



FIRST THINGS FIRST

CENTRAL MARICOPA REGIONAL PARTNERSHIP COUNCIL

SFY2013 Q1 GRANTEE

DATA and NARRATIVE REPORT SUMMARIES

City of Chandler
Community Awareness Strategy

TOTAL AWARD: \$20,000	SFY13 FUNDS EXPENDED: (100%)	\$129.
TARGET SERVICE NUMBER		N/A
TOTAL NUMBER		N/A

Narratives Reports Summary

Program Implementation:

We were able to reach out to families, children and advocacy groups during each of the events we attended. We provided information to many at risk families and were able to direct them to resources at various events and speaking engagements.

We are a volunteer group, so we have no staffing issues. We utilized an intern this fiscal year and it worked out very well.

Collaboration and Communication:

We plan to move forward with the annual April event for Child Abuse Prevention month in both Arizona and the City of Tempe. Our website will be updated and maintained and we will have a better, more stable group of speakers established.

Our greatest success this period is the establishment of our status as an Arizona Non Profit Corp and our partnership with Young One United. We will also be involved in several big events, such as being recognized at a Phoenix Suns game again this year.

Barriers:

By setting up bylaws, being a nonprofit Arizona Corp and membership requirements, we have overcome most of our earlier issues. We are excited as we move forward with our newly established organizational plan. We have also partnered with Young One United a 501(C)(3) to help us with donation funding.

Chandler Christian Community Center
Family Support Strategy- Family Resource Center

TOTAL AWARD: \$175,865	SFY13 FUNDS EXPENDED: (20.7%)	\$35,895
TARGET SERVICE UNIT:		1,250
TOTAL NUMBER OF FAMILIES SERVED	Q1: 1498	YTD: 1498

Narratives Reports Summary

Program Implementation:

The month of September brought us into our new building and the start of programs in our new FRC. Giggles, Squiggles and Squirms began with 9 initial families, with 10 being our maximum due to space. We are excited to have two parents who recently graduated their children from GSS and have started Kinder, return to be mentors with new families. This is a true statement to how much they believe in the program.

Collaboration and Communication:

Through the distribution of information in the email network, a new relationship with St. Luke’s Medical Center from Tempe has been established. Over 400 families received information on immunizations, car seat safety and other health related issues during the distribution of school supplies through our Back to School program

Through a partnership with United Food Bank, we continue to provide diapers and formula on a supplemental food distribution day. Infant boxes have normally been distributed only with an Emergency Referral. With this partnership we are providing supplemental diapers and formula to needing families. This distribution is the 4th Friday of every month. We are supporting between 40-60 families with this distribution monthly.

Working collaboratively within our center, we are providing families who are receiving an emergency food box with a book, born learning materials, nutritional resources and other educational information in regards to learning and nutrition for children 0-5. We continue to brand FTF with placing stickers on all books and the infant bags are all packaged in FTF/CCCC grocery totes, helping us to identify families as well.

Partnering with Chandler Regional Hospital (Dignity Health), Oral Health, families have the opportunity to bring their children in for free fluoride treatments and oral health checks. This service is offered once a month. Families can come in for services once every 3 months.

A collaborative partnership with Chandler Gilbert Community College brings pre-education students into a work place environment as volunteers working within our programs to provide an arena for on the job training working directly with families. This partnership has expanded, bringing three Nutrition Education students to develop menus and information for diabetics. This has allowed us to help families utilize the food received in a more nutritious and efficient manner.

Barriers:

We continue to work on building the Kinder Prep program. This program began with a weekend schedule, but has not resulted with the number expected. We have integrated the program to follow the Interactive Family Play and this has increased the numbers, but we have had some inconsistencies with construction and the staff. We will continue to evaluate this program and work to have full integration.

We have not had the maximum capacity of participants in our Strengthening Multi-Ethnic Families program, and are working to build a network of program supporters to help with the outreach of the program. The participants continue to graduate at 100% meeting the attendance requirements with 12 total graduates.

Additional Information:

CCCC is the proud new home of a BORN LEARNING TRAIL. Through collaboration with the Chandler Leadership Institute Class of 2012, we now have the use of the BLT, which is installed throughout the front of our building, for families to utilize when waiting for food, on the weekend and evening during hours we are closed, and at any time they like. This addition to our center not only provides a great way for families to engage their children while at the center, but demonstrates our commitment to the nourishment of minds as well as bodies and the importance of the early learning years.

The expansion project here at CCCC is almost completed and we have moved into our new building and have begun programming in the new expanded Family Resource Center. The space for programming has doubled, allowing us to expand our capacity and the quality of programs we provide, and an additional four new computers to our community computer lab have been installed in the new FRC.

Over 850 children in the Chandler community received backpacks and school supplies this summer to alleviate the pressures on economically challenged families this year. 195 of those children were pre-school through 1st grade, between the ages of 3 and 5. Each of these children also received a free book and born learning materials with their school supplies.

Chandler Unified School District
Family Support Strategy – Family Resource Center

TOTAL AWARD: \$376,757	SFY13 FUNDS EXPENDED: (22.5%)	\$84,958
TARGET SERVICE UNIT:		6,236
TOTAL NUMBER OF FAMILIES SERVED	Q1: 2678	YTD: 2678

Narratives Reports Summary

Program Implementation:

The Chandler CARE Center continues to provide flyers to more than 60 different schools, churches, and businesses in our service delivery area. Each site continues to receive Chandler CARE Center employees cordially when they present information about our First Things First activities.

Collaboration and Communication:

The Chandler CARE Center programs, including First Things First programs, continue to be built on a model of integrated medical, dental, behavioral health, and social services. Each department in the CCC continues to educate parents and children who present for that given service about all the other services at our center. We continue to collaborate with Chandler Unified School District schools as well as with Chandler Regional Medical Center, Banner Health of Arizona, local businesses, area churches, and non-profit agencies in our greater service area. As always, our goal is to provide maximum service opportunities for our clients and patients as well as to avoid unnecessary duplication of services.

Barriers: N/A

Additional Information:

Gregorio S. is a migrant farm worker and earns \$7.65 per hour harvesting what is in the growing season in the hot brutal sun. He has 5 children and his wife was deported to Mexico over a year ago. He chose to stay in the United States to give his children a better life. Gregorio applied for AHCCCS and SNAP and was approved in less than a week for both services. He is extremely grateful to the Chandler Care Center for treating him with compassion and making the application process easy. Gregorio can now feel assured that if his children fall ill he can take them to the doctor and that he can buy groceries on a weekly basis.

Miriam S. applied for AHCCCS and SNAP because she is 16 years old and pregnant with twins. Her parents live in Mexico and she lives with her aunt and uncle here in Chandler, Arizona. Within 4 days of submitting her application, she was approved for AHCCCS and SNAP. Her aunt, Rosa, called to tell me her niece, Miriam, had been approved and thanked me from the bottom of her heart for making the process easy for them. Now, Miriam S. will have the healthcare she needs during her pregnancy and with the food stamp help she can contribute to her aunt and uncle's household.

Tempe Community Council
Family Support Strategy - Family Resource Center

TOTAL AWARD: \$582,539	SFY13 FUNDS EXPENDED: (19.6%)	\$114,246
TARGET SERVICE UNIT:		15,000
TOTAL NUMBER OF FAMILIES SERVED	Q1: 2023	YTD: 2023

Narratives Reports Summary

Program Implementation:

We were recently notified that we are an official partner with DES and the USDA in the SNAP program. We will begin promoting our ability to help people learn about the Supplemental Nutrition Program and complete the application for enrollment. One of our biggest requests for referrals is for food, so this will be a huge help for families.

We were extremely fortunate to have hired Katie Harrison as our new Enrollment Specialist. Katie has a Bachelor's degree in Social Work and experience using the Health-E application software. We are also delighted that the liaison positions at Aguilar Elementary and the Parent Educator position at Getz preschool have both been filled by excellent candidates. Rosemary Shapira is bilingual and directed a literacy program in south Phoenix. She will both host classes provided by our partners and teach the early literacy program along with two other Thrive to Five staff.

Collaboration and Communication:

We continue to expand our partnerships, both locally and nationally. Our model of engaging parents requires the collaboration of many community agencies who are the experts in child development, health, parenting, early literacy, and a host of other areas that are critical to the goal of raising healthy children. We provide the physical space and the staff who create the environment that is warm, respectful and encouraging so that families can feel safe in asking for what they need. Our role is to identify families with young children and invite them to visit any of our eight centers and

take advantage of the best learning opportunities that the community has to offer. We are not the experts, but we bring the experts to the people that can use the expertise.

New partnerships include:

- Arizona Science Center will be providing 3 parent-child interactive science concepts they can use to help their child learn at home.
- We are very excited about our new SNAP partnership with the Arizona Community Action Alliance and the USDA. We will be providing information on accessing healthy food and assisting families to enroll in the SNAP (food stamps).
- Dignity Health will be providing immunizations once per month at the Kyrene Family Resource Center; this is in addition to the weekly dental clinics.

Barriers:

At the present time, we have no identified barriers. We are bringing in more parents for the classes each year; the Enrollment Specialist is completing more applications for state health insurance; and we are seeing more families from outside of the region.

Additional Information:

Our new early literacy program is a huge hit! Our first two series (one in English and one in Spanish) have been full and two more beginning soon are near capacity.

Chandler Christian Community Center
Food Security Strategy

TOTAL AWARD: \$27,500	SFY13 FUNDS EXPENDED: (37.7%)	\$10,375
TARGET SERVICE UNIT:		5,000
TOTAL NUMBER OF FOOD BOXES	Q1: 908	YTD: 908

Narratives Reports Summary

Program Implementation:

We continue to pre-pack bags with identified items created for 3 specific age groups within 0-5 using FTF logo printed bags for branding. We are working with United Food Bank as a partner serving clientele aged 0-5 milk vouchers from Bashes, placing the power in the parents control with the ability to purchase the milk when most needed. Survey results have been as follows- 99.7% strongly agree that this food program provides support to families in need, 99.2% strongly agree that getting services from this food program is easy and convenient, 99.4% strongly agree that this food program provides items they really use, and 99.2% strongly agree that their children are better off because of this food program.

We have trained our volunteers on a new data base to be able to have an electronic count of how many 0-5 clientele we serve. We have also trained our volunteers on what nutritional information and kid’s activity books to put in our 0-5 bags.

Collaboration and Communication:

We have a relationship with United Food Bank who has been distributing, though additional First Things First funding, diapers, milk coupons and baby formula to our center for distribution to our families with children 0 - 5 Costco continues to donate diapers and baby wipes on a continued basis.

Barriers:

We have not had any barriers with any of the new programs due to the volunteers demonstrating the willingness to do whatever necessary to serve the clients.

Additional Information:

From a client: I want to thank the center for helping me with my family. I am a single mother. My husband was deported to Mexico. I have to succeed with my family and the Chandler Christian Community Center has been of great help. They have given me all the needs for my 2 sets of twins that I have. They have supplied diapers, milk, baby wipes and even nutritional information so I can learn and better feed my family. **WITHOUT THIS HELP I WOULD NOT BE ABLE TO MAKE IT.**

Tempe Community Action Agency
Food Security Strategy

TOTAL AWARD: \$27,500	SFY13 FUNDS EXPENDED: (23.3%)	\$6,394
TARGET SERVICE UNIT:		3000
TOTAL NUMBER OF FOOD BOXES	Q1: 1171	YTD: 1,171

Narratives Reports Summary

Program Implementation:

TCAA distributed over 6,700 FTF supplemental food items this quarter that included formula, milk vouchers, diapers, cereal, fresh produce and other nutritious items. TCAA distributes items through the TCAA food pantry and through monthly distribution events. In July, TCAA provided a special diaper distributing event for the clients with children age 0-5 in our prenatal program, Health Start. TCAA held distribution events for the entire community in August and September.

Collaboration and Communication:

TCAA is a part of the FTF Guadalupe Community Partnership. TCAA also maintains a strong collaboration with the United Food Bank and Costco to obtain needed food items and works closely with Chandler CARE and Chandler Christian Community Center. TCAA has also built collaborative relationships with the local faith community to distribute marketing materials for the events.

Barriers:

Storage continues to be a challenge for TCAA. The United Food Bank has been a great partner agreeing to help store some of the bulk purchases of diapers and formula until distribution events occur. TCAA opted to hold a targeted distribution event in July where surplus diapers were provided to the clients in the TCAA prenatal program, Health Start.

Additional Information:

TCAA is a part of the FTF Guadalupe Community Partnership. TCAA also maintains a strong collaboration with the United Food Bank and CostCo to obtain needed food items and works closely with Chandler CARE and Chandler Christian Community Center. TCAA has also built collaborative relationships with the local faith community to distribute marketing materials for the events.

Basic needs continue to be the most needed items and services families with children are seeking at TCAA. The partnership between the United Food Bank, TCAA, Chandler CARE, and Chandler Christian Community Center is a great example of sharing resources and maximizing our efforts to purchase in bulk milk vouchers and other needed food items to distribute efficiently to families in need.

United Food Bank
Food Security Strategy

TOTAL AWARD: \$95,000	SFY13 FUNDS EXPENDED : (77.6%)	\$73.695
TARGET SERVICE UNIT:		1500
TOTAL NUMBER OF FOOD BOXES	Q1: 1,760	YTD: 1,760

Narratives Reports Summary

Program Implementation:

The food that has been provided through this most recent grant was specifically geared toward healthy additions to children’s diets. Along with what the Food Bank provides over and above the grant acquired product, recipient children are benefiting tremendously.

Collaboration and Communication:

United Food Bank is very lucky to work with three partner agencies that provide the service to families in the Central Maricopa communities of Chandler and Tempe. Through our partnership we feel that the reach into the community goes far beyond what the United Food Bank could do on its own. Working with our three partner agencies, we know that the outreach and service to families in need is being accomplished.

Barriers:

Implementation of the program is tremendously successful; however there never seems to be a reprieve in the need facing families with children. Partner agencies work diligently to provide for the family’s needs, but it just never seems to be enough. Self-sufficiency needs to be emphasized.

Additional Information:

1st things 1st has been tremendously supportive and we are grateful to all the resources they have provided during this three year contract to help families in need.

**Arizona Partnership for Children (AzPaC) –
Home Visitation Strategy (PAT) -**

TOTAL AWARD: \$308,444	SFY13 FUNDS EXPENDED YTD: (36.9%)	\$194,545
TARGET SERVICE NUMBER		125
TOTAL NUMBER OF FAMILIES SERVED	Q1: 102	YTD: 102

Narratives Reports Summary

Program Implementation:

Current program participants really enjoy the services and are so excited about them that they want to involve their friends. During this quarter, 14 referrals were made to the Southeast Region by current program participants. When a current program participant refers a family or friend they are entered into a raffle. Once a month at the Group Connection Meeting, a raffle ticket is drawn and that family receives a prize.

The Parents as Teachers Facebook page has been a great resource for parents. The program has six staff members that rotate each week being responsible for the page. Staff members make a minimum of three posts per week. Posts include answering any questions that have been posted on the page, posting child development topics, links to websites, quotes, community events, and starting discussion topics for the current “friends” of the page. Staff continues to look at ways to improve the use of Facebook and other mediums to recruit/retain families in the Parents as Teachers program. At this time, our Parents as Teachers Facebook page has 360 followers.

Attendance to monthly Group Connection Meetings continues to be on the rise. Staff members have really been thinking outside the box, with client feedback, on different ideas they can implement for each month’s meeting.

Collaboration and Communication:

AzPaC maintains its collaborative efforts with Parenting Arizona and Tanner Community Development Corporation. Referrals are made between programs when one of the agencies receives a referral in a region they do not serve. These four agencies also work with other Parents as Teachers programs around the state to coordinate these trainings. AzPaC, Tanner, and Child Crisis have also shared the responsibility of being the lead on organizing and hosting the trainings.

When granted permission by the family, Parent Educators collaborate with any other services/agencies working with the family. Coordination of services is essential for optimal success. The more support and coordination of services a family has, the higher the results will be for success. Communication among providers will also avoid any duplication of services.

Barriers:

Some Parent Educators have identified families no showing or canceling appointments as a barrier. Parent Educators have begun to call families to remind them of the appointment the day before the scheduled appointment. For some families, having their appointment the same day and time weekly or bi-weekly has helped them to keep appointments. Parent Educators are also very flexible with their time and being available to meet with families in the evenings or on weekends.

The Central wait list is also a barrier for a number of families. The plan is to start taking families off of the wait list during the 2nd quarter, but we will not be able to serve the whole wait list this year. At this time, the program is only 20 families away from fulfilling the contract for the fiscal year. Hopefully, with our partners in the MCR alliance we will be able to serve more of the Central families.

An ongoing barrier is the struggle with finding affordable/appropriate locations to host our monthly Group Connections that are large enough to fulfill the number of families that wish to attend. Staff continues to reach out to the community in an effort to locate available locations.

Additional Information:

During this reporting period, 40 families program wide completed 1 year with the Parents as Teachers program (24 in SE & 16 in Central) and 16 families celebrated 2 years with Parents as Teachers, (11 in Central & 5 in SE). Participants with an anniversary with the program were given games or puzzles as an anniversary gift.

AzPaC continues their collaboration with the My Child's Ready Alliance (MCR) in the Southeast Region and Central Region. The Alliance has been beneficial in so many ways to all the Regions AzPaC serves. As an Alliance, there have been a couple of initial meetings to introduce ourselves for new members to the alliance and to iron out marketing strategies and other details related to the Alliance. During the quarter, AzPAC Parents as Teachers program turned the Central wait list back over to MCR and worked closely with MCR in transitioning many of the Banner families to ensure a smooth continuation of services.

At this time, our program is being provided with all of the information needed to ensure its success. Parents as Teachers leadership appreciated meeting the new Community Outreach Liaison's for both regions and are excited about some leads on Group Meeting locations and some other information that we received during our meetings with both the Central and Southeast Regional Directors.

Below is a note written by a family participating in our program:

Central Region: We jointed Parents as Teachers program a little over a year ago after I heard of the program from my hospital. Parents as Teachers program made a difference in our life. As a young new parent with no previous experience with children, I was looking to gain more information on the proper stages of development of my child, ideas for arts and crafts and other age appropriate fun filled educational games for my son. Moreover, Erin, or as I call her my "mentor" mom, was there to listen to some of my worries and doubts regarding how to handle my reaction to some of my son's challenging behaviors. Also she gave me priceless parenting advice addressing behavioral challenges like what to do when we face tantrum meltdowns, sitting still in the grocery cart, preparing for sibling, and potty training. Now, thanks to Parents as Teachers I feel more confident in my knowledge and skills as my son's and my new baby's teacher.

From a Parent Educator: When I first entered this home, there was no structure and the children were screaming, fighting, and crying. Mom did not know what to do. As I sat down I waited for Mom to settle the children down, but she had no idea what to do. She tried talking over the noise and chaos. I had brought a variety of books, puzzles, and toys. I laid them all out on the floor and explained how they are to share and pass them around to share as they were done playing with the item. Mom express how grateful she was and that she had never seen the children so quiet and attentive and engaged in the toys.

Southwest Human Development
Home Visitation Strategy (Healthy Families)

TOTAL AWARD: \$253,533	SFY13 FUNDS EXPENDED: (38.9%)	\$155,029
TARGET SERVICE NUMBER		75
TOTAL NUMBER OF FAMILIES SERVED	Q1: 57	YTD: 57

Narratives Reports Summary

Program Implementation:

Our outreach efforts continue to pay off. Some families can surprise us. We lose contact and we assume we will never see them again. However, one family had moved and lost their cell phone, which contained the home visitor's phone number. The mother did not remember the name of our program but still asked several community resources about home visitation programs. A WIC staff member mentioned our agency as a resource, the mother called and was able to get in contact with the home visitor and thus resumed home visits.

Thanks to a Delta Dental grant, we have been able to offer toothbrushes, toothpaste (adult and child flavored) as well as dental floss to families we serve. Staff was trained on oral health issues and they passed along this information to families as well as encouraging them to make and keep ongoing dental appointments. Follow up resources were provided to those families whom needed more dental intervention.

Developmental Screenings:

- Healthy Families utilizes the Ages and stages Questionnaire (ASQ) and the Ages and Stages Questionnaire – Social emotional (ASQ-SE) with each child in the family who is under 5 years old.
- Home visitors utilize the information to set child development goals with the family. If a child is suspected to have a developmental delay based on the screen, a referral for further testing is given to the family.
- This past quarter Healthy Families has identified 1 child as having a possible developmental delay and referred the children to the Arizona Early Intervention Program (AzEIP) or the appropriate school district.

The Central Maricopa team is fully staffed, 3 staff and one manager. One of the three home visitors is bilingual English/Spanish. A second staff is fluent in sign language.

Collaboration and Communication:

The Healthy Families Maricopa County program strives to develop and maintain robust community collaborations with other agencies in each FTF region. It is vital that families have the opportunity to receive a wide variety of services based on their individual need. The more effective agencies are at creating a seamless network of services for families the more prosperous our communities will be.

The opportunity for collaboration is extensive in this region due in part to the FTF funding of many programs and services.

Barriers:

- Transportation is an ongoing challenge for many of the families that we work with. Home visitation programs are successful in part because the workers go to the families. Families would benefit greatly from assistance with access to public transportation, such as free or discounted bus passes.

- In addition, our workers are always keeping an eye open for news of free or low-cost events for families. Family activities are helpful to promote family unity, as well as help to develop socialization skills for children and increase social support for their parents, which also is a stress reliever.
- One of the most difficult resources to locate is free or low-cost dental services for adults. AHCCCs only covers such services if they can be demonstrated to be “medically necessary.” Yet we know that good dental care is important in all circumstances. Families would welcome more information about and greater access to dental care.

Additional Information:

The RIF (Reading Is Fundamental) program continues to be a powerful tool to teach families and children and to engage them in the Healthy Families program. One of the home visitors has seen this with the family of 18-month Angel. He has received several RIF books, but the first, a Clifford book, continues to be his favorite. Since he was about 7 months old, whenever his family read, played with or showed Angel the book, he would start making sounds along with these book activities. Angel’s mom and dad like to tell Angel what is happening in the pictures of the books. Angel’s 5-year-old brother Luis also likes the books. Luis and Angel sit inside Angel’s crib in the afternoons, where they enjoy spending time reading and playing with the books. The home visitor also brought the family a book about starting school, which helped Luis to know what school was going to look like and what kind of things children do in kindergarten. During one home visit, the mother brought out about 15 children’s books that she bought at a yard sale. She said that her children were very excited to see them when she brought them home. Thus, the RIF books have enabled this family to begin to instill in their children a love for reading.

Healthy Families Maricopa serves a wide range of families. Here are a few examples of the work that is currently being conducted.

- With the odds against them, 18-month-old Damian’s parents are a success story. His mother became pregnant with him in her junior year of high school. She and his father continued attending class until she delivered Damian. With solid family support, Damian’s dad chose to continue his education in order to graduate high school in a timely manner. He held a part-time job during this time as he adjusted to fatherhood. They chose his completion of high school as a family goal. He is now working full-time while mom has resumed high school and has plans to graduate within the year. This is their most current family goal. Damian spends his days between his grandmothers. The young parents were very excited and proud when this past summer they moved into their own apartment. They are in the same neighborhood as their families but are now living together as a family in their OWN place. This little family is very consistent with their participation in Healthy Families. They always have questions to ask and appreciate the information and support provided that helps them to prioritize their son’s development.

Arizona Children’s Association
Parent Education Community Based Training Strategy

TOTAL AWARD: \$389,411	SFY13 FUNDS EXPENDED: (21.6%)	\$83,992
TARGET SERVICE NUMBER		1400
TOTAL NUMBER OF ADULTS SERVED	Q1: 489	YTD: 489

Narratives Reports Summary

Program Implementation:

As a result of continued use of Facebook we can now report that 5069 people ‘like us’ on Facebook as of October 1 and 213 people are following us on Twitter during that same time period. Workshop participants are indicating that they heard about our workshops on Facebook and Twitter and are visiting our website as well.

Our first two S.T.E.P.S. Plus workshops began with a full house and a small waiting list. Parents had lots of questions and are enjoying all the networking that is taking place among the participants. In fact, classes are running longer than anticipated – good news. Children cried when it came time for them to leave the child care center with their parents to go home – good sign. Many ten session series, including Nurturing Parenting, will have been completed by the next quarterly report and there will be more information to share then.

Partners are excited to have the opportunity to host ten-week series and are delighted that Kinder Prep B has also been added by popular demand from parents and kiddos! In fact, we have more requests from host venues than we can accommodate in the Central Region.

Collaboration and Communication:

Tempe St. Luke’s nursing staff’s continued involvement and ownership of Wired For Success® presentations each month at the Medical Center has been wonderful. We can say that this program has sustainability. With only occasional monitoring for ‘fidelity to the model’ by NDI faculty member Eloisa Matsch, nurses report that they embed early brain development information into all of their encounters with families.

Dr. Jill Stamm, with assistance from Dr. Billie Enz and other NDI faculty members, completed development of our new Discipline and Executive Function modules of the S.T.E.P.S. Plus curriculum.

The creative minds of two of our retired kindergarten teacher faculty members completed development of a new Kinder Prep B series and piloted the series several times this summer as part of our subcontract with Tempe Community In Schools. Their staff were eager to be a part of the pilot and are fabulous partners to work with. This series was added to the array of offerings in this grant. Parents requested ‘more’ because their children enjoyed attending Kinder Prep A so much that they would go through it two or three times. These parents and children served as the inspiration we needed to develop Kinder Prep B.

Barriers:

Efforts to reach the faith-based community families are ongoing. Staff have made contact with many churches to see how we can make our programs available to their communities.

Keeping track of the more than 80 workshops per month, incentives, make and take materials, faculty assignments, families and community resources is a real challenge. We are creating a customized scheduling database that will make this task more manageable.

Finding child care providers and planning for appropriate ratios is an issue which has been discussed previously.

Broader outreach was able to start once flyers had been approved by FTF and printed for distribution.

Finding the right location for the new office was time consuming as five different locations were identified. Negotiations on rent and office modifications delayed the move-in date beyond the date we had originally hoped. Move in should be the last week of October and an Open House planned shortly thereafter.

Additional Information:

Child and Family Resources, Inc. has been a great partner in helping to implement this new and very large undertaking. Their experience working with families, the AAPI-2, teen parents and their talented staff has shortened the learning curve a lot for all of us.

The Parent Educators have tried to approach outreach in diverse ways to reach the most people. Efforts with local community centers like Escalante Center in Tempe have provided the program with multiple locations for classes and a client base that is interested and familiar with the sites where classes will be held. Preliminary work has started with outreach to the faith-based community, one of which is with the LDS Institute of Religion in Tempe and possibly other locations in the east valley. It is hopeful that they will be a site for classes as well as a possible client base. Contacts at the Child Protective Services Hot Line, DES, schools and community agencies have also been made.

Collaboration with Barb Milner of AITI provided an opportunity for Dr. Stamm to make a presentation about the project to staff of nine(9) child care centers and present them with a signed copy of her book entitled *Bright from the Start*. Feedback from Barb after the presentation was: "One of the infant teachers, a young 19 year old, who has natural, responsive skills with the babies (and I think is going to be just a phenomenal teacher when she also has child development theory and evidence-based strategies to support her natural skills) was almost in tears when she told me she had never had a signed book before and then added "Actually, I don't own very many books. This is such a gift." It's easy for us to forget how some gestures and resources can impact different people." Several of the centers invited NDI to provide workshops at their locations and offered to help refer families and provide child care.

Dignity Health (Catholic Healthcare West)
Oral Health Strategy

TOTAL AWARD: \$336,752	SFY13 FUNDS EXPENDED YTD: (25.6%)	\$86,112
TARGET SERVICE NUMBER		1500
TOTAL NUMBER OF CHILDREN SERVED	Q1: 502	YTD: 502

Narratives Reports Summary

Program Implementation:

During the first quarter, we concentrated on visiting childcare centers and saw an increase in the number of school-based clinics as schools reopened after summer break.

- **Immunization Clinics:** The program continues to hold monthly clinics at Chandler Regional Medical Center, Kyrene Family Resource Center and Chandler Fashion Square in the Central Maricopa region in partnership with the Dignity Health Immunization Clinic. Weekly clinics are held at the Chandler CARE Center immunization clinic.

- **WIC Clinics.** Clinics are held twice a month at the Chandler and Guadalupe WIC offices and additional days when scheduling permits.
- **Pregnant women and moms** were educated at WIC offices, immunization clinics, Gestational Diabetes classes, and Family Resource Centers.
- **Child Care Centers:** Oral health education, screening and fluoride varnish were provided to children at 17 childcare centers.
- **Community Events:** McDonalds Back Pack Giveaway/Health fair in July and Helmet Giveaway/Health fair in September. Screening/fluoride varnish clinics were scheduled at two locations for each event, one in Central and one in Southeast. The Lowe's store in Chandler sponsored a health fair which was very well attended and provided a great opportunity to talk with families.

Collaboration and Communication:

Our collaboration with the Mesa Community College Dental Hygiene program continues. During the fall semester, we have second-year students participating in our clinics. Students learn the value of early oral health education and intervention and the need to have services provided at community locations. First-year students will begin their clinic observation rotation in the spring semester.

We are thrilled to report that we continue to recruit new dental partners who will see children referred from our program. These providers agree to provide services at no cost for those children in urgent need of dental care with no means of payment. Each practice sets their own limit regarding the number of children they will see. We are extremely grateful to the following providers for their generous donation of time and talent.

Sunrise Smile Center, Chandler
Family Dentistry, Chandler

Barriers:

The Dignity Health Dental Programs Strategic Advisory Board meeting was held in August. Board members discussed partnership opportunities in areas that have been missed or resistant including the Kyrene School District and the Queen Creek community. The importance of thanking community partners was stressed. Barriers to implementing good oral health habits at home and methods of empowering parents to overcome these barriers provided a lively discussion. Techniques to increase the number of expectant mothers who elect to receive oral health screenings were shared and will be implemented.

We have encountered challenges as the program has grown and have had to adjust processes to adapt to these changes. As more parents become aware of the value of oral screening and fluoride varnish, the number of consents returned is increasing at childcare centers and preschools. Patient identification has become a concern at some of the larger childcare centers. At some childcare centers, children are being brought to the screening/varnish area by childcare center staff without proper identification. To mitigate this situation, we have revised our procedure for these clinics. Childcare centers are asked to provide a class list which includes the child's first and last name and date of birth. This information is matched to consent forms and stickers are used to correctly identify each child. An additional staff person is also being scheduled for these larger volume childcare centers.

Additional Information:

A five-year old girl arrived for screening and a blister underneath her upper lip was noted. The RN let mom know that the blister could be an abscess and her daughter should be seen by a dentist immediately. Mom stated that the family did not have any health insurance. Sunrise Smile Center generously agreed to treat Jayden and saw her that same day.

Mom called later that afternoon to thank CRMC Oral Health Program for referring her daughter to Dr. Nouri. She stated that Dr. Nouri diagnosed her daughter with an abscess, provided a prescription for antibiotics and explained that after antibiotic treatment, she needed to come back to have her tooth extracted to prevent the infection from recurring. Mom stated she was treated with dignity and respect despite the fact that they did not have the money to pay for the dental work. Mom expressed her sincere gratitude and appreciation for CRMC Oral Health Program.

Southwest Human Development
Director Mentoring Strategy

TOTAL AWARD: \$75,000	SFY13 FUNDS EXPENDED:	\$34,295
TARGET SERVICE NUMBER		10
TOTAL NUMBER OF PROFESSIONALS SERVED	Q1: 10	YTD: 10

Narratives Reports Summary

Program Implementation:

The pre-assessment tool, the *Program Administration Scale (PAS)* was administered the last week of August and the first two weeks of September at each of the 11 directors’ centers. The PAS measures the administrative practices of early childhood programs by looking at 25 items grouped under 10 subscales that look at leadership and management functions of center-based early childhood programs. The scores for this cohort ranged from a 3.8 – 1.76. The mean score for the group was 2.72. A score of 3 falls under the Minimal category for this assessment. Directors overall viewed this assessment as an opportunity to reaffirm their areas of strength and focus on target areas for improvement. Many of the lower scores for each of the directors were a result of not documenting the many tasks they do and accomplish on a day to day basis at their centers. A lack of documentation to verify educational levels for all staff was another area that generated low scores.

Collaboration and Communication:

The recruitment process for the cohort of Directors was a huge success as a result of collaboration efforts with the Quality First Coaching Teams and Becky Hancock, Coordinator for Child Care Resource and Referral (CCR&R). Mary Jamsa, Program Manager, presented program details about the Director Credential to the Quality First Coaching Teams along with the informational flyer. Quality First Coaches were able to contact Directors assigned to their caseload in the Central Maricopa Region and provide them with the necessary information needed to begin the application process.

As a result of a resource presentation for the Emergent Leader class earlier this year by Becky Hancock, CCR&R, Mary Jamsa was aware of the capability of CCR&R to run childcare provider lists by FTF region. Mary contacted Becky and was provided a complete listing of providers for the Central Maricopa region. Mary then contacted centers from the list and spoke with Directors to share information regarding this new professional development opportunity.

Barriers:

The various roles each Director must juggle will continue to play a major factor in the design of professional development opportunities for this group. Despite the fact the Director Credential program is designed to be completed on the Directors’ off- hours there will still be barriers. For example, one of the directors was unable to attend a cohort meeting because her center is open until 7:30PM and her staff scheduled to cover closing had gone home ill. Predictably, there will be times as well that a parent will be late or want to speak to the Director at closing. In anticipation of these circumstances, Mary Jamsa, Program Manager, has encouraged the cohort members to still attend

the meeting even though they will be late. The meeting place for the cohort, Tempe Christian Preschool, is centrally located in the region which is a great benefit especially in these types of situations.

Additional Information:

At the end of each cohort meeting, participants are asked to write a brief reflection on their work through the module of the month. Here is an excerpt from one of the director’s thoughts on her work in Module 1 which covered leadership:

“Module 1 presented some interesting insights on my particular leadership style and the kind of power I project as a leader. I feel my staff willingly follow my lead because they believe I possess all the knowledge and experience in this field. I learned that I continuously gain knowledge and experience from my staff as a result of my readings in this module. I realized that I do not want my staff to ‘willingly’ follow my lead, but rather become leaders themselves in the decision-making process. The most important question for me is how can I give my staff more power and motivate them to take initiative? Referring the power to my staff will hopefully make them feel valued as a contributing member in the decision making process.”

The following is taken from a summary of Eileana Felix’s first mentor visit with MP :

After the tour of her school, M and I discussed the orientation day for the director’s credential. M expressed that it was “great” and that she enjoyed meeting other directors from around her area, especially within the same zip code.

M had completed the first module a day prior to our meeting. She described working through the modules as “quick and eye opening”. We talked about the different types of leadership styles and she shared a story about a past supervisor whose leadership she admired. We talked about our styles of leadership, along with areas of strength and areas we would like to work on. M mentioned she would like to work on being more enthusiastic and more organized. We explored how this could be accomplished and talked about different personalities.

In the end, M and I talked about having a professional development training that covers the different styles of leadership, to get to know her staff on a different level. We talked about the professional development plan and thought that this training could be something that we could work on as part of her goals for her improvement plan.

Maricopa Community College District
Infant and Toddler Strategy

TOTAL AWARD: \$400,000	SFY13 FUNDS EXPENDED YTD: (2.3%)	\$9,129
TARGET SERVICE NUMBER		50
TOTAL NUMBER OF CENTER-BASED PROVIDERS SERVED	Q1:50	YTD: 50

Narratives Reports Summary

Program Implementation:

During this quarter, First Relationships (FR) implemented “Wonder Why? Give It a Try! Shared Reading Program”. Each FR program received a beautiful Community Playthings book rack, an initial collection of children’s sturdy board books, and a collection of notes for families included in one of two ways—attached to the book at the front or the back by the author, such as Bye Bye Time by Elizabeth Verdick, or written specifically for the shared reading program by FR staff and shared in a handout. Wonder Why? Give It a Try! Is designed to create a shared language between teachers and families and to increase the opportunities for teachers to communicate with families in supportive and positive ways. An

additional goal was for programs to use Wonder Why? Give It a Try! as a component in orientation of new staff and ongoing professional development of teachers.

Barriers:

There are no challenges to implementation identified at this time. All contracts for the first half of this fiscal year are in place and the project is proceeding as outlined in the contract.

Collaboration and Communication:

FR is continuing to collaborate with Department of Health Services licensors. FR collaborates with Paradise Valley Community College to select the college classes that are commensurate with the professional development offered. FR materials are used as part of the assignments for each course offered.

Additional Information:

Innovations in Education reports anecdotally that the implementation of prior FR training is evident during coaching visits and includes behaviors such as warm interactions, improved classroom arrangements, the presence of teacher made children’s books, picture files, family engagement activities, finger play files, and the use of the Wonder Why? Give It a Try! book program.

FR is experiencing a very low rate of participant attrition. Participants who leave the project are also leaving the program (are no longer employed at the participating program site. Of those who have left the project two were the result of deaths in the family (2 teacher participants); a move out of state (1 teacher participant); and a family illness (1 teacher participant).

Several of the programs are still struggling economically as a result of low enrollment. Coaching with these programs continues to include marketing ideas and suggestions. One program did get to target enrollment with this support and such coaching will continue in programs that have not met their enrollment goals.

Statewide or Multi-Regional Strategies

**Arizona Academy of Pediatrics
Care Coordination/Medical Home Strategy**

TOTAL AWARD: \$197,000	SFY13 FUNDS EXPENDED: (40.4%)	\$79,550
TARGET SERVICE NUMBER		600
TOTAL NUMBER OF CHILDREN SERVED	Q1:	YTD: 241

Narratives Reports Summary

Program Implementation:

Central Maricopa: The Best Care for Kids Care Coordination program is entering its second year of implementation. The pilot project within the region was launched in June 2011. There are (2) care coordinators working within (2) pediatric primary care practices and are building relationships that foster integration and coordination of services and information across multiple organizations. The care coordinators in this region are an integral part of the practice culture and are working diligently to provide access to care for families and create true medical homes within their designated practices. In addition to referrals and linkages to the designated health and human service

providers, 30 referrals were made to recreational programs within the region and 32 referrals were made to assist families with child care options.

Collaboration and Communication:

CC Manager met with Amy Henning, CEO of Southwest Behavioral Health Services, on 07/31/2012. The purpose of this meeting was to determine how care coordinators can ensure that all patients who are in need of behavioral health services can access the services in a timely manner. CC Manager provided an overview of care coordination in the pediatric setting as well as barriers that have been encountered in the past with making referrals to behavioral health. Amy Henning was open and receptive to hearing suggestions on how to expedite the referral process and ensure timely access to care for families.

Staff from AZAAP, Best Care for Kids, have been facilitating monthly workgroups with colleagues from AHCCCS, ALTCS, AzEIP, DDD, MIHS, PCH Care Connect and Banner to discuss eligibility issues for families as well as engage in dialogue around systems issues and barriers families encounter when trying to enter the various systems. There will be continued monthly meetings with pre-determined agenda items to discuss.

CC Manager met with Joanne Floth, Regional Director of Central Maricopa FTF as well as Terri Duhart, Regional Director of Southeast Maricopa FTF to discuss care coordination program implementation within their designated regions as well as provided them with an overview of service distributions for children, number of children served and explained the overall vision of sustainability of the program within the pediatric primary-care setting.

Barriers:

The hiring of qualified staff to work as Care Coordinators in the pediatric medical setting can have its challenges. Care Coordinators must possess the ability to work with clinical staff, medical personnel as well as many high-complexity families. It is crucial to hire candidates who can work independently as well as within the scope of many other areas, including the school district, behavioral health, Early Intervention and family support services. We have been fortunate to have hired very competent and dedicated staff who are diligent in their efforts to integrate themselves into the daily culture of all participating practice sites as well as identify families who will benefit from care coordination and build connections with pediatric staff and providers.

Care coordination is multi-faceted and the role can be quite complex. Families present themselves into practices with an array of different needs. Care coordinators work diligently to address the most immediate, urgent needs that will impact the child. These types of interventions range from referrals to social service entities, behavioral health, accessing food boxes, support groups, Early Intervention referrals and participation in Individualized Education Plans (IEP's) at the school district. Once the most emergent needs are met, care coordinators work in partnership with the families and medical providers and staff to ensure all needs which were outlined and identified on the care plan have been met. Care coordination is relationship-based and that relationship is developed and then maintained throughout the time a child remains in their pediatric practice. A potential barrier that the care coordination program has faced is the ability to see a high volume of children and families within a work day. As stated previously, the coordination of services can take considerable time as well as the most important piece of developing and sustaining that relationship with the families served. It has been emphasized to the care coordination staff of the continued importance of ensuring all the needs of the child and family met and that in order to be successful, the relationship with the family as well as the provider must be established and maintained.

Additional Information:

Our care coordination team and program has been very fortunate to have the ongoing support from First Things First and supporting the medical home/care coordination strategy. For practices, having a designated care coordinator at a site, allows communication to be facilitated amongst all team members and in all directions. The long-term success of this strategy requires intervention at all levels within the health care system and across multiple sectors of the community.

Our care coordination team and program has been very fortunate to have the ongoing support from First Things First in supporting the medical home/care coordination strategy. As we have been piloting care coordination in other FTF regions, there are definite lessons which have been learned. When a care coordinator works with a high complexity family, there are numerous hours of up front time that go into building the relationship with the family, conducting a comprehensive intake as well as completing a care plan, in partnership with the family. There is the direct face to face time with the family as well as the coordination of all the services which were identified during the intake. It is realistic that a care coordinator can spend one full work-day completing the intake and care plan, coordinating all the necessary services, providing linkages and resources, discussing the plan of care with the clinician and ensuring all the necessary documentation is in place. A family will never be discharged from care coordination unless they move out of the “practice”. I would like to see an understanding from the councils that care coordination is multi-faceted and requires many different approaches and strategies to ensure that children get off to the best possible start and that families have all the tools they need in order to be successful.

Care coordination facilitates timely access to services, promotes continuity of care, and has the potential to greatly increase the overall value of primary health care. The Arizona Chapter of the American Academy of Pediatrics, Best Care for Kids, is grateful for the continued opportunity to build and implement care coordination within the primary care setting.

Physician Education and Outreach Strategy

TOTAL AWARD: \$165,000	SFY13 Funds Expended: (59.4%)	\$97,930
TARGET SERVICE NUMBER		10
TOTAL NUMBER OF SERVED	Q1: 12	YTD: 12

Mental Health Consultation Strategy

TOTAL AWARD: \$246,000	SFY13 Funds Expended: (59.4%)	\$100,512
TARGET SERVICE NUMBER		10
TOTAL NUMBER OF SERVED	Q1: 18	YTD: 18

** Report is pending

Scholarships non-TEACH Strategy

TOTAL AWARD: \$70,000	SFY12 FUNDS EXPENDED: (0%)	\$0
TARGET SERVICE NUMBER		120
TOTAL NUMBER OF SERVED	Q1: Pending	YTD: Pending

**Grantee reports adjustments to their database and will report when database is up and running.

FTF PROFESSIONAL REWARD\$ Strategy

TOTAL AWARD: \$200,000	SFY13 FUNDS EXPENDED: (50%)	\$99,930
TARGET SERVICE NUMBER		112
TOTAL NUMBER OF PROFESSIONALS SERVED	Pending	

Arizona Department of Education Pre-Kindergarten Strategy

TOTAL AWARD: \$916,000	SFY13 FUNDS EXPENDED:	\$324,618
TARGET SERVICE NUMBER		255
TOTAL NUMBER OF SLOTS	Q1: Pending	YTD: Pending

Narratives Reports Summary

Program Implementation:

During this time the ECE Mentors have been collaboratively working with programs to ensure they are prepared and understand the assessments needed for their ratings. Mentors have created checklists and educational information to assist instructional staff and site based leadership in reviewing for ECERS-R and implementing any changes. They have also been introducing instructional staff to the CLASS tool.

During this time there is a significant focus on the evaluation for rating. Due to this intense period of assessments there has been a hyper focus on scores and the attainment of a three on the QF rating scale. This has made it difficult for ECE professionals to see QF as a vehicle for change and improvement. I fear that programs do not stop to appreciate the improvements to date and will get frustrated with the time it will take to implement the instructional supports needed to change teaching practices. My staff have been with folks for numerous years and are sometimes bearing the brunt of the programs frustration. I also believe the Mentors still fear for job security if programs do not attain the requisite three.

Barriers:

The implementation of quality instructional processes versus the “just getting the score”. We need to move the elements of the CLASS away from the tool that is used to assess them. ADE mentors are working on learning modules that will address the issues within Instructional Support.

There continues to be miscommunication and programs listening to rumors rather than getting the correct information. It was very helpful to have some QF staff attending the local collaboration meetings to address any concerns. ADE staff will begin putting concerns into email for forwarding to QF staff and calling Ginger and Brooke directly, together with programs to obtain clarification.

There is a lack of good video on what quality interactions with children looks like. We must partner with others to work on getting rich examples of the instructional support to show instructional staff quality that can be replicated.

Also, professional development plans are weak overall in our programs. Most professional development is determined and planned at the management level and may not be individualized for teachers as they improve in their skills. More

work needs to be done with ECE administrators in how they plan for PD. ADE is hosting a series of local PD meetings for administrators, *Moving from Compliance to Quality*.

The Infant & Toddler Introduction is available, but not as successful as it needs to be. ADE is working on improving this effort beginning in January. There have been a variety of concerns brought to our attention regarding the Quality Rating Scale. First, the Rating Only programs are not being provided their QF coach in enough time prior to their first rating assessment. These programs did not start until August or September and only began conversations with QF coaches in late September/ early October, but are receiving assessment dates in November. Therefore, although they were promised six months of QF coaching time, they are only receiving a few weeks at most.

Additional Information:

Quarterly collaboration meetings are taking place in all regions to ensure there is collaboration between public and private providers. These meetings focus on concerns and needs of each of the specific regions. One of the concerns was regarding certified staff having to order transcripts for QP scale. Concern was taken to FTF Quality First and have now resolved.

Scholarships TEACH Strategy

TOTAL AWARD: \$181,500	SFY13 FUNDS EXPENDED: (16.1%)	\$29,287
TARGET SERVICE NUMBER		125
TOTAL NUMBER OF SERVED	Q1: Pending	YTD: Pending

Quality First! Strategy

TOTAL AWARD: \$735,721	SFY13 FUNDS EXPENDED: (46.5%)	\$341,861
TARGET SERVICE NUMBER		36 Centers 6 Homes
TOTAL NUMBER OF SERVED	Q4: 31/4	YTD: 31/4

Quality First Child Care Scholarships Strategy

TOTAL AWARD: \$1,694,846	SFY13 FUNDS EXPENDED: (38%)	\$643,000
TARGET SERVICE NUMBER		272
TOTAL NUMBER OF SERVED	Q1: 277	YTD: 277