



Arizona Early Childhood Development & Health Board

Southwest Maricopa Regional Partnership Council

November 18, 2014 – *Draft* Meeting Minutes

Call to Order

The Regular Meeting of the First Things First Southwest Maricopa Regional Partnership Council was held on Tuesday, November 18, 2014 at Avondale City Hall, 11465 West Civic Center, Avondale, Arizona 85323.

Chair Dr. Dawson welcomed everyone and called the meeting to order at approximately 5:33 p.m.

Members Present:

Dora Barrio, Kelli Cordova Wright, Dr. Carlian Dawson, Colleen Day Mach, Kimberly Flack, Wendy Krisik, Amanda Reyes, Marithe Denys Sandoval, David Schwake and Christine Tax

Please Note: Council Member Barrio entered the meeting at 5:37 p.m.

Please Note: Council Member Reyes entered the meeting at 5:39 p.m.

Members Absent:

Arlene Santos

Call to the Public:

Joyce Gross, Buckeye Elementary School District provided an update on the Family Resource Center and provided Council with handouts. Ms. Gross shared information that the Banner HealthMobile will now be traveling to the Buckeye Elementary School District, provided a summary sheet of free programs and services offered at the Buckeye Resource Center and a packet with information on the Christmas Holiday assistance program.

Monica Falcon, Maricopa County Department of Public Health, SNACK Program shared updates on the Child Passenger Safety and shared facts about child passenger safety. Ms. Falcon provided Council with handouts and thanked the Council for their time.

Erin Raden, Arizona Childcare Association (ACCA), Executive Director wanted to remind Council about some key points about the Quality First Scholarships program as they move forward in the funding plan. Ms. Raden asked Council to please continue to keep commitment to funding Quality First Scholarships.

Kelly Burgess, New Directions Institute Arizona Children Association updated Council on the Parenting Education Program and provided a handout of Free Workshops. Ms. Burgess thanked Council for their support.

Antoinette Martinez, Maricopa County Department of Public Health, FindHelpPhx – Resources. Ms. Martinez updated Council on the program and provided a card with information regarding the resources. Ms. Martinez thanked Council for their support and attention.

Kensey Gabbard Member and Provider of the Arizona Childcare Association (ACCA), Kidz Kampus Preschool and shared information on the scholarship funding and the importance of the scholarships. Ms. Gabbard thanked Council for the funding and also asked Council to consider to continue funding scholarships.

Review and Approval of October 21, 2014 and November 3, 2014 Meeting Minutes:

Council Member Krisik made a motion to approve the October 21, 2014 meeting minutes as written. Motion was seconded by Council Member Sandoval and carried out by unanimous vote.

Council Member Krisik made a motion to approve the November 3, 2014 meeting minutes as written. Motion was seconded by Council Member Reyes and carried out by unanimous vote.

Please Note: Chair Dr. Dawson adjusted the order of Agenda, moving Agenda Item #4 Community Outreach Update to #5 and Agenda Item #5 SFY 16 Strategic Planning to #4.

Please Note: Council Member Schwake left the meeting at 6:00 p.m.

SFY 16 Strategic Planning (Discussion and Possible Action):

Regional Director Santiago provided Council with information on the Southwest Funding Plan 2016-2018 Scenarios A-D and Council Meeting discussion strategy details. Council reviewed each Scenario.

Chair Dr. Dawson discussed and reviewed the Conflict of Interest rules with the Council and explained that if any Council Member who believes that a Conflict of Interest is present, he or she must disclose that Conflict using the Member Disclosure Form and must sign the Statement of Disqualification at the bottom of the Disclosure form. Chair Dr. Dawson requested verbal declaration of Conflict of Interest and asked Council Members to state their conflict into the meeting record. Council Members who had a Conflict of Interest were as follows:

Marithe Denys Sandoval –Disclosed a conflict of interest with Agenda Item #5 - Quality First Child Care Scholarships. Member Sandoval disclosed that she owns a childcare center in the region that receives Quality First scholarships. Member Sandoval will not vote or otherwise participate in regards to Quality First Child Care Scholarships.

Marithe Denys Sandoval –Disclosed a conflict of interest with Agenda Item #5 - Quality First. Member Sandoval disclosed that she owns a childcare center in the region that receives Quality First funding. Member Sandoval will not vote or otherwise participate in regards to Quality First.

Wendy Krisik –Disclosed a conflict of interest with Agenda Item #5 - Family Resource Centers. Member Krisik disclosed that she is an employee of the Pendergast Elementary School District which receives funding through the Family Resource Center strategy. Member Krisik will not vote or otherwise participate in regards to Family Resource Centers.

Christine Tax –Disclosed a conflict of interest with Agenda Item #5 - Quality First Scholarships. Member Tax disclosed that she is the director of a Quality First Center that receives scholarships. Member Tax will not vote or otherwise participate in regards to Quality First Child Care Scholarships.

Kimberly Flack – Disclosed a conflict of interest with Agenda Item #5 – Parent Education Community Based Training. Vice Chair Flack disclosed that she is an employee of PBS who is currently a grantee in the Yuma Region and could potentially apply for funding in the Southwest Region. Vice Chair Flack will not vote or otherwise participate in regards to Parent Education Community Based Training.

Kimberly Flack – Disclosed a conflict of interest with Agenda Item #5 – Kindergarten Transition. Vice Chair Flack disclosed that she is an employee of PBS who is currently a grantee in the Yuma Region and could potentially apply for funding in the Southwest Region. Vice Chair Flack will not vote or otherwise participate in regards to Kindergarten Transition.

Kimberly Flack – Disclosed a conflict of interest with Agenda Item #5 – Family Friend and Neighbor. Vice Chair Flack disclosed that she is an employee of PBS who is currently a grantee in the Yuma Region and could potentially apply for funding in the Southwest Region. Vice Chair Flack will not vote or otherwise participate in regards to Family Friend and Neighbor.

Kimberly Flack – Disclosed a conflict of interest with Agenda Item #5 – Family Support – Children with Special needs. Vice Chair Flack disclosed that she is an employee of PBS who is currently a grantee in the Yuma Region and could potentially apply for funding in the Southwest Region. Vice Chair Flack will not vote or otherwise participate in regards to Family Support.

Dr. Carlian Dawson –Disclosed a conflict of interest with Agenda Item #5 – Parent Education Community - Based Training. Chair Dr. Dawson disclosed that she is an employee of Pilgrim Rest Foundation. Chair Dr. Dawson will not vote or otherwise participate in regards to Parent Education Community Based Training.

Dr. Carlian Dawson –Disclosed a conflict of interest with Agenda Item #5 - Family Friend and Neighbor. Chair Dr. Dawson disclosed that she is an employee of Pilgrim Rest Foundation. Chair Dr. Dawson will not vote or otherwise participate in regards to Family Friend and Neighbor.

Dora Barrio –Disclosed a conflict of interest with Agenda Item #5 – Family Resource Centers. Member Barrio disclosed that she is an employee of the Pendergast School District and the center is partially funded by First Things First. Member Barrio will not vote or otherwise participate in regards to Family Resource Centers.

Kelli Cordova Wright –Disclosed a conflict of interest with Agenda Item #5 – Nutrition/Obesity/Physical Activity. Member Cordova Wright disclosed that she is an employee of the Maricopa County Department of Public Health. Member Cordova Wright will not vote or otherwise participate in regards to Nutrition/Obesity/Physical Activity.

Kelli Cordova Wright –Disclosed a conflict of interest with Agenda Item #5 –Oral Health. Member Cordova Wright disclosed that she is an employee of the Maricopa County Department of Public Health. Member Cordova Wright will not vote or otherwise participate in regards to Oral Health.

Kelli Cordova Wright –Disclosed a conflict of interest with Agenda Item #5 – Child Care Health Consultation. Member Cordova Wright disclosed that she is an employee of the Maricopa County Department of Public Health. Member Cordova Wright will not vote or otherwise participate in regards to Child Care Health Consultation.

Colleen Day Mach –Disclosed a conflict of interest with Agenda Item #5 – Care Coordination/Medical Home. Member Day Mach disclosed that she is an employee of MIHS who is a current grantee. Member Day Mach will not vote or otherwise participate in regards to Care Coordination/Medical Home.

Regional Director Santiago asked Council which Scenario from the Southwest Maricopa Funding Plan 2016 guide they would like to choose for voting purposes. Council Consensus was to choose Scenario D as a guide for voting purposes and to vote on each strategy line by line.

Council Member Barrio made a motion that the Southwest Maricopa Regional Partnership Council approve Care Coordination/Medical Home Strategy in the amount of \$200,000.00 with a target service unit of 600 children served in State Fiscal Year 16 through the Multi Region RFGA and funding mechanism. Motion was seconded by Council Member Reyes and carried out by unanimous vote. Vice Chair Flack made a motion that the Southwest Maricopa Regional Partnership Council approve the Community Awareness strategy in the amount of \$15,000.00 in State Fiscal Year 16. Motion was seconded by Council Member Krisik and carried out by unanimous vote.

Council Member Cordova Wright made a motion that the Southwest Maricopa Regional Partnership Council approve the Community Outreach strategy in the amount of \$83,000.00 in State Fiscal Year 16. Motion was seconded by Council Member Day Mach and carried out by unanimous vote.

Vice Chair Flack made a motion that the Southwest Maricopa Regional Partnership Council approve the Family Resource Centers strategy in the amount of \$800,000.00 with a target service unit of 7,400 families served in State Fiscal Year 16, with a target service unit of 7000 Families Served for Referral and Resources, 1,000 Developmental Screenings, 3,100 Family Served through Health Insurance Enrollment in State Fiscal Year 16. Through Grant Agreements with City of Avondale, Town of Gila Bend, Buckeye Elementary School District and the Pendergast Elementary School District. Motion was seconded by Council Member Day Mach and carried out by unanimous vote.

Council Member Sandoval made a motion that the Southwest Maricopa Regional Partnership Council approve the Family Support – Children with Special Needs in the amount of \$200,000.00 with a target service unit of 50 families served in State Fiscal Year 16 through the Multi Region RFGA as funding mechanism. Motion was seconded by Council Member Tax and carried out by unanimous vote.

Please Note: Council Member Reyes facilitated this portion of the meeting due to Chair Dr. Dawson and Vice Chair Flack both have a conflict of interest.

Council Member Barrio made a motion that the Southwest Maricopa Regional Partnership Council approve the Family, Friends & Neighbors strategy in the amount of \$275,000 with a target service unit of 110 providers served in State Fiscal Year 16 for potential funding mechanism as RFGAs. Motion was seconded by Member Krisik and carried out by unanimous vote.

Please Note: Chair Dr. Dawson facilitated this portion of the meeting due to no conflict of interest.

Vice Chair Flack made a motion that the Southwest Maricopa Regional Partnership Council approve the Home Visitation strategy in the amount of \$300,000.00 with a target service unit of 125 families served in State Fiscal Year 16 with and RFGA. Motion was seconded by Council Member Barrio and Carried out by unanimous vote.

Council Member Barrio made a motion that the Southwest Maricopa Regional Partnership Council approve the Media strategy in the amount of \$10,000.00 in State Fiscal Year 16. Motion was seconded by Council Member Krisik and carried out by unanimous vote.

Council Member Sandoval made a motion that the Southwest Maricopa Regional Partnership Council approve the Physical Activity/Nutrition/ Obesity Prevention (SNACK) strategy in the amount of \$100,000.00 with a target service unit of 500 adults served in State Fiscal Year 16 through multi grant agreement. Motion was seconded by Council Member Barrio and carried out by unanimous vote.

Vice Chair Flack made a motion that the Southwest Maricopa Regional Partnership Council approve the Oral Health strategy in the amount of \$250,000.00 with a target service unit of 2,667 children screened, 2,667 fluoride applications, 10 participating professionals, and 500 prenatal women receiving oral health screenings in State Fiscal Year 16 through Multi Regional Grant RFGA. Motion was seconded by Member Sandoval and carried out by unanimous vote.

Council Member Barrio made a motion that the Southwest Maricopa Regional Partnership Council approve the Quality First Strategy package for 20 centers and 4 homes, with estimated funding allotments as presented in today's State Fiscal Year 16 Funding Plan document for an estimated allotment of \$59,281.00. Motion was seconded by Council Member Reyes and carried out by unanimous vote.

Council Member Barrio made a motion that the Southwest Maricopa Regional Partnership Council approve the Quality First Strategy package for 20 centers and 4 homes with an estimated funding allotment as presented in today's State Fiscal Year 16 Funding Plan document for an estimated allotment of \$22,560.00 for Quality First Academy. Motion was seconded by Member Reyes and carried out by unanimous vote.

Council Member Barrio made a motion that the Southwest Maricopa Regional Partnership Council approve the Quality First Strategy package for 20 centers and 4 homes with an estimated funding allotment as presented in today's State Fiscal Year 16 Funding Plan document for an estimated allotment of \$324,202.00 for Quality First Coaching and incentives. Motion was seconded by Member Reyes and carried out by unanimous vote.

Council Member Barrio made a motion that the Southwest Maricopa Regional Partnership Council approve the Quality First Strategy package for 20 centers and 4 homes with an estimated funding allotment as presented in today's State Fiscal Year 16 Funding Plan document for an estimated allotment of \$13,200.00 for Quality First Inclusion Warmlines. Motion was seconded by Member Reyes and carried out by unanimous vote.

Council Member Barrio made a motion that the Southwest Maricopa Regional Partnership Council approve the Quality First Child Care Scholarship Strategy including an estimate of 204 scholarships for programs enrolled in Quality First The total budget allotment for the strategy is estimated to be

\$1,069,806.00 with an estimated number of slots amount of 135. Motion was seconded by Member Reyes and carried out by unanimous vote.

Please Note: Council Member Barrio left the meeting at 7:02 p.m.

Please Note: Council Member Cordova Wright facilitated this portion of the meeting due to Chair Dr. Dawson and Vice Chair Flack both have a conflict of interest.

Council Member Reyes made a motion that the Southwest Maricopa Regional Partnership Council approve the Parent Education – Community Based Training strategy in the amount of \$375,000.00 with a target service unit of 70 for Teen Outreach Pregnancy Services, 140 for Grandparents Raising Grandchildren, and 300 for Parenting Education – Community Based Training, in State Fiscal Year 16 with an RFGA. Motion was seconded by Member Krisik and carried out by unanimous vote.

Please Note: Chair Dr. Dawson facilitated this portion of the meeting due to no conflict of interest.

Council Member Reyes made a motion that the Southwest Maricopa Kindergarten Transition: I move that the Southwest Maricopa Regional Partnership Council approve Kindergarten Transition strategy in the amount of \$50,000 in State Fiscal Year 16. Motion was seconded by Member Krisik and carried out by unanimous vote.

Vice Chair Flack made a motion that the Southwest Maricopa Regional Partnership Council approve the Service Coordination strategy in the amount of \$50,000 in State Fiscal Year 16. Motion was seconded by Council Member Reyes and carried out by unanimous vote.

Vice Chair Flack made a motion that the Southwest Maricopa Regional Partnership Council approve the Statewide Evaluation strategy in the amount of \$242,203.00 in State Fiscal Year 16. Motion was seconded by Member Tax and carried out by unanimous vote.

Community Outreach Update:

Community Outreach Coordinator Victoria Bray provided Council with report for October – November, shared highlights of some of the events and presentations that she participated in and upcoming events.

Site Tour, Pendergast Community Center – Thursday, November 20, 2014, 4:00 p.m.

Speakers Series Training Part 1: Early Childhood Everyday, Wednesday, November 26, 2014 from 1:00 pm – 2:30 pm, Care 1st Avondale Family Resource Center, 328 W. Western, Avondale, AZ 85323

Council Member Updates (Discussion):

December and January Council Meetings: Chair Dr. Dawson informed Council that there will not be a December 16, 2014 Council meeting due to there are no items for the Agenda. Council will resume their regular Council meeting on January 20, 2014 and possibly have a celebration at that time.

Council Member Day Mach provided an update/information on Program Committee meeting and shared that they have restructured the standing advisory committees for the state. Member Day Mach will forward a draft/copy of the flo chart to Regional Director Santiago to email Council.

Council Member Cordova Wright shared that the Preventative Health Collaborative who is funded out of the Phoenix South Region applied for a grant through United Health Foundation, completely separate from First Things First, has received the grant and will have the opportunity to expand into Mesa, Arizona.

Chair Dr. Dawson provided Council with information on the Foodie Faire being held on Sunday, November 23, 2014 from Noon – 3:00 p.m. at Kierland Commons, 15202 North Kierland Blvd., Scottsdale, Arizona. Chair Dr. Dawson thanked First Things First staff for their great facilitation and for coming and sharing information to help Council get through the funding plan. Dr. Dawson shared that Council Member Barrio coordinated the Arizona Hispanic School Administrators Conference this year and did an excellent job.

Regional Director Santiago - Shared a training video for ongoing training for Council Members. Every year Council has to renew their request for facilities for Council meetings, Director Santiago asked Council if they would like to continue meeting at the Avondale City Hall or if they would like a variety of locations to meet at. Council Consensus was to meet at Avondale City Hall and relocate quarterly. Administrative Assistant Gandara will reserve the Avondale City Hall as a routine and will seek other locations on a quarterly basis.

Adjourn:

There being no further business, Chair Dr. Dawson adjourned the meeting at 7:27 p.m.

SUBMITTED BY:

Eric Santiago, Southwest Maricopa Regional Director

Approved:

Dr. Carlian Dawson, Chair

Recorded by Cynthia E. Gandara

Cynthia E. Gandara, Administrative Assistant II

**Southwest Maricopa
Funding Plan Summary
SFY 2016 Proposed**

Allocations and Funding Sources	2016	Recommendations to the Board SFY16 Strategies and Allotments
FY Allocation	\$1,830,384	
Population Based Allocation	\$1,830,384	
Discretionary Allocation		
Other (FTF Fund balance addition)		
Carry Forward From Previous Year	\$3,074,296	
Total Regional Council Funds Available	\$4,904,680	
Strategies	Proposed Allotment	
Family Resource Centers	\$800,000	Recommended Approval
Family Support – Children with Special Needs	\$200,000	Recommended Approval
Home Visitation	\$300,000	Recommended Approval
Parenting Education	\$375,000	Recommended Approval
Quality First Academy (statewide)	\$22,560	Recommended Approval
Child Care Health Consultation (statewide)	\$59,281	Recommended Approval
Quality First Coaching & Incentives (statewide)	\$335,174	Recommended Approval
Quality First Scholarships (statewide)	\$1,069,806	Recommended Approval
Quality First Specialized Technical Assistance (statewide)	\$13,200	Recommended Approval
Kindergarten Transition (statewide)	\$50,000	Recommended Approval
Family, Friends & Neighbors	\$275,000	Recommended Approval
Oral Health	\$250,000	Recommended Approval
Nutrition/Obesity/Physical Activity	\$100,000	Recommended Approval
Care Coordination/Medical Home	\$200,000	Recommended Approval
Service Coordination (FTF Directed)	\$50,000	Recommended Approval
Community Awareness (FTF Directed)	\$15,000	Recommended Approval
Community Outreach (FTF Directed)	\$83,000	Recommended Approval
Media (FTF Directed)	\$10,000	Recommended Approval
Statewide Evaluation (FTF Directed)	\$242,203	Recommended Approval
Total	\$4,450,224	
Total Unallotted	\$454,456	

Section III.F.

Proposed Funding Plan Summary SFY 2016 - 2018

Allocations and Funding Sources	2016	2017	2018
FY Allocation	\$1,830,384	\$4,523,624	\$4,523,624
Population Based Allocation	\$1,830,384	\$3,708,075	\$3,708,075
Discretionary Allocation		\$815,549	\$815,549
Other (FTF Fund balance addition)			
Carry Forward From Previous Year	\$3,074,296	\$454,456	\$266,544
Total Regional Council Funds Available	\$4,904,680	\$4,978,080	\$4,790,168
Strategies	Proposed Allotment	Proposed Allotment	Proposed Allotment
Family Resource Centers	\$800,000	\$800,000	\$800,000
Family Support – Children with Special Needs	\$200,000	\$200,000	\$200,000
Home Visitation	\$300,000	\$300,000	\$300,000
Parenting Education	\$375,000	\$375,000	\$375,000
Quality First Academy (statewide)	\$22,560	\$22,560	\$22,560
Child Care Health Consultation (statewide)	\$59,281	\$59,281	\$59,281
Quality First Coaching & Incentives (statewide)	\$335,174	\$338,460	\$339,623
Quality First Specialized Technical Assistance (statewide)	\$13,200	\$13,200	\$13,200
Quality First Scholarships (statewide)	\$1,069,806	\$1,327,832	\$1,405,301
Family, Friends & Neighbors	\$275,000	\$275,000	\$275,000
Kindergarten Transition (statewide)	\$50,000	\$50,000	\$50,000
Oral Health	\$250,000	\$250,000	\$250,000
Nutrition/Obesity/Physical Activity	\$100,000	\$100,000	\$100,000
Care Coordination/Medical Home	\$200,000	\$200,000	\$200,000
Service Coordination	\$50,000	\$50,000	\$50,000
Community Awareness (FTF Directed)	\$15,000	\$15,000	\$15,000
Community Outreach (FTF Directed)	\$83,000	\$83,000	\$83,000
Media (FTF Directed)	\$10,000	\$10,000	\$10,000
Statewide Evaluation (statewide) (FTF Directed)	\$242,203	\$242,203	\$242,203
Total	\$4,450,224	\$4,711,536	\$4,790,168
Total Unallotted	\$454,456	\$266,544	\$0



Family, Friend and Neighbor Care

I. INTENT OF STRATEGY

The intent of the evidence informed Family, Friend and Neighbor Care strategy is to provide training, professional development and financial resources to family, friend and neighbor caregivers. The expected result is an improvement in the quality of caregiving, teaching and learning for children in unregulated home based early care and education settings.

II. DESCRIPTION OF SIGNIFICANCE

First Things First (FTF) defines family, friend and neighbor (FFN) care as: a broad range of child care arrangements provided in the home of the child or caregiver, by extended family members, friends, neighbors and other unrelated adults for a fee, or free, while parents need to be away, go to work or go to school. Family, friend and neighbor care is also often referred to as *kith and kin, informal care, unregulated and license exempt child care, or relative care* (Families and Work Institute, 2006).

Family, friend and neighbor care providers typically do not receive regular access to information, education, or training on children's health, safety and child development. In Arizona, FFN care providers can legally care for four children for pay, with a maximum limit of six children under the age of 12, including their own. For these homes, there is no licensing or regulatory requirement; therefore, there is no mechanism or support system in place to assist these providers in creating high-quality environments for the children for whom they provide care. Child care provided by FFN caregivers, for the most part, is legally exempt from regulation and is therefore of growing interest to families and policymakers.

Nationally, in-home care is the most common type of child care for children under the age of 5 whose parents work (Susman-Stillman and Banghart, 2008). Evidence suggests that training provided to FFN caregivers can result in positive outcomes for children. For example, report findings from a national study involving Arizona community partners who provided training and support to FFN caregivers showed that 81 percent of providers indicated making specific changes in the care provided to the children as a result of their involvement in the program. The impact was noted in the following areas: 1) safety in the home environment, particularly fire safety; 2) establishing and maintaining a daily schedule for the children; 3) encouraging providers to utilize the resources of their local library; 4) developing a written formalized child care services agreement with parents, and 5) increased knowledge regarding the Child and Adult Food Program. Participants in this program indicated interest in becoming better providers by providing a higher level of care to the children and families they serve. (Mathematica Policy Research, Inc., 2006).

In 2010, a local study of over 800 participants in the Arizona Kith and Kin Project, conducted by the Indigo Cultural Center, found significant increases in quality indicators in the areas of: health and safety; materials in the physical environment; provider-child communication patterns; provider engagement; learning activities; and providers' basic knowledge about child development.

In recent years, the question of what types of child care programs best prepare children for kindergarten has emerged as a dominant issue in the early care and education public policy agenda. Growing awareness of the large number of children in unregulated FFN care settings and emphasis on school readiness has generated increasing interest in efforts to support these caregivers and their need for professional development (Porter, 2007).

III. IMPLEMENTATION STANDARDS

A. Program Standards

First Things First (FTF) is committed to funding programs that are evidence based or evidence informed. The emphasis on evidence-based programs is grounded in the idea that the maximum benefit for children and families is delivered by programs that base their practice in the most current, relevant, and reliable evidence about the effectiveness of the program. For some programs, an evidence-informed or best practice, or a promising practice model is appropriate. The following criteria are considered by FTF when determining to fund programs:

- **Evidence based programs** are programs that have been validated by documented and scientific research and the evidence has gone through a peer review process. Evidence is established through scientific research that has had a comparison between an intervention group and a control group where the intervention group has had a significant impact. Peer review means that someone external to the program or research team has reviewed the methodology and the findings to determine if standards were met.
- **Evidence informed** is a program or service that has a clearly articulated theory of change (logic model) and has had some evaluation of the outcomes. This can be based on one program or service model that has been evaluated in multiple settings. An evidence informed program cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.
- **Promising practice** is a program or service that has a clearly articulated theory of change (logic model) with specified implementation and operational processes (activities) and program outcomes. A promising practice program is *informed* by at least one of the following:
 - Evidence based practices of a similar program or service delivery system, but does not have complete fidelity to that model because of justifiable need to change factors such as staffing or written materials in order to adapt to geographic or cultural variation.
 - A similar program or service delivery model that is generally accepted as appropriate for use with the target population to achieve the program outcomes but has yet to be established as evidence based.
 - Culturally responsive practices that are known to contribute positively to program outcomes.

A promising practice must have no evidence that the program or service will cause any harm to recipients. Additionally, a promising practice program is committed to building evidence of program or service effectiveness through ongoing continuous quality improvement activities.

1. Implement an evidence based or evidence informed model that meets FTF's accepted definition of those program models:
 - a. The model must include one or more of the following components:
 - In-home support for FFN caregivers: With some variations of duration and intensity, professional development and coaching is provided to caregivers in their home to achieve individualized goals (quality safety, nutrition, etc.)
 - Community-based training and professional development: Professional development through group meetings and trainings are delivered in a series of ongoing sessions that bring home-based providers together with qualified and experienced staff in a community setting to learn elements of quality care and safety and that are responsive to the needs and diversity among FFN care providers. Child care should be provided and the sessions should take place at a time convenient for the FFN providers.
 - Playgroup opportunities: In socialization or "Play and Learn" models, caregivers and children participate together in activities in a center-like setting offered in different sites in the community with the spaces ideally equipped with a variety of activities that are intended to promote cognitive, language, and physical development. Staff facilitators, whose backgrounds include early childhood and parent education, model interactions with children for the caregivers.
 - A pathway to regulation: Information, support, additional resources and financial supports are provided for FFN providers who wish to become certified or licensed.
 - b. Within all models there must be opportunities for the following:
 - Distribution of or access to financial incentives to help purchase safety and quality improvement equipment/materials;
 - Resource and referral information on health and development of young children as well as information on resources available in the community;
 - Information and support on becoming a regulated provider; and
 - Information and resources on educational and professional development opportunities related to early childhood education.
 - c. Identify outreach, engagement and retention practices for home-based care providers.
 - d. Applicants delivering professional development opportunities to FFN providers will be required to ensure that opportunities are designed and implemented according to the following principles:
 - Professional development opportunities to FFN care providers are based upon a culture of trust and respect.
 - Clearly define program objectives to ensure comprehension, engagement, and retention.

- Create opportunities for and act upon formal and informal feedback ensuring that input shapes on-going decision-making.
 - Encourage honest, open communication between participants and instructors.
 - Maintain confidentiality, being respectful of program participants.
 - Sessions must be culturally responsive.
 - Sessions should be based on current research, core areas of competency, and early learning standards.
 - Curriculum should incorporate and reflect the theoretical framework that informs practice in the classroom/home.
 - Sessions should be responsive to the needs of the region's FFN care providers.
 - Experiences should be relevant to the participant's background and role as an FFN care provider.
 - Sessions should involve adult active learning techniques for participants.
- e. Providers of community-based professional development opportunities for early care and home based care providers will:
- Increase the availability of and participation in high quality professional development opportunities for those working with or preparing to work with children birth through age five.
 - Provide high quality professional development opportunities through innovative and creative approaches.
 - Develop outreach and recruitment practices that engage and retain participants.
 - Provide resource and referral information to participants on the healthy development of young children; and resources available in the community such as early literacy programs, family support agencies, and physical and oral health resources.
 - Provide resource and referral information to participants who indicate an interest in being a regulated provider or obtaining certification or degree related to early childhood education and related fields.
 - Identify and coordinate with existing training opportunities within the region.
 - Conduct trainings based on best practices and research giving consideration to:
 - Utilizing subject matter experts (Child Care Health Consultants, local physicians, published authors, researchers, etc.) to enhance training content and delivery.
 - The frequency and sequence of training sessions.
 - Provide professional development sessions that are interactive, model desired behaviors, and address the multiple learning styles of adult learners.
 - At a minimum, topics must include:
 - Understanding the five domains of early childhood development (physical well-being and motor development; social and emotional development; approaches to learning; language development; and, cognition and general knowledge) for typically developing children and children with special needs
 - Observing and understanding children's behaviors
 - Ensuring safe and healthy learning environments

- Understanding ethical and professional issues when working with young children
 - Utilizing developmentally appropriate practices
 - Advancing physical and intellectual competence
 - Supporting social/emotional development and using positive guidance techniques
 - Establishing respectful, positive, and productive relationships with families
 - Ensuring a well-run purposeful program responsive to child and family needs
 - Understanding the need to limit screen time for young children
 - Understanding the health, nutrition and physical activity needs of young children
- f. Additional training topics may include, but are not limited to:
- Sensory integration, behavioral health, and special needs
 - Role of creativity in learning
 - Role of materials in the learning environment
 - Role of the arts in cognitive and social emotional growth and development
 - Role of the environment and environmental design in children’s learning
 - Role of the teacher/educator as researcher
 - Significance of play
 - Written and oral communication skills of providers
- g. Maintain flexibility and responsiveness to emerging issues in the community and the early childhood field.
- Develop a collaborative, coordinated response to community needs
 - Be accessible for program participants
- h. Ensure the provision of high-quality professional development opportunities through experienced and responsive staff.
- i. Programs delivering professional development opportunities to support FFN care will be required to ensure that these opportunities are designed and implemented according to the following principles:
- Create collaborations with and among agencies and other early care and education stakeholders such as the Alliance for Family Friend and Neighbor Child Care (AFFNCC), Arizona Department of Economic Security (DES), Arizona Department of Health Services (ADHS), Arizona Kith & Kin Project, Child Care Resource and Referral, regional libraries, Head Start programs, school districts, Child Care Health Consultants, professional development training and scholarship systems, and other programs working with child-care homes.
 - Respond to the diversity among FFN care providers by addressing the individual needs of home-based care providers.
 - Address transportation issues or assist with access to transportation to and from professional development sessions.

- Provide materials to FFN care providers, including safety equipment and/or safety kits, books, or educational materials that are developmentally appropriate for the children being served.
 - Ensure community-based professional development seminars and hands-on training are evidence-based and relevant to the communities in which providers are working and include seminars, small group sessions or other methods of gathering FFN providers together so that information and materials can be delivered, peer connections can be made, and opportunities for discussion and group learning are accessible.
 - Ensure CPR/First Aid certification, and/or safety training for FFN care providers is part of overall training.
 - Ensure a system of support for FFN care providers that incorporates a mentoring or coaching component, is research-based and proven to improve the quality outcomes for home-based child care, and can be provided via a variety of service delivery methods.
- j. FFN services will include:
- Identification and recruitment of FFN providers caring for children birth through age five.
 - Fostering professional, supportive relationships between FFN care givers and community-based coaches or mentors.
 - Tools and resources for assessing and measuring quality in the FFN caregiving environment, i.e., Child Care Assessment Tool for Relatives (CCAT-R), Family Child Care Environmental Rating Scale (FCCERS), California Health and Safety Checklist or other valid instruments.
 - Providing assistance, coaching, mentoring and support, by community-based coaches or mentors, to FFN care providers, as needed and appropriate, to increase the quality of child care that is provided and to help move in-home care providers toward appropriate licensure.
 - Creating a program improvement plan with the provider, specific to each provider and the children they care for, that will serve as a roadmap for the provider to move towards higher quality of care and potentially towards licensure.
 - Implementing a strength-based curriculum that focuses on safety, brain development, social-emotional developmental needs, positive guidance and discipline, nutrition, parent/caregiver relationships, language and literacy, appropriate learning activities, culture, and health and sanitary practices.
 - Emphasizing the importance of early, often and ongoing monitoring of a child's development by the family's Medical Home or through conducting developmental screenings, with parent involvement and permission, using a tool such as the Ages & Stages questionnaire or other valid instrument.
 - Developing training materials for providers that identify and utilize available resources.

- Fostering partnerships between existing community agencies and entities so that training, information, services and other supports for FFN care providers can be provided at non-traditional settings and locations, such as public schools, and other “education” settings.
2. Literacy learning in early childhood provides the foundation for future literacy success and is rooted in exposure to rich language experiences and engaging activities that build knowledge, understanding and speaking, expands vocabulary, and supports a child’s ability to become a successful independent reader.
 - a. Promote and support meaningful early literacy experiences and opportunities for young children in the appropriate context of program implementation.
 - b. Support caregivers in understanding and communicating parenting and child-rearing skills that help increase understanding of early language and emergent literacy development.
 - c. Engage caregivers in meaningful, day to day two-way communication about how a child develops language and early literacy skills.
 - d. Encourage caregivers to support families in the use the language in which they are most confident and competent.
 - e. Encourage caregivers to learn how to observe, guide, promote, and participate in everyday language and literacy development of their children in early care and education settings and in their communities.
 - f. Encourage caregivers to advance their own learning interests in language and literacy development through education, training, and other experiences that support their parenting, careers, and life goals.
 - g. Encourage caregivers to support and advocate for their children’s learning and development as they transition to new learning environments.
 3. FTF recognizes the importance of collaborative partnerships among community partners that utilize a variety of formal and informal mechanisms to facilitate coordination of services in the community. The Coordination and Collaboration standard requires a grantee to:
 - a. Develop and implement a plan to understand and make connections with other initiatives, strategies and efforts in the region or state that support the early childhood system.
 - b. Develop processes that ensure staff implementing FTF funded strategies understand the connections between this strategy and the early childhood system to avoid duplication of services and promote collaboration between other services and supports offered to children and families in the regions.
 - c. Focus on building collaborative partnerships with existing programs and agencies in order to build upon current revenue and funding sources.
 - d. Enhance and expand current training opportunities to include FFN providers.
 - e. Coordinating with other FTF statewide and regionally funded programs.

4. Continuous Quality Improvement
 - a. Adopt a process of continuous self-monitoring and reflection to improve program practices that is articulated in a written policy.
 - b. In the written policy, the following should be addressed:
 - How data is used to assess the progress and outcomes of program implementation; and
 - How data collection is used to improve staff performance.
 - c. Develop evaluative and monitoring processes that are collaborative, ongoing and that include input from providers, program administrators and staff, families, and community members.
 - d. Include pre and post evaluative activities that involve self-assessment by FFN providers, and provide opportunities for feedback conversations with their trainer/instructor.

5. First Things First embraces cultural responsiveness as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.
 - a. Offer programs and services congruent with the needs of diverse children and families.
 - b. Offer programs and services that are responsive to the impact of cultural factors such as histories, traditions, values, family systems and structures, social class, and religion and spiritual beliefs.
 - c. Create a learning environment conducive to and includes all children and families no matter their ethnic, cultural, or linguistic backgrounds.
 - d. Use the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse children and families to make learning more appropriate and effective for them.

2. Staffing Standards

1. Direct Service Staff
 - a. Hire staff who reflect the cultural and ethnic experiences and language of the targeted population with whom they work with and integrate their expertise into the entire program.
 - b. Ensure that staff at all levels receives initial and ongoing professional development in culturally and linguistically responsive service delivery.
 - c. Employ well-trained and competent staff and provides continual relevant professional development opportunities.
 - d. Demonstrate evidence that the grantee can retain high quality staff whose tenure ensures program integrity and consistency in home-based care provider relationships.
 - e. Recruit staff from the community who has extensive knowledge of community resources
 - f. Recruit staff that reflect the cultural and ethnic experiences and language of the participants, and integrate their expertise into the program
 - g. Qualifications for Trainers/Instructors:
 - Instructors should be knowledgeable about and possess experience in working with home care providers, adult learners and young children birth to age five.

- Instructors must have experience in early childhood education or elementary education with a concentration in early childhood, child and family studies, or a closely related field. Supervisors must meet or exceed these requirements with at least two years of program management experience. If programs experience hardship in recruitment efforts, they must notify and consult with First Things First.
- Instructors should possess appropriate credentials and experience in conducting professional development activities.
- Instructors should demonstrate knowledge and skills that reflect current best practices and research and that are aligned with the:
 - Arizona Infant Toddler Developmental Guidelines
 - Arizona Early Learning Standards
- Instructors should have a minimum of five years of experience working with young children (combination of classroom and supervisory experience). If programs experience hardship in recruitment of qualified trainers/instructors, they must notify and consult with FTF.
- Instructors should have experience working with adult learners and diverse cultures.
- Instructors with knowledge of diverse populations and languages preferred.

2. Supervisory Staff

- a. Supervisory staff must have early childhood education experience and supervisory experience.

3. The Arizona Early Childhood Workforce Registry (Registry)

The Registry is a component of the newly developed Arizona Early Childhood Career and Professional Network (Network). The Network is a comprehensive system designed to meet the professional development needs of Arizona’s early childhood professionals working with or on behalf of children birth-8 years of age.

- a. Staff employed at the administrative home and any sub-grantee who are working directly with or on behalf of children birth – age 8 as a part of the implementation of this strategy must enroll in the Registry by June 30, 2016.
- b. All participants of this strategy are expected to enroll in the Registry by June 30, 2016.

C. Additional Standards

1. FFN programs that offer on-site child care must adhere to the FTF Requirements for On-Site Child Care (attached).
2. Arizona law (ARS §13-3620.A) requires early childhood program staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to the Arizona Department of Child Safety or local law enforcement. All staff, grant partners, consultants and participants of this strategy must receive training and adhere to these requirements (see attached FTF Suspected Child Maltreatment Mandated Reporting Policy).

IV. REFERENCES AND RESOURCES

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- G. Arizona Early Learning Standards, 3rd Edition <http://www.azed.gov/early-childhood/files/2011/11/arizona-early-learning-standards-3rd-edition.pdf>
- H. Read On Arizona. (2014) Developing a Thriving Reader from the Early Years: A Continuum of Effective Literacy Practices. <http://readonarizona.org/wp-content/themes/read-on/PDF/continuum-project-web.pdf>
- I. Read On Arizona. (2014) Building Blocks to Becoming a Reader. <http://readonarizona.org/wp-content/themes/read-on/PDF/continuum-bb-chart.pdf>
- J. FTF Suspected Child Maltreatment Mandated Reporting Policy (attached)
- K. Arizona Early Childhood Career and Professional Development Network Website: azearlychildhood.org (available Fall 2014)



Nutrition, Physical Activity and Obesity Prevention

I. INTENT OF THE STRATEGY

The intent of the Nutrition, Physical Activity and Obesity Prevention strategy is to provide evidence based community and place-based interactive health education to support children birth to age 5 in achieving and maintaining a healthy weight. Some evidence informed and promising practice models will also be acceptable. Interactive health education will focus on healthy nutrition and physical activity and be provided to children, families, early child care and education professionals, and others in the community who care for young children. The expected result is reduction in risk factors for poor nutrition and insufficient physical activity, which in turn can reduce the prevalence of overweight and obesity during early childhood. A healthy weight during early childhood is highly predictive of achieving a healthy weight at all ages, as well as reduction in psychosocial and health consequences of overweight and obesity.

II. DESCRIPTION OF SIGNIFICANCE

The proportion of children in the United States who are not at a healthy weight has grown significantly in recent decades and these statistics have brought considerable national attention to developing and implementing strategies to reverse this trend. Recent data from the National Pediatric Nutrition Surveillance System (2011) indicate that 30 percent of Arizona children ages 2 – 4 are overweight or obese, and findings from the Arizona Healthy Smiles-Healthy Bodies Survey conducted by the Arizona Department of Health Services in 2009 through 2010 estimates that 39 percent of children in 3rd grade are overweight or obese. Children in low income households are more likely to be overweight or obese, as are children from certain racial and ethnic population groups. Children at particularly high risk are African-American girls and those who are Hispanic or Native American.

Table 1: National and Arizona Weight Statistics for children under 5 years of age (2011)

	Under 5 years Underweight	2 – 4 years	
		Overweight	Obese
Nation	3.5%	16.0%	14.4%
Arizona	2.0%	15.5%	14.5%

Source: National Pediatric Surveillance System, 2011.

Being overweight or obese in early childhood significantly increases the likelihood of a lifelong trajectory of not achieving and maintaining a healthy weight. An unhealthy weight contributes to high risk for developing chronic diseases such as diabetes, both in childhood and later in life, and for the first time in America’s history, children are growing up with the prospect of being less healthy and living shorter lives than their parents as a result. Of note, the risk for having an unhealthy

weight begins before birth; hence, healthy nutrition and a healthy weight are essential for expectant mothers.

In addition, as noted in the BUILD Arizona Initiative's policy paper (2013), *Healthy Child Development and Obesity Prevention: Arizona Opportunities in the Early Years*, the impact on a child of being overweight or obese goes beyond physical health. The effect includes social and emotional development, as well as children's inclusion in activities, which are both predictors of later educational success.

Supporting a child in achieving and maintaining a healthy weight includes promoting nutritious, age appropriate foods including breastfeeding; promoting healthy eating habits such as family meals; providing opportunities for fun and motivating physical activity; reducing screen time; and, limiting exposure to marketing that promotes poor nutrition and a sedentary lifestyle. Children birth to age 5 depend on the adults in their lives for this support and guidance; therefore, interactive health education on the topics associated with this strategy necessitate inclusion of families, early child care and education professionals, and others who care for young children as well as children themselves.

III. IMPLEMENTATION STANDARDS

A. Program Standards

First Things First (FTF) is committed to funding programs that are evidence based or evidence informed. The emphasis on evidence based programs is grounded in the idea that the maximum benefit for children and families is delivered by programs that base their practice in the most current, relevant, and reliable evidence about the effectiveness of the program. For some programs, an evidence-informed or best practice, or a promising practice model is appropriate. The following criteria are considered by FTF when determining to fund programs:

- **Evidence based programs** are programs that have been validated by documented and scientific research and the evidence has gone through a peer review process. Evidence is established through scientific research that has had a comparison between an intervention group and a control group where the intervention group has had a significant impact. Peer review means that someone external to the program or research team has reviewed the methodology and the findings to determine if standards were met.
- **Evidence informed** is a program or service that has a clearly articulated theory of change (logic model) and has had some evaluation of the outcomes. This can be based on one program or service model that has been evaluated in multiple settings. An evidence informed program cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.
- **Promising practice** is a program or service that has a clearly articulated theory of change (logic model) with specified implementation and operational processes (activities) and program outcomes. A promising practice program is *informed* by at least one of the following:
 - Evidence based practices of a similar program or service delivery system, but does not have complete fidelity to that model because of justifiable need to change

factors such as staffing or written materials in order to adapt to geographic or cultural variation.

- A similar program or service delivery model that is generally accepted as appropriate for use with the target population to achieve the program outcomes but has yet to be established as evidence-based.
- Culturally responsive practices that are known to contribute positively to program outcomes.

A promising practice must have no evidence that the program or service will cause any harm to recipients. Additionally, a promising practice program is committed to building evidence of program or service effectiveness through ongoing continuous quality improvement activities.

1. Implement a community and place-based interactive health education program that is designed to address the local needs of families with children ages birth to age 5 that draws from evidence based, evidence informed or promising practice nutrition and physical activity models that meet the FTF accepted definitions of evidence-based, evidence informed, and promising practice.

An interactive health education program on healthy eating and physical activity will:

- a. Clearly define program objectives and utilize current information on and interactive approaches to promoting healthy nutrition and physical activity for families and other caregivers of children birth to age 5. (Please see Section IV.B Resources for suggestions.)
 - The program will place emphasis on 'interactive' health education such that children, families and other caregivers actively engage in learning about and adopting healthy nutrition, healthy eating habits such as family meals, and physical activity. Simply distributing information through written materials is not interactive health education.
- b. Address the behaviors of adults as well as children, acknowledging the influence that parents, other family members, and caregivers have on the behaviors of young children.
- c. Be responsive to cultural, linguistic, geographic, and socioeconomic factors that are associated with beliefs and behaviors around nourishment, eating habits, and physical activity.
- d. Be responsive to cultural, linguistic, geographic, and socioeconomic factors that place certain populations at greater risk for being overweight or obese and for disparities in health.
- e. If working with child care providers, support and assist program staff to:
 - Achieve rules issued by the Arizona Department of Health Services, Office of Child Care that incorporate standards promoting healthy eating and physical activity. Information on these rules is available online at:
www.azdhs.gov/phs/bnp/nupao/ActiveLivingHealthyEating.htm
 - Participate in the Arizona Department of Health Services *Empower* program. Information on the *Empower* program and standards is available online at:
<http://azdhs.gov/empower-program/>

- Promote the United States Department of Agriculture (USDA) Nutrition Programs for families and other caregivers, such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Information on these programs is available online at: www.fns.usda.gov/cnd/care/
 - Enroll in the USDA Child and Adult Care Food Program available to eligible child care centers and home providers. Information on the USDA Child and Adult Care Food Program is available online at: www.fns.usda.gov/cnd/care/
- f. When working in the community, provide program services in environments where parents and families will gather. Examples are community events, establishing community gardens, supporting programming in family-based resource centers or health and wellness centers.
2. Literacy learning in early childhood provides the foundation for future literacy success and is rooted in exposure to rich language experiences and engaging activities that build knowledge, understanding and speaking, expands vocabulary, and supports a child's ability to become a successful independent reader.
- a. Promote and support meaningful early literacy experiences and opportunities for young children in the appropriate context of program implementation.
 - b. Support families and caregivers with parenting and child-rearing skills that help increase understanding of early language and emergent literacy development.
 - c. Encourage families to use the language in which they are most confident and competent.
 - d. For the Nutrition/Obesity/Physical Activity strategy, this might include providing age appropriate print materials about nutritious foods, eating habits, and opportunities for physical activity to families and other caregivers to read to their children, or ways to engage children in other language development opportunities through activities such as trying new foods with varying shapes and colors or growing fruits and vegetables in a garden.
3. Follow the FTF Child Welfare Policy (attached) when working with children and families enrolled in services provided by the Arizona Department of Child Safety to promote non-duplication and coordination of child welfare services.
4. FTF recognizes the importance of collaborative partnerships among community partners that utilize a variety of formal and informal mechanisms to facilitate coordination of services in the community. The Coordination and Collaboration standard requires a grantee to:
- a. Develop and implement a plan to understand and make connections with other initiatives, strategies and efforts in the region or state that support the early childhood system.
 - b. Develop processes that ensure staff implementing FTF funded strategies understand the connections between this strategy and the early childhood system to avoid duplication

of services and promote collaboration between other services and supports offered to children and families in the regions.

- c. Coordinate and collaborate with other community partners to communicate aligned healthy nutrition, physical activity, and healthy weight messages and approaches. Partners may include FTF Child Care Health Consultants; FTF grantees providing other health services such as oral health; FTF grantees providing family support such as home visitation, parenting education, and family resource centers; and, partners external to FTF such as food security programs.
5. Continuous Quality Improvement
- a. Adopt a process of continuous self-monitoring and reflection to improve program practices that is articulated in a written policy.
 - b. In the written policy, the following should be addressed:
 - How data is used to assess the progress and outcomes of program implementation; and
 - How data collection is used to improve staff performance.
 - c. For the Nutrition/Obesity/Physical Activity strategy, continuous quality improvement should include qualitative and quantitative documentation of change that evidence based, evidence informed, and promising practice activities are bringing about. This should include documentation of positive change, no change, and unexpected outcomes to assist the program and Regional Partnership Council in redirecting the program as needed to meet local conditions.
6. FTF embraces cultural responsiveness as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.
- a. Offer programs and services congruent with the needs of diverse children and families.
 - b. Offer programs and services that are responsive to the impact of cultural factors such as histories, traditions, values, family systems and structures, social class, and religion and spiritual beliefs.
 - c. Create a learning environment conducive to and includes all children and families no matter their ethnic, cultural, or linguistic backgrounds.
 - d. Use the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse children and families to make learning more appropriate and effective for them.
 - e. This strategy also allows for funding of cultural research related to food choices and associated development of culturally responsive curriculum development. (See Section IV.B Resources, Research and Development of Native American Food Programs.)

B. Staffing Standards

1. Direct Service Staff

- a. Hire staff who reflect the cultural and ethnic experiences and language of the targeted population with whom they work with and integrate their expertise into the entire program.
 - b. Ensure that staff at all levels receives initial and ongoing professional development in culturally and linguistically responsive service delivery.
 - c. Employ well-trained and competent staff and provides continual relevant professional development opportunities.
 - d. Direct service staff for the Nutrition/Obesity/Physical Activity strategy will include:
 - A Health Educator (or Educators) responsible for outreaching to and implementing approaches with children, families, and other caregivers on healthy nutrition and physical activity and the benefits of achieving and maintaining a healthy weight.
 - Although a health educator is not required to have a specific degree or certification, the educator will be trained in delivery of the evidence based or evidence informed approaches selected for the program, as well as all other standards for this strategy.
 - FTF encourages hiring of health educators who are lay members of the community, including promotoras.
2. Supervisory Staff
- a. Supervisory staff for the Nutrition/Obesity/Physical Activity strategy will include:
 - A Program Manager/Coordinator responsible for setting program objectives; developing and implementing an action plan that aligns with strategy standards and program objectives; training and supervising health educators; and monitoring program implementation and operation with a commitment to ongoing quality improvement.
 - The Program Manager/Coordinator will have a minimum of three years' experience supervising a community based public health program that addresses health and wellbeing of children. Preferences include: a) expertise in the area of healthy nutrition and physical activity; b) expertise in public health services for children birth through age 5; and, c) a minimum of a bachelor's degree in a health related topic area such as nutrition or public health services.
3. The Arizona Early Childhood Workforce Registry (Registry)
- The Registry is a component of the newly developed Arizona Early Childhood Career and Professional Network (Network). The Network is a comprehensive system designed to meet the professional development needs of Arizona's early childhood professionals working with or on behalf of children birth-8 years of age.
- a. Staff who are working directly with or on behalf of children birth – age 8 as a part of the implementation of this strategy must enroll in the Registry by June 30, 2016.

IV. REFERENCES AND RESOURCES

A. References

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B. Resources

The following are recommended resources for planning, implementing and operating a nutrition and physical activity program to promote a healthy weight among children birth through age 5. Resources should be selected according to overall objectives of the nutrition and physical activity program, and other resources may be proposed providing they are evidence-based or evidence-informed/best practice.

Healthy Pregnancy

Healthy nutrition is essential during pregnancy for mother and the developing baby, as is achieving an appropriate pregnancy weight gain. Gaining too much weight during pregnancy can

lead to gestational diabetes and lifelong risk to the infant of being overweight or obese. In addition, gestational diabetes raises the risk for mother and infant of developing type 2 diabetes later in life. *Resources include but are not limited to:*

Institute of Medicine of the National Academies, *Healthy Weight Gain During Pregnancy*
www.iom.edu/About-IOM/Leadership-Staff/Boards/Food-and-Nutrition-Board/HealthyPregnancy.aspx

My Plate (USDA), *Health and Nutrition Information for Pregnant and Breastfeeding Women*
www.choosemyplate.gov/pregnancy-breastfeeding/pregnancy_weight_gain.aspx

WIC Works Resource System (USDA), *Prenatal Weight Gain*
wicworks.nal.usda.gov/pregnancy/prenatal-weight-gain

Breastfeeding

According to the CDC, breastfeeding is one of the most highly effective preventive measures a mother can take to protect the health of her infant, including supporting the infant in achieving a healthy weight. *Resources include but are not limited to:*

Breastfeeding Promotion and Support (CDC)
www.cdc.gov/breastfeeding/promotion/index.htm

WIC Works Resource System (USDA), *Breastfeeding*
wicworks.nal.usda.gov/breastfeeding

Baby Friendly Hospital Initiative, USA
www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative

Arizona Department of Health Services
Breastfeeding Program Main Page
<http://azdhs.gov/phs/bnp/gobreastmilk/index.htm>

Workplace Accommodations:
<http://azdhs.gov/phs/bnp/gobreastmilk/workplaceAccomodations.htm>

For Hospitals: Baby Steps for Breastfeeding Success
Focuses on helping Arizona hospitals implement five evidence-based maternity care practices that have a positive impact on breastfeeding success for mothers who want to breastfeed
<http://azdhs.gov/phs/bnp/gobreastmilk/BFAzBabySteps.htm>

Early Care and Education Programs

The following are evidence-based or evidence-informed/best practice approaches to promoting healthy nutrition and physical activity in early care and education programs. These approaches aim to:

- Increase early care and education staff knowledge of providing more fruits and vegetables to children as well as reducing the use of fried foods and sugar-sweet beverages as part of center diets.

- Change practices within early care and education settings related to healthy food choices.
- Change practices in early care and education settings related to physical activity time for children.
- Increase parental knowledge related to healthy food choices for their children and change in parental behaviors.
- Encourage age appropriate involvement of children in learning about and adopting healthy nutrition and physical activity behaviors.

Nutrition and Physical Activity in Child Care (NAP SACC)

NAP SACC is an evidence-based program developed by child obesity researchers at the University of North Carolina, Chapel Hill in association with the Nutrition Services branch at the North Carolina Division of Public Health. The program includes a child care center self-assessment of nutrition and physical activity practices, goal setting, and technical assistance provided by a trained child care health consultant; includes parent involvement.

<http://gonapsacc.org>

Little Voices for Healthy Choices, Early Head Start & Migrant and Seasonal Head Start Initiative

The Little Voices for Healthy Choices (LVHC) is a national initiative for Early Head Start (EHS) and Migrant and Seasonal Head Start (MSHS) programs, developed to promote wellness in infants, toddlers, and expectant families. The initiative includes training and resources with strategies designed to address healthy nutrition, physical activity, brain development, and sleep for children birth to 3, their families, and communities.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/healthy-active-living/little-voices>

I am Moving, I am Learning (IMIL) Head Start Initiative

IMIL is well researched, national and award-winning initiative for addressing childhood obesity among Head Start children. IMIL integrates obesity prevention practices into daily practices and seeks to increase daily moderate to vigorous physical activity, improve the quality of movement activities intentionally planned and facilitated by adults, and promote healthy food choices every day. A key feature of IMIL is that it is flexible and allows programs to tailor and individualize strategies and activities to meet local program needs. Head Start teachers are required to attend a training (by individuals trained in this approach), where they participate in interactive workshops and develop strategies for program implementation.

<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/healthy-active-living/imil>

Let's Move Child Care

Produced by Nemours Children's Health Systems in Delaware, a nationally recognized provider of children's health information, the Let's Move Child Care website contains a wealth of information for staff in early care and education settings, as well as for others.

www.healthykidshealthyfuture.org/startearly.html

Color Me Healthy

Color Me Healthy is a nationally recognized program designed to reach children ages four and five with fun, interactive learning opportunities on physical activity and healthy eating. The program is designed to be used in family daycare homes, Head Start classrooms, and childcare

centers. It is designed to stimulate all of the senses of young children: touch, smell, sight, sound, and, of course, taste. Through the use of color, music, and exploration of the senses, Color Me Healthy teaches children that healthy food and physical activity are fun.

www.colormehealthy.com

Hip-Hop to Health

Hip-Hop to Health is a best-practice healthy eating and exercise curriculum for children ages 3-7 years. Noted for being fun and interactive, the curriculum was designed for African American and Latino preschool children and presents a developmentally, culturally, and linguistically appropriate dietary and physical activity literacy-based curriculum. The curriculum may also be appropriate for park districts, after-school programs, churches and homes and does have a parent component.

<http://www.hiphoptohealth.com>

Sports, Play and Active Recreation for Kids (SPARK)

SPARK strives to improve the health of children, adolescents, and adults by disseminating evidence-based Physical Education, After School, Early Childhood, and Coordinated School Health programs to teachers and recreation leaders serving Pre-K through 12th grade students.

www.sparkpe.org

Other Early Care and Education Resources

Preventing Childhood Obesity in Early Care and Education Programs (Second Edition)

Published by Caring for Our Children, the National Resource Center for Health and Safety in Child Care and Early Education, *Preventing Childhood Obesity in Early Care and Education Programs* is a set of national standards describing evidence-based best practices in nutrition, physical activity, and screen time for early care and education programs.

http://cfoc.nrckids.org/StandardView/SpcCol/Preventing_Childhood_Obesity

Water in Schools

Information for promoting water consumption as an essential calorie-free nutrient and limiting the sale of sugar drinks in schools by establishing school wellness and nutrition policies.

www.waterinschools.org

Competitive Food Sales in Schools

Guidelines issued by the Centers for Disease Control (CDC) on sale of foods in school settings.

www.cdc.gov/HealthyYouth/nutrition/standards.htm

Community-Based Approaches

The following are approaches to promoting healthy nutrition and physical activity in communities. Community focused interventions aim to:

- Increase availability of healthier foods in communities and hence healthier food choices in small grocery stores, large chain stores, and mobile food delivery systems.
- Increase healthier environments that promote physical activity-i.e. playgrounds, walking trails, community activities.
- Support community-based agriculture such as child care center gardens, community gardens, farmers markets, and farm to school programs.

Healthier Food Retail: Beginning the Assessment Process in Your State or Community

This assessment guidance was developed by the Centers for Disease Control and Prevention's (CDC) Division of Nutrition, Physical Activity, and Obesity and provides public health practitioners with an overview of how to develop an assessment of their state's or community's food retail environment to better understand the current landscape and differences in accessibility to healthier foods.

www.cdc.gov/obesity/downloads/HFRassessment.pdf

Healthy Corner Stores Network

The Healthy Corner Stores Network supports efforts to increase the availability and sales of healthy, affordable foods through small-scale stores in these communities.

<http://www.healthycornerstores.org>

The Food Trust

The Food Trust is a recognized non-profit that works nationally to improve access to healthy, affordable food including through its Healthy Corner Store Initiative. The organization's website contains a wealth of helpful information for working within communities to enhance healthy and affordable food options. <http://thefoodtrust.org>

National Farm to School Network

The National farm to School Network is an information, advocacy and networking hub for communities working to bring local food sourcing and food and agriculture education into school systems and preschools.

www.farmtoschool.org

Grow It, Try It, Like It!

Developed by USDA's Food and Nutrition Service, Grow It, Try It, Like It! is a garden-themed nutrition education kit that introduces new fruits and vegetables to preschool age children.

www.fns.usda.gov/sites/default/files/growit_book1.pdf

Other Community Resources

Eat Well, Be Well: The Arizona Nutrition Network,

The Arizona Nutrition Network is a program of the Arizona Department of Health Services that promotes health and nutrition to people who are participating in the Supplemental Nutrition Assistance Program (SNAP) or who are eligible to participate. The Eat Well, Be Well website provides well organized and easy to comprehend information on healthy eating that is universally useful for populations that are not participating in SNAP.

www.eatwellbewell.org

5210 Arizona Way to Go!

5210 AZ Way To Go! is based on a nationally-recognized campaign to address the epidemic of childhood obesity. The program and its messaging suggests the following: Eating 5 fruits and vegetables a day; limiting children to 2 hours in front of the television or other technology; engaging in 1 or more hours of physical activity per day; and focusing on reducing the consumption of sugary drinks to close to zero. *5210 AZ Way To Go!* was developed by the American Academy of Pediatrics, Arizona Chapter.

www.getfitazkids.org/

Arizona Healthy Communities

Arizona Healthy Communities is an initiative of the Arizona Department of Health Services to encourage work with local governments to integrate health language in comprehensive, general and master plans.

www.azhealthycommunities.org

Food Access Research Atlas

Maintained by USDA's Economic Research Service, this atlas maps food access indicators for low-income and other census tracts using different measures of supermarket accessibility.

www.ers.usda.gov/data/fooddesert

National Center for Safe Routes to School

The Safe Routes to School program offers mechanisms for introducing physical activity on the way to and from school and during the school day. Although the information is geared to K-12 schools, the website has a wealth of information on increasing physical activity in communities.

www.saferoutesinfo.org

National Recreation and Parks Association

The National Recreation and Parks Association aims to advance parks, recreation and environmental conservation efforts that enhance the quality of life for all people.

<http://www.nrpa.org/>

Research and Development of Native American Food Programs

First Nations Development Institute:

The First Nations Development Institute recognizes that accessing healthy food is a challenge for many Native American children and families. Without access to healthy food, a nutritious diet and good health are out of reach. To increase access to healthy food, the Institute support tribes and Native communities as they build sustainable food systems that improve health, strengthen food security and increase the control over Native agriculture and food systems.

www.firstnations.org/programs/foods-health

Maricopa Countywide Home Visitation Centralized Intake

BACKGROUND

The MIECHV Overview Report identified that one of the next steps for a Coordinated Referral System is to “have a separate discussion on a coordinated referral system in Maricopa County.” First Things First Regional Directors in Maricopa County have identified centralized intake for home visitation services for families up to 5 years of age as a possible option for Regional Councils to consider. In SFY15, Regional Councils within Maricopa County allotted more than \$10 million for home visitation services. The Councils represented in this include East Maricopa, Northwest Maricopa, Southeast Maricopa, Southwest Maricopa, Phoenix South and Phoenix North.

PROPOSED PLAN

On October 27th, Irene Burton and Meloney Baty from Arizona Department of Health Services (ADHS)/MIECHV and Michelle Katona, Aaliyah Samuel and Wendy Sabatini with First Things First (FTF) met to discuss the opportunity to develop and implement a Maricopa Countywide Home Visitation Centralized Intake system. At this meeting, the following proposed plan and timeline were developed to obtain guidance and feedback from key stakeholders regarding home visitation centralized intake in Maricopa County:

November-December 2014:

Maricopa Countywide Home Visitation Centralized Intake will be placed on the November MIECHV Interagency Team agenda for discussion. This proposed plan will be shared and feedback will be requested.

Arizona Department of Health Services will consider hiring a consultant with MIECHV funding to survey or interview key stakeholders who may refer families to home visitation services, such as health care providers (i.e. hospital staff and pediatricians) and staff from other organizations. The consultant would also compile recommendations regarding the viability of centralized intake, including model components and other considerations.

January-February 2015:

First Things First and Arizona Department of Health Services staff will convene and facilitate meetings with home visitation service providers to obtain input regarding centralized intake.

FTF and ADHS staff will prepare a recommendation regarding home visitation centralized intake in Maricopa County which will be shared with the MIECHV Interagency Team. FTF staff will then convene representatives from each FTF Regional Council in Maricopa County to discuss the recommended plan.

March 2015:

If the above process results in the decision to move forward with centralized intake, First Things First Regional Councils in Maricopa County may select to participate in a cross-regional Request for Grant Application (RFGA) to fund centralized intake.

Maricopa Countywide Home Visitation Centralized Intake

INTENT OF THE STRATEGY

The intent of the evidence-based home visitation strategy is to provide best practice approaches that give young children stronger, more supportive relationships with their parents through in-home services that cover a variety of topics, including parenting skills, early childhood development, literacy, etc. and connects parents with community resources to help them better support their child's health and early learning. Centralized intake for home visitation services is intended to provide a coordinated and systemic approach to providing home visitation services to children birth through age 5 within Maricopa County.

PROPOSAL

The proposal for an effective, multi-regional centralized intake for home visitation services was created in response to the needs in Maricopa County and is designed to achieve the following:

- a. Leverage funding by pooling each FTF region's allotments for home visitation
- b. Reduce the administrative costs of FTF funded home visitation grantees
- c. Reduce barriers that cause families to not access appropriate services due to lack of awareness and/or lack of knowledge needed to locate and engage in services
- d. Avoid duplication of services
- e. Increase number of families served
- f. Simplify/streamline the referral process for home visitation providers and enhance coordination among providers
- g. Reduce inefficiencies by offering coordinated workforce professional development to home visitation providers

The proposed approach to achieve the projected gains noted above is to utilize an administrative home which will allow for a lead agency to work with multiple home visitation providers to implement the countywide centralized intake scope of work.

In SFY15, Regional Councils within Maricopa County allotted more than \$10 million for home visitation services. The Councils represented in this include East Maricopa, Northwest Maricopa, Southeast Maricopa, Southwest Maricopa, Phoenix South and Phoenix North.

There are currently two centralized intakes for home visitation services in Maricopa County. My Child's Ready serves the FTF Southeast Maricopa and East Maricopa regions and Parent Partners Plus serves the FTF Phoenix South region. The following Administrative duties are lessons learned from these organizations as well as research of other centralized intake systems.

Expected Administrative Duties

- i. Provide centralized intake - Conduct initial eligibility determination for families who call for home visitation services
- ii. Refer families to the appropriate home visitation program, both FTF funded as well as other home visitation programs and follow up with providers to ensure that families are accessing services
- iii. Link families who are not eligible for or do not want to participate in home visitation to other resources as needed
- iv. Develop a tracking system for incoming and outgoing referrals
- v. Provide resource/event information to wait listed families
- vi. Lead marketing efforts for home visitation providers that also includes branding of centralized intake and developing and maintaining a website
- vii. Coordinate community outreach efforts to generate referrals (i.e. presentations to community agencies, families, booths at events).
- viii. Meet regularly with home visitation providers to establish and maintain protocols for joint marketing/outreach, referrals, data sharing, etc. as well as sharing training opportunities

Lessons Learned from Current Centralized Intake Providers

Outreach and Marketing:

Word of mouth and referrals from other service providers are the most effective outreach approaches.

Cox ads and direct mail-parents require multiple contacts using this approach

Community events-families will call intake with just this one contact

Providing outreach through presentations, events, being at a WIC clinics, etc. is very time consuming.

Need to maintain relationships with referral sources (i.e. meet with them (not just drop off fliers; keep up with staff turnover)

Retention:

Families who are referred by word of mouth are the quickest to disengage from services (within 1st six months)

Families who are referred by professionals-better retention.

Challenges:

Coordination of marketing/outreach-home visitation providers have their own marketing

Important to have trained staff managing outreach efforts (grantees send home visitors or other staff that are not trained in engagement, not familiar with program eligibility requirements, etc. to staff booths at events)

Balancing marketing and the wait list. Ramp up marketing and then there is a wait list.

Face to face relationship building with home visitation providers is critical. Providers need to really trust the centralized intake provider (concern-intake provider keeping referrals for their own programs). Even if intake provider shows intake/referral records to home visitation providers, referrals can appear to be skewed toward one organization (i.e. agency not take a referral for 4 months; families may not meet program eligibility for ex. NFP or Healthy Families-more limited eligibility). Ensure providers understand that there are plenty of families to go around and they should refer families to centralized intake instead of keeping them on their own wait lists. Early Head Start is required to have a wait list and therefore is not apt to refer those families to other home visitation providers.

Home visitation providers don't always share data with centralized intake in a timely manner (i.e. openings, status of referrals, etc.).

Other:

One centralized intake for Maricopa County is too large-too many resources to be aware of and multiple outreach staff needed.

Centralize Intake for Maricopa County-need an organization who can be a catalyst who understands providers' needs and can coordinate the administrative needs (ie. data collection, etc.). Will need outreach staff located throughout Maricopa County.

First Things First Quarterly Resource Center Narrative Report

Due the 20th following the end of each Quarter

Note*: 1st Quarter: July-September – Narrative Report due October 20th

Buckeye Family Resource Center

Program Implementation:

Activity	Target Audience	Frequency of Activity	Number Reached
Avondale Networking Meeting	Service providers	Monthly meetings, attended twice	60
Buckeye Business Connection Meeting	Area business community	Weekly meetings, attended three times	100
Buckeye City Council Meeting	City officials, department heads	Bi-monthly meetings, attended twice	60
Buckeye Elementary School District (BESD) Governing Board Mtg	School board members, administrators, staff	Monthly meetings, attended twice	40
Buckeye Elementary School Meet the Teacher Night	Families, community members	Annual event	40
Faith Builder's Meeting	Faith community, community leaders	Monthly meetings, attended once	20
Lion's Club Meeting	Community leaders and members	Bi-monthly meetings, attended once	15
Rotary Club Meeting	Community leaders and members	Weekly meetings, attended once	20
Walk for Education	Community at large	Annual event	25
Way Out West (WOW) Coalition Meeting	Community leaders and members, school administrators/staff	Monthly meeting, attended twice	60
West Valley Human Services Alliance Mtg	West Valley leaders, service organizations	Two summer meetings, attended one	35
West Valley Veteran's Benefit Fair	Veterans, community leaders and members	New event in Buckeye	50

Describe any particular successes with these activities:

First Things First Quarterly Resource Center Narrative Report

Due the 20th following the end of each Quarter

The goal with these activities is to build rapport and support from various sectors in the local community and with service providers. Every interaction is considered a success!

*Note: Instead of listing all of the meetings as in previous reports, additional information is in the Collaboration and Communication section below.

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

Although data is reported only on families with children 0-5, the resource center is truly making an impact on the community. During this quarter we recorded an additional 144 individuals that came in requesting information. Many of these individuals were with other family members or friends, thus interaction was actually on a larger scale. Additional resources and referrals were given over the phone to community members, local agencies, elementary and secondary school staff members from different school districts.

Describe current issues related to staffing necessary for program implementation.

Other challenges include engaging with families that are already stressed and busy. Finding convenient locations within communities to interact with families could provide opportunities, for example meeting at apartment complexes and mobile home parks.

Lastly, in rural areas such as Tonopah and Harquahala Valley there are the numerous dairies, farms, and residences but few meeting places. Having a mobile unit, like a converted school bus or bookmobile, could serve many purposes and literally be the vehicle to connect with families.

Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?

- a. The lack of childcare during all programs prevents some parents from attending. Coordinator discussed the issue with a BESD administrator. BESD requested a proposal, which was provided, and is considering paying for childcare through Title I funds.
- b. The lack of parent education for 6-10 year olds. Having parent education focusing on children 0-18 years old is comprehensive and advantageous in the partnership with BESD. Coordinator discussed the issue with a BESD administrator. BESD requested a proposal, which was provided, and is considering paying for curriculum and facilitator through Title I funds.
- c. The lack of funding for English literacy classes for parents. Southwest Valley Literacy would provide support and suggested curriculum, training for volunteer tutors, and program structure. Coordinator estimates the cost of starting an ESL program for 4 volunteer tutors and 8 adults, including training fees and curriculum at \$1,500. Coordinator is seeking funding opportunities.

First Things First Quarterly Resource Center Narrative Report

Due the 20th following the end of each Quarter

Collaboration and Communication:

Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.

- a) Area Agency on Aging (AAA):
 - i. A Benefits Specialist will provide Medicare information to community members on a referral basis. If the community interest is substantial, specialist will provide services on a regular basis.
 - ii. AgeWorks will place a senior worker at the center in September. The position is funded through the Senior Community Service Employment Program.
- b) Arizona Facts of Life: Working under a grant, the agency proposed holding bilingual parenting classes focusing on 11-18 year olds with no cost to the FRC. A Community Partnership Agreement was signed and classes started in August.
- c) Arizona Learning Institute (ALI): Continued training and implementation of ASQ developmental, hearing and vision screening. Buckeye staff and volunteers are scheduled for state approved training and certification in November and January.
- d) Avondale Family Health Center (MIHS): Coordinator attended a tour of the facility and informed about MIHS being awarded a grant from APS. Buckeye FRC was invited to refer community members that need assistance with their utility bill. Eligibility includes the individual or a family member having a medical or dental concern. Referrals have been made and Buckeye community members have been assisted with up to \$400 toward their APS bill.
- e) BESD continues to provide opportunities for the FRC to join district activities and in most activities the FRC can invite partnering agencies.
- f) Banner Health approached BESD in re-establishing services in Buckeye. The decision was made for the Health-Mobile to be located at the FRC! Weekly health services for 0-18 year olds without insurance will begin in October.
- g) Buckeye Super Heroes: The core group that coordinated efforts for the first annual backpack and school supplies distribution have restructured under this new name. The core group currently consisting of BESD, All Faith and the City of Buckeye will move forward collaborating on community events throughout the year.
- h) Enroll America/Get Covered America: The program was explained and health insurance information was provided. Enroll America also partners with Helping Families in Need (HFIN) to assist community members to enroll in a health insurance plan.



First Things First Quarterly Resource Center Narrative Report

Due the 20th following the end of each Quarter

- i) Read On Arizona: Their AmeriCorps volunteer visited the FRC and offered ongoing assistance with spreading the word about early childhood literacy in Buckeye.
- j) Southwest Behavioral Health expressed interest in having groups at the FRC after school and during the summer that focus on social skills thus improving behavior and increasing learning ability. Coordinator requested SW Behavioral to provide a proposal before moving forward.
- k) University of Arizona Cooperative Extension expressed interest in providing nutrition education focused on low-income families with 0-5 year olds. Facilitator will conduct outreach and work with case managers at Westside Head Start, with the series of classes being part of their parent plan.
- l) Valley of the Sun United Way VITA: Tax preparation training for volunteers and tax preparation services for community members will be offered at the FRC.

Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

- d. A kindergarten teacher facilitated a pre-kindergarten workshop series in July. Attendees were children that scored low on the test given before starting kindergarten. The workshops were interactive, coaching parents to teach their children.



- e. A core group consisting of All Faith Community Services, Buckeye Police Department, Buckeye Elementary School, and a Buckeye resident coordinated a comprehensive back to school backpack and school supplies distribution. The event provided over 800 backpacks and school supplies for kindergarten through 12th grade students, 120 free haircuts and 68 shoe gift cards. The community came together with over 160 volunteers serving in excess of 600 hours, over 50 local businesses, community members, fire departments and faith-based groups donating just under \$6,000 in cash. The estimated total impact of this community project was in excess of \$21,000. This was the first annual event and was successful in large part due to the partnership and support of Buckeye Elementary School District (BESD). The following month the Mayor presented an award to each of the core group members.

First Things First Quarterly Resource Center Narrative Report

Due the 20th following the end of each Quarter



Volunteers Staging Event



Start of Distribution!



Free Haircuts for Pre-K thru 12th grade



Mayor Meck presenting Certificate of Appreciation

Support or Additional Information:

What specific assistance or guidance do you need from FTF staff to ensure the success of your program?

- a. Family Resource Network meetings reinforce the connections with FTF and FRC staff members, and other FTF grantees. Visiting various sites enriches the experience!
- b. Meeting regularly with Regional Director Eric Santiago is essential.
- c. Quality Assurance System Orientation webinar, Summit breakout sessions, and the Speaker's training workshops are extremely helpful.
- d. Coaching by Victoria Bray on successful community outreach and engagement strategies.

First Things First Quarterly Resource Center Narrative Report

Due the 20th following the end of each Quarter

Avondale Family Resource Center

Program Implementation:

Activity	Target Audience	Frequency of Activity	Number Reached
First Things First Summit Presentation	Early childhood providers	Once	20
Board Meeting	Board & Staff from SVLA	Twice	16
Play & Learn Playgroups	Parents/caregivers and children 0-5 years old	3 times a month	202
Arizona Science Center Workshop	Parents/caregivers of children 0-5 years old	Quarterly	22
New Directions Institute for Infant Brain Development Workshops	Parents/caregivers of children 0-5 years old	Monthly	32
Mayor's Interfaith Council Meeting	City of Avondale mayor and faith based community	Quarterly	15
West Valley View articles on Resource Center events	Southwest Valley Residents	Monthly	77,000
Family Fun Fair	Parents/caregivers of children 0-5 years old	Once	164
Networking Meeting	Partner agency representatives	Monthly	30
Cell phone safety workshop	Parents	Once	10
Healthy relationship workshop	Parents	once	19
Mom's Club of Litchfield Park/Avondale	Parents	Once	28
Presentation	Avondale Police Department, Beat 3	Once	30
Open House outreach	Estrella High School	Once	25
Meeting	Partners in Participation, readiness basket	Once	2

First Things First Quarterly Resource Center Narrative Report

Due the 20th following the end of each Quarter

Describe any particular successes with these activities:

- a. The Association for Supportive Child Care, Kith and Kin Project will be providing friends and family child care providers support and educational training at the Resource Center in spring.
- b. The Readiness Basket will be providing parent education classes at the resource center in the spring. The spring 2014 series was very successful at the Resource Center with over 80% of parents expressing an increase in knowledge in how children learn and resources in the community.

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

- f. **Avondale Community Action Program:** A total of 220 families were assisted with rent and utility assistance this quarter with a sum of \$128,259 expended to assist families financially in the Southwest Maricopa Region.
- g. **Avondale Family Education and Referral Program:** There were 8 Developmental screenings completed this quarter, three were screened with possible developmental delays. Staff referred two children to Arizona Early Intervention Program and one was referred to their local School District for further evaluation. All parents were given information on developmental activities to encourage the progression of their child's development and encouraged to come back in 3 – 6 months for the next screening. Families were also given information on other programs for children 0-5 years of age and referrals were made to the programs that best fit the family's needs by the Outreach Coordinator. The outcomes of these referrals are tracked by the Outreach Coordinator.

This quarter, three children had their hearing screened and two children will be re-screened. Outreach efforts to various programs, agencies, and child care centers are being done to make these screenings attainable to more children.

There was one child that had his vision screening this quarter and was referred to his pediatrician. The outcomes of this screening will be tracked by the outreach coordinator.

- h. **First Teeth First** provides dental screenings, fluoride varnishing, and education to families that are pregnant and/or have children ages 0-5 at the Resource Center. This quarter they provided the following:

Oral Screenings	172
Fluoride Varnishes	138
Pregnant Women Education	32

- i. **Health Insurance Enrollment**

There were 208 families, without children ages 0-5, that were provided enrollment assistance to AHCCCS/Medicaid and private health insurance at the Resource Center.

First Things First Quarterly Resource Center Narrative Report

Due the 20th following the end of each Quarter

Collaboration and Communication:

- 3. Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

- a. The Siemer Family Stability Program began offering case management and support to families on the brink of homelessness at the Resource Center this quarter. The goal of The Siemer Institute for Family Stability is to support families so their children can remain in the same school, giving them the best chance of academic success. This program is targeting Michael Anderson and Lattie Coor Elementary schools in Avondale due to the high student mobility rates in the area of the Resource Center. The Siemer Family Stability Program creates long-lasting change by addressing and resolving the issues that push families to the brink of homelessness
- b. The Resource Center began a new partnership with the Maricopa Department of Public Health, Chronic Disease Prevention Program, and will offer a 6 session series of workshops beginning in October. Individuals attending these workshops will set goals to manage pain, increase fitness, and manage their medications. They will also learn to improve their communication with health providers and to choose healthier foods.
- c. The Resource Center met with Hospice of the West in July to provide workshops on life care planning for the aging community. The first workshop they will be offering at the resource center will be "Aging with Dignity". This workshop will address the benefits of life care planning and provide useful tips on having difficult conversations with loved ones. Individuals that attend the workshop will receive a copy of The 5 Wishes Document.
- d. As part of Read On Arizona, Valley of the Sun United Way and the Resource Center will be offering Every Child Ready to Read workshops in the fall and spring. This will be an additional class that will focus on the First Things first Early Literacy Standard of Practice. Parents and caregivers will learn why it's important to get ready to read starting at birth and the essential role of parents and other caregivers in developing early literacy skills. This workshop will focus on developing pre-reading skills within the framework of five early literacy practices: singing, talking, reading, writing, and playing.

- 4. Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

Back to School Event - # of preschoolers, partnering with FTF, VSUW, Expect more AZ

The school year has begun! Thanks to city staff, faith-based organizations, local businesses and residents, over 250 children in our community began the first day with the essential tools to succeed in the classroom. There were 63 children entering pre-k and kindergarten that received a backpack that included crayons, markers, pencils, pens, binders, notebooks, folders, erasers, and rulers.

First Things First Quarterly Resource Center Narrative Report

Due the 20th following the end of each Quarter

Pendergast Family Resource Center:

Program Implementation:

Activity	Target Audience	Frequency of Activity	Number Reached
Building Community 7/30/14	Parents. Teachers, Administrators and Community at Large	Quarterly	200
Food Services Presentation 8/1/14	District Wide Food Services Staff	Yearly	110
Community Forum 8/21/14	Parents. Teachers, Administrators and Community at Large	WW ?	75
You Parent 9/25/14	Parents with Children 0-5	Quarterly	20

Describe any particular successes with these activities:

1. The community at large has been informed about supports, classes, and resources for families in district. The enthusiasm, learning and involvement of parents have been phenomenal. The Pendergast School District staff is excited and thus learning, questioning and referring families to our Family Resource Center. The prime location of our main Family Resource Center serving our 3 regions (NW, SW and South) has become the heart of our community and district. The Family Resource Center Team work reaching out to our families has been commendable. You Parent was a total success and supported in Spanish. You Parent will be delivered again on November 18th in English.
2. Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

Pendergast Family Resource Center moved to their new location the first week of August, 2014. Outreach was done during the month of July from previous location in spite of the fact center was moving. Pendergast Family Resource Center staff is responsible for all the Quality First Intakes for scholarship and Hope Center staff supporting as well with reporting. Excellent team work has resulted due to the composition of caring and nurturing professionals.

First Things First Quarterly Resource Center Narrative Report

Due the 20th following the end of each Quarter

Collaboration and Communication:

3. Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.

We have an ongoing collaboration with Benevilla as we support families in Glendale at the Sunset Ridge Satellite Center with Grandparents Raising Grandchildren, Find Help Phoenix- Workshops at FRC and schools. We have also collaborated with the Maricopa County Department of Public Health and the Taking Turns Toybrary.

4. Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

The community at large has been informed about supports, classes, and resources for families in district. The enthusiasm, learning and involvement of parents have been phenomenal. The Pendergast School District staff is excited and thus learning, questioning and referring families to our Family Resource Center. The prime location of our main Family Resource Center serving our 3 regions (NW, SW and South) has become the heart of our community and district. The Family Resource Center Team work reaching out to our families has been commendable. You Parent was a total success and supported in Spanish. You Parent will be delivered again on November 18th in English.

5. Please describe the agencies the Resource center is linked to, how those linkages are established/maintained (MOU's, interagency agreements) and the current status (changes terminations, additions).

Benavilla; Association for Supportive Child Care (IA); Partners in Participation; You Parent; Every Child a Reader. These are all informal partnerships with an interagency agreement.

Family Resource Center Gila Bend:

Program Implementation:

Activity	Target Audience	Frequency of Activity	Number Reached
Outreach through the Gila Bend Water Bill for AZ science Center Activity on July 18	Gila Bend Community	First of the month Week of July 7th	22
Outreach through the Gila Bend water Bill for Az Science Center on August 1 st	Gila Bend Community	First of July And week of July 21st	18

First Things First Quarterly Resource Center Narrative Report

Due the 20th following the end of each Quarter

Month of August and September Outreach with H-Fin Staff.	Gila Bend community	Weekly/ Every Tuesday	150
Outreach with New life center on the 12 th of September	Gila Bend community who are interested in a domestic violence support group	First of the month/ Inserts in the Gila Bend water bill August 29 th	25
Updates for the readiness basket class on current programs.	Readiness Basket Class. Family and Friends	Weekly/Every Wednesday	39

1. **Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?** With outreach efforts for the new life center domestic violence support group, two parents attended the health relationship workshop held on September 19th. More women are now coming to the Resource center asking when the support group will start because they are interested in attending. With this kind of feedback we are confident this support group will be a great success and will provide the needed support this community needs.
2. **Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?** The Resource Center is having a difficult time finding volunteers to teach English classes as well as having an agency provide GED classes to our community. The Resource Center Administrative Assistant has offered to teach them if the schedule does not conflict with her part time job.; We will contact her employer for approval.

Teen Outreach Pregnancy Services

Program Implementation:

Activity	Target Audience	Frequency of Activity	Number Reached
Outreach visits, calls and written correspondence	Doctors, clinics, hospitals, schools, resource centers, etc.	Monthly – 70 hours	Over 130
Formal Presentations	Avondale Family Health Center, United Healthcare, Avondale School District school nurses, Estrella High School, Soroptimist International of the Kachinas, and Maricopa Integrated Health Systems	As requested – 7.5 hours	Over 25

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Describe any particular successes with these activities:

During the Estrella High School presentation, TOPS management and program staff met with 12 pregnant and parenting teens in a group setting at their school. Our management staff gave a brief overview of the services we provide and the program staff facilitated an interactive activity to illustrate the components of our program, specifically touching on breastfeeding. All 12 teens referred themselves to our program.

TOPS was the recipient of the Soroptimist International of the Kachinas quarterly Bunco gift card drive this quarter, collecting enough funds to purchase books and developmentally appropriate toys for our clients and their children around the holidays.

2. Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

Because we have some PECBT series made up of 3 classes, we can't hit a 75% completion rate even if majority of the classes were attended. Our internal successful completion standard is 2 out of 3 classes so we are happy to share that 13 clients completed PECBT series at 66% this quarter.

112 pregnant and parenting teens, already enrolled in TOPS, carried over to our new contract and will continue receiving TOPS services (78 teens in Northwest Maricopa and 34 teens in Southwest Maricopa).

During the first quarter of Fiscal Year 2015, TOPS enrolled and is currently providing services to 48 additional pregnant and parenting teen parents (25 moms and 6 dads in Northwest Maricopa and 15 moms and 2 dads in Southwest Maricopa).

Because of the education and supportive services received, teens participating in TOPS in Northwest and Southwest Maricopa now complete our pregnancy and childbirth classes with an average 84% mastery of knowledge concerning the immediate health and safety needs of their unborn baby. TOPS teens also complete our parenting classes with an average of 84% mastery of knowledge concerning the early development of their child, ages 0-5 years.

2 ASQ3 screenings were completed this quarter, ages 2 months and 14 months. Neither child needed to be referred out for services.

TOPS babies historically have positive birth and early childhood outcomes. During this quarter, we had 28 births in Northwest and Southwest Maricopa:

- Average gestational age was 39 weeks (39 weeks or greater is now considered full term)
- Average birth weight was 7 lbs. 2.1 oz. (5.5 lbs. is considered full weight)
- Only 2 babies were sent to the NICU
- 96% of the teens reported they delivered vaginally
- 85% of the teens reported they were breastfeeding at the time of their discharge from the hospital

3. Describe current issues related to staffing necessary for program implementation.

Because we continued to struggle with hiring a part-time Fatherhood Facilitator, we made this position full-time this quarter and are now in the process of interviewing quality candidates. We look forward to updating you on hiring for this position in our next report. Our Parenting Case Manager for Northwest and Southwest Maricopa continues to work our dads and the Fatherhood Facilitator in our Tucson office is available to them as well.

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Our full-time Outreach Coordinator moved out of state so our Regional Administrator and Regional Manager will be taking on networking and collaboration meetings as well as presentation requests.

Collaboration and Communication:

We have 7 collaboration meetings scheduled in October and November with Phoenix Day, Southwest Human Development Parents Partners Plus, Parenting Arizona, Maricopa Workforce Connections, Faith Opportunity Zone, Nurse Family Partnership and Maricopa County Education Service Agency Transforming Juveniles through Successful Transition. We look forward to sharing the outcomes of these meetings with you in our next report.

- Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

We hosted 11 support groups this quarter. We also provided 58 bottles of prenatal vitamins and folic acid handouts this quarter.

TOPS was selected to host a workshop at the Healthy Teen Network Conference in Austin, TX from October 21st – 24th. The workshop is titled *Developing Awesome Dads: Integrating Males in Teen Pregnancy Programs to Achieve Healthy Pregnancies and Successful Parenting*. I look forward to sharing more about the workshop in our next report.

We received some great feedback from a referral source and a previous client this quarter:

From Derrick Platt at Maricopa County Education Service Agency Transforming Juveniles through Successful Transition, "I also wanted to give TOPS a Kudos as we have a youth that we referred and your program has really helped them and they have included their sister as well to go through your program. Getting good reviews...".

SOURCE OF ALL REFERRAL <u>INTO</u> PROGRAM		NUMBER
	Community social service provider	3
	Education – School District	1
	Primary Care Physician	1
	Prenatal Group	13
	Government agency (please identify)	6 (WIC)
2 2	Other (please identify)	24 (5 friends/TOPS clients, 19 TOPS website, phone call or walk in)

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Grandparents Raising Grandchildren:

Program Implementation:

Activity	Target Audience	Frequency of Activity	Number Reached
Buckeye Faith Builders	Community Partners	Monthly- 3x July-Aug- Sept	50 Church leaders and Police Dept
SW Head Start Mtg	GRG under 5	Quarterly- July	24 Head Start Directors from Tolleson, Avondale, Glendale and Peoria
DES – Department of Child Safety staff meeting	DCS casemanagers and staff	1x –July	50 attendees
Avondale Back Pack Fair	Community Families	1x- July	600 families-15 GRG
Avondale Care 1 st Center- Neighborhood Meeting	Community Partners that use the facility	1x- Aug	15 Attendees
Buckeye Back Pack Fair	Families	1x- Aug	383 families- 15 GRG
Buckeye-Meet the Teacher Night	GRG families	1x- Aug	150 families-12 GRG families
Avondale Care 1 st Center Monthly Networking	Community Partners	Monthly- 3x Jul-Aug-Sept	50 Partners
Gila Bend, Care 1 st Center Farmers Market	Community Families	Monthly-1x- Aug	225 Families
Az Central Kinship Coalition	Community Partners	Monthly-2x- July- Aug	25 Partners
SW Valley Alliance Mtg	Community Partners	Monthly- 1x- Aug	46 Attendees
Pendergast Hope Center	Staff	1x- Sept	2 staff
National Grandparent’s Day – Afternoon of Bowling	Grandfamilies	1x	55 attendees/ 6 SW families (9 adults&14 kids)
Gila Bend Care 1 st Center-Reading Readiness Program	Families	1x- Sept	22 attendees-4 GRG
Avondale-Care 1 st Center Kinder Prep	Families of children ages 3- 5	1x- Sept	6 families attended
Avondale- Mission of Mercy Tour	Staff	1x- Sept	4 staff
Governor Office Faith and Community	State Agencies and Community Partners	1x- Sept	15 Attendees
Statewide Leadership Summit	DCS Supervisors from AZ	1x- Sept	200 Attendees

Describe any particular successes with these activities:

In July, a meeting was held with Terros (Behavioral Health Management) and EMPACT Rapid Response assessors to work collaboratively with grandparents and children in the Southwest Corridor, in understanding CPS guidelines and procedures as they relate to behavioral health. As a result of this meeting, the Jewish Family and Childrens Service organization is interested in the Kinship Care Specialist, Duet, meeting with their staff in an attempt to coordinate services.

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The Powerful Families PET kicked off in Avondale, in the Littleton Elementary School District, at the Welcome Center. The sessions began July 29th – August 19th. Grandparents were enthusiastic, appreciative and looking forward to the next four weeks of training.

During this quarter, the following Parent Education Trainings were held in the Southwest Valley:

- Character Building (in Avondale and Buckeye)
- Grandparents and Depression (Goodyear)

The Parent Liaison at the Avondale Littleton Welcome Center, the Director of the Buckeye Family Resource Center and the Kinship Care Specialist – Duet were able to meet and plan the Parent Education Training Calendar for Fiscal Year 2014-2015. These meetings generated much dialogue regarding motivating the grandparents, providing relevant and evidence based training, as well as finding ways to offer some family fun activities.

The South West Head Start Quarterly meeting, Reading Readiness and Kinder Prep activities were very good opportunities for making contacts. Getting the information out to those people that have a direct contact with Grandfamilies with grandchildren that are 0-5 was great!

Meeting the director of new Pendergast Hope Center was a great connection. We're hopeful we'll receive a good number of referrals from this location. There was some discussion about the possibility of offering a grandparent's support group meeting at their Avondale school location – Garden Lakes. We will follow up with this idea. Our outreach is going rather well! We are spreading the word about all the special topic meetings. We are please to be staying connected at the Southwest monthly networking meetings, this incredible opportunity definitely benefits us all.

On Sunday, September 7, 2014 for National Grandparent Day we sponsored an amazing Grandfamilies' outing in Avondale. We took advantage of this day to raise awareness and engage potential new families in the Southwest area. This event was a creative way to share with interested families the support services and special topic parent educational trainings we offer in the South West Valley. We had an exciting afternoon of bowling aimed at all members of the family. It was a great weekend bringing the families together to have fun and celebrate the hard work grandparents do every day to keep their families together.

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

Collaboration and Communication:

Something new we have been participating in as a member of the Central Arizona Kinship Coalition, is offering presentations to DES; Department of Child Safety (DCS) casemanagers and staff on the issues, concerns and how we should be utilized as a resource for their Grandfamilies. We realize many of the casemanagers are overwhelmed by their caseloads. Our purpose is for them to view our agency and others as an extension of support to the grandfamilies. Some have gladly taken the message back and have begun to share with a few families. We look forward to hearing from lots more.

Another great opportunity afforded to us was participating at DES-DCS Statewide Leader Summit. There was about 200+ DCS supervisors from around the state of Arizona in attendance. Again, this was an

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excellent opportunity to spread the word about the support services we offer and create an awareness about the issues surrounding grandparents raising grandchildren.

We also look forward to working with the Governor’s Office, especially becoming involved in their new initiative with the Office of Faith and Community, specifically with the Caring for Kin Project. We are excited to be working in collaboration with Governor’s Office, AZ127, DES-DCS, Southwest Human Development, Arizona Children’s Association, Benevilla, East Valley Child Crisis Center, TERROS, and Foster Care Initiatives. They all are very helpful in providing needed resources to grandparents and other relatives throughout all Maricopa.

Parenting Skill Community Based Training:

Program Implementation:

Activity	Target Audience	Frequency of Activity	Number Reached
July 1, 2, 3 rd – WigWam Creek Middle School – Summer Feeding Program	Adults bringing children to the “Summer Feeding Program”	Annually	45 Adults and Professionals
Month of July – Flyers sent via text message, electronically, school newsletters, etc.	Avondale, Buckeye, Goodyear, Litchfield Park and Tolleson School Districts Families	Annually	Unknown
August 26 th – Avondale Care 1 st -	Adults coming for service at the Center	As needed	30 Adults
August 12, 19, 26 th – Buckeye Family Resource Center	Community Families	As needed	25 Adults
CPR/First Aid Training	NPRGK Adults	As needed	2 Participants
September 11 th – Southwest Maricopa Developmental Screening Collaboration Meeting	Southwest Maricopa programs providing Developmental Screening	As scheduled	10 professionals in attendance
September 2, 4, 11, 18, 25 th - Avondale Care1st Back to School	Neighborhood Adults	Annually	50 Adults
September 2, 9, 16, 23, 30 – Buckeye Family Resource Center	Community families	As needed	30 Adults
September 18 th – Business Advisory T – Tolleson ESD	Business Community	As needed	12 Professionals
September 8, 15, 22, 29 th - Goodyear Library	Adults	As needed	25 Adults

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Describe any particular successes with these activities:

The NPRGK staff attended and or participated at 11 different outreaches locations and 21 activities and or professional events recruiting adults in the southwest valley who could register and participate in one of our six 12-week parenting series. Thousands of flyers were distributed to parents/families i.e. teen parents, grandparents, foster parents in Avondale, Goodyear, Litchfield Park, Buckeye and Tolleson School Districts via hard copy, electronically, and in school newsletters informing them of the Nurturing Parents Raise Great Kids program as well as the Maricopa County Library Department (Goodyear) starting in their community.

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

We currently offer 4 classes in English at the Buckeye Family Resource Center, Goodyear Library, Avondale Care1st Resource Center and Palm Valley Church; and 2 classes in Spanish at the Buckeye Family Resource Center and the Avondale Care1st Family Resource Center. **As of the end of September we are at 43.3 percent of our target service unit (TSU) and we have 3 quarters still left for outreach and training. We are on track to exceed our established TSU of 150 adults by June 2015.**

The Pilgrim Rest Foundation continues to expand services in the southwest valley by providing benevolence support for utilities, rent, mortgage and food to anyone living within the southwest valley.

NPRGK Feedback Summary:

Parent training and education can have a major impact on how parents raise their children. There is overwhelming evidence that ineffective parenting is the cause of many of the problems that children and adolescents develop and struggle with throughout their lives; whereas effective parenting can prevent many, if not most of these problems. Moreover, effective parenting can create family relationships in which both parents and children can thrive. Ninety Eight percent of parents who participated in the seven series NPRGKK program liked the workshops – 86% loved the workshops.

Well-trained facilitators are critical to making a difference in program outcomes. Facilitators need to have good facilitation skills, know how to work with diverse participants, and be knowledgeable about the current issues related to the workshop topic to help stimulate discussion. 100% Of the participants felt that the facilitators did a good job facilitating the workshops.

Participants' desire to return for additional workshops on parenting is confirmation that the workshops are effective and parents see the value and positive impact they have on their parenting skills. 92% of the participants said that they would attend another parenting workshop offered by NPRGK.

Anecdote:

- Willing to learn more info to help myself and children in near future.
- It is very beneficial to learn more about babies and toddlers development.
- Yes it is for the benefit of my child and future.
- Very educational.
- Because I would like to learn more stuff.
- Because I learned a lot of good things that I didn't know
- Very helpful information
- Very informative
-

When asked what was the one thing they liked about the workshop they attend participants responded with the following anecdotes.

- Energy of the instructor and information.
- How to help our children with communication.
- How to have respect for each other.

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- Dr. Dawson explains everything so well.
 - Everything!
 - Learning how to build self-esteem.
 - Learning how to send I-messages.
 - Information on how parts of the brain work.
5. Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?

One challenge we have is finding the “right” time to hold the parenting class. We continue to be flexible in offering classes to find the best fit.

Although we are meeting our TSU, we are still challenged with filling every class to capacity. Our goal is to fill classes to capacity every session of every series.

Collaboration and Communication:

Our collaborative efforts with the Family Resource Centers and Gangplank Avondale continue to grow. In July we started collaboration with the Maricopa County Library Department (Goodyear) and in September offered our first 12-week series in Goodyear during this first quarter. This class is offered every Monday morning from 10:00 a.m. to noon. Our attendance is low with 9 adults registered, but we anticipate growth by word-of-mouth and through the library medium as we continue at this location.

As anticipated, the number of adults coming to class and staying in the program to 100% completion is growing.

Parents are commenting they now feel more confident and competent about their parenting skills since participating in the program. Also, parents whose children have been removed from their homes due to parental misjudgment say because of the parenting curriculum they now feel less defeated and more empowered and are looking forward to their children coming back home.

The adults registered in the program are asking for more referrals for services than in the first year. Their trust in facilitators is strengthening and they are asking for more assistance in working through areas of concerns with their children i.e. “How do I let them (children) get involved in setting rules when I’ve been the sole rule maker in the house?”

In our Buckeye class the parents are developing a *sense of community*. One parent mentioned that her children were being reunited to her and how happy she was, but that she didn’t have enough clothes for them and class members quickly responded, “Our children are about the same size, I will bring clothes next week.”

We started a new strategy by giving every participant a form they can complete by sharing contact information of someone they would like to invite to the program. We take their information, call the contact and most come as a result.

Success with the Childcare Attendants (CA) continues to grow and can be partly attributed to the continuous early childhood education they receive during the programmatic year i.e. FTF Summit, The Prevent Child Abuse Conference, and the Strong Families Arizona Conference, as well as the training from our ALI consultant on Developmental Screening. Already qualified and experienced childcare providers, each quarter the connections to development and play become stronger and more deliberate. Children of all ages are welcome into the childcare area.

- A five year old girl came to class for the first time with her grandmother. She was quiet at first, but then an hour later she started talking to us and wanted to help other children play. Before she left she said “I’m coming back next week, I really like it here”. She has been coming to the program for four weeks now.

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- An 11 year old came for the first time and she was very quiet and would just sit and play alone. Now she comes and talks to all the teachers and helps to guide younger children in activities. When she leaves she always gives all of the teachers a big hug.
- A 16 month old child clinged to her grandmother on her first visit; now, she comes into the door clapping her hands and refuses to leave when class is over and grandmother is there to pick her up.
- A four-year-old boy refused to speak or interact with the other children no matter the activity. Determined to get him to participate, we (CAs) started playing a word game and he became so excited when it was his turn to draw on the white board, he's been eagerly coming back every since.
- A three year old girl and her four year old brother came to class for the first time and the little girl refused to stay in class. Because the parents class is nearby, she could hear how much excitement and fun there was in the "kid's room". She asked her mother to take her back to where her brother was and she has been a very happy participant ever since. We always make sure we sing her favorite song from Disney's movie Frozen, "Let it go!"

Describe any additional information you would like to share about program implementation.

ALI, NPRGK and our sister program KidsWatchAZ discussed ASQ:Social-Emotional screening in the southwest valley and how to find children in need of intervention. Developmental screening is a short assessment to tell if a child is learning basic skills when he or she should, or if there are delays in how he or she plays, learns, speaks, behaves, and moves. If there is a delay, it could be a sign of a bigger problem. The key here is *early* detection because studies have shown that children who receive early intervention and treatment for developmental disorders are more likely to graduate from high school, to hold jobs as adults, and are less likely to commit criminal acts than those who do not receive early intervention. Because we work directly with families, we've embedded the ASQ-SE screening into our programs to give families and more specifically children a leading edge on detection. Families are more confident in describing observed characteristics to their pediatricians/physicians and educators.

Home Visitation:

Program Implementation:

Activity	Target Audience	Frequency of Activity	Number Reached
REFERRALS, RECRUITMENT, & ENROLLMENT	<p>The target audiences during recruitment and enrollment activities are parents who are expecting a new baby or parenting a child birth to 3 years of age in the Southwest Maricopa Region.</p> <p>The Building Bright Futures program focuses on referrals, recruitment, and enrollment throughout the entire Southwest Maricopa Region.</p>	<p>The Building Bright Futures Program has consistently received referrals from previously established collaborations and new relationships with other providers in the Southwest Maricopa community and surrounding areas.</p> <p>The Building Bright Futures Program continues to be present in the Southwest Maricopa Region by collaborating with partners in the region including schools, libraries, medical offices, hospitals, child care centers, preschools, Head Start, and faith based organizations/churches. Building Bright Futures staff have been present at resource / community fairs</p>	<p>In the 1st quarter, Building Bright Futures has received 23 referrals resulting in 8 families engaging in services, 10 families in the middle of the enrollment process and 5 referrals that were not appropriate for services and were referred elsewhere or staff was unable to engage them in services.</p> <p>The referrals came from outreach and recruitment or existing collaborations that the program has in</p>

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		to promote awareness of the program and take on site referrals.	<p>the Southwest Maricopa Region.</p> <p>The 23 referrals were from the following sources:</p> <table> <tr> <td>MIHS Avondale FHC:</td> <td>9</td> </tr> <tr> <td>Parent Partners Plus:</td> <td>5</td> </tr> <tr> <td>Buckeye FRC:</td> <td>1</td> </tr> <tr> <td>Fussy Baby:</td> <td>1</td> </tr> <tr> <td>Healthy Families:</td> <td>1</td> </tr> <tr> <td>Self:</td> <td>4</td> </tr> <tr> <td>Current Client:</td> <td>2</td> </tr> </table>	MIHS Avondale FHC:	9	Parent Partners Plus:	5	Buckeye FRC:	1	Fussy Baby:	1	Healthy Families:	1	Self:	4	Current Client:	2
MIHS Avondale FHC:	9																
Parent Partners Plus:	5																
Buckeye FRC:	1																
Fussy Baby:	1																
Healthy Families:	1																
Self:	4																
Current Client:	2																
	The target audience for retention is all enrolled and participating families, from the time of referral to appropriate closure. All efforts are made to retain eligible families in the Building Bright Futures program to provide family support and parent education through home visitation using the Parents as Teachers model.	Building Bright Futures staff retain clients by building rapport with families, by being available to families during regularly scheduled visits, by setting realistic goals with families, and providing quality home visitation service including information, resources, and education for the families enrolled in the program. Group Connections were also held in Avondale at the Care1st Family Resource Center.	Year-to-date, Building Bright Futures has provided support and parenting education to 96 families in the Southwest Maricopa Region, 77% of the target service units of 125 families for the year. We are currently serving 72 open ongoing families with 101 children.														

Describe any particular successes with these activities:

Our program and programs in other agencies utilizing the Parents as Teachers curriculum in Maricopa County meet throughout the year to continue collaboration and sharing information on what is working well and what barriers are being faced by Parents as Teachers providers across Maricopa County. Each affiliate has a different amount of experience with the model and other expertise in the field in general to share with each other. The cohort has continued to attend a Reflective Supervision Update Training to comply with PAT requirements for supervisory practices and have continued to meet for additional training throughout the year. We most recently met in September. We will be switching to a statewide PAT conference call in November, receiving technical assistance and guidance from the PAT National Center on a quarterly basis.

The group connections, in addition to individual home visits, are meant to give the families additional opportunities to bond and learn with their child(ren) as well as meet other families with young children in their area. There were 6 group connections offered during the quarter. In July, the two groups were a story time. The group was coordinated with a library staff from Sam Garcia Library. There were a total of 21 adults and 34 children in attendance. In August, the two groups were held at Care 1st and were about Nutrition. Parents and children learned about nutrition and then were able to make a healthy snack with fruit, crackers and cream cheese. There were a total of 4 adults and 6 children in attendance. In September, there were two groups held and it was an ice cream social. There was time for parents to talk and meet one another (as requested by program participants). Parent interaction was assisted by a get to know you bingo activity with the other parents. Then there was an activity for the parents and children to

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do together. They used a parachute (or flat sheet) and balls and the Parent Educators showed families fun activities to do with it for children's varying ages. There were a total of 13 adults and 20 children in attendance.

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

Building Bright Futures provided 295 home visits to families enrolled in the program during the 1st quarter. There are currently 101 children enrolled and being served. Of the families served during this program year, 5 of them have been enrolled for 3+ years, 16 for 2+ years, and 19 for 1+ years.

We held 6 Group Connections during the 1st quarter. The parents and children attend these groups together, offering learning and social time for both. These groups are usually scheduled at least once a month to ensure that as many interested program families can attend as possible. Staff offer them throughout the Southwest Maricopa Region. They are planned each month based on the needs of the current families enrolled and participating in the program.

Building Bright Futures is connecting families to resources in their communities. Building Bright Futures referred 10 families to 12 different resources within their communities resulting in connections to resources. They helped them get connected to preschools and early learning, financial resources, immigration, food, and medical resources.

The program has continued to focus on early literacy efforts with all families in the program. Staff frequently give information about local libraries and story times. In the past, the library has partnered with the program and attended parent groups and activity days. The PAT curriculum that is used with families encourages early literacy also. In nearly every parent group there is some component of early literacy involved and children's books are given regularly at group and at least one visit with the family. The program also uses *Brain Boxes* with families. They explain why early literacy is important and how the growing brain is developing.

Describe current issues related to staffing necessary for program implementation.

The Building Bright Futures Program was fully staffed for a portion of the 1st quarter. One staff member resigned on September 15, 2014 to stay home full time with her infant daughter. Interviews have been completed and a new staff member will start on Monday, October 13, 2014. New Parent Educators must complete the Parents as Teachers Foundational and Model Implementation training before being able to serve families on their own. The newly hired staff will attend the Foundational and Model Implementation Training from the Parents as Teachers office in St. Louis, Missouri during the week of October 19th.

Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?

Finding affordable childcare continues to be the most frequent challenge that the Parent Educators are having when trying to meet the needs of the families in the program. Many families need child care assistance but are unable to easily obtain the needed help. Parent Educators help families seek out any available Quality First Scholarships that might be available near them. Parent Educators know that there

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are Quality First Scholarships that go unused every year so they encourage families that need them to seek the scholarships out. Families and Parent Educators make calls to many centers and put names on waiting lists and they are still often not able to get access to scholarships. They also help them pursue DES child care assistance. The team frequently discusses and shares any new resources that they are able to find regarding child care assistance. They use all private, faith based, and community resources they can find in the area to help families meet their child care needs.

Collaboration and Communication:

Building Bright Futures Southwest attended a partnership meeting with Family Preservation staff at Arizona's Children Association. This partnership is hoped to provide an option for ongoing services beyond those provided by Family Preservation when highly vulnerable families close out services.

The Program Director and another agency director also coordinated a meeting with program supervisors and staff at Adelante Healthcare and WIC. Both programs shared programmatic information and developed partnership strategies.

The Senior Program Director and Program Director met with Pendergast Family Resource Center. Both programs shared programmatic information, toured the center, and developed partnership strategies.

The Senior Program Director has also attended Developmental Screening meetings held by the Northwest and Southwest Regions to streamline the screening processes across the grantees and other screening programs in the West Valley.

The Program Director, Senior Program Director, and the VP of Family & Community Services attended our agency's quarterly Program Director meeting in September. Our agency values leadership training and activities and invests significant support from our agency's statewide senior leadership team.

Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

Our enrollment is focused on prenatal families and families with children 3 and younger at the time of enrollment. We have assisted the families in understanding the growth and development of their child prior to birth or during the newborn age, encouraging bonding and attachment at the earliest possible time.

Family Success Stories:

One of the families in the program recently completed services per program model requirements. The child in the family was born 7 weeks premature and a few months ago celebrated his second birthday. Over the past few years, the parent and Parent Educator have been working with the child on development to help assist in his developmental progress towards milestones. ASQ's were completed regularly and activities modeled and given to the family to do with their son. He has generally stayed developmentally on track except that he was still not yet walking. The Parent Educator worked with the child and family on various activities that would encourage walking and continue to strengthen the child's fine and gross motor skills. The family's final goal was to see their son walking by his second birthday. The child was able to meet this goal and is now not only walking but running. The family shared their appreciation for the

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assistance and knowledge they gained about their son's development over the years. They feel that they are able to understand where he should be developmentally and how to access services for him if he should ever need them. Having their child 7 weeks premature was scary for the family and they have felt supported and better able to parent him by participating in the program.

SOURCE OF ALL REFERRAL INTO PROGRAM		Number	
1	Community social service provider	MIHS Avondale FHC:	9
		Parent Partners Plus:	5
		Buckeye FRC:	1
		Fussy Baby:	1
		Healthy Families:	1
2	Other (please identify)	Self:	4
		Current Client:	2

Families with Children with Special Needs:

Program Implementation:

Describe any particular successes with these activities:

This first quarter of the second grant year has continued to be focused primarily on ramping up the program, with hiring staff, conducting outreach, and coordinating work with community partners, such as AzEIP, and fellow grantees, such as the Care Coordination teams through Maricopa Integrated Health System. Currently, five Parent Educators have been hired, trained, and have begun building relationships with families who have entered the program. We are continuing to build relationships with the families we are serving and conducting outreach to share information about the program as well as learn about resources that could benefit our families.

Our program and programs in other agencies utilizing the Parents as Teachers curriculum in Maricopa County meet throughout the year to continue collaboration and sharing information on what is working well and what barriers are being faced by Parents as Teachers providers across Maricopa County. We most recently met in September. Each affiliate has a different amount of experience with the model and other expertise in the field in general to share with each other. We will be switching to a statewide PAT conference call in November, receiving technical assistance and guidance from the PAT National Center on a quarterly basis.

The group connections, in addition to individual home visits, are meant to give the families additional opportunities to bond and learn with their child (ren) as well as meet other families with young children in their area. Six Group Connections events took place this quarter.

Three were held in the Northwest region and three were held in the Southwest region.

The first for the Northwest region was "ABC You and Me"; it was held at the Sunrise Mountain Library in Peoria. Families were able to meet other families and children currently enrolled in the Building Bright Futures Special Needs Program while learning about the benefits of reading with their children. Families

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were also able to learn how to sign up for a library card and participated in toddler reading time. Families who attended were given an activity book to take home that provided them with fun and easy activities that they could do at home with their children.

The second Group Connection in the Northwest region was a successful collaboration with Care Coordinators from the Maricopa Integrated Health System. The event took place at the Glendale Family Health Center with a focus on “Sensory Fun”. Families had the opportunity to meet other families enrolled in the program while the Pediatric Care Coordinator provided a presentation about the services offered by the Family Health Center. Families had the opportunity to learn how to make homemade silly putty side by side with their children. Parent Educators shared information about the benefits of sensory play and families were given the recipe for the silly putty.

The third Group Connection in the Northwest region was “Eat to Be Fit” and was held at the Deer Valley Family Resource Center in Glendale. Families learned about age appropriate portion sizes for young children at mealtimes and activities that would help keep their family physically active. The staff from the Deer Valley Resource Center provided a presentation about services available at the center. A dietician was also present to talk about making healthy smoothies and parents were able to taste a variety of fruits side by side with their children.

The first Group Connection in the Southwest region was a successful collaboration with our fellow grantee in the Southwest region at the Care 1st Resource Center in Avondale, with a literacy focus using the theme, “Story Time”. The librarian from the Sam Garcia Library was present to read to the children and parents. Parents were given the opportunity to apply for a library card and were provided with handouts about upcoming Sam Garcia Library events. Families created sock puppets side by side with their children to take home.

The second Group Connection in the Southwest region was held at the Care 1st Avondale Resource Center in Avondale, with a focus on “Nutrition”. A presentation about nutrition was provided for families to become aware of age appropriate portion sizes according to the My Plate campaign. In addition, families were able to learn about healthy snacks and were able to make a healthy tangerine snack that consisted of graham crackers, cream cheese, blue berries and tangerines.

The third Group Connection in the Southwest region was held at the Care 1st Avondale Resource Center in Avondale, the topic was an Ice Cream Social. Families were encouraged to socialize with other families that are currently enrolled in the program. Healthy fruit toppings were provided and frozen yogurt was provided for families to enjoy while engaging with other families. Information about nutrition was provided and the group discussed the importance of fruits and vegetables in a well balanced diet for the whole family. Two sessions were offered at each Group Connection to accommodate families who are only able to attend in the morning hours or those who needed a later afternoon group. Hearing and vision screenings were available to families that attended each of the Group Connections. Current families have provided feedback about Group Connections through surveys given and their feedback is taken into consideration when planning future Group Connections. In addition, new families enrolling will continue to help determine the location, time, and topics that will be covered in order to maintain parent/child interest and attendance rates.

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Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

At this time both the Program Director and Parent Educators are focusing on outreach and collaborating with organizations in the Northwest and Southwest Maricopa regions to recruit and enroll families. During this quarter, the Program Director was able to secure signatures from three Arizona Early Intervention Program contractors for the Memorandum of Understanding which was approved from the Arizona Early Intervention Program state office. This is a great accomplishment as it ensures that Sunrise Therapy, Child & Family Resources and Arizona Cooperative Therapies are referring families to our program when appropriate. The Program Director is continuing to work with the two remaining Arizona Early Intervention contractors, United Cerebral Palsy of the Southwest and Dynamite Therapy, to secure Memoranda of Understanding so that they also begin referring families when appropriate.

The Parent Educators, Program Director and Sr. Program Director have also been able to obtain a signed Memorandum of Understanding with the Nadaburg School District in the city of Whitman in the Northwest region. The Parent Educators and Program Director will continue to pursue Memoranda of Understanding with local school districts in both regions to ensure that they are aware of the program and referral process.

The Program Director and Parent Educators have began partnering with the FTF Northwest Maricopa Region Outreach Coordinator, Parenting Arizona, Benevilla, First Teeth First, Teen Outreach Pregnancy Services, Desert Valley Family Resource Center, The SNACK program, and Arizona Cooperative Therapies as well as other Wickenburg community members to create a Family Fall Festival in Wickenburg. Each of the organizations works in the Wickenburg community and has committed themselves to plan and facilitate the Family Fall Festival in order for the community to become familiar with the organizations or programs available in their community. Each organization or program is committed to creating and facilitating a family friendly, interactive activity at the festival. The festival will be held on November 8th, 2014 at Coffinger Park in Wickenburg. Program information will be available and referrals will be accepted if families are interested in enrolling for services.

Building Bright Futures Special Needs is connecting families to resources in their communities. Building Bright Futures referred 7 families to 8 different resources in their community. These families were connected to WIC, Arizona Early Intervention Program, Recreation/Family activities, and a Pediatric Medical Home.

Describe current issues related to staffing necessary for program implementation.

Currently the program is fully staffed with three monolingual Parent Educators and two bilingual Parent Educators. The Program Director has been serving Spanish speaking families and will continue to do so until the Bilingual Educators are fully trained and able to serve families on their own. Parent Educators must complete the Parents as Teachers Foundational and Model Implementation training before being able to serve families on their own.

During this quarter, two new Bilingual Parent Educators were hired and began on September 9th. They will both be attending Foundational and Model Implementation Training from the Parents as Teachers office in St. Louis, Missouri during the week of November 10th. The three previously hired Parent Educators have continued to attend trainings that have allowed them to exceed the 12 hour minimum

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annual requirement for Parent Educators. All Parent Educators have completed the Infant/Toddler Developmental Guidelines training as well as the Introduction to the Early Learning Standards that is required for the program and is delivered by the Arizona Department of Education. Our Program Director has completed additional training on Reflective Supervision to comply with Parents as Teachers requirements for supervisory practices.

Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?

As of the date of this report, the program is fully staffed. At this time, the Director and Parent Educators have continued to focus on outreach and enrollment of families. A continued challenge the program has faced is collaborating with the Arizona Early Intervention Program assigned contractors. Currently we have secured Memoranda of Understandings with Child & Family Resources, Arizona Cooperative Therapies and Sunrise Therapy. The two remaining contractors, United Cerebral Palsy of the Southwest and Dynamite Therapy, have the Memorandum of Understanding and have not signed the agreements. The Program Director continues to reach out to them directly to help facilitate their signing the Memorandum of Understanding. Currently, referral forms have been provided to the AzEIP contractors and Early Interventionists within those agencies who have and have not signed the Memorandum of Understanding and all agencies have begun sending referrals to the BBF Special Needs Program.

The program staff continues to identify new sources for outreach and recruitment, and will be focusing on locating eligible families in both Southwest and Northwest Maricopa regions. We are also continuing to maintain and expand existing community partnerships for outreach and awareness of the program in the Southwest and Northwest Maricopa regions.

Collaboration and Communication:

Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.

We have begun collaboration efforts with the following organizations. These organizations collaborate with Child & Family Resources, Inc. and the Building Bright Futures Special Needs Program to include cross referrals to and from our agency, and share clients as well as resources and training opportunities. We all work collaboratively for the benefit of the families.

The Sr. Program Director has also attended Developmental Screening meetings held by the Northwest and Southwest Regions to streamline the screening processes across the grantees and other screening programs in the West Valley.

Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

Outreach has been very successful this quarter, and a large amount of appropriate referrals were received. We are on track to reaching our target service units for the year, and don't anticipate any difficulties.

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Families have been enrolled in the program for more than 90 days and have begun to provide their feedback about the program through customer satisfaction surveys. The feedback is amazingly positive. One parent shared “My Parent Educator is a great sound board for ideas and she provides a lot of support and encouragement.” Another parent shared “My Parent Educator is always willing to give me resources no matter what the situation is, she is always nice and ready to listen.” Another parent shared “Everything about this program has been helpful, it is amazing the things we forget as parents. This program helped remind me of activities and things I can and need to do for my child.” This same parent went on to share that she will use the knowledge and skills she has learned with her child by being a better communicator and being more involved in all aspects of her child’s development.

One Parent Educator started working with a family when the child was 16 months old. This little boy was not yet walking, and not yet taking any steps on his own. When his mom tried to encourage him to walk, he would just look at her and sit back down and crawl. He had been evaluated by the Arizona Early Intervention Program and was not found eligible, so mom and the Parent Educator both believed that with encouragement and opportunity he would walk one day soon, just on his own timeline. Almost every week the Parent Educator would bring gross motor activities for mom and son to engage in together, such as obstacle courses, push toys, bubbles and other fun activities that both mom and child would enjoy. Mom shared that she had bribed him once with goldfish crackers; however nothing seemed to be the “magic bullet.” The Parent Educator encouraged mom to keep working with her son through daily play. The Parent Educator supplemented her verbal encouragement with articles and parent handouts regarding “best practices” for helping children walk on their own, such as hand placement when walking with your child and opportunities for exploration. At the Parent Educator’s most recent visit, the mom proudly shared, “X is now walking! He clearly thinks crawling is for babies.” During the entire visit he was up on his feet walking, with no crawling happening at all. The Parent Educator shared positive praise with the mother and child during the visit, and it was clear that mom was proud of this accomplishment. The mother shared that it was the activities and support that the Parent Educator provided that made her keep working with her son.

SOURCE OF ALL REFERRAL <u>INTO</u> PROGRAM		Number
1	Early Care and Education (Child Care)	
2	Community social service provider	Parent Parnters Plus-1 Parenting Arizona-1 ABIL-1 BBF North-1
4	Early Intervention/Therapy (ex. AZEIP, special education pre-schools, physical/speech)	8
15	Primary Care Physician	35
22	Other (please identify)	Self: 4 Parents called in

*Specialized medical - related to a child’s documented and ongoing medical conditions and/or disability. E.g. children referred from the Office of Children with Special Healthcare Needs (OCSHCN).

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Care Coordination:

Program Implementation:

Activity	Target Audience	Frequency of Activity	Number Reached
Pediatric Medical Home/Care Coordinator Meeting	MIHS staff, physicians, clinic managers, care coordinators, care coordination assistants	Monthly	20
First Things First Early Childhood Summit	Early childhood agencies and organizations	Annual	100
MIHS First Things First Multi-Grant Meeting	MIHS staff members, care coordinators, FLC staff, managers	Quarterly	30
Building Bright Futures, Child and Family Resources	Community Agency, FTF Partner	Once	5
Landmark Family Resource Center Presentation	Community agency	Once	30
Peoria Unified Family Resource Center	Community agency	Once	2
Glendale Elementary School District Presentation	Community members, school district personnel	Once	25
Dysart Elementary School District	School district personnel	Once	30
Glendale Elementary Preschool Specialists	School district personnel	Once	2
Parenting AZ	Community agencies and organization	Once	2
S.N.A.C.K. Program of Maricopa County	Community agencies and organization	Once	2
Care1st Avondale Resource and Housing Center	Community agency representatives	Monthly	30
Teen Outreach Pregnancy Services	Community agency; FTF partner	Once	2
Buckeye Family Resource Center, Buckeye Outreach Social Services	Community agencies; FTF partner	Once	2

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First Things First Northwest Grantee Meeting	First Things First Grantees	Quarterly	25
West Valley Developmental Screening Collaborative	First Things First Grantees	Bi-monthly	8
West Valley Catholic Charities	Partner	Quarterly	5
Dysart Community Center	Partner	Monthly	3

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

Each of the care coordinators at the three MIHS Family Health Centers (FHC), Avondale, El Mirage and Glendale, continue building relationships throughout the community and growing their partnerships and knowledge base. As noted in the above chart, the care coordinators have been very busy during this quarter contacting area school districts, community organizations, and agencies explaining the medical home model, meeting with families, and reaching out to the entire community to “get the word out” regarding the available services and resources. On a daily basis they continue looking for every opportunity to educate families on the importance of regular well-child examinations, early developmental screenings and how early educational experiences can improve a child’s chances of entering school healthy and ready to learn. The feedback has been very positive with considerable excitement and appreciation about the programs now available in their neighborhoods. All three clinics have realized an increase in their pediatric populations since the inception of the program and the goal is to continue reaching more families in need of pediatric care.

Research evidence indicates that there are strong positive relationships between a healthcare team’s communication skills and patient’s capacity to follow through with medical recommendations and adopt preventive health behaviors. Care coordinators recognize that clear communication about needs and concerns is critical to helping family’s secure appropriate medical care. The care coordinators contact families by phone or, if they are unable to be reached by phone, mail After Visit Letters to pediatric patients that have a clinically important condition (CIC) and after clinic appointments as a follow-up and reminder of the care coordination and additional support services provided by MIHS. This letter is utilized to improve the patient experience and communicate their health care needs. In addition, the care coordinator assistant continues reaching out to families about delayed well-child care, delayed immunizations, emergency department follow-up and access to care.

Care coordinators educate families on the importance of consistent well-child visits as an opportunity to raise questions and concerns about their child’s development, behavior, and general well-being. Care coordinators take the opportunity during the well-child visits to provide the families with information on the importance of early literacy education, nutrition, oral health, community resources available and the importance early educational experiences have in helping children be ready for school.

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Collaboration and Communication:

Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.

The care coordinator at GFHC has been working to establish collaboration with the Glendale Elementary School District. Through meeting with district-level staff, educators, social/emotional learning specialists, and parents of preschool age children, the care coordinator has increased awareness of the PMH/CC services available within the NW/SW Region.

The care coordinator and clinic manager at Avondale Family Healthcare Center (AFHC) met with the Literacy Program Manager of "Raising a Reader" to bring the early literacy program to the Avondale area. The AFHC is excited to host the "Raising a Reader" program, providing weekly story time and early literacy workshops in the clinic in order to address early childhood educational needs and further engage and support families in the importance of early learning experiences.

The El Mirage care coordinator attended the September Northwest Maricopa First Things First Grantee Meeting at the City of Peoria Complex. It provided a great opportunity to network, become familiar with other FTF grantees, and increase knowledge about other programs and services available. Collaborating with other programs in the area helps to ensure linking families with programs that will provide direct and appropriate services in a timely fashion.

Fran Pearson, the Glendale care coordinator, is participating in the First Things First West Valley Developmental Screening Collaborative. Fran welcomes the opportunity to network with the various agencies, work together more closely, and the potential for creating a vehicle for sharing developmental screening data thus decreasing duplication of screenings. The continued support and collaboration this provides the care coordination team assist them in ensuring quality care to patients and families.

Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

SUCCESS STORY :

Providing breastfeeding education to pregnant and new mothers and promoting breast milk as the best possible food for their babies is one of the important roles of the care coordinators. During one such visit with a new mom and her baby, the discussion turned from newborn care to medical care for the sibling, a five-year-old little girl. The mother admitted that her daughter had not been seen for a well-child check in quite some time because the family did not have health insurance coverage. The mom shared that the daughter had recently been ill and was taken to the emergency room of a local hospital rather than a clinic for treatment. The emergency department visit resulted in a much higher medical expense for the family than that of a clinic visit.

The time the care coordinators spend talking with families about the needs of one specific child often result in discovering needs of other family members. This family was in need of assistance finding

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affordable health care. MIHS is fortunate to have health care Eligibility Specialist on staff to assist families with health insurance needs. The care coordinator referred the mother to an MIHS Eligibility Specialist the same day to discuss insurance options. The specialist worked with the mother to determine what type of coverage the family would qualify for and what would best serve the family's needs. It was determined that the family was eligible to enroll in Copa Care, an MIHS program for uninsured and under insured, a sliding fee scale, based on federal poverty guidelines, used to determine what percentage of their bill a patient must pay. The mom was appreciative and relieved to know that she now had a means of providing regular medical care for her children in a clinic setting.

Thanks to the time the care coordinator spent talking about the family's needs, not only the children but also the mother is now able to access medical care in the MIHS clinic thus improving the health and wellbeing of the whole family.

Support or Additional Information:

6. Describe any additional information you would like to share about program implementation.

As the Pediatric Medical Home/Care Coordination program continues to grow it is clear to see just how beneficial these services are to our patients and the community. Pediatric care coordination is a patient and family centered assessment driven team based activity designed to meet the needs of children and youth while enhancing the care giving capabilities of families. Care coordination addresses interrelated medical, social, developmental, behavioral, educational and financial needs to achieve optimal health and wellness outcomes. A family's Medical Home is not a building, house, or hospital—it is a way of making sure all of the family's medical and non-medical needs are met in an accessible, comprehensive, and caring way. Some services a medical home provides are:

- Well-Child Visits
- Vision and Dental Care
- Emergency Services
- Specialized Medical Care
- Access to Community Resources
- Healthy Lifestyle Information
- Safety Information

The MIHS Pediatric Medical Home project makes the most of knowledge and technology of electronic medical records to give patients excellent care and reach out to help them stay healthy. This model empowers and actively engages the children's families in his or her health. An After Visit Summary (care plan) is provided to each patient at the end of every clinic visit. The summary is specific to each patient describing the visit, immunizations given, describing care instructions and noting future appointment or immunization needs.

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Oral Health:

Program Implementation:

Activity	Target Audience	Frequency of Activity	Number Reached
Care 1 st Networking Meeting	FTF grantees and community at large	1/month	20-30
Faith Community Roundtable	Southwest Faith Community members and other community agencies	1/quarter	20
First Teeth First Presentation to Catholic Charities Pre-Training Family Support Specialists	Overview of program; overview of day of services	1/time	25 attended
Follow up with Dental Clinics partners (SVdP, JCL, MIHS)	Urgent patients' follow up	Weekly/each	9 times a month
Outreach Services (calling CCC/preschools, dropping off consent forms, reminders, providing services)	CCC/PS directors, community event coordinators	20-30 calls/contact made to CCC/PS	SW: Brighter Angels
Outreach Services (calling CCC/preschools, dropping off consent forms, reminders, providing services)	CCC/PS directors, community event coordinators	5-10 calls/contact made to CCC/PS	SW: Wee Rascals
Meet with dental partners at MIHS (CHC Dental Clinic)	Vicki Torres, primary contact	1 time	1 time
Collaboration Meeting with MCDPH SNACK program	Alejandra Kierbach	1 time	Planned 3-5 collaboration events
Healthy Mothers, Healthy Babies	Martha Garcia, coalition coordinator	1/ every other month	10-15 agencies in attendance

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

In the 1st quarter of 2014-2015, we were able to provide basic oral screenings to 829 children in the Northwest region. 619 children were given fluoride varnish application and we provided 641 1:1 educational sessions with parents during services. The 1:1 educational sessions were provided to the parent during the time of service and the program finds this to be the most effective form of education to parents regarding their children's oral health since we are able to visually show the parent the concerns we see in the mouth.

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For the maternal oral health portion of our program, we provided 86 basic oral health screenings to pregnant women in the 1st quarter. Of those screened 36 of the pregnant women were determined to have an urgent dental need and referred to our partner, Maricopa Integrated Health Systems (MIHS), for services.

One highlight during this quarter includes establishing a new contact at Maricopa Integrated Health Systems (MIHS). The new contact understands the First Teeth First Program expectations which include weekly follow up notes from MIHS. MIHS have been sending follow up notes daily which have exceeded our expectations.

Event planning is a crucial component during this time in the academic year. We've been invited by various First Things First agencies to partner and collaborate in upcoming events. This is all part of the outreach the First Teeth First program has committed to in serving the community.

During August, the First Teeth First staff attended the First Things First Summit. While at the summit, the First Teeth First program coordinator presented in partnership with First Things First regarding social determinants related to oral health.

Collaboration and Communication:

Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.

We continue our wonderful partnership with the Maricopa County Women, Infant and Children (WIC) clinics and Immunization clinic has permitted us to see a large number of children in the regions. This collaboration has provided strong numbers of children receiving care and provides the opportunity for us to see the children on a continuous basis.

Our First Teeth First Staff are very always willing to collaborate with other First Things First Grantees. We are making an extra effort to reach as many collaboration meetings, council meeting, and other event planning meetings.

A new collaboration our program is working on is with Southwest Human Development who is interested in partnering with us to provide services to their Head Start classes.

Having met with the primary contacts at Maricopa Integrated Health Systems, MIHS continues to assist and provide dental services for our urgent children and pregnant women. Furthermore, each dental clinic partnership has eligibility coordinators that assist the families to provide a more comprehensive health (and dental) care.

Additionally, our program continues to partner with AHCCCS which has served as an integral part in follow-up treatment for the children providing clients direct access to providers and continued care.

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Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

Success Story #1

Maria Gamez, mother to 1 year-old daughter Ingrid, went to the Avondale Care 1st Resource Center for services offered there. Her daughter had rampant decay to 10 of her primary teeth. Maria could not believe that her daughter was in such pain. Maria was also very grateful for the oral health education and services her daughter received. It was a very pleasant experience for the family and Ingrid has an appointment on August 15th to fill those cavities by a pediatric dentist in Tolleson.

SNACK

Program Implementation:

Activity	Target Audience	Frequency of Activity	Number Reached
Website Postings: ADHS Empower Pack page, SNACK website on MCDPH website	Child Care staff, residents of Arizona	Ongoing	5,000 Adults
Catholic Charities West Head Start Advisory Meeting	Head start professionals	Quarterly	25 adults
Feature article in Early Childhood Quarterly	Child Care staff	Quarterly	15,000+ Adults
Maricopa County Child Care Health Consultants – CCHCs provide SNACK marketing materials in visits	Child Care Providers in NW Valley	Ongoing	30 Adults
NW/SW Collaborative CPST Meeting	Non-profits, EMS, Hospitals, Child Cares, Government, etc.	Quarterly	16 Adults
John F Long Coalition Meeting – resource meeting	Mental Health and Social Service Care Providers	Quarterly	55 Adults
West Valley Human Services Alliance	Social Workers and agency staff – west valley	Quarterly	35 Adults
Color Me Healthy Parent Newsletter and Info Mailings	Child care providers	Ongoing	350 adults
Partnership with Sands Chevrolet - Car Seat Clinic	Families with Children 0-5 in West Valley	Monthly	23 Adults/ 12 car seats

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Partnership with Buckeye Family Resource Center	Families with children 0-5 in West Valley	Quarterly	38 Adults/ 36 car seats
Color Me Healthy Trainings of Child Care Providers	Child Care staff and directors	Ongoing	13 Trainings 116 Adults
Child Passenger Safety Parent Education Classes and car seat checks	Parents of small children	Ongoing, as requested	215 Adults/ 179 car seats
Child Passenger Safety seats distributed directly to agencies to serve their families	Agencies that work with children 0-5 that SNACK has certified	Ongoing, as requested	48 Adults/ 48 car seats
E-blasts and Flyer Distributions of car seat check events	CPSTs	As needed	1,444 Adults
Featured article in The Avondale Rave (community magazine) and the about.com website	The community of Avondale	ongoing	5,000 people
FindHelpPhx presentations	Agencies that work with families in need and children 0-5	ongoing	256 people

Describe any particular successes with these activities:

ACCESS TO HEALTHCARE

Findhelpphx originally began in the SNACK program in October 2012 and ended in April 2014. Due to its extreme success, Findhelpphx is now its own program and receives funding from First Things First, Maricopa County Support Alliance, and Virginia Piper. The Access to Healthcare component of SNACK will remain under the Color Me Healthy team to create a closer linkage to childcare centers and resource centers. The "Bridge to Help" workshop will still be under SNACK. Currently staff is beginning to plan the west valley workshop.

The SNACK and Findhelpphx team have partnered to continue strong outreach efforts on providing resources to community members. Outreach opportunities include presentations to audiences of parent/client/resident groups as well as professionals that provide social/health services to residents of Maricopa County. . **In the first quarter, staff spoke at 48 locations and presented to 687 adults.** The locations include: Strong Families Conference, Stepping Stone Child Care, Sands Chevrolet, Child Passenger Safety Parent Education classes, Landmark Elementary School, Buckeye Family Resource Center, Family Support Coordination, Peoria Head Start, Aguila Elementary School, Care 1st Avondale Resource and Housing Center, Glendale Community College, Goddard School, Garden City CDC, Washington Elementary Head Starts, Liberty High School COOP, Cactus High School Coop, Centennial High School COOP, Wee Rascals, Wickenburg Head Start, Word of Life, Great Explorers, and Tots Unlimited #26. . During the summer the injury prevention team hosted very few car seat events due to the extreme heat conditions. It is during this time, that the team works closely with the community partners such as Sands Chevrolet, Avondale Fire Department, and Peoria Fire Department to provide ongoing services to families in need. Car seats referrals to these agencies were made on a daily basis.

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In the Southwest Region, the team delivered **1 parent education class to caregivers and 2 parent education classes at the Buckeye Family Resource Center. In total for the SW Region, 67 adults received intensive education and 61 car seats were distributed to families in need.** Parents that complete the education class receive a certificate they can apply towards training credits at Rio Salado Community College.

As always, the SNACK team continues to provide technicians in the area with a comprehensive toolkit developed in-house for holding car seat check and distribution events and staying current in child safety issues. SNACK will follow up with and maintain relationships with each of the technicians in the region in order to build the capacity of their agencies and to provide quality child passenger safety services. They can also receive free car seats from the SNACK program to distribute through their technician. **In continuation of our capacity building efforts already underway, 28 car seats to Southwest agencies that have SNACK certified technicians on staff** and now distribute car seats and provide education to their clients independently. The team consistently checks in with their partnering agencies to ensure they have sufficient car seats on hand.

In September, the injury prevention team hosted the quarterly Northwest/Southwest Collaborative CPST Meeting. A total of 16 CPST's attended and had the opportunity to network. The following agencies were represented: Avondale Fire Department, Sands Chevrolet, KidsWatchAZ, Banner Del Webb, Peoria Police Department, Care1st Avondale Resource and Housing Center, Sun City West Fire Department, Surprise Police Department, SBT Safety Systems, and Maricopa County Department of Public Health. Juan Marquez was the guest speaker and presented on First Things First. In appreciation to our fellow techs, those who completed our Survey Monkey entered a drawing for an IPOD shuffle. The lucky winner was Officer Severin Hall from Surprise Police Department!

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Injury Prevention continues to work with the Behavior Research Center and report on the zip codes of the cities that have received car seats by the SNACK program and/or their partnering agencies.

The Color Me Healthy (CMH) team had continued success training child caregivers, parents, and educators on the Color Me Healthy curriculum. The training is an evidence based curriculum developed at the University of North Carolina. Early childhood educators participate in the 2 ½ hour training and receive training credits. **During the first quarter the Color Me Healthy staff trained 688 children (birth to 5 years of age).** Staff will continue to offer refresher courses to trainees and assistance with implementation strategy and/or support. The SNACK staff has received an increase in requests for the Color Me Healthy trainings for the following grant year. Agencies have been pleased with the flexibility of the staff and appreciate that trainings are conducted at their facilities.

SNACK has reached out to other programs that are funded through First Things First to participate in upcoming scheduled family events. **The following programs have agreed to participate by providing information on their programs and set up interactive activities for parents and children are the following: Kidz Watch AZ, First Things First outreach coordinators, Adelante WIC, TOPS, Eve's Place, Habitat for Humanity, Avondale Fire Department, Avondale Police Department, Avondale Care 1st and site staff.**

The CMH team specified outreach efforts to the Family, Friend and Neighbor providers. With the weakened economy, many families are utilizing either friends or family for child care services and SNACK is concentrating efforts to reach this population. Over 400 Family, Friend and Neighbor outreach materials were distributed this quarter. **In addition, the CMH team has been promoting the partnership with Rio Salado Community College on the Color Me Healthy training and the car seat certification courses counting towards college credit in the child development curriculum.** This is an exciting development and will have a positive impact for TEACH scholarship participants, High School Child Oriented Occupational Program (COOP) students and other child care professionals trying to increase their knowledge base.

First Things First

Southwest Maricopa Regional Partnership Council

Governance Policy Manual

PREFACE

This document, initially adopted by the Southwest Maricopa Regional Partnership Council on (Date) and updated periodically thereafter, constitutes the complete and official body of policies for the governance and operation of the Southwest Maricopa Regional Partnership Council.

DISCLAIMER

All policies found in this Governance Policy Manual are subject to change from time to time as approved by the Regional Partnership Council. Copies of the Manual are available from the First Things First regional office and online at <http://www.azftf.gov>. Prior to acting in reliance upon a specific policy as it appears in any copy of the Manual, please check to make sure that the Council has not recently approved any additions or revisions to that specific policy.

Contact us:

First Things First

Southwest Maricopa Regional Partnership Council

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1-101 Organization, Authority and Location

In November 2006, Arizona voters passed Proposition 203, a ballot initiative that established A.R.S. Title 8, Chapter 13 and created First Things First. Subsequently, the First Things First Arizona Early Childhood Development and Health Board (“the Board”) designated the Southwest Maricopa region and created the Southwest Maricopa Regional Partnership Council (“the Council”) effective July 1, 2008 pursuant to A.R.S. Title 8, Chapter 13, Article 2. The Council’s purpose, authority, powers and duties are included in A.R.S. Title 8, Chapter 13 as well as in other statutes and laws of the State of Arizona. The Council members are appointed by the Board and assisted in the performance of their duties by First Things First staff. The Southwest Maricopa Regional Office is located in Peoria, Arizona and is maintained by First Things First regional staff.

Adopted XXXXXX

1-102 Council Officers and Their Duties

In the last quarter of each fiscal year, the Council shall elect a Chairperson and Vice-Chairperson from among the appointed members to serve for the ensuing fiscal year beginning July 1, who shall hold office for twelve months and until successors are duly elected.

The Council may nominate any appointed member for its Chairperson and Vice-Chairperson. A majority vote of the appointed members of the Council shall be required to elect.

It shall be the duty of the Chairperson to preside over the meetings of the Council, to call meetings as herein provided and to perform such other duties as are set forth in these policies or as shall be vested in the Chairperson. It shall be the duty of the Vice-Chairperson to assume the duties of the Chairperson in the absence of the Chairperson.

The Chairperson or the Vice Chairperson may be removed from office by a majority vote of the appointed members of the Council upon motion by a Council member alleging the violation of a specific provision of this Governance Policy Manual or alleging specific actions which bring into public disrepute the Council, the Board or First Things First as an organization. If a Chairperson or Vice Chairperson is removed, a replacement shall be elected as soon as is practicable.

1-103 Meetings of the Council

The Council shall adopt a calendar of regular meetings of the Council prior to the beginning of each fiscal year. The Chairperson or any four members of the Council may call a special meeting of the Council at any time.

Six members of the Council shall constitute a quorum for the transaction of business at any Council meeting. It is the policy of First Things First to adjourn a meeting when quorum is lost. Council members may participate at any meeting in person, by teleconference and/or by videoconference provided that all members may hear one another and the public can attend and listen to all members.

Written notice of any regular meeting of the Council, plus the agenda and all material relating to agenda items, shall be transmitted to each Council member at least five calendar days prior to the date of such meeting. Amendments to the agenda and additional supporting materials, not previously available, shall be transmitted at least 24 hours prior to the scheduled meeting. All notices, agendas and other materials may be transmitted to Council members by email or by any other quick and reliable method to each member's last known place of residence or other designated address. A Council member may request in writing at least 10 days prior to a meeting to receive a copy of the documents by mail instead of email. Except with the approval of three-fourths of the Council members in attendance at a meeting, and if permitted by law, no action shall be taken by the Council on any matter where the supporting materials were not timely transmitted in accordance with this policy.

Special meetings may be held upon such notice to Council members and the public as is required by law. All material relating to special meeting agenda items shall be transmitted to each Council member as far in advance of the meeting as possible.

1-104 Meeting Procedures

Council meetings shall be conducted by the Chairperson, the Vice Chairperson or designee acting as Chairperson of the Council. The Chairperson is responsible for maintaining order in each Council meeting and giving each Council member a fair opportunity to participate in the discussion and resolution of issues that come before the Council. The Chairperson is also responsible for determining the manner of any public participation and for maintaining order during public participation in any Council meetings. All motions shall be directed to the Chairperson.

All Council committee meetings shall be conducted by the chairperson of the committee or the committee chairperson's designee. The chairperson of each committee has the same responsibilities for each committee meeting that the Chairperson has for Council meetings.

In determining what procedures to use to conduct meetings and resolve issues, the Council Chairperson and committee chairpersons may refer to Robert's Rules of Order (available online at <http://www.rulesonline.com>) for guidance.

The agenda for any regular meeting of the Council shall provide at least for the following:

1. Call to order
2. Call to the public
3. Approval of minutes of prior regular or special meetings, if not included on the consent agenda
4. Adoption of all consent agenda items
5. Matters of Council business for discussion and approval
6. Reports, if any, from committees appointed by the Council
7. Matters presented by the First Things First Regional Director
8. Announcements and adjournment

Routine matters may be grouped together and decided by the Council without discussion or debate. Such matters shall be designated as "Consent Agenda Items." Any member of the Council may request discussion or debate on any individual item listed as a Consent Agenda Item, and the matter shall be considered and decided separately at such time in the meeting as may be directed by the Chairperson.

The Chairperson may delegate to the chair of each respective committee the responsibility for chairing discussion of items presented to the Council by that chairperson. Whenever a matter before the Council is deferred for further discussion, the Chairperson may assign the matter to an appropriate committee, schedule the matter for further consideration at a future meeting of the Council, direct regional staff with respect to the matter or take other appropriate action.

1-105 Call to the Public Procedures

During each regular Council meeting, the Council conducts a “Call to the Public” when members of the public may address the Council. The Council may conduct a “Call to the Public” at special meetings as well. Speakers who wish to address the Council:

- A. Should turn in a signed request (using the form provided at the Council meeting) to the Regional Director along with any written materials for the Council.
- B. May have five minutes to make their remarks.

The Chairperson may allow speakers who have not turned in a request form, and the Council may change, in accordance with Governance Policy 1-113, the amount of time allowed for speakers at a particular meeting.

The following priority may be given to speakers during the “Call to the Public” when the Council may not have enough time to hear from all who wish to speak:

- A. People who have submitted signed request to speak forms.
- B. Matters scheduled on the same meeting’s agenda.
- C. Off-agenda matters: presenters who haven’t addressed the Council in the previous two months.
- D. Off-agenda matters: presenters who have addressed the Council in the previous two months.

The Council retains its prerogative to:

- A. Refuse to hear comments on a specific issue if a public comment session has been held on the issue.
- B. Limit the time or the number of speakers on the same issue.
- C. Refuse to have letters read *on behalf of other individuals*.

If speakers have comments that are too long for the time allowed or if members of the public would like materials distributed to the Council, written materials may be provided to the Regional Director or Administrative Assistant. Regional staff shall distribute those written materials to the Council members.

Council members may not discuss or take action on matters raised during the Call to the Public that are not on the agenda. For such non-agenda matters, the Council may respond to criticism, ask staff to review the matter or ask for the matter to be placed on a future agenda. Staff shall later inform the Council of staff efforts to respond to a speaker’s concerns.

1-106 Meeting Minutes

Minutes of all Council meetings shall be created and maintained in accordance with the requirements of law. The Council may incorporate by reference into its minutes lists of staff changes, reports, lists of budget information, formal written resolutions and other material of similar import, and such material shall be maintained in a permanent file to be designated as the "Southwest Maricopa Regional Partnership Council's Documents File," which shall be kept in the custody of First Things First staff and available for ready reference.

Each Council member shall be furnished with copies of the minutes of the open session portion of each Council meeting. Council members without a conflict of interest shall be furnished with copies of the minutes of the executive session portion of any meeting of the Council for the purpose of approving those minutes, after which all copies shall be returned to the Regional Director.

All minutes of the open session portion of any Council meeting shall be open to public inspection at the First Things First Regional Office located in Peoria, AZ. Minutes of executive sessions shall be kept confidential except from members of the Council or as otherwise allowed by law. Copies of minutes or excerpts from any minutes of the open session portion of any Council meeting or from any executive session if the law permits such disclosure may be furnished by the Regional Director. If such minutes have not yet been approved by the Council, they shall be marked "Draft."

1-107 Committees and Subcommittees

The Council may establish and maintain committees composed of members of the Council and/or other individuals appointed by the Chairperson. The Chairperson may designate that the Chairperson of the Council shall serve as an ex officio member of a committee.

The Chairperson of the Council shall designate the matters to be considered by the committees. All committees shall act as advisory bodies to the Council and report their recommendations to the Council. Unless one is designated by the Chairperson of the Council, a committee chairperson shall be elected by the committee members.

Committees may establish and maintain their own subcommittees. The relationship between a committee and its subcommittee shall be the same as the relationship described in this policy between the Council and a committee.

Committees and subcommittees shall comply with the Open Meeting Law. *See* A.R.S. § 38-431(1),(6).

1-108 Conflicts of Interest

Council members shall comply with the conflict of interest provisions of A.R.S. Title 38, Chapter 3, Article 8. These statutes set the minimum standards expected of public officers and employees who, in their official capacities, are faced with a decision or contract that might affect their direct or indirect pecuniary or proprietary interests or those of a relative. Section 38-503 provides in part:

Any public officer or employee of a public agency who has, or whose relative has, a substantial interest in any contract, sale, purchase or service to such public agency shall make known that interest in the official records of such public agency and shall refrain from voting upon or otherwise participating in any manner as an officer or employee in such contract, sale, purchase or service.

Any public officer or employee who has, or whose relative has, a substantial interest in any decision of a public agency shall make known such interest in the official records of such public agency and shall refrain from participating in any manner as an officer or employee in such decision.

Under this law, a Council member who has a conflict of interest must disclose the interest and refrain from participating in the matter. Council members may find guidance on this subject in the Arizona Agency Handbook, which is available on the Attorney General's website at <http://www.azag.gov/agency-handbook>. Council members should review conflicts of interest matters not specifically addressed in the Handbook with the Regional Director or legal counsel.

In addition to complying with the conflict of interest provisions of Title 38, Chapter 3, Article 8, no Council member shall vote on, or participate in the discussion of, any grant proposal in which any entity by which they are employed or on whose board they serve has a substantial interest, as defined by Section 38-502. *See* A.R.S. § 8-1173(C).

Council members shall complete a Conflict of Interest Acknowledgement and State Service Disclosure Statement at the beginning of their term and annually update the State Service Disclosure Statement. Additionally, Council members shall complete a Conflict of Interest Disclosure form whenever they declare a conflict at a Council meeting. All completed forms shall be given to First Things First staff for recordkeeping.

1-109 Communications from the Council

Communications from the Council concerning matters relating to the policies and actions of the Council to members of the Legislature, any other governing body, the press or the public should be made by the Chairperson, the Chairperson's designee or someone authorized by the Council.

Any member of the Council who expresses an opinion concerning matters upon which the Council has taken a position should support the position taken by the Council or make it clear that he or she is expressing a personal opinion that has not been approved by the Council.

1-110 Lobbying & Campaigning

Lobbying occurs under Arizona law when a person attempts to influence the passage or defeat of any legislation by directly communicating with any State Legislator. By contrast, campaigning refers to attempts to influence an election. In other words, lobbying relates to matters a Legislator will vote on, while campaigning relates to matters the general public will vote on.

Lobbying

The Council recognizes and appreciates the privilege each individual in this State and Nation has to express his or her opinion and to seek to make that opinion known to members of the State Legislature and Congress. The Council also recognizes the responsibilities with which it has been entrusted in connection with the Board and the advancement of early childhood development and health programs in the State of Arizona and recognizes that on occasion the interests of the Board and Council will not coincide with the interests of individual Council members.

Only the Chairperson of the Council or his or her designee shall speak for the Council to members of the State Legislature or Congress in matters relating to policy. When speaking for the Council to Legislators or their staff, the Chairperson or designee shall make every effort to accurately communicate official Council positions, while refraining from speaking on behalf of the Board or First Things First unless specifically authorized to do so by the Board or Board Chairperson or First Things First's Chief Executive Officer respectively. A Chairperson or member designee lobbying in his or her official capacity on matters pertaining to the Council is exempt from the lobbying laws requiring registration and expenditure reporting.

Any Council member may speak to members of the State Legislature or Congress in an individual capacity. For matters in which the Council has not taken an official position, any Council member communicating with a member of the State Legislature or Congress shall make every effort to indicate clearly that the position that he or she is taking is an individual position or is the position of a group other than the Council. In instances in which First Things First, the Board or the Council has taken an official position, a Council member endorsing a differing position shall make it clear that First Things First, the Board and/or the Council has endorsed a different or contrary position. Council members who, on their own behalf, appear before a legislative committee or communicate with a State Legislator in person, by phone or by letter to lobby in support of or in opposition to legislation are also exempt from the lobbying laws requiring registration and expenditure reporting.

This policy is not intended to nor shall it be enforced so as to restrict rights guaranteed to individual Council members, but is an attempt only to separate the views of individual members from positions which First Things First, the Board and/or the Council may take in attempting to discharge their responsibilities under the statutes of the State of Arizona.

* Council members who only engage in exempt lobbying are not considered lobbyists. See A.R.S. §§ 41-1231 & 41-1232.04. Additionally, Council members should be aware that the Council cannot make any expenditure for entertainment for a state officer or employee (including Legislators) and Council members cannot accept an expenditure for entertainment from a lobbyist or someone acting on behalf of a lobbyist. Entertainment refers to admission to or participation in a sporting event or a cultural event or activity. See A.R.S. §§ 41-1231(5)-(6) & 41-1232.08.

Campaigning

The Council shall not spend or use public resources to influence an election. See A.R.S. § 16-192. This prohibition includes the use or expenditure of monies, materials, equipment, buildings, postage, telecommunications, computers, web pages and any other thing of value of First Things First to support or oppose a candidate or ballot measure.

Individual Council members may express their personal views and even advocate for or against a candidate, initiative or other ballot measure, as long as they do not use public resources to do so. In these activities, Council members may identify themselves as Council members, but should not state or imply that they speak for the Council.

1-111 Attendance

The Council's governing statutes recognize the importance of consistent attendance by Regional Council members with the following statement:

Members of the Regional Partnership Council who miss more than three meetings without excuse or resign their membership shall be replaced by the Board after a public application process and with the input of the Regional Partnership Council.

See A.R.S. § 8-1162(D).

Attendance Expectations. Council members are expected to attend all Council meetings. It is understood that there will be times when Council members will need to miss a meeting. The Regional Director shall maintain an attendance roster that documents each member's attendance at scheduled meetings.

Excused Absence. An excused absence occurs when a Council member is unable to attend a meeting due to an emergency, illness, injury or previously scheduled travel, work, tribal ceremony or family obligation that prevents participation at a meeting either in person or by phone.

Notification of a previously planned obligation should be provided to the Regional Director at least two weeks in advance of the scheduled meeting. A Council member who misses a meeting other than for a previously planned obligation shall contact the Regional Director as soon as possible to provide an explanation for missing a meeting. An emergency is a situation that cannot reasonably be planned for in advance, such as car trouble, weather conditions, family illness and obligation to tribal ceremonies.

Unexcused Absence. An unexcused absence occurs when a Council member is absent from a scheduled meeting without providing sufficient notice or an explanation of the reasons for the member's absence consistent with the excused absence definition above.

Determination of Excused Absence. Regional staff shall assist the Chairperson in keeping track of excused absences. If there is a question about whether an absence meets the definition of an excused absence, the Chairperson or Vice Chairperson may consult with the Regional Director for a determination. If necessary, the matter can be presented to the Council.

Attendance Problems. An attendance problem means:

- A. Two consecutive unexcused absences.
- B. Three consecutive absences, excused or unexcused.
- C. Three unexcused absences in a 12-month period.
- D. More than five excused and unexcused absences in a 12 month period.

Addressing an Attendance Problem. Upon identification of an attendance problem, the Chairperson or Vice Chairperson shall call the Council member to discuss the member's attendance record and remind the member of the attendance expectations. If the Council member's difficulties are resolvable, then the Chairperson or Vice Chairperson shall attempt to help resolve them with assistance of staff.

If a member reaches a level of non-attendance under "d" above, of which no more than three are unexcused, the Chairperson may ask the member to resign his or her position in order to ensure the Council has sufficient participation to timely and appropriately complete its work. If the member wishes to continue on the Council, the matter shall be put to the Council at its next meeting. The Council member shall be entitled to speak to this item. The Regional Council shall then decide whether to refer the matter to the Board for possible removal of the member from the Council.

If a member misses more than three meetings in a 12 month period without excuse, the Chairperson or Vice Chairperson shall ask that the member resign his or her position on the Council. If, upon request, the member does not resign, the matter shall be forwarded to the Board for appropriate action.

1-112 Code of Conduct

Council members shall abide by the following code of conduct:

- A. Listen carefully to fellow Council members.
- B. Respect the opinions of fellow Council members.
- C. Respect and support the majority decisions of the Council.
- D. Recognize that all authority is vested in the full Council only when it meets in a legal public session.
- E. Keep well informed about the issues which could come before the Council.
- F. Participate actively in Council meetings and actions.
- G. Bring to the attention of the Council any issues that could have an adverse effect on the Council, the Board or First Things First.
- H. Refer complaints concerning Council related matters and members to the proper level, specifically the Chairperson or Vice Chairperson.
- I. Represent all the people the Council serves and not primarily a particular issue, personal agenda or interest group.
- J. Abide by the Conflicts of Interest policy and laws.

If there is a violation of this code of conduct, the member(s) suspected of the violation shall meet with the Chairperson or Vice Chairperson to discuss the matter. The Chairperson or Vice Chairperson shall attempt to resolve the matter and if necessary refer it to the Council for action.

The Council by a majority vote of the appointed members of the Council may recommend to the Board that a member be removed as a Council member upon motion by a Council member alleging the violation of a specific provision of this Manual or alleging specific actions which bring into public disrepute this Council, the Board or First Things First as an organization.

1-113 Departure from Council Policy

The Council may approve a temporary departure from a policy in this Governance Manual provided the departure would not violate the law. No departure from Council policy shall be permitted without the approval of the Council.

1-114 Amendments

These policies shall not be added to, amended or repealed except at a Council meeting and by majority vote of all appointed Council members. Any proposed addition, deletion or amendment shall be filed with the Regional Director, in writing, at least 10 days before such meeting, and it shall be the duty of the Regional Director to promptly distribute a copy of the proposal to each Council member.

Amendments to Council policy require a two-step process to adopt: (i) the draft policy change shall receive a *first reading* at a public meeting, during which Council members may discuss the draft amendment and request that staff make changes as deemed appropriate (a vote to adopt is not taken at this stage) and (ii) the draft policy change shall receive a *second reading* at a subsequent public meeting during which the Council may direct staff to make further changes or may vote its adoption.

	Grantee Name	Contract Number	Contract Period	Awarded
Family Support	Family Resource Centers Strategy			Strategy Subtotal: \$694,589
	Buckeye Elementary School District	GRA-RC011-14-0638-01-Y2	07/01/2014-06/30/2015	\$215,000
	City of Avondale	GRA-RC007-13-0496-01-Y3	07/01/2014-06/30/2015	\$175,000
	Pendergast Elementary School District	GRA-MULTI-14-0630-01-Y2	07/01/2014-06/30/2015	\$100,000
	Town of Gila Bend	GRA-RC007-15-0706-01	07/01/2014-06/30/2015	\$204,589
	Home Visitation Strategy			Strategy Subtotal: \$300,000
	Child and Family Resources Inc.	FTF-RC007-14-0457-01-Y2	07/01/2014-06/30/2015	\$300,000
	Parent Education Community-Based Training Strategy			Strategy Subtotal: \$374,998
	Pilgrim Rest Foundation	FTF-RC007-14-0458-05-Y2	07/01/2014-06/30/2015	\$239,998
	Sun City Area Interfaith Services, Inc. dba Benevilla	FTF-MULTI-13-0383-01-Y3	07/01/2014-06/30/2015	\$70,000
	Teen Outreach Pregnancy Services	FTF-MULTI-13-0379-02-Y3	07/01/2014-06/30/2015	\$65,000
	Health	Care Coordination/Medical Home Strategy		
Maricopa Integrated Health System		FTF-MULTI-14-0481-01-Y2	07/01/2014-06/30/2015	\$199,916
Family Support – Children with Special Needs Strategy			Strategy Subtotal: \$200,000	
Child and Family Resources Inc.		FTF-MULTI-14-0480-01-Y2	07/01/2014-06/30/2015	\$200,000
Nutrition/Obesity/Physical Activity Strategy			Strategy Subtotal: \$200,000	
Maricopa County Department of Public Health	GRA-MULTI-13-0516-01-Y3	07/01/2014-06/30/2015	\$200,000	
Oral Health Strategy			Strategy Subtotal: \$175,000	
Maricopa County Department of Public Health	GRA-MULTI-11-0077-01-Y5	07/01/2014-06/30/2015	\$175,000	
Quality and Access	Family, Friends & Neighbors Strategy			Strategy Subtotal: \$250,000
	Pilgrim Rest Foundation	FTF-RC007-13-0394-02-Y3	07/01/2014-06/30/2015	\$250,000

il / New Detail Schedule

R - Renewal

N-New
Contract

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