



PERFORMANCE AUDIT REPORT

**Children's Programs:
Reviewing Whether They Are Coordinated to Avoid
Duplication and Maximize the Use of Resources**

Executive Summary ***with Conclusions and Recommendations***

**A Report to the Legislative Post Audit Committee
By the Legislative Division of Post Audit
State of Kansas
July 2007**

Legislative Post Audit Committee

Legislative Division of Post Audit

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July 11, 2007

To: Members of the Kansas Legislature

This report contains the findings, conclusions, and recommendations from our completed performance audit, *Children's Programs: Reviewing Whether They Are Coordinated To Avoid Duplication and Maximize the Use of Resources*.

The report also contains several appendices which show the programs serving children from birth to age 18, as reported by State agencies to the Division of Budget for fiscal year 2006; a listing of the providers we interviewed in Wichita, Salina, and Holton; a listing of 30 groups that have been established at both the State and local levels to address coordination issues; and a listing of 30 interagency agreements that help ensure services are coordinated.

The report includes a recommendation for the 2010 Commission and the Legislative Educational Planning Committee pertaining to their study regarding the establishment of an Office of Early Childhood Education. To increase the amount of federal funding coming into Kansas, we also recommended that the Department of Education and the Department of Health and Environment takes steps to increase participation in Child and Adult Care Food Program and the Women, Infants, and Children (WIC) Program, respectively. We would be happy to discuss these recommendations or any other items in the report with any legislative committees, individual legislators, or other State officials.

If you would like a copy of the full audit report, please call our office and we will send you one right away.

A handwritten signature in black ink that reads "Barbara J. Hinton". The signature is written in a cursive, flowing style.

Barbara J. Hinton
Legislative Post Auditor

EXECUTIVE SUMMARY

LEGISLATIVE DIVISION OF POST AUDIT

Question 1: What Government-Funded Programs Serve Children From Birth to Age Five?

According to the 2008 Children's Budget, about 220 programs served children up to age 18 in recent years. For fiscal year 2006, 33 State agencies reported to the Division of the Budget that 219 programs provided services to children. Education expenditures represented \$3.1 billion—or nearly three-fourths—of the total reported.

We identified 20 State-administered programs and three federally administered programs that focus primarily on serving children from birth to age five. These 23 programs spent almost \$310 million in fiscal year 2006 and reported serving more than 500,000 children. About 65% of the total spent for these programs came from federal funds and about 24% were State General Fund moneys. Those programs are shown in **Figure 1-2** on the next page.

Question 2: To What Extent Do Programs Duplicate Each Other, and What Is Being Done To Coordinate Services To Make Efficient Use of Resources?

FINDINGS RELATED TO STATE/FEDERAL AGENCIES' ROLES IN ADMINISTERING PROGRAMS FOR YOUNG CHILDREN

State and federal agencies administer multiple programs that provide services to young children. When multiple agencies administer programs that provide similar services to the same general population of clients, administrative duplication can occur. At the State level, duplicative administrative efforts can include evaluating grant proposals, providing technical assistance, and monitoring and evaluating program results, as well as budgeting, payroll, and the like.

To assess the extent to which programs administered by State or federal agencies duplicate each other, we grouped the programs included in this audit by the primary types of services funded. In all, we identified seven major service categories. We determined the potential for service duplication was highest in three categories.

- preschool services for children. Six programs provide funding for preschool services. Of these, four help fund activities to enhance teacher qualifications, and three are used to operate a preschool classroom. Four of these programs are fully or mostly funded with State dollars. Two of these programs—Four-Year-Old At-Risk, and Special Education for 3-5 year olds—are administered by the Department of Education. The other two programs—Pre-K Pilot and Smart Start—are administered by the Children's Cabinet.

Figure 1-2
Programs Serving Children Ages Birth to Five that Were Included in the Audit (a)

Agency	Program name and description of services	FY 2006 Reported Expenditures (in millions)				Estimated # of children served in FY 2006 (b)		
		State General Fund	Federal Funds	Other funds	Total	% of Total	#	%
Programs that pass funding to local providers								
Department of Education	Special Education: Provides preschool and supportive services, such as physical therapy, to children ages 3 to 5 with special needs.	\$34.8	\$9.3	\$0.0	\$44.1	14.2%	17,515	3.5%
	4-Year-Old At-Risk: Help at-risk preschool children acquire skills, knowledge, and behaviors needed to successfully transition to kindergarten.	\$13.7	\$0.0	\$0.0	\$13.7	4.4%	5,375	1.1%
	Parents as Teachers: Provides parents of children birth to age 3 with pertinent information about raising a child, including child development and parenting techniques.	\$7.4	\$0.0	\$0.1	\$7.5	2.4%	18,824	3.7%
	Child & Adult Care Food Program: Provides preschool programs and child care centers with reimbursement for meals and snacks served to children in their care.	\$0.0	\$26.3	\$0.0	\$26.3	8.5%	46,880	9.2%
	Women, Infants, and Children: Provides children birth to age 5, their mothers, and pregnant women with supplemental foods, nutrition education, breastfeeding support, and referrals to other services.	\$0.0	\$37.5	\$15.9	\$53.4	17.3%	91,900	18.1%
	Immunizations: Provides vaccines for low-income or under-insured children to participating local providers at no cost.	\$0.4	\$20.4	\$0.2	\$21.0	6.8%	205,200	40.4%
	Infant - Toddler (Tiny-K) Services: Provides supportive services such as physical therapy and speech pathology to children with special needs birth to age 3 and their families.	\$1.9	\$4.0	\$1.0	\$6.9	2.2%	6,183	1.2%
	Healthy Start Home Visitors: Provides pregnant women and mothers with newborns home-based services including child development education and parenting advice.	\$0.5	\$0.4	\$0.2	\$1.1	0.4%	11,842	2.3%
	Child Health: Provides health services to children such as administering immunizations, physical screenings, and prevention services.	\$0.0 (d)	\$0.4	\$0.0	\$0.4	0.1%	29,399	5.8%
	Smart Start: Improves local school readiness by funding community-identified needs in local services. Services vary locally and range broadly from mental health consultations to teacher wage supplements.	\$0.0	\$0.0	\$8.8	\$8.8	2.8%	23,453	4.6%
Children's Cabinet	Community-Based Child Abuse Prevention: Promotes child abuse prevention by providing funding for community efforts to develop, operate, and expand prevention activities.	\$0.0	\$0.5	\$0.0	\$0.5	0.2%	4,576	0.9%
	Pre-K Pilot: Provides preschool classrooms; improves the quality of preschool programs through increased teacher wages and education, extended classroom hours, a social service component, and program evaluation.	\$0.0	\$0.0	\$2.0	\$2.0	0.6%	563	0.1%
SRS	Kansas Early Head Start: Promotes development and education of children birth to age 4 through center- and home-based services; provides family services including case management and prenatal counseling.	\$0.0	\$8.0	\$0.0	\$8.0	2.6%	825	0.2%
	Child Care Assistance: Provides funding to eligible families for child care services.	\$15.7	\$40.3	\$4.1	\$60.1	19.4%	24,906	4.9%
	Therapeutic Services to Preschool Children: Identifies preschool children with severe behavioral and emotional problems and provides support through mental health consultations.	\$0.0	\$0.0	\$1.0	\$1.0	0.3%	372	0.1%

Agency	Program name and description of services	FY 2006 Reported Expenditures (in millions)				Estimated # of children served in FY 2006 (b)		
		State General Fund	Federal Funds	Other funds	Total	% of Total	#	%
KDOT	Child Passenger Safety: Promotes safety by providing child safety seats and increasing community awareness of safety issues.	\$0.1	\$0.3	\$0.0	\$0.4	0.1%	8,000	1.6%
U.S. Dept. of Health & Human Services	Head Start: Promotes school readiness for children ages 3 to 5 from low-income families through education, health, nutrition, and social services. Services are center- and home-based and include preschool classes, health screenings, and family case management.	\$0.0	\$43.1	\$0.0	\$43.1	13.9%	6,743	1.3%
U.S. Dept. of Education	Early Head Start: Enhances development of children birth to age 3 from low-income families and promotes healthy prenatal outcomes for low-income mothers. Services are primarily home-based and include family case management and health screenings.	\$0.0	\$8.3	\$0.0	\$8.3	2.7%	515	0.1%
	Early Reading First: Promotes reading development of children ages 3 to 5 through increased teacher education, instructional materials, and screenings for children at risk for reading failure.	\$0.0	\$2.3	\$0.0	\$2.3	0.7%	624	0.1%
	Subtotal - programs that pass funding to local providers	\$74.5	\$201.1	\$33.3	\$308.9	99.8%	503,695	99.3%

Programs that provide direct services								
KDHE	Newborn Hearing Screening: Provides screening follow-ups for newborns, which include notifying parents and physicians of abnormal screening results.	\$0.0 (d)	\$0.2	\$0.0	\$0.2	0.1%	2,200	0.4%
School for the Deaf	Newborn Metabolic Screening: Provides screening follow-ups for newborns, which include notifying parents and physicians of abnormal screening results.	\$0.0	\$0.1	\$0.0	\$0.1	0.0%	1,408	0.3%
School for the Blind	Preschool Classroom: Provides full-day preschool services for children with a diagnosed hearing loss.	\$0.2	\$0.0	\$0.0	\$0.2	0.1%	8	0.0%
	Preschool Classroom: Provides full-day preschool services to blind children. A primary focus of the preschool class is to teach children to read.	\$0.1	\$0.0 (d)	\$0.0 (d)	\$0.1	0.0%	8	0.0%
	Subtotal - programs that provide direct services	\$0.3	\$0.3	\$0.0	\$0.6	0.2%	3,624	0.7%

Totals for ALL programs	\$74.8	\$201.4	\$33.3	\$309.5 (c)	100.0%	507,319	100.0%
Percent of Total Expenditures	24%	65%	11%	100%			

(a) All cost figures and information about the number of children served were reported to LPA staff by agency officials. Because this audit was intended primarily to address issues related to duplication of services and collaboration, we did not attempt to determine the accuracy of the reported figures.
(b) Because children can be served by more than one program, the total count of children served is likely to be overstated. The only way for us to determine an exact count would have been to obtain and compare identifying information about the children served.
(c) Program officials estimated that about \$11 million of the total amount spent was for program administration, and the rest was used to deliver services to children and families.
(d) Had minimal expenditures but shown as zero because of rounding.
Source: LPA survey of program officials.

- home-based education services to parents of young children. Five programs provide these services. Staff conducting these home visits may cover some of the same topics during the home visits. For example, staff from each program will discuss health and nutrition information with the parents.
- child-care services to low-income clients. Four programs make these services available. Two provide funding to increase the number of child-care slots in a community, while the other two either provide or pay for child care services.

Some children’s programs are being administered by agencies that don’t have primary responsibility for that type of service. It’s reasonable to expect that education-related programs would be administered by the Department of Education, health-related programs would be administered by KDHE, and social services programs would be administered by SRS. **Figure 2-4** shows that several of the 20 State-administered programs included in this audit aren’t being administered by the agency that oversees that type of service. Several of these programs have multiple purposes, and are shown under two categories of services.

- Six education-related programs are administered by agencies other than the Department of Education:
 - ▶ Two of these programs—preschools for the deaf and blind—appeared to be logically placed within the Schools for the Deaf and Blind.
 - ▶ The Pre-K Pilot program administered by the Children’s Cabinet would appear to be better aligned with the Department of Education’s mission.
 - ▶ Three programs have overlapping purposes related to both education and social services: Smart Start (administered by the Children’s Cabinet), Kansas Early Head Start (administered by SRS), and Infant-Toddler Services (Tiny-K) (administered by KDHE). These overlapping purposes make their logical placement less clear-cut.
- Two social services programs are being administered by agencies other than SRS. Both the Community-Based Child Abuse Prevention program and the Smart Start program are administered by the Children’s Cabinet. Federal regulations governing the Child Abuse Prevention program say priority consideration should be given to housing this program with “a trust fund advisory board,” which is where it currently is.
- One health-related program is administered by an agency other than KDHE. The Child and Adult Food Care Program is administered by the Department of Education. This program’s location appeared reasonable to us because the Department already has the infrastructure in place to distribute millions of dollars to school districts to reimburse them for providing meals to K-12 students.

**Figure 2-4
Programs Categorized by Administering State Agency and Primary Service Category**

	Kansas State Department of Education	Kansas Department of Health and Environment	Kansas Department of Social and Rehabilitation Services	Kansas Children's Cabinet	Kansas State School for the Deaf & Kansas State School for the Blind	Kansas Department of Transportation
Education Services	<p>4-Year-Old At-Risk <i>100% State funded</i></p> <p>Parents As Teachers <i>100% State funded</i></p> <p>Special Education (for ages 3-5) <i>79% State funded</i></p>	<p>Infant-Toddler Services (Tiny-K) <i>58% Federally funded</i></p>	<p>Kansas Early Head Start <i>100% Federally funded</i></p>	<p>Pre-K Pilot <i>100% State funded</i></p> <p>Smart Start <i>100% State funded</i></p>	<p>Preschool Classroom for the Deaf <i>100% State funded</i></p> <p>Preschool Classroom for the Blind <i>74% State funded</i></p>	
Health Services	<p>Child & Adult Care Food <i>100% Federally funded</i></p>	<p>Child Health <i>98% Federally funded</i></p> <p>Healthy Start Home Visitors <i>62% State funded</i></p> <p>Immunizations <i>97% Federally funded</i></p> <p>Infant-Toddler Services (Tiny-K) <i>58% Federally funded</i></p> <p>WIC <i>70% Federally funded</i></p> <p>Newborn Hearing Screening <i>71% Federally funded</i></p> <p>Newborn Metabolic Screening <i>100% Federally funded</i></p>				
Social and Safety Services			<p>Child Care Assistance <i>67% Federally funded</i></p> <p>Kansas Early Head Start <i>100% Federally funded</i></p> <p>Therapeutic Services to Preschoolers <i>100% State funded</i></p>	<p>Community-Based Child Abuse Prevention <i>100% Federally funded</i></p> <p>Smart Start <i>100% State funded</i></p>		<p>Child Passenger Safety <i>84% Federally funded</i></p>

Note: The Kansas Early Head Start, Smart Start, and Tiny-K programs are shown twice because they provide primary services in two service categories. Also, the predominant source of funding for each program is shown in italics.
Source: LPA analysis of State organizational structure.

State-level efforts to coordinate children’s programs primarily consist of group meetings and interagency agreements. *We identified 14 major coordinating groups at the State level. One of these groups—the Kansas Early Childhood Comprehensive Systems Plan Stakeholders Group, which consists of about 100 people representing children’s interests—has developed five main goals for serving young children and their families. We also identified 12 formal coordination agreements that have been put in place to address issues related to coordinating functions or sharing resources. For example, the Department of Education and KDHE have two agreements pertaining to transitioning services for children in the Infant-Toddler (Tiny-K) program to the Special Education program.*

We identified a number of factors that can hamper coordination efforts, as well as steps that could improve coordination of the children’s programs State agencies administer. *Among the factors that can hamper coordination are the lack of a “single vision” of what children’s programs are intended to accomplish, and technical computer issues which can hinder data sharing. Suggestions for improving coordination include a single application process for applying for services, and reducing the number of activity and expenditure reports program officials must submit for their various funding sources. Also, State agencies could provide more technical assistance to local groups to help ensure programs make the best use of the dollars available.*

Legislation passed in 2007 would bring early childhood education services under a single entity in the future. *Among other things, this legislation calls for the establishment of an Office of Early Childhood Education, and requires the 2010 Commission and Legislative Educational Planning Committee to report to the Governor and Legislature by December 31, 2007, about how to go about establishing that office.*

Consolidating early childhood education services under a single State entity could have a number of benefits, including a single chain of command, a single point of reference for people to contact, and better accountability for program spending and results. It also could pose a number of challenges, including assessing how to handle programs that currently fund both education and social service or health-related programs, administering the Special Education program (because federal funds for this program are directed to go to the State’s education agency), and developing a definition of education to address requirements of Kansas’ Constitution.

FINDINGS RELATED TO LOCAL AGENCIES’ WE REVIEWED THAT OPERATE PROGRAMS FOR YOUNG CHILDREN

To understand how services for young children are handled at the local level we visited three communities—Holton, Salina, and Wichita—and spoke with officials to determine how those programs are structured and what steps are being taken to coordinate the various programs and services.

Within these communities, children’s programs are structured in various ways. *For example, in Salina all education-related programs*

are consolidated under a single entity—the Salina school district. In Holton and Wichita, education programs are operated by multiple entities. In all three communities, most health-related programs were consolidated under the county health department. However, the Infant-Toddler (Tiny-K) program was administered by education-related entities in Holton and Wichita, and by a health-related entity in Salina.

As at the State level, most local efforts to coordinate services revolve around community groups and interagency agreements. We identified a total of 16 major coordinating groups in these three communities. For example, all three have an interagency coordinating council which meets at least quarterly. Wichita and Salina also have groups that discuss the use of Smart Start funding. We also identified 18 formal interagency agreements. Many of these relate to the provision of services for children with special needs.

Certain factors can make coordination of children’s programs more difficult at the local level. Those factors include community size (a medium-size community may have certain advantages over a small or large-sized community), competition for clients or funding (this is particularly true for programs serving four-year-old children), and a lack of a unified vision for what these programs should accomplish. Also, local officials identified several areas where efforts to coordinate services for young children could be improved or were lacking. Their suggestions covered topics such as training, resources, and better collaboration.

Conclusion. A number of federal- and State-funded programs have been created over the years to address the needs of children from birth through age 5 from low-income families. Some of those programs serve a specific need—such as immunizing children or screening newborns—while others may provide a broad array of services relating to children’s educational development and to their health or social-service needs.

Because of these overlapping purposes, the issues of coordination and duplication relating to such programs will be difficult to address from a policy standpoint. At both the State and local levels, officials often had fundamental differences of opinion about which types of services—educational, health, or social service—were most important to a child’s development. Without a common vision, these competing views can hinder attempts to provide a more consolidated approach to serving young children’s needs. It appeared to us that Salina officials came closest to achieving a more unified vision within their community, which seemed to result in better coordination of their programs.

Many of the health- and social services-related programs we reviewed also serve children ages 6 and above and are funded primarily with federal dollars, so trying to consolidate such programs under a single entity could create a whole new set of coordination and duplication issues. However, most of the education-related programs we reviewed were specific to pre-school-aged children, and are funded primarily with State dollars. With the passage of HB 2310, the Legislature has made the policy decision to bring all these early childhood educational programs under an Office of Early Childhood Education. The information provided in this report can help the Legislative

Educational Planning Commission and the 2010 Commission identify the issues involved with this move and report back on ways to structure that Office, as required by law.

Recommendations. *To assist the 2010 Commission and the Legislative Educational Planning Committee (LEPC) in studying various issues related to the establishment of an Office of Early Childhood Education, we suggested several areas for these groups to study including: achieving a unified vision for services, identifying barriers to consolidating these programs, the advisability of consolidating State-funded programs that provide preschool services, and learning what other states have done when consolidating childhood education programs.*

Question 3: Could Federal Funding Be Increased by Consolidating Some of Kansas' Programs Serving Children under Age Five?

Consolidating Kansas' programs won't increase federal funding coming into the State because most federal funding is either fixed or based on formulas. *Of the 20 State programs reviewed in this audit, 14 are either partially or totally funded using federal dollars. For all 14 programs, federal funds are distributed to states using formulas that are based on factors such as state populations or income levels, and the only way to affect the distribution of the federal funds would be to change Kansas' population or increase the number of poor people in the State.*

There may be ways to increase the amount of federal funding Kansas receives for two programs. *First, KDHE could encourage greater participation in the Women, Infants, and Children (WIC) Program. Program officials told us Kansas could draw down more funding if other states don't use their full allotment. These officials also estimate that WIC serves only about 70% of the eligible population.*

Second, the Department of Education could encourage greater participation in the Child and Adult Care Food Program. Department officials told us about half of all licensed child care centers and about one-third of day care homes don't participate in this program. Any increase in participation would allow these child-care providers to have more of their food costs covered by federal funding.

We looked for other possibilities to shift costs from the State to the federal government, but were unable to find ways to bring in more federal dollars. There's little opportunity to move children in the State-funded Four-Year-Old At-Risk program to the federal Head Start Program, and we couldn't find ways to shift any more legitimate costs to the Medicaid Program.

Conclusion. *The opportunities to increase the amount of federal funding Kansas receives for children's programs appear to be fairly limited because most funds are allocated based on formulas that take into account populations or the number of children from low-income families in the State. Any increase that might be achieved would not be accomplished*

by rearranging or combining programs. Instead they would need to be accomplished through outreach programs to increase participation in the WIC and Child and Adult Care Food programs, and possible changes to State regulations to allow certain child-care facilities to participate in the Child and Adult Care Food Program.

Recommendation. *We recommended that the Departments of Education and Health and Environment work to expand enrollments in both programs.*

This audit was conducted by Joe Lawhon, Molly Coplen, Melissa Doebelin, Jill Shelley, and Justin Stowe, Leo Hafner was the audit manager. If you need any additional information about the audit's findings, please contact Joe at the Division's offices. Our address is: Legislative Division of Post Audit, 800 SW Jackson Street, Suite 1200, Topeka, Kansas 66612. You also may call us at (785) 296-3792, or contact us via the Internet at LPA@lpa.state.ks.us.