	1
Total Responses	10

18. Please explain why you would / would not recommend Children's TLC to others.

Text Response	
the child to adult ratio,therapy services,and friendly staff	
Because they truly will meet every individual child's needs & you will see results!	
As stated above, we are proud to have our child at CTLC, and advocate and support the school whenever possible.	
clean, great staff, welcoming and kind to the children they serve	
We have noticed improvement with our child since starting and the staff seems to have a genuine interest in the success of the children.	
They care not only for your children (very well and in every way they can), but they also care for the whole family. The support you receive is awesome.	
Statistic	Value
Total Responses	6

19. Based on your individual family needs, what is the program format you prefer to have access to?

#	Answer	Bar	Response	%
1	A therapeutic pre-school program focused on children with developmental delays or special needs		9	100%
2	A public school-based pre-school program		0	0%
	Total		9	

Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	9

20. In general, as a caregiver and/or care coordinator for a child with special needs, do you feel that there are unmet needs in the services and resources available to parents and families?

Text Response
no
RESPITE that is affordable equipped to handle different special needs, programs that help prek age children w/social emotional issues that are not on autism spectrum
Yes. Full day programs for working parents
Yes
no
I can not speak about other services, but I feel that my child's needs are being met through the current services and resources.
Yes, such as classes to help siblings or other family members understand the disability, sign language classes, etc.

Statistic	Value
Total Responses	7

21. What is your zipcode?

Text Response	
64119	
64123	
66216	
64126	
64152	
64109	
64055	
66226	
64110	
64132	







Statistic	Value
Total Responses	10

22. What is your total household income?

#	Answer	Bar	Response	%
1	Less than \$25,000	<div></div>	1	11%
2	\$25,001 - \$50,000	<div></div>	2	22%
3	\$50,001 - \$75,000	<div></div>	4	44%
4	\$75,001 - \$100,000		0	0%
5	More than \$100,000	<div></div>	2	22%
	Total		9	

Statistic	Value
Min Value	1
Max Value	5
Mean	3.00
Variance	1.75
Standard Deviation	1.32
Total Responses	9

23. What is the highest level of education you have completed?

#	Answer	Bar	Response	%
1	12th grade, no diploma		1	10%
2	High school graduate - high school diploma or the equivalent (for example: GED)		1	10%
3	Some college credit, but less than 1 year		0	0%
4	1 or more years of college, no degree		2	20%
5	Associate degree (for example: AA, AS)		3	30%
6	Bachelor's degree (for example: BA, AB, BS)		2	20%
7	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)		0	0%
8	Professional degree (for example: MD, DDS, DVM, LLB, JD)		1	10%
9	Doctorate degree (for example: PhD, EdD)		0	0%
	Total		10	

Statistic	Value
Min Value	1
Max Value	8
Mean	4.60
Variance	4.04
Standard Deviation	2.01
Total Responses	10

24. Would you be willing to be contacted to provide additional information regarding Children's TLC? If so, please provide your name and contact information below, and a member of the research team will be in touch.

Text Response	
Heather Caster 816-805-2600	
Elizabeth Corona-Navarro (816)830-9333	
Karrie, 816-456-2821	
Jennifer Schutter 8169776944	
Erica Hayes 816-309-4458 or email at ericahayes97@yahoo.com	
shoni williams 8163491997	

Statistic	Value
Total Responses	6

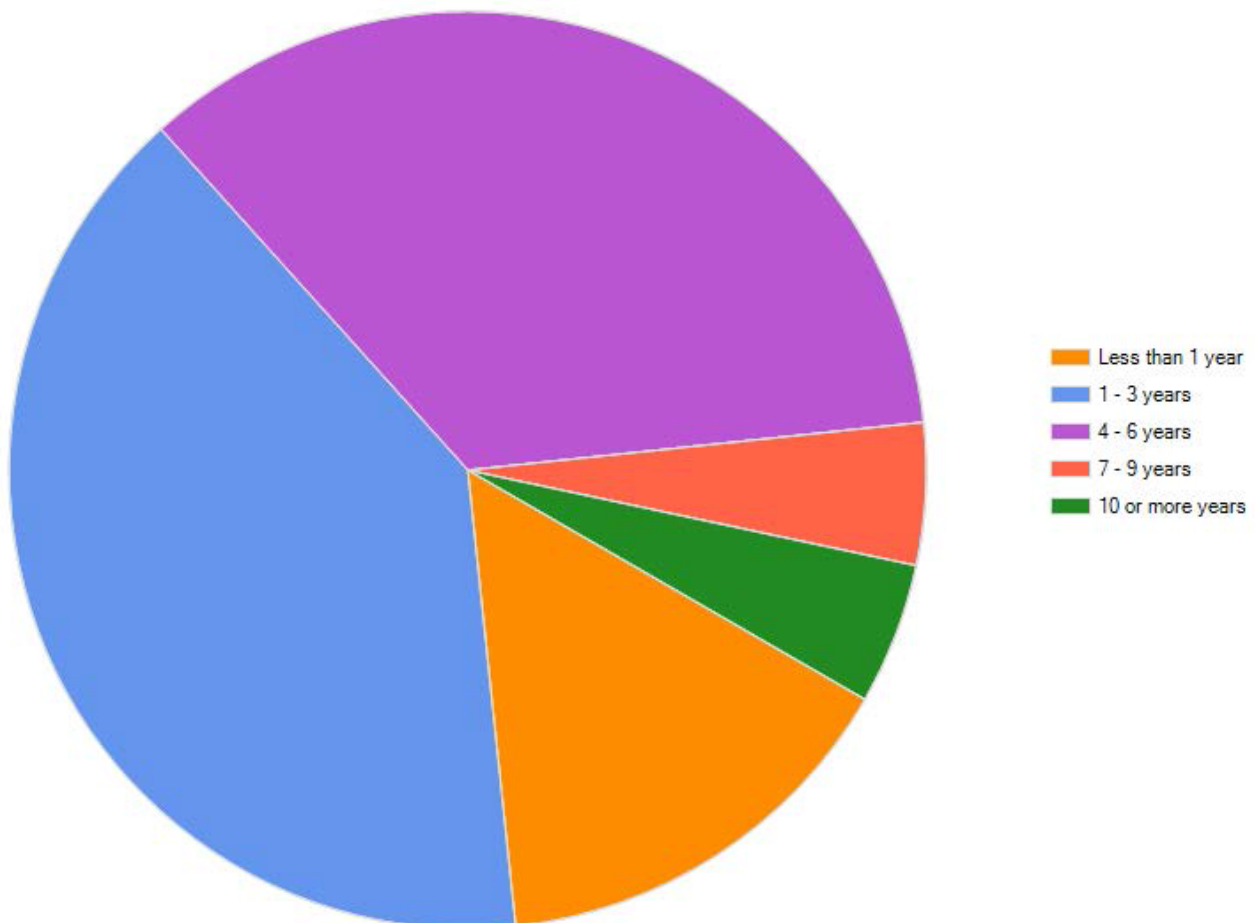
Appendix B
Children's TLC Board Member Survey



How long have you served on the Children's TLC board?

		Response Percent	Response Count
Less than 1 year		15.0%	3
1 - 3 years		40.0%	8
4 - 6 years		35.0%	7
7 - 9 years		5.0%	1
10 or more years		5.0%	1
answered question			20
skipped question			0

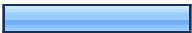





How long have you served on the Children's TLC board?



Children's TLC Board Member Survey



What is your current position on the board?

		Response Percent	Response Count
Executive Committee		27.8%	5
Finance/Audit Committee		11.1%	2
Governance Committee		11.1%	2
HR Committee		11.1%	2
Quality of Services Committee		22.2%	4
None		0.0%	0
Other (please specify)		16.7%	3
		Other	7
answered question			18
skipped question			2

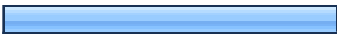

Page 1, Q1. What is your current position on the board?

1	Liaison	Mar 3, 2013 10:13 AM
2	Development	Mar 2, 2013 12:33 PM
3	Governance committee	Feb 28, 2013 10:51 AM
4	Strategic planning / Parent Rep	Feb 27, 2013 1:57 PM
5	Development & Marketing and Executive Comm.	Feb 26, 2013 7:16 AM
6	individual giving as part of development comm.	Feb 26, 2013 6:35 AM
7	Development Committee	Feb 25, 2013 6:47 PM

Children's TLC Board Member Survey



Were you involved with Children's TLC before you joined the board?

		Response Percent	Response Count
Yes		50.0%	10
No		50.0%	10

If "yes," how long and in what role?

9

answered question	20
skipped question	0

Page 1, Q1. Were you involved with Children's TLC before you joined the board?

1	friend member 2003-2010 Friends Board president 2010	Mar 3, 2013 12:05 PM
2	3+ years Friends Assoc	Feb 28, 2013 8:12 PM
3	The Groundhog Run.	Feb 27, 2013 2:04 PM
4	Approx 2 years. Started by bringing son to outpatient therapy(s) at CTLC then moving him into 1/2 day prek whic he & his 2.5yr old sister now attend	Feb 27, 2013 1:57 PM
5	We have a collaboration between our two schools.	Feb 27, 2013 8:56 AM
6	Race	Feb 26, 2013 6:38 AM
7	I was a Pediatric Physical Therapist at CTLC for 10 years.	Feb 26, 2013 6:35 AM
8	Parent of special needs child formerly receiving services at CTLC.	Feb 26, 2013 5:42 AM
9	Worked at TLC as a physical therapist.	Feb 25, 2013 5:53 PM

What are the qualifications for joining the board?

**Response
Count**

18

answered question

18








skipped question

2

Page 1, Q1. What are the qualifications for joining the board?

1	Background as a management consultant and a business executive	Mar 4, 2013 8:23 AM
2	I am a registered nurse and had volunteered in the classrooms weekly for over 2 years!	Mar 3, 2013 12:05 PM
3	Friends Board chair	Mar 3, 2013 10:13 AM
4	Interested; engaged; willing to raise funds.	Mar 2, 2013 12:33 PM
5	Committed to mission and board member obligations; skill sets and enthusiasm	Feb 28, 2013 8:12 PM
6	A belief in supporting the mission of improving the lives of children with disabilities. Board members also make a financial commitment to support the agency along with the gift of their time to support the work of the agency.	Feb 28, 2013 7:38 PM
7	Qualifications are fairly liberal and somewhat undefined.	Feb 28, 2013 2:29 PM
8	Attend meetings, fundraise , abide by the organizations by-laws and strive to be good stewards of the agency.	Feb 28, 2013 10:51 AM
9	Friend of board member..	Feb 28, 2013 8:03 AM
10	Involved in civic activities Good corporate citizen Willing to give of time and expertise to benefit the organization.	Feb 27, 2013 2:04 PM
11	Both financial & hands on time commitment	Feb 27, 2013 1:57 PM
12	I am in the field of education and leadership . I think board members are recruited based on areas of expertise.	Feb 27, 2013 8:56 AM
13	ability to fundraise and general skills to advance the best interests of the agency	Feb 26, 2013 11:49 AM
14	A committment to their mission	Feb 26, 2013 10:07 AM
15	Lend your professional expertise, raise funds and personally donate a certain amount annually	Feb 26, 2013 7:16 AM
16	Business finance	Feb 26, 2013 6:38 AM
17	Belief in the agency's mission Willingness to be an active board member with expertise that will inhance the agency's mission.	Feb 26, 2013 6:35 AM
18	Not sure of any qualifications. There are expectations.	Feb 25, 2013 5:53 PM

As a board member, how do you represent Children's TLC? Select all that apply.

		Response Percent	Response Count
Attend board meetings		100.0%	20
Attend Children's TLC events		100.0%	20
Visit the agency		85.0%	17
Promote the agency to others		95.0%	19
Encourage people to join the board or become active in the organization		65.0%	13
Help plan events		70.0%	14
Other (please specify)		20.0%	4

Other 8

answered question	20
skipped question	0

Page 1, Q1. As a board member, how do you represent Children's TLC? Select all that apply.

1	Fundraise and support personally financially	Feb 28, 2013 8:12 PM
2	I haven't chaired an official agency fundraiser but I have worked on the event committees in other capacities.	Feb 28, 2013 7:38 PM
3	solicit funds and community partnerships	Feb 28, 2013 2:29 PM
4	Help organize volunteers	Feb 28, 2013 10:51 AM
5	Attend committee meetings.	Feb 27, 2013 8:56 AM
6	Work in the classroom one day a week. I am creating an archives for TLC	Feb 26, 2013 10:07 AM
7	I am co chair of the Quality Services committee and in a leadership role of the Medical Advisory committee made up of people in the community with medical expertise.	Feb 26, 2013 6:35 AM
8	Help raise money for the agency.	Feb 25, 2013 6:47 PM

On what other boards do you serve?

**Response
Count**

17

answered question

17



skipped question

3

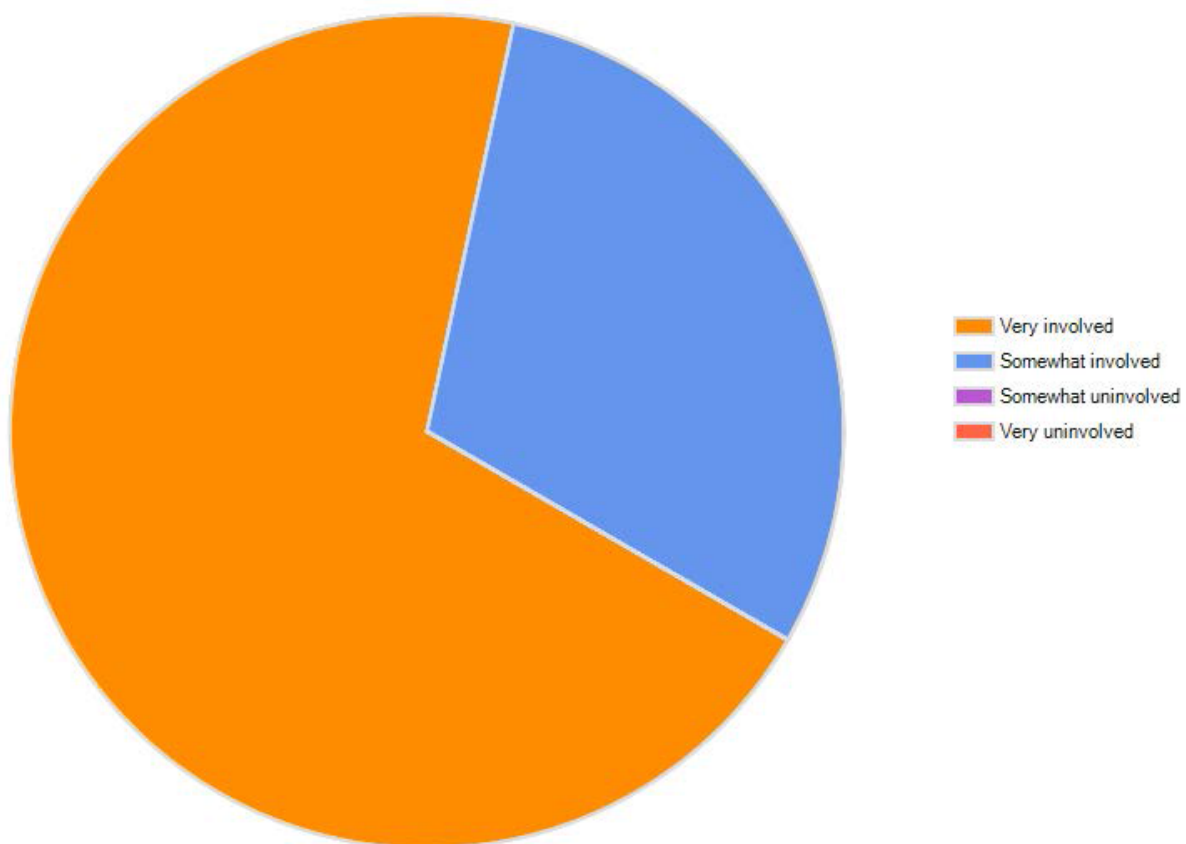
Page 1, Q1. On what other boards do you serve?

1	HOA City Church	Mar 4, 2013 8:23 AM
2	none	Mar 3, 2013 12:05 PM
3	Boys and Girls Clubs	Mar 2, 2013 12:33 PM
4	CTLIC is only current commitment due to overwhelming time commitment required but have served on several in recent past	Feb 28, 2013 8:12 PM
5	The PTA board at my children's school and a grant committee for another not for profit.	Feb 28, 2013 7:38 PM
6	Children's Center Campus Ronald McDonald House Charities	Feb 28, 2013 2:29 PM
7	None	Feb 28, 2013 10:51 AM
8	Greater Kansas City Foreign Trade Zone is the only other board I am active on at this time.	Feb 27, 2013 2:04 PM
9	No others at this time	Feb 27, 2013 1:57 PM
10	Past President of The Mid-America Association for the Education of Young Children. Past Board member for The Junior League of Minneapolis Past Board member for Kansas Association for the Education of Young Children.	Feb 27, 2013 8:56 AM
11	currently none,	Feb 26, 2013 11:49 AM
12	American Women's Heart Center	Feb 26, 2013 10:07 AM
13	Umkc cristo Rey	Feb 26, 2013 6:38 AM
14	Gillis home board of directors Womens christain association Armour homes board of directors	Feb 26, 2013 6:35 AM
15	None.	Feb 26, 2013 5:42 AM
16	Pembroke Hill Loose Foundation Committee of 100-Nelson-Atkins	Feb 25, 2013 6:47 PM
17	Currently Children's Mercy Hands and Hearts board.	Feb 25, 2013 5:53 PM

How involved is the board in leading the direction of Children's TLC?

		Response Percent	Response Count
Very involved		70.0%	14
Somewhat involved		30.0%	6
Somewhat uninvolved		0.0%	0
Very uninvolved		0.0%	0
answered question			20
skipped question			0

How involved is the board in leading the direction of Children's TLC?



What is Children's TLC's goal? Is it being met?

Response Count 17

skipped question 3 answered question 17

Page 2, Q1. What is Children's TLC's goal? Is it being met?

1	Help kids Be self sufficient	Mar 4, 2013 8:26 AM
2	To help and prepare facilitate children with disabilities transition into a normal school environment.	Mar 3, 2013 12:20 PM
3	Our goal (mission) is to improve the lives of children with disabilities by offering appropriate therapies. I believe this goal is being met but the financial model in use is not sustainable in the long-term which threatens the future existence of the agency.	Feb 28, 2013 8:18 PM
4	Goal- to fulfill our mission and sustainability. Not being met.	Feb 28, 2013 8:17 PM
5	Provide therapy to young children with special developmental needs. Goal is being achieved, but not optimally.	Feb 28, 2013 2:37 PM
6	To become a model community of caring professionals, volunteers, and families dedicated to innovation and excellence in the education and rehabilitation of diverse children with disabilities .	Feb 28, 2013 11:00 AM
7	To help challenged children and promote independence--we have a rather lengthy motto--only Lacy Wiseman can recite it. :)	Feb 28, 2013 8:07 AM
8	Inclusion & education to all children w/all types of disabilities. Yes, it is being met!	Feb 28, 2013 7:25 AM
9	To serve children with disabilities. Yes.	Feb 27, 2013 2:10 PM
10	Offer therapeutic preschool and services (looking at extending therapy to weekends). Yes I think the goal is being met and more goals will be met as the organization grows and changes with market shifts.	Feb 27, 2013 9:11 AM
11	maximize the living potential of all the children the agency serves.	Feb 26, 2013 11:57 AM
12	Providing children with disabilities therapeutic and educational services which foster their independence and celebrates their successes. I see it happening every time I walk in the building	Feb 26, 2013 10:29 AM
13	To serve children with special needs in an educational and therapeutic environment. Yes.	Feb 26, 2013 7:58 AM
14	To be the premiere agency in Kansas city serving children with special needs. This is not being met at this time.	Feb 26, 2013 6:52 AM
15	To support and serve the needs of special need children and families	Feb 26, 2013 6:43 AM
16	To provide quality services to meet the needs of the special needs community.	Feb 26, 2013 5:44 AM
17	To provide the best care to kids and families in the community while being financially stable. Not fully.	Feb 25, 2013 5:58 PM

What attracted you to Children's TLC?

**Response
Count**

18

answered question

18

skipped question

2



Page 2, Q1. What attracted you to Children's TLC?

1	Opportunity to improve business practices	Mar 4, 2013 8:26 AM
2	I love children, I believe in the CTLC program and their results are a true test to what a difference that therapy can make!	Mar 3, 2013 12:20 PM
3	It's mission	Mar 2, 2013 12:35 PM
4	A friend was a former board chair and was very positive about the agency and the work with students. I was hooked after I took an official tour and observed the teachers and students.	Feb 28, 2013 8:18 PM
5	Mission; Vision; amazing service to our community in need	Feb 28, 2013 8:17 PM
6	Impact of the mission on children and their families lives.	Feb 28, 2013 2:37 PM
7	Having the opportunity to help young children with special needs.	Feb 28, 2013 11:00 AM
8	see question #9	Feb 28, 2013 8:07 AM
9	The fact they treat the whole child not the disability & despite the disability(s) they will & do find effective ways to educate the child on every level all the while including the whole family!	Feb 28, 2013 7:25 AM
10	My work initially. I have become more active as I think they do great work.	Feb 27, 2013 2:10 PM
11	Mission and history of the organization.	Feb 27, 2013 9:11 AM
12	their mission	Feb 26, 2013 11:57 AM
13	They are a "working board". Not just figure heads	Feb 26, 2013 10:29 AM
14	The opportunity to impact kids with special needs and their families	Feb 26, 2013 7:58 AM
15	Love for children with special needs.	Feb 26, 2013 6:52 AM
16	Mission	Feb 26, 2013 6:43 AM
17	Excellent agency. Great track record with delivering services. Successes with children. Strong board with a history of meaningful involvement.	Feb 25, 2013 6:58 PM
18	The kids and families are amazing. Plus, there is the ability to use our great building and staff to help many.	Feb 25, 2013 5:58 PM



In your opinion, what makes Children's TLC stand out among its competitors?

				Response Count
skipped question		1	answered question	19
1	I am not sure it does			Mar 4, 2013 8:26 AM
2	Unfortunately, CTLC does not have one particular " service" that they can say stands out among its competitors. We have highly trained therapist and pleasant people working in the classrooms. We are the only true therapy pre-school, with actual classrooms and can incorporate half and full day therapy/schooling. Location can be a bonus for some situations also.			Mar 3, 2013 12:20 PM
3	Location, scholarships, caring staff.			Mar 2, 2013 12:35 PM
4	Our therapists are some of the best educated in this field of work and our facility (including the therapeutic pool) is top notch. Despite this, I do to think we are a well known brand in the metro area.			Feb 28, 2013 8:18 PM
5	Unique ability to serve children in one location and so many services			Feb 28, 2013 8:17 PM
6	I don't have a good enough understanding of our competition to answer.			Feb 28, 2013 2:37 PM
7	The facility itself as well as the people who work with and for these children.			Feb 28, 2013 11:00 AM
8	HEART of our associates--the staff is what make CTLC go			Feb 28, 2013 8:07 AM
9	Their "can do" attitude in any & every situation			Feb 28, 2013 7:25 AM
10	The quality of the staff and services provided for a great value.			Feb 27, 2013 2:10 PM
11	For me it is there collaboration with our program and their connection with first steps. I really don't see any other program as a resource the way I see TLC. But I am probably unique becuase of our collaboration.			Feb 27, 2013 9:11 AM
12	I want to say the people who are providing the care and some of the technology utilized. I hope this is true.			Feb 26, 2013 11:57 AM
13	for the people who work there, it is a mission!!			Feb 26, 2013 10:29 AM
14	We serve the entire spectrum of needs, from minor speech delay to the most rare disorders. We can do that because of the capabilities of our staff.			Feb 26, 2013 7:58 AM
15	The agency offers a multidisiplinary classroom for the children to receive their therapies in a preschool classroom. The classrooms have typically developing children enrolled in them. We have a state of the art facility.			Feb 26, 2013 6:52 AM
16	Our staff			Feb 26, 2013 6:43 AM
17	Providing services to children who otherwise may not be able to afford case.			Feb 26, 2013 5:44 AM
18	Staff, facility, services that create meaningful results.			Feb 25, 2013 6:58 PM
19	Our building and staff and ability for a variety of programming.			Feb 25, 2013 5:58 PM

Do you have any children who attend(ed) the school?

		Response Percent	Response Count
Yes		15.8%	3
No		84.2%	16
answered question			19
skipped question			1

Have you referred any children to the school?

		Response Percent	Response Count
Yes		25.0%	5
No		75.0%	15
If "yes," how many?			5
answered question			20
skipped question			0

Page 2, Q1. Have you referred any children to the school?

1	3	Feb 28, 2013 8:17 PM
2	3	Feb 28, 2013 7:25 AM
3	one plus some of the children attending our school get their speech therapy through TLC (in the past)	Feb 27, 2013 9:11 AM
4	many	Feb 26, 2013 6:52 AM
5	2	Feb 25, 2013 5:58 PM

What is your favorite part of Children's TLC?

**Response
Count**

answered question







20

20

Page 2, Q1. What is your favorite part of Children's TLC?

1	Seeing the improvement in little kids lives and future opportunities	Mar 4, 2013 8:26 AM
2	The children,	Mar 3, 2013 12:20 PM
3	Making a difference for the kids.	Mar 3, 2013 10:14 AM
4	The high level of service bein provided,	Mar 2, 2013 12:35 PM
5	I love that we have a peer model program and that true bonds develop between the typically developing students and the students receiving therapies.	Feb 28, 2013 8:18 PM
6	Watching the children grow and thrive	Feb 28, 2013 8:17 PM
7	Interaction with the children.	Feb 28, 2013 2:37 PM
8	The children of course!	Feb 28, 2013 11:00 AM
9	Helping Children	Feb 28, 2013 8:07 AM
10	The day I walk in to pick up my children & learn of yet another new & exciting skill or accomplishment!	Feb 28, 2013 7:25 AM
11	The success stories.	Feb 27, 2013 2:10 PM
12	the ability for the children to spend days with other children in a preschool classroom.	Feb 27, 2013 9:11 AM
13	seeing examples where the agency truly made a difference	Feb 26, 2013 11:57 AM
14	Seeing the faces of the children and realizing that they do not know that they are handicapped.	Feb 26, 2013 10:29 AM
15	Hearing/seeing success stories	Feb 26, 2013 7:58 AM
16	The children	Feb 26, 2013 6:52 AM
17	Loving caring environment	Feb 26, 2013 6:43 AM
18	The mission.	Feb 26, 2013 5:44 AM
19	Visiting the classrooms.	Feb 25, 2013 6:58 PM
20	The kids.	Feb 25, 2013 5:58 PM

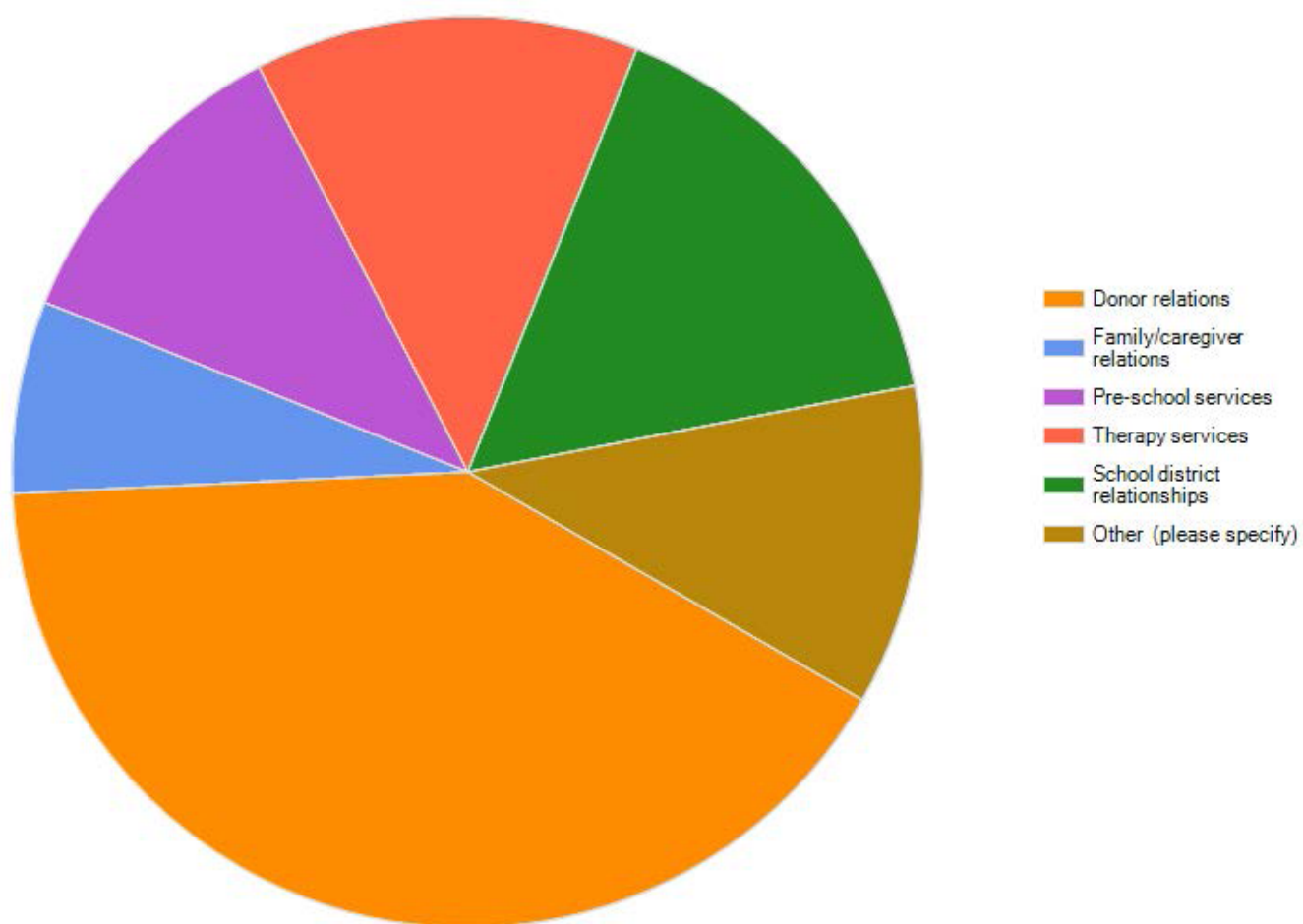
What areas do you see that could be improved? Select all that apply.

		Response Percent	Response Count
Donor relations		90.0%	18
Family/caregiver relations		15.0%	3
Pre-school services		25.0%	5
Therapy services		30.0%	6
School district relationships		35.0%	7
Other (please specify)		25.0%	5
	Other		10
answered question			20
skipped question			0

Page 2, Q1. What areas do you see that could be improved? Select all that apply.

1	Work to make our name well known in the community as THE service provider for children with disabilities regardless of the family's geographic location in the metro.	Feb 28, 2013 8:18 PM
2	Community awareness	Feb 28, 2013 8:17 PM
3	Integration with other CCC agencies.	Feb 28, 2013 2:37 PM
4	We can always improve--in all area's	Feb 28, 2013 8:07 AM
5	carrying therap prek program over to Fri's also for continuity & so that valuable skills are not lost	Feb 28, 2013 7:25 AM
6	Relationships seem strained with a lack of mutual trust and respect between some staff members as well as staff and the board but then again it is normal for staff and boards to have "healthy" tension.	Feb 27, 2013 9:11 AM
7	Smoother communication between the entities of the school.	Feb 26, 2013 10:29 AM
8	Marketing, events, competitive differentiation	Feb 26, 2013 7:58 AM
9	We need to get back to a true multidisiplinary classroom. At this time it is difficult due to funding and budgeting issues. We need to become more visible to Children's Mercy Hospital since it is the main referrel source in Kansas City, Missouri. We also need to get back to our original purpose with CCVI to collaborate our services.	Feb 26, 2013 6:52 AM
10	Differentiating from other community providers. Developing new donor base.	Feb 25, 2013 6:58 PM

What areas do you see that could be improved? Select all that apply.



What additional service(s) do you feel Children's TLC should provide?

answered question 16

skipped question 4

Page 2, Q1. What additional service(s) do you feel Children's TLC should provide?

1	autism day care`	Mar 4, 2013 8:26 AM
2	out patient speech therapy!	Mar 3, 2013 12:20 PM
3	After hours clinic; extended care; autism: screening; partnerships with CMH, KU, etc	Feb 28, 2013 8:17 PM
4	??	Feb 28, 2013 2:37 PM
5	I believe the strategic plan is addressing this issue.	Feb 28, 2013 11:00 AM
6	Autism services--	Feb 28, 2013 8:07 AM
7	Fri therap prek	Feb 28, 2013 7:25 AM
8	Look into extended hours not sure if it would work but should be explored for support of the child.	Feb 27, 2013 9:11 AM
9	we are looking into other services, that would be great opportunities to reach other children and drive revenue, but it's hard for me to say what additional services we "should" be offering. It's a balance of mission and investment.	Feb 26, 2013 11:57 AM
10	Autisim support, extended pre school services. Longer hours and Saturdays if affordable.	Feb 26, 2013 10:29 AM
11	This is already being explored by a strategic planning task force and decisions have been made in autism as well as extended outpatient/clinic therapy appointments. Utilizing the great facilities more time during the week would be great (i.e. full day of use + Fridays)	Feb 26, 2013 7:58 AM
12	Out patient therapy on weekends and week nights to families who are unable to make weekday therapies for their children. Also, provide services for autistic children.	Feb 26, 2013 6:52 AM
13	Flexible hours	Feb 26, 2013 6:43 AM
14	Autism therapies.	Feb 26, 2013 5:44 AM
15	Children's TLC could support families with services tailored to families with disabilities. I don't feel I have the background to recommend new services. However, it would be nice to have programming in non-traditional hours.	Feb 25, 2013 6:58 PM
16	Out patient services Increased aquatic use	Feb 25, 2013 5:58 PM

What do you feel is the biggest threat to Children's TLC?

		answered question	18
		skipped question	2
1	inadequate leadership and lack of vision	Mar 4, 2013 8:26 AM	
2	The constant confusion with our agency name. Lack of advertising	Mar 3, 2013 12:20 PM	
3	We lack an adequate, stable revenue stream. We want to serve children needing service whether they can pay or not but the reality is we can't do this if we don't have revenue to offset these costs. Also, our Headstart funding is in jeopardy due to Federal budget cuts which will be a major hit for the agency which we currently don't have a plan in place to offset should this occur.	Feb 28, 2013 8:18 PM	
4	No vision and board burn-out; not bring relevant or front and center in KC community/ donors / key stakeholders	Feb 28, 2013 8:17 PM	
5	Funding from families utilizing the therapy resources and not building better community relationships.	Feb 28, 2013 2:37 PM	
6	Competitors and miscommunication amongst the board, Executive Director and Staff.	Feb 28, 2013 11:00 AM	
7	Not having a plan/viable mission. We are working on this Second--fundraising	Feb 28, 2013 8:07 AM	
8	Uncertain funding from big payors & a tough economy	Feb 28, 2013 7:25 AM	
9	Financial failure.	Feb 27, 2013 2:10 PM	
10	Money/resources Nonprofit does not mean no positive balance and or always being in the red at the end of the year. I think TLC is too vulnerable in this area. TLC is a wonderful option for many families who otherwise have no resources for their child. All children need a loving and developmentally appropriate preschool to attend with other children to play and interact with.	Feb 27, 2013 9:11 AM	
11	FUNDING.	Feb 26, 2013 11:57 AM	
12	funding	Feb 26, 2013 10:29 AM	
13	People don't know us, and even worse get us confused with Kids TLC. Potential donors don't understand what we do and why they should support us.	Feb 26, 2013 7:58 AM	
14	Funding issues with Head Start and the new health care system. Programs for children are being taken away due to state funding issues.	Feb 26, 2013 6:52 AM	
15	Funding	Feb 26, 2013 6:43 AM	
16	Financial. Too dependent on fund raising.	Feb 26, 2013 5:44 AM	
17	Inability to differentiate from other providers. Partner agency in building providing duplicate services.	Feb 25, 2013 6:58 PM	
18	The Children's SPOT in terms of donors.	Feb 25, 2013 5:58 PM	

If you would be willing to provide us with any additional information if needed, please enter your name, phone number and/or email address.

	Response Count
--	-------------------

	10
--	----

answered question	10
-------------------	----

skipped question	10
------------------	----

Appendix C

BOARD INTERVIEW 1

Let's discuss the Children's TLC brand. How do you feel about the strength and quality of the brand?

Brand isn't an issue at Children's TLC because there are always other fires or critical issues to deal with. However, brand (overall) is a critical issue and we keep ignoring it. For instance, it's critically important due to the Kid's TLC organization in Olathe. People think that I'm on the Kid's TLC board when I mention Children's TLC – it happens all the time. People know that organization and not ours. In addition, our brand doesn't really say who we are or what we do – Children's Therapeutic Learning Center. It's not easy to understand. It's also difficult to have a brand when your mission statement is in flux, like ours is right now.

What are opportunities for CTLC as an organization?

This is an interesting question. Several of the epidemics associated with Children's TLC during its inception aren't present now or aren't an issue now (like polio). So we have an opportunity to address conditions that are an issue today, like autism. I think this is something we must address. It's the counterpart to yesterday's polio and meningitis diagnoses. With the rise in autism diagnoses today, Children's TLC could meet a real need here. And parents of children with autism need resources, too.

The board survey indicated that the area of development and fundraising are areas of potential improvement. Could you share your own thoughts regarding the organization's efforts in these areas to help us understand?

Right now, Children's TLC has a shotgun approach to almost everything. If you tell us what your disability is, we'll try to figure it out. We have all kinds of fundraising events, but no overall plan or strategy. So the shotgun approach is something we're familiar with. Because of this on the development side, the "ask" message gets convoluted and there isn't any consistency.

If we've identified you as a "key" donor to our agency, you've found out about us and you're behind us, so we hit those same people 5-6 times a year asking for support. There isn't any segmentation of "key" donors – we don't have the manpower to treat everyone who gives more than \$1,000 the same (or we shouldn't).

There also isn't a consistent way of developing new donors. In regards to current donors, we need to be able to have a better relationship with them (over a certain threshold) and invite them to come down to the agency throughout the year. It's important that they see the kids' success for themselves. Instead, we rely a lot on our friends to prop us up when it comes to raising money.

Let's talk specifically about fundraising events. We've noticed that the larger events leave no opportunity for direct engagement with attendees. What about the quality of some of the smaller events that happen throughout the year?

We look for ways to just bring in a few thousand dollars with the smaller events. This isn't a good use of time even if it is fun. We shouldn't just do things for fun. We should do things that build our name and our impact and help tell our story.

You hit the nail on the head - our biggest event has no direct interaction with the majority of participants. That's different than some of our competitors and how they use their biggest event. Other things, like the Duck Derby, don't really have a lot of direct interaction. We're also concerned about dwindling attendance with this event since we've moved the venue to Schlitterbahn. A new venue that's much further away than the old one and no real opportunity to connect with people on the event day is a difficult situation.

Also on the board survey, members consistently noted that funding is the organization's biggest threat. Could you provide some insight into this?

There definitely is not an organized giving approach and this directly affects consistent funding. The Groundhog Run is really the only significant funding source that is consistent.

Overall, funding is difficult due to our shotgun approach with services. Right now, we have a lot of Head Start kids, but that funding might go away with the Affordable Healthcare Act. Stephanie has been trying to get board members involved in prospecting their own contacts - I think this is important but maybe not our biggest area of funding concern right now. Each board member has a minimum \$2,500 commitment each year. It can be met by writing a check or buying a few tables at events we have. So our friends are important, but a consistent and significant revenue stream (through donations) is also important. I guess there just doesn't seem to be an integrated approach to development and funding.

In some of our earlier conversations with the staff, the issue of serving different types of families has surfaced. There seems to be disagreement or non-agreement about CTLC's target audience. What are your thoughts on this topic?

Well, with respect to families of different economic backgrounds, we are a nonprofit. But that doesn't mean we can have a \$1 million deficit each year. It's definitely ok to say that we serve everyone regardless of their ability to pay - we just have to make internal efforts to balance that. That type of approach takes more gifts to offset the difference.

I don't think, however, that we can target people who have no assets. We won't exist in the long-term if we do that. Especially since we don't know how the Affordable Care Act will affect us in the area of funding, we shouldn't target uninsured people as our main audience.

We can still have scholarships and big, generous hearts, but we need to get on the same page about needing to seek out more paying clients than we have now - this needs to be a balanced approach.

BOARD INTERVIEW 2

The board survey indicated that the area of development and fundraising are areas of potential improvement. Could you share your own thoughts regarding the organization's efforts in these areas to help us understand?

Well, I can't speak to everything, but this is a major growth opportunity for us. I don't know that we're doing a good enough job keeping our major donors engaged with the successes coming out of the agency. People want to support agencies that are doing well, not needy agencies. It's important for us to consistently communicate the success stories of kids and their families to help convey this message.

I don't know that our major donor engagement is strong. Major donors need to see that their gifts translate into successes. We also need to develop a VIP approach. The board doesn't really get communication on development strategies – we hear a lot about what we've already done.

Let's talk specifically about fundraising events. We've noticed that the larger events leave no opportunity for direct engagement with attendees. But what about the quality of some of the smaller events that happen throughout the year?

The Groundhog Run raises the most money for us every year and it's extremely important. But it's a run – people who are just interested in the event and not necessarily interested in CTLC.

I'm not sure how committed we are to the Duck Derby. However, there is no CTLC branding of this event. With Schlitterbahn being open for a normal day, it's not a good CTLC experience – it's really a huge raffle. The focus is on selling the ducks, not on linking people to CTLC.

There are definitely opportunities for us to turn in into a more branded type of event – perhaps a band, VIP experience, food/drinks. But we have an audience issue with who we're targeting with the Duck Derby. The low cost means that the people you're selling the ducks to probably won't come. So it's a low barrier to participate, but people purchase ducks so that they don't HAVE to participate.

When you look at where the people are coming from who participate in this event (historically), they all live in areas like Prairie Village, Mission Hills, Shawnee, the Plaza – Schlitterbahn isn't even on their radar. It seems that we need to consider that this is a raffle and Schlitterbahn is a great host, but it isn't a true development event so that the opportunity might be completely different from what we currently think it is. We keep going back to the “country club group” asking for money. There is such a potential to engage a broad group of people who know the struggles of having a child with special needs.

Let's discuss the Children's TLC brand. How do you feel about the strength and quality of the brand?

This was one of my key questions coming on board – why isn't brand image an issue? The development director will be the first to tell you that she doesn't have any experience in

marketing, so naturally she focuses on development. This does leave a big gap that contributes to us not developing our brand.

From a brand perspective name is also a huge issue. There is huge confusion and competition with Kid's TLC in Olathe. People are not going to be able to separate the two until we do a better job of communicating who we are.

(As a parent with a child with a disability) the first thing you're going to do is search online for what that is and what you're going to do. If CTLC isn't coming up as an answer, the people who are looking for those resources are going to miss them. This could be a huge issue of why we're not coming up with families who can pay and who are coming from all over the metro.

The website strategy is zero and it could also really help us with donor relations and general visibility. I'd love to see more of a proactive example around thought leadership. Say our therapists or director is doing interviews about advancements in special needs education, therapy, etc. Our executive director was interviewed a few months ago with a story on KSHB. We don't want CTLC to be associated with abuse and neglect. So thought leadership would need to be on selective issues that we want to be aligned with around being a leader in the space. We are an agency that takes kids with really rare issues, and I'd like to see us be in front of the issue.

On the board survey, members consistently noted that funding is the organization's biggest threat. Could you provide some insight into this?

Head Start funding is available, but it seems like we just align ourselves because there are funds available. It seems like we do this because we don't know who we are or who the primary audience that we serve really is.

For instance, if most of the kids we serve can't pay for services, that puts a bigger resource drain on us. But it's not necessarily bad, we just need to be able to talk about that – it's who we are. We reach kids with special needs regardless of their ability to pay – that could be a huge part of our brand and identity and not a negative thing necessarily. But we need to market ourselves as a childcare service as well – people pay top dollar for that, but as long as we don't market to potential enrollees, we're always going to be too reliant on government funding.

What do you think is the biggest strength of the organization?

The quality of our therapists and staff is very high. They are invested in the children.

BOARD INTERVIEW 3

Question about funding – why is it the biggest threat?

At this time, we have quite a few children who are being funded through Head Start. Personally this makes me really nervous.

I think that the HS reimbursement is pretty good, but those kids really don't get any amount of services (PT, OT, SLP). A lot of them seem to have SLP issues, but hardly any of them receive PT. In general they're not largely developmentally delayed children. Back in the day, our typical kid received a combination of a lot of services because they had a lot of physical issues. Today those kids, because of federal funding and insurance, they've started giving them one primary provider. If their biggest issue is autism their biggest issue is probably speech. A SPL is going to see this child and do all the billing. If the child needs PT/OT, they will make a needs statement but most of the time they won't be reimbursed for services. What you've got is a kid that needs multiple services but because of insurance, the government, First Steps and Medicaid they aren't always reimbursing for those other specialty issues.

However if you were in a trans-disciplinary classroom, that MIGHT be the case. There's a specialized teacher, a PT, OT and a SLP in the classroom.

We're not seeing as many multidisciplinary children and we've kind of fallen out of being recognized to serve autistic kids. We need to not see so many Head Start kids – there has to be a threshold for this. I think we need to go back to trans-disciplinary classrooms, find funding for it and prove that this is the way a classroom needs to be run. *There is no one else in this city doing trans-disciplinary classrooms.* We need to go back to the way we used to treat these kids because it is the most effective way. We definitely need to serve kids with autism, but I think we could be known for our trans-disciplinary classrooms – kids get everything, and I mean everything, they need in a single setting at the same time.

Fundraising and development – in your opinion, why did these areas come up consistently on the board survey as the biggest area of needed improvement?

I've been involved with the agency for a long time. We've never had an outstanding development resource. It's a personality thing and innovation thing, but it's also the ability to respect the board and people in the community. To me, there is a section of the community that likes to give to the arts, to churches, to programs, but there is also a section that is also a great contributor to the Kansas City community in general. You have to respect them and not get hung up on where they live, their political bent, or any of that. So what if they all live in Mission Hills? There's a lack of wanting to rub noses with people who can benefit the agency in the long run. It sucks – there is no excuse for this.

It appears almost every time we do an event – they're just not focused and it appears that not much is getting done. I'm concerned that we don't have fresh ideas or new ideas in this area. It's so important the development is constantly generating new ideas to raise money and support for the agency. I think there are a lot of funders out there and we have a past board list that is incredibly impressive. There are names on those lists that could greatly contribute to the agency. We're not tapping into them at all.

Our Friends Association is important, but we have got to get those new kids to really get behind this agency. But we don't have a front office that is willing to stay in touch with them or just send them more than the same little letters or newsletters. So the Friends Association kind of does what they want because we don't get them involved the right way or communicate the right way. There are so many men and women who are so capable of being involved in this way or financially – we need to involve them, go after them and communicate with them the way they want.

We really, really need to reach out to the people at Children's Mercy. It's the place for kids in Kansas City. If we don't get referrals from CM we're dead. LBC does well because Shawnee Mission supports them. The Children's SPOT does well because Saint Luke's supports them. It's not rocket science. Doctors and rehab teams need to tour CTLC on a regular basis – we need relationships with them just like this happens at Shawnee Mission and Saint Luke's. There are plenty of kids out there who would benefit from a center-based format instead of coming in each week for an hour of therapy. The days of not doing what is best for the kiddo have to be over. But our ED isn't making these relationships, our services director isn't making them, development isn't making them – it's something I did all the time when I was a therapist, but now the therapists don't have time to do it. It's not billable – I get it. But it's a long-term strategy. We're not very focused on the long term.

Appendix D

STAFF EMPLOYED FOR MORE THAN 10 YEARS

What attracted you to Children's TLC?

Employee 1: I was attracted to CTLC because my brother had special needs. I also really liked the people and the families at CTLC.

Employee 2: I worked as a student teacher here and I saw how everything worked, so I came back to work full time when there was an opening two years later. At one point, the organization didn't have any job openings.

How many children do you see per day?

Employee 2: Funding determines how many children therapists see in a day. If funding is through First Steps, the kids have only 30 minutes of therapy, compared to Medicaid, which is one hour of therapy. First Steps funding is changing, and Children's TLC funding is reduced. Very few full-pay families attend CTLC.

Employee 1: We also used to get a lot of severely needy children. With medical advancements in the NICU, some needs have been reduced. We now have fewer kids with spina bifida and cerebral palsy, but we see more rare syndromes. Severely needy are the best fit for the school.

How is staff morale?

Employee 2: We have seen increased staff turnover – likely due to low pay.

Employee 1: Directors have been much more short-term. Each one brings his/her own initiatives, so things are changing all the time. Our mission statement has changed over the years and it's probably going to change again.

What makes CTLC stand out among other organizations?

Employee 2: Transdisciplinary approach is what makes CTLC special. We take a look at the whole child and work on therapy all day, every day.

How has the organization changed over the years?

Employee 1: In 1991, districts were mandated to serve special needs children who were 3 or older, and CTLC saw a big shift that year.

Employee 2: Now, insurance will deny some children CTLC's services because the insurance company says children needs to be served in their own school districts. If children can be served in a school, CTLC will let them go to the school if insurance won't cover our program. If a child doesn't qualify for insurance, CTLC will try to get them funding. Medicaid doesn't even begin to cover costs, but private insurance could change this.

Employee 1: The social worker will do the intake/original therapy contract for services.

What is your favorite aspect of Children's TLC?

Employee 1: Over the years, I've enjoyed the people with whom I've worked. The families, we still keep in touch to see how well they're doing.

Employee 2: Making the progress in the children. Seeing the children makes it all worth it.

What do you think about Children's TLC offering transportation to and from the organization?

Employee 2: If this is where the parents want their child to be, they'll do what it takes. Families are aggressive to get funding for kids.

Employee 1: Transportation was great for the parents but we had to get rid of it because fewer parents were using it and the vehicles were expensive. It's something we probably won't offer again.

STAFF EMPLOYED FOR 4 TO 5 YEARS

What attracted you to Children's TLC?

Employee 3: The challenge of working with a new population

Employee 1: Throughout the community, CTLC had a great reputation; had student who attended CTLC

Employee 2: Reputation of the agency in the community, the high quality of work and the caliber of the board, as well as CTLC's long history.

What does CTLC do better than other organizations?

Employee 1: Currently and historically, Children's TLC has always had a very involved team approach. Whatever works best for the student is what we do. Even when we're off, we're on.

Employee 3: Our therapists give strategy, constant circle of constant component

Employee 2: Clinical services provided in context of classroom.

Employee 1: We have the only therapeutic pool in the Midtown area, but I'm not sure everyone knows about it.

Do you promote the agency outside of work?

Employee 3: I have invited friends and family to events. I also speak highly of CTLC to family and friends.

Employee 2: We have hosted a boutique for families where they can shop for free. We usually hold these at the same time as parent/teacher conferences. We've also do food drives and adopt-a-family programs at holiday time.

Employee 1: We're currently trying to change what we say to Children's Therapeutic Learning Center. The longer tenured staff still refers to it as "TLC." The other agencies in the building do, too. Those who have been involved with the organization for years sometimes still call it the Crippled Children's Nursery School.

How has the organization changed over the years?

Employee 2: The population served has shifted. We're seeing much needier socio-economic customers.

Employee 1: The city has shifted, and there are more people living here and not leaving. With all the big employers nearby, at least several workers must have children with special needs. Those kids should be coming to CTLC.

What are your thoughts about sharing the building with two other organizations?

Employee 1: Being in the building with two other organizations means it takes so long for things to get done. It's always a tedious, painstaking ordeal. The benefit is that children are around typically developing children.

What is your wish list for the organization?

Employee 1: It's hard to be a staff member and work for a charity. Some people feel like work should be a charitable contribution.

Employee 2: CTLC experiences significant financial challenges and the staff suffers the most because of that. Seven figures in debt – trying not to dip into endowment.

Employee 1: The staff's resiliency is [amazing]. They don't take it into the classroom. We have dedicated staff that understands the children come first. Allan has made sure we're efficient, we know we all have to do our part.

Employee 3: Reaching out to more toddler families. I want a waiting list for the toddler class.

Employee 1: There's an opportunity to bridge the gap between CTLC and the pediatricians. We need to make more connections.

Why do you think families leave CTLC or don't come to the agency in the first place?

Employee 1: The system used to be Early Intervention, First Steps, then at age 3, children were eligible for services in school districts. Now, CTLC offers services at 1 year, so some children may start here then leave at 3.

Employee 3: Society doesn't understand importance of early intervention. A lot of people don't want to put their children in school so early (at age 1). We need to educate parents.

Employee 2: Some parents may think their children will outgrow their disabilities; the parents don't want to admit need for therapy so early.

Employee 1: Some people perceive CTLC as serving severely disabled kids; they don't think their child needs *that* much treatment.

Employee 2: Peer models are traditionally staff children.

How do you feel about sharing the Children's Center Campus?

Employee 2: The YMCA was going to be the before and after care but that fell through. The Y did not want to hold spots open.

Employee 3: We've had some collaboration between the agencies. We've been assigned a sister class.

Employee 2: CCVI and CTLC are competing for children, but the obvious plus is the facility. No one organization could have afforded it alone.

How would you feel about providing extended hours?

Employee 2: There is a struggle. People want full-time care. All-day care is more family-friendly. You end up providing two different services: specialized care from 8 a.m. to 3 p.m. and daycare the rest of the time.

STAFF EMPLOYED FOR LESS THAN 1 YEAR

What attracted you to Children's TLC?

Employee 1: I wanted to be in the pediatric world but not in a school. This is a good clinical setting.

Employee 2: I enjoy the challenges. There are goals that need to be met here, and when the kids reach them, it gives me a sense of accomplishment.

Employee 3: I didn't like feel of traditional childcare services; too many kids per teacher – never felt like I could take a break. CTLC has lots of resources, and I like how therapists give me suggestions.

What does CTLC do better than other organizations?

Employee 2: Communication on child care. Employees are supportive of each other. If I ever need help, the therapists are very helpful and encouraging.

Employee 3: The focus is on the children. I can ask any question to anybody and they'll help. People are hired because they're qualified and dedicate to the kids.

Employee 1: CTLC is a therapist's dream. Classes are taught by special education teachers and the therapists are in the class. Everybody knows what is going on. This is the maximum therapy experience for children. It's a therapist's dream.

Please explain a bit more about the peer model classrooms.

Employee 2: We need to make sure the peer model is a good role model. If the peer model has behavioral problems, it will be more work for the teacher to handle that child than one with special needs. But it can be good.

Employee 3: We have a peer model who is 1.5 in our class who speaks a lot. This encourages the others to speak up because they try to do what she is doing.

What are your thoughts about sharing the building with two other organizations?

Employee 3: I like having the YMCA and the gym. It's like having more peer models because there are more interactions.

Employee 1: We always say we want more interactions with the other organizations but I'm not sure if we're working on that situation. It would be nice if they were.

What is your wish list for the organization?

Employee 1: We don't have a music therapist but it would be nice if we did.

Employee 2: Music is a big part of relaxing our children. Music calms my children down 100%.

Employee 3: The toddler class is brand new, and we need more kids. It's developing slowly. People need to be informed about it.

Employee 1: It would be nice to be financially in a good spot to provide better services.

Employee 2: We just got the smart boards, and those are nice. They keep the children's interest really well. They're going to be a big positive for the children.

How do you feel about the location of the Children's Center Campus?

Employee 1: It's a good fit. We're in a centralized location. The other centers are farther south. We're close to the hospitals, which is good for referrals, and there aren't a lot in this area.

How would you describe the morale at CTLC?

Employee 1: Of the few I've heard of who have left before I came, it was because of financial reasons.

Employee 3: You don't go into childcare with the mindset you'll make a lot of money.

Employee 1: We're on the bottom of the totem pole as far as getting paid. If the agency was a little more competitive, it would be able to keep quality people longer. There were a few single people who had to leave because of benefits and pay. It's also hard to act on suggestions quickly because of the lack of funding; I feel like this hurts us.

Appendix E

My Report

Last Modified: 03/14/20 13

1. Are you a parent or caregiver to a child with special needs?

#	Answer	Bar	Response	%
1	Yes	<div></div>	95	99%
2	No	<div></div>	1	1%
	Total		96	

Statistic	Value
Min Value	1
Max Value	2
Mean	1.01
Variance	0.01
Standard Deviation	0.10
Total Responses	96











2. As a parent of a child with disabilities, please rank your top three biggest obstacles in meeting the needs of your child.(rank up to 3 of the following options)

#	Answer	1	2	3	4	5	6	7	8	
1	Cost of Care	32	17	18	1	0	0	0	0	68
2	Availability of Services	20	21	13	0	0	0	0	0	54
3	Education	15	13	12	0	0	0	0	0	40
4	Coordinating Care	6	11	5	0	0	0	0	0	22
5	Transportation	0	2	6	0	0	0	0	0	8
6	Support Groups and Parent Resources	3	6	11	0	0	0	0	0	20
7	Other (please specify)	8	2	9	0	0	0	0	0	19
8	Time	10	21	16	0	0	0	0	0	47
	Total	94	93	90	1	0	0	0	0	-

Other (please specify)
Housing for adult
programs geared to younger children vs. teens
Tracking down the "biological and medical" reasons for my child's autism has lead us to doctors/researchers around the world. This is where the best results have come from, therefore making the therapies we were told to do in the beginning, now actually effective. The Autism community needs to shift to the biomedical reasons and solving those.
Insurance doesn't cover most things available
Finding things age appropriate
behavior managment
Impact on family life
would like more play activities with these kids , maybe meet somewhere for fun. Everything we put our g.son in costs.
Time off work
finding available/necessary resources and doctors
Many people believe they know what to do, but when it comes to doing it they know nothing.
Respite
Availability of age and special needs appropriate social activities
understanding what care is right for my son
social skills for adolescents
uncoordinated resources... no help to find help.
the future
lack of adapted sports/rec opportunities for kids with PHYSICAL disabilities in southern Johnson County, KS

Statistic	Cost of Care	Availability of Services	Education	Coordinating Care	Transportation	Support Groups and Parent Resources	Other (please specify)	Time
Min Value	1	1	1	1	2	1	1	1
Max Value	4	3	3	3	3	3	3	3
Mean	1.82	1.87	1.93	1.95	2.75	2.40	2.05	2.13
Variance	0.77	0.61	0.69	0.52	0.21	0.57	0.94	0.55
Standard Deviation	0.88	0.78	0.83	0.72	0.46	0.75	0.97	0.74
Total Responses	68	54	40	22	8	20	19	47

3. Which of the following organizations have you heard about? For any that you have heard about, please use the box below to briefly describe your perception of that organization. (select all that apply)

#	Answer	Bar	Response	%
1	Children's Therapeutic Learning Center		28	30%
2	The Children's Spot at Saint Luke's Hospital		14	15%
3	Sunshine Center		11	12%
4	Northland Early Education Center		2	2%
5	Lee Ann Britain Center at Shawnee Mission Medical Center		18	19%
6	Special Learning Center		1	1%
7	Triality Tots		5	5%
8	Children's Center for the Visually Impaired		26	28%
9	Other (please specify)		34	37%
10	None		29	31%

Children's Therapeutic Learning Center	The Children's Spot at Saint Luke's Hospital	Sunshine Center	Northland Early Education Center	Lee Ann Britain Center at Shawnee Mission Medical Center	Special Learning Center	Triality Tots	Children's Center for the Visually Impaired	Other (please specify)
							Excellent service	
fro kids w spec needs..but not sure whatkind				preemie care .for deve delayed toddlers etc			worked there while in college..then they had blind visually handicapped anda few autistic kids!!	Josuha Center for Neurological Disorders..
							I have only heard good things through the media	
				Just have heard the name.			My stepdaughter was a typical peer in a preschool program here, but I don't know much else about them.	
provides a range of services to typically developing as well as special needs children	provides group and individual therapy services to special needs children	provides alternative school options for special needs children		provides group and individual therapy services to special needs children			provides group and individual services to children with a range of visual impairments	
I think this is for kids with more serious behavioral difficulties, related to a significant neurological disability.							I think this is exclusively for kids with sight impairment and sibling peers. They are an outstanding organization. I see their stuff everywhere.	Kansas City Center for Anxiety Treatment. Expensive and do not take insurance. But, we can tell you the therapy works b/c we did it.
Long-term foster care & related services for kids needing those services							Services for kids who are visually impaired	The Joshua Center (social skills, counseling, etc.) for kids w/neurological/developmental disorders
		helps children with physical disabilities					helps children with visual issues	
severely disabled	daycare	services for children of all levels of diability		sevices for all levels of disabilities			for children visuslly impaired or blind	
Offers physical and therapeutic services to children in Kansas City.	A program that helps children with special needs deal with the real world.			Helping infants with special needs.			Helping blind and other wise visually impaired children.	
no opinion	no opinion	no opinion		have heard positive remarks from two other parents		no opinion	no opinion	Kansas City Autism Training Center - very expensive but very good for those who are able to attend

We are just aware of them but not familiar with their services							As an eye specialist, I am familiar with what they do.	
Have only read about them in a parent resource magazine I subscribe to.		Great organization.					Great preschool for blind and visually impaired children.	Joshua Center - they do great work - social skills classes, programs
			It seems to be well ran and has a high level of integrity.			We've used a therapist from there and were satisfied with the services received	I've heard of it, but don't know a lot about it.	PBM, Family First (north); PBM - used their services when the children were young; Family First... I know the owner, but haven't hear feedback regarding level of satisfaction by those receiving services.
heard of it but not sure what they do or where they are located	seems like a good program but too far for us to travel to regularly	heard of it but not sure what they do or where they are located		seems like a good program but they would not let families participate who receive services through ITS of Jo. Co. (but isn't that everyone???)			Great school and program while we were there! However, I wish they did more for families of alumni (invite them to workshops, parent groups, etc.). Families still need these services after graduation, and no one else in the community provides them. Seems like it could be a good source of income for CCVI (charging regist. fees for workshops, etc.), or at least a good will gesture, which would lead to more voluntary donations to CCVI.	
	It is for much younger children than mine; I know nothing about it but would expect it to provide quality services							Joshua Center for Neurological Disorders - grassroots organization with practical approaches to living with disabilities
								TSA
								Family Focus
				Heard it was a great resource.				Joshua Center - could not have survived without it!
								Marion Hope Center, Joshua Center, Brain Balance
								Joshua Center
								Joshua Center ...they have people who really care and are qualified to help kids.
								Joshua Center for Neurological Disorders
								JOshua Center
								provide assistance to children with neurological disorders (seems primarily for younger kiddos)
				Very favorable perceptions even though my child did not attend there.				Responsive Centers
								Joshua Center in Kansas City MO
								Childrens Therapy Group, and Joshua Center
								The Joshua Center, Marion Hope Center
not familiar with but have heard about		have heard about, but never looked more into it						Marian Hope Center for Children's Therapy- located in Independence, MO; wonderful group that looks at whole child through therapy, very holistic and nutrition based as

		Knew a child in a wheelchair and went. Heard only good things!						well
								Joshua Center - Used this resource for counseling for approximately 1 year.
								joshua center
very good				good				Children's Therapy Group
								KU, CMH, Horizon's Academy, Joshua Center
								Autism Works, through public preschool
								The Joshua Center is making a great impact to teach families how to deal with children with specific neurologic disorders.
								Children's Mercy Hospital and Joshua Center
								Joshua Center
								The Joshua Center
								Missouri First Steps, Parents As Teachers
								starkey in wichita, provides support employment and housing for disabled
								Down Syndrome Guild of KC
								Childrens Mercy Hospitals; Camp Encourage; Joshua Center for Neurological Disabilities
Severe needs?				Down's				
				For severely disabled				
				Know twins that are nonverbal that used this service complemented with preschool half day program				
				I have heard great things but have not been there with my child.				
This is a wonderful place for children with special needs to start their education.								
I've been told they provide excellent services								
for underpriveledged, even kids in crisis								
good programs for social skills								
good								
		This is only an option for children who live in that area. We live in Lee Summit.						
			Good facility			Used years ago. I here it's better run now.		

						Very good facility for early learning		
--	--	--	--	--	--	---------------------------------------	--	--

Statistic	Value
Min Value	1
Max Value	10
Total Responses	93

4. What services has your child used?(select all that apply)

#	Answer	Bar	Response	%
1	Specialized Pre-school		26	28%
2	Public School Special Education		66	72%
3	Private School Special Education		13	14%
4	Occupational Therapy		60	65%
5	Speech Therapy		65	71%
6	Physical Therapy		26	28%
7	In-Home Services		22	24%
8	Early Intervention Services		33	36%
9	Other (please specify)		29	32%

Other (please specify)
Judevine
Social Skills therapy
psychological therapy
counseling
Bio-medical care
Social Skills at the Joshua Center
Social Skills at Joshua Center
behavior school
accommodations in the Public School.
Social Skills classes
Therapy & medications
psychological therapy
Infants and toddlers, and parents as teachers groups that came to the home
Auditory therapy
outside physical therapy
Private Tutor
Counseling services
accommodations regular classroom
Social groups
OT Assessment
1x1 tutors, Kumon, Sylvan, Psych eval., pending IEP eval, CMH waitlisted 1 yr.
homeschooling
Social Skills Classes
JCMH
Parents as Teachers
Children's Mercy and Joshua Center
Adaptive P.E.
ABA
IEP

Statistic	Value
Min Value	1
Max Value	9
Total Responses	92

5. Describe your experience finding out about your child's disability and how you found services and resources to help you manage his/her care.

Text Response
Found out at the nicu and they provided us some early intervention resources, which we started immediately. At 2 months of age, she had RSV and was admitted to children's mercy, which connected us with further resources.
I saw the delay at around 12 mons. I was upset, but knew to be proactive we had to start intervention early.
My son was diagnosed with Tourette's Syndrome at a young age. I was lucky to have a wonderful child psychiatrist.
my son with aspergers was deemed not eligible, based on 1 psychologist testing and opinions at KC Regional Center
Son diagnosed w/ Aspergers very late(age 22) Had used CMHSpecialty neuro-dev. and Responsive Centers
There are no services in our area - I've only been able to read and utilize resources in my son's school.
Long waiting, and little help available when started in 1997.
Have found resources on my own for my child. Very time consuming.
He was diagnosed with PDD at 14 mos and we were referred to early intervention. From ages 5 to now (11) I have relied on referrals to psychologists and social skills groups from parents, and used school resources.
I had to find servies on my own
We found out through IEP meetings and many doctor appointments. Most places refer you to many services but it is difficult to find the right place to be.
Childrens Mercy Hospital gave me the diagnosis and recommended Joshua Center.
We found out through diagnosis at Children's Mercy. They were not very helpful in what to do next. Our child went to the Britain Center and made gains. Unfortunately the only research is "ABA" based, and we were swindled out of much money with no results. We got on-line and began to find reasons for his autism in his body, namely his immune system. After visiting with many doctors around the country and many medications, he is now doing IVIG (IV infusions of human immuoglobulins, and this is the BEST we've ever seen. Now the therapies he does are taking affect. Approaching this disorder as purely "therapy based intervention" is ridiculous. You wouldn't treat cancer that way, or anything else. By doing our own research we found people with answers and they are now treating his autoimmune disorder.
Word of mouth is how I find services / resources
My family knew my son had Autism
My child's Kindergarten teacher approached me about the issue stating she had never taught a child like this before and wondered if there was something wrong with her as a teacher. I took her to see a psychiatrist for about a year. I tried diet, exercise and a few other things before starting her on a prescription medication.
Difficult to find something specific for his needs.
It took several years to get a proper diagnosis and from there services were recommended.
It took us until my daughter was 8 to get an autism diagnosis. The public schools have been GREAT at coordinating services at school, but I don't feel like the medical establishment did much at all to point us toward any services. For example, it took until my daughter was 14 to have someone tell us about the CDDO, getting her signed up there to receive services someday. With a 7-year waiting list, it would have been great had we gotten on that list when she was 8, now we're looking at only adult services because she will already be an adult when we qualify.
Difficult, but we were lucky b/c we were already in the Children's Mercy system due to an early onset of seizures. Because we had doctor connections very early in her life, when other diagnoses became necessary, it was much easier to navigate the system.
Looking on the internet alot
Very sad upon hearing the diagnosis, and worried about his future. We found help through our pediatrician and therapists.
A very long, hard road finding out what was wrong, but mostly trying to find out how to get help. He went through the First Steps (name?) program, but in the public schools we could never get services other than speech therapy. Then it became a matter of finding what he needed at a cost we could afford (or our insurance would pay for!!).
Not surprised. Issues run in family, and her behavior has been off-the-charts since about age 18 months. Have found services over time between pediatrician, counselors, psychiatrists, etc.
misdiagnosed and given very little guidance. continued to have child evaluated until underlying medical diagnosis was found.
relieved and glad that someone realized that I was not crazy.
He "crashed" his Sophomore year in HS. The school recommended therapy, the therapist dx'd aspergers
Second grade teacher referred him for an evaluation at a public school. The process was very thorough and precise to his needs. As he grew, his services continued to change as he needed different help. The school gave me informaton about outside resources and then those persons connected me with other provicers over the years.
I knew at 6 months. It was confirmed at the KCRC 2 years later.
We found out when our son was in 1st grade. We were lucky that we had support of Family, Friends and Usd 231
We found out after we sought private help for difficulties in school and daycare. However, not everyone agreed with the diagnosis and we had to have another one done a year later. We have sought almost all of the resources on our own. However, our family doctor suggested the doctor that we now use to monitor medication. Services are very hard to come by.
preschool teachers informed me he was "different" and I was on my own to find resources.
At 18 months our pediatrician had concerns. We started in First Steps and received speech and OT services. Our case worker made transitioning into Early Childhood Education easy and we recieved our official diagnosis at age 4.
Most horrible day of my life but my first thought was how to help my son. I found many places to help but not one stuck.
We knew our child was on the spectrum from a very early age. Unfortunately, we could not get him diagnosed until age 11 because he was "too smart to have autism." Now, there are very few services available for a child his age.
Uphill battle. Challenging. Didn't get much support from school had to research every thing online & trough friends.
Unable to identify a clear path to the appropriate resources, limited access to the good resources available, frustration over conflicting information
It was a VERY long road of testing and eliminating what it wasn't. Finally when he was 5 1/2, we had someone tell us about the KU clinic that would do a battery of testing ranging from MR to Autism and we pursued that to learn that he was MR. They then referred us to Children's Mercy to see someone about Cerebral Pausy because of his gait and there we finally learned that he has Spastic Cerebral Palsy in his lower extremities. Finding this diagnosis was like finding a needle in a haystack. Our regular pediatrician was outside her realm of knowledge and tried to help but was limited and was probably the cause of a wild goose chase. Children's Mercy made us feel a bit like ping pong balls. Each department would basically do their testing and wash their hands of us versus truly helping us get to the bottom of it. I had to do the leg work myself by networking with people and learning about the Ku Clinic deal. We are still with her though because of the long history.

Good luck!!
After Public School Teachers expressed concerns we had to go out on our own and consult Pediatricians, Child Psych., OT, etc. - We have worked primarily through referrals (experts referring experts).
found out: teacher calls. found services: internet
He was diagnosed at KCRC, Marian Hope Center was huge in helping me find resources
We went to numerous doctors. I have found all of his care by research myself or asking for referrals
I knew there was something "different" with my child since before he was 2 years old. Received a formal diagnosis upon our first visit to a local psychiatrist. The doctor prescribed medication which helped, but also recommended we visit the Joshua Center for counseling. We used Joshua Center for approximately until the meds improved his condition to the point that the Joshua Center felt counseling would be of no further benefit. Now, he is in the public school system, but on an IEP and receiving Special Ed help in the classroom.
There was a lot of hurry-up-and-wait while waiting for diagnosis. After diagnosis we felt we were left with no options or direction on how to proceed.
As soon as we realized development delays, we took our daughter to Shawnee Mission Kids count screening, followed in subsequent years with KU Med Ctr screening, private psychologists and therapists. Also involved in IEPs through school.
by accident...
tried figuring out what was going on for a long time; no one pinpointed it; husband and i started suspecting and sought the specific doctor who could diagnose
Child was adopted so I knew of the disability. I tend to have to push and educate others to get appropriate services.
basically just noticed behavioral oddities and then tics over time, it wasn't until 4th grade that we had any specific testing done, then it was a real struggle to understand the difference between a psychologist and psychiatrist/MD and how to get him diagnoses and what to do to help
Luck. Stumbling upon services. Use health insurance nurses.
Devastated after waiting 8 months to get into Children's Mercy - services helpful
advocating for educational exceptional needs at public school for the past four years, wait listed for over a year for further eval at CMH, son diagnosed ADHD, gifted, Asperger's, LD
Confusion, disbelief and luckily the doctor knew about the Joshua Center. The Joshua Center has been a life saver!
autism-figured it out on my own, pediatrician blew me off; Parents As Teachers & Infant/Toddler of JoCo hooked me up w/ CMH for diagnosis (severe autism, probable HF/early intervention) wow, they hit the bullseye; researched a lot on internet; contacted local Autism Society; other parents are a big resource; found out about KC Autism Trng Ctr on local Autism Society website, begged family for \$ and was very, very fortunate for 2 yrs-great program; lucked out again when applied for the Kansas Autism Waiver Program-got in on the 2nd wave in 2008; also found out about that on the local Autism Society website
I have four or five autistic children (four diagnosed of six total). The oldest was far harder to diagnose as it was hard to find someone who could figure out what was going on.
it was upsetting at first but once I had more information it helped me find the services my daughter needed
The initial discovery was rough as the school system tried to deal with his problem as a discipline issue without any concerns about testing for a disability issue.
through dr
I was lucky enough to have a great pediatrician who sent us to KC Regional Center and I was provided with several resources.
I did all the initial research before taking my findings to my son's primary care doctor. From there it has still been me that does the research and instigate investigations, care, etc.
My child was evaluated at both Children's Mercy and KU Med's Behavioral Health Clinics. We had a great experience. They gave us lists of resources to get help for our child. I will say though, that we were quite overwhelmed and didn't know where to start when we got home.
A long and painful process being referred from one counselor to another before having a formal diagnosis - and incredibly costly.
We went to a variety of counselors and doctors about our daughter's tics and anxiety from age 8 to 16 until she was finally diagnosed with Tourette's Syndrome
We learned early my son had some issues. We worked through the school system and his doctor to manage his care.
Didn't discover our child's neurological disability until recently. Found resources through our doctor.
We were relieved to finally know what was going on. However, we were not given clear resources at the time of diagnosis; we started trying things at the recommendations of others we met with similar diagnoses.
Initially, it was overwhelming and heart breaking. With time, I found the blessings. We have used PBM, NKC Early Childhood Center, in home behavior therapy and speech therapy programs, have a service plan in the private school setting and IEP in public school setting. Initially, our speech therapist gave us a lot of leads, We also received autism funding through the Missouri Regional Center.
Difficulty accessing services initially. Wasn't provided many resources early on.
My son began to become very ill very rapidly with uncontrollable body movements and vocal outbursts. He is 9 years old. Headaches and panic attacks became constant. Family doctor, pediatrician, no one knew what was going on or what to do. He grew worse to where he was unable to go to school. I was lost, stuck at home with my child unable to work and had no where to turn. Children's Mercy was extremely difficult to try and to go see the doctors that my son needed to see. Someone told me of a place called the Joshua center. I contacted them and talked with the founder, Becky. She helped me in every way possible. Guided me to the people I needed to talk to. Helped me to get to the doctors my son needed. So much more. My son enjoys going there to meet with his counselor who has done a great job with helping Andrew deal with his disability.
Overwhelming. Finding services and getting adequate services has been a nightmare.
We always knew something was different. We were at the point where we just wanted a diagnosis so we could start getting him help. We were told about the Joshua Center and have had tremendous results working with them.
Going from one expert to the next. One would say she was fine. The next would say she is really struggling. The next would reassure me that I was just worrying too much. We were pinballed around a while (5 years) before getting an accurate diagnosis.
count your kid in pre school screening, testing by school district, school dist provided some services, recommended others for therapies.
It was confirmed when my son was 2 weeks old for DS and I had a great doctor who gave me info for KS on services/early intervention program for my area. I am originally from Southeast Ks and have only lived in the KC area for the past year.
He had a brain injury at birth, so we found out through Children's Mercy. They referred us for some services, and a close friend guided us to assistance a lot because she had been through the process too.
Overwhelmed not sure where to start for help and what was best for my child and my family.
first steps and children's mercy hosp played the major roles in getting registered for services and KC regional and wonderful case mgrs and therapists and parent training opportunities

Luckily EC teacher noticed signs n suggested is to get him tested for autism. They way I found out was by a friend that lived in town who also had a son with Autism.

My son was not diagnosed until he was 10. Neither his Doctor nor his teachers were helpful in finding out what was wrong. So I had to beg them for help. It took a long time and was very frustrating. I would rather them suggest it then me have to keep telling them something was wrong.

First noticed language delay at 15 mo. check up, this lead to SLP services through Infant and Toddler, eventually referred to Childrens Mercy Hospital for a full evaluation. Autism diagnosis at age 4.

as a toddler, no one believed me that my son was different-they thought I was expecting to much of him. at his 6 year check up he was diagnosed with Tourettes Syndrome. Mothers know there children-trust your instincts!! H as also been diangnosed with OCD, ADD and Klinefelters Syndrome.

Found out from clinic doing extra testing and identifying a chromosome abnormality, we first found resources through social services

Devastated, surreal, in a foggy haze for awhile. Social worker at Children's Mercy NICU set us up with ITS of Jo. Co. and CCVI. Everything else (ie, community services, etc.) was difficult to find out about. Once into the public school system (age 3), the special ed administrator would send out info as they received it.

Statistic	Value
Total Responses	84









6. In general, as a caregiver and/or care coordinator for a child with special needs, do you feel that there are unmet needs in the services and resources available to parents and families?

Text Response
So far we have been very pleased with what has been available to us. We so feel that medically we were provided with greater resources once involved with the children's mercy system than with our previous providers.
No,not for my sons delay.
Yes, and it mainly boils down to cost. Insurance doesn't cover most of the items we need.
yes, very much so.
Once students out of school trouble finding support groups attuned to late adolescents/early adulthood
There are tons of unmet needs in our rural area of Southeast Kansas
Definitely
Absolutely.
Certainly. For example, my 11 year old needs OT, but it has been difficult to find a provider that services 'older' children. When I found some, I learned that insurance does not cover the services.
yes
Yes always and if care is provided it is very expensive - very hard to work full time and manage so many appointments and assesments.
Joshua Center and Childrens Mercy Hospital provide for my needs.
YES - as i've mentioned, we need to look at this as a medical condition.
Very very difficult to find respite care, esp as child ages
There is a severe lack of services. Schools only want to do the minimum, to meet the requirements on paper. They don't have the money to help.
I do because my child is now in high school and I just found out about the Joshua Center last year when I noticed a pamphlet on the wall at her psychiatrist office. It would have been nice to know about this long before now.
yes, but the Joshua Center and Horizon Academy are two excellent resources.
Yes. There is nowhere to go, as a parent, to find out what is out there, what is best suited for my child, etc. And it gets worse as children get older, when she was young, especially preschool, I knew about early intervention programs. But just finding child care for a teenager is a nightmare. She needs it, but no regular child care center will take her because she is too old.
i think that a centralized program that could assist families with finding resources would be beneficial, such as the children's conservancy
With regards to anxiety, there is a HUGE deficit of services available. The Kansas City Center for Anxiety Treatment is one of the only comprehensive options, and they do not take insurance. It would be nearly impossible for most families to be able to afford it. Children's Mercy really needs to fill this gap. They have doctors trained in the therapy, but they will only treat briefly, not the intense treatment needed for true exposure therapy.
yes
There should be more help available in the school system. Many states offer more support and programs for autistic students.
Absolutely. Every doctor/therapist/testing center thought it was something different. Wading through that was very difficult. They just kept telling us to wait and see. But I knew in my gut if we were going to help him, it was better to do it while he was young and his brain was more malleable.
Yes. Especially in the longer-term residential treatment areas.
YES!
ABSOLUTELY!!!
one of the biggest 'needs' I've understood is the education of teachers beyond a textbook definition
Yes, the post-graduation process where a parent has to find a job site when your child is lower functioning than what skills are needed for a minimal wage job. Why aren't the vocational sites contacting the schools as they know students will graduate?
As our child gets older, services get a little slim. Waiting lists for services can take some time.
more support groups for parents of children with similar issues
Yes - parents who have newly diagnosed children or those with limited finances to obtain services are in dire need of direction and assistance.
yes, having one place to go in KC for services for children with disabilities...or at least MARKETING that there is such a hub.
I think I'll always feel that way, but there are a number of organizations providing services that I don't about. It would be great if there was a comprehensive source to access to find out about all the services in our area.
Yes
Yes!
Yes. High functioning ASD kids are diagnosed way too late. Without the label, most parents get no assistance and are at the end of their ropes. While there are services available for kids birth-three and a bit older, very few services are available for older kids.
Absolutely!
Absoluteky
Yes...it is very hard to "live" with this day in and day out. Baby sitters are a challenge to find without having to pay an arm and a leg.
The public schools work very very hard to ignore this students. All they want to do is collect the federal funds.
Respite care in our area
Definitely! Public Schools and general pediatrics do not give any support/direction to help families find the support they need. Families have to go out and find many services on their own, and many of these services are not well marketed/publicized.
Yes!

yes, there are very few doctors and programs that are aware that nutrition and supplements play a huge role in the success of a child with Autism and other special needs
Yes. Especially support for parents
We are luck to have a family member provide before/after school care. But, I feel that it would be very difficult to find daycare/babysitter if it weren't for family.
Yes
YES -- during school years but especially as children start aging out of public school. Need for after-school care for moderate to mild special needs. Social needs unmet. Safe and cost-effective activities difficult to find.
yes.
yes
Yes
yes
Yes. My son continues to need something more to help with people skills.
YES
This process is emotionally and financially draining, the wait lists are far too long, after diagnosis ongoing needs are not addressed, public school educators have minimal diagnostic tools or evidenced-based interventions
The children need more. More interaction with others, definitely more understanding from educators.
I think the services and resources are out there in the KC metropolitan area, however they are too cost prohibitive for 99% of the parents.
Yes. We need more streamlined and coordinated care, ESPECIALLY as these children become adults. It's shameful how uncoordinated this is.
yes in our public and private education system as the child becomes older it becomes less about education
I feel there are many services available but there is not a good source to access to find them. Many that we used were found through word of mouth or just stmbing onto them.d of m
yes
No....there are a lot of organizations to help families with children that have special needs.
Yes, for those who are right on the edge of receiving assistance; that is making too much for care but not enough to afford care.
YES
Absolutely, especially in areas farther away from the city.
We tried many counselors and doctors. We were finally referred to Children's Mercy for the diagnose but no counseling available. Joshua Center was a godsend but we had to pay out of pocket because insurance would not cover.
Yes. Doctors say he could use some service bu the school does not and therefor offers no services.
Yes. We were referred to one place in the KC metro area and it is a long way from our home.
Yes, particularly in the educational system. It is hard to even access supports and accommodations. Affordable respite care is also an issue.
I have had some minor frustrations with Missouri Regional and being able to access funds. And every school year I find we have to educate teachers on IEP's. The transfer of information from year to year doesn't always goes as well as I hope - even though we have IEP in place.
I wish there were classes/support group meetings around the metro like there are for the kids who qualify for these services. Difficult to attend because Independence is so far & the times they meet during the week are difficult to get to.
I do not believe there could ever be enough resources and ability to get to them. That is the difficult part. Knowing what you are looking for and being able to find it.
yes
YES
We needed an appointment with Children's Mercy but were put on an 8 month wait list. That was frustrating. In those months we had numerous set backs.
Yes. We especially need more in the northland.
not all info gets to all who need it. if it weren't for special olympics and interacting with other parents thru this there are many resources and ways of obtaining services we would never have known about.
Yes, there is so much red tape to get through things and if you are middle -class, you seem to fall in the cracks of the system.
Yes. The closest neuropsychologist is 2 hours from our house. There are no specialists outside of major cities.
Yes. The system does not work. You will be on a waiting list for at least 2 to 5 years.
yes
Yes lots.
Yes. They just give you a diagnosis and then leave you on your own to figure stuff out. They tell you what's out there but don't tell you what you specifically need or direct you to find it.
YES! There is a huge need for social skills training for our children (outside of the school), these are very costly interventions and limited in the Johnson County area. Additionally, there are limited options for respite care for the caregiver.
Support groups for parents & the children where we can talk about our daily struggles & success' and what works and share ideas. Not a meeting where w get a lecture from a guest speaker.
maybe in the area of helping the parents to understand what services are available
I think it's difficult for parents to find out info. A lot of it is "word of mouth". It would be nice to have a group like Down Syndrome Guild, but for other disabilities, who visit you in the hospital with a packet of info. For instance, I didn't hear about the CDDO until my child was almost 10 years old! Families that have kids with Down Syndrome hear about it at birth. This is not fair! A government program should be made available to everyone at the same time! I did rely a lot on my therapists from ITS of Jo. Co. for info. in the early years, but they didn't know about the CDDO.

Statistic	Value
Total Responses	87

7. With what disability has your child been diagnosed?(select all that apply)

#	Answer	Bar	Response	%
1	Autism		58	60%
2	Hearing Loss		4	4%
3	Intellectual Disability		13	14%
4	Learning Disability		22	23%
5	Speech/Language Disorder		17	18%
6	Vision Loss		2	2%
7	Other (please specify)		49	51%
8	Prefer Not to Answer		2	2%

Other (please specify)
Chromosomal abnormality and low muscle tone.
TS
Aspergers
ADHD
to urrette syndrome
Tourettes
Tourette Syndrome
ADHD
Bi-Polar disorder and ADD
epilepsy,diabetes
cerebral palsy
Tourettes, OCD, Seizure Disorder
Tourettes,ADHD,OCD Mood disorder
ADHD/Bipolar disorder
P-ACC with interhemispheric cyst
Psychosis NOS
ADHD/Anxiety/OCD
ADHD, and some autistic tendencies
Aspergers
Tourettes, OCD, ADHD
ADHD, odd, SPD
Spastic Cerebral Paulsy in his lower extremities
Bipolar
ADHD, Sensory Processing, Learning Disabilities, OCD
to urrette;s, ADHD, muscular atrophy
ADD and anxiety
to urrettes
Mood disorder
to urrette's
Bipolar II, ADHD, unspecified Asperger
ADHD, gifted
Tourette's Syndrome
have four diagnosed children.
stereotype & turrets, dysgraphia
Wilsons Disease
Asperger's
Aspergers
Asperger's Syndrome
Tourette's Syndrome
PDD-NOS
Tourettes Syndrome
ADHD

Tourette's PlusSyndrome
down syndrome
Brain damage
cp
tourettes syndrome, obsessive-compulsive disorder ADD & klinefelters syndrome
chromosome abnormality
cerebral palsy

Statistic	Value
Min Value	1
Max Value	8
Total Responses	96

8. How much influence did the factors below have in your search for services for your child, with 1 having the least influence and 5 having the most influence?

#	Question	1	2	3	4	5		Mean
1	Therapeutic pre-school setting	39	7	8	9	20	83	2.57
2	Quality of services	4	2	10	10	65	91	4.43
3	Location	5	11	29	19	26	90	3.56
4	Types of therapy offered	1	4	18	24	42	89	4.15
5	Cost of program	10	7	17	20	37	91	3.74
6	Small class size	12	11	17	24	22	86	3.38
7	Focused area of care	4	10	13	21	40	88	3.94

Statistic	Therapeutic pre-school setting	Quality of services	Location	Types of therapy offered	Cost of program	Small class size	Focused area of care
Min Value	1	1	1	1	1	1	1
Max Value	5	5	5	5	5	5	5
Mean	2.57	4.43	3.56	4.15	3.74	3.38	3.94
Variance	2.88	1.14	1.42	0.94	1.84	1.86	1.48
Standard Deviation	1.70	1.07	1.19	0.97	1.36	1.36	1.22
Total Responses	83	91	90	89	91	86	88

9. How old is your child?

#	Answer	Bar	Response	%
1	0-23 months		0	0%
2	2-4 years		3	3%
3	5-7 years		7	7%
4	8-10 years		24	25%
6	11 or older		62	65%
	Total		96	

Statistic	Value
Min Value	2
Max Value	6
Mean	5.16
Variance	1.46
Standard Deviation	1.21
Total Responses	96

10. At what age was your child's disability identified?

#	Answer	Bar	Response	%
1	0-24 months	<div></div>	14	15%
3	2-4 years	<div></div>	28	29%
4	5-7 years	<div></div>	29	30%
5	8-10 years	<div></div>	15	16%
6	11 or older	<div></div>	10	10%
	Total		96	

Statistic	Value
Min Value	1
Max Value	6
Mean	3.64
Variance	2.07
Standard Deviation	1.44
Total Responses	96






11. Please select your relationship to the child with special needs.

#	Answer	Bar	Response	%
1	Mother	<div></div>	86	90%
2	Father	<div></div>	8	8%
3	Grandmother	<div></div>	1	1%
4	Grandfather		0	0%
5	Aunt		0	0%
6	Uncle		0	0%
7	Foster parent		0	0%
8	Sibling		0	0%
9	Other (please specify)	<div></div>	1	1%
	Total		96	

Other (please specify)
program service coordinator

Statistic	Value
Min Value	1
Max Value	9
Mean	1.19
Variance	0.76
Standard Deviation	0.87
Total Responses	96

12. How would you rank the services available for children with disabilities in your state?

#	Answer	Bar	Response	%
1	Excellent		2	2%
2	Very Good		18	19%
3	Good		33	34%
4	Fair		31	32%
5	Poor		12	13%
	Total		96	

Statistic	Value
Min Value	1
Max Value	5
Mean	3.34
Variance	0.99
Standard Deviation	0.99
Total Responses	96

13. In what state do you live?

#	Answer	Bar	Response	%
1	Kansas	<div></div>	51	54%
2	Missouri	<div></div>	42	44%
3	Other (please specify)	<div></div>	2	2%
	Total		95	

Other (please specify)
Iowa
Illinois

Statistic	Value
Min Value	1
Max Value	3
Mean	1.48
Variance	0.29
Standard Deviation	0.54
Total Responses	95

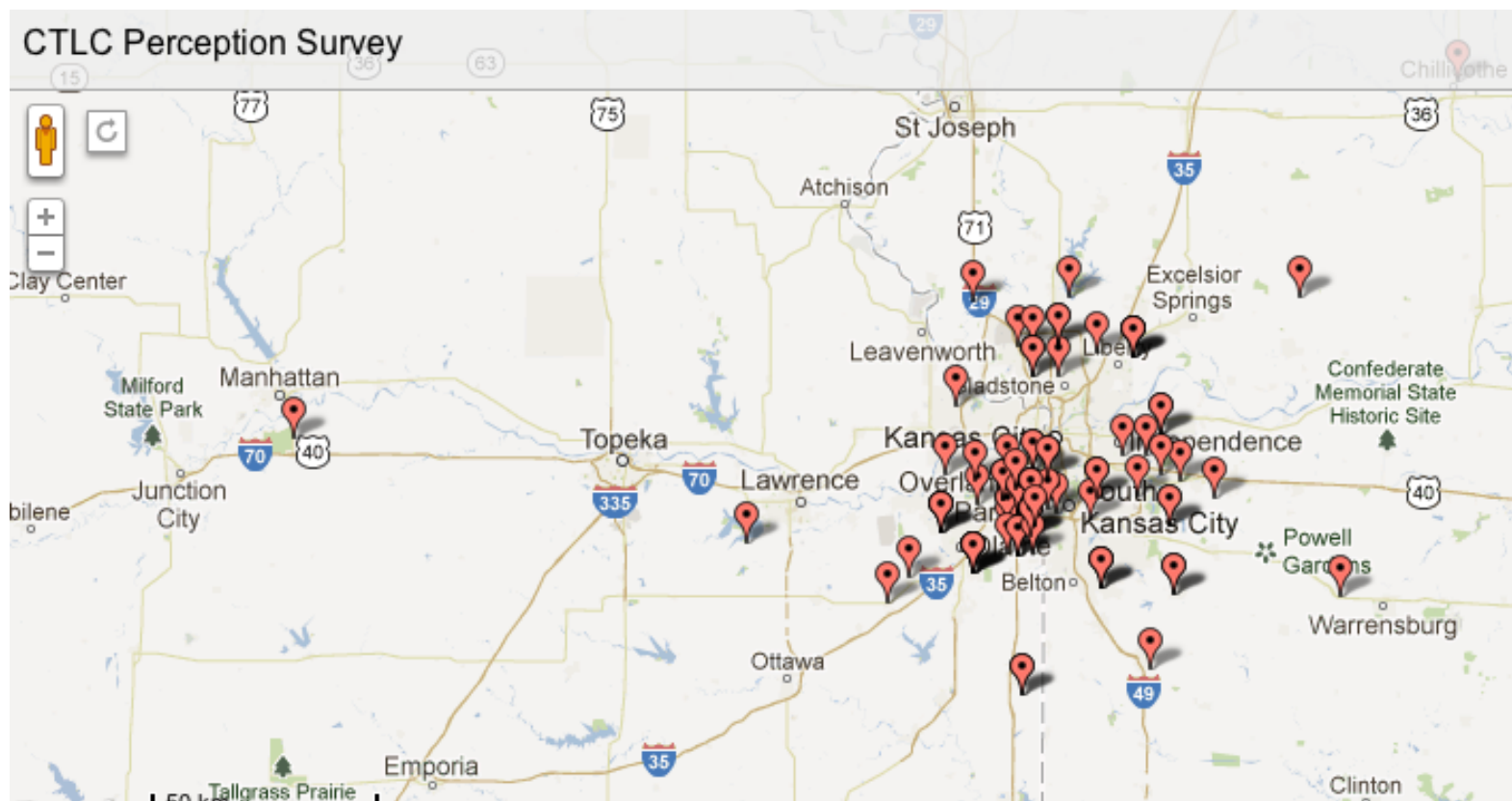
14. What is your zipcode?

Text Response
66021
66053
64083
64085
66211
67354
64113
64056
66207
52316
66062
64155
64114
64055
66109
66209
66224
64086
66207
64080
66207
62231
64068
64131
66223
66226
64138
66061
66061
64134
66021
64075
64683
64086
64151
66209
66204
64064
66209
66221
66062
66212
64701
64083
64083
64057
66214
64080
66053
66061
66214
64068

66061
64157
66209
66030
66212
66203
66210
66205
64068
64015
66213
64113
64138
64014
66223
66205
66062
64019
64151
64089
64079
66047
64155
66217
66210
64154
64153
64068
67060
66062
66219
64601
67217
64056
67846
64118
66062
66062
67801
66502
66223

Statistic	Value
Total Responses	93

CTLC Perception Survey



15. What is your total household income?

#	Answer	Bar	Response	%
1	Less than \$25,000	<div></div>	4	4%
2	\$25,001 - \$50,000	<div></div>	15	16%
3	\$50,001 - \$75,000	<div></div>	22	24%
4	\$75,001 - \$100,000	<div></div>	25	27%
5	More than \$100,000	<div></div>	25	27%
	Total		91	

Statistic	Value
Min Value	1
Max Value	5
Mean	3.57
Variance	1.40
Standard Deviation	1.18
Total Responses	91

Supplemental Items

Supplemental Items

Interview with Sake With Friends Attendee

On Saturday, February 9, the Children's TLC Friends Association hosted the Sake with Friends fundraiser. In total, 130 guests came to support the organization (Sake with Friends, 2013, Spring). Below is the feedback from an interview with an individual who attended the event.

Please describe your first impression of the event when you arrived.

We pulled up outside the venue and couldn't even tell if there was an event going on. There was no signage or obvious presence of an event.

Did the setting/atmosphere meet your expectations?

I really struggled to find information about the event, so I didn't have many expectations. My friend and I were wondering what to wear. When we finally found the page on the website, it said "upscale casual." But there was no way for us to find out what that meant. At the actual event, the attire didn't match the ticket price. The venue itself was poorly lit, and the energy level was very low.

Was it easy to tell the fundraiser was for Children's TLC?

When we made our way inside, there weren't any brochures or flyers about CTLC. I had no way of finding out about other ways to get involved with the organization in the future. Throughout the entire night, I don't remember ever hearing anything about Children's TLC. There was an informal speech at 11:30, right before the event ended, but I don't remember the speaker mentioning the organization. If I hadn't been given the tickets, I probably wouldn't have known who the beneficiary was.

How was the actual sake tasting?

The bar was poorly stocked, and the bartenders didn't know much about Sake, which was supposed to be the point of the evening. When we went to eat, it was difficult to find plates and utensils, and the food was cold. Nothing was marked, so I didn't have much because I'm a vegetarian and wasn't sure if the dishes contained meat.

Is there any additional information you'd like to add?

It just seemed like the organization was unfamiliar with how to host this type of event. The group overlooked key pieces such as arranging taxis, formally thanking sponsors and stocking enough food and supplies for attendees. If I would have had to pay for the ticket myself, I would have been upset.

Supplemental Items

The following is a summary of what the group learned in its initial meeting with lead staff members at Children's TLC.

Could you please provide us with some general information about the organization?

Children's TLC provides therapeutic services in a variety of settings, and we use an outcomes-based approach. We serve a broad range of kids from mild to severe needs; no one disability is prevalent among the children we see. All families must pay in some way for services received through Children's TLC.

Is your program currently at capacity?

Right now, we are between 75 percent and 80 percent full for the preschool program, which is about average for the industry. We don't have a set capacity for in-home/outpatient services.

How do you determine what services to offer?

We have a managing board, but it's mainly our staff who decide what we offer. Right now, we offer preschool, in-home and outpatient programs as well as contracted services.

- Preschool program– about 65 to 70 kids
- In-home program –about 25 kids
- Outpatient program– about 25 to 30 kids

Do you offer any English as a Second Language (ESL) services?

We haven't targeted ESL too much because it's often hard for them to afford services, and there are issues with people being undocumented.

What is different about Children's TLC when compared to competitors?

We stand out because of our trans-disciplinary approach, meaning that multiple disciplines work together to serve the children. Our staff goes the extra mile. For example, we sometimes will accompany parents when they meet with kids' new schools to ensure the children receive appropriate care and attention. The staff is small enough that they can coordinate with one another, be flexible and meet kids' needs effectively. We require our teachers and therapists to have master's degrees, so children at CTLC receive very high-quality care.

Additionally, we have a full-time nurse on site from Children's Mercy, and we integrate technology into the classrooms. Teachers have iPads, and we recently installed interactive white boards in the classrooms.

We have a rich history, and our staff and board are dedicated to the organizations. The donor names/prestige are very valuable.

Supplemental Items

Who are your main competitors?

Our main competitors are:

- Children's Center for the Visually Impaired (CCVI)
- Children's Spot with St. Luke's (outpatient)
- Public schools
- Lee Ann Britain (infants)
- Triality Tots

What are your greatest challenges?

Name concerns

We are often confused with Kids TLC, now TLC for Children, in Olathe. In fact, funds have been sent to wrong place before because of confusion. We want to clear this confusion somehow. Also, we try to say Therapeutic Learning Center instead of just TLC because it communicates the purpose of our organization and tells people we're not a typical daycare. We've kicked around the idea of changing our name, but it has never gone anywhere.

Target audience

We really have two audiences: donors and families. We favor donors because they provide funding, and our goal is fundraising. However, I would like to think that if we marketed to families more effectively, the money would follow.

We're trying to decide whether we should offer services to everyone regardless of financial situation or strive to serve those who can afford our services on their own. The wealthier families tend to be in Johnson County, which is a ways away from our center. Right now, the tendency is to follow the money and also to try to meet everyone's needs. We're always looking for more kids because more clients means more money. We know we're missing some people because people don't look to Children's TLC for outpatient services even though we basically have unlimited capacity.

Besides having two target audiences, we straddle being both a healthcare and an education provider, and it's unclear which our primary focus is. However, we are definitely not a daycare.

Through all of this, we have to be careful not to choose an audience that will jeopardize our ability to fundraise and gain donors.

Marketing

We need facts to back up the decisions we make. Right now, all our marketing is done in-house; we have a graphic designer and a social media manager on staff. However, we mainly rely upon word-of-mouth marketing. We don't have brochures, only a cardstock flyer.

Supplemental Items

We would like to update our website and implement standard protocol. We need to create best practices such as stating standard PMS colors for our logo.

Encroaching competition

Area organizations keep adding special needs services, which takes away from our client base. Also, CCVI, one of our competitors, is on the same campus. Children's Mercy is the hub of childcare in the Kansas City area.

Funding/enrollment

Our total budget is \$2 million, and we must raise half of that. We also need to keep our enrollment steady, which can be difficult because we have a revolving flow of kids. We don't have cut-and-dried start and end dates because much of it depends on kids' ages/birthdays. We have also heard from staff that the instances of unique disabilities/illnesses are fewer now than in the past. This means we may have to consider new specialties or additional training for our staff. We really need a balance of family involvement and outpatient therapy services.

What opportunities do you see for CTLC?

- There's a need for extended hours in specialized childcare services.
- Few to no services target parents specifically, although there are support groups. This is probably because children's needs vary widely, so it's hard to get a group of parents together who can relate well to one another.
- We need to better connect ourselves to our fundraising events so attendees know the organization to which they're contributing.

Supplemental Items

The group conducted a follow-up meeting with Children's TLC lead staff members on Tuesday, February 19. Below is a summary of the findings.

Could you please share what additional services you expect the board to discuss in the upcoming meeting?

- Charter schools
We already provide outpatient services in a couple of charter schools, but we only see three kids total. This is because we wait for the schools to come to us. Instead, we should be the ones seeking out the schools. This would also help us staff appropriately. Therapists' contracts usually come up around June, so if we knew how many outpatient schoolchildren we would have the following year, we could hire adequate staff in the summer. Right now, when we wait for schools to approach us, it's often too late to find staff because therapists have already signed contracts elsewhere.
We also need to establish a way for people to recognize our therapists when they go into schools. We don't currently have shirts or nametags, so no one realizes the therapists are affiliated with Children's TLC. This would be a great way to publicize the agency and to see our therapists in action.
- Autism services
The board wants to explore providing autism services, which would mean hiring board-certified behavior analysts. The goal is to target children and families who have private insurance that will cover those services. We are looking for paying families.
- Expanded outpatient program
The board will discuss ways to expand the outpatient program such as offering extended hours because nothing is happening in the building after 4 p.m. except for YMCA. This would allow school-age children enough time to get to the agency and receive therapy without missing regular class. Saturday morning hours are also a possibility, but we need to decide if it's a true need. Not many people are offering this. Offering extended hours would model more of a clinic setting.
- Rehabilitation services
We would like to get kids who have been at Children's Mercy and need day programs for intensive therapies. This would be like a rehab center for adults, only ours would be for kids.
- Pre-school program from 7 a.m. – 6 p.m. Monday – Friday
This one is tricky. In the past, early childhood special ed in MO only paid for four half days of preschool, which is how CTLC structured its hours. When we did try offering extended daycare hours, very few kids attended Fridays or after school.

Staff have very strong feelings on this subject because it directly impacts their personal lives and schedules. Some staff choose to work at CTLC because of hours, generous PTO and flexibility, and extended hours would infringe upon these benefits.

Why do people choose Children's TLC over other special needs providers?

People come to CTLC because they are unhappy with the services their child has received elsewhere. Families like Children's TLC because it's smaller and provides focused attention. Parents get to know the staff at CTLC, and the staff knows the kids. Kids make obvious developmental gains, which reiterates value of CTLC's services.

Supplemental Items

That being said, the preschool model is somewhat outdated, meaning that our approach is also slightly dated. We have to keep this in mind as we determine what additional services to provide so we remain competitive.

Does Children's TLC have any plans to add transportation to and from the center?

CTLC tried arranging transportation years ago, but it was extremely difficult to staff. It was also costly to maintain the vehicle. Right now, families make it work if they want their child to come to Children's TLC. Parents really will do anything if it helps their child. We've seen families relocate to find appropriate services; one family just moved across the state line to Kansas. Others have lost their jobs because they have to take care of their children. Now, some school districts do pay for the transportation to send kids here for therapy. One school district actually sends an entire bus here just to deliver one child, which costs more than the therapy. Other places taxi the kids in. However, school districts say that transportation costs prevent them from contracting with CTLC.

We'd like to ask a few questions about the recent Sake with Friends event. Who organized the event?

The Friends Association, which is all women, hosted the event; our staff was there to support, but we tried to stay hands-off. The Friends requested furniture, which I wouldn't have done, but they were paying. Their goal was 250 people at \$100 per ticket.

- Was there a specific donor you were looking to target at this event?
The Friends were really trying to attract a younger demographic. This is our only real social event.
- How much time was required from your staff to plan this?
Our staff didn't spend any time helping plan the event. Since it's a new event, we don't have the level of control we normally do. We really prefer that the staff be more involved with volunteer events.
- Did you or other CTLC employees attend?
Yes, I attended, and I thought it went really well. The buzz was good, the alcohol was flowing. I even had to get more mixers. It was a good way to get new donors and contacts.
- How much did you make from event?
We made \$26,000 gross and expect to net between \$15,000 and \$16,000.
- Do you plan on posting any photos on Facebook or encouraging those who attended to post?
Each attendee will receive a personalized note from organization and will be added to our newsletter database. The Friends didn't hire a photographer, so we don't have our own photos to post to Facebook.
- What do you feel was missing from the event?
We need to keep people giving the entire evening. This may be through an auction or a raffle.

What makes Children's TLC's outpatient program better/more appealing than others?

Supplemental Items

Our outpatient services are easier to navigate than others. When people go to Children's Mercy, it's spread out, and they have to coordinate with multiple people. At CTLC, families just have to schedule with one person and can receive multiple therapies in one location. The part of our program has triple in the last couple years. We used to see 10 kids for outpatient services, and we're now up to about 30 or 40. Unfortunately, this means we're also running out of space. It raises the question again of whether we're a clinic or a school. Because of the recent grassroots growth, our outpatient services are somewhat disorganized internally. We don't have a centralized person who schedules and maintains appointments. Also, people can't pay when they come to the center; they are billed later for their copay (we do have a billing person). For the most part, our families don't have huge outstanding balances, but sometimes I make collection calls if a balance is really high. We also have to think about staffing. Should we have therapists in classrooms who then fill in in the therapy rooms or therapists who only do therapy?

Could you expand upon how parents found you on their own? How? Self, Internet?

We really haven't drilled deeper than this and don't routinely ask.

How do you keep in touch with families?

Currently, we don't ask families if they can be added to database, so we need to add a place to the enrollment packet for this. We also do a monthly parent newsletter but are considering changing it to a family newsletter. This publication is separate from our quarterly newsletter, The Flyer, and is expensive.

It's really just information about what's coming up at the agency, like a PTA newsletter. Sometimes the newsletter includes tips, but we'd like to include more about special needs.

Moving on to your website, have you ever considered a content management system other than Dreamweaver?

Yes, we have considered it, but Dreamweaver is what we built the site on, and no one has had time to move it over to something else.

Funding / Payment

Could you please explain a bit more about the scholarship program?

I determine scholarships using a scale based on a family's income. I can use discretion to do something different as long as it's rational.

What is the peer discount?

Peers pay two-thirds of the regular rate. For full-day care for a 3 to 5-year-old special needs child, the rate is \$600 per month; for a peer, the rate is \$400 (\$100 per week). This rate is ok for preschool, but it's much better for daycare. In some agencies, peers come for free, but this isn't the norm.

What benefits do you see with the peer model?

The draw is that it's good way to build children's empathy and tolerance. We want outgoing kids who are good role models and who will help engage other kids. This helps the teachers, too.

Supplemental Items

We do need to consider what peers are getting out of models. Most often, it's parents who work in nonprofits who send normally developing children to an agency like CTLC.

What does funding look like for (Early) Head Start-funded children?

- Federal preschool program for low-income children
- Under tremendous scrutiny about whether they're producing good outcomes
- Is there a lasting impact from this?
- A couple studies but inconclusive
- Look in paper about preschool readiness for kindergarten
- Funds children 3 – 5 and their preschool (regular Head Start)
- Early Head Start funds children 0 – 3 in preschool setting
- Eligibility
- Age
- Resident (Jackson, Clay or Platte Co)
- Income
- CTLC is subcontracted three levels down from Mid-America Regional, who is the organization that has the contract

How do you walk parents through the process of figuring out what they're eligible to have the state or government pay for (ex. part B and part C of Medicaid coverage)? Or are they likely to know this before they walk in (so it's a reason they seek out TLC)?

Because CTLC's services start when children are a bit older, parents have usually figured out how the funding worked. This may change since CTLC is now working with infants as of September 2012. If needed, we may refer families to another agency first to make sure child is eligible.

Parents as Teachers is open to any family who wants it, but it has often gone by the wayside. This is funded by school districts, but they often cut it. Now, Parents as Teachers really serves middle-class families to make sure children are developing normally. It's not very structured.

What upcoming events are you planning to do for sure?

- Duck Derby
We will continue the duck derby, but it has issues. At one point, it was actually on the chopping block because of the commitment it takes. This is the most labor-intensive event I have done in 20 years. When it was at Brush Creek, we had to wash the ducks after the race because the water was so dirty. This took forever. It's also very expensive because we have to lease the ducks.

We'll hold the race at Schlitterbahn again this year at the end of a business day in June. Even though Schlitterbahn has a built-in audience who isn't necessarily at the waterpark because of Children's TLC, holding the event there has made it much, much easier and less expensive.

Last year, the duck derby day was the busiest Sunday all summer long at the waterpark. We hope we can use this to our advantage this year and get Schlitterbahn to donate a portion of the day's ticket sales to CTLC.

Supplemental Items

The unfortunate thing is that when we switched to Schlitterbahn in 2012, the event changed from being a family event to just buying a duck. However, this location helps to spread the word about CTLC metro-wide.

- Groundhog Run

The Groundhog Run is in its 31st year and is our most successful event. The sole purpose of the run is fundraising. We charge as much as we can get people to pay. In the last three years, it has grown from 3,200 to 4,000 participants, and we hope to get 4,500 next year.

The staff really drives this event. Different chairs and committees help make follow-up calls for sponsorships, but it's mainly the staff who organizes everything. We total anywhere between \$75,000 and 80,000 in sponsorships. We expect sponsorships to increase next year.

We try to keep expenses low without affecting value of event so we maximize our profit. For example, this year, we added about 500 more runners, but our cost dropped by \$1,000. We made about \$230,000 gross, and netted about \$190,000.

This event gains media attention, and Hunt Midwest is the key to our success. The company's PR firm sends press releases on our behalf.

- Bluebird Luncheon

The Bluebird Luncheon started on Children's TLC's 65th anniversary. Originally, it was supposed to be a celebration, but it had turned into a fundraiser. It has a "ladies who lunch" atmosphere. This is where the Shawsie Branton Leadership Society developed.

We give a state of the agency address and relay how the organization is helping children. We try to incorporate a personal story/testimonial, but we have to be careful. In the past, we've unintentionally offended people, so we want control over this.

The event is completely volunteer-driven, and we have started inviting people to attend for free just to familiarize them with the agency.

Do you utilize social media much?

Social media has really flourished over the last year. We have a Facebook page for Children's TLC and another page dedicated to the Groundhog Run. Our staff tweets and posts on Facebook, and we do e-blasts.

Don't want to only promote events because we want to focus on topics beyond fundraising.

Do you try to take photos at events so you can incorporate them in your publications?

Supplemental Items

We struggle with whether to use real or stock photos. Privacy is always a concern, but we do have releases from parents. Recently, a photographer donated her time to come take photos, which we'll use in our spring newsletter.

Do you have any partnerships with other organizations beyond the Children's Center Campus?

We have not chosen to make that affiliation with other groups because they can sometimes end up being a competitor. It just depends how people utilize each organization's services.

How else do you do thank donors besides a thank-you note and receipt?

All donors become part of database, which means they receive e-blasts, newsletters and certain invitations (ex. Shawsie Branton Society). We also invite certain donors to our Bluebird Luncheon.

Do you know if your donors attend events?

It's pretty much just by recognition when we see them at the event right now. We would know if the donor attended if (s)he paid by check because it goes in our database, but if a person pays online, we don't have a way to track this.

What are your thoughts on your current funding and donations?

If we told a better story, we'd get more money, but there's a fine line between telling a story and getting money for what's needed. We don't want restricted funds because they pose a development nightmare. Restricted funds usually come through grants, so we try to write in other areas to maximize how we can use the money. It's also difficult to implement and manage restricted funds since we can only spend them on certain things.

People sometimes give restricted funds because they want to be sure we spend their money in a certain way. Some refuse to fund certain things such as staff salaries. All our donor money goes to unrestricted funds though so we can use it where we most need it.

What concerns do you have about donors?

We have reached a point where donors are aging. At one point, we dabbled in planned giving then it was dropped. We do have a way to track giving, but we also need to ask for copy of will.

Supplemental Items

The following is an interview with a local school district special needs coordinator.

For children with special needs, what are some reasons their parents would choose to use services through their school district vs outside care? Parents would choose the services because they are free, can be provided up to age 21, and can be given daily if needed. Schools provide a large variety of services like occupational therapy, physical therapy, speech and language therapy, behavioral services, and academic supports.

What types of services does the USD 416 school district provide for 3 - 4 year olds with special needs? We provide OT, PT, SLP, academic and social/behavioral supports. Within each of these, are many other layers of services. At the age of 3/4 it can be extremely difficult to determine due to the age and variances in development of children. I think if parents have concerns, they should seek outside second opinions. However, this can be difficult due to expenses.

Do offerings vary by school district, by state, both or neither? Neither, schools must provide special education and the related services. Related services are ot/pt/slp/social worker.

Do you feel like the offerings of USD 416 for special needs children are successful? Do you feel like the school district is meeting the needs of these children? Yes, our students make exceptional gains throughout their years in our programming. There are some disabilities that we are not able to diagnose as we are not a medical facility, we can only do our level of evaluations or screenings to see if further testing is needed.

Does the school district ever bring in external speech/language pathologists? Or any other therapists? No, we have our own on staff. Parents do and we will typically accept our staff evaluations and recommendations. At times our own experts will ask colleagues from other schools within our district for their opinions.

Have you heard of Children's TLC? If so, what's its perception? Yes! I think it is an excellent center providing care to our children.

Children's Therapeutic Learning Center Visual Guidelines

Our Mission

The mission of Children's TLC is to provide therapeutic and educational services for children with disabilities in an environment which fosters their independence and celebrates their successes.

Our Vision

To become a model community of caring professionals, volunteers and families dedicated to innovation and excellence in the education and rehabilitation of diverse children with disabilities.

Brand Essence

The platform from which we deliver our messages – our brand – must cohesively and accurately reflect the best of what we are, what we strive to be, and our fundamental core values.

This guide explains how we create this tone through our logo, colors, and typography.

Color

The palette revolves around familiar basics such as blue, yellow and black. Used boldly and consistently, these colors express the strong, positive, and progressive energy of our organization – our sense of possibility and relentless pursuit of results – and its focus on children and education.

Please use

Blue: PMS 311

Yellow: PMS 108

Black: Black

The logo colors should never be altered. If limited to a single color, Children's Therapeutic Learning Center materials should be printed in black and white.

When creating marketing materials or other collateral, do not use a rainbow palette of many colors or use colors in a way that compromises our tone. Also, do not pair colors that do not contrast or complement each other.

Logo

The Children's Therapeutic Learning Center logo is designed to convey freedom in learning. Simple, streamlined, and straightforward, it communicates the integrity and directedness of our organization.

The logo is a specific mark that, like a personal signature, should never be forged. No other letterforms may substitute for the logo, and the logo itself should never be altered except for color as defined in the color section.

Do not place the logo on a complicated part of an image – photograph, artwork or typography – with different colors and tones, or one that subsumes the logo. Also, do not alter the logo with a drop shadow or outline or put a shape around the logo so it will work on a particular background.

Typography

Children's Therapeutic Learning Center's primary font is a contemporary sans-serif that reflects our organization's innovative and progressive qualities. We employ bold typographic treatments, often using type as a graphic element. Never letting style trump substance, body copy is always cleanly presented and highly readable.

Primary Fonts

Franklin Gothic is our main font to be used in professional design; it is extremely versatile and can be used for headers, subheads, and body copy. All versions (italics, bold, etc.) are acceptable. It can also be used in charts, graphs, or long lists where numbers and/or text need to be very small, due to its exceptional readability at small point sizes (6-7 pts).

When Franklin Gothic is not available, Arial can be used as a substitute.

Secondary Fonts

Times New Roman

A more traditional and highly readable font, Times New Roman, may be used as body copy in extremely text-heavy pieces, and as a softer, more decorative alternative to our primary font in materials such as invitations and cards.



Citations

- "2012 Bank of America Study of High Net Worth Philanthropy Finds Donors Firmly Committed to and Highly Engaged With Nonprofits | Bank of America Newsroom." Bank of America Newsroom. N.p., n.d. Web. 15 Feb. 2013. <<http://newsroom.bankofamerica.com/press-release/global-wealth-and-investment-management/2012-bank-america-study-high-net-worth-philant>>.
- "8 Valuable Insights from a Major Donor | Thoughts from the author of 'Donor-Centered Planned Gift Marketing.'" N.p., n.d. Web. 15 Feb. 2013. <<http://michaelrosensays.wordpress.com/2012/08/10/8-valuable-insights-from-a-major-donor/>>.
- "9 Secrets to High Net Worth Donors Fired-Up Fundraising | Gail Perry Associates." Fired-Up Fundraising: Nonprofit Fundraising Consultant | Board Development | Keynote Speaker - Gail Perry Associates. N.p., n.d. Web. 15 Feb. 2013. <<http://www.gailperry.com/2011/02/what-your-wealthiest-donors-arent-telling-you/>>.
- "CARF International, www.carf.org, Commission on the Accreditation of Rehabilitation Facilities, CCAC." CARF International, www.carf.org, Commission on the Accreditation of Rehabilitation Facilities, CCAC. N.p., n.d. Web. 15 Feb. 2013. <<http://www.carf.org>>.
- "CDC - Features -Birth Defects Findings - NCBDDD." Centers for Disease Control and Prevention. N.p., n.d. Web. 15 Feb. 2013. <<http://www.cdc.gov/ncbddd/features/birthdefects-dd-keyfindings.html>>.
- "Data Trends." Data Resource Center for Child and Adolescent Health. N.p., n.d. Web. 15 Feb. 2013. <<http://www.childhealthdata.org/browse/trends>>.
- "Data Trends." Data Resource Center for Child and Adolescent Health. N.p., n.d. Web. 9 Feb. 2013. <<http://www.childhealthdata.org/browse/trends>>.
- "Early Intervention Program for Infants and Toddlers with Disabilities." Early Intervention Program for Infants and Toddlers with Disabilities. U.S. Department of Education, n.d. Web. 02 Feb. 2013.
- "Early Intervention Program for Infants and Toddlers with Disabilities." U.S. Department of Education. N.p., n.d. Web. 15 Feb. 2013. <<http://www2.ed.gov/programs/osepeip/index.html>>.
- "Early intervention, early intervention program, early intervention services." Toddler Preschool and Baby Toys Educational and Developmental Games for Early Learning. Web. 30 Jan. 2013. <http://www.brighttots.com/early_intervention.html>.
- "Infant Toddler Services of Johnson County." Infant Toddler Services of Johnson County. Web. 30 Jan. 2013. <http://www.itsjc.org/about_us.html>.
- "Infant Toddler Services. Physical Therapy Services" Children's Therapeutic Learning Center in Kansas City. N.p., n.d. Web. 3 Feb. 2013. <www.childrenstlc.org/OurServices_Preschool.html>.

- "Infant-Toddler Services." Kansas City, Kansas Public Schools. Web. 30 Jan. 2013.
<<http://kckps.cloudaccess.net/departments/special-education-cooperative/wyandotte-county-infant-toddler-services.html>>.
- "KidsTLC." KidsTLC. N.p., n.d. Web. 15 Feb. 2013. <<http://kidstlc.org/>>.
- "Missouri Head Start Association - Home." Missouri Head Start Association - Home. N.p., n.d. Web. 15 Feb. 2013. <<http://www.moheadstart.org/>>.
- "Not Your Hoity-Toity Philanthropist: How to engage with real high net worth donors « High Impact Philanthropy." High Impact Philanthropy. N.p., n.d. Web. 15 Feb. 2013.
<<http://blog.impact.upenn.edu/2012/02/16/not-your-hoity-toity-philanthropist-how-to-engage-with-real-high-net-worth-donors/>>.
- "Quick Facts About Missouri Department of Social Services." Missouri Department of Social Services Home | Your Potential. Our Support. Web. 29 Jan. 2013.
<<http://dss.mo.gov/mis/qfact.htm>>.
- "Tiny-k Alliance." Tiny-k Alliance. N.p., n.d. Web. 15 Feb. 2013. <<http://www.tiny-k.org/>>.
- Agency Background. (2012, October 2). 2012 - 2013 Managing Board Directory, 3-4.
- Aron, L., & Loprest, P. (2012). Disability and the Education System. *The Future of Children*, 22(1), 97-122.
- Beaumont, Thomas. "After shootings, states rethink mental health cuts." Associated Press. N.p., 23 Jan. 2013. Web. 15 Feb. 2013. <<http://bigstory.ap.org/article/after-shootings-states-rethink-mental-health-cuts>>.
- Boyle, C., Boulet, S., Schieve, L., Cohen, R., Blumberg, S., Yeargin-Allsopp, M., et al. (2011). Trends in the Prevalence of Developmental Disabilities in US Children, 1997-2008. *Pediatrics: Official Journal of the American Academy of Pediatrics*, 10.1542/peds.2010-2989. Retrieved February 9, 2013, from <http://pediatrics.aappublications.org/content/early/2011/05/19/peds.2010-2989>
- Currie, J., & Kahn, R. (2012). Children with Disabilities: Introducing the Issue. *The Future of Children*, 22(1), 3-11.
- Data, Budget, and Reports. Missouri Department of Elementary and Secondary Education. N.p., n.d. Web. 30 Jan. 2013. <<http://dese.mo.gov/se/fs/data.html#annual>>.
- MCKINNON, JOHN D.. "New Limits on Deductions Will Affect Many Taxpayers - WSJ.com." *The Wall Street Journal - Breaking News, Business, Financial and Economic News, World News & Video - Wall Street Journal - Wsj.com*. N.p., n.d. Web. 15 Feb. 2013.
<<http://online.wsj.com/article/SB10001424127887323689604578217850195921128>>
- Musumeci, M. B. (2011). Modernizing Medicaid Eligibility Criteria for Children with Significant Disabilities: Moving from a Disabling to an Enabling Paradigm. *American Journal of law & medicine*, 37, 81-127.

NAEYC. (2012, Fall). Flyer, 3.

NS-CSHCN Compare All Years: Types of family structures in which CSHCN live, Nationwide vs. Kansas. (n.d.).

Sake with Friends. (2013, Spring). The Flyer, 8. Retrieved March 15, 2013, from www.childrenstlc.org

Szabo, Liz, and USA TODAY. " – USATODAY.com." USA TODAY: Latest World and US News - USATODAY.com. N.p., n.d. Web. 15 Feb. 2013.
<<http://usatoday30.usatoday.com/news/health/story/health/story/2011/05/One-in-six-children-have-a-developmental-disability/47467520/1>>.

Szabo, Liz. "Obama calls for changes to mental health care." USA TODAY: Latest World and US News - USATODAY.com. N.p., 16 Jan. 2013. Web. 15 Feb. 2013.
<<http://www.usatoday.com/story/news/health/2013/01/16/obama-calls-for-changes-to-mental-health-care/1839733/>>.

TEFRA & TEFRA Look-alike Programs | Catalyst Center. The Health and Disability Working Group (HDWG) | Health and Disability Working Group. Catalyst Center, n.d. Web. 15 Feb. 2013. <<http://www.hdwg.org/catalyst/cover-more-kids/tefra>>.

Types of family structures in which CSHCN live, Nationwide vs. Kansas. (n.d.). Data Resource Center for Child and Adolescent Health. Retrieved January 29, 2013, from <http://www.childhealthdata.org/browse/survey/results?q=2018&r=1&t=1&ta=466&r2=18>