



## FIRST THINGS FIRST

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### **Arizona Early Childhood Development & Health Board Navajo/Apache Regional Partnership Council Meeting**

#### ***DRAFT Meeting Minutes***

RA Regular Meeting open to the public was held on Wednesday, December 11, 2013 beginning at 3:00 p.m. The meeting was held at the St. Johns Public Library, Large Conference Room, 35 South 3<sup>rd</sup> West, St. Johns, Arizona 85936.

#### **Welcome/Introductions/Call to Order**

Chair Mannis welcomed the Members and called the meeting to order at 3:05 p.m. Members present were Chair Mannis, Claude Endfield, Kirk Grugel, Nestor Montoya, Jeffrey Northup, and Cathy Taylor. Member Kristalei Baskins attended telephonically. Members absent were Leslie Meyer, Betsy Peck, and Linda Thompson.

#### **Member Report and Updates**

Chair Mannis asked for member reports or updates. Member Endfield announced that Northland Pioneer College is posting a position as a part-time lab aid in her department. She said anyone interested can apply at the college or online.

#### **Call to the Public**

There were no calls to the public received.

#### **Disclosure of Conflicts**

No Conflicts of Interest were disclosed.

#### **Presentation, Discussion and Approval of November 13, 2013 Regular Meeting Minutes**

Chair Mannis asked for a motion for the November minutes. Member Grugel moved to approve the Regular Meeting Minutes for November 13, 2013 as presented. Member Endfield seconded. Motion passed.

#### **Presentation, Discussion and Approval of November 20, 2013 Special Meeting Minutes**

Chair Mannis asked for a motion for the November Special Meeting minutes. Member Taylor moved to approve the minutes for the Special Meeting November 20, 2013 as presented. Member Grugel seconded. Motion passed.

#### **Presentation on Arizona Department of Health Services Midwifery Scope of Practice**

Chair Mannis introduced Dr. Jeffrey Northup from Summit Regional Medical Center and Navajo Apache Regional Partnership Council Member who gave an update on the Arizona Department of Health Services Midwifery Scope of Practice. Dr. Northup told the Council that there are 3 types of Midwives recognized in Arizona, Lay Midwives who are not licensed and may not charge for their services, Certified Professional Midwives who provide most of the at home delivery services, and Certified Nurse Midwives who mostly practice in medical facilities. Dr. Northup said that he sat on an advisory committee looking at expanding the scope of practice for Certified Professional Midwives to include limited prescription writing and allowing additional procedures. He said that there is still opposition from the medical community as they feel this will lower the standard of care for infants, however, the most likely recommendation will be to require training and certification in the procedures.

#### **Review and Discussion of Community-Based Development Early Care Education Professionals November Reporting**

Regional Director Dobler-Allen presented the November reporting from the Community-Based Development Early Care Education Professionals grantee as requested by the Regional Council. She said that the next scheduled report will be in person by the grantee in January or February. There was discussion on getting a clear definition of what the agreement with Northland Pioneer College is going to be.

#### **Review and Discussion of SFY13 Q4 and SFY14 Q1 Narrative Report Overview and SFY 14 Q1 Data Report**

Regional Director Dobler-Allen presented the SFY13 Q4 Narrative Report along with the SFY14 Q1 Narrative report. She highlighted several of the stories that grantees submitted along with some of the challenges. Regional Director Dobler-Allen then reviewed the

SFY14 Q1 Data report. She said that the report includes data from statewide and regional strategies, and tracks how grantees are moving toward their contracted service units. She said that the Recruitment into the Field grantee has spent some time getting the data report for the strategy cleaned up, and that will be reflected on SFY14 Quarter 2 data report.

#### **Discussion and Possible Approval of 2014 Calendar Year Meeting Dates, Times, and Locations**

Chair Mannis moved to the discussion of the meeting dates for calendar year 2014. Regional Director Dobler-Allen reminded that Council that the current meeting day is the second Wednesday of the month and time is 3:00 p.m. to 6:00 p.m. The meeting locations rotate to accommodate members who have to travel a long distance to attend meetings to have some of them closer to their area. Member Endfield moved for approval of the Navajo Apache Regional Partnership Council meeting dates and locations for Calendar Year 2014 as presented. Member Taylor seconded. Motion passed.

#### **Regional Director's Report**

Regional Director Dobler-Allen reported that she has received a notice of resignation from Member Thompson effective with this meeting. She stated ongoing health issues and increased workload as her reasons.

#### **Monthly Report**

Regional Director Dobler-Allen presented her monthly report of her activities. She highlighted that she and Member Endfield have served on sub-committees for the Professional Development BUILD Initiative. Member Endfield said there will be designated a new Associate of Arts in Early Childhood at three community colleges where the completion of the degree will articulate to Northern Arizona University toward a Bachelor degree, and eventually to the other State Universities.

Regional Director Dobler-Allen also said that she had followed up from a question from last month's meeting and the new media buy is active and there is a billboard up in Holbrook.

#### **Presentation of Final Quality First SFY15 Allotment**

Regional Director Dobler-Allen told the Council that the final figure for the Quality First SFY15 allotment only changed in the total amount for QF Scholarships. She said there will be 36 scholarships totaling \$268,940 which is a reduction of \$5909 in the QF allotment. Discussion was around whether the allotted scholarships for SFY14 and SFY15 will be utilized. If not, the scholarships will go into a pool in the region for the balance of the fiscal year, and if not used the funds will drop to carry forward.

#### **Financial Reports**

Regional Director Dobler-Allen presented the monthly Funding Plan Summary and Contract Detail Report. She said there are no concerns and contracts are expending as expected.

#### **Discussion of Regional Council Recruitment and Council Member Terms Expiring**

Regional Director Dobler-Allen told the Council that 5 terms expire at the end of one 4 year cycle, and 6 two years later. She listed the 5 seats that will expire at the end of SFY2014 which is June 30, 2014. She encouraged the members who currently hold the seats to re-apply. She said that they will have to complete the application and interview. She mentioned that due to Member Thompson's resignation, the faith based seat is also open for the remainder of the term that ends in June, 2016, and that it can be filled as soon as April 2014. There was discussion about definition of the seats and Regional Director Dobler-Allen provided information that explained the seats and application process. Regional Director Dobler-Allen said she would like to fill the faith-based seat in April, and also asked the Regional Council to send suggestions to her for possible applicants. She also offered to meet with potential new members if they express interest in the seat; additionally, application materials are available at the Lakeside Regional Office and on-line at [www.azftf.gov](http://www.azftf.gov).

#### **Community Outreach Report**

Michelle Pansulla, Community Outreach Coordinator presented the report of her activities for November and December 2013. She said that she had regionalized an article that was written by FTF and she submitted it for publication. It was published in the White Mountain Independent, as well as in the Maverick Magazine, and the Mogollon Rim News from Heber. She also shared information about the Heber Lions Club Christmas Party for NAOMI House on December 23, 2013 at 1:00 p.m. The Tooth Fairy, Santa Claus, Smokey the Bear and the Heber Fire Engine will be present. Ms. Pansulla added that she is also working to set up a site visit with the Quality First 4 Star Rated Child Care Home operated by Tracy Ison. More information will be coming soon.

#### **General Discussion**

Member Grugel reported that the Friends of CASA Christmas Idea House was a great success and raised about \$10,000.

Member Grugel also told the Council that at the next Coalition to Prevent Child Abuse meeting in Winslow Cynthia Pardo, Community Outreach Coordinator from the Coconino Region, will be presenting.

**Adjourn – next meeting scheduled for January 8, 2013 in Show Low**

Member Grugel moved to adjourn the meeting. Member Endfield seconded. The meeting was adjourned at 4:49 pm.

**ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD  
NAVAJO/APACHE REGIONAL PARTNERSHIP COUNCIL**

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**Kalman Mannis, Chair**

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**Kate Dobler-Allen, Regional Director**



# FIRST THINGS FIRST

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## **SFY 2015 Regional Funding Plan**

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Navajo Apache Regional Partnership  
Council

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Presented to the First Things First Board  
January 21-22, 2014 Kathy Bunker

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**Navajo Apache  
Funding Plan Summary  
SFY15 Proposed**

Allocations and Funding Sources	2015	Recommendations to the board SFY 15 Strategies and Allotments
FY Allocation	\$1,507,152	
Population Based Allocation	\$862,404	
Discretionary Allocation	\$495,178	
Other (FTF Fund balance addition)	\$149,570	
Carry Forward From Previous Year	\$1,157,751	
<b>Total Regional Council Funds Available</b>	<b>\$2,664,903</b>	
Strategies	Proposed Allotment	
Learning Labs	-	
Community Based Professional Development Early Care and Education Professionals	\$250,000	
Recruitment into Field	\$90,000	
Scholarships non-TEACH	\$15,000	
Quality First Academy ( <i>statewide</i> )	\$3,760	
Quality First Child Care Health Consultation Warmline ( <i>statewide</i> )	\$188	
Quality First Coaching & Incentives ( <i>statewide</i> )	\$40,779	
Quality First Inclusion Warmline ( <i>statewide</i> )	\$840	
Quality First Mental Health Consultation Warmline ( <i>statewide</i> )	\$864	
Quality First Warmline Triage ( <i>statewide</i> )	\$304	
Child Care Health Consultation ( <i>statewide</i> )	\$11,880	
Scholarships TEACH ( <i>statewide</i> )	-	
Quality First Scholarships ( <i>statewide</i> )	\$268,940	
FTF Professional REWARD\$ ( <i>statewide</i> )	\$40,000	
Care Coordination/Medical Home	\$600,000	
Newborn Follow-up	\$100,000	
Oral Health	\$136,000	
Parent Outreach and Awareness	\$185,000	
Nutrition/Obesity/Physical Activity	-	
Community Awareness ( <i>FTF Directed</i> )	\$30,000	
Community Outreach ( <i>FTF Directed</i> )	\$93,000	
Media ( <i>statewide</i> ) ( <i>FTF Directed</i> )	\$10,000	
Needs and Assets ( <i>FTF Directed</i> )	-	
Statewide Evaluation ( <i>statewide</i> ) ( <i>FTF Directed</i> )	\$103,014	
<b>Total</b>	<b>\$1,979,568</b>	
<b>Total Unallotted</b>	<b>\$685,334</b>	

**NAVAJO APACHE REGIONAL PARTNERSHIP COUNCIL**

**Regional Funding Plan  
SFY15  
July 1, 2014 - June 30, 2015**

- I. Regional Allocation Summary**  
Funds Available for SFY14 and 15
  
- II. Review of SFY14 Funding Plan**
  - A. Strategy Allotments and Awards
  - B. Strategies and Units of Service
  
- III. SFY15 Funding Plan**
  - A. Regional Priorities, Selected FTF Indicators and Priority Roles, and Strategies to Achieve Outcomes
  - B. Changes in Strategies from SFY14 to SFY15
  - C. Target Service Units Proposed
  - D. New Proposed Strategies
  - E. SFY15 Proposed Funding Summary including the SFY13 -15 Regional Partnership Council Budget

**Section I.**  
**Regional Allocation Summary**  
**Funds Available for SFY 15**

**Navajo/Apache Regional Partnership Council**

<b>Allocations and Funding Sources</b>	<b>SFY2013</b>	<b>SFY2014</b>	<b>SFY2015</b>
FY Allocation	\$1,260,632	\$1,481,891	<b>\$1,507,152</b>
Population Based Allocation	\$704,522	\$847,750	<b>\$862,404</b>
Discretionary Allocation	\$422,965	\$493,565	<b>\$495,178</b>
Other (FTF Fund balance addition)	\$133,145	\$140,576	<b>\$149,570</b>
Carry Forward From Previous Year	\$1,256,394	\$1,273,526	<b>\$1,157,751</b>
<b>Total Regional Council Funds Available</b>	<b>\$2,517,026</b>	<b>\$2,755,417</b>	<b>\$2,664,903</b>

**Section II. A.  
Review of SFY14 Funding Plan  
Strategy Allotments and Awards**

**SFY 14  
Navajo Apache  
Funding Plan Summary**

<b>Allocations and Funding Sources</b>		<b>2014</b>
FY Allocation		\$1,481,891
Population Based Allocation		\$847,750
Discretionary Allocation		\$493,565
Other (FTF Fund balance addition)		\$140,576
Carry Forward From Previous Year		\$1,273,526
<b>Total Regional Council Funds Available</b>		<b>\$2,755,417</b>
<b>Strategies</b>	<b>Allotted</b>	<b>Awarded</b>
Learning Labs	\$0	\$0
Community Based Professional Development Early Care and Education Professionals	\$125,000	\$124,999
Recruitment into Field	\$90,000	\$90,000
Scholarships non-TEACH	\$15,000	\$15,000
Quality First	\$59,454	\$58,845
Child Care Health Consultation	\$9,891	\$9,891
Quality First Scholarships	\$156,477	\$156,477
FTF Professional REWARD\$	\$40,000	\$39,150
Care Coordination/Medical Home	\$600,000	\$599,998
Newborn Follow-up	\$100,000	\$99,994
Oral Health	\$136,000	\$136,000
Parent Outreach and Awareness	\$200,000	\$160,000
Nutrition/Obesity/Physical Activity	\$0	\$0
Community Awareness	\$30,000	\$30,000
Community Outreach	\$85,000	\$85,000
Media	\$10,000	\$10,000
Needs and Assets	\$40,000	\$32,000
Statewide Evaluation	\$78,362	\$78,362
<b>Total</b>	<b>\$1,775,184</b>	<b>\$1,725,717</b>
<b>Total Unallotted</b>	<b>\$980,233</b>	<b>\$49,467</b>

**Section II. B.  
Review of SFY14 Funding Plan  
Strategies and Units of Service**

**Navajo Apache  
Units of Service by Strategy**

Strategy Description	Fiscal Year 2014	
	Targeted Units	Contracted Units
<b>Learning Labs Strategy</b>		
Number of participating professionals	0	0
Number of children served	0	0
<b>Community Based Professional Development Early Care and Education Professionals Strategy</b>		
Number of participating professionals	0	0
<b>Recruitment into Field Strategy</b>		
Number of participating professionals	30	30
<b>Scholarships non-TEACH Strategy</b>		
Number of professionals receiving scholarships	14	20
<b>Quality First Strategy</b>		
Number of center based providers served	3	0
Number of home based providers served	1	0
<b>Child Care Health Consultation Strategy</b>		
Number of center based providers served	3	3
Number of home based providers served	1	1
Number of Non-QF Centers	0	0
Number of Non-QF Homes	0	0
<b>Scholarships TEACH Strategy</b>		
Number of professionals receiving scholarships	7	0
<b>Quality First Scholarships Strategy</b>		
Number of scholarship slots for children 0-5 years	32	32
<b>FTF Professional REWARD\$ Strategy</b>		
Number of incentive awards distributed	29	35
<b>Care Coordination/Medical Home Strategy</b>		
Number of children receiving screening	0	0
Number of children served	2,000	2,100
Number of developmental screenings conducted	0	0
Number of families served (HIE Assistance)	0	0
Number of hearing screenings conducted	0	0
Number of vision screenings conducted	0	0
<b>Newborn Follow-up Strategy</b>		
Number of families served	150	110
<b>Oral Health Strategy</b>		
Number of children receiving oral health screenings	1,200	1,200
Number of fluoride varnishes applied	1,200	1,200
Number of participating adults	55	55
Number of participating professionals	1	1
Number of prenatal women receiving oral health screenings	0	0
<b>Parent Outreach and Awareness Strategy</b>		
Number of books distributed	4,000	4,000
Number of events held	0	0
Number of resource guides distributed	0	0
Number of workshops held	150	130
<b>Nutrition/Obesity/Physical Activity</b>		
Number of children served	0	0
Number of participating adults	0	0

Section IIB continued	
Strategy Description	Fiscal Year 2014
	Targeted Units      Contracted Units
Community Awareness Strategy	No service units
Community Outreach	No service units
Statewide Evaluation	No service units
Needs and Assets	No service units
Statewide Evaluation	No service units
	No service units

**Notes about SFY14 contracted service units:**

**Learning Labs:**

The Learning Labs Strategy reflects a strategy TSU and contracted service unit of 0 because the strategy was formally defunded and removed from the funding plan in April 2013.

**Community Based Professional Development for Early Care and Education Professionals:**

The Community Based Professional Development for Early Care and Education Professionals strategy reflects a 0 for both the strategy TSUs and the contracted service units for SFY14 because this is an infrastructure development year. The strategy target for SFY15 is 20 participating professionals, and it is anticipated that the contracted service units will be the same.

**Quality First:**

Due to operational changes, a “0” or a “ – “ Contracted Unit is shown in the table above, however, the Targeted Unit and the Contracted Unit are the same i.e. the targeted unit is what was contracted for with Quality First grantees on behalf of each region.

**Scholarships TEACH Service Numbers:**

In SFY14 the targeted service unit for TEACH reflects the number of scholarships for statewide funded TEACH (as part of the QF package). Because TEACH is a state funded contract, the contract service units do not appear in this regional table. The contracted service unit for the region is 3 Scholarships. The contracted service units are lower than the target service units to reflect actual scholarship usage.

**Scholarships non-TEACH:**

The Scholarships non-TEACH strategy reflects a strategy TSUs of 14 for SFY14 and a contracted service unit of 20. The contracted service units are higher than the targeted based on a formula that takes into account the expected number of students enrolling in CDA modules and coursework, CDA assessments, and the associated cost.

**FTF Professional REWARD\$:**

The FTF Professional REWARD\$ strategy reflects a strategy TSUs of 29 for SFY14, and a contracted service unit of 35 because the dollar amount of each stipend issued is determined by the educational level of the staff member applying.

**Newborn Follow-Up:**

The Newborn Follow-Up Strategy reflects a strategy TSUs of 150 families to be served, and a contracted service unit of 110 families for SFY14 because SFY14 is the first full year of program implementation. It is anticipated that contracted service units in SFY15 will increase.

**Nutrition/Obesity/Physical Activity:**

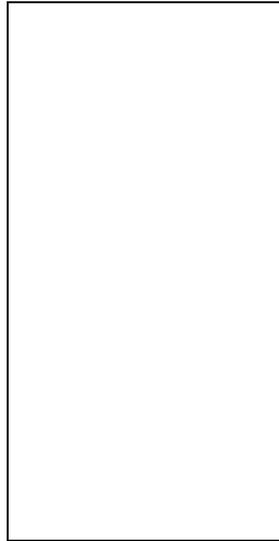
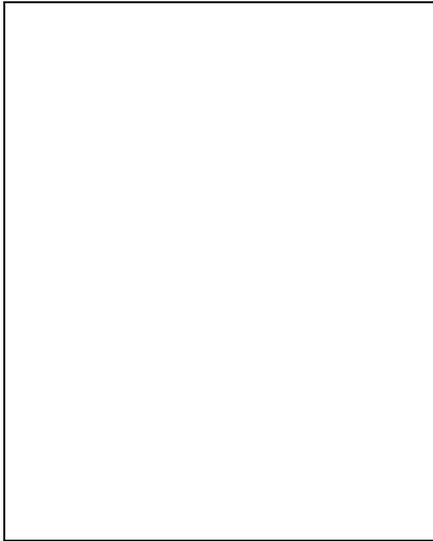
The Nutrition/Obesity/Physical Activity Strategy reflects a strategy TSUs, and contracted service unit, of 0 for SFY14 because the strategy was removed following SFY13.

**Section III. A.**

**SFY15 Funding Plan**

**Regional Priorities, Selected FTF Indicators and Priority Roles, and Strategies to Achieve Outcomes**

Regional Priority to be addressed	School Readiness Indicators Correlated to the needs and priority roles	FTF Priority Roles in the Early Childhood System	SFY 2013-2015 Strategies
<ul style="list-style-type: none"> <li>• Need for an educated and well-supported workforce of early childhood professionals</li> <li>• Limited access to, and availability of, high quality, affordable early care and education programs and services</li> <li>• Limited access to parent education and information</li> <li>• Need to expand access to preventive health related screenings, supports and information for families</li> <li>• Need to build the capacity within the early childhood and family service sectors in the region to effectively leverage resources and funding into the region, and to build a streamlined system of high quality supports and services for families.</li> <li>• Limited knowledge and information about the importance of early childhood development and health</li> </ul>	<ul style="list-style-type: none"> <li>• #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</li> <li>• % of children with newly identified developmental delays during the kindergarten year</li> <li>• #/% of children receiving timely well child visits</li> <li>• #/% of children age 5 with untreated tooth decay</li> </ul>	<ul style="list-style-type: none"> <li>• 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. PD-1</li> <li>• 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. EL-3</li> <li>• Access to Quality Health Care Coverage and Services- Collaborate with partners to support improved nutrition and increased age/developmentally appropriate physical activity levels among young children. HLTH-3</li> <li>• 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. HLTH-2</li> <li>• 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. FS&amp;L-2</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• Learning Labs (SFY 13)</li> <li>• Community Based Professional Development for Early Care and Education Professionals (SFY 14-15)</li> <li>• Recruitment into The Field</li> <li>• Scholarships non-TEACH</li> <li>• Quality First (including CCHC, CC Scholarships, TEACH)</li> <li>• Additional CC Scholarships</li> <li>• Additional TEACH (SFY 13)</li> <li>• FTF Professional REWARD\$</li> <li>• Care Coordination/Medical Home</li> <li>• Home Visitation (SFY 13)</li> <li>• Newborn Follow-Up (SFY 14-15)</li> <li>• Oral Health</li> <li>• Parent Outreach and Awareness</li> </ul>



officials, policy makers, and the public. PA-1

- Nutrition/Obesity Physical Activity (SFY 13)
- Community Awareness
- Community Outreach
- Media
- Needs and Assets (SFY 14)
- Statewide Evaluation
- (\*) Indicates new strategy for this Regional Partnership Council

**Section III. B.****SFY15 Funding Plan****Changes in Strategies from SFY14 to SFY15**

<b>Strategy Name</b>	<b>SFY14</b>	<b>SFY15</b>
Community-Based Professional Development for Early Care and Education Professionals		
Funding Level Change	\$125,000	\$250,000
TSU Change:	0 Participating Professionals	20 Participating Professionals
Target Population Change	No Change	No Change
Explanation of Change(s):	SFY14 is a planning and infrastructure development year with no contracted service numbers.	SFY 15 is intended to be the first year of program implementation including coaching/mentoring of participating early care and education professionals to improve both program quality, and business practices. Community-based professional development opportunities are planned to begin as well.
Recruitment into The Field		No Change
Scholarships non-TEACH		No Change
FTF Professional REWARD\$		No Change
Care Coordination/Medical Home		
Funding Level Changes:	\$600,000	\$600,000
TSU Change:		
# of children served	2,000	3,000
# of families served (Health Insurance Enrollment Assistance)		0
# of children screened		0
# of developmental screenings conducted		1,000
#of hearing screenings conducted		0
# of visions screenings conducted		
Target Population Change:	No Change	No Change

Explanation of Change:	No Change	Required Secondary Strategy TSUs added
Oral Health		No Change
Newborn Follow-Up		No Change
Parent Outreach and Awareness		
Funding Level Change:	\$200,000	\$185,000
TSU Change:	Number of books distributed 4,000 Number of events held 0 Number of resource guides distributed 0 Number of workshops held 150	Number of books distributed 4,000 Number of events held 0 Number of resource guides distributed 0 Number of workshops held 150
Target Population Change:	No Change	No Change
Explanation of Change:		SFY 15 funding reduced to maintain SFY 14 projects without expanding scopes of work.
Quality First - includes the following components: QF Coaching & Incentives, QF Academy, QF Warmline Triage, QF Inclusion Warmline, QF CCHC Warmline, QF MHC Warmline		
Funding Level Changes:	\$59,454	\$46,735  QF Coaching & Incentive \$40,779 QF Academy \$ 3,760 QF Warmline Triage \$ 304 QF Inclusion Warmline \$ 840 QF CCHC Warmline \$ 188 QF MHC Warmline \$ 864
TSU Change:	3 Centers 1 Home	3 Centers 1 Home
Target Population Change:	No Change	No Change
Explanation of Change:	No Change	The funding level has changed as a result of the star rating progression that is used for enrolled programs which results in changes to coaching and incentives for QF programs. In addition, 3-5 star programs

		do not receive incentives.
QF Scholarships (previously QF Child Care Scholarships)		
Funding Level Change:	\$156,477	\$268,940
TSU Change:	32	36
Target Population Change:	No Change	No Change
Explanation of Change(s):		The regional council is not making any additional changes to scholarships and the funding and TSU changes are due to the SFY15 QF model changes approved by the Board in June 2013. TSU changed from 32 in SFY 14 to 36 SFY 15 due to program model changes which impacted the eligibility of programs to receive scholarships based upon star ratings, participant size. This TSU increase includes 11 additional scholarships that are regionally funded. In addition, the funding level changed because the market rates are no longer factored into the overall formula for the cost of the scholarship but standard rates are being used.
Child Care Health Consultation		
Funding Level Change:	\$9,891	\$11,880
TSU Change:	3 Centers 1 Home	3 Centers and 1 Home
Target Population Change:	No Change	No Change
Explanation of Change(s):	No Change	For SFY 15, the regional council increased funding to cover the cost of travel to deliver service in remote areas across the region. <u>Optional Travel Costs for Rural/Frontier Regions:</u> Additional unit cost per center or home provider in CCHC: \$500
Community Awareness		No change
Community Outreach		

Funding Level Change:	\$85,000	\$93,000
Explanation of Change:		The funding level in SFY 15 is increased to fund a full-time position in the Navajo/Apache Region to increase the engagement and retention of FTF Friends, Supporters and Champions, as well as to increase the frequency of site visits and stories captured in articles for local media. These changes are based on the FTF Communications Strategic Plan for SFY14 – SFY 17.
Media	No Change	
Statewide Evaluation		
Funding Level Change:	\$78,362	\$103,014
Explanation of Change(s):	The funding level is based on the FTF Research and Evaluation Implementation Plan for SFY 13 – SFY 15.	
Needs and Assets		
Funding Level Change:	\$40,000	\$0.00
Explanation of Change:	No funds are needed in SFY 15.	

**Section III. C.**  
**SFY15 Funding Plan**  
**Target Service Units Proposed**

**SFY 15 Target Service Units Proposed**

Strategy	Service Unit	2014		2015
		Target	Contracted	Target
Learning Labs	Number of children served	-	-	-
Community Based Professional Development Early Care and Education Professionals	Number of participating professionals	-	-	20
Recruitment into Field	Number of participating professionals	30	30	30
Scholarships non-TEACH	Number of professionals receiving	14	20	14
Quality First	Number of center based providers served	3	-	3
	Number of home based providers served	1	-	1
Child Care Health Consultation	Number of center based providers served	3	3	3
	Number of home based providers served	1	1	1
	Number of Non-QF Centers	-	-	0
	Number of Non-QF Homes	-	-	0
Scholarships TEACH ( <i>Statewide</i> )	Number of professionals receiving	7	-	-
Quality First Scholarships	Number of scholarship slots for children 0-	32	32	36
FTF Professional REWARD\$	Number of incentive awards distributed	29	35	29
Care Coordination/Medical Home	Number of children receiving screening	-	-	-
	Number of children served	2,000	2,100	3,000
	Number of developmental screenings	-	-	1,000
	Number of families served (HIE Assistance)	-	-	0
	Number of hearing screenings conducted	-	-	0
	Number of vision screenings conducted	-	-	0
Newborn Follow-up	Number of families served	150	110	150
Oral Health	Number of children receiving oral health	1,200	1,200	1,200
	Number of fluoride varnishes applied	1,200	1,200	1,200
	Number of participating adults	55	55	55
	Number of participating professionals	1	1	1
	Number of prenatal women receiving oral	-	-	0
Parent Outreach and Awareness	Number of books distributed	4,000	4,000	4,000
	Number of events held	-	-	0
	Number of resource guides distributed	-	-	0
	Number of workshops held	150	130	150
Nutrition/Obesity/Physical Activity	Number of children served	-	-	-
	Number of participating adults	-	-	-

**Notes about SFY14 contracted service units:****Learning Labs:**

The Learning Labs Strategy reflects a strategy TSU and contracted service unit of 0 because the strategy was formally defunded and removed from the funding plan in April 2013.

**Community Based Professional Development for Early Care and Education Professionals:**

The Community Based Professional Development for Early Care and Education Professionals strategy reflects a 0 for both the strategy TSU and the contracted service units for SFY14 because this is an infrastructure development year. The strategy target for SFY15 is 20 participating professionals, and it is anticipated that the contracted service units will be the same.

**Quality First:**

Due to operational changes, a "0" or a "-" Contracted Unit is shown in the table above, however, the Targeted Unit and the Contracted Unit are the same i.e. the targeted unit is what was contracted for with Quality First grantees on behalf of each region.

**Scholarships non-TEACH:**

The Scholarships non-TEACH strategy reflects a strategy TSU of 14 for SFY14 and a contracted service unit of 20. The contracted service units are higher than the targeted based on a formula that takes into account the expected number of students enrolling in CDA modules and coursework, CDA assessments, and the associated cost. The strategy target for SFY15 is 14.

**Scholarships TEACH Service Numbers:**

In SFY14 the targeted service unit for TEACH reflects the number of scholarships for statewide funded TEACH (as part of the QF package). Because TEACH is a state funded contract, the contract service units do not appear in this regional table. The contracted service unit for the region is 3 Scholarships. The contracted service units are lower than the target service units to reflect actual scholarship usage. For SFY15, a targeted service unit is not included because the region did not allot funding to Additional (Regional) TEACH Scholarships.

**Quality First Scholarships:**

The Quality First Scholarships strategy for SFY15 reflects a strategy TSUs of 36. In the Navajo/Apache Region, there are 25 QF Scholarships included in the Quality First package, and the Regional Council has elected to fund 11 additional scholarships.

**FTF Professional REWARD\$:**

The FTF Professional REWARD\$ strategy reflects a strategy TSUs of 29 for SFY14, and a contracted service unit of 35 because the dollar amount of each stipend issued is determined by the educational level of the staff member applying.

**Newborn Follow-Up:**

The Newborn Follow-Up Strategy reflects a strategy TSUs of 150 families to be served, and a contracted service unit of 110 families for SFY14 because SFY14 is the first full year of program implementation. It is anticipated that contracted service units in SFY 5 will increase.

**Nutrition/Obesity/Physical Activity:**

The Nutrition/Obesity/Physical Activity Strategy reflects a strategy TSU, and contracted service unit, of 0 for SFY 14 because the strategy was removed following SFY13.

**Section III. D.**  
**SFY15 Funding Plan**  
**New Proposed Strategies**

There are no new strategies for SFY 15.

**Section III. E.**  
**SFY15 Funding Plan**

**SFY15 Proposed Funding Summary including the SFY13 -15 Regional Partnership Council Budget**

<b>Allocations and Funding Sources</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
FY Allocation	\$1,260,632	\$1,481,891	\$1,507,152
Population Based Allocation	\$704,522	\$847,750	\$862,404
Discretionary Allocation	\$422,965	\$493,565	\$495,178
Other (FTF Fund balance addition)	\$133,145	\$140,576	\$149,570
Carry Forward From Previous Year	\$1,256,394	\$1,273,526	\$1,157,751
<b>Total Regional Council Funds Available</b>	<b>\$2,517,026</b>	<b>\$2,755,417</b>	<b>\$2,664,903</b>
<b>Strategies</b>	<b>Allotted</b>	<b>Allotted</b>	<b>Proposed Allotment</b>
Learning Labs	-	-	-
Community Based Professional Development Early Care and Education Professionals	-	\$125,000	\$250,000
Recruitment into Field	\$90,000	\$90,000	\$90,000
Scholarships non-TEACH	\$15,000	\$15,000	\$15,000
Quality First	\$49,693	-	-
Quality First Academy	-	\$3,595	\$3,760
Quality First Child Care Health Consultation Warmline	-	\$189	\$188
Quality First Coaching & Incentives	-	\$53,729	\$40,779
Quality First Inclusion Warmline	-	\$799	\$840
Quality First Mental Health Consultation Warmline	-	\$822	\$864
Quality First Warmline Triage	-	\$320	\$304
Child Care Health Consultation	\$7,560	\$9,891	\$11,880
Scholarships TEACH	\$6,600	-	-
Quality First Scholarships	\$182,976	\$156,477	\$268,940
FTF Professional REWARD\$	\$13,500	\$40,000	\$40,000
Care Coordination/Medical Home	\$600,000	\$600,000	\$600,000
Newborn Follow-up	\$100,000	\$100,000	\$100,000
Oral Health	\$130,000	\$136,000	\$136,000
Parent Outreach and Awareness	\$60,000	\$200,000	\$185,000
Nutrition/Obesity/Physical Activity	\$95,000	-	-
Community Awareness	\$30,000	\$30,000	\$30,000
Community Outreach	\$85,000	\$85,000	\$93,000
Media	\$10,000	\$10,000	\$10,000
Needs and Assets	-	\$40,000	-
Statewide Evaluation	\$34,346	\$78,362	\$103,014
<b>Total</b>	<b>\$1,509,675</b>	<b>\$1,775,184</b>	<b>\$1,979,568</b>
<b>Total Unallotted</b>	<b>\$1,007,351</b>	<b>\$980,233</b>	<b>\$685,334</b>

-end of funding plan-



## FIRST THINGS FIRST

*Ready for School. Set for Life.*

### Standard of Practice

#### COURT TEAMS

##### I. Description of Strategy

The principal goals of Court Teams are to improve outcomes and reduce the recurrence of abuse and neglect for infants and toddlers. These goals are achieved by developing court-community teams led by superior court judges to:

- Raise awareness of the developmental needs of maltreated infants and toddlers.
- Assure case plans that support the developmental needs of these children
- Assure a permanency plan resulting in stable placements for children with foster families, relatives, or other caretakers.
- Assure continuing focus on child well-being when children are returned to parents, relatives, or other caretakers.

Court teams promote policies and procedures that will foster a system of care that focuses on meeting the developmental needs of children and supports their healthy development. Research has shown a number of positive outcomes as a result of the court teams processes.

It is the intent of Court teams to strengthen the support and care for infants and young children in the Juvenile Dependency system. This is accomplished through training, shared planning and regular consultation of those agencies working with the child and family. The Court team may recommend and refer the child and family for services, but does not directly provide these services.

Research on the outcomes for young children under the jurisdiction of juvenile courts that utilize Court Teams has shown:

- A significant increase in the services provided to eligible children and their parents, particularly in access to health care and early intervention services.
- Decrease in the number of foster home moves for infants and toddlers.
- An increase in parent-child visits.
- An increase in relative/kinship placements.<sup>1</sup>

##### II. Implementation Standards of Practice

Court Teams provide the mechanism to implement policies that are informed by the science of early childhood to assure the best decisions for the health, development, and well-being of each child under the jurisdiction of the juvenile court system. Model Court Teams accomplish this through the application of eight identified key components. The components are:

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<sup>1</sup> Zero to Three, *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*, Fact Sheets. [Zero to Three Funded Projects - Court Team](#).

**Judicial Leadership:** Local judges in Court Team communities are the catalysts for the programs that meet the needs of vulnerable children and their families. When beginning a Court Team, a local judge convenes the initial meeting with representatives of the community, service providers and other stakeholders to build commitment and cooperation.

**Local Community Coordinator:** In each Court Team community, a local Community Coordinator serves as a resource for child development expertise for the court. The Community Coordinator coordinates services and resources in support of infants and toddlers in the court systems.

**Court Team:** The Court Team is made up of key community stakeholders who commit to working to restructure the way the community responds to the needs of maltreated infants and toddlers. The makeup of Court Teams varies from community to community, but typically the team includes pediatricians; child welfare workers; attorneys representing children, parents, and the child welfare system; Court Appointed Special Advocates (CASAs); Guardians Ad Litem (GALs); mental health professionals; substance abuse treatment providers; representatives of foster parent organizations and children's advocacy groups; Early Head Start and child care providers; and Court Improvement Project staff.

**Monthly Case Reviews:** Each month, all individuals and organizations delivering court-mandated services to infants and toddlers meet together with the judge to review progress on each case. This monitoring process in and of itself can help prevent very young children from falling through the cracks in the child welfare system and ensure that the services they are receiving are effective and age appropriate.

**New Court Order Forms:** Court-ordered service referrals have been expanded in Court Team sites to include a variety of services for children. By focusing attention on the children themselves, it is hoped that children's needs for medical and mental health interventions will be incorporated into resolving the family's child welfare system involvement.

**Training and Technical Assistance:** Training and technical assistance to court personnel and community service providers on topics such as being more responsive to, and responsible for, the children's social and emotional development needs; general infant and toddler development; parenting interventions; services available to foster children in the community; and the impact of trauma on children.

**Mental Health Treatment:** Ideally each Court Team will have the capacity to refer parents to mental health services which are designed to improve the parent-child relationship by focusing on reading and responding to cues in ways that support child development and to address unmet emotional needs that the parent may have which impacts her/his ability to meet the needs of the young child.

**Resource Materials:** Access to resource materials including bench books and training videos developed by Zero to Three and other organizations involved with the development of Court Teams.

It has been found that a partnership between judges and individuals involved in the child welfare system results in enhanced and more coordinated services for infants and toddlers in the court system.

Considerations to support the successful coordination of the Court Team process include:

- Ensuring that team members understand and respect the role, responsibilities, and perspective of each member.
- Establishing protocols and/or guidelines for reaching consensus on the optimal plan for each child and his or her family.
- Assigning responsibility for taking case conference notes and timely dissemination of information decisions and action steps.
- Providing for access to confidential information for members of the team that need such access.
- Establishing a process for timely dissemination of information to team members regarding critical incidents or change in status that may impact the well-being of a child.
- Establishing procedures for including non-team members in team meetings when appropriate and relevant to planning for a particular child.

### III. Staff Qualifications Standards of Practice:

Knowledge of human services systems and community development; experience in facilitating coordination and collaboration. Knowledge of and experience in the juvenile (dependency) court system is highly desired. Typically individuals with advanced academic degrees (Masters or higher) possess these attributes.

### IV. Cultural Competency

**Programs will also implement the following best practices and standards related to Cultural Competencies:**

- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members and program participants' effective, understandable, and respectful care that is provided in a culturally competent manner. Early childhood practitioners /early childhood service providers should ensure that staff and participants at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children." <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>  
<http://www.naeyc.org/positionstatements/linguistic>
- Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe's/Nation's cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe's/Nation's laws, policies and procedures. The effectiveness of services is directly related to the provider's consideration of the beliefs, customs and laws of the Tribe/Nation.
- Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Director, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments.
- It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- The ideal applicant will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff are culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:
  - In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.
  - Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities.

## GOAL AREA: COORDINATION

### STRATEGY NAME: COURT TEAMS

STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION AND COST	COST
<p>The principal goals of Court Teams are to improve outcomes and reduce the recurrence of abuse and neglect for infants and toddlers. These goals are achieved by developing court-community teams led by superior court judges to:</p> <ul style="list-style-type: none"> <li>• Raise awareness of the developmental needs of maltreated infants and toddlers.</li> <li>• Assure case plans that support the developmental needs of these children</li> <li>• Assure a permanency plan that results in stable placements for children with foster families, relatives, or other caretakers.</li> <li>• Assure continuing focus on child wellbeing when children are returned to parents, relatives, or other caretakers.</li> </ul> <p>Court teams promote policies and procedures that will foster a system of care that focuses on meeting the developmental needs of children and supports their healthy development.</p> <p>Court Team implementation involves eight core components:</p> <p><b>1. Judicial Leadership:</b> Local judges in Court Team communities are the catalysts for the programs that meet the needs of vulnerable children and their families. When beginning a Court Team, a local judge convenes the initial meeting with representatives of community, service providers and other stakeholders to build commitment and cooperation.</p>	<p>Established court team pilots outcomes:</p> <ul style="list-style-type: none"> <li>• A significant increase in the services provided to eligible children and their parents, particularly in health care (100% of the children had at least one pediatric visit) and developmental (Part C) screening for early intervention services (64% of the children received a full developmental assessment and at least 20% of those who had been screened had begun receiving services).</li> <li>• Reductions in the number of out-of-placements. Almost half of the children have remained (42%) in one foster home throughout their time in out-of-home care.</li> <li>• An increase in parent-child visits. Very young children need to see their parents multiple times each week to develop a trusting relationship for</li> </ul>	<ul style="list-style-type: none"> <li>• Extensive planning and research may be required to determine the readiness and resources to implement this strategy.</li> <li>• The strategy requires consent from and collaboration with the presiding juvenile or family court judge of the Superior Court responsible for dependency hearing in the region (County). Children under the jurisdiction of the juvenile court are usually involved with Child Protective Services.</li> <li>• Considerable additional collaboration with Child Protective Services, community based family services, early Intervention and developmental disabilities service providers, and mental health providers is also required.</li> <li>• Court Teams established in regions that include a Tribal area will need to also coordinate with Tribal social services</li> <li>• Multi-year planning and commitment is required. Court systems, especially those in rural areas, may have limited resources to assume costs for court team operations. This is an area for discussion and negotiation during a planning phase.</li> <li>• The implementation of Court Teams is enhanced with alignment with other regional strategies such as continuing education for court team members to enhance knowledge and skills related to</li> </ul>	<p>Cost may vary from region to region depending on the resources available from the state or county. Cost are driven by considerations such as the existence of a team or partial team, available state or county funds, or funding from other public or private sources. Essential staff costs include a coordinator and full or part time of administrative support staff.</p> <p>2011 allocations from Regions Partnership Councils range from \$49,000 to \$450,000.</p>

<p>2. <b>Local Community Coordinator:</b> In each Court Team community, a local Community Coordinator serves as a resource for child development expertise for the court. The Community Coordinator coordinates services and resources in support of infants and toddlers in the court systems.</p> <p>3. <b>Court Team:</b> The Court Team is made up of key community stakeholders who commit to working to restructure the way the community responds to the needs of maltreated infants and toddlers. The makeup of Court Teams varies from community to community, but typically the team includes pediatricians; child welfare workers; attorneys representing children, parents, and the child welfare system; Court Appointed Special Advocates (CASAs); Guardians Ad Litem (GALs); mental health professionals; substance abuse treatment providers; representatives of foster parent organizations and children’s advocacy groups; Early Head Start and child care providers; and Court Improvement Project staff.</p> <p>4. <b>Monthly Case Reviews:</b> Each month, all individuals and organizations delivering court-mandated services to infants and toddlers meet together with the judge to review progress on each case. This monitoring process in and of itself can help prevent very young children from falling through the cracks in the child welfare system and ensure that the services they are receiving are effective and age appropriate.</p> <p>5. <b>New Court Order Forms:</b> Court-ordered service referrals have been expanded in Court Team sites to include a variety of services for children. By focusing attention on the children themselves, it is hoped</p>	<p>reunification purposes. Prior to the Court Teams Project, visits between parents and their young children in foster care occurred less than once a week.</p> <ul style="list-style-type: none"> <li>• An increase in relative/kinship placements. Approximately 37% of all placements have been with relatives. Reunification plans often include relatives as an additional support for the child.<sup>2</sup></li> </ul>	<p>early childhood development; and parent support strategies such as parenting skills, language and literacy programs, and home visiting.</p> <ul style="list-style-type: none"> <li>• Court Teams strategies are usually implemented through intergovernmental agreements with the County Superior Court.</li> <li>• Timeline for implementation may range from three to six months.</li> <li>• This strategy is applicable to a continuum of services available to the most at-risk children and should be considered as an enhancement to the child welfare system of the region.</li> </ul>	
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<sup>2</sup> Zero to Three, *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*, Fact Sheets. [Zero to Three Funded Projects - Court Team](#).

<p>that children’s needs for medical and mental health interventions will be incorporated into resolving the family’s child welfare system involvement.</p> <p><b>6. Training and Technical Assistance:</b> Training and technical assistance to court personnel and community service providers on topics such as being more responsive to, and responsible for, the children’s social and emotional development needs; general infant and toddler development; parenting interventions; services available to foster children in the community; and the impact of trauma on children.</p> <p><b>7. Mental Health Treatment:</b> Ideally each Court Team will have the capacity to refer parents to mental health services which are designed to improve the parent-child relationship by focusing on reading and responding to cues in ways that support child development and to address unmet emotional needs that the parent may have which impacts her/his ability to meet the needs of baby.</p> <p><b>8. Resource Materials:</b> Access to resource materials including bench books and training videos developed by Zero to Three and other organizations involved with the development of Court Teams.</p>			
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*To view a copy of the IGA please contact the Program Staff*



## FIRST THINGS FIRST

*Ready for School. Set for Life.*

### Navajo/Apache Regional Director's Report January 8, 2014

#### Schedule of Events

- Kate Dobler-Allen, Regional Director, has made the following presentations/visits in the Navajo/Apache Region in December, 2013 and January, 2014:

Care Coordination Meeting – Summit Regional, Show Low	December 18, 2013
PD Workgroup Meeting – ECE Workforce Knowledge and Competencies	December 18, 2013
Communications Implementation Team Meeting	December 19, 2013
Annual Leave	December 23-24, 2013
Christmas Day Holiday – Office Closed	December 25, 2013
New Years' Day – Office Closed	January 1, 2014
Navajo County Community Network Meeting	January 2, 2014
Early Learning Strategy Implementation Team Meeting	January 2, 2014
Navajo/Apache Regional Partnership Council Meeting – Show Low	January 8, 2014

- The following are scheduled for January and February, 2014:

Communications Implementation Team Meeting	January 9, 2014
Navajo/Apache Grantee Coordination Meeting – Show Low	January 15, 2014
White Mountain Chamber of Commerce Leadership – Education Day	January 16, 2014
Communications Implementation Team Meeting	January 16, 2014
NAG Oral Health Coalition Meeting – Show Low	January 17, 2014
Martin Luther King Jr. Day – Office Closed	January 20, 2014
FTF State Board Meeting – Phoenix	January 21-22, 2014
Regional In-service – Phoenix	January 30-31, 2014
Navajo County Home Visitation Coalition Meeting	February 3, 2014
Navajo County Network Team Meeting	February 6, 2014
Communications Implementation Team Meeting	February 6, 2014
Early Learning Strategy Implementation Team Meeting	February 6, 2014
Open Meeting Law Training – Flagstaff	February 7, 2014
Navajo/Apache Regional Partnership Council Meeting - Snowflake	February 12, 2014

#### On-going Community Project Involvement

- **Navajo County Safe Kids Chapter** – beginning group to focus on safety needs and issues for the County's youngest kids. Facilitated by Navajo County Public Health and Kirk Webb, Lakeside Fire.
- **Counties Care 4 Children Coalition** – Beginning group convened by Navajo County Education Service Agency to bring together school-based homeless liaisons, health care providers, Navajo and Apache County Public Health departments, Cooperative Extension, faith based partners, FTF staff and other

community partner agencies to share information, training, and better understand the existing resources in our region to most effectively leverage resources to reach children and families that are homeless.

- **ICAN – Interagency Coalition Against Child Abuse and Neglect** – Convened by Navajo County Attorney’s Office, members include CASA, CPS, Northland Pioneer College, Summit Healthcare, FTF, North Country Healthcare, school districts from southern Navajo County, law enforcement, the Navajo County Family Advocacy Center, and others.
- **Navajo County Home Visiting Coalition** – Home visitation coalition convened by Navajo County Public Health, Amy Stradling with assistance from Debbie Padilla, Apache County Public Health.

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## FY 2014 Navajo/Apache Funding Plan Summary

	Population	Discretionary	Other	Carry Forward	Total
<b>Total Allocation:</b>	<b>\$847,750</b>	<b>\$493,565</b>	<b>\$140,576</b>	<b>\$1,273,526</b>	<b>\$2,755,417</b>

Strategy	Original Allotment	Current Allotment Distribution				Total	Awarded	Unawarded	Expended	Unexpended
Quality First	\$59,265	-	-	-	-	-	-	-	-	-
Quality First Academy	\$3,595	-	-	-	\$3,595	\$3,595	\$2,986	\$608	\$757	\$2,229
Quality First Child Care Health Consultation Warmline	\$189	-	-	-	\$189	\$189	\$189	-	\$5	\$184
Quality First Coaching & Incentives	\$53,729	-	-	-	\$53,729	\$53,729	\$53,729	-	\$26,587	\$27,141
Quality First Inclusion Warmline	\$799	-	-	-	\$799	\$799	\$799	-	\$229	\$571
Quality First Mental Health Consultation Warmline	\$822	-	-	-	\$822	\$822	\$822	-	\$276	\$546
Quality First Scholarships	\$156,477	-	-	-	\$156,477	\$156,477	\$156,477	\$0	\$78,256	\$78,221
Quality First Warmline Triage	\$320	-	-	-	\$320	\$320	\$320	-	\$107	\$213
Community Based Professional Development Early	-	\$125,000	-	-	-	\$125,000	\$124,999	\$1	\$5,261	\$119,738
FTF Professional REWARD\$	\$40,000	-	-	-	\$40,000	\$40,000	\$39,150	\$850	\$19,686	\$19,464
Recruitment into Field	\$90,000	-	-	-	\$90,000	\$90,000	\$90,000	-	\$23,058	\$66,943
Scholarships non-TEACH	\$15,000	\$15,000	-	-	-	\$15,000	\$15,000	-	-	\$15,000
Scholarships TEACH	-	-	-	-	-	-	-	-	-	-
Care Coordination/Medical Home	\$600,000	-	-	-	\$600,000	\$600,000	\$599,998	\$2	\$182,547	\$417,451
Child Care Health Consultation	\$10,080	-	-	-	\$9,891	\$9,891	\$9,891	(\$0)	\$718	\$9,173
Oral Health	\$136,000	-	-	-	\$136,000	\$136,000	\$136,000	-	\$11,201	\$124,799
Newborn Follow-up	\$100,000	-	-	-	\$100,000	\$100,000	\$99,994	\$6	\$27,311	\$72,683
Parent Outreach and Awareness	\$200,000	-	-	-	\$200,000	\$200,000	\$160,000	\$40,000	\$13,494	\$146,506
Needs and Assets	\$40,000	-	-	-	\$40,000	\$40,000	\$32,000	\$8,000	-	\$32,000
Statewide Evaluation	\$78,362	-	-	\$78,362	-	\$78,362	\$78,362	-	\$78,362	-
Community Awareness	\$30,000	-	-	-	\$30,000	\$30,000	\$30,000	-	\$6,668	\$23,332
Community Outreach	\$85,000	-	-	-	\$85,000	\$85,000	\$85,000	-	\$32,103	\$52,897
Media	\$10,000	-	-	-	\$10,000	\$10,000	\$10,000	-	\$2,495	\$7,505
<b>Total Allotment:</b>	<b>\$1,709,639</b>	<b>\$140,000</b>	<b>-</b>	<b>\$78,362</b>	<b>\$1,556,822</b>	<b>\$1,775,184</b>	<b>\$1,725,717</b>	<b>\$49,467</b>	<b>\$509,120</b>	<b>\$1,216,597</b>
<b>Total Unallotted:</b>		<b>\$707,750</b>	<b>\$493,565</b>	<b>\$62,214</b>	<b>(\$283,296)</b>	<b>\$980,233</b>				

**FY 2014 Navajo/Apache Contract Detail**

	Grantee Name	Contract Period	Allotment		YTD Expense	Expense Variance	Reimbursement Activity	
			Total Allotment	Awarded			Pending	Paid (Last 30 Days)
<b>Community</b>	<b>Community Awareness Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$30,000</b>	<b>\$30,000</b>	<b>\$6,668</b>	<b>\$23,332</b>		
	First Things First (FTF-Directed)	07/01/2013-06/30/2014		\$30,000	\$6,668	\$23,332		
	<b>Community Outreach Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$85,000</b>	<b>\$85,000</b>	<b>\$32,103</b>	<b>\$52,897</b>		
	First Things First (FTF-Directed)	07/01/2013-06/30/2014		\$85,000	\$32,103	\$52,897		
	<b>Media Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$10,000</b>	<b>\$10,000</b>	<b>\$2,495</b>	<b>\$7,505</b>		
	First Things First (FTF-Directed)	07/01/2013-06/30/2014		\$10,000	\$2,495	\$7,505		
		<b>Goal Area Subtotal:</b>	<b>\$125,000</b>	<b>\$125,000</b>	<b>\$41,265</b>	<b>\$83,735</b>		
<b>Evaluation</b>	<b>Needs and Assets Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$40,000</b>	<b>\$32,000</b>	<b>-</b>	<b>\$32,000</b>		
	First Things First (FTF-Directed)	07/01/2013-06/30/2014		\$32,000	-	\$32,000		
	<b>Statewide Evaluation Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$78,362</b>	<b>\$78,362</b>	<b>\$78,362</b>	<b>-</b>		
	First Things First (FTF-Directed)	07/01/2013-06/30/2014		\$78,362	\$78,362	-		
			<b>Goal Area Subtotal:</b>	<b>\$118,362</b>	<b>\$110,362</b>	<b>\$78,362</b>	<b>\$32,000</b>	
<b>Family Support</b>	<b>Newborn Follow-up Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$100,000</b>	<b>\$99,994</b>	<b>\$27,311</b>	<b>\$72,683</b>		<b>\$5,505</b>
	Navajo County Public Health Services District	07/01/2013-06/30/2014		\$99,994	\$27,311	\$72,683		\$5,505
	<b>Parent Outreach and Awareness</b>	<b>Strategy Subtotal:</b>	<b>\$200,000</b>	<b>\$160,000</b>	<b>\$13,494</b>	<b>\$146,506</b>	<b>\$25,062</b>	<b>\$13,494</b>
	Arizona Board of Regents for and on behalf of University of Arizona	08/01/2013-06/30/2014		\$100,000	-	\$100,000	\$25,062	
	Navajo County Library District	08/01/2013-06/30/2014		\$60,000	\$13,494	\$46,506		\$13,494
			<b>Goal Area Subtotal:</b>	<b>\$300,000</b>	<b>\$259,994</b>	<b>\$40,805</b>	<b>\$219,189</b>	<b>\$25,062</b>
<b>Health</b>	<b>Care Coordination/Medical Home</b>	<b>Strategy Subtotal:</b>	<b>\$600,000</b>	<b>\$599,998</b>	<b>\$182,547</b>	<b>\$417,451</b>		<b>\$13,443</b>
	North Country HealthCare	07/01/2013-06/30/2014		\$200,000	\$75,500	\$124,500		\$13,443
	Summit Healthcare Association	07/01/2013-06/30/2014		\$399,998	\$107,047	\$292,951		
	<b>Child Care Health Consultation</b>	<b>Strategy Subtotal:</b>	<b>\$9,891</b>	<b>\$9,891</b>	<b>\$718</b>	<b>\$9,173</b>		<b>\$28</b>
	First Things First (FTF-Directed)	07/01/2013-06/30/2014		\$607	\$607	-		
	Maricopa County Department of Public Health	07/01/2013-06/30/2014		\$208	-	\$208		
	Navajo County Public Health Services District	07/01/2013-06/30/2014		\$8,697	-	\$8,697		
	Pima County Health Department	07/01/2013-06/30/2014		\$379	\$111	\$268		\$28

	Grantee Name	Contract Period	Allotment		YTD Expense	Expense Variance	Reimbursement Activity	
			Total Allotment	Awarded			Pending	Paid (Last 30 Days)
	<b>Oral Health Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$136,000</b>	<b>\$136,000</b>	<b>\$11,201</b>	<b>\$124,799</b>		
	Navajo County Public Health Services District	07/01/2013-06/30/2014		\$136,000	\$11,201	\$124,799		
		<b>Goal Area Subtotal:</b>	<b>\$745,891</b>	<b>\$745,889</b>	<b>\$194,467</b>	<b>\$551,422</b>		<b>\$13,471</b>
<b>Professional Development</b>	<b>Community Based Professional Development Early Care and Education Professionals Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$125,000</b>	<b>\$124,999</b>	<b>\$5,261</b>	<b>\$119,738</b>		
	Summit Healthcare Association	09/01/2013-06/30/2014		\$124,999	\$5,261	\$119,738		
	<b>FTF Professional REWARD\$ Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$40,000</b>	<b>\$39,150</b>	<b>\$19,686</b>	<b>\$19,464</b>		
	Valley of the Sun United Way	07/01/2013-06/30/2014		\$39,150	\$19,686	\$19,464		
	<b>Recruitment into Field Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$90,000</b>	<b>\$90,000</b>	<b>\$23,058</b>	<b>\$66,943</b>		
	Northland Pioneer College	07/01/2013-06/30/2014		\$90,000	\$23,058	\$66,943		
	<b>Scholarships non-TEACH Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>-</b>	<b>\$15,000</b>		
	Central Arizona College	07/01/2013-06/30/2014		\$15,000	-	\$15,000		
	<b>Scholarships TEACH Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$0</b>	<b>-</b>	<b>-</b>	<b>-</b>		
	<b>Goal Area Subtotal:</b>	<b>\$270,000</b>	<b>\$269,149</b>	<b>\$48,004</b>	<b>\$221,145</b>			
<b>Quality and Access</b>	<b>Quality First Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$0</b>	<b>-</b>	<b>-</b>	<b>-</b>		
	<b>Quality First Academy Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$3,595</b>	<b>\$2,986</b>	<b>\$757</b>	<b>\$2,229</b>		<b>\$191</b>
	Southwest Human Development	07/01/2013-06/30/2014		\$2,986	\$757	\$2,229		\$191
	<b>Quality First Child Care Health Consultation Warmline Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$189</b>	<b>\$189</b>	<b>\$5</b>	<b>\$184</b>		
	University of Arizona Cooperative Extension	07/01/2013-06/30/2014		\$189	\$5	\$184		
	<b>Quality First Coaching &amp; Incentives</b>	<b>Strategy Subtotal:</b>	<b>\$53,729</b>	<b>\$53,729</b>	<b>\$26,587</b>	<b>\$27,141</b>		
	Valley of the Sun United Way	07/01/2013-06/30/2014		\$53,729	\$26,587	\$27,141		
	<b>Quality First Inclusion Warmline Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$799</b>	<b>\$799</b>	<b>\$229</b>	<b>\$571</b>		<b>\$49</b>
	Southwest Human Development	07/01/2013-06/30/2014		\$799	\$229	\$571		\$49
	<b>Quality First Mental Health Consultation Warmline Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$822</b>	<b>\$822</b>	<b>\$276</b>	<b>\$546</b>		<b>\$72</b>
	Southwest Human Development	07/01/2013-06/30/2014		\$822	\$276	\$546		\$72
	<b>Quality First Scholarships Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$156,477</b>	<b>\$156,477</b>	<b>\$78,256</b>	<b>\$78,221</b>		
	Valley of the Sun United Way	07/01/2013-06/30/2014		\$156,477	\$78,256	\$78,221		
	<b>Quality First Warmline Triage Strategy</b>	<b>Strategy Subtotal:</b>	<b>\$320</b>	<b>\$320</b>	<b>\$107</b>	<b>\$213</b>		<b>\$27</b>
Southwest Human Development	07/01/2013-06/30/2014		\$320	\$107	\$213		\$27	
	<b>Goal Area Subtotal:</b>	<b>\$215,932</b>	<b>\$215,323</b>	<b>\$106,217</b>	<b>\$109,106</b>		<b>\$339</b>	
	<b>Overall Total:</b>	<b>\$1,775,184</b>	<b>\$1,725,717</b>	<b>\$509,120</b>	<b>\$1,216,597</b>	<b>\$25,062</b>	<b>\$32,809</b>	