SFY 2012 Regional Funding Plan

South Phoenix Regional Partnership Council

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First Things First State Board
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FIRST THINGS FIRST

SOUTH PHOENIX
REGIONAL PARTNERSHIP COUNCIL
FUNDING PLAN SFY 2012
July 1, 2011 – June 30, 2012

I. **Regional Allocation Summary** (Funds Available)

II. **Prior Years' Review, and Planning for SFY 2012**
   A. Progress with SFY 2010 and SFY 2011 Funding Plans; And SFY 2012 Planning
   B. Budget: Regional Council Strategy Allotments
   C. Changes in funding levels for strategies from SFY 2011 to SFY 2012

III. **System Building Impact**

Appendix
New Strategy Worksheets

Section I

Regional Allocation Summary

The following chart shows the total available funds to the Regional Council, by funding sources.

Allocations and Funding Sources	SFY 2010	SFY 2011	SFY 2012
Population Based Allocation	$10,782,032.00	$10,102,250.00	$10,091,030.00
Discretionary Allocation	$2,795,502.78	$2,503,107.00	$3,205,898.00
Other (FTF fund balance addition)		$2,214,766.95	$1,823,042.00
Additional Income (other than FTF tobacco tax)	$0.00	$0.00	$0.00
Carry Forward from Previous Year		$5,278,510.42	$3,946,690.20
Total Regional Council Funds Available	$13,577,534.78	$20,098,634.37	$19,066,660.20

Section II Prior Years' Review, and Planning for SFY 2012

For 2012 planning, Regional Councils are asked to review the strategies from years prior while they consider direction for SFY 2012. At their September 2010 meeting, the First Things First Board adopted priorities as were recommended by the Arizona Early Childhood Task Force. Following is the list of five priorities for First Things First action within the next one to three years. These are the roles for which FTF will establish measurable benchmarks and devote resources in order to achieve results for Arizona's young children and their families. These priorities are services which could be funded at both state and regional levels. Throughout this 2012 Regional Funding Plan, there are references to these new priorities. They are:

Quality, Access, and Affordability of Regulated Early Care and Education Settings - Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive, and affordable early care and education programs.

Supports and Services for Families - Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families.

Building Public Awareness and Support - Convene partners, provide leadership, and provide funding for efforts to increase public awareness of and support for early childhood development, health, and early education among partners, public officials, policy makers, and the public.

Professional Development System - Convene partners, provide leadership, and provide funding for the development and enhancement of an early childhood professional development system that addresses availability, accessibility, affordability, quality, and articulation.

Access to Quality Health Care Coverage and Services - Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families.

In addition, the Task Force recommended that FTF take a leadership role in three priorities that focus on program and process development at the state level. These are:

Early Childhood System Funding – Secure, coordinate, and advocate for resources required to develop and sustain the early childhood system. [This does not mean that FTF would be the sole funder of the early childhood system, but would take an active role in helping to increase and coordinate available resources.]

Early Care and Education System Development and Implementation - Convene partners and provide leadership in the development and implementation of a comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the educational system.

Quality Early Care and Education Standards, Curriculum, and Assessment - Convene partners, provide leadership, and provide funding for the development and implementation of quality standards for early childhood care and education programs and related curricula and assessments. [This is integral to improving the quality of early care and education settings.]

Section II A Progress with SFY 2010 and 2011 Funding Plans And SFY 2012 Planning

The table below provides a summary of the Regional Partnership Council's prioritized needs and strategies for SFY 2012, as well as information on progress in SFY 2010 and SFY 2011.

PRIORITY NEED: Lack of affordable quality early care and education

Description: Current South Phoenix Regional *Needs and Assets 2010 Report* outlined several ongoing needs for affordable quality early care and education. The report noted the decrease in child care centers, increased utilization of alternative child care services and increased demand for pre-school programs. Also noted in the most recent report was an increased need for wrap-around services at child care centers related to mental and physical health for children and families.

Notable decreases in the number of child care providers are highly correlated to the budget reductions to DES subsidy and DHS licensing fee increases. Therefore, the *Needs and Assets 2010* analysis recommendation was the need to support stable and consistent child care funding; such has been established by the development of the First Things First child care scholarships.

Strategy: Quality First

Expand the enrollment of early care and education programs serving low income infants and toddlers in Quality First.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Centers	11	11	11	33	33	45
Homes	6	6	4	26	26	31
TEACH (QF)	28	26	26	92	92	121
CCHC (QF) Centers	11	11	22*	33	26	45
CCHC (QF) Homes	6	6		33	26	31

*** Data is not broken down between centers and homes.**

Strategy: Child Care Health Consultation

Increase use of child care health care consultants to improve children's health, safety and quality of interactions with providers and increase early identification of health or developmental concerns.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Centers	200*	180*	7	180*	under review by staff	69
Homes			8			119

*** For FY 10 homes and centers were not separated out.**

Strategy: Mental Health Consultation

Increase mental health consultants to improve children's health, safety and quality of interactions with providers and increase early identification of health or developmental concerns.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Center based early care and education providers served	175	60*	7	25	25	25
Home based early care and education providers served	175		0	10	10	10

*** For FY 10 homes and centers were no separated out.**

Strategy: Child Care Scholarships

Child care scholarships for working parents or individuals seeking job re-training or attending school.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Children receiving scholarships	1195	1195	1195	90	86	160

Summary of Progress and Challenges
Rationale for Changes to SFY12
Alignment with Strategic Direction

1. Strategy Success

System building in the goal areas of Quality, Access and Affordability faced several capacity challenges but found success in program implementation. Child Care scholarships met expectations of target service numbers due to many programs utilizing part-time scholarships. Some Child Care Health Consultation staff were successfully hired and began delivery of services, while the total number of consultants needed has not been reached. At Regional Council meetings, many local child care providers reported that they received an excellent delivery of services and health related information for their centers. Mental Health Consultation also successfully completed recruitment and hiring of qualified staff. Also, several child care providers have expressed the helpfulness mental health consultation services provides with many of the preschool age children who have been exhibiting more aggressive behaviors in the classroom or child care settings.

Of the current number of remaining open centers and certified homes in the region the Council has funded enough Quality First slots to have nearly 80% of centers and nearly 50% of homes come into the improvement program. The increased number of child care scholarships for families, means that based on a 1:3 or 1:5 ratio almost every center enrolled in Quality First will have access to a child care scholarship. Overall, while this interim solution does not solve the affordability dilemma facing families

impacted by the reductions in DES child care subsidy; it ensures centers are enrolled in Quality First. It also ensures sustainable funding for centers with child care scholarship(s) that pay at a rate more closely aligned to market rates. Another factor that was discussed and considered by the Regional Council was the timing of the introduction of rating in 2011. Many centers, homes and Head Start classrooms are enrolled in the QF pilot—with the expectation that rating will drive an increased enrollment in QF in the coming fiscal year. Overall, the combination of strategies does address the need for affordable quality early care and education.

2. Strategy Challenges

During the inaugural years of program ramp up and implementation many grantees were experiencing a shift in funding sources while also trying to start new programming funded by First Things First. The political climate over the last 9 months also impacted grantee ability to recruit and retain staff. This was especially true for Mental Health Consultation. Budget reductions to the DES subsidy and increases to DHS licensing fees resulted in the reduction of child care centers. This in turn has impacted child care capacity in the region. Use of child care centers was already low in proportion to other types of child care that families may choose such as district pre-school/Head Start and family, friend and neighbor care. These types of care are highly sought alternatives for families in the region for a multitude of factors. Due to the current political, economic and social challenges facing families—Quality First and other programs/services associated with child care centers and licensed homes have experienced lower recruitment and retention rates than expected. Barriers to provider retention included consistent coaching staff and center capacity to meet basic program guidelines.

3. Strategy Changes for 2012

The Regional Council has increased funding for Quality First in anticipation of the rollout of the quality improvement rating system and the additional centers seeking child care scholarships. Thus, an increase of funding for scholarships also requires an estimated increase in participating child care centers. If each center seeking the additional child care scholarship applies for and participates in Quality First, the region will be close to achieving nearly 80% of centers and nearly 50% of homes come into the improvement program.

4. First Things First Priorities

The combination of strategies that target the priority need for affordable quality early care and education aligns with the current First Things First priority of *Quality, Access, and Affordability of Regulated Early Care and Education Settings.*

PRIORITY NEED: Lack of services and support for family, friend, and neighbor care

Description: Family, friend and neighbor care is a highly utilized means for care for families in the South Phoenix and Maryvale regions. As demonstrated by the South Phoenix Regional *Needs and Assets 2010 Report* many barriers to affordable quality early education and care are prevalent in the region. Additionally many families in the region seek family, friend and neighbor care based on cultural, family values and cost factors.

Strategy: Family, Friends and Neighbors

South Phoenix Kith and Kin Project: Support outreach and training for home-based child care providers, including family, friend and neighbor child care providers to enhance quality and/or build capacity.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Family, friend	300	159	207	300	285	420

and neighbor providers			

Summary of Progress and Challenges
Rationale for Changes to SFY12
Alignment with Strategic Direction

1. Strategy Success

The family, friend and neighbor strategy has been very successful even with ambitious SFY 2010 target service numbers. The increase in SFY11 funding has allowed more family, friend and neighbor providers to be served. Sessions are well attended and there are waiting lists for several additional locations across the region.

2. Strategy Challenges

There were initial ramp up and capacity challenges in SFY 2010 which were immediately addressed by brainstorming effective outreach efforts and collaborative partnerships that work in the South Phoenix area.

3. Strategy Changes for 2012

The Regional Council is proposing a funding increase for this strategy due to the ongoing use of family, friend and neighbor care. The ongoing demand for this service has been expressed by parents, family providers, and family resource center providers in the South Phoenix region.

4. First Things First Priorities

With concentrated efforts to enhance quality with regionally licensed homes and centers, the South Phoenix Regional Partnership Council also recognized the imperative need to target family, friend and neighbor care providers. In FY11 it is expected that 20 trainings will be delivered in the region reaching over 300 family, friend and neighbor care providers and nearly 1000 children. While not a recognized priority by First Things First, the needs and assets, parental preferences, and cultural responsivity justify continued funding by First Things First in South Phoenix.

PRIORITY NEED: Limited capacity in existing preschools serving low income children

Description: Parents and the community continue to request support for pre-school experiences for children in the region. With several waiting lists for Head Start, inclusionary classrooms, and budget reductions to Early Childhood Block Grant—there is an overwhelming need and demand for pre-school services. The South Phoenix Region continues to experience the highest growth rate of children 0-5 and especially children ages 3-5 which coincide with current pre-school demands experienced with every participating district (South Phoenix Regional *Needs and Assets 2010 Report*).

Strategy: Expansion: Pre-K and Head Start

Expand Pre-K slots for children ages 3-5, enhancing access to high quality care and education for at-risk children who are most likely to benefit from such experiences.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Public-school district pre-k sites	10	7	7	10	7	10
community partner pre-k sites	12	7	10	7	10	12

PRIORITY NEED: Lack of quality early care and education professionals who have access to quality professional development opportunities

Description: Training and ongoing educational opportunities for the early care and education workforce is a needed support in the South Phoenix Region. Many in the field have basic GED or high school education and earn low wages. Based on Regional Council discussion and identification of a possible combination of strategies to increase the capacity of the current early care and education workforce. As noted in the South Phoenix Regional *Needs and Assets 2010 Report* the second highest ranked identified missing service in the region related to early care and education service was high quality child care (*exhibit 3-11*). An integral component to the provision of high quality care is highly qualified staff. Based on the disconnect that currently exists, the Regional Council identified the need to support additional incentives in the region.

Strategy: Director Mentoring/Training

Rio Salado Arizona Director's Academy: Fund comprehensive professional development models (e.g., workshops plus hands-on coaching or mentoring) that include a specific focus on enhancing administrative, leadership, and business skills. Funding includes training programs that target home-based and/or center-based regulated child care.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Participating professionals	30	30	30	30	30	30

Strategy: Scholarships TEACH

Expand access to T.E.A.C.H. Early Childhood Arizona beyond Quality First participating child care centers and homes. Reduction in the overall funding proposed in SFY12 due to low enrollment of potential scholars.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Professionals receiving scholarships	67	67	14	67	67	50

NEW Strategy: REWARD$

An integral component to the provision of high quality care is highly qualified staff. The Regional Council identified the need to support additional incentives in the region. Thus, the need to add to the combination of retention, recruitment, and professional development strategies to ensure an increase in the number of highly qualified early care and education workforce serving young children.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Professionals receiving incentive	Not Funded			Not Funded		200

Summary of Progress and Challenges
Rationale for Changes to SFY12
Alignment with Strategic Direction

1. Strategy Success.

The director mentoring strategy has been very successful with recruiting and retaining child care center directors and administrators. The strategy employs the use of both the Business Administration Scale (BAS) and Program Administration Scale (PAS) assessment tools and the grantee is also participating/contributing data to a national study on center and home based providers. Additionally, the director mentoring strategy has also interfaced both with Quality First and T.E.A.C.H. to ensure non-duplication of services.

2. Strategy Challenges

The Regional Council has elected to make a reduction in the number of T.E.A.C.H. scholarships that will be funded in SY 2012. Funding was adjusted to align with the reality of barriers many child care workers are experiencing. It is the hope and expectation that the South Phoenix Regional Partnership Regional Council, TEACH, and the child care provider community can address the need for a program to assist potential scholars. The Regional Council has been discussing a program model that would establish a more intimate cohort model type which would move the workforce from point A to point B. The Regional Council has called this potential program the *Bridge to T.E.A.C.H.* and would hope that it could be a foundation for child care center employees becoming successful professionals.

3. Strategy Changes for 2012

The Regional Council voted to reduce the funding for T.E.A.C.H. slightly to bring targeted service numbers in line with current enrollment in the scholarship program.

The introduction of the REWARD$ strategy to the region is an effort by the South Phoenix Regional Partnership Council to address the current challenges facing work force capacity in the region as well as the retention and enrollment of current child care workers in T.E.A.C.H. Building on the successes with the director mentoring strategy and working to increase the utilization of T.E.A.C.H. will help to develop a more consistent pipeline of a high quality child care work force.

4. First Things First Priorities

As a cadre of services: Director Mentoring, T.E.A.C.H., and REWARD$ work in conjunction to support the First Things First *Professional Development System* priority.

PRIORITY NEED: Utilization, implementation of preventive health care and programming including outreach education and health screenings (oral, physical, developmental)

Description: During the needs and assets data collection process, The United Way South Central School Readiness Partnership community stakeholders reported that there was a need for parents to have better access to health and developmental screenings for their young children. Lack of capacity and access to early screenings is further corroborated by trainers and screeners associated with the Arizona Department of Health Services who currently serve the South Phoenix Region. They report an increased demand to conduct vision and hearings screenings for children ages 3-5 in the region, as this segment of the population increases exponentially.

Early screenings to identify young children's dental needs and to provide preventive care also appear to be needed in the region. In 2003, 10% of children ages 6-8 in Phoenix had urgent dental needs. Thirty-five percent of children in Phoenix in the same age group had untreated tooth decay[4]. Lack of a medical or dental home for families was noted in the 2007 *Community Health Needs Assessment for St. Joseph's Hospital and Medical Center Service Area*. The same report also notes that early prevention and dental screenings could prevent the use of emergent care.

Developmental screenings of young children are also crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at 9, 18, and 24 months with a valid and reliable screening instrument. Providing special needs children with supports and services early in life leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhance developmental outcomes and reduced developmental problems.[3] While evidence suggests that developmental screenings are important, the lack of medical homes for many of the region's young children suggests that such developmental screenings may not be occurring. Medical homes for young children and their families appear to be lacking in the South Phoenix Region. According to the 2007 *Community Health Needs Assessment for St. Joseph's Hospital and Medical Center Service Area,* families in poverty residing in the South Phoenix Region are using the St. Joseph's Hospital and Medical Center (SJHMC) emergency room more frequently for non-emergencies visits than emergencies.

While the availability of screenings is an issue for families with young children, there is also a need to educate families on the importance of such screenings. The United Way South Central School Readiness Partnership community stakeholders noted the importance of educating parents during the Regional Council's Needs and Assets process. Information was also deemed to be needed on developmental milestones, how to discuss developmental concerns to their health care provider, and the early intervention system and how it works.

The South Phoenix Regional Partnership Council will increase children's access to preventive health care through a medical home model. The medical home represents a standard of primary care where children and their families receive the care they need from a family physician, pediatrician or health care professionals that they trust. Health care professionals in partnership with the family work with appropriate community resources and systems to achieve the child's maximum potential and optimal health.

An important component of a medical home is service coordination and case management to provide linkages for children and their families with appropriate services and resources in a coordinated effort to achieve good health. According to the Medical Home Practice-Based Care Coordination workbook (McAllister, Presler, Cooley); "It has been suggested that you cannot be a strong medical home without the capacity to link families with a designated care coordinator."

National Center for Learning Disabilities May 2006. LD Talk with Dr. Diane R. Paul and Dr. Froma P. Roth. Retrieved November 5, 2008, from www.ncld.org/content/view/1000/

[2] Gilliam, W.S. (May 2005). *Prekindergarteners left behind: Expulsion rates in state prekindergarten systems.* New Haven, CT: Yale University Child Study Center.

[3] Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Early intervention for children with special needs and their families: Findings and recommendations.* 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables related to progress in a parent-infant training program for high-risk infants. 1979, *Journal of Pediatric Psychology, 4*, 409-419.; Zeanah, C. H. *Handbook of infant mental health,* 2000, New York: The Guildford Press.

[4] Source: Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.
[5] Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Early intervention for children with special needs and their families: Findings and recommendations.* 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables related to progress in a parent-infant training program for high-risk infants. 1979, *Journal of Pediatric Psychology, 4*, 409-419.; Zeanah, C. H. *Handbook of infant mental health,* 2000, New York: The Guildford Press.
[6] 2007 Community Health Needs Assessment for St. Joseph's Hospital and Medical Center Service Area.

Strategy: Comprehensive Preventive Health Programs

The Regional Council seeks to establish a Preventive Health Collaborative that will have a lead administrative home that is responsible for 1) Parent Education and Outreach to accomplish the delivery and communication across various health domains and health prevention education. Examples include brain injury prevention or obesity education, and 2) Expansion of Preventive Health Programming that includes the implementation and delivery of evidenced based, innovative, culturally competent programming. Examples include developmental and sensory screenings or child nutrition classes.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
children served	Not Funded			In planning phase		Target to be finalized with admin. home
families served	Not Funded			In planning phase		Target to be finalized with admin. home

Strategy: Developmental and Health Screenings

Establish an Early Intervention Coalition to conduct the following activities and possible additional activities that have not yet been defined:

1. Identify partners necessary to create a comprehensive coalition to include community early childhood programs, AzEIP providers, Head Start programs, any tribal programs within the community, health care providers, and other community based organizations that serve young children and/or families.
2. Identify current activities in the community (asset mapping) that address public awareness and marketing campaigns for locating children who may be in need of additional services.
3. Identify current screening opportunities and procedures among the districts and AzEIP providers within the region.
4. Identify any other sources of screening or public awareness and education activities occurring in the community
5. Identify remaining gaps in the public relations/marketing and screening activities occurring in the region.
6. Identify the needs around informing and educating families in the typical development of children, the availability of developmental and/or sensory screening, and the processes for referral.
7. Based on identified gaps and community needs, develop and implement a plan to address parent awareness and understanding of children's typical development and where to access screening and identification services, enhanced screening services, and/or marketing and public relations related to availability of screening and intervention services.
8. Engage local health care providers of family services such as physicians, hospitals, etc. in building their understanding of the importance of and availability of developmental screening and the process for referral.

9. Engage local early care and education providers in the process of recognizing children's developmental red flags, increasing their knowledge of developmental screening activities, and understanding the process for referral.
10. Develop strategies for transitions between and across district attendance boundaries.
11. Develop and implement recommendations for public relations activities and screening activities that increase the communities' access to services for young children.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
children screened for developmental delays	Not Funded			TBD	Agreement in progress	Target to be finalized with admin. home
children receiving vision and hearing screening	Not Funded			TBD	Agreement in progress	Target to be finalized with admin. home

Strategy: Oral Health

Tooth decay is the single most common chronic infectious disease of childhood, five times more common than asthma. Low income and minority children have more untreated decay and visit the dentist less frequently. Oral disease is progressive and cumulative and if left untreated can lead to needless pain and suffering; difficulty in speaking, chewing and swallowing; missed school days, increased cost of care; and at a greater risk for other systemic health problems due to poor nutrition. Connections are emerging between the condition of the mouth and diabetes, heart disease, and preterm, low-weight births.

It appears that lack of dental care and incidence of tooth decay begins well before children reach school. A study completed by the Arizona Department of Health Services studying children's oral health status from 1999 to 2003 determined that 35 percent of Arizona kindergarten students (mainly 5 year olds) had untreated tooth decay, and half of Arizona kindergarteners had experience with tooth decay. This same study also found that 25 percent of all Arizona kindergarten students had never been seen for a dental visit and of those children, 59 percent came from Hispanic families, and 35 percent had family incomes of less than $15,000 per year.

The American Academy of Pediatric Dentistry recognizes that tooth decay is a common, complex, chronic disease resulting from an imbalance of multiple risk factors and protective factors over time. To decrease the risk of developing caries (i.e. tooth decay), a potentially devastating infectious disease, the AAPD encourages professional and preventive measures by families of young children. The increase in allotted dollars allows for the expansion of oral health screenings and varnishing which include an intentional targeting of WIC clinics, child care centers, and family, friend and neighbor providers. Additionally, the council also recognized the need for parent education and awareness specifically related to oral health.

The South Phoenix Regional Partnership Council recognizes that there are various community partners

conducting oral health screening, varnishing, education and outreach in the Phoenix region. Several examples include: Maricopa County Department of Public Health, Oral Health Division; Society of St. Vincent de Paul and Virginia G. Piper's Medical and Dental Clinic; United Way's Targeted Approach to School Readiness (with some dental health referral and service delivery components); and Delta Dental of Arizona Foundation's Every Little Tooth Counts initiative. It is the expectation of the Regional Council that the potential providers work with current initiatives and organizations to ensure systemic approaches for the delivery of services to the target populations.

The Regional Council is seeking to implement the following work activities in an ongoing effort to address the oral health care needs of children in region (part of a continuum of care):

a.)The Regional Council is seeking additional data to better assess the community needs and establish recruitment and professional development mechanism for dental providers in the region.

b.) Conduct: parent education and preventive varnishing and screening to be delivered to WIC Clinics, Quality First Child Care providers, and Kith and Kin Providers.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Participants receiving oral health screenings	5000	Not Funded		5000	Releasing RFGA	5000
Fluoride varnishes applied	5000	Not Funded		5000	Releasing RFGA	5000
Participating in oral health trainings	Not Determined			Not Determined		2500
Oral or other health professionals participating in trainings	Not Determined			Not Determined		25

Strategy: Health Coordination/Medical Home

The South Phoenix Regional Partnership Council will contract with established medical practices to provide technical assistance and supports necessary to establish a medical home model within medical practices/clinics/community health centers with appropriate in-office supports, coordination with health plans and community resources for the practices chosen to participate.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Children receiving services	Not Funded			Preparing second RFGA		TBD

Summary of Progress and Challenges
Rationale for Changes to SFY12
Alignment with Strategic Direction

1. Strategy Success

The comprehensive preventive health plan was a new strategy in SFY11 and is currently in the planning phase. During the planning phase the region will evaluate the level of needs and assets specifically related to health prevention programming. The health collaborative will pull together community partners, agencies, programs and families to asses the current level of health prevention activities in place and to prioritize and present the findings to the Regional Council. The plan will include an outlined funding mechanism to fund the set priorities and subsequent to the Regional Council approval, the plan will be presented to the State Board.

2. Strategy Challenges

There were a number of challenges with components of the comprehensive preventive health including the oral health screenings/varnishing and the early intervention coalition. Barriers include a lack of capacity for agencies to apply, inaccurate calculation of actual cost, lack of appropriately trained professionals to carry out the scope of work, and perceived difficulty in obtaining appropriate consent. The early intervention coalition strategy component also required policy research and planning discussions with Arizona Department of Education, Early Education Division which has required additional time in finalizing work activities and program structure.

Meetings with oral health organizations and stakeholders have been ongoing and include the Arizona Department of Health Services, Office of Oral Health (AzDHS), the Arizona Dental Foundation (ADF), the Arizona Dental Association (AzDA), Delta Dental and the Maricopa County Department of Public Health (MCDPH). FTF is awaiting the results of the request for a summary opinion from the Arizona State Board of Nursing that will allow RN's to administer fluoride varnish which will hopefully increase the number of health professionals who can provide this service. FTF policy and evaluation teams are working toward obtaining some additional study information from AzDHS that would better inform the Regional Council on the level of oral health needs through the region.

3. Strategy Changes for 2012

The expectation is to continue with an RFGA release in 2011 for care coordination and oral health. Also, in the spring of 2011 it is expected that the health prevention collaborative will present their asset mapping and funding recommendations to the South Phoenix Regional Partnership Council. Subsequent to Regional Council approval health prevention programming is expected to begin in SFY12. It is also expected that work on the early intervention coalition will begin in the spring of 2011. The work is to include local districts, AZEIP, DDD families to conduct outreach, coordination and delivery and referral of screenings (both sensory and developmental). Each of these strategies is innovative and systemic approaches to targeting the needs within the Health goal area.

4. First Things First Priorities

Aligns to the *Access to Quality Health Care Coverage and Services* First Things First priority.

PRIORITY NEED: Limited number of specialists in the early childhood development and health workforce to insure the healthy social-emotional development of young children

Description: The delivery of specialty services for children with special health care needs continues to be a need in the region. Thus, the Regional Council continues to support the professional childhood incentives and stipends strategy which will help build the capacity of providers to ensure families are receiving timely and appropriate levels of service.

Strategy: Recruitment – Stipends/Loan Forgiveness

Professional childhood incentives and stipends-increase the number of health and mental health specialists with expertise in the zero through five population by providing scholarships to new professionals in the field and supporting continuing education for existing health and mental health professionals.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Therapists receiving loan forgiveness	Planning and ramp up			7	7	7
Therapists receiving stipends	Planning and ramp up					

Summary of Progress and Challenges
Rationale for Changes to SFY12
Alignment with Strategic Direction

1. Strategy Success

The development of the loan forgiveness, stipend and outreach components have been completed.

2. Strategy Challenges

Challenges to the strategy are with SFY11 in that individuals have not been recruited and enrolled.

3. Strategy Changes for 2012

Regional Council maintained current funding.

4. First Things First Priorities

Aligns to the *Access to Quality Health Care Coverage and Services* First Things First priority by incentivizing the delivery of specialty health services in the region such as occupational therapist, infant mental health specialist, and child psychologists.

PRIORITY NEED: Lack of access to pre-natal/postnatal services and support

Description: Adequate prenatal care is vital in ensuring the best pregnancy outcome. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Yet in many

communities, prenatal care is far below what it could be to ensure this healthy beginning. Some barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills. In addition, cultural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care.

A recent Maricopa County Department of Public Health Report entitled Prenatal Care Satisfaction and Resilience Factors in Maryvale and South Phoenix, reports that "although the majority of women reported that they believed prenatal was care was important (97%), a significant percentage of women surveyed did not receive prenatal care at all, received it very late into their pregnancies, or received an inadequate amount of prenatal care." This is a significant finding because while care may be available there is disconnect between services that are provided and the women receiving prenatal care.

Strategy: Prenatal Outreach

Establish or expand a comprehensive prenatal/postnatal outreach, support, and information program for parents in the South Phoenix Region.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Pregnant/ post partum women attending training sessions	580	0*	2141*	425	580	550
Pregnant/ postpartum women recieving home visitation services	495	0*	324*	400	495	495

*** Data template changes and assignment of new templates changed contracted service numbers in FY10.**

Summary of Progress and Challenges
Rationale for Changes to SFY12
Alignment with Strategic Direction

1. Strategy Success

Overall, providers of pre, inter, and post natal care have met their target numbers and have coordinated and collaborated in many instances to refer women to various services. The 12-week curriculum was developed by Arizona State University. During the 10-month period, 37 women attended group meetings and attendance totaled 117. Evaluations were completed after each session, and responses indicated that the women found the education and support to be very valuable. Many of the women developed friendships with other members of the group.

2. Strategy Challenges

For SFY10, providing the data templates and guidance, staff has worked to resolve all problems for reporting data.

3. Strategy Changes for 2012

The South Phoenix Regional Partnership Council voted to maintain current funding levels.

4. First Things First Priorities
Aligns to the *Access to Quality Health Care Coverage and Services* First Things First.

PRIORITY NEED: Lack of intensive family support programs and services for families and children in crisis

Description: The South Phoenix Region has experienced higher levels than average historical trends in families in poverty, families experiencing adverse socio-economic challenges that include job loss, domestic violence, and loss of stable housing. To meet these challenges, to date, the Regional Council has funded several prevention and family support strategies that include: Family Resource Centers, Home Visitation, and Child Care Mental Health Consultation. With over 700 children ages 0-5 (April 2010 DES) removed over a one year period (April 2009-2010) and an estimated 500 children that are part of a homeless family—there is a significant need to support children where they are being cared for. Because each of the identified populations fall within a more high risk intervention level within the family support care continuum, the Regional Council plans to ensure that strategies funded will also contain components of coordination, collaboration and system building to ensure ongoing success.

Strategy: Court Teams

Improve the child welfare system through service coordination and implementation of system improvement measures. Based on the most recent data from the 2010 South Phoenix Region Needs and Assets and data provided by Department of Economic Security, the number of children ages 0-5 removed by CPS in 2009 in the South Phoenix region totaled 775. In an effort to meet this highly specialized need of vulnerable children—the Regional Council proposes the implementation of court team training and system coordination efforts. This strategy ensures the decisions and mechanisms within current welfare/court/child protective systems are being informed by best practice.

Court Teams provide the mechanism for legal professionals in the child welfare system to make decisions and advocate for programs and policies that are informed by the science of early childhood. Model court teams accomplish this through the application of several identified key components. The core components include: judicial leadership, formation of a community team, partnership with child development/mental health providers, availability of training/technical assistance, and monthly case reviews. It has been found that judicial leadership plus community partners result in enhanced and more coordinated services for infants and toddlers in the court system and increase the opportunities for the needs of vulnerable infants to be addressed.[1]

Court Teams improve how the courts, child welfare agencies, and related child-serving organizations work together, share information and expedite services for young children. With a focus on cross-disciplinary program development, coalition building, service integration, and training for professionals court teams increase the knowledge of Court Appointed Special Advocates (CASAs), resource (foster) parents, representatives of the Court System, Child Protective Services, as well as home visitors, and health, mental health, and early intervention service providers.

Langer, Lester (The Honorable) and Youcha, Victoria Ed.D., *Impact of Abuse and Neglect on Early Development,* March 30, 2006, PowerPoint presentation, slide 41.

Service Units						
Service Units	**FY 10 Target**	**FY 10 Contracted**	**FY 10 Actual**	**FY 11 Target**	**FY 11 Contracted**	**FY 12 Target**
Professionals receiving training		Not Funded		500	contract in progress	500
Children with a service checklist within one month of entry into the child welfare system		Not Funded		600	contract in progress	600
Court Team trainings provided		Not Funded		15	contract in progress	15

New Strategy: Crisis Intervention

The Regional Council has been discussing the increasing need to support homeless and displaced families with small children. The South Phoenix and Maryvale region has seen the largest number of home foreclosures impacting families with children 0-5. Many shelters serving the families of the South Phoenix and Maryvale regions are reporting an increase of small children and much needed family support programming. Programming/services for families that have been identified have been parent education, parent mentoring, and socio-emotional development and awareness. The Regional Council will continue to concentrate research efforts on how to build on current system approaches to ensure non-duplication of services and promote coordination/collaboration of potential partners.

Service Units						
Service Units	**FY 10 Target**	**FY 10 Contracted**	**FY 10 Actual**	**FY 11 Target**	**FY 11 Contracted**	**FY 12 Target**
Children receiving services		Not Funded		In Development		TBD

Summary of Progress and Challenges
Rationale for Changes to SFY12
Alignment with Strategic Direction

1. Strategy Success

Court Teams was recently approved and will begin implementation in early 2011.

2. Strategy Challenges

The challenge has been determining how to address this need, also the Regional Council's ability to pinpoint a best practice and approach.

3. Strategy Changes for 2012

There are no changes to report due to the recent approval of Court Teams. The Crisis Intervention, a strategy for homeless families, is in the development phase and is in not being presented for board approval.

4. First Things First Priorities
The combination of strategies, once fully implemented will provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of supports for young children and their families. Aligns with the First Things First identified *Supports and Services for Families* priority.

PRIORITY NEED: Lack of access to parent education, information, and support

Description: Parent education and support is an effective strategy to address many of the risk factors and challenges for families in the region. These services were identified as priorities in the community input and home visiting is already a focus of the regional funding strategies.

With many risk factors prevalent in the region, it makes sense for strategies to focus resources on families most in need. Home visiting and other family support and preschool expansion strategies can continue to reach out to single and teen parents, parents with a high school education or less, and families with low incomes. Access to affordable early education, parent support, and literacy services are key priorities in the region(*2010 South Phoenix Needs and Assets Report*, 4-4).

Thus, the need to establish meetings places where families feel safe seeking out important information about programs and services available in their community—which is the reason for funding several Family Resource Centers within the region.

Strategy: Family Resource Centers

The Regional Council will expand or create family resource centers in the region based on the service delivery elements outlined above. The Regional Council funds resource centers located in early child care and education settings, as well as family resource centers in community-based settings.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Families receiving family resource center services	5000	5950	8500*	11,600	11,600*	7500

***Asterisk marks any unverified numbers provided due to data template changes and pending target number verification by current providers.**

Strategy: food box distribution

Food box distribution through a multitude of distribution sites and community partners.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Food boxes distributed	35,000	0*	83,761*	Not funded	Not funded	Not funded

*** For FY10 Actual this number is aggregated for all of Phoenix and Maricopa County.**

Summary of Progress and Challenges
Rationale for Changes to SFY12
Alignment with Strategic Direction

1. Strategy Success

Family resource centers continues to be a very successful strategy in the South Phoenix region with many of the centers including various programming including parent education classes and hosting family, friend and neighbor provider trainings. Additionally, there has been an ongoing effort by Family Resource Center providers to establish a network of referrals and cross training opportunities. Through

the ongoing efforts of regional staff, the Regional Council has the expectation that community and provider capacity will increase with the appropriate level of support. There have also been a number of special events hosted at Family Resource Centers which include food drives, parent engagement nights, and job skill training. Families are reporting many succeses in increased parenting skills or overall knowledge about how to navigate the early care and education of their children.

2. Strategy Challenges

The notable challenges were related to several changes to target service numbers and changes to the service units. First Things First and the grantees worked together to ensure appropriate reconciliation of both the service unit and target service number. As indicated in how we measure performance the target and contracted service numbers have changed to better reflect First Things First and grantee understanding of evaluation terminology and measurement units.

The healthy-e application work activity has not been fully implemented at some resource centers but is a component to be developed and provided by the resource centers. Grantees are willing to provide the service but are looking to First Things First for leadership on how the service can be integrated into their current work (training, DES approval etc.). This is a unique challenge for those non-governmet sites where DES approval was already in place or established. First Things First staff will be working with those Family Resource Centers and DES in the coming months to determine the eligibility of non-governmental sites to become DES certified/designated healthy-e applications sites.

3. Strategy Changes for 2012

Currently there are no significant strategy changes for family resource centers.

4. First Things First Priorities

The combination of strategies, once fully implemented will provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of supports for young children and their families. Aligns with the First Things First identified *Supports and Services for Families* priority.

PRIORITY NEED: Limited number of effective, comprehensive family support programs (strength-based) including home-visiting programs

Description: The constant struggles families are encountering in the South Phoenix Region cause undue stresses which are impacting the quality of parent/child engagement and overall well-being of children zero through five. As noted in the South Phoenix Regional *Needs and Assets 2010 Report*, unemployment rates, the incidence of poverty and low educational attainment levels all increase family stressors impacting the families ability to successfully parent their children (pages 2-15:19).

Strategy: Home Visitation

Create or expand home visiting programs to provide family support, using an evidenced based and "Nurse Family Partnership" model for at-risk families for first-time parents including African-American and Hispanic women and/or teen parents.

Service Units

Service Units	FY 10 Target	FY 10 Contracted	FY 10 Actual	FY 11 Target	FY 11 Contracted	FY 12 Target
Families receiving home visitation services	521	506	412	521	546	546

Summary of Progress and Challenges Rationale for Changes to SFY12 Alignment with Strategic Direction
1. Strategy Success Providers have begun a dialogue to ensure the continuity of care and coordination of services to maximize outcomes and eliminate duplication of efforts in areas of recruitment, retention and outreach. This level of collaboration and partnership has been the direct result of First Things First funding and joint involvement with community stakeholders—systems are being built in South Phoenix region.
2. Strategy Challenges There have been challenges reported, related to recruitment of families in the various programs due to shifting demographics of the various neighborhoods in the region along with outreach challenges. Recruitment challenges have occurred due to anti-immigration climate, knowledge of services, and program awareness.
3. Strategy Changes for 2012 The Regional Council voted for an increase in financial support to allow for additional programmatic funding. Additional possible changes in SFY12 could include funding for coordination of referrals and or other program components that were initially proposed during the original application clarifications.
4. First Things First Priorities The combination of strategies, once fully implemented, will provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of supports for young children and their families. Aligns with the First Things First identified *Supports and Services for Families* priority.

PRIORITY NEED: Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts
Description: Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts**.**
Strategy: Community Outreach
Funding of community outreach liaison position for ongoing outreach, awareness and parent education.
Strategy: Media
Localized media purchase with specific Regional Council request for more targeted approach to focus on neighborhood/community media.
Strategy: Community Awareness
Provide parent education materials, collateral materials, and event sponsorship.

Summary of Progress and Challenges
Rationale for Changes to SFY12
Alignment with Strategic Direction

1. Strategy Success

The community outreach liaison has been very successful at creating awareness and increased understanding of First Things First's role as a leader in early care and education. Over the past three months, the outreach liaison has worked diligently to ensure that First Things First and its programs and services were branded. From September to November 2010, the following has been achieved:

- Events attended: 11
- Total number of meetings, presentations and events: 64
- Number of champions garnered: 53
- Attended 5 collaboration meetings regularly

The next six months will include presentations to K-12; WIC; and the business community.
Steps are being taken to do the following: coordinate with grantees to host a parent awareness event surrounding the importance of parental involvement with a child's success; partner with the Phoenix Black Chamber of Commerce and Quality First early childhood centers and home based providers to incentivize being "Quality First" and being registered with the Chamber of Commerce; host an event with local businesses that stress why committing to our youngest children makes good business sense.

Additionally, media purchases have also created an intense interest in funding and programs being delivered in the region.

2. Strategy Challenges

The South Phoenix Regional Partnership did not initially fund community awareness which provides collateral materials, sponsorships and event participation, and parent education materials. Subsequently the Regional Council voted to fund community awareness in SFY11 and SFY12 at $20,000 per year. The challenge surfaced when the Regional Council was unable to sufficiently supply the region with appropriate collateral materials for ongoing community outreach activities.

3. Strategy Changes for 2012

The South Phoenix Regional Partnership was very enthusiastic about the success of the communication efforts but due to overwhelming needs in the region for family support and child care scholarships the Regional Council voted to reduce the media purchase amounts. Community outreach and awareness were maintained at currently proposed funding amounts. The expectation is that with the currently proposed funding in SFY11 and SFY12 there will no longer be challenges to providing the appropriate level of collateral and other community awareness materials (and sponsorships etc.) for regional outreach activities.

4. First Things First Priorities

The combination of communications strategies align with First Things First *Building Public Awareness and Support* priority.

PRIORITY NEED: Lack of community capacity, leadership development, community awareness and grassroots awareness of the importance of early care and education movement

Description: Through community work and volunteerism, members of the South Phoenix Regional Council have identified multiple regional needs that are not being currently addressed to support sustainable early care and education system building efforts. Community based organizations, the faith community, and other community stakeholders have expressed challenges in doing their work related to following needs:

- Lack of community capacity to respond to FTF grants
- Lack of FTF's presence in the community
- Lack of leadership training within a culturally-competent framework
- Lack of local/cross region coordination efforts beyond grantees
- Lack of regional on-the-ground communications engagement and response

Strategy: Coordination and Capacity Building

The South Phoenix Regional Partnership Council proposes creating a *South Phoenix Leadership Center*. This center would offer training, technical assistance, and mentoring to established and emerging regional leaders and advocates.

Summary of Progress and Challenges
Rationale for Changes to SFY12
Alignment with Strategic Direction

1. Strategy Success

The region has successfully completed the drafting of a scope of work to come become a request for proposal for planning and development of this strategy.

2. Strategy Challenges

The implementation of other strategy components in other areas has shifted the focus of the scope of work to be completed by the potential consultants, since some of the community need is being addressed by the community outreach and community awareness strategies.

3. Strategy Changes for 2012

The strategy is being held until it is developed. It is the Regional Council's expectation that the strategy would be implemented in SFY12.

4. First Things First Priorities

The specific strategy aligns with First Things First *Building Public Awareness and Support* priority, by fostering a grassroots level leadership development model that will systemically reach out to traditional and non-traditional community partners.

Priority Need: Lack of accurate and comprehensive regional data to develop and enhance strategies
Strategy: Regional Program Evaluation
Short Description: Council has requested targeted program level evaluation of strategies in to do the following: • Evaluate fidelity and adherence to best practice models and • Impact of programming on families/children
Summary of Progress and Challenges **Rationale for Changes to SFY12** **Alignment with Strategic Direction**
1. Strategy Success The strategy is new in SFY12 and will be in the development phase and will coordinate all planned work with the First Things First Program Evaluation Division.
2. Strategy Challenges Regional Council is requesting more specific data related to outcomes and impact of programs funded by the Regional Council and fidelity to best practices.
3. Strategy Changes for 2012 The Regional Council engaged in an extensive dialogue on the need for program level data and adherence to model fidelity and best practices. These dollars would support a targeted program level evaluation of programs that may not have program level evaluation as part of the grant award. The Regional Council assigned a workgroup to assess current strategies that may not adequately fund program level evaluation and develop an action plan to target those services for program level evaluation.

Section II B Budget: Regional Council Strategy Allotments

South Phoenix Regional Partnership Council Funding Plan Summary					2012 Proposed Allotments
	2010		2011		2012
FY Allocation	**$13,577,534.78**		**$14,820,123.95**		**$15,119,970.00**
Carry Forward From Previous Year	**na**		**$5,278,510.42**		**$3,946,690.20**
Total Funds Available	**$13,577,534.78**		**$20,098,634.37**		**$19,066,660.20**
Strategies	**Allotted**	**Expended**	**Allotted**	**Awarded**	**Proposed**
Quality First (Statwide)	$378,833.00	$194,355.88	$1,379,689.45	$1,150,372.00	$1,485,250
Child Care Health Consultation (Statewide)	$811,667.00	$387,815.15	$951,667.00	$911,821.90	$1,056,000
Mental Health Consultation (Statewide)	$250,000.00	$49,284.66	$600,000.00	$547,733.74	$600,000
Child Care Scholarships (Statewide)	$3,875,835.00	$3,731,397.78	$800,000.00	$800,000.00	$1,400,000
Family, Friends & Neighbors	$400,000.00	$166,910.33	$535,000.00	$535,000.00	$650,000
Expansion: Pre-K and Head Start (Multi-region)	$800,000.00	$665,210.63	$2,000,000.00	$2,000,000.00	$2,400,000
Director Mentoring/Training	$273,992.00	$236,235.98	$311,194.00	$311,083.94	$311,194
Scholarships TEACH (Statewide)	$317,560.00	$39,330.24	$489,280.00	$489,280.00	$375,960
Rewards (Statewide)	$0.00	$0.00	$0.00	$0.00	$200,000
Comprehensive Preventative Health Programs	$0.00	$0.00	$400,000.00	$232,000.00	$400,000
Developmental and Health Screenings	$931,440.00	$0.00	$400,000.00	$0.00	$400,000
Oral Health	$100,000.00	$0.00	$580,000.00	$0.00	$580,000
Health Coordination/Medical Home	$0.00	$0.00	$1,300,000.00	$0.00	$1,300,000
Recruitment – Stipends/Loan Forgiveness (Multi-region)	$426,325.00	$426,325.00	$500,000.00	$500,000.00	$500,000
Prenatal Outreach	$319,500.00	$183,555.62	$550,000.00	$549,994.00	$550,000
Court Teams	$0.00	$0.00	$200,000.00	$0.00	$200,000
Crisis Prevention (in development)	$0.00	$0.00	$0.00	$0.00	$350,000
Family Resource Centers	$573,906.00	$510,324.45	$1,130,547.00	$1,115,141.25	$1,115,142
Home Visitation	$1,750,000.00	$1,455,824.88	$2,200,000.00	$2,165,358.00	$225,064
Communications	$211,284.00	$0.00	$0.00	$0.00	$0
Community Outreach (Statewide0	$0.00	$0.00	$100,000.00	$96,200.00	$100,000
Media (Statewide)	$0.00	$0.00	$350,000.00	$348,768.00	$150,000
Community Awareness (Statewide)	$0.00	$0.00	$20,000.00	$0.00	$20,000
Capacity Building	$0.00	$0.00	$100,000.00	$0.00	$350,000
Evaluation (Regional Program)	$0.00	$0.00	$0.00	$0.00	$200,000
Evaluation	$50,000.00	$0.00	$739,736.07	$739,736.00	$0
2012 Evaluation	$0.00	$0.00	$0.00	$0.00	$715,659
Child Care Study	$0.00	$0.00	$274,144.07	$274,144.07	$0
Children's Budget	$0.00	$0.00	$6,976.51	$6,976.52	$0
Needs and Assets	$0.00	$0.00	$18,758.39	$18,758.41	$0
Parent Kits - Study	$0.00	$0.00	$35,827.50	$0.00	$0
Arizona Health Survey	$150,000.00	$0.00	$179,124.18	$179,124.18	$0
Food Insecurity	$282,188.00	$252,453.76	$0.00	$0.00	$0
Total	$11,902,530.00	$8,299,024.36	$16,151,944.17	$12,971,492.01	$15,634,269
Carry Forward to Following Year		**$5,278,510.42**	**$3,946,690.20**		**$3,432,391.20**

Section II C Information about changes in funding level for strategies from 2011 to 2012

Strategy Name	Previous Funding Amount (SFY 2011)	New Funding Amount (SFY 2012)	Rationale for Change in Funding
Quality First Expansion	$1,379,689.45	$1,485,250	Expansion of slots for Quality First to allow increase due to increase in the number of available child care scholarships and implementation of the rating system. Increase by 5 homes and 12 centers.
Child care health consultation	$951,667.00	$1,056,000	Maintain level funding with 6 FTE's and includes funding from Quality First. Total amount in SFY represents both Quality First and regionally funded CCHC amounts.
Mental health consultation	$600,000.00	$600,000	Maintain level funding with 4.5 FTE's.
Child care scholarships	$800,000.00	$1,400,000	Increase in funding with projections to sustain families beyond SFY12. Regional Council made intentional decision.
Family, Friend, and Neighbor	$535,000.00	$650,000	Increase in funding to increase the available number of trainings to reach an additional 40 family, friend and neighbor providers and reach a possible 120 more children.
Expansion pre-k and Head Start	$2,000,000.00	$2,400,000	The South Phoenix Regional Partnership Council voted to increase funding to the pre-k expansion strategy to establish additional classrooms to the non-participating districts.
Director mentoring/Training	$311,194.00	$311,194	Maintain level funding.
Scholarship T.E.A.C.H.	$489,280.00	$375,960	The Regional Council voted to reduce the funding for T.E.A.C.H. slightly to bring targeted service numbers in line with current enrollment into the scholarship program.
REWARD$	$0.00	$200,000	New strategy to compliment other strategies including T.E.A.C.H. and director mentoring.
Comprehensive preventive health programs	$400,000.00	$400,000	Maintaining funding.
Developmental and health screenings	$400,000.00	$400,000	Maintaining funding.
Oral Health	$580,000.00	$580,000	Recent increase to the strategy in current fiscal year was approved by the Board to align with true costs of implementing oral health component.
Health coordination/medical home	$1,300,000.00	$1,300,000	Funding maintained with expectation of funding will occur with the re-release of the RFGA.

Recruitment-stipends/loan forgiveness	$500,000.00	$500,000	Funding Maintained.
Prenatal outreach	$550,000.00	$550,000	Maintained current level funding.
Court teams	$200,000.00	$200,000	Recently approved strategy in SFY11. Funding is maintained in SFY 12.
Crisis Intervention	$0.00	$350,000	The strategy is under development and is not being presented to the board for approval at this time.
Family Resource Centers	$1,130,547.00	$1,115,142	Maintained current funding for same number of Family Resource Centers.
Home Visitation (all models Healthy Families, Nurse Family Partnership and Parent as Teachers)	$2,200,000.00	$2,250,644	The Regional Council voted for an increase to allow for additional programmatic additions such as funding for coordination of referrals and or other program components that were initially proposed during the original application or renewal process.
Community outreach	$100,000.00	$100,000	Maintain current funding levels and community outreach liaison position.
Media	$350,000.00	$150,000	The South Phoenix Regional Partnership was very enthusiastic about current fiscal year's successes but due to overwhelming needs in the region for family support and child care scholarships the Regional Council voted to reduce the media purchase amounts.
Community Awareness	$20,000.00	$20,000	The South Phoenix Regional Partnership did not initially fund community awareness which pays for collateral materials, sponsorships, and parent education materials. Subsequently the Regional Council voted to fund community awareness in SFY11 and SFY12 at $20,000 per year.
Capacity Building	$100,000 (approved for planning)	$350,000 ($100,000 remains in SFY11 for anticipated planning of leadership component)	The proposed SFY2012 amount is a placeholder for anticipated work that will begin. The strategy is not being submitted for approval to the board at this time.
Regional Program Evaluation	Not Funded	$200,000	The Regional Council engaged in an extensive dialogue on the need for program level data and adherence to model fidelity and best practices. These dollars would support a targeted program level evaluation specific strategies.

Carry Forward	$3,946,690.20	$1,406,813	The Regional Council estimates that $1,406,812.65 will be needed to maintain level funding if the 2013 allocations remain constant.

Section III

System Building Impact

The South Phoenix Regional Partnership Council assessed the level of current services provided in each of the goal areas to ensure a seamless delivery of service and care for families as they move through the system. The Regional Council also assessed the appropriateness, scope and reach of the strategies. The proposed new strategies build on the foundational strategic planning processes of the South Phoenix Regional Partnership Council. The additional strategies will serve as an enhancement of services available to children and families in the South Phoenix region.

The South Phoenix region faces a multitude of competing needs; therefore, the South Phoenix Regional Partnership Council has targeted their efforts to build an early care and education and health system by focusing services on children and families across the entire delivery system.

Quality Early Care and Education

The South Phoenix Regional Partnership Council funded several Quality Early Care and Education strategies that address the needs of the children and families in the region. The strategies include: 1) the expansion of Quality First in SFY2012 (to address the number of centers that have been waitlisted); 2) investing in family, friend and neighbor trainings; 3) the funding of public/private preschool slots and 4) continued funding for regionally based child care scholarships.

In SFY11, willingness of local child care providers to engage in quality improvement programming was estimated to occur at no more than 10% of the total number of licensed centers and homes. Child care scholarships combined with increased regional grassroots marketing of the benefits of Quality First helped increase provider participation to higher than projected rates. In an effort to allow for the capacity of providers and the administrative home to ramp up to increase the delivery of Quality First programming, the South Phoenix Regional Partnership Council elected to reach 12 additional homes and 5 centers in FY12. Additionally, several strategies focus on coordinating care of children and families through the Mental Health and Child Care Health Consultation strategies. For each of these strategies, it is expected that 100% of children in licensed child care centers and homes in the South Phoenix Region will have access to unprecedented levels of quality wrap-around care coordination services.

With concentrated efforts to enhance quality with regionally licensed homes and centers, the South Phoenix Regional Partnership Council also recognized the imperative need to target family, friend and neighbor care providers. In FY11 it is expected that 20 trainings will be delivered in the region reaching over 300 family, friend and neighbor care providers and nearly 1000 children; additionally in FY12 the Regional Council has increased funding to provide 24 trainings. Working with providers ensures quality care is being provided across the continuum of care.

Additionally, the establishment and implementation of the pre-k expansion strategy has had significant impact on children and families. The unique component to the strategy is the partnerships and collaboration occurring between community based child care centers, school districts, First Things First

and Arizona Department of Education, Early Education Division. The combined partners have had the opportunity to establish relationships to dialogue on the subject of kindergarten transition plans, early learning standards, and best practices for parent engagement and staff development. These efforts are examples of true success in creating an environment where early care and education system building can thrive and flourish.

Finally, the South Phoenix Regional Partnership Council adopted a substantial funding increase for child care scholarships to ensure access to affordable care for working families. Child care scholarships for children up to 200% of FPL provides additional supports for families seeking care.

The combined strategies in Quality Early Care and Coordination collectively will impact over 3,000 children and over 1,400 families—addressing the quality gap that exists within the region and establishing capacity within the current infrastructure. Families will not only have access to affordable care—but quality care as well.

Professional Development

To increase capacity and quality of early education and child health professionals the Regional Council has focused on several professional development strategies. The professional development strategies for early care and education include: child care director mentoring, professional childhood incentives and stipends, and the expansion of T.E.A.C.H. Director mentoring targets child care directors, administrators, and licensed home providers and utilizes evidenced based measures. This program helps to bolster professional development of the directors and builds on current efforts underway within Quality First to provide supports that increase quality. Collaboration has already begun between the Quality First administrative home, the Rio Salado Director Mentoring program, T.E.A.C.H., and First Things First to ensure the coordination of supports for licensed homes and centers. An integral component to the provision of high quality care is highly qualified staff. To further build staff qualifications, knowledge, skills and education, the Regional Council identified the need to support additional incentives in the region. The Regional Council prioritized a combination of retention, recruitment, and professional development strategies to ensure an increase in the number of highly qualified early care and education workforce serving young children. In SFY2012 the Regional Council sought to address the current challenges facing the utilization of T.E.A.C.H. enrollment and retention service numbers by funding REWARD$ as an additional incentive. As a cadre of services: Director Mentoring, T.E.A.C.H., and REWARD$ work in combination to support the First Things First *Professional Development System* priority.

The remaining professional development strategies focus on child health providers. The South Phoenix Regional Partnership Council funded the professional childhood incentives and stipends strategy. This strategy provides incentives and stipends for health professionals who work in specialty fields and serve the South Phoenix region for no less than 2 consecutive years. The specialty fields targeted include: occupational therapists, child psychologists, and speech language pathologists. The work done through this strategy will help provide an increase in capacity to serve children and families in region and supports the overall First Things First goal area of health. These specialty professionals will be recruited

nationally through First Things First's partnership with Arizona Department of Health Services, which requires the professionals to fulfill contracted obligations to serve the region for up to 2 years—thus increasing the region's capacity to serve all children zero through five that require referral of services for specialty care.

While the Professional Development goal area only represents a small percent of the total budget in SFY2012, it will help to create some of the largest impacts for children and families in the region. Overall, 30 directors will receive training to become better administrators, at minimum 7 additional health professionals will be recruited to serve families, and T.E.A.C.H will provide at least 50 scholarships to aspiring early educators—in all, providing capacity that will support over 80 professionals and impacting over 2,600 children.

Health

The South Phoenix Regional Partnership Council has continued to refine and work towards the effective delivery of health programming. Due to several challenges related to the unsuccessful award of Care Coordination, Oral Health and Developmental Screenings—the South Phoenix Regional Partnership Council vision was to be more thoughtful about approaches to the delivery of health programs and supports. After the first year of attempted award, the Regional Council regrouped and refocused attention on how to successfully implement the much needed strategies. The Regional Council presented the health continuum of care framework (as seen below) in the 2011 funding plan. The Regional Council successively established a partnership with Maricopa County Department of Public Health to provide leadership and planning for the health prevention collaborative.

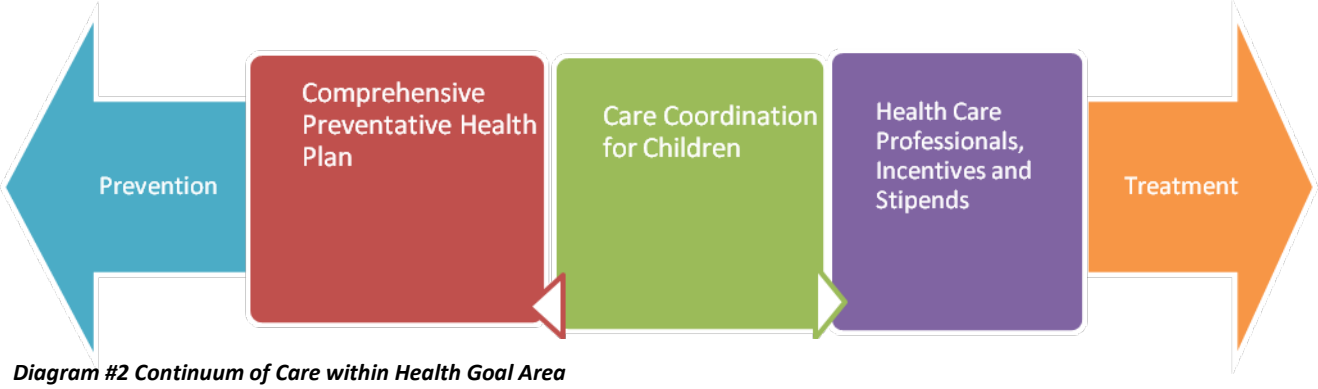

Diagram #2 Continuum of Care within Health Goal Area

Considering there are a multitude of activities occurring related to health prevention, it was the vision of the Regional Council to bring together partners and the community to determine the strategic direction needed. Organizations and coalitions doing work in the region include Healthy Kids South Phoenix, St. Luke's Health Initiative Maryvale on the Move, and United Way's Targeted Approach Model. Other local faith and community based agencies working toward wellness and health prevention are also being recruited to participate in the development process.

First Things First Senior Health Policy Specialist and South Phoenix Regional Coordinator have worked jointly to research and discuss some barriers to successfully awarding grant(s) for Care Coordination. Research included discussions and feedback from various community stakeholders including St. Luke's Health Initiatives, Arizona Academy of Pediatrics, Arizona Academy of Family Physicians and a host of other individuals who helped inform possible next steps. The same is true for the oral health component of the Comprehensive Preventive Health Plan strategy—where additional research and strategy recommendations were developed and presented to the Regional Council.

Overall, while movement on the implementation of several health strategies has been filled with challenges—the dedication by the Regional Council to children's health has not been swayed. There continues to be a need to reduce the rates of obesity, respiratory illness, increase injury prevention, and education for children and families about the importance of nutrition and wellness—among other important health prevention needs facing children and families that require systemic solutions.

Family Support

In the South Phoenix Region, families experience struggles and hardship that cause undue stresses which impact the quality of parent/child engagement and overall well being of children zero through five. Knowing this, the Regional Council has also concentrated funding efforts to target family support programs and services. Family Support is an especially crucial goal area in First Things First system building efforts for the South Phoenix Region—which is evident in the level of funding the South Phoenix Regional Partnership has invested, nearly $4 million or 24% of the SFY2012 budget.

Family Support programs and services include strategies such as; home visitation, family resource centers, and pre and post natal outreach (shared across the goal area of Health). Combined, these strategies help to support families across a continuum and enhance services and programs currently being offered by Arizona Department of Health Services, AHCCCS, Department of Economic Security, Arizona Department of Education, City of Phoenix, the Maricopa County Department of Public Health, and various community stakeholders. Referral and coordination is crucial to the system building efforts in South Phoenix and Maryvale, where traditionally services, education, advocacy, and outreach are done at the fundamental grassroots level. Thus, the Regional Council funded family resource centers to support families in the locations and in the community where current system work is being done or can be established.

Already, the South Phoenix Region is experiencing an increased level of coordination, collaboration, and partnership driven by the common purpose—to serve families and children in the region. Currently funded family resource centers make connections with home visitation providers in the region such as Maricopa County Department of Public Health (Pre/post natal and Nurse Family Partnership), Southwest Human Development (Healthy Families, Nurse Family Partnership), South Phoenix Head Start and Roosevelt School District. Another example is where cross program work is also occurring among unique partnerships such as the joint funding of the Roosevelt Early Childhood Family Resource Center located at the Roosevelt Elementary School District Early Learning Center Campus (located at the Martin Luther King School). The Early Learning Center Campus drew on a variety of resources and partners to share a campus that provides a host of early learning and education opportunities for children and families. Head Start,

City of Phoenix, First Things First and Roosevelt Elementary School District as well as corporate sponsors all help to fund an excellent example of coordination and collaboration. This level of collaboration and partnership has been the direct result of First Things First funding and joint involvement with community stakeholders—systems are being created in the South Phoenix region. South Phoenix will build on these efforts to provide family support across the multitude of strategies to over 10% of the children in the region or 6,000 plus children and their families (population estimates 60,226 ACS 2009).

Communication and Coordination

The South Phoenix Regional Council is proposing a strategy that would integrate a Comprehensive Community Initiative into its efforts as part of the ongoing planning for the Coordination and Capacity Building strategy. Through their community work and volunteerism, members of the South Phoenix Regional Council have identified multiple regional needs that are not being currently addressed to support sustainable early care and education system building efforts. To address this continued need, the Regional Council proposed the establishment of a Community Leadership Center that will support community identity and ownership.

In an ongoing effort to increase coordination and collaboration between and across regions, the South Phoenix Regional Partnership Council regional coordinator presented to the Gila River Indian Community Regional Partnership Council about the possible partnership and coordination of family, friend and neighbor services in the 85339 zip code. Additionally, building on partnerships and shared strategies in the South Phoenix and Central Phoenix regions—both Regional Partnership Councils have hosted a grantee coordination and collaboration events. The first event was held April 2010 and was appropriately called "Sharing, Learning and Referring" and 5 months later because of the success of the event, grantees came together to establish the "Celebrating Successes" event in September 2010. Each of these events helped to foster better program understanding and knowledge on current First Things First funded strategies. In addition, grantees had the opportunity to engage in discussions on how to best coordinate and refer families to services across the continuum of care.

The South Phoenix Regional Partnership Council continues to engage community stakeholders and partners to plan for and evaluate the implementation of current and pending strategies. It is the goal and vision of the Regional Council to continue to refine the quality and delivery of current programs and services.

The council over several meetings worked to capture the spirit of how they conducted Council business and also wanted to demonstrate to the community their commitment to the region, thus the drafting of the following statement:

"The South Phoenix Regional Partnership Council bases our work on knowledge of how children develop and learn. We honor the continued need to be fair, honest, transparent and respectful when working with our community partners and making fiscal decisions. The Regional Council seeks to include community voice and perspectives; and hopes to promote collaboration. We also seek to make every decision an

intentional practice of integrity and personal commitment to ongoing learning while working toward the common good without vested interests." (Section 1-114 Ethics Statement).

Appendix

STRATEGY WORKSHEET

Strategy Name: REWARD$

Strategy Description:
FTF Professional REWARD$, a compensation and retention strategy for the early care and education workforce, acknowledges and rewards progressive education, educational attainment and commitment to continuous employment at a qualified early care and education setting that provides services to children birth through age 5. The Administrative Home, Valley of the Sun United Way, functions under the direction of FTF to administer FTF Professional REWARD$ in collaboration with Regional Council funding. The incentives are offered twice each fiscal year, with each enrollment period open to applicants who may have received the incentive previously as well as new applicants. Applicants must meet specific criteria and receive an incentive based upon a tiered reimbursement scale containing levels.

The median hourly salary of Arizona early care and education teachers is $9.75 or $20,280 annually as reported in "A Decade of Data: The Compensation and Credentials of Arizona's Early Care and Education Workforce" (2008). Low wages present a major barrier to encouraging high-quality, well educated, and well trained personnel to enter and remain in the field. As described in the report, *Building Bright Futures: Arizona's Early Childhood Opportunities (2009)* limited resources are available to assist with wage increases. Financial barriers to improved wages include: lower than market rate DES subsidies, and few incentives to hire and retain highly qualified staff and communities where child care costs are at the limit of what the market can accept.

Goal Area: Professional Development

Goal: FTF will increase retention of the early care and education workforce.

Key Measure/s:
Retention rates of early childhood development and health professionals.

Target Population:
This strategy will target scholars who are participating in T.E.A.C.H. upon completion of educational steps based upon estimating 80% of scholars completing education goals

	units	SFY 2011	SFY 2012	SFY 2013
Regional Council Target Service Numbers	Total number of incentive awards distributed	Not Funded	200	200

Performance Measures:

• Total number of incentive awards distributed/proposed service number • Total number of scholars participating in REWARD$/proposed service number • Total number of scholars at each REWARD$ tier/proposed service number • Total number of scholars progressing to a higher REWARD$ tier/total participants
SFY 2011 Expenditure Plan for Proposed Strategy
TOTAL ALLOTTMENT for proposed strategy $200,000
Budget Justification/Estimates of Costs: SFY 2011: Administrative cost: $200.00 Average incentive Award: $2,090.00 _____ TOTAL $2,290.00