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TECHNICAL REPORT

## Early Childhood Mental Health Services in Kansas

Part I of a Series on Early Childhood Mental Health in Kansas

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August 2012

KHI/12-07

INFORMATION FOR POLICYMAKERS  
HEALTH FOR KANSANS



# **Early Childhood Mental Health Services in Kansas**

Part I of a Series on Early Childhood Mental Health in Kansas

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August 2012

KHI/12-07

Final Report to the  
United Methodist Health Ministry Fund

Emily Meissen-Sebelius, M.S.W.

Catherine C. Shoults, M.P.H.

Ivan S. Williams, M.B.A.



KANSAS  
HEALTH  
INSTITUTE

212 SW Eighth Avenue, Suite 300

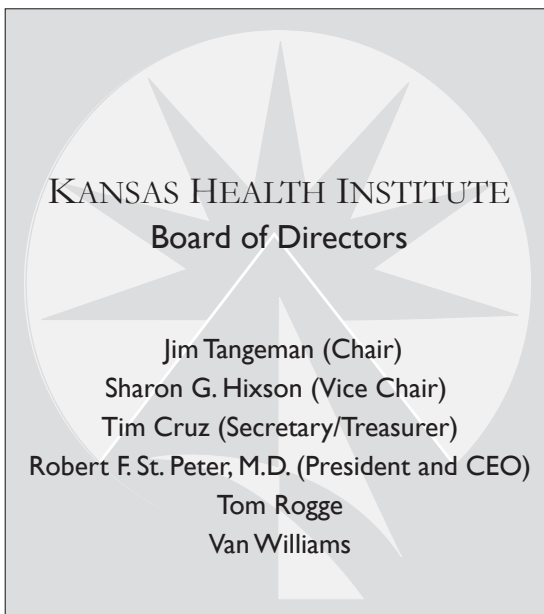
Topeka, KS 66603-3936

(785)233-5443

[www.khi.org](http://www.khi.org)

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## ABOUT THIS REPORT

This report provides an overview and analysis of the mental health services for young children in Kansas. In the current fiscal environment, policymakers in Kansas and many other states face difficult budget decisions regarding state-funded programs. This report helps establish a baseline of current mental health services for young children through an environmental scan of existing services and interviews with key members of the early childhood mental health field. That information is summarized in *Early Childhood Mental Health Services in Kansas: Special Report*, published in February 2012.

Information in this technical report, part one of [KHI's early childhood mental health project](#), was compiled based on an extensive review of relevant literature, review of key state-level documents, analysis of key informant interviews and analysis of mental health service data. A detailed description of the methodology can be found in Appendix A. Definitions of early childhood mental health programs and terms can also be found in Appendices C and D.

## ACKNOWLEDGMENTS

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## EXECUTIVE SUMMARY

National studies estimate that between 7 percent and 25 percent of children age 0–5 experience social-emotional problems that negatively affect their functioning, development and school readiness. According to the 2010 Census, about 246,000 Kansans are age 0–5, meaning that between about 17,000 and 61,000 Kansas children may be affected by a mental health disorder in early childhood.

A number of programs focus on social-emotional development and early childhood mental health, ranging from broad-based services for a general population to highly specialized services for children with severe problems. Early intervention can help prevent some of the lasting negative effects of stress on brain development and improve school readiness. Mental health problems can be addressed later in life, but interventions can be much more effective in early childhood when the brain is undergoing rapid development.

This report provides an overview and analysis of mental health services for young children in Kansas. It helps establish a baseline of current mental health services for young children through an environmental scan of services and interviews with key members of the early childhood mental health field. Information in this report — part one of KHI’s early childhood mental health project — was compiled based on an extensive review of relevant literature, review of key state-level documents, analysis of key informant interviews and analysis of mental health service data.

### Key Findings

In Kansas, early childhood mental health services are delivered through a complex system of early childhood and mental health organizations, as well as providers of child care, health care and child welfare. This report finds that:

- Kansas early childhood programs and mental health organizations are the main groups that provide early childhood mental health services, although child care, health care and child welfare also have connections to the services. Examples of the main statewide entities involved in direct services are Community Mental Health Centers (CMHCs), Early Head Start/Head Start, Parents as Teachers, Healthy Families, Infant Toddler Services (Part C), Preschool Special Education (Part B) and private mental health providers. The Kansas Association for Infant and Early Childhood Mental Health (KAIMH) is a state-funded nonprofit organization that provides training specifically in early childhood mental

health and manages an early childhood and infant mental health accreditation system.

- Services in Kansas range from preventive services for children at high risk for social-emotional delays to more intensive interventions for children identified with serious mental concerns. For young children at risk, participation in high-quality early education programs has been shown to enhance cognitive and social development. For young children and families with identified mental health issues, targeted and intensive services provided early in childhood can promote brain development and social-emotional development.
- The availability of early childhood mental health services in Kansas varies regionally based on a community's expertise, interest and funding. Some early childhood service providers and mental health providers have the expertise, training, interest and capacity to serve very young children and families, but other providers may not, with this availability varying by community. For example, there is a ninefold difference — 0.7 percent compared with 6.5 percent — between regions in the percentage of Kansas children age 0–5 in Medicaid who receive mental health services.
- Kansas children age 0–5 in Medicaid receive a variety of mental health treatments, but three of the most frequent types are community-based services that mainly Community Mental Health Centers provide. These services are primarily available to children with serious emotional disturbance (SED).
- Early childhood mental health services receive a mixture of state, federal, local and private funds, with Medicaid and the Children's Initiatives Fund (CIF) as the main state sources. CMHC and CIF funding remained fairly stable from fiscal year 2012 to fiscal year 2013, despite recommendations for reduced funding in the governor's proposed 2013 budget.

## Key Policy Implications

- In Kansas, early childhood mental health services exist in a complicated system, beyond the traditional mental health system. When making decisions about programs and funding, policymakers should consider the complex and interconnected nature of early childhood and mental health programs.
- Screening and assessment services exist across the state for children already connected to early childhood or mental health services. The extent to which screening in child care settings or primary care offices is available statewide



is unclear, however, so children needing help may not be identified until later in life and may miss a critical window for early intervention. Policymakers could consider providing incentives or training to incorporate child and family screening in these settings.

- The likelihood of receiving preventive or intensive early childhood mental health services varies based on the expertise, interest and funding in a community. In order to ensure that services are available to more children, policymakers could consider expanding existing programs or workforce capacity.
- Children in Medicaid/CHIP receive a variety of mental health treatments, some of which are primarily available to children with SED. Policymakers could address insurance and Medicaid payment policies to cover treatments for young children who may not require the most intensive services but would benefit from preventive or therapeutic intervention.

The availability, expertise, training and interest of providers to serve young children and their families affect access to availability of mental health services in Kansas, as does funding to reimburse these providers. While CMHC and CIF funding remained fairly stable from FY 2012 to FY 2013, CMHC funding has been cut significantly in recent years, and tobacco settlement dollars, which fund the CIF, also may decrease in future years. In addition, it is unclear how changes in the state Medicaid program, through the implementation of KanCare, will affect Medicaid/CHIP services for young children. If state funding for CMHCs, Medicaid or CIF programs decreases, early childhood mental health services may become more limited.

It will be important to monitor and track future services and funding to ensure that children in need of these critical early services are able to receive them. Because early childhood development is so important to a child's future, providing mental health services for young Kansas children who need them is one way to reduce the chance of later problems at school, at home and in their communities.

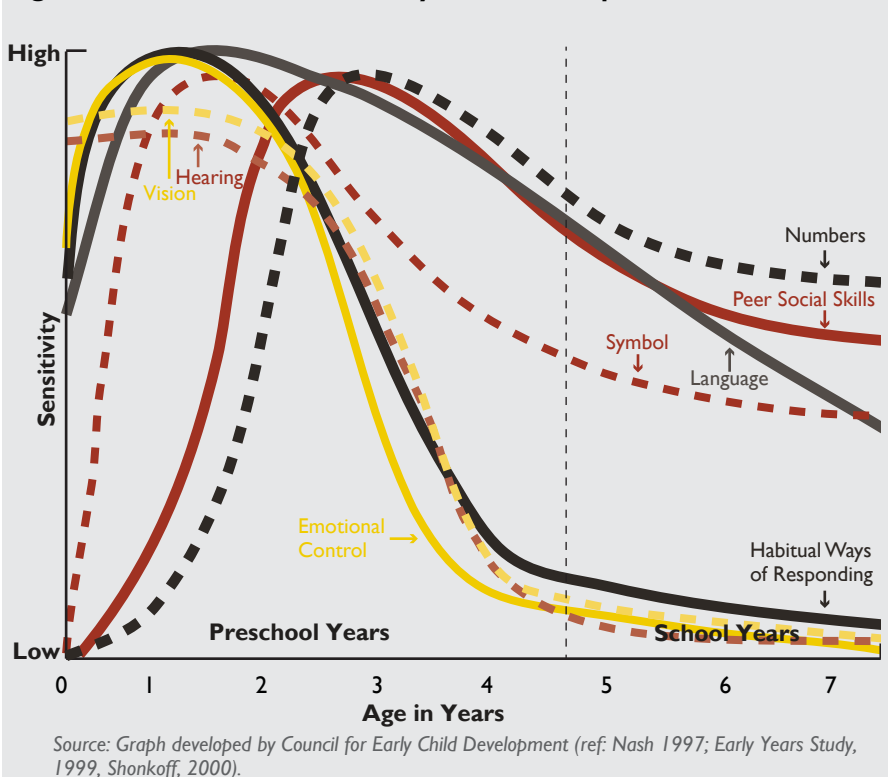


## INTRODUCTION

National studies estimate that between 7 and 25 percent of children age 0–5 experience social-emotional problems that negatively impact their functioning, development and school readiness.<sup>1</sup> A number of programs exist in the areas of social-emotional development and early childhood mental health, ranging from broad-based programs targeting a general population to highly specialized services targeting children with severe problems. Policymakers are expected to be able to make recommendations and changes to state-funded programs at any time, yet they may not have a full picture of the interconnected services that comprise the state’s early childhood mental health service system. Having a baseline understanding of how these services are delivered and funded is essential when making important decisions about the future of the services.

Effective interventions are especially important in young children because they have such rapid cognitive, social and emotional development from birth to 3 years old. Between 3 and 5 years old, children continue increasingly complex development in these areas that build on earlier developmental achievements. This period of early childhood helps to set the stage for future social and emotional development.

**Figure 1. Sensitive Periods in Early Brain Development**



Peer social skills, emotional control, ways of responding and language — all components of social-emotional development — are highly sensitive in the first few years of life, as shown in Figure 1.<sup>2</sup> Functions in the brain develop based on use, so repeated use leads to stronger connections and brain development. Experiences during early childhood, when the brain is highly adaptable, can modify the brain’s circuits in fundamental ways. With caregiver stimulation and nurturing environments, a child’s brain develops key functions early and continues to build on them as the child grows older. Without proper stimulation or in stressful or chaotic environments, these areas of brain development are at-risk for being underdeveloped.<sup>3</sup>

Early interventions can help prevent some of the lasting negative effects of stress on early brain development and can help improve school readiness in the areas of social and emotional development.<sup>4</sup> Behavior problems in early preschool strongly predict delinquency in adolescence, gang membership, and adult incarceration.<sup>5</sup> Mental health problems can be addressed later in life, but interventions can be much more effective in early childhood when the brain is undergoing rapid development.<sup>6</sup> This type of evidence demonstrates the value of knowing the interventions and services available for young children.

In 2002 President Bush created the New Freedom Commission on Mental Health to study the mental health service delivery system, and to make recommendations that would enable adults with serious mental illnesses and children with serious emotional disturbance to live, work, learn and participate fully in their communities.<sup>7</sup> The commission's report highlighted the importance of early childhood as a critical time for emotional and behavioral development. Mental health disorders, particularly in very young children, affect emotional, cognitive, and physical development, which can lead to long term difficulties in school, at home, and in the community.<sup>8</sup> As society realizes the total burden of mental health illness across the life span, more information about the effects of mental health disorders on the young is needed.

## **Definition of Early Childhood Mental Health**

Despite various studies indicating the benefit of early intervention, the field of early childhood mental health research has not created exact definitions or standards of research. The most commonly cited definition for early childhood mental health is as follows:

The young child's capacity to experience, regulate, and express emotions, form close and secure relationships, and explore the environment and learn. All of these capacities will be best accomplished within the context of the caregiving environment that includes family, community, and cultural expectations for young children. Developing these capacities is synonymous with healthy social and emotional development.<sup>9</sup>

It is important to note that for very young children, the term "social and emotional development" is roughly analogous to the term "mental health" in adults. For this reason, the two terms may be used interchangeably throughout this report.

The early childhood mental health field also has yet to designate a specific age range that qualifies as "early childhood." The age range of birth through age 5 (or before entering kindergarten) was used based on a review of age ranges cited in scientific

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**THE FIELD  
OF EARLY  
CHILDHOOD  
MENTAL HEALTH  
RESEARCH  
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CREATED EXACT  
DEFINITIONS OR  
STANDARDS OF  
RESEARCH.**

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literature and ages served by Kansas organizations. According to the 2010 Census, 246,178 Kansans are age 0–5. Applying national prevalence rates to Kansas, between about 17,000 and 61,000 Kansas children may be affected by a mental health disorder in early childhood.<sup>10</sup>

A necessary step toward informing the decisions of policymakers and children’s health advocates is determining the mental health services available to Kansas children. This report outlines the types of mental health services that exist for children age 0–5 and their families in Kansas. The research base for this report was created through key informant interviews, a literature review of the field, an environmental scan of the Kansas system and an analysis of mental health service utilization data. For an in-depth methodology, please see Appendix A.

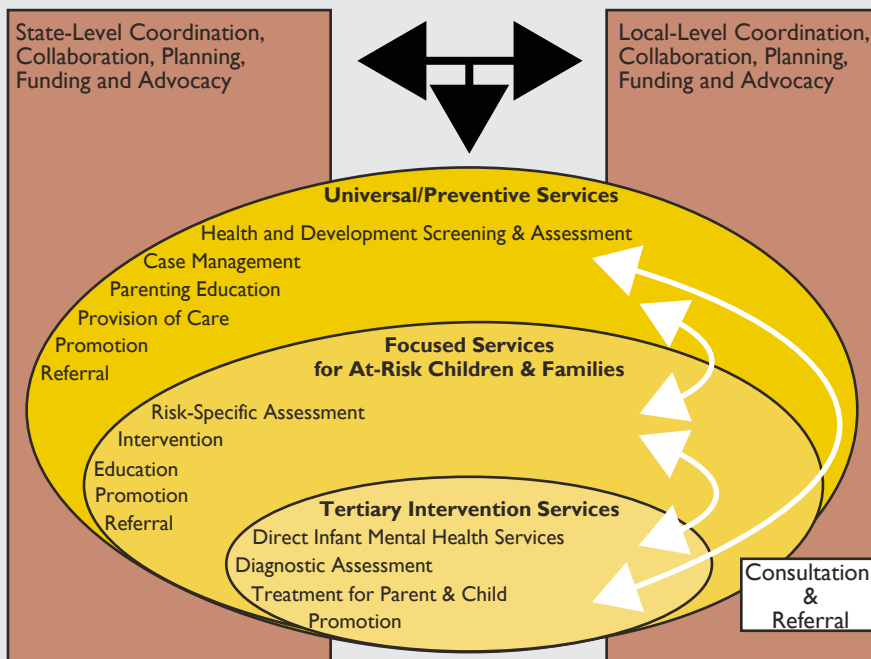
## EARLY CHILDHOOD MENTAL HEALTH SERVICES

A review of academic literature and reports on the topic of mental health services for young children (age 0–5) provided information about what supports and services should be included in a comprehensive system of early childhood mental health care. This coordinated network of mental health, social-emotional development and other necessary supports and services is designed to meet the needs of young children and their families.

### Overview of Literature of Early Childhood Mental Health Services

A number of studies used a common framework to describe the spectrum of services that address mental health/social-emotional development for this population. Services were often categorized to reflect their target population and intensity. For example, Zeanah, Stafford, Nagle & Rice (2005) identified three broad levels of intervention that constituted a continuum of services: (1) primary prevention/universal approaches, (2) focused/targeted approaches and (3) intensive/tertiary services (Figure

**Figure 2. Levels of Early Childhood Mental Health Care**



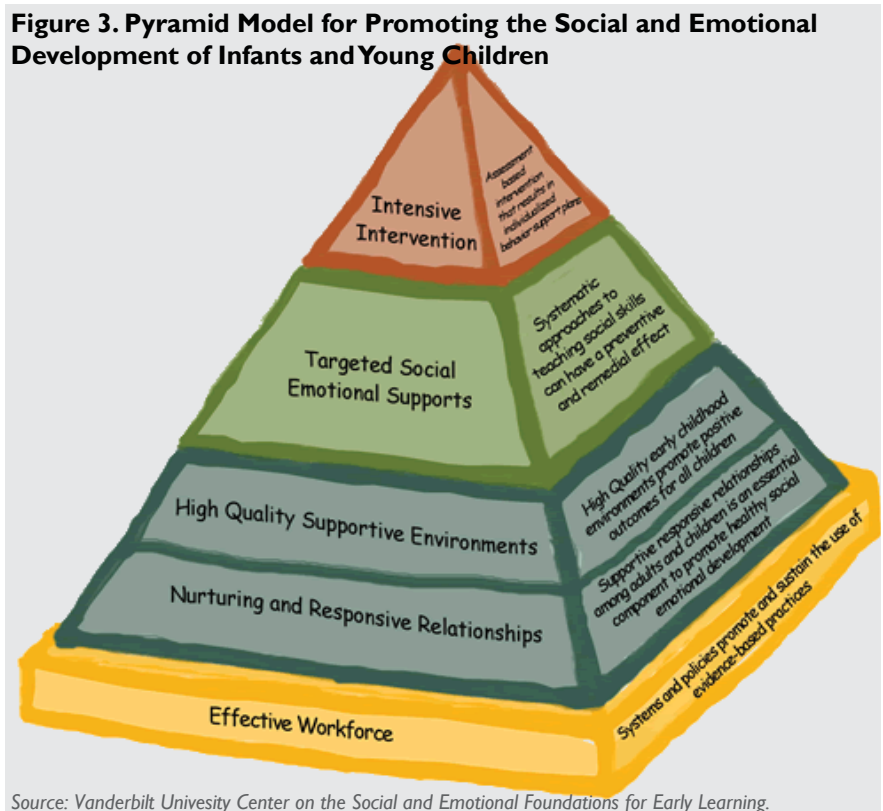
Source: Zeanah, P., Stafford, B., Nagle, G., & Rice, T. (2005). *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy.

2).<sup>11</sup> The Georgetown Center for Child and Human Development (GCCHD) and the Vanderbilt University Center on the Social and Emotional Foundations for Early Learning (CSEFEL) have also conducted research in the area of early childhood social-emotional development and provide technical assistance to states developing systems of care for early childhood mental health. Authors from these organizations categorized services similarly to the Zeanah levels of intervention, framing the different levels as (1) promotion/universal, (2) prevention/indicated, and (3) intervention/targeted. The CSEFEL has developed a framework similarly describing the levels of services, inspired by the public health model of universal, secondary and tertiary level interventions. This model, often referred to as the “CSEFEL pyramid model” (see Figure 3), is well-recognized among early childhood leaders throughout Kansas and informs the work of many of those involved in system planning and coordination.<sup>12</sup> Powell and Dunlap (2005) described services in categories of universal, selective and targeted as well.<sup>13</sup>

According to Zeanah, Stafford, Nagle & Rice (2005), universal approaches aim to improve child development, parenting knowledge and behavior, and infant/child mental health for all families within their service range.<sup>14</sup> Services include promotion, screening and assessment, training and education for early care providers, and referral for more intensive services when needed. Targeted services (called “focused services” in Figure 3) are aimed at specific groups considered at-risk for developing serious social or emotional problems. Services include early intervention such as home visiting services for first-time mothers, mental health consultation for families and early care providers, or preventive interventions for at-risk children. Tertiary intensive interventions target children and caregivers who are experiencing mental health problems and attempt to prevent or lessen future problems. These services are most often mental health treatments for the child and/or family.

## Types of Services Focused on in this Report

Using the best available research, the following framework was developed to



categorize the types of direct services that could comprise an early childhood mental health system for the purposes of this report. Although some studies included broader services (parent income support, child care subsidies, etc.), this framework is limited to the three most commonly cited types of service for each category, recognizing that more services and indirect services could be included in a larger scope. The list is not meant to be exhaustive. Instead, it reflects the most commonly occurring or referenced types of direct services indicated by scholarly articles. The framework in Table I helped guide the key-informant interviews and further document review throughout the study.

All of the services reflect an emphasis on supportive environments and early relationships, including a focus on a child’s family and early care providers. Research has shown that interventions that improve relationships between children and their parents are especially effective because they help change the environment around the developing child.<sup>15</sup>

## Key Services Outside of the Scope of the Report

The comprehensive idea of “promotion,” or broad-based education, also was included in some literature and can be an important activity that raises awareness among parents and/or providers about social-emotional development and identification of potential risk factors or mental health issues. Because the concept of promotion was not as consistently well-defined in the literature and was not as easily categorized as a direct service to the child or caregiver, it was not included in the framework shown in Table I. Efforts in Kansas do exist, particularly on the local level, to raise awareness of social-emotional development, but coordinated statewide efforts were not consistently

identified by key informant interviewees.

Although not included in the list above, maternal depression screening and treatment, as well as interventions for adult family members, have been recognized by stakeholders and in research as an important service component. The framework developed by Zeanah & Zeanah (2010), also recognizes the importance of

**Table I. Framework for Direct Services**

Universal services:
Screening in health care or early care programs
Training on social-emotional development/mental health for providers
Referral for mental health services
Targeted services for at-risk children and families:
Mental health consultation for family and early care providers
Targeted parenting education/support
Social skills/social-emotional curriculum for at-risk children
Intensive interventions for children and families impacted by mental health disorders:
Therapies for child/family
Crisis services
Wraparound services

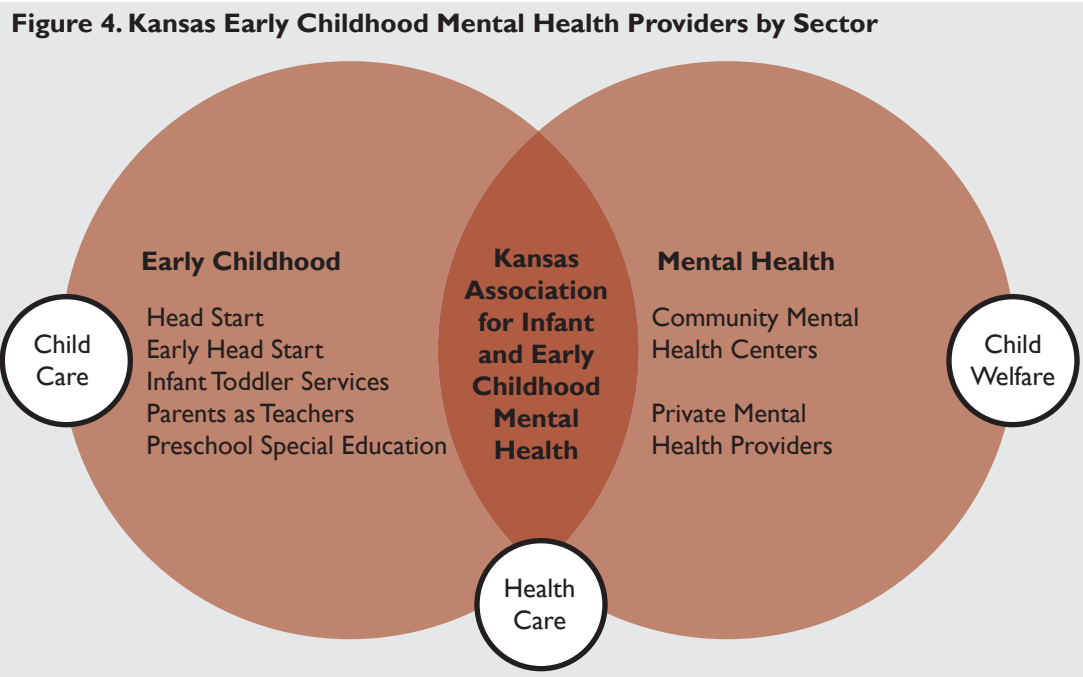
state and local planning, collaboration, coordination, funding and advocacy. While many organizations in Kansas are involved in these efforts, they were not included, as the report focused mainly on direct service programs.

## TYPES OF MENTAL HEALTH SERVICES FOR YOUNG CHILDREN IN KANSAS

In Kansas, early childhood service providers and mental health organizations are the main groups that provide early childhood mental health direct services, although child care, health care and child welfare providers also have connections to early childhood mental health as illustrated by Figure 4. Children often enter early childhood programs or the mental health system through screenings and referrals. Recent efforts in Kansas to increase the number of screenings have included educating staff in primary health care and child care provider settings; however, screening activities do not yet happen universally. Some providers in common early childhood settings — such as primary health care providers, child welfare agencies and child care facilities — may not have the training, knowledge or resources to provide screenings or referrals. As a result, many young children with mental health issues are not identified as in need of help until later in life and miss a critical window for early intervention.

As demonstrated by Figure 4, early childhood organizations almost exclusively work with children age 0–5, but most do not have a singular focus on mental health/social-emotional development. Examples of some of the statewide early childhood programs that provide early childhood

mental health services are listed on the left side of Figure 4. These include early intervention, early care and early education programs. Examples of mental health organizations or providers are shown on the right side of Figure 4. These providers are focused almost entirely on mental health components, but do not have an exclusive focus on early childhood services, as they serve a variety of





age groups, including adults. In addition, other sectors, such as child care, health care and child welfare, may have programs that interact with the 0–5 age group and/or with treatment of mental health issues, but neither early childhood nor mental health are their exclusive focuses respectively. KAIMH is an example of a statewide organization whose focus is both mental health and early childhood, and whose interest and target population is contained within these two sectors. Local programs, individual providers or specific services (e.g., therapeutic preschools or mental health consultation) could fit into the intersection of the early childhood and mental health sectors, but they often are part of the larger organizations listed in the early childhood or mental health sectors.

## Early Childhood Sector Services

Children who are at risk for mental health issues due to factors such as poverty, mental illness of parents, the circumstances that lead to child welfare involvement, or who have been identified as having social-emotional development delays may receive preventive services through early childhood programs. In Kansas, various types of organizations are involved in early childhood mental health service provision. Organizations whose main mission is to serve the early childhood population through early care and education or early intervention programs often have a mental health component to their programs. Early childhood programs are almost exclusively targeted to young children and very often include services to the family as well as the child.

## Mental Health Sector Services

Children who have been identified as having a social-emotional delay or a mental health issue may receive more intensive services through Community Mental Health Centers (CMHCs) or private mental health practitioners. CMHCs are the main providers of more intensive interventions, such as therapies, wraparound and crisis services, and the performance of assessments and diagnosis of children, although not all CMHCs provide these services to very young children. CMHCs serve all ages of children and adults, so availability of services for children age 0–5 may vary depending on the availability of staff and/or the expertise of staff to work with young children. For example, some CMHCs — such as Sumner Mental Health Center, Family Service & Guidance Center and others — also provide social skills training for children through therapeutic preschool programs.

## Early Childhood and Mental Health Sector Services through KAIMH

KAIMH is a state-funded, nonprofit organization that provides training specifically in early childhood mental health, along with managing an early childhood and infant mental health endorsement system. Organizations from the early childhood sector and the mental health sector also provide training, but KAIMH is the main organization whose focus is exclusively early childhood mental health. KAIMH also coordinates mental health consultation, a specific type of early childhood mental health direct intervention, in nine counties in Kansas. Mental health consultation exists outside KAIMH funding and coordination and is often connected to another existing program or organization (i.e. Head Start, child care providers or CMHCs), as discussed in the section about mental health consultation.

## STATEWIDE AVAILABILITY OF EARLY CHILDHOOD MENTAL HEALTH SERVICES

In Kansas, access to early childhood mental health services varies greatly statewide. Some early childhood service providers and mental health providers have the expertise, training, interest and capacity to serve very young children and families, but other providers may not, with this availability varying by community.

Table 2 shows the organizations and services provided throughout the state. While all the organizations in this table serve multiple counties, many of the early childhood mental health services have limited statewide availability. For instance, CMHCs cover all Kansas regions, but some regions may not have the staff capacity or expertise to work with very young children. Other organizations may have the expertise, but their services are not available in all areas of Kansas or their programs may have waiting lists. The following sections will provide more detail about each type of service and how it is delivered in Kansas. The information in the table was compiled based on a review of published studies, review of peer-reviewed literature and relevant state-specific documents and reports, and analysis of qualitative interviews. For more details about the methodology, see Appendix A.

### Assessment/Screening and Referral

Children may enter the early childhood system or the mental health system through screening and referral. Available literature supports screening young children in order to identify mental health problems. According to the *Journal of Pediatrics*, screening and referral for more intensive services are important because early detection and

**Table 2: Early Childhood Mental Health Services by Direct Service Providers**

Direct Service Providers	Ages Served and Main Criteria for Service	Number Served FY 2010	Assessment/ Screening	Mental Health Consultation to Early Care Providers	Parent Education and Support	Social-Emotional Curriculum/ Social Skills Training	Intensive Therapies	Crisis Services	Wrap-Around Services
<b>Community Mental Health Centers</b>	All ages: <sup>A</sup> Identified mental health issue or diagnosis	2,982 <sup>B</sup>							
<b>Early Head Start/ Head Start</b> (32 counties/ 86 counties)	Age 0–4 / Age 3–5: Low-income	2,023/ 6,925		<sup>C</sup>					
<b>Parents as Teachers</b> (89 counties)	Age 0–2: Universal	18,758							
<b>Healthy Families</b> (16 counties)	Age 0–2: High-risk	605							
<b>Infant Toddler Services</b>	Age 0–2: Disability or developmental delay	7,372		<sup>C</sup>					
<b>Preschool Special Education</b>	Age 3–5: Disability or developmental delay	10,604							
<b>Private Mental Health Providers</b>	All ages: Identified mental health issue or diagnosis	Not available							

**Notes** The direct service providers listed here are the main statewide or multicity early childhood mental health providers, but these services may not be available for all Kansas children. This table does not address access, such as wait lines, regional availability or program criteria. Therefore it should only be used to determine what services are available within the listed program. The services listed at the top of the table comprise the system. This table and other research show that Kansas has gaps in service, which according to the National Institute of Mental Health reflects a national trend of fragmented services for children. Sources for this information were interviews with early childhood mental health providers, document review and literature review.

<sup>A</sup>Children 4 and older may qualify for serious emotional disturbance (SED) waiver services, with exceptions granted for younger children.

<sup>B</sup>Source: Kansas Department of Social and Rehabilitation Services. This number only represents children who received services through CMHCs that were paid through Medicaid managed care. It does not include children who received services through CMHCs but whose claims were paid through Medicaid fee-for-service, the Children’s Health Insurance Program or private insurance. It also does not include uninsured children.

<sup>C</sup>The organization may have mental health consultants on staff in some communities but does not provide mental health consultation to outside organizations.

Legend	
Indicates that the organization does not provide this service for children age 0–5.	
Indicates that the organization provides this service for children age 0–5 in some communities; availability varies regionally.	
Indicates that the organization provides this service systematically across communities for children age 0–5.	

intervention have the potential to ameliorate mental health issues that may otherwise persist or worsen.<sup>16</sup> The President's New Freedom Commission recommends screening children age 0–5 for social-emotional development as part of routine health care visits. Despite these recommendations, screening activities do not happen universally. As mentioned in the introduction, children in the 0–5 age group are difficult to identify because they are not yet in elementary school and may or may not be in child care. In addition, some providers in the health care, child welfare and child care sectors may not have the training, knowledge or resources to provide screening or referrals. As a result, many children or families are not identified as needing help until later in life and miss a critical window for early intervention.

Interviews and the environmental scan conducted for this report indicate that many organizations in Kansas provide screening or assessment. The Kansas Chapter of the American Academy of Pediatrics has been involved in an outreach and training initiative to increase awareness and knowledge among Kansas pediatricians and family practice doctors in the area of early childhood mental health screening. The initiative, known as the KidLink program, as of early 2012 had provided training to several hundred providers on the topic of child and parental mental health screening in primary care. (For more in-depth information about the current status of screening, referral and treatment by primary care physicians, see the *Screening, Referral and Treatment Practices for Early Childhood Mental Health* report.) In addition, Child Care Aware, the state's resource and referral agency for child care, has worked with child care programs to enhance screening efforts through its Infant/Toddler Project.

In addition to health care providers, parent education and support agencies in Kansas, mental health organizations, early care and education organizations, and early intervention organizations provide screenings that include social-emotional development. The following statewide or multicounty agencies provide assessment and screening:

- Community Mental Health Centers (CMHCs)
- Early Head Start
- Head Start
- Parents as Teachers
- Healthy Families
- Infant and Toddler Services (Part C)

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**CHILDREN IN THE  
0–5 AGE GROUP  
ARE DIFFICULT  
TO IDENTIFY  
BECAUSE THEY  
ARE NOT YET  
IN ELEMENTARY  
SCHOOL AND  
MAY OR MAY  
NOT BE IN CHILD  
CARE.**

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- Early Childhood Special Education Programs (Part B)
- Private mental health providers\*
- Health care providers\*
- Child Care Aware\*
- Child care providers\*

*\* Provision of this service may be available from select providers; however, availability is not consistent across all providers in the organization or across all communities.*

Assessment and screening are the first steps in determining the social-emotional or mental health needs of a young child. If a screening indicates that a child has a mental health issue, referral to more intense services may occur if that child needs assistance outside of the organization’s scope of care. For example, a child care provider may refer a child in need to the Infant and Toddler Services (Part C) for a more in-depth assessment and social work services or the provider may refer to a CMHC for more intensive mental health treatment. Results from interviews and the environmental scan indicate that those organizations in Kansas which provide screening/assessment also provide referrals.

In Kansas, parent education and support organizations, early care and education organizations, and health care providers often refer for additional services. Informal referrals may also occur through word of mouth, schools, parents or faith-based organizations. CMHCs and the Infant and Toddler Services (Part C) were not commonly reported to provide referrals; presumably because the level of service these organizations are able to provide may not necessitate further referral in many cases.

The environmental scan did not seek to determine the extent to which referrals resulted in connection to a service by those children and families who received the referral. Nonetheless, interview participants consistently reported a lack of available services to which they could refer children and families as the biggest barriers to screening and referral. Some reported that a lack of knowledge of available services was also a barrier to connecting children and families with the appropriate level of care in some communities.

## **Mental Health Consultation and Training on Social-Emotional Development**

During mental health consultation, a professional consultant with mental health expertise works with early care and education providers or families to promote social

and emotional development in children and to improve the provider's or family's ability to prevent, identify and respond to mental health issues.<sup>17</sup> Mental health consultation can lead to positive social and emotional outcomes for children,<sup>18</sup> and research has shown that interventions that include the child-parent relationship are the most effective.<sup>19</sup> The two types of mental health consultation — focusing on the child or family versus focusing on improving the providers' ability to work effectively with a child — may vary.<sup>20</sup> Mental health consultation is offered by people with formal training in children's mental health who have experience working with young children and their families. Mental health consultants collaborate with administrators, staff, family members, and caregivers who intervene directly with children in child care, early education, and/or home settings. Services include capacity-building for staff and family members, direct observation of children and the caregiving environment, and designing interventions that involve behavior changes among caregivers.

In Kansas, CMHCs and private mental health providers deliver mental health consultation, as do early care and education organizations and early intervention organizations. Work with these mental health consultants is typically coordinated through KAIMH, CMHCs, or as private mental health practitioners. For example, KAIMH provides funding for mental health consultants to work in nine counties across the state. CMHCs may provide mental health consultation, but this service is not systematically provided by all CMHCs. Some private practitioners also provide mental health consultation, but this varies depending on the community. Most consultants work with early care and education organizations or early intervention organizations, and in some circumstances, those organizations employ the consultants. For example, in some communities, the Infant and Toddler Services (Part C) and Head Start have mental health consultants on staff. In other communities, these organizations work with outside mental health consultants, and still other communities do not have access to mental health consultants, due to factors such as local funding or workforce capacity.

Some researchers consider mental health consultation, when performed in direct collaboration with early care staff, to be a form of training or professional development for providers because it improves mental health competency among early care providers.<sup>21</sup> The instruction provided by a mental health consultant to staff aims to increase their knowledge and ability to support children who are at-risk or exhibiting challenging behaviors. While the consultation is focused on a particular child or behavior that the child exhibits in the early care setting, the process of gaining new skills to work with the child can still be considered a capacity-building activity for staff. In a 2005 study on expulsion rates in state-funded preschools, teachers who had access to mental health consultation were less likely to expel their students than those without support.<sup>22</sup>

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**MENTAL HEALTH CONSULTATION CAN LEAD TO POSITIVE SOCIAL AND EMOTIONAL OUTCOMES FOR CHILDREN, AND RESEARCH HAS SHOWN THAT INTERVENTIONS THAT INCLUDE THE CHILD-PARENT RELATIONSHIP ARE THE MOST EFFECTIVE.**

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A few interview participants mentioned local or regional efforts to implement or train child care center staff on comprehensive prevention models. Like mental health consultation, these models focus on a teachers' management of challenging behaviors with the goal of supporting instructors and preventing the challenging behaviors. Examples from the literature are programs such as Positive Behavior Support training and Promoting Social and Emotional Competence in Infants and Young Children: Training Modules (which some in the early childhood field in Kansas refer to as the "pyramid model."<sup>23</sup>) While local efforts exist, interviewees and document review did not indicate specific entities that routinely or systematically provide these trainings statewide.

According to the Vanderbilt Center on the Social and Emotional Foundations for Early Learning, "All early childhood providers who work with infants, toddlers, and their families need specialized knowledge and skill to address the unique developmental needs of children birth to 3 and their families."<sup>24</sup> There are a number of training approaches to teach this specialized knowledge and skill to non-mental health and mental health provider settings. Despite differences in methods, there is overlap in basic information professionals need when working with young children and their families.<sup>25</sup> According to research, training should include recognition of the personal and professional values that impact work with families, and professionals and others need opportunities for regular supervision as well as discussion with colleagues about the challenges they face in this work. In a review of six states' early childhood mental health competency systems, professional development commonly focused on similar topic areas, such as child development, mental health challenges, risk factors, direct services, assessment/screening, system issues and provider development (such as reflective supervision).

From the interviews and environmental scan, it is clear that KAIMH is the main entity in Kansas whose exclusive purpose is professional development for early childhood mental health (as opposed to organizations whose focus is either broader than just mental health or extends into older age groups). KAIMH provides some statewide training opportunities and offers an endorsement system in early childhood mental health that intends to help build the base of specialized Kansas early childhood mental health professionals. According to the KAIMH website, "[Being endorsed means] that an applicant has attained a level of education as specified, participated in specialized in-service trainings, worked with guidance from mentors or supervisors, and acquired knowledge to promote the delivery of high quality, culturally sensitive, relationship-focused services to infants, toddlers, parents, other caregivers and families." There are four levels of competency for the KAIMH endorsement system: infant family

associate, infant family specialist, infant mental health specialist and infant mental health mentor. These levels are based on the applicant's educational degrees earned and work experience. To be endorsed, the applicant must complete training for their level of competency and pay a membership fee. As of spring 2012, 56 early childhood mental health providers were endorsed in Kansas. There is no requirement to be endorsed in order to work in early childhood mental health.

Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), a grant-funded project through the Institute for Educational Research and Public Service (IERPS) at the University of Kansas (KU), also has a main focus on early childhood mental health. Project LAUNCH is connected with a broader effort through KU's IERPS to do systems planning, collaboration and evaluation, known as the Kansas Early Childhood Comprehensive Systems Plan. The plan consists of five goals or areas of focus for the state's early childhood system; goal number two is focused on early childhood mental health and social-emotional development. Most Project LAUNCH efforts were reported by interview participants to be focused in southwest Kansas, however, Project LAUNCH has also provided statewide trainings and webinars, available to providers and interested parties in an effort to enhance collaboration among early childhood mental health providers.

In Kansas, training for early care and mental health providers on social-emotional development and early childhood mental health is provided by parent education and support agencies, mental health organizations, early care and education organizations, early intervention organizations, and training/support organizations. Parents as Teachers, Early Head Start, Head Start, the Infant and Toddler Services (Part C), Healthy Families and CMHCs provide training opportunities for their staff and sometimes to outside organizations as well. The overall focus of these organizations, however, is not training, nor is it exclusively early childhood mental health. Another way that organizations may receive social-emotional training is through the Kansas Inservice Training System (KITS). Organizations that participate in KITS training are exposed to social-emotional development as one of five competency areas. Child Care Aware is another organization that provides training, which sometimes includes social-emotional development topics, to child care providers who work with young children.

A common theme within the key informant interviews was the lack of relevant higher education opportunities in Kansas. There are a very limited number of higher education courses that focus on early childhood mental health in Kansas and no specialized degree program for professionals interested in the subject. Without higher education opportunities, early childhood service and mental health professionals may enter the workforce without the necessary qualifications and skills to work with this age group



on specific mental health issues. Although the existing training and endorsement system may begin to help to fill this gap, inadequate expertise and knowledge among professionals was still reported to be a barrier to availability of services.

## **Targeted Parent Education and Support**

According to research on early childhood mental health, the parent-child relationship is an important part of a young child's mental health. For children younger than 3, the child-caregiver relationship is the context through which the child interacts with the world and understands how to develop a sense of self.<sup>26</sup> Therefore, targeted education and support for parents has been a focus of many early childhood service programs and children's mental health programs, particularly for children who are at-risk for mental health issues due to factors such as poverty, mental illness of parents or child welfare involvement.

For the purposes of this study, the definition of "targeted parent education and support" is an intervention that occurred with some level of frequency and included a specific or targeted focus on the mental health/social-emotional development for at-risk families or children. While some literature supports broad education and promotion efforts targeted universally to raise awareness in communities about social-emotional development, that type of education is not included in this section. Infrequent or one-time interactions with parents also were not included. Home visiting programs are a primary example of targeted education and support for parents. There are many types of organizations in Kansas that provide these services, such as parent education and support agencies, mental health organizations, early care and education organizations, and early intervention organizations.

Home visiting programs for parents of infants, toddlers and preschoolers who are considered at-risk provide health, developmental and parenting information, skills training and support. As stated by Powell & Dunlap (2005), "Although evaluation results from [home visiting programs] are somewhat mixed, there is evidence that such programs can positively impact both immediate social and emotional indicators and long-term social outcome."<sup>27</sup> Evidence-based models include Healthy Families, Early Head Start and Parents as Teachers. A variety of small-scale state and local programs also exist.

Other parental education and support interventions can occur at the organization's center such as Head Start and CMHC parenting classes or parenting support programs, which may vary in intensity and focus depending on the community. Interviewees reported efforts statewide to enhance parenting education. Although

their main focus isn't specifically early childhood mental health, programs like the Incredible Years training and the Period of PURPLE Crying teach parents about nurturing in early childhood and may impact young children's social-emotional development.

The interviews and environmental scan results indicated that the following organizations in Kansas provide parent education and support:

- Community Mental Health Centers (CMHCs)\*
- Early Head Start
- Head Start
- Parents as Teachers
- Healthy Families
- Infant and Toddler Services (Part C)

*\* Provision of this service may be available from select providers; however, availability is not consistent across all providers in the organization or across all communities.*

## **Social-Emotional Development Curricula and Social Skills Training**

To promote social-emotional development in young children, preschool programs can incorporate formal social skills curricula and instruction.<sup>28</sup> Evidence-based social-emotional curricula focus on fostering protective factors and reducing risk factors that are associated with academic and social problems. These interventions usually focus on skills such as building friendships, recognizing emotional cues, solving problems and coping with anger. Children who are experiencing problem behaviors or are at-risk for mental health issues in child care or education settings may benefit from the use of social skills training or social-emotional development curriculum.<sup>29</sup> Social skills training is a valid way to improve a child's social and emotional development, which can lead to improved peer-to-peer relationships, reductions in aggressive and problem behaviors, and other outcomes important to school readiness.<sup>30</sup>

Curricula such as Promoting Alternative Thinking Strategies (PATHS), I Can Problem Solve or First Steps to Success focus on work with the child in a preschool or group setting.<sup>31, 32</sup> Other curricula, used by home visiting programs or early care programs, such as the Born to Learn curriculum or Creative Curriculum include a social-emotional development component with varying emphasis among programs as to how much they emphasize the social-emotional development component.

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**SOCIAL SKILLS TRAINING IS A VALID WAY TO IMPROVE A CHILD'S SOCIAL AND EMOTIONAL DEVELOPMENT, WHICH CAN LEAD TO IMPROVED PEER-TO-PEER RELATIONSHIPS, REDUCTIONS IN AGGRESSIVE AND PROBLEM BEHAVIORS, AND OTHER OUTCOMES IMPORTANT TO SCHOOL READINESS.**

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Organizations such as parental education and support agencies, mental health organizations, early care and education organizations, and early intervention organizations may provide social skill training or social-emotional development curricula consistently. The interviews and environmental scan results indicated that the following organizations in Kansas provide specific social skill training or a social-emotional development curriculum:

- Community Mental Health Centers (CMHCs) (within therapeutic preschool programs/psychosocial groups)\*
- Early Head Start
- Head Start
- Parents as Teachers
- Healthy Families
- Early Childhood Special Education Programs (Part B)

*\* Provision of this service may be available from select providers; however, availability is not consistent across all providers in the organization or across all communities.*

## **Intensive Therapies and Crisis and Wrap-Around Services**

A review of existing literature shows somewhat limited, but emerging evidence that therapeutic interventions can help to decrease negative behaviors in infants, reduce children's disruptive behavior and increase positive parenting practices and responsiveness. Mental health professionals provide intensive therapies that can focus on children, but they more often include therapies focused on parent-child interaction or the family (how the parent relates to the child). These interventions can include therapies such as dyadic therapy, cognitive behavioral family intervention and parent-child interaction therapy. The therapies can be performed alone but also can be done in conjuncture with mental health consultation.<sup>33</sup> In all of these more intensive interventions, children have shown significant behavior or mental health problems.

The established continuum of services for children with the most severe mental health issues — known as serious emotional disturbances (SED) — includes outpatient therapy, therapeutic classrooms, day treatment, inpatient and crisis intervention programs, and wraparound services.<sup>34</sup> In Kansas, CMHCs provide therapeutic preschool services (psychosocial rehabilitation) and other community-based services to children who meet the criteria of having a SED or who qualify for the state's SED

waiver through Medicaid. The SED waiver provides some additional intensive support and services for children who experience serious mental health issues and are at risk of needing inpatient psychiatric treatment. Wraparound services are an example of the type of services available to children on the SED waiver. The waiver services are specifically for children age 4 and above, however, exceptions can be granted for younger children to receive SED waiver services (often therapeutic preschool services).

Within Kansas there are three main groups that provide intensive therapies: CMHCs, private mental health providers and Infant and Toddler Services (Part C). Depending on community resources and staff expertise, the Infant and Toddler Services (Part C) may provide therapies and work with outside entities, like CMHCs, to connect families with appropriate treatment. Head Start is also required to provide access to mental health services and, depending on the community, may contract with a mental health provider, have a mental health consultant or other specialist on staff or make referrals to more intensive mental health services.

In Kansas, CMHCs are the most likely type of organization to deliver intensive interventions. But their ability to provide services to the very young, particularly children age 0–3, depends on the training of the center’s employees and their ability to diagnose, treat and bill for children in this age group. According to the book, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, a nationally recognized resource on early childhood development, “Little is known about the extent to which [the continuum of mental health] services is available to young children in local communities, although there is widely held concern that few providers in CMHCs and in the private mental health sector have training, expertise, or interest in serving young children.”<sup>35</sup> This concern was echoed by interviewees in Kansas. According to the environmental scan and interviews, some private providers and CMHCs in Kansas have the staff expertise, training, interest and capacity to serve very young children and families, however, this availability varies by community. For a more in-depth analysis of data related to Medicaid and Children’s Health Insurance Program (CHIP) services for young children, see the *Medicaid/CHIP Mental Health Services* section.

In Kansas, CMHCs also provide crisis care such as outpatient intake crisis services, an after-hours call center, mobile crisis response teams and crisis recovery centers for all ages. Crisis services are community-based programs that work to provide short-term, intensive interventions that aim to alleviate acute mental health difficulties among children, avoiding unnecessary hospitalization or restoring the child’s functioning to a previous or better level.<sup>36</sup> The services available through crisis intervention include telephone hotlines, crisis group homes, walk-in 24/7 services, mobile crisis teams and therapeutic foster homes — if used for short-term crisis placements — as well as

crisis stabilization units, hospital emergency rooms and inpatient services. For very young children, crisis services are reported by interviewees to be less important than for older children and adults. According to interviews, crisis services for very young children often fall under the Child Protective Services Program of the Kansas Department for Children and Families, but there are early childhood organizations such as Healthy Families that also have on-call emergency staff.

The term “wrap-around services” has a very specific connotation within mental health treatment. It is defined as a method for the individualized planning of treatment and coordination of care. This method can also be considered a philosophy of care that provides the family and child with the services, resources and support they need to stay within their community of care and complete mental health treatment.<sup>37</sup>

For the purpose of this report, the definition includes planning and coordination of services, transportation and other supports needed to help children and families successfully reach their goals related to children’s social-emotional development. Wrap-around services are provided throughout Kansas by groups such as parental education and support agencies, mental health organizations, early care and education organizations, and early intervention organizations. These groups help coordinate care with other organizations and generally provide or connect the family with the services they need. In Kansas the following organizations provide wrap-around services and planning for children and their families:

- Community Mental Health Centers (CMHCs) (primarily available for children on the SED waiver)\*
- Early Head Start
- Head Start
- Healthy Families
- Infant and Toddler Services (Part C)

*\* Provision of this service may be available from select providers; however, availability is not consistent across all providers in the organization or across all communities.*

## **Parental Mental Health Services**

Research shows that in unstable environments or under the care of parents who are unable to meet their needs, children may fail to achieve optimal social-emotional development.<sup>38</sup> In fact, children whose parents have severe mental illness are among the most vulnerable children for developing future mental health issues.<sup>39</sup> The negative impacts of “toxic stress” in early childhood (such as abuse, neglect or

parent depression) have serious and lasting repercussions for later social-emotional development and mental health, as well as overall brain development and school readiness. For this reason, parent-child attachment and interaction are highly important for healthy social-emotional development.<sup>40</sup>

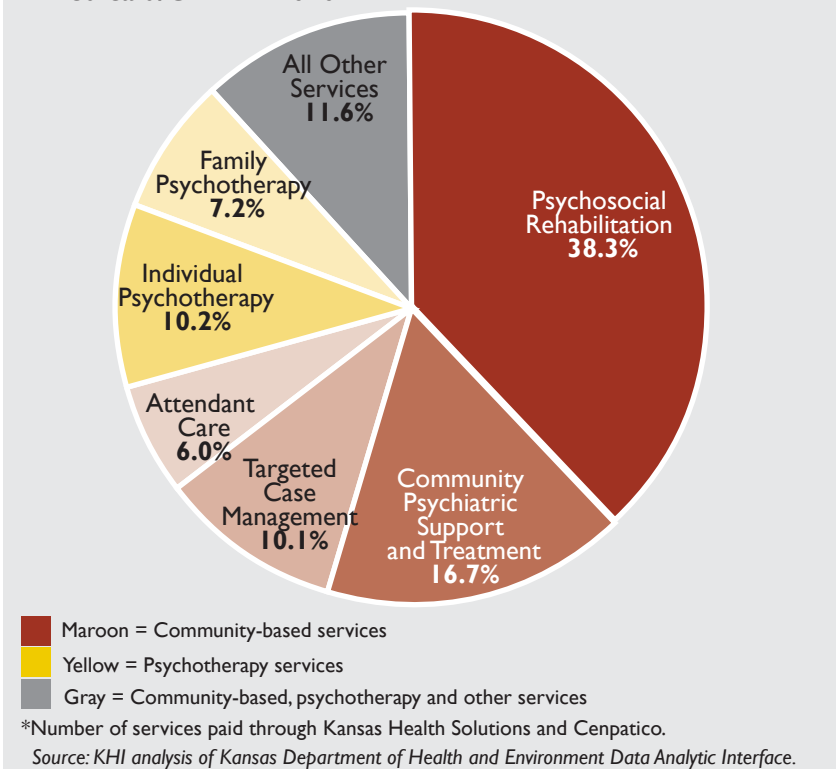
During interviews for the project, key informants stated the ability to address parents' mental health issues was a major gap in the field of early childhood mental health in Kansas. Key stakeholders in the field see a need for more focus on parent support and mental health treatment as opposed to services that are focused entirely on the child. Education and support for parents is one component of meeting this need, but interviewees reported that interventions, such as therapies for parents, may be needed to address the mental health needs of parents.

Interviewees also reported that difficulties in billing for therapeutic work and mental health services for parents or family members were a major barrier in providing these services. While services specifically focused on parents were not within the scope of this report, scientific evidence indicates these services are an important component of early childhood mental health. Research indicates that interventions which involve children and parents, such as dyadic therapy, can be effective in dealing with problems of early childhood trauma or toxic stress.<sup>41</sup> In addition, mental health services that are targeted solely at the parent or caregiver are important to the mental health of the child but may be more difficult for a parent to access due to eligibility and billing issues.

## MEDICAID/CHILDREN'S HEALTH INSURANCE PROGRAM MENTAL HEALTH SERVICES

Three of the most frequent types of Medicaid/CHIP-funded mental health services provided in 2010 to Kansas children age 0–5 were community-based services administered by CMHCs. Psychosocial rehabilitation (38.3 percent), community psychiatric support and treatment (16.7 percent) and targeted case management (10.1 percent) together accounted for about two-thirds of the services these

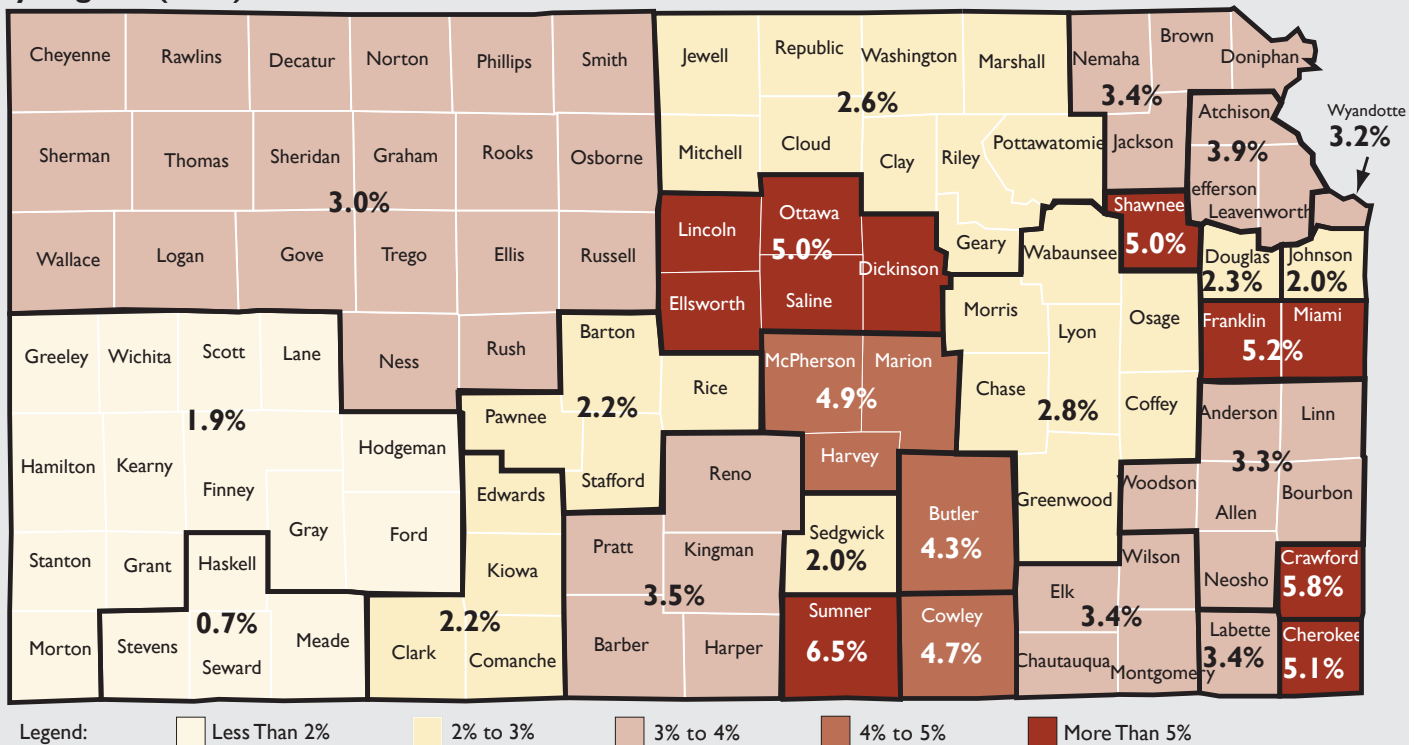
**Figure 5. Mental Health Services\* Provided to Children Age 0–5 in Medicaid/CHIP in 2010**



children received, as shown in Figure 5. Psychosocial rehabilitation and community psychiatric support and treatment are available to children who have an SED. Private mental health providers and child welfare also provide Medicaid mental health services along with the primary providers, CMHCs. The information in this section is limited to children in Medicaid and CHIP. (Children who are uninsured or underinsured — not in Medicaid/CHIP — may receive CMHC services if they have an SED, but these children are not included in the analysis in this section.)

The percentage of Kansas children ages 0–5 in Medicaid who received one or more Medicaid/CHIP mental health services from a mental health care provider in 2010 varied across the state depending on the CMHC region, as shown in Figure 6. Less than 1 percent of young children in Medicaid/CHIP in Haskell, Meade, Seward and Stevens counties in southwest Kansas received a mental health service, compared with 6.5 percent in Sumner County. All regions have a lower utilization rate than the national prevalence rate (7 percent to 25 percent of young children), indicating that it is unlikely that overutilization is occurring, but more likely that some children in need are not receiving services through Medicaid/CHIP.

**Figure 6. Percent of Children in Medicaid/CHIP Age 0–5 Receiving Mental Health Services by Region\* (2010)**



\*By Community Mental Health Center region. Services are provided by CMHCs or other providers who take Medicaid/CHIP.  
 Source: KHI analysis of Kansas Department of Health and Environment Data Analytic Interface.

While the reasons for this regional variation are unclear, possible causes are the availability of services, provider practice patterns, experience of providers, or a higher utilization of non-Medicaid/CHIP services in a community. For example, a community with a strong network of grant-funded early childhood providers may have a lower rate of Medicaid-funded services. Because the ideal utilization level of Medicaid-funded services is unknown, it is difficult to determine the implications of these varied regional rates.

## FUNDING

All services described in Table 2 on page 9 are provided through organizations that are partially financed by state funding, primarily through Medicaid or the Children's Initiatives Fund (CIF). Medicaid is the main funding source for programs such as wrap-around services and psychosocial intervention. Interventions such as psychotherapy may be covered by private insurance or Medicaid/CHIP, but those sources do not cover other services, such as mental health consultation in Kansas child care or other early childhood settings. In addition to state funding, most organizations rely on federal, local and/or private funding.

The CIF, which was established with money received from the state's tobacco settlement, is the other main state funding stream for early childhood mental health services, although various state agencies may also contribute.

The governor's proposed fiscal year 2013 budget would have significantly cut funding for the CIF and several programs within the CIF that provide or fund early childhood mental health services, such as Early Childhood Block Grant, Children's Mental Health Initiative, Family Centered Systems of Care Grant and Parents as Teachers. However, the Legislature-approved budget for FY 2013 did not decrease the CIF overall, nor did it decrease funding for most of the early childhood mental health programs within the CIF from FY 2012 levels. Some program budgets were even slightly increased from FY 2012 levels, as shown in Table 3. The approved FY 2013 budget combined the Smart Start Kansas funding and the Early Childhood Block Grant funding into one line item, and resulted in a 2 percent increase from FY 2012 approved funding. More in-depth budget information related to the CIF can be found in Appendix D, as well as examples of programs that were funded by the Early Childhood Block Grant and Smart Start Kansas grants. Many of the Early Childhood Block Grant and Smart Start Kansas grantees are involved with early childhood mental health services at the state or local level.



## POLICY IMPLICATIONS

- In Kansas, early childhood mental health services exist in a complicated system, beyond the traditional mental health system. When making decisions about programs and funding, policymakers should consider the complex and interconnected nature of early childhood service programs and mental health programs.
- Screening and assessment services exist across the state for children already connected to early childhood services or mental health services. The extent to which screening in child care settings or primary care offices are available statewide is unclear, however. Children needing help may not be identified until later in life and may miss a critical window for early intervention. Policymakers could consider providing incentives or training to incorporate child and family screening in these settings.
- The likelihood of receiving preventive or intensive early childhood mental health services varies based on the expertise, interest and funding in a community. In order to ensure that services are available to more children,

**Table 3: Children’s Initiatives Fund- Selected Early Childhood Mental Health Programs**

Selected Early Childhood Programs	Fiscal Year 2012 Approved	Fiscal Year 2013 Approved	% Change from FY 2012 to FY 2013
<b>Kansas Department for Aging and Disability Services (KDADS)</b>			
Early Childhood Block Grants — Autism	\$48,179	\$50,000	3.8%
Combined Early Childhood Block and Smart Start Kansas grants	\$17,725,846	\$18,129,410	2.3%
Early Head Start	\$66,584	\$66,584	0.0%
Child Care Quality Initiative	\$479,257	\$500,000	4.3%
Children's Mental Health Initiative*	\$3,800,000	\$3,800,000	0.0%
Family Centered Systems of Care*	\$4,750,000	\$4,750,000	0.0%
<b>Kansas Department of Health and Environment (KDHE)</b>			
Healthy Start/Home Visitor	\$237,914	\$235,940	-0.8%
Infant & Toddlers Services (Part C)	\$5,700,000	\$5,700,000	0.0%
<b>Kansas State Department of Education (KSDE)</b>			
Parents as Teachers	\$7,237,635	\$7,237,635	0.0%
Pre-K Program/Pilot	\$4,799,812	\$4,799,812	0.0%

\* Program was moved from Department for Children and Families (formerly SRS) to Department for Aging and Disability Services in FY 2013.

Source: Kansas Legislative Research Department and FY 2013 Governor’s Budget Report.

policymakers could consider expanding existing programs or workforce capacity.

- Children in Medicaid/CHIP receive a variety of mental health treatments, some of which are primarily available to children with SED. Policymakers could address insurance and Medicaid payment policies to cover treatments for young children who may not require the most intensive services but would benefit from preventive or therapeutic intervention.

The availability, expertise, training and interest of providers to serve young children and their families affect access to services in Kansas, as does funding to reimburse these providers. While CMHC and CIF funding remained fairly stable from FY 2012 to FY 2013, CMHC funding has been cut significantly in recent years, and tobacco settlement dollars, which fund the CIF, also may decrease in future years. In addition, it is unclear how changes in the state Medicaid program, through the implementation of KanCare, will impact Medicaid/CHIP services for young children. If state funding for CMHCs, Medicaid or CIF programs decreases, existing early childhood mental health services may become more limited.

It will be important to monitor and track future services and funding to ensure that children in need of these critical early services are able to receive them. Because early childhood development is so important to a child's future, providing mental health services for young Kansas children who need them is one way to reduce the chance of later problems at school, at home and in their communities.

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**THE  
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PROVIDERS.**

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# APPENDIX A: CHILDREN’S MENTAL HEALTH — RESEARCH PLAN AND PROTOCOLS

## Research Questions

The primary purpose of this environmental scan was to provide a “descriptive baseline” of the current mental health services available to young children and their families in Kansas, including a description of the providers of these services and the funding streams connected to these services.

Through the study, the following questions are answered:

1. What types of mental health services exist in Kansas for children age 0–5 and their families?
2. What organizations provide these services? In what geographical areas?
3. How are the services funded?
4. What state-level data exist to better understand prevalence of mental health issues in early childhood and access to early childhood mental health services in Kansas?

## Methodology

The methodology for answering the above research questions includes gathering information from the following sources/methods:

- Literature review
- Document review
- Web searches
- Semi-structured interviews

**Literature Review** — A literature review was conducted to evaluate current research regarding how to best monitor and track issues of access and quality of children’s mental health services over time and to provide situational knowledge of the field. Through this review, key findings were identified as were the leading researchers, common methodologies and data sources used in the field. In addition to learning what methodologies were used for researching access and quality over time, possible data sources were identified and the common definitions used (applicable to early childhood mental health services). The period of 2000–2011 was given priority over past

research, but due to the dearth of available data, older research was collected as well. The search began with early childhood mental health and, depending on the amount of information available/applicable, studies of general early childhood or mental health services also were included. The search was expanded beyond traditional academic literature as needed (i.e. governmental reports, evaluations, publications from other credible entities such as the Vanderbilt University Center on the Social and Emotional Foundations for Early Learning [CSEFEL], the Center on the Developing Child at Harvard University, Robert Wood Johnson Foundation, etc).

**Document Review and Web Searches** — Existing environmental scans, state budget documents, existing data sources and program description documentation were analyzed in order to better understand what early childhood mental health services existed, how the services were funded, how many children/families utilized these services and the geographical areas of services. Internet search engines were used to find additional information about available data sets, programs and services, and funding of services. A list of reviewed documents can be found in Appendix B.

In reviewing services that exist, a standard criterion for selection and categorization was used:

- The program/organization must provide one of the following: mental health as a main service, mental health as a secondary service, screening and/or referral to mental health services, broad-based prevention/social-emotional wellness, or professional development specifically related to mental health in early childhood.
- The program/organization must serve children age 0–5, and/or families of very young children.
- The program/services must be available statewide or systematically in multiple counties.
- The program/services must have at least some funding from a public source (state or federal or combination).

**Interviews** — Interviews were conducted with 20 individuals identified as key informants for the field of early childhood mental health. A key informant was identified as a person engaged in some aspect of the mental health system for young children and their families. Interviews were selectively transcribed as necessary during the data analysis phase. Field notes were reviewed by interviewers, then entered into qualitative analysis software QSR NVivo 9 version 9.2.81.0 (32 bit) and coded by one of the interviewers.

For the interviewees, sampling was both purposive and snowball sampling. It is purposive in that information-rich cases were the end goal and, therefore, interviewees were strategically and purposefully selected to provide in-depth information from a variety of perspectives. The selection of these interviewees was based on the background research and document review. After the initial sample of people was developed, each interviewee was asked who would be important to interview, resulting in snowball or chain sampling (N=20 interviewees).

Interviewees:

1. Rebecca Gilliam — Kansas Early Childhood Comprehensive Systems Plan
2. Cristi Cain — Kansas Early Childhood Comprehensive Systems Plan/Project LAUNCH
3. Shana Schmidt — Kansas Association for Infant and Early Childhood Mental Health
4. Jim Redmond — Kansas Children’s Cabinet and Trust Fund
5. Tiffany Smith — Early Childhood Special Education Programs (Part B), Kansas State Department of Education
6. Gayle Stuber — Early Childhood Coordinator, Kansas State Department of Education
7. Janet Newton — Parents as Teachers, Kansas State Department of Education
8. Pam McDiffett — Behavioral Health Services/Mental Health, Kansas Department for Aging and Disability Services
9. Julie Figgs — Behavioral Health Services/Mental Health, Kansas Department for Aging and Disability Services
10. Rick Gaskill — Sumner County Mental Health Center
11. Lori Alvarado — Kansas Head Start Association
12. Sarah Walters — Infant Toddler Services (Part C) , Kansas Department of Health and Environment
13. Sabra Shirrell — Children’s Developmental Services, Kansas Department of Health and Environment
14. Rick Dalke — Area Mental Health Center

15. Brenda Mills — Topeka Family Service and Guidance Center
16. Nancy Crago — Topeka Family Service and Guidance Center
17. Tracie Lansing — Healthy Families/Kansas Children’s Service League
18. Pam Shaw — Pediatrician, Professor and Chief of Division of Ambulatory Pediatrics, University of Kansas Medical Center
19. Katherine Mick\* — Past President, Kansas Association for Infant and Early Childhood Mental Health; Play Therapy Program, Wichita State University; private mental health provider
20. Kami Cohorst\* — Infant-Toddler Project, Child Care Aware of Kansas

\*Used abbreviated version of interview guide

**Interview Questions** — The interview questions were loosely based on questions used in the New Hampshire Association of Infant Mental Health’s report, *Mental Health Services for New Hampshire’s Young Children and Their Families: Planning to Improve Access and Outcomes*. Interview questions were divided into three categories: background, types of children’s mental health services in Kansas and future data identification.

**Data Identification** — Existing data sources were reviewed regarding the prevalence of children’s mental health issues, workforce capacity, service utilization and access to services to determine what state-level data exist and what gaps exist in the knowledge/data. Data from the National Survey of Children’s Health also were reviewed, and Medicaid/CHIP and CMHC data also were examined. Inquires about existing data sources in the state was a standard interview question.

## Qualitative Analysis

QSR NVivo version 9.2.81.0 (32 bit) was used as the qualitative research software package for both the document review and key informant interviews. For analysis of the interview data, a deductive approach was used as described by Miles and Huberman (1994),<sup>42</sup> which started with an organizing framework for the codes. Information from the literature review and document review was used to define a structure of initial codes before line-by-line review of the data. Preliminary codes helped integrate concepts already well-known in the literature and build on previous insights in the field. The approach was integrated, in that “other” categories were created and reanalyzed to ensure that new codes would be created as necessary.<sup>43</sup>

All documents and interview transcripts were uploaded in Microsoft Word or Adobe PDF form to the QSR NVivo software. The units of analysis were types of services because the goal of the study is to know what types of services exist across types of providers, funding streams and geographical areas of the state.

When all of the interviews were coded, the information was ranked according to the number of interviewees who listed a service. If three or more interviewees detailed the same information, that information was listed as a service of an organization or a key theme of the interviews. If fewer than three interviewees listed a service, that service was only included if one of the interviewees was considered an “expert informant” (i.e. director of the organization in question) and/or if the information could be corroborated with document review data. A similar process was used in the document review. Information cited in multiple document sources was given precedence over information found in only one source. If there was a discrepancy between documents, the document from the most reputable source received precedence.

Triangulation of sources was achieved through compiling these multiple data sources and interviewing people across different levels of involvement in the field (direct service providers, state agency staff and non-service providers). A second step for validating the data was the use of multiple interviewers and coders, who conferred with each other regarding major themes, codes and overall analysis. The validity and confidence of the findings was assured by collecting data from multiple sources, using multiple methods and interviewing people from multiple perspectives.

As a final step of data validation, themes about the services were sent to the expert informants from each organization. The informants were asked if they agreed with the services listed under their organizations. If the informant disagreed with the services listed or wanted to add another service, that information was reanalyzed by the researchers to determine if there were other sources to corroborate the addition.

For organizing and reporting descriptive findings, an Analytical Framework Approach (Patton, 2002)<sup>44</sup> was used. For the majority of the report, the information was organized around types of services (assessment/screening, parent education, therapies, etc.). Within these components, the report was ordered around organizations that provide these services (such as Head Start, Parents as Teachers, CMHCs, Infant and Toddler Services (Part C), Early Intervention, etc.). The report gives a detailed account of types of services in each activity area and describes the organizations that provide these services across the state or in specific geographic regions. This can be found in the “*Statewide Availability of Early Childhood Mental Health Services*” section.

# Quantitative Analysis

## Methodology for Analysis of Medicaid/CHIP Services

**Data Source(s) and Accuracy** — To describe the types of mental health services that children age 0–5 on Medicaid/CHIP receive and the amount of regional variation in mental health services, we analyzed data from the State Medicaid Program’s Data Analytic Interface (DAI) — a repository of health care data based on Medicaid/CHIP claims, enrollment and encounter data. We also obtained summaries of encounter data for children who received services through the State Medicaid Mental Health Managed Care Organization (Kansas Health Solutions) program from the Kansas Department for Aging and Disability Services. We compared those summaries (by type of service and by region) to the results from our queries of the DAI. Despite differences in some of the parameters used to create the Kansas Department for Aging and Disability Services summaries and those used to generate the DAI output, we found the results from the two systems were often quite similar. Where we found results that weren’t similar, the magnitude of the difference was readily explained by the aforementioned differences in parameters used. For example, the Kansas Department for Aging and Disability Services regional data was based on the child’s address while the DAI reports were based on where the services were provided.

**What Did We Count as a Mental Health “Service”** — We selected the Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes reported for provider encounters in the DAI that were listed as mental health services in Attachment F of the state’s Managed Care Request for Proposals. We further limited the services to those paid through either the Medicaid (Kansas Health Solutions) or the CHIP (Cenpatico Behavioral) behavioral health managed care organizations. To count the volume of the various types of services provided — given that they differ in terms of time, intensity, billing units and cost per unit — we decided to count the unique number of times or instances a service was billed and paid for. We determined this was a better way to count disparate services than counting units of service because some community-based services, such as psychosocial rehabilitation, are billed in 15-minute increments while other services, such as individual psychotherapy, are billed in half- or even one-hour units. Although we could have counted claims rather than service instances, that would have resulted in duplicate counting as a result of some claims being resubmitted.

**Number of Mental Health Services Provided** — To identify which types of mental health services (e.g. psychosocial rehabilitation, targeted case management, individual psychotherapy, etc.) are provided most frequently to children age 0–5, we



counted the number of different times (instances) each service was provided. We then grouped together the similar services (e.g. different forms of individual psychotherapy).

**Identification of Regions** — To determine the extent of regional variation in how often children in Medicaid/CHIP receive mental health services, we first identified the counties served by each of the 27 CMHCs. Although CMHCs do not provide all Medicaid/CHIP-funded mental health services, CMHCs are the primary providers of more intensive interventions such as community-based treatment, wrap-around services and crisis intervention services. The CMHC regions are therefore reasonable geographic representations of the areas served by different mental health service systems across the state. Children on Medicaid/CHIP were assigned to regions based on the county where they received services.

**Percentage of Medicaid/CHIP Children Receiving Mental Health Services** — For each region, we first determined the total number of children in Medicaid/CHIP in that region based on the county where the child lives. We then determined the number of children that received mental health services in each region. Dividing the total number of children on Medicaid/CHIP by the number of children that received mental health services in a region yielded the percentage of Medicaid/CHIP children receiving mental health services.



## APPENDIX B: DOCUMENT REVIEW SOURCES

**Phase One Document Review** — The first phase of the document review focused on determining the providers and major stakeholders that comprise the early childhood mental health system in Kansas. For the review, we utilized qualitative data analysis software QSR NVivo 9 version 9.2.81.0 (32 bit) to code information and understand themes regarding the programs and organizations involved in the early childhood mental health system. The information helped to inform selection of interviewees and development of the interview guide. Documents reviewed in the first phase were:

1. Kansas Children’s Cabinet and Trust Fund. (2010). *Kansas Children’s Initiatives Fund Briefing Binder*. Retrieved October 24, 2011, from <http://www.kschildrenscabinet.org/>
2. Kansas Children’s Cabinet and Trust Fund. (2010). *Kansas Children’s Initiatives Fund Early Childhood Block Grant Program Profiles*. Retrieved October 24, 2011, from <http://www.kschildrenscabinet.org/>
3. Kansas Children’s Cabinet and Trust Fund. (2010). *Kansas Children’s Initiatives Fund Smart Start Program Sites 2011 Grantees*. Retrieved October 24, 2011, from <http://www.kschildrenscabinet.org/>
4. Kansas Children’s Service League. (2011). *Healthy Families Services*. Retrieved November 30, 2011, from <https://www.kcsl.org/healthyfamilies.aspx>
5. Kansas Department of Health and Environment. (2010). *State of Kansas Needs Assessment for Maternal, Infant and Early Childhood Home Visiting Programs*. Retrieved November 11, 2011, from [http://www.kdheks.gov/bfh/download/home\\_visting/KS\\_HOME\\_VISITING\\_NEEDS\\_ASSESSMENT.pdf](http://www.kdheks.gov/bfh/download/home_visting/KS_HOME_VISITING_NEEDS_ASSESSMENT.pdf)
6. Kansas Department of Administration. (2011). *KanCare Medicaid and CHIP Capitated Managed Care Services, Attachment F, Services*. Retrieved November 11, 2011, from <http://www.da.ks.gov/purch/>
7. Kansas Early Childhood Comprehensive Systems Plan. (2011). *Kansas Early Childhood Mental Health Consultation Survey Results*. Obtained via email from Kansas Early Childhood Comprehensive Systems Plan.
8. Kansas Early Childhood Comprehensive Systems Plan. (2009). *Kansas Infant and Early Childhood Mental Health Strategic Plan*. Retrieved September 22, 2011, from <http://www.keccs.org/~eccs/pdf/ECMH%20Strategic%20Plan%202009.pdf>

9. Kansas Early Childhood Mental Health Advisory Council. (2008). *Kansas Infant and Early Childhood Mental Health Strategic Plan*. Retrieved September 12, 2011, from [http://www.kaimh.org/files/ECMH\\_Strategic\\_Plan\\_Final\\_Draft\\_4\\_14\\_08.pdf](http://www.kaimh.org/files/ECMH_Strategic_Plan_Final_Draft_4_14_08.pdf)
10. Kansas Early Childhood Comprehensive Systems Plan. (2010). *Kansas Project LAUNCH Environmental Scan*. Obtained via email from Kansas Early Childhood Comprehensive Systems Plan.
11. Kansas Early Childhood Comprehensive Systems Plan. (2003). *Early Childhood Environmental Scan*. Retrieved September 22, 2011, from [http://www2.ku.edu/~eccs/pdf/Environmental\\_Scan.pdf](http://www2.ku.edu/~eccs/pdf/Environmental_Scan.pdf)
12. Kansas Early Learning Collaborative. (2011). *Kansas Early Learning Collaborative Fourth Quarter/Final Report, Year Two*. Retrieved November 30, 2011, from <http://www.kansaslearning.org/>
13. Kansas State Department of Education. (2009). *Birth to Five — Finding programs that meet your needs*. Retrieved November 3, 2011, from [http://www.kskits.org/publications/0\\_5\\_fndg\\_pro\\_meet\\_needs.pdf](http://www.kskits.org/publications/0_5_fndg_pro_meet_needs.pdf)
14. Kansas Health Policy Authority. (2009). *Kansas Medical Assistance Program Provider Manual — Early Childhood Intervention*. Retrieved Sept 12, 2011, from [https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Professional\\_04062010\\_10021.pdf](https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Professional_04062010_10021.pdf)
15. Kansas Infant Toddler Service. (2011). *Kansas Infant Toddler Community Networks*. Retrieved November 30, 2011, from [http://www.ksits.org/download/network\\_brochure.pdf](http://www.ksits.org/download/network_brochure.pdf)
16. Kansas Infant Toddler Service. (2011). *Kansas Infant Services Overview*. Retrieved November 30, 2011, from <http://www.ksits.org>
17. Kansas State Department of Education. (2011). *Parents as Teachers State Office Fact Sheet*. Retrieved November 30, 2011, from <http://www.kckcps.org/parents/pat/facts.pdf>
18. Kansas State Department of Education. (2011). *Parents as Teachers History and Goals*. Retrieved November 30, 2011, from <http://www.ksde.org/Default.aspx?tabid=3299>
19. Healthy Families. (2010). *Fact Sheet: Service Content*. Retrieved November 30, 2011, from [http://www.healthyfamiliesamerica.org/downloads/HFA\\_Brochure08.pdf](http://www.healthyfamiliesamerica.org/downloads/HFA_Brochure08.pdf)

20. Johnson, P. R., & Corrigan, S. (2008). *Evaluation of Early Childhood Mental Health Consultation Programs in Kansas*. Retrieved September 22, 2011, from <http://www.socwel.ku.edu/occ/projects/articles/Consultation%20Report.pdf>
21. Smith, C. (2011). *Kansas Early Learning Collaborative Year Two (2010) Summative Report*. Retrieved November 30, 2011, from <http://www.kansaslearning.org/>
22. University of Kansas. (2008). *Kansas Early Head Start Evaluation*. Retrieved November 22, 2011, from [http://www.srs.ks.gov/agency/ees/Documents/Child\\_Care/KEHS\\_Final\\_Tech\\_Report.pdf](http://www.srs.ks.gov/agency/ees/Documents/Child_Care/KEHS_Final_Tech_Report.pdf)

**Phase Two Document Review** — The second phase of the document review provided additional information about specific programs. In the second phase, information was not coded in NVivo, but was systematically filed, reviewed and added to the analysis where appropriate. Documents reviewed in the second phase were:

23. Akin, B., Bryson, S., & Moore, T. (2009). *Medicaid Children's Focused Study: Prescribing Patterns of Psychotropic Drugs Among Child Medicaid Beneficiaries in the State of Kansas*. Retrieved September 22, 2011, from <http://www.socwel.ku.edu/OCC/CMHcompleted.htm>
24. Akin, B., Bryson, S., Gomi, S., Moore, T., Parkinson-Arnold, E., & Tullis, L. (2010). *Inpatient Psychiatric Care for Children and Youth*. Retrieved September 22, 2011, from <http://www.socwel.ku.edu/OCC/CMHcompleted.htm>
25. Barfield, S. (2004). *Best Practices in Early Childhood Mental Health Programs for Preschool-age Children*. Retrieved September 22, 2011, from <http://www.socwel.ku.edu/OCC/CMHcompleted.htm>
26. Kansas Early Childhood Comprehensive Systems Plan. (2011). *Performance Narrative KECCS 2011*. Obtained via email from Kansas Early Childhood Comprehensive Systems Plan.
27. Kansas Early Childhood Comprehensive Systems Plan. (2011). *Kansas Early Childhood Mental Health Action Plan*. Obtained via email from Kansas Early Childhood Comprehensive Systems Plan.
28. Kansas Early Childhood Comprehensive Systems Plan. (2005). *Kansas Executive Summary and Implementation Plan*. Retrieved September 22, 2011, from <http://www.kschildrenscabinet.org/pdf/11-2-05KANSAS%20EXECUTIVE%20SUMMARY%20AND%20IMPLEMENTATION%20PLAN.pdf>

29. Kansas Early Childhood Comprehensive Systems Plan. (2010). *Finney County Environmental Scan*. Obtained via email from Kansas Early Childhood Comprehensive Systems Plan.
30. Kansas Early Learning Collaborative. *KELC History*. Retrieved November 30, 2011, from <http://www.kansaslearning.org/>
31. Kansas Early Learning Collaborative. *About KELC*. Retrieved November 30, 2011, from <http://www.kansaslearning.org/>
32. Kansas Early Learning Collaborative. *2011 KELC Goals & Objectives*. Retrieved November 30, 2011, from <http://www.kansaslearning.org/>
33. Kansas Early Learning Collaborative. *KELC Organizational Structure*. Retrieved November 30, 2011, from <http://www.kansaslearning.org/>
34. Kansas Health Solutions. (2011). *SED Waiver Provider Manual*. Retrieved November 11, 2011, from <https://www.kansashealthsolutions.org/providers/index>
35. Kansas State Department of Education. (2009). *Kansas Early Childhood Direct Service Programs at a Glance*. Retrieved October 5, 2011, from [http://www.kskits.org/publications/ECPrograms\\_at\\_a\\_glanceSheet.pdf](http://www.kskits.org/publications/ECPrograms_at_a_glanceSheet.pdf)
36. Kansas Department of Social and Rehabilitation Services. *Economic and Employment Support (EES): Head Start (HS) and Early Head Start (EHS)*. Retrieved November 30, 2011, from [http://www.srs.ks.gov/agency/ees/Pages/Child\\_Care/HeadStart\(HS\)EarlyHeadStart\(EHS\).aspx#program](http://www.srs.ks.gov/agency/ees/Pages/Child_Care/HeadStart(HS)EarlyHeadStart(EHS).aspx#program)
37. Healthy Families. (2008). *Research Spotlight on Success: Healthy Families America Promotes Positive Parenting*. Retrieved November 30, 2011, from [http://www.healthyfamiliesamerica.org/downloads/HFA\\_Parenting08.pdf](http://www.healthyfamiliesamerica.org/downloads/HFA_Parenting08.pdf)
38. Holmes, C., Crickard, L., Cheon, J.W., O'Brien, M., & Corrigan, S. (2007). *Frontier and Rural Children's Mental Health Services: Identification of Strengths and Challenges in Western Kansas*. Retrieved September 22, 2011, from <http://www.socwel.ku.edu/OCC/CMHcompleted.htm>
39. Johnson, P. R., Barfield, S., O'Brien, M., & Corrigan, S. (2008). *Therapeutic Services for Preschool Age Children: An Overview of Programs in Kansas*. Retrieved September 22, 2011, from <http://www.socwel.ku.edu/OCC/CMHcompleted.htm>

40. Positive Behavior Support Kansas. (2011). *Early Childhood Programs and Initiatives Impacting Social-Emotional Development of Young Children*. Retrieved September 22, 2011, from <http://www.pbskansas.org/files/earlychildhoodprogramsandinitiatives.pdf>

In addition to the above listed documents and reports, documents about Head Start, Infant and Toddler Services (Part C), Early Childhood Special Education Programs (Part B) and other programs were obtained from the program staff and/or from the websites of these programs. For example, information related to number of patients served, specific program regulations and outcomes were obtained from state or federal websites for the Infant and Toddler Services (Part C) and Early Childhood Special Education Programs (Part B). Head Start and Early Head Start local program information and maps were viewed through the Kansas Head Start Association website. Information about services for young children through CMHCs was provided by Kansas Department for Aging and Disability Services. For CMHCs that the Kansas Department for Aging and Disability Services did not have information about, web searches provided additional information.





## APPENDIX C: DESCRIPTION OF EARLY CHILDHOOD MENTAL HEALTH ORGANIZATIONS IN KANSAS

Organization Delivering the Service	Description
<b>Child Care Aware<sup>45</sup></b>	<p>Child Care Aware of Kansas is the administrator of the statewide Child Care Resource and Referral (CCR&amp;R) network in Kansas. The goals of the organization are to ensure that families have access to affordable, high-quality child care; lead early learning projects and support professional development events to promote knowledgeable early learning staff; and advocate for positive changes that impact the lives of children and families. Child Care Aware also provides a referral tool for parents to locate quality child care programs across Kansas.</p>
<b>Community Mental Health Centers<sup>46</sup></b>	<p>Community Mental Health Centers (CMHCs) comprise the community-based public mental health services safety net. In addition to providing the full range of outpatient clinical services, CMHCs provide comprehensive mental health rehabilitation services such as psychosocial rehabilitation, community psychiatric supportive treatment and peer support, case management, and attendant care.</p>
<b>Early Childhood Special Education Programs (Part B)<sup>47</sup></b>	<p>The Individuals with Disabilities Education Act Preschool Program (Section 619 of Part B) supports education services for young children with disabilities when they turn age 3. It addresses individual needs within the context of developmentally appropriate activities, including early learning experiences in language, pre-reading and writing skills, play, and other social-emotional areas.</p>
<b>Early Head Start</b>	<p>Early Head Start is a federally funded community-based program for low-income families with infants and toddlers and pregnant women. The intensive, comprehensive, child development program reinforces and responds to the unique strengths and needs of each individual child and family through weekly home visits and collaborative partnerships in community child care settings.</p>
<b>Head Start</b>	<p>Head Start is a federally funded comprehensive child development program that provides education, health, nutrition, and social services (including mental health) to young children and their families.</p>
<b>Healthy Families<sup>48</sup></b>	<p>Healthy Families is a home visiting program for families who are at-risk for adverse childhood experiences, including child maltreatment, designed to work with families who may have histories of trauma, intimate partner violence, mental health and/or substance abuse issues. The model uses trained family support workers to support social-emotional development through biweekly home visits of at least one hour that taper off to every 4–6 weeks.</p>

<b>Organization Delivering the Service</b>	<b>Description</b>
<b>Infant and Toddler Services (a.k.a. Part C, Tiny K, Early Intervention Services)<sup>49</sup></b>	<p>Created under the Individuals with Disabilities Education Act (IDEA), Part C Early Intervention Programs provide services to infants and toddlers (from birth to the third birthday) who have developmental disabilities and delays, have diagnosed conditions highly likely to lead to delays, and, at state option, are at risk for delays. Eligible children and families are entitled to certain services under an Individualized Family Service Plan (IFSP).</p>
<b>Kansas Association for Infant and Early Childhood Mental Health (KAIMH)<sup>50</sup></b>	<p>KAIMH is a professional association dedicated to the healthy emotional development of infants, toddlers, and preschoolers and their families in Kansas. Its mission is to advance and promote the field of infant and early childhood mental health through professional recognition and connection, educational opportunities, and promotion and advocacy for public policies that advance the importance of social and emotional development of infants and young children.</p>
<b>Kansas Early Childhood Comprehensive Systems Plan<sup>51</sup></b>	<p>The Kansas Early Childhood Comprehensive Systems Plan (KECCS) was created in 2004 through an extensive strategic planning and collaborative building process that engaged numerous early childhood stakeholders from across Kansas. As part of the KECCS efforts, an environmental scan of services aimed at early childhood (birth to age 5) is regularly updated and utilized to inform decision-making and plan priorities. In addition, population-level data is tracked to assess progress and the Kansas State Department of Education collects data on kindergarten students using the Kansas Early Learning Inventory (KELI) to monitor outcomes of early childhood efforts in the state.</p>
<b>Kansas Inservice Training System (KITS)<sup>52</sup></b>	<p>The KITS project is designed to provide a training and resource system for Infant and Toddler Services (Part C) and early childhood special education programs (Part B) staff through collaborative training and technical assistance activities on a comprehensive statewide basis. Additionally, parents and staff of agencies collaborating with these programs are afforded the opportunity to be involved in all activities associated with the project.</p>
<b>KidLink Project<sup>53</sup></b>	<p>The KidLink — Children’s Mental Health Initiative has a two-pronged approach to increasing the number of children (ages 0–18) detected and referred for appropriate mental health treatment. The Assuring Better Child Health and Development (ABCD) program educated health care providers on best practice screening tools and early intervention resources, and helped increase their comfort level in diagnosis and treatment. KidLink followed up the ABCD effort by researching and developing a web-based statewide resource list titled KidLink Resource Directory. The directory will consist of a comprehensive list of mental health providers that provide services for children.</p>

<b>Organization Delivering the Service</b>	<b>Description</b>
<b>Parents as Teachers</b>	PAT is an early childhood parent education and family support program serving families through pregnancy until their child enters kindergarten. Using evidence-based curriculum, parents are provided with the skills and knowledge they need to help them make the best decisions regarding their child’s education through regular personal visits, group meetings and monitoring of their child’s progress.
<b>Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health)<sup>54</sup></b>	Project LAUNCH enhances the Kansas Early Childhood Comprehensive System through collaboration, professional development that is evidence-based and culturally competent, integrated developmental screenings at the state and local levels, fiscal policies that support integration of services and rigorous evaluation. The project also will develop a comprehensive, coordinated early childhood system in Finney County that is modeled after the KECCS prevention approach.
<b>Smart Start Kansas<sup>55</sup></b>	Smart Start Kansas is a program funded by the Kansas Children’s Cabinet and Trust Fund to promote school readiness. The program is offered in four districts across Kansas. The funds are used to improve the quality, affordability, and accessibility of early learning opportunities and to provide health services for children



## **APPENDIX D: GLOSSARY OF TERMS RELATED TO EARLY CHILDHOOD MENTAL HEALTH SERVICES IN KANSAS**

**Assessment and screening** are the first steps in determining the mental health needs of a young child. After a screening indicates that a child may have a mental health issue, a referral to a more intensive service may be made if a child needs a service outside the screening organization's scope of care.

**Attendant care** is a one-on-one service in which an attendant care specialist works directly with a child to help the child improve behaviors and social skills and provides the child with emotional support and guidance.

**Children's Initiatives Fund (CIF)** was created by the Legislature in 1999 and is administered by the Kansas Children's Cabinet and Trust Fund. Funding for the CIF comes from payments made to the state from the master tobacco settlement.

**Children's Mental Health Initiative** funding through the Children's Initiatives Fund allows the state to waive traditional Medicaid rules so children with severe emotional disturbance (SED) receive a medical card based upon the child's income rather than the income of the family. The SED waiver provides an array of family and community-based services as an alternative to psychiatric hospitalization.

**Community-Based Services** consist of wrap-around services for children with severe emotional disturbance (SED) and their families. These services are tailored to meet the needs of children and include community psychiatric support and treatment, psychosocial rehabilitation and attendant care.

**Community Psychiatric Support and Treatment (CPST)** includes an array of services to address the individualized mental health needs of the client. CPST services are designed to provide assistance, advocacy, education and support to children diagnosed with a mental health issue. CPST helps children develop appropriate coping and social skills to enable them to function well at school, at home and in the community and provides parents and other caregivers with education related to the child's mental health issues. These services can be provided in a variety of settings, including home or school. The role of CPST is to assist with symptom reduction, contact other service providers, educate clients on how to manage their symptoms and link them with other beneficial services.

**Crisis services** are community-based programs that work to provide short-term, intensive interventions aimed at alleviating children’s immediate mental health difficulties, avoiding unnecessary hospitalization or restoring the child’s functioning to a previous or better level. Examples of crisis services are telephone hotlines, crisis group homes, walk-in 24/7 services, mobile crisis teams, crisis stabilization units and therapeutic foster homes, if used for short-term crisis placements.

**Early childhood mental health/social-emotional development** is a young child’s capacity to experience, regulate and express emotions, to form close and secure relationships, and to explore the environment and learn.

**Family Centered Systems of Care grant** is funded through the Children’s Initiatives Fund and provides Community Mental Health Centers (CMHCs) with funds to enhance and improve services to children with serious emotional disturbance (SED) and their families, and to provide these community-based services to children with SED who are uninsured or whose insurance does not cover community-based services.

**Intensive therapies** are provided by mental health professionals and can include therapies focused on children, but more often include therapies focused on the parent-child interaction or therapies focused on the family (how the parent relates to the child). These interventions can include dyadic therapy, cognitive behavioral family intervention and parent-child interaction therapy.

**Mental health consultation** is a primarily indirect service in which a professional consultant with mental health expertise works with early care and education providers or families to promote social and emotional development in children and works to improve the provider’s or family’s ability to prevent, identify and respond to mental health issues.

**Peer social skills** are skills that facilitate interaction and communication with peers and require development of social, emotional (e.g., affect regulation), cognitive (e.g., use of information, skills for processing/acquisition, perspective taking) and behavioral (e.g., conversation skills, pro-social behavior) skills. Social skills development requires an ability to take another’s perspective concerning a situation, learn from past experiences and apply that learning to social interactions.

**Pre-Paid Ambulatory Health Plan (PAHP)** provides medical services to enrollees under contract with the state. Services are provided on the basis of prepaid capitation payments and do not include inpatient or institutional services. There are several types of PAHPs that states use to deliver a range of services. For example, a dental PAHP is a managed care entity that provides only dental services. In Kansas, Kansas Health Solutions is the managed care organization that provides outpatient mental health services in Medicaid through a mental health PAHP.

**Psychosocial rehabilitation** focuses on the development of coping strategies to enhance communication with peers and reduce behaviors that negatively impact the level of functioning. Children/youths receiving psychosocial rehabilitation services work on a variety of skills needed for good mental health and successful community living. Psychosocial groups are facilitated to help children and youths improve social skills, build positive peer relationships, improve ability to problem-solve and learn behavior management techniques.

**Psychotherapy** is a general term referring to therapeutic interaction or treatment contracted between a trained professional and a client/patient, family or group. For young children, dyadic therapy, cognitive behavioral family intervention and parent-child interaction therapy are some examples of common types of psychotherapy.

**Severe Emotional Disturbance (SED) waiver** provides intensive support and services for children who experience serious mental health issues and are at risk of needing inpatient psychiatric treatment. The SED waiver is available to children 4 and older, although exceptions may be granted for younger children.

**Social skills training** and social-emotional curricula focus on friendship skills, emotional recognition, problem-solving skills training, violence and substance abuse prevention, and social and anger coping skills training. Curricula such as Promoting Alternative Thinking Strategies (PATHS), I Can Problem Solve or Conscious Discipline focus on work with the child in a preschool or group setting.

**Targeted case management** assists clients in gaining access to medical, social and other needed services. Targeted case management includes assessment, plan of care development, referral and related activities, and monitoring and follow-up activities.

**Targeted education and support for parents** has been a focus of many early childhood and children's mental health programs, particularly for children who are at-risk for mental health issues due to factors such as poverty, mental illness of parents or child welfare involvement. A primary example of targeted education and support for parents are home visiting programs.

**Therapeutic preschool services** are specialized for preschool-age children at risk for or identified as living with serious emotional disturbance (SED). The goals of these mental health programs are to help maintain at-risk children in the least restrictive, most natural residential and educational environments; to promote attachment and healthy family functioning; and to enhance social, emotional and academic readiness. They utilize a social and emotional development curriculum that is designed to teach anger management, helpfulness, assertiveness, impulse control, cooperation, empathy and problem-solving skills. Other psycho-educational activities and play therapy supplement the curriculum.

**Wrap-around support** for families is a planning process created to give them the tools they need to complete treatments. Wrap-around is a method for the individualized planning of treatment and coordination of care. It can include coordination of services, such as transportation and supports, as well as case management. Wrap-around services also can be considered a philosophy of care that provides the family and child with the services, resources and support they need to stay within the community of care.



# APPENDIX E: CHILDREN'S INITIATIVES FUND FISCAL YEAR 2013 APPROVED BUDGET

## Children's Initiatives Fund FY 2011 - FY 2013

Conference Committee Adjustments as of May 19, 2012

	Actual FY 2011	Gov. Rec. FY 2012	Conference Adjustments FY 2012	Gov. Rec. FY 2013	Conference Adjustments FY 2013
<b>Department of Health and Environment</b>					
Healthy Start/Home Visitor	\$ 250,000	\$ 237,914	\$ -	\$ 237,914	\$ (1,974)
Infants and Toddlers Program (Tiny K)	5,700,000	5,700,000	-	5,700,000	-
Smoking Cessation/Prevention Program Grants	998,040	1,001,960	-	1,000,000	-
Newborn Hearing Aid Loaner Program	49,989	47,945	-	47,161	-
SIDS Network Grant	75,000	71,374	-	71,374	25,000
Newborn Screening	2,186,528	2,137,185	-	2,137,185	(716,914)
Subtotal - KDHE	<u>\$ 9,259,557</u>	<u>\$ 9,196,378</u>	<u>\$ -</u>	<u>\$ 9,193,634</u>	<u>\$ (693,888)</u>
<b>Department on Aging</b>					
Children's Mental Health Initiative	\$ -	\$ -	\$ -	\$ 2,635,210	\$ 1,164,790
Family Centered System of Care	-	-	-	-	4,750,000
Subtotal - Department on Aging	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,635,210</u>	<u>\$ 5,914,790</u>
<b>Department of Social and Rehabilitation Services</b>					
Children's Cabinet Accountability Fund	\$ 249,436	\$ 519,325	\$ -	\$ 360,140	\$ 159,185
Children's Mental Health Initiative	3,800,000	3,800,000	-	-	-
Family Centered System of Care	4,849,998	4,750,000	-	-	-
Child Care Services	1,399,787	5,033,679	-	3,407,904	1,625,775
Reading Roadmap	-	933,137	-	910,994	(654,357)
Smart Start Kansas - Children's Cabinet	8,318,582	7,158,744	-	4,964,419	(4,964,419)
Family Preservation	3,241,062	3,106,605	-	1,500,000	654,357
Early Childhood Block Grants	10,023,219	10,567,102	-	7,484,736	(7,484,736)
Combined Block Grant (Early Childhood and Smart Start)	-	-	-	-	18,129,410
Early Childhood Block Grants - Autism	50,000	48,179	-	47,036	2,964
Early Head Start	3,452,626	66,584	-	66,584	-
Child Care Quality Initiative	500,000	479,257	-	332,353	167,647
Subtotal - SRS	<u>\$35,884,710</u>	<u>\$36,462,612</u>	<u>\$ -</u>	<u>\$19,074,166</u>	<u>\$ 7,635,826</u>
<b>Department of Education</b>					
Parents as Teachers	\$ 7,359,130	\$ 7,237,635	\$ -	\$ 5,023,541	\$ 2,214,094
Pre-K Pilot	4,880,000	4,799,812	-	3,323,750	1,476,062
Subtotal - Dept. of Ed.	<u>\$12,239,130</u>	<u>\$12,037,447</u>	<u>\$ -</u>	<u>\$ 8,347,291</u>	<u>\$ 3,690,156</u>
<b>TOTAL</b>	<b><u>\$57,383,397</u></b>	<b><u>\$57,696,437</u></b>	<b><u>\$ -</u></b>	<b><u>\$39,250,301</u></b>	<b><u>\$16,546,884</u></b>

	Actual FY 2011	Gov. Rec. FY 2012	Conference Adjustments FY 2012	Gov. Rec. FY 2013	Conference Adjustments FY 2013
Beginning Balance	\$ (6,200,707)	\$ (4,448,052)	\$ (4,448,052)	\$ -	\$ -
Plus: Other Income*	37,917	-	-	-	-
State General Fund Transfer	-	6,700,000	6,700,000	-	-
Children's Initiatives Reserve Fund Transfer In	1,194,152	-	-	-	-
KEY Fund Transfer In	57,905,446	55,444,489	55,444,489	39,250,301	55,800,000
Total Available	<u>\$52,936,808</u>	<u>\$57,696,437</u>	<u>\$57,696,437</u>	<u>\$39,250,301</u>	<u>\$55,800,000</u>
Less: Expenditures	57,383,397	57,696,437	57,696,437	39,250,301	55,797,185
Transfer Out to KEY Fund	-	-	-	-	-
Transfer Out to Children's Initiatives Reserve Fund	-	-	-	-	-
Transfer Out to State General Fund	1,463	-	-	-	-
<b>ENDING BALANCE</b>	<b><u>\$ (4,448,052)</u></b>	<b><u>\$ -</u></b>	<b><u>\$ -</u></b>	<b><u>\$ -</u></b>	<b><u>\$ 2,815</u></b>

\* Other Income includes released encumbrances, recoveries and reimbursements.

Staff Note: The Governor's recommendation for FY 2012 transfers \$485,593 from the Kansas Endowment for Youth Fund to the Attorney General. The Governor's recommendation for FY 2013 recommends a transfer from the KEY fund to the Attorney General of \$485,593.

Kansas Legislative Research Department

May 20, 2012

## Early Childhood Block Grant Program Profiles (January 1, 2012 to December 31, 2012)

Grantee	Program Profile	County(ies) and Target Population Served
<p><b>Success By 6 Coalition of Douglas County</b> Contact person: Rich Minder, Collaborative Projects Coordinator</p> <p>1525 W. 6<sup>th</sup> Street Lawrence, Kansas 66044 Telephone: 785-842-8719</p> <p>Grant # KCC-ECBG-2012-01 Grant Award: \$660,219</p>	<p>Douglas County Early Childhood Block Grant addresses affordability, availability and quality of learning experiences for at-risk infants, toddlers and preschoolers. Fund for Infants and Toddlers (FIAT) builds a financial aid system with augmented infant childcare tuition reimbursements which induce increases in supply and an Early Childhood Mental Health Consultation Program.</p>	<p>Douglas Serving children ages 0-3: 221 children ages 3-5: 805 families: 1,000.</p>
<p><b>Kansas Head Start Association</b> Contact: Lori Alvarado, Executive Director January Scott, Project Director 932 Massachusetts, Suite 301 Lawrence, Kansas 66044 Telephone: 785-856-3132</p> <p>Grant # KCC-ECBG-2012-02 Grant Award: \$1,227,156</p>	<p>The Demonstration Learning Communities (DLC) project under KHSA in partnership with Kansas State Department of Education supports the Demonstration Learning Communities in three-original sites (Coffeyville, Liberal and Rossville) and expanded in nine additional communities. The project facilitates the transformation of existing preschool programs into high-quality, evidence-based systems that more effectively prepare young children and families for success in school.</p>	<p>Coffeyville, Liberal and Rossville communities. Serving: children ages 3-5: 1,396 families: 1,396</p>
<p><b>Four County Mental Head Inc.</b> Contact: Jan West, LSCSW Director of Community Based Services 3751 West Main Street, PO Box 688 Independence, Kansas 67301 Telephone: 620-331-5170</p> <p>Grant #KCC-ECBG-2012-03 Grant Award: \$293,670</p>	<p>Early Childhood Mental Health Consultation and Project Before project will be delivered through community-based family case management to support families with special needs, increase protective factors and promote stability to improve outcomes for children. Mental health professional to consult with child care providers, preschools and child service agencies.</p>	<p>Chautauqua, Elk, Montgomery and Wilson counties. Serving: children ages 0-3: 143 children 3-5: 67 families: 175</p>
<p><b>Communities In Schools of Rice County</b> Contact: Marian Poe, Executive Director</p> <p>800 S. Workman Lyons, Kansas 67554 Telephone: 602-204-0853</p> <p>Grant #KCC-ECBG-2012-04 Grant Award: \$150,698</p>	<p>Rice Early CONNECTIONS Equal School/life Success (RECESS) project will enhance existing Parents As Teachers and Sunflower early Education services in Rice County to families with young children lacking knowledge in how to access early childhood services.</p>	<p>Rice County Serving: children ages 0-3: 144 children ages 3-5: 56 families: 30</p>
<p><b>Greater Manhattan Community Foundation</b> 555 Poyntz Avenue, Suite 269 Manhattan, Kansas</p> <p>Contact: Mindy Robbins, Child Care Licensing &amp; Smart Start Supervisor Riley County-Manhattan Health Department 2030 Tecumseh Road Manhattan, Kansas 66502 Telephone: 785-776-4779 x 273</p> <p>Grant# KCC-ECBG-2012-05 Grant Award: \$364,000</p>	<p>Riley County Child Care Scholarship program provides child care scholarships tied to parent education, literacy skill development, family support through protective factors, child health, child development assessment and assistance, and provider quality improvement utilizes evidence-based tools and curriculums, tailored to community characteristics with a strong evaluation component.</p>	<p>Riley County Manhattan community. Serving: children ages 0-3: 80 children ages 3-5: 120 families: 185</p>

## Early Childhood Block Grant Program Profiles (January 1, 2012 to December 31, 2012)

Grantee	Program Profile	County(ies) and Target Population Served
<p><b>Families and Communities Together (FACT)</b> Contact: Linda Ogden, Executive Director</p> <p>416 South Date Hillsboro, Kansas 67063 Telephone: 620-947-3184</p> <p>Grant # KCC-ECBG-2012-06 Grant Award: \$205,621</p>	<p>The Coordinated Early Childhood Health Initiatives (CECHI) utilizes the Kansas Strengthening Families model and a coordinated continuum of supports and services prenatal through age 5. Services include Child Care support; Higher Need Children Families; Early Childhood Mental Health Consultation and Early Childhood Coordination, Education and Advocacy. Inherent CECHI Literacy and pre-literacy development will be enhanced through childcare provider trainings, partnerships with libraries, and by providing reading and video resources to libraries, schools and families.</p>	<p>Marion County. Serving: children ages 0-3: 105 children ages 3-5: 115 families: 60</p>
<p><b>USD 380 Vermillion</b> Richard Flores, Superintendent Angela Hecht, Project Director</p> <p>209 School Street Vermillion, Kansas 66544 Telephone: 785-382-6216</p> <p>Grant #KCC-ECBG-2012-07 Grant Award: \$91,662</p>	<p>The USD 380 Vermillion Early Childhood Project focuses on expanding the district's preschool program to serve children who are three-years of age. The program will run 4 days a week, morning and afternoon, using the Creative Curriculum. Parent contact will be made monthly. Will help transition children to the existing four-year-old program.</p>	<p>Centralia in Nemaha County and Frankfort and Vermillion in Marshall County. Serving: children ages 0-3: 50 children 3-5: 145 families: 195</p>
<p><b>Mitchell County Communities That Care Resource Council</b> Contact: Karen Pahls, Executive Director</p> <p>Post Office Box 583 Beloit, Kansas 67420 Telephone: 785-738-3055x1</p> <p>Grant # KCC-ECBG-2012-08 Grant Award: \$126,703</p>	<p>Mitchell County Partnership for Children enhances mental health programs. The project focuses on social-emotional health and positive behavior supports for at-risk children using Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Teaching Pyramid Model as well as providing Mental Health First Aid for community members in order to identify those at-risk for mental health issues and decrease the stigma associated with mental health issues. Quality care, early literacy and health and safety education are also components.</p>	<p>Jewell and Mitchell counties. Serving: children ages 0-3: 185 children ages 3-5: 304 families: 326</p>
<p><b>The Opportunity Project (TOP Learning Centers)</b> Contact: Janice Smith, Executive Director</p> <p>4600 South Clifton Wichita, Kansas 67216 Telephone: 316-749-4901</p> <p>Grant # KCC-ECBG-2012-09 Grant Award: \$708,965</p>	<p>The Opportunity Project Learning Center has two early learning centers providing services to low income families. 75% of TOP students are free or reduced lunch qualified; schools are located in the lowest income areas of Wichita. Funding will pay for costs to extend the hours of attendance for children to attend full day, full year.</p>	<p>Sedgwick County (low income areas)  Serving: children ages 0-3: 110</p>

## Early Childhood Block Grant Program Profiles (January 1, 2012 to December 31, 2012)

Grantee	Program Profile	County(ies) and Target Population Served
<p><b>Hutchinson Community Foundation</b> Terri Eisinger, VP-Administration PO Box 298 Hutchinson, Kansas 67504-0298 620-663-5293</p> <p>Contact: Dr. Marilyn Graham EC Initiatives Coordinator Reno County ECEC 400 W. 2<sup>nd</sup>, Suite A Hutchinson, Kansas 67501 620-669-5047</p> <p>KCC-ECBG-2012-10 Grant Award: \$143,277</p>	<p><i>The Maintaining Early Childhood Education Capacity in Reno County</i> program serves at-risk families with young children by providing home and center-based services that assure seamless transition between programs. Programs include Early Head Start-Home Visitor; Healthy Families-Home Visitor; 12 slots in a free, four-year-old preschool classroom and continuation of the three-year-old preschool classroom.</p>	<p>Reno County Serving: children ages 0-3: 77 children 3-5: 12 families: 89</p>
<p><b>USD 498 Valley Heights</b> Contact: John Bergkamp, Superintendent</p> <p>121 Commercial Street Waterville, Kansas 66548 Telephone: 785-363-2398</p> <p>Grant # KCC-ECBG-2012-11 Grant Award: \$72,796</p>	<p>Valley Heights Early Childhood Project focuses on expanding the district's Parents as Teachers program to serve children ages 3 to school age and supporting preschool services to accommodate 95 three and four-year olds currently being underserved within the district's catchment area. Program uses the nationally recognized, research-based <i>Foundational Curriculum</i> endorsed by the Parents as Teachers National center.</p>	<p>Blue Rapids and Waterville communities in Marshall County.</p> <p>Serving: children ages 3-5: 95 families: 86.</p>
<p><b>Russell Child Development Center Inc.</b> Contact: GeoReta Jones, Project Director Deanna Berry, Ed.S., Executive Director 714 Ballinger Street Garden City, Kansas 67846 Telephone: 620-275-1510</p> <p>Grant # KCC-ECBG-2012-12 Grant Award: \$316,850</p>	<p>Southwest Kansas Learn &amp; Play project provides parent/child early learning activities on a regular basis with a research base curriculum. Creative Curriculum and early screening with the Ages and Stages tool for possible delays. Literacy, positive parenting and inclusionary practices are embedded in the project. The project serves 11 communities within four (4) counties in rural western Kansas.</p>	<p>Clark, Gray, Hodgeman, and Meade counties. Serving: children ages 0-3: 125 children 3-5: 75 families: 175.</p>
<p><b>Kansas Early Learning Collaborative</b> Contact: Leadell Ediger, Executive Director Child Care Aware of Kansas, Inc.</p> <p>1508 East Iron Salina, Kansas 67401 Telephone: 785-823-3343</p> <p>Joni Breidenthal, KELC Project Director 15717 College Boulevard Lenexa, Kansas 66219 Telephone: 913-621-2016 ext. 1206</p> <p>Grant # KCC-ECBG-2012-13 Grant Award: \$5,137,048</p>	<p>Kansas Early Learning Collaborative (KELC) through six statewide early learning organizations (Child Care Aware of Kansas, Kansas Association of Infant Mental Health (KAIMH), Kansas Children's Service League Healthy Families (KCSL HF), Kansas Division of Early Childhood (KDEC), Kansas Head Start Association (KHSA), the Kansas Parents As Teachers Association (KPATA). Partners provide evidence-based, high-quality early learning services to at-risk children and families using a collaborative approach to strengthen community-based early learning systems incorporating essential services.</p>	<p>Cherokee, Crawford, Ellis, Finney, Ford, Harvey, Johnson, Leavenworth, Montgomery, Saline, Shawnee, and Wyandotte counties. Serving: children ages 0-3: 9,004 children 3-5: 4,717 families: 13,245</p>

## Early Childhood Block Grant Program Profiles (January 1, 2012 to December 31, 2012)

Grantee	Program Profile	County(ies) and Target Population Served
<p><b>United Way of the Plains</b>            Contact: Luella Sanders, Ph.D.            Director of Community Impact            United Way of the Plains            245 N. Water            Wichita, Kansas 67202            Telephone: 316-267-1321            Grant# KCC-ECBG-2012-14      Grant Award \$1,001,000</p>	<p>The Early Childhood Block Metropolitan Statistical Area (MSA) project through 15 partners in this ECBG project together provide: 1) quality services for at-risk infants toddlers; 2) strong families and healthy children support through protective factors; 3) early childhood mental health; and 4) early childhood literacy and pre-literacy skill development.</p>	<p>Butler, Harvey, Sedgwick and Sumner Counties.            Serving            children ages 0-3: 417            children ages 3-5: 644            families: 23            teachers: 260</p>



**SMART START KANSAS PROGRAM SITES  
January 1, 2012 to December 31, 2012**

Program	SMART START KANSAS GRANTS <u>Project Summaries</u>	Counties Served and Target Population
<p><b>Success By 6 Coalition of Douglas County</b> Rich Minder, Collaborative Projects Coordinator 1526 West 6<sup>th</sup> Street Lawrence, Kansas 66044 785-842-8719</p> <p><b>KCC-SMART START-2012-01 \$384,244</b></p>	<p>SB6 Coalition of Douglas County provides direct support to families with young children with special needs and other risk factors. These supports include a coordinated early childhood mental health system with highly qualified clinicians using evidence-based assessments and services; related strengths-based case management and parenting education. Healthy Families program; specialized consulting to meet child care needs of families with children who have special needs; oral health care, education and related case management. All services are provided in Spanish and in English.</p>	<p><u>Counties Served:</u> Douglas</p> <p><u>Target Population:</u> children ages 0-3: 690 children 3-5: 630 families: 800</p>
<p><b>United Way of Wyandotte/Tri-County Smart Start Coalition, (TCSS)</b> Wendell Maddox, President Jennifer Traffis, Project Director 434 Minnesota Avenue Kansas City, KS 66101 913-371-3674</p> <p><b>KCC-SMART START-2012-02 \$760,544</b></p>	<p>Tri-County Smart Start is a three-county initiative to improve the quality of early childhood education so children are prepared to succeed in school and life. TCSS works to reduce teacher turnover, increase staff education and professional development, help centers achieve state quality standards, urge families to read to children, encourage families to “talk, read, play” together, and improve providers’ and families’ knowledge of EC development.</p>	<p><u>Counties Served:</u> Johnson, Leavenworth, Wyandotte</p> <p><u>Target Population:</u> children ages 0-3: 1,948 children 3-5: 4,798 families: 6,060</p>
<p><b>Northwest Kansas Council on Substance Abuse/Birth To Success Coalition</b> Susan Evans, Executive Director Maureen Ostmeier, Project Director 140 W. 4th Colby, KS 67701 785-460-8177</p> <p><b>KCC-SMART START-2012-03 \$320,274</b></p>	<p>Smart Start Northwest Kansas project works to enhance the early childhood education and care system in 11 rural counties in NW Kansas. The project uses three strategies to accomplish the program goal of children entering school ready to learn: Strengthening Families through early education and care programs; Supporting Families through community-based services, and Sustaining Community Awareness and Investment in Early Care and Education through education/media.</p>	<p><u>Counties Served:</u> Cheyenne, Decatur, Gove, Graham, Logan, Rawlins, Sheridan, Sherman, Thomas, Trego, Wallace.</p> <p><u>Target Population:</u> children ages 0-3: 950 children 3-5: 907 families: 800</p>

**SMART START KANSAS PROGRAM SITES  
January 1, 2012 to December 31, 2012**

<b>Program</b>	<b>SMART START KANSAS GRANTS <u>Project Summaries</u></b>	<b>Counties Served and Target Population</b>
<p><b>United Way of the Plains Smart Start Wichita</b> Dr. Luella Sanders, Director of Community Impact 245 N. Water Wichita, Ks 67202 316-267-1321</p> <p><b>KCC-SMART START-2012-04 \$568,721.44</b></p>	<p>Smart Start Wichita program is comprised of 18 indicators addressing the quality of early childhood education, child health, and strengthening families by using protective factors for children ages 0-5.</p>	<p><u>Counties Served:</u> Sedgwick/SC Kansas</p> <p><u>Target Population:</u> children ages 0-3: 1,148 children 3-5: 2,189 families: 3,337</p>
<p><b>Greater Manhattan Community Foundation</b> 555 Poyntz Avenue, Suite 269 Manhattan, Kansas 66505</p> <p>Mindy Robbins, Child Care Licensing and Smart Start Supervisor 2030 Tecumseh Road Manhattan, KS 66505 785-776-4779 ext. 273</p> <p><b>KCC-SMART START-2012-05 \$359,935</b></p>	<p>Riley County Health Department Smart Start serves children and their parents through family support, child health and quality improvement efforts supporting early learning with a strong emphasis on literacy. Parents As Teachers home visitor works to strengthen families by using protective factors.</p>	<p><u>Counties Served:</u> Riley (City of Manhattan)</p> <p><u>Target Population:</u> children ages 0-3: 1,233 children 3-5: 2,467 families: 3,000</p>
<p><b>Child Advocacy Prevention Services, Inc.</b> Carolee Jones, Executive Director Angela Allison-Owens, Program Director 153 S. 5<sup>th</sup> Street Salina, KS 67401 785-825-4493 or 825-4455</p> <p><b>KCC-SMART START-2012-06 \$473,381</b></p>	<p>Saline County Smart Start focuses on quality of early care and education improvements and increasing parental access to school readiness materials. Reducing staff turnover rates, increasing provider's educational level, decreasing disruptive classroom behaviors and improving access to quality care for special needs children is achieved through College scholarships (T.E.A.C.H.) and CDA credentialing; Wage Supplements for licensed child care providers; Mental health consultations for licensed providers with challenging children; Paraprofessionals and subsidies for centers/homes serving special-needs infant/toddlers; and Intentional Teaching training for preschool teachers.</p>	<p><u>Counties Served:</u> Saline</p> <p><u>Target Population:</u> children ages 0-3: 500 children 3-5: 1,250 families: 1,100</p>
<p><b>Family Resource Center</b> Monica Murnan, Executive Director Ann Elliott, Program Director 1600 N. Walnut Pittsburg, KS 66762 620-235-3150</p> <p><b>KCC-SMART START-2012-07 \$526,747</b></p>	<p>Smart Start Crawford County focuses on improving the quality of early childhood education, improving access to child health and mental health services and through Strengthening Families by using protective factors. Child care providers receive training in protective factors and literacy, daily care and education.</p>	<p><u>Counties Served:</u> Crawford</p> <p><u>Target Population:</u> children ages 0-3: 312 children 3-5: 680 families: 815</p>

**SMART START KANSAS PROGRAM SITES  
January 1, 2012 to December 31, 2012**

Program	SMART START KANSAS GRANTS <u>Project Summaries</u>	Counties Served and Target Population
<p><b>Mitchell County Communities That Care/Partnership for Children</b> Karen Pahls, Executive Director PO Box 583 Beloit, Kansas 67420 785-738-3055x1</p> <p><b>KCC-SMART START-2012-08     \$240,393</b></p>	<p>Mitchell County Partnership for Children (MCPC) offers preschool, Parents As Teachers, health and safety education, mental health education, literacy programs, and free vision and hearing screenings for children in the community. MCPC will be focusing on literacy programming this year.</p>	<p><u>Counties Served:</u> Mitchell, Jewell and Lincoln</p> <p><u>Target Population:</u> children ages 0-3: 442 children 3-5: 736 families: 632</p>
<p><b>Marshall County Community Resource Center</b> Charles Friedrichs, Administrator 405 N. 4<sup>th</sup> Street Marysville, Kansas 66508 785-629-8300</p> <p><b>KCC-SMART START-2012-09     \$198,969</b></p>	<p>Marshall County Smart Start will provide a comprehensive array of services and resources that provide concrete support in times of need through the Intake/Referral process and collaboration with other community partners. Assistance will be provided in improving the quality of child care to families. Parents and Child care providers will become aware of literacy skills, environmental enhancements and using developmentally appropriate practices while providing early literacy enrichment activities that promote children's development.</p>	<p><u>Counties Served:</u> Marshall, Nemaha &amp; Washington.</p> <p><u>Target Population:</u> children ages 0-3: 945 children 3-5: 630 families: 632</p>
<p><b>Hutchinson Community Foundation</b> Terri Eisiminger, VP Administration Hutchinson Community Foundation Box 298 Hutchinson, KS 67504-0298 620-663-5293</p> <p>Contact: Dr. Marilyn Graham, Project Director 400 W. 2<sup>nd</sup>, Suite A Hutchinson, Ks 67501 620-669-5047</p> <p><b>KCC-SMART START-2012-10     \$352,342</b></p>	<p>Reno County Smart Start through Early childhood education stakeholders in Reno and Rice counties are continuing their collaboration to assure that every child enters Kindergarten ready to succeed Behavioral intervention services, mini-grants for program and facility improvements, the WAGES program and educational opportunities for providers.</p>	<p><u>Counties Served:</u> Reno and Rice</p> <p><u>Target Population:</u> children ages 0-3: 1,014 children 3-5: 2,299 families: 2,000</p>
<p><b>Unified School District #475 Geary County</b> Mary Cay Stauffer, Director of CIS/Smart Start 123 N. Eisenhower, Box 370 Junction City, Ks 66441 785-717-4020</p> <p><b>KCC-SMART START-2012-11     \$542,920</b></p>	<p>Geary County Smart Start works to accomplish: Parents as Teachers – expanded age range; increased services to additional extensive needs families and Spanish speaking families; Summer Kindergarten Transition Program; Nurse – health screenings, services, education/training; Kansas State University – Training, family support services, mental health assessments/referrals; Literacy/Librarian and Increase Home Language Support services are provided.</p>	<p><u>Counties Served:</u> Geary</p> <p><u>Target Population:</u> children ages 0-3: 580 children 3-5: 640 families: 460</p>



**SMART START KANSAS PROGRAM SITES**

**January 1, 2012 to December 31, 2012**

Program	SMART START KANSAS GRANTS <u>Project Summaries</u>	Counties Served and Target Population
<p><b>Russell Child Development Center</b> Deanna Berry, Ed.S., Executive Director Rebecca Clancy, Smart Start Director SW KS 714 Ballinger Garden City, KS 67846 620-275-1510</p> <p><b>KCC-SMART START-2012-12 \$480,203</b></p>	<p>Smart Start of Southwest Kansas is a strategy supporting the early childhood system and bridging gaps in services in rural communities of 13 SW Kansas counties. Overarching core areas of service include: Quality of Early Childhood Education, Child Health and Strengthening Families. Strategies employed include: Family Place Libraries, KQRIS, Home Visiting Programs, Preventive Health Care, Child Care Provider Health &amp; Safety Project, Triple P Positive Parenting Program, Al's Caring Pals Program and Child Care Provider Strengthening Families Initiative.</p>	<p><u>Counties Served:</u> Finney, Grant, Greeley, Hamilton, Haskell, Kearny, Lane, Morton, Scott, Seward, Stanton, Stevens, and Wichita</p> <p><u>Target Population:</u> children ages 0-3: 5,580 children 3-5: 3,720 families: 4,500</p>
<p><b>Quality of Life Coalition, Inc.</b> Smart Start of Dickinson Co. Katie Allen, Executive Dir. Nesha Mason, Program Coordinator 300 N. Cedar Street, Suite 201 Abilene, KS 67410 785-263-1550</p> <p><b>KCC-SMART START-2012-13 \$187,804</b></p>	<p>Smart Start of Dickinson County improves relationships with children and early childhood caregivers through WAGES and training bonus programs, increasing educational and certification level of providers through TEACH and CDA and scholarship programs, immunization assistance for incoming kindergartners, infant hearing and developmental screenings, increasing availability of PAT.</p>	<p><u>Counties Served:</u> Dickinson</p> <p><u>Target Population:</u> children ages 0-3: 695 children 3-5: 740 families: 606</p>
<p><b>United Way of Greater Topeka</b>  Cindy Rosebrook, Successful Connections Program Director 1315 SW Arrowhead Rd Topeka, KS 66604 785-228-5122</p> <p><b>KCC-SMART START-2012-14 \$593,255</b></p>	<p>Capital City Area Smart Start works to accomplish: Professional development scholarships for teachers and providers, CDA opportunities and technical assistance, mini-grants, KQRIS support, and early literacy training for child care programs and collaboration partners. The Family Support Services outcomes are achieved through staff providing early identification, assessment and referrals services, health and developmental screens, parent education and strength-focused home visitation services.</p>	<p><u>Counties Served:</u> Shawnee</p> <p><u>Target Population:</u> children ages 0-3: 1,604 children 3-5: 2,935 families: 764</p>
<p><b>USD 489 Hays, West Central Kansas Smart Start</b>  Dana Stanton, WCK Smart Start Project Coordinator 323 W. 12<sup>th</sup> Hays, KS 67601 785-623-2400</p> <p><b>KCC-SMART START-2012-15 \$385,503</b></p>	<p>West Central Kansas Smart Start grant collaborates with community organizations to provide services to children and their families in six counties. The funds provide for Early Childhood Mental Health, Parents As Teachers, Head Start, Early Head Start, Healthy Start and Child Care WAGES programs.</p>	<p><u>Counties Served:</u> Ellis, Rush, Russell, Rooks, Phillips, Norton</p> <p><u>Target Population:</u> children ages 0-3: 1,600 children 3-5: 1,660 families: 64.8 % of popula.</p>

**SMART START KANSAS PROGRAM SITES  
January 1, 2012 to December 31, 2012**

Program	SMART START KANSAS GRANTS <u>Project Summaries</u>	Counties Served and Target Population
<p><b>Butler County Smart Start United Way of the Plains</b></p> <p>Luella Sanders, Ph. D, Director Community Impact 245 N. Water Wichita, Kansas 67202 316-267-1321</p> <p>Audra Kenneson, LMSW, Coordinator Smart Start of Butler County 730 Cliff Drive Augusta, Kansas 67010 316-775-3556</p> <p><b>KCC-SMART START-2012-16 \$307,151</b></p>	<p>Butler County Smart Start program provides services to help children enter school ready to succeed. The Smart Start Coordinator works collaboratively with the Child and Family Development Task Force in Butler County to mentor providers, provide college scholarships, and WAGE\$ salary supplements to increase provider skills. Program maintains a resource library and website, offers provider trainings and parenting classes, provides financial support for newly licensed and existing family care homes, provides subsidies for infant care slots. Mental health assessments, consultations and support will be provided.</p>	<p><u>Counties Served:</u> Butler</p> <p><u>Target Population:</u> children ages 0-3: 371 children 3-5: 603 families: 1,200</p>
<p><b>Family Resource Center,</b> Monica Murnan, Exec. Director Ann Elliot, Project Director 1600 N. Walnut Pittsburg, Kansas 66762 620-235-3150</p> <p><b>KCC-SMART START-2012-17 \$476,088</b></p>	<p>Smart Start Southwest Kansas works to improve the quality of early childhood education, improving access to child health services and through Strengthening Families by using protective factors.</p>	<p><u>Counties Served:</u> Cherokee and Bourbon</p> <p><u>Target Population:</u> children ages 0-3: 435 children 3-5: 474 families: 800</p>

## APPENDIX F: ENDNOTES

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