



FIRST THINGS FIRST

Ready for School. Set for Life.

Arizona Early Childhood Development & Health Board South Phoenix Regional Partnership Council

Meeting Minutes – November 19, 2013

Call to Order

The **Regular** Meeting of the **South Phoenix Regional Partnership Council** scheduled for **Tuesday, November 19, 2013**, at **8:30 a.m.**, held at **Travis L. Williams Family Center, 4732 South Central Avenue, Phoenix, Arizona 85044.**

Chair James Washington called the meeting to order at approximately **9:57 a.m.** and welcomed attendees and council members. Introductions were held.

Members PRESENT

James Washington, Chair
Patricia Merk, Ph.D., Vice Chair
Jennifer Quillin
Jasmine Sanchez
Jeremy Wood (teleconference)
Lorraine Salas, Ph.D.
Elizabeth McNamee (teleconference)

Members ABSENT

Riann Balch
Kristi-Langley Wells
Yolanda Robinson

Consent Agenda

Chair James Washington called for a motion to approve the **October 15, 2013 Regular Meeting Minutes**. Member Quillin moved to approve the meeting minutes as presented. Member Sanchez seconded. Motion carried.

Call to the Public

Chair James Washington welcomed Lisa Sams with Association of Supportive Child Care (ASCC). Ms. Sams provided an update on the statewide TEACH Strategy outreach and program activities in the South Phoenix Region.

Community Presentation: Golden Gate Community Center

The council welcomed Sara Gonzales, Golden Gate Community Center Director. Ms. Gonzales shared the Center's mission, programs, and services the center provides the community. She also shared the community's statistics and the center's funding streams.

SFY14 Program Implementation

Director Jonathon Gonzales provided the following implementation updates on the following strategies:

Strategy: Nurse-Family Partnership – Director Gonzales presented a SFY14 contract budget modification/amendment submitted by Maricopa County of Public Health to increase the allotment by \$20,000 due to salary increases required by Maricopa County. Chair James Washington called for a motion to approve the contract budget modification/amendment as presented by Director Gonzales. *Member Sanchez declared a conflict of interest due to her employment with Maricopa County of Public Health and abstained from discussion and voting.*

Motion: Vice Chair Dr. Merk motioned to approve the SFY14 contract amendment/modification to increase the allotment by \$20,000. Member Wood seconded. Motion carried.

Strategy: Developmental and Sensory Screening - Director Gonzales updated the Council on the implementation status of the strategy. He is working with FTF Staff in developing a strategy worksheet that meets the requirements to select and obtain a vendor/facilitator. Vice Chair Dr. Merk and Member McNamee will champion the implementation and provide guidance on the Councils behalf. Director Gonzales will continue to provide updates at future Council meetings.

SFY15 Phoenix SOUTH Funding Plan Recommendations

Director Gonzales provided a brief overview on how the SFY15 Funding plans for the two new Phoenix regions, Phoenix NORTH and Phoenix SOUTH were derived and the adoption and voting of the two funding plans by all three current Phoenix Councils. He further explained how the SFY15 grantees and grants will implemented in the two new regions. The Board will approve the Phoenix SOUTH and Phoenix NORTH SFY15 Funding Plans in January, 2014.

MOTIONS:

Quality First Strategy “Package” – *Members Balch and Wood declared conflict of interest, abstained from discussion and voting.*

Chair Washington called for a motion to approve the Quality First Package. Member Sanchez that the South Phoenix Regional Partnership Council approved the Quality First Strategy Package for **97 centers** and **30 homes**, with an estimated funding allotment as presented in today’s funding plan document. The Quality First package includes the following strategies for enrolled providers; Quality first Academy, Warmline Triage, and the Warmlines for Child Care Health Consultation, Inclusion, Mental Health Consultation, Quality First Coaching and Incentives. The Quality first package includes Child Care Health Consultation for a budget allotment of **\$313,960**. The estimated amounts included in the motion will be updated and finalized according to the Quality First model and the Quality Ratings of the enrolled sites and brought back to the Regional Council at a future meeting.

Quality First Scholarship Strategy - *Members Balch and Wood declared conflict of interest, abstained from discussion and voting.*

Chair Washington called for a motion to approve the Quality First Scholarships. Member Sanchez moved that the South Phoenix Regional Partnership Council approve the Quality First Child Care Scholarship Strategy; including an estimate of **1,152** scholarships for programs enrolled in Quality First, which includes **52 scholarships for 0 to 5 year old**, **327 scholarships for 3 to 5 year olds in 3 to 5 star rated centers**, and **47 scholarships for Maryvale and Laveen zip codes**. The total budget allotment for the strategy is estimated to be **\$8,544,490**; pending Central Phoenix Regional Partnership Council decision on additional scholarships. The estimated amounts included in this motion will be updated and finalized according to the Quality First model and the Quality Ratings of the enrolled sites and brought back to the Regional Council at a future meeting.

Family Support Coordination Strategy – *Member Dr. Salas declared conflict of interest, abstained from discussion and voting.* Chair

Washington called for a motion to approve the Family Support Coordination Strategy. Member Sanchez moved to approve the Family Support Coordination Strategy in the amount of **\$625,500** for SFY15 with the **targeted service units as indicated on Attachment #3**. Vice Chair Dr. Merk seconded. Motion carried.

Family Resource Center Strategy – *Vice Chair Dr. Merk declared conflict of interest, abstained from discussion and voting.* Chair

Washington called for a motion to approve the Family Resource Center Strategy. Member Quillin moved to approve the Family Resource Center Strategy in the amount of **\$1,212,970** for SFY15 with the **targeted service units as indicated on Attachment #3**. Member Sanchez seconded. Motion carried.

Family, Friends, and Neighbor Strategy - Chair Washington called for a motion to approve the Family, Friends, and Neighbor Strategy. Member Sanchez moved to approve the Family, Friends, and Neighbor Strategy in the amount of **\$996,000** for SFY15 with the **targeted service units as indicated on Attachment #3**. Member Dr. Salas seconded. Motion carried.

Inclusion of Children with Special Needs Strategy - Chair Washington called for a motion to approve the Inclusion of Children with Special Needs Strategy. Member Quillin moved to approve the Inclusion of Children with Special Needs Strategy in the amount of **\$333,000** for SFY15 with the **targeted service units as indicated on Attachment #3**. Member Sanchez seconded. Motion carried.

First Things First Professional Rewards Strategy - Chair Washington called for a motion to approve the First Things First Professional Reward Strategy. Member Sanchez moved to approve the First Things First Professional Rewards Strategy in the amount of **\$286,575** for SFY15 with the **targeted service units as indicated on Attachment #3**. Vice Chair Dr. Merk seconded. Motion carried.

Pre-K Mentoring –Transition to Kindergarten Strategy - Chair Washington called for a motion to approve the Pre-K Mentoring-Transition to Kindergarten Strategy. Member Sanchez moved to approve the Pre-K Mentoring-Transition to Kindergarten Strategy in the amount of **\$112,000** for SFY15 with the **targeted service units as indicated on Attachment #3**. Vice Chair Dr. Merk seconded. Motion carried.

Care Coordination/Medical Home Strategy - Chair Washington called for a motion to approve the Care Coordination/Medical Home Strategy. Member Sanchez moved to approve the Care Coordination/Medical Home Strategy in the amount of **\$1,616,624** for SFY15 with the **targeted service units as indicated on Attachment #3**. Vice Chair Dr. Merk seconded. Motion carried.

Developmental and Sensory Screening Strategy - Chair Washington called for a motion to approve the Developmental and Sensory Screening Strategy. Member Sanchez moved to approve the Developmental and Sensory Screening Strategy in the amount of **\$148,000** for SFY15 with the **targeted service units as indicated on Attachment #3**. Vice Chair Dr. Merk seconded. Motion carried.

Health Insurance Enrollment Strategy - Chair Washington called for a motion to approve the Health Insurance Enrollment Strategy. Member Sanchez moved to approve the Health Insurance Enrollment Strategy in the amount of **\$148,000** for SFY15 with the **targeted service units as indicated on Attachment #3**. Vice Chair Dr. Merk seconded. Motion carried.

Mental Health Consultation Strategy - Chair Washington called for a motion to approve the Mental Health Consultation Strategy. Member Sanchez moved to approve the Mental Health Consultation Strategy in the amount of **\$719,550** for SFY15 with the **targeted service units as indicated on Attachment #3**. Vice Chair Dr. Merk seconded. Motion carried.

Oral Health Strategy – *Member Sanchez declared conflict of interest, abstained from discussion and voting.* Chair Washington called for a motion to approve the Oral Health Strategy. Member Quillin moved to approve the Oral Health Strategy in the amount of **\$751,000** for SFY15 with the **targeted service units as indicated on Attachment #3**. Member Dr. Salas seconded. Motion carried.

Recruitment-Stipend/Loan Forgiveness Strategy – Chair Washington called for a motion to approve the Recruitment-Stipend/Loan Forgiveness Strategy. Member Quillin moved to approve the Recruitment-Stipend/Loan Forgiveness Strategy in the amount of **\$364,387** for SFY15 with the **targeted service units as indicated on Attachment #3**. Member Dr. Salas seconded. Motion carried.

Comprehensive Preventive Health Strategy – Chair Washington called for a motion to approve the Comprehensive Preventive Health Strategy. Member Quillin moved to approve the Comprehensive Preventive Health Strategy in the amount of **\$300,000** for SFY15 with the **targeted service units as indicated on Attachment #3**. Member Dr. Salas seconded. Motion carried.

Prenatal Outreach Strategy – *Member Sanchez declared conflict of interest, abstained from discussion and voting.* Chair Washington called for a motion to approve the Prenatal Outreach Strategy. Member Quillin moved to approve the Prenatal Outreach Strategy in the amount of **\$698,000** for SFY15 with the **targeted service units as indicated on Attachment #3**. Member Dr. Salas seconded. Motion carried.

Family Support – Children with Special Needs Strategy – Chair Washington called for a motion to approve the Family Support – Children with Special Needs Strategy. Member Quillin moved to approve the Family Support – Children with Special Needs Strategy in the amount of **\$135,050** for SFY15 with the **targeted service units as indicated on Attachment #3**. Member Dr. Salas seconded. Motion carried.

Home Visitation Strategy – Strategy was **NOT** voted due to loss of quorum. The Council will reconvene at a later date to discuss and vote.

Director Mentoring Strategy – Chair Washington called for a motion to approve the Director Mentoring Strategy. Member Sanchez moved to approve the Director Mentoring Strategy in the amount of **\$311,194** for SFY15 with the **targeted service units as indicated on Attachment #3**. Member Dr. Salas seconded. Motion carried.

Parent Education Community-Based Training Strategy – Chair Washington called for a motion to approve the Parent Education Community-Based Training Strategy. Member Sanchez moved to approve the Parent Education Community-Based Strategy in the amount of **\$175,750** for SFY15 with the **targeted service units as indicated on Attachment #3**. Member Dr. Salas seconded. Motion carried.

Reach Out and Read Strategy – Chair Washington called for a motion to approve the Reach Out and Read Strategy. Member Sanchez moved to approve the Reach Out and Read Strategy in the amount of **\$18,500** for SFY15 with the **targeted service units as indicated on Attachment #3**. Member Dr. Salas seconded. Motion carried.

Court Teams Strategy – Chair Washington called for a motion to approve the Court Teams Strategy. Member Sanchez moved to approve the Court Teams Strategy in the amount of **\$220,000** for SFY15 with the **targeted service units as indicated on Attachment #3**. Member Dr. Salas seconded. Motion carried.

Service Coordination, Community Awareness, Community Outreach, Media, and Statewide Evaluation Strategies - Chair Washington called for a motion to approve the Service Coordination, Community Awareness, Community Outreach, Media and Statewide Evaluation Strategies. Member McNamee moved to approve the **Service Coordination Strategy** in the amount of

\$55,530, Community Awareness Strategy in the amount of **\$19,440**, the **Community Outreach Strategy** in the amount of **\$117,000**, and the **Media Strategy** in the amount of **\$98,500**, and the **Statewide Evaluation Strategy** in the amount of **\$1,213,309**. Member Sanchez seconded. Motion carried.

Community Outreach Update – Community Outreach Coordinator Rachel Egboro provided the Council and update of outreach activities in the South Phoenix region. Ms. Egboro also announced the grand opening of the Pendergast Family Resource Center on December 10th at 1:00 p.m.

Chairs/Council Member Updates

Member Sanchez shared Preventive Health Collaborative Family Resource Cards that are being distributed in South Phoenix Region.

Member Quillin shared her work she is currently doing with student loan counseling and forgiveness.

Member Dr. Salas invited the Council to an annual breakfast and tour of her organization.

Vice Chair Dr. Merk informed the Council she participated in a Town Hall on Early Childhood. There were approximate 170 attendees. Town Hall recommendations will be posted publicly and forwarded to the Department of Education. She also informed the Council that South Phoenix Regional Partnership Strategies were mentioned in the recommendations. Member McNamee also attended.

Member Wood shared that Neighborhood Ministries students are traveling to Washington D.C. to pray to VP Boehner for immigration reform. There will in articles in the Arizona Republic.

Chair Washington informed the Council Abrazo Health Care is promoting and educating the community on the implementation of Obamacare.

Director's Report

Council Holiday Celebration - Director Gonzales shared the confirmed date of Tuesday, December 10th at 6:00 pm. More details will be forwarded via email.

Cross-Regional Benchmarking Committee – Director Gonzales reported the Committee has not met, but will reconvene to set benchmarks for the remaining School Readiness Indicators and asked the participating Councilmembers to expect communication from Rosemary Galindo on meeting dates and information. He further explained the benchmark recommendations vetting process.

Next Meeting

There will be no official meeting in December.

The next meeting is slated for January 21, 2014, 8:30 a.m. but maybe rescheduled to the Board meeting on the same day. Rosemary will reschedule.

Adjournment

Chair Washington called for a motion to adjourn the meeting. Member Quillin moved to adjourn the meeting. Member Sanchez seconded. Meeting adjourned at 10:47 a.m.

Respectfully submitted this 20th day of December, 2013,

ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD

South Phoenix Regional Partnership Council



Rosemary Galindo
Administrative Assistant



Jonathon Gonzales, MPA
Regional Director

James Washington
Chair



Phoenix SOUTH Regional Partnership Council

SFY2015 Targeted Service Units

	Strategy	Service Unit	Target
Quality and Access	Quality First	Number of center based providers served	97
		Number of home based providers served	30
	Quality First Scholarships	Number of scholarship slots for children 0-5 years	1,152
	Quality First Pre-K Mentoring	Number of Private Community Partners	-
		Number of Public Community Partners	-
	Family, Friends & Neighbors	Number of home based providers served	752
	Inclusion of Children with Special Needs	Number of center based providers served	26
		Number of home based providers served	3
		Number of participating children with special needs	56
Professional Development	Scholarships TEACH	Number of professionals receiving scholarships	84
	FTF Professional REWARD\$	Number of incentive awards distributed	224
	Director Mentoring/Training	Number of participating professionals	150
Prenatal Outreach	Child Care Health Consultation	Number of center based providers served	95
		Number of home based providers served	30
		Number of Non-QF Centers	-
		Number of Non-QF Homes	-
	Care Coordination/Medical Home	Number of children receiving screening	5,792
		Number of children served	5,792
		Number of developmental screenings conducted	5,792
		Number of families served (HIE Assistance)	5,792
		Number of hearing screenings conducted	-
		Number of vision screenings conducted	-
	Developmental and Sensory Screening	Number of children receiving screening	777
		Number of developmental screenings conducted	-
		Number of hearing screenings conducted	777
		Number of vision screenings conducted	777
	Health Insurance Enrollment	Number of families served	888
	Mental Health Consultation	Number of center based providers served	29
		Number of home based providers served	12
		Number of tuition reimbursements distributed statewide	-
	Oral Health	Number of children receiving oral health screenings	11,480
		Number of fluoride varnishes applied	11,480
		Number of participating adults	5,303
		Number of participating professionals	186
		Number of prenatal women receiving oral health screenings	3,000
	Comprehensive Preventative Health Programs	Number of children served	-
		Number of families served	-
	Recruitment – Stipends/Loan Forgiveness	Number of therapists receiving loan forgiveness	14
		Number of therapists receiving stipends	14
Prenatal Outreach	Number of adults attending training sessions	772	
	Number of adults receiving home visitation	643	
	Number of children receiving screening	193	
	Number of developmental screenings conducted	193	
	Number of hearing screenings conducted	-	
	Number of vision screenings conducted	-	

	Strategy	Service Unit	Target
Family Support	Family Resource Centers	Number of families served	8,000
	Family Support Coordination	Number of families served	546
	Family Support – Children with Special Needs	Number of children receiving screening	56
		Number of developmental screenings conducted	56
		Number of families served	56
		Number of hearing screenings conducted	-
		Number of vision screenings conducted	-
	Home Visitation	Number of children receiving screening	661
		Number of developmental screenings conducted	661
		Number of families served	661
		Number of hearing screenings conducted	-
		Number of vision screenings conducted	-
	Parent Education Community-Based Training	Number of participating adults	352
	Reach Out and Read	Number of books distributed	481
Number of participating practices		6	
Coordination	Court Teams	Number of children served	1,000
		Number of participants attended	275
	Service Coordination	No Targeted Service Units	
Community Awareness	Community Awareness	No Targeted Service Units	
	Community Outreach	No Targeted Service Units	
	Media	No Targeted Service Units	
	Statewide Evaluation	No Targeted Service Units	



FIRST THINGS FIRST

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Arizona Early Childhood Development & Health Board South Phoenix Regional Partnership Council

Meeting Minutes – November 22, 2013

Call to Order

The Special Meeting of the South Phoenix Regional Partnership Council scheduled for Friday, November 22, 2013, at 8:00 a.m., held at First Things First, 4000 North Central Avenue, 14th Floor Northwest Conference Room, Phoenix, Arizona 85012.

Chair James Washington called the meeting to order at approximately 8:05 a.m. Roll call was held and the following members were present **TELEPHONICALLY.**

Members Present TELEPHONICALLY

James Washington, Chair
Patricia Merk, Ph.D., Vice Chair
Jennifer Quillin
Jeremy Wood (teleconference)
Lorraine Salas, Ph.D.
Elizabeth McNamee (teleconference)
Yolanda Robinson

Members ABSENT

Jasmine Sanchez
Kristi Langley-Wells

SFY15 Phoenix SOUTH Funding Plan Recommendation

MOTION:

Strategy: Home Visitation – *Vice Chair Dr. Merk declared conflict of interest, abstained from discussion and voting.*

Chair Washington called for a motion to approve the Home Visitation Strategy. Member Quillin moved to approve the Home Visitation Strategy in the amount of \$2,788,400 for SFY15 with the targeted service units of 661. Member Wood seconded. Motion carried.

Director's Report

Council Holiday Celebration – Director Gonzales re-confirmed the Holiday celebration, December 10, 2013, 6:00 pm – 8:00 pm. Rosemary will email additional information.

Next Meeting: No meeting in December. The January 21st meeting will be rescheduled due to Board meeting conflict.

Adjournment

Meeting adjourned at 8:14 a.m.

Dated this 20th day of December, 2013

ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD
South Phoenix Regional Partnership Council

Jonathon Gonzales, MPA, Regional Director

Rosemary Galindo, Administrative Assistant

James Washington, Chair

Family, Friends & Neighbors Strategy

Quality and Access

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Comments
FTF-MULTI-13-0407-01-Y2	Association for Supportive Child Care	07/01/2013-06/30/2014	12	\$700,000.00	\$230,373.40	32.9%	<p>The grantee has experienced staffing challenges in filling vacant child care positions who assist with childcare during Kith and Kin training sessions. The grantee has temporarily utilized program staff and hired additional providers as part time temporary staff until the positions can be filled. The grantee is meeting CSU based on sessions crossing fiscal years. Based on the historical cycle of Kith and Kin, with additional sessions, the grantee is expected to meet or exceed the CSU.</p>
<p>The Arizona Kith and Kin Project of the Association for Supportive Child Care (ASCC) provides support to family, friend and neighbor caregivers through weekly training/support group meetings. An average of 15 participants, per group, meet weekly for 14 weeks for a series of trainings on child development, health and safety, positive guidance and discipline, nutrition, early brain development, language and literacy, car seat safety and much more. Organized with the help of a community collaborative partner, group meeting locations are selected within the communities where family, friend and neighbor care providers live, work and play. The weekly gatherings are held in a supportive, workshop format where participants gain emotional sustenance from the other participants while learning about early childhood development, school readiness and safety. Providers receive concrete instruction and training, along with the distribution of related safety equipment. Upon completion of a 14 week training-support group session, participants are invited to attend a Health and Safety Conference each summer. Where applicable and as funding permits, transportation and on-site child care is provided, free of charge, to minimize barriers to participation.</p>				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
Service Unit				480	309		
Number of home based providers served							

Quality First Academy Strategy

Quality and Access

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS							
FTF-STATE-14-0431-03	Southwest Human Development	07/01/2013-06/30/2014	12	\$78,485.60	\$20,071.66	25.6%	Highlights of current efforts by grantee include the collaboration with Mary Fulton Teachers College Research Office at Arizona State Univ. who will design and implement a program evaluation process and may also include curriculum development. Additionally, Indigo Cultural Center will develop and carry out Phase I activities related to "Assets and Areas of Focus" assesment							
<table border="1"> <thead> <tr> <th>Service Unit</th> <th>2014 Contracted Units</th> <th>2014 Q1 Actuals**</th> <th>2014 Q2 Actuals**</th> </tr> </thead> <tbody> <tr> <td colspan="4">No service unit available at this time.</td> </tr> </tbody> </table>				Service Unit	2014 Contracted Units	2014 Q1 Actuals**		2014 Q2 Actuals**	No service unit available at this time.					
Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**											
No service unit available at this time.														

Quality First Child Care Health Consultation Warmline Strategy

Quality and Access	Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
	GRA-STATE-14-0629-01	University of Arizona Cooperative Extension	07/01/2013-06/30/2014	12	\$4,636.72	\$131.11	2.8%	
	Provide Child Care Health Consultation (CCHC) Technical phone services delivered regionally, under the model outlined by First Things First.							
	Service Unit				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
	No service unit available at this time.							

Quality First Coaching & Incentives Strategy

Quality and Access

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
FTF-STATE-14-0427-02	Valley of the Sun United Way	07/01/2013-06/30/2014	12	\$1,412,023.76	\$706,267.50	50.0%	<p>The grantee reported challenges to the delivery of coaching services within Maricopa County due to various reasons that include: cancellation by provider, coach out sick or on vacation, summer closures for school based centers, and other factors including the need to rebuild the relationships in the program. Actual service units reflects the enrolled QF providers, in South Phoenix. Currently, there is not a waitlist in the region.</p>
<p>The Valley of the Sun United Way Quality First partnership includes VSUW, ASCC, SWHD, UWTSa, ESB, and CFR and provides on-site, individualized coaching and incentive services for early childcare providers enrolled in Quality First. The program leverages resources to provide a comprehensive, coordinated approach to improving the quality of childcare centers and in family childcare homes across Arizona. The system will continue to integrate Quality First Coaching and Incentives services with other supportive Quality First initiatives including TEACH, CCHC, and other initiatives supported by First Things First to improve the quality of childcare in Arizona, and support a child's successful entry into school as well as for success throughout life. The VSUW QF partnership is committed to implementing the new First Things First service delivery model, which includes full implementation of the Star Quality Rating System. VSUW and the partners will also continue to facilitate access to other early childhood programs and services available through their respective organizations as appropriate. The program includes local, regional and statewide meetings and coordination and educations/training efforts as needed between VSUW, UWTSa, and local coaching and incentive implementation organizations to ensure continuity of approach statewide and consistent, effective, efficient collaborative efforts.</p>							
<p>Service Unit</p>				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
<p>Number of Centers</p>				68	55	57	
<p>Number of Homes</p>				28	24	25	
<p>Number of Rating Only Centers</p>				0	0	0	

Quality First Mental Health Consultation Warmline Strategy

Quality and Access

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
FTF-STATE-13-0344-02-Y2	Southwest Human Development	07/01/2013-06/30/2014	12	\$21,609.77	\$9,023.74	41.8%	Noted outreach highlights impacting SPhx include outreach to SPhx CPS networking group--and as previously noted education and outreach to in home family providers. The warmlines are part of the QF package and the CSU is not part of the contract are an on call service to providers.
Warmline component of MHC contract							
	Service Unit			2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
	No service unit available at this time.						

Quality First Pre-K Mentoring Strategy

Quality and Access	Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
	ISA-MULTI-13-0487-01-Y2	Arizona Department of Education	07/01/2013-06/30/2014	12	\$111,540.00	\$83,652.03	75.0%	
ADE is one of the joint administrative homes for the First Things First Pre-K Scholarships program, implementing the mentoring component of the PreK strategy. Designed to assist low-income families, the Program will ensure that these children will receive the opportunity to receive high-quality child care.								
	Service Unit			2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**		
	Number of Public Community Partners			4	7			
	Number of Private Community Partners			4	1			

Quality First Pre-K Scholarships Strategy

Quality and Access

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
FTF-STATE-14-0440-02	Valley of the Sun United Way	07/01/2013-06/30/2014	12	\$1,769,196.00	\$884,568.46	50.0%	QF scholarships that were unused were redistributed for 6 month period for children who would be transitioning to kindergarten so families would be minimally impacted when the scholarships end. This impacts the 3-5 age band that pre-k scholarships currently support.
Valley of the Sun United Way will be the administrative home for the First Things First Pre-K Scholarships program. Designed to assist low-income families, the Program will ensure that these children will receive the opportunity to receive high-quality child care.							
Service Unit				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
Number of Pre-K scholarship slots				260	281		

Quality First Scholarships Strategy

Quality
and
Access

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
FTF-STATE-14-0440-01	Valley of the Sun United Way	07/01/2013-06/30/2014	12	\$5,028,109.00	\$2,513,130.00	50.0%	Scholarships that were unused were redistributed for 6 month period for children who would be transitioning to kindergarten so families would be minimally impacted when the scholarships end.
	Service Unit			2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
	Number of scholarship slots for children 0-5 years			737	514		

Quality First Warmline Triage Strategy

Quality
and
Access

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS				
FTF-STATE-13-0351-02-Y2	Southwest Human Development	07/01/2013-06/30/2014	12	\$8,403.80	\$3,491.31	41.5%	<p>The grantee reported the need to better provide warmline resources and utilization of services by Family Child Care providers. The grantee identified that the Smart Support MHC program staff had the same challenges--together the teams identified that staff should attend the NFCCP conference in Scottsdale, to increase awareness and understanding of available MHC and Warmline Triage Assistance. The warmlines are part of the QF package and the CSU is not part of the contract are an on call service to providers. The "triage" takes all incoming calls, then forwards them to the other warmline componets as necessary to meet needs of callers.</p>				
<p>Southwest Human Development (SWHD) serves as the administrative home for the Specialized Technical Assistance Warmline. The TA Warmline will be integrated into the existing infrastructure and services of the highly successful Birth to Five Helpline, Arizona's only toll-free helpline for parents/caregivers and professionals who have questions or concerns regarding children birth to age five. SWHD is well regarded as an expert in child development, providing trusted guidance to parents and professionals through more than 40 programs. Currently, the Birth to Five Helpline is used as a resource by both families and providers. This commitment to serving families and professional caregivers and our experience connecting callers to community resources positions SWHD to successfully integrate the Specialized TA component laid out in the RFGA. the intentional targeting of child care providers and coaches and linkages to specialized TA for eligible callers is consistent with our existing approach in which we provide high quality, substantive services to all callers regardless of whether they are calling about their own children or with questions about other children in their care.</p>			<table border="1"> <thead> <tr> <th>Service Unit</th> <th>2014 Contracted Units</th> <th>2014 Q1 Actuals**</th> <th>2014 Q2 Actuals**</th> </tr> </thead> <tbody> <tr> <td colspan="4">No service unit available at this time.</td> </tr> </tbody> </table>	Service Unit	2014 Contracted Units	2014 Q1 Actuals**		2014 Q2 Actuals**	No service unit available at this time.		
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Director Mentoring/Training Strategy

Professional Development

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
FTF-RC014-13-0353-03-Y2	Rio Salado College	07/01/2013-06/30/2014	12	\$311,120.00	\$57,869.66	18.6%	AZCECM provides coursework that helps participants meet the CD National Credential Assessment System requirements. Contracted Units reflect changes recommended by Senior Director, Evaluation and Program for a duplicated count. The TSU should be met by end of SFY14.
<p>RSC has formed the new Arizona Center for Early Childhood Management (AZCECM) that includes both the Arizona Director's Academy (AZDAC) for center-based program administrators and the Family Child Care Management Academy (FCCMA) for family child care providers. AZCECM utilizes a triangulated model of coaching, peer-to-peer mentoring and consultation. Ten child care program managers and/or family childcare providers who currently own, manage or administer programs for children birth through age five and their families in the South Phoenix Region will participate in the Project as proteges.</p> <p>Working with a Coach, proteges will work toward education and professional goals established in their individual Professional Development Plan (IPDP) by (1) completing nine college credits in early childhood management and administration (120 clock hours); (2) participating in 30 hours of community-based training through conferences, workshops, and communities of practice; (3) engaging in one-on-one technical assistance and support from Peer-to-Peer Mentors and an HR Consultant; (4) receiving free membership in state and national professional organizations; (5) participating in center and home tours of model programs, and (6) engaging in face-to-face and electronic coaching throughout the project.</p> <p>Data collection regarding protege demographics, performance and outcomes will be conducted by an external Evaluation Consultant. Assessment tool (PAS and BAS, StrengthsQuest, ACCUPLACER) will be utilized for all proteges. All reporting of project process/outcome evaluation measures will be provided as required.</p>							
				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
Service Unit							
Number of participating professionals				150	28		

FTF Professional REWARD\$ Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
FTF-STATE-13-0346-01-Y2	Valley of the Sun United Way	07/01/2013-06/30/2014	12	\$194,400.00	\$97,771.89	50.3%	<p>FTF Professional REWARD\$ program has wrapped up the Fall 2013 cycle.</p> <p>Grantee was able to provide an incentive to 69 REWARD\$ applicants this Fall and used 73% of the FY2014 funds available for Fall awards. The funds that remain from Fall plus the funds allocated for Spring will be used during the Spring 2014 cycle. Between Jan. and March 2014, grantee will be reaching out to Early Childhood Educators in the South Phoenix Region ensure they are aware of FTF Professional REWARD\$ and encouraging educators to apply.</p> <p>The Targeted Service Units in the South Phoenix Region is 144 and the grantee is expected to meet or exceed the TSU. Of the 69 awardees, 27 had obtained a minimum of an AA Degree in Early Childhood Education or ADE ECE Teacher Endorsement (Tiers 6-9). The other 42 recipients were split as follows: 13 in Tiers 4-5 and 29 in Tiers 1-3. The average award in in SPhx. is \$763.</p> <p>***This informaton was provided directly by grantee to director, and has yet be verified through FTF reporting process, with final performace numbers will appear in future reports.***</p>
				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
				Number of incentive awards distributed	181		

Professional Development



Care Coordination/Medical Home Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS					
FTF-MULTI-14-0461-04	American Academy of Pediatrics - AZ Chapter	07/01/2013-06/30/2014	12	\$389,983.00	\$137,653.63	35.3%	<p>Noted concerns by grantee related to the changes to the data template requesting information on the developmental and sensory screening. It was explained that care coordinators do not conduct screenings and are not the appropriate care provider to conduct screenings--but are working with medical staff to better identify children not screened by looking at internal office mechanisms</p>					
<p>The Arizona Chapter of the American Academy of Pediatrics' Best Care for Kids Program will work with five pediatric primary and/or specialty care practices in South Phoenix to provide care coordination services to families with children age birth through five.</p>				<table border="1"> <thead> <tr> <th>Service Unit</th> <th>2014 Contracted Units</th> <th>2014 Q1 Actuals**</th> <th>2014 Q2 Actuals**</th> </tr> </thead> <tbody> <tr> <td>Number of children served</td> <td>1,300</td> <td>972</td> <td></td> </tr> </tbody> </table>	Service Unit	2014 Contracted Units		2014 Q1 Actuals**	2014 Q2 Actuals**	Number of children served	1,300	972
Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**									
Number of children served	1,300	972										
FTF-MULTI-14-0461-05	Maricopa Integrated Health System	07/01/2013-06/30/2014	12	\$539,274.00	\$180,612.80	33.5%	<p>Continued partnership by grantee with other community partners including AZEIP, PPP, and school districts</p>					
<p>Pediatric clinics in two Family Health Centers, located in Maryvale and South Central Phoenix will provide care coordination services to children and their families. Program implementation is based on the Pediatric Alliance for Coordinated Care (PACC) model, an evidenced-based intervention program that works with Children with Special Health Care Needs (CSHCN).</p>				<table border="1"> <thead> <tr> <th>Service Unit</th> <th>2014 Contracted Units</th> <th>2014 Q1 Actuals**</th> <th>2014 Q2 Actuals**</th> </tr> </thead> <tbody> <tr> <td>Number of children served</td> <td>1,200</td> <td>1,276</td> <td></td> </tr> </tbody> </table>	Service Unit	2014 Contracted Units		2014 Q1 Actuals**	2014 Q2 Actuals**	Number of children served	1,200	1,276
Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**									
Number of children served	1,200	1,276										
FTF-MULTI-14-0461-06	International Rescue Committee	07/01/2013-06/30/2014	12	\$36,412.00	\$5,178.93	14.2%	<p>Phone call placed to grantee and waiting follow up. 65 Families served according to narrative but data does not reflect # served.</p>					
<p>The Healthy Steps Care Coordination program will provide early childhood care coordination to 188 refugee children from Central and South Phoenix regional councils. The program will focus on reducing barriers to accessing medical care faced by refugee families, including lack of understanding of the United States' medical and insurance system, mainstream providers' poor or inadequate interpretation services, and cultural barriers.</p>				<table border="1"> <thead> <tr> <th>Service Unit</th> <th>2014 Contracted Units</th> <th>2014 Q1 Actuals**</th> <th>2014 Q2 Actuals**</th> </tr> </thead> <tbody> <tr> <td>Number of children served</td> <td>38</td> <td>0</td> <td></td> </tr> </tbody> </table>	Service Unit	2014 Contracted Units		2014 Q1 Actuals**	2014 Q2 Actuals**	Number of children served	38	0
Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**									
Number of children served	38	0										

Health

Child Care Health Consultation Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
				Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**
				Number of center based providers served	68	55	
				Number of home based providers served	28	24	

Health

Comprehensive Preventative Health Programs Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
<p>The Preventative Health Collaborative strategy is designed to increase coordination and collaboration between preventative health programs that currently exist in a region, in order to:</p> <ul style="list-style-type: none"> - increase the quality of prevention health services; - increase the skills and knowledge of community-based providers in specified preventative health areas; - reduce duplication of services for families with young children; and - increase the number of families being appropriately referred to health prevention programs and services. 							
				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
Number of children served				0			
Number of families served				0			

Health

Mental Health Consultation Strategy

Health

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
FTF-STATE-13-0344-01-Y2	Southwest Human Development	07/01/2013-06/30/2014	12	\$492,000.00	\$183,289.70	37.3%	<p>Data for MHC is still being reviewed and analyzed to report to Regional Councils. According to narrative report the MHC/Smart Support staff is actively working to engage home providers via internal cross collaboration with various warmlines etc.</p>
<p>Smart Support, a program of Southwest Human Development, is a focused mental health consultation model designed to provide an individualized response to early care and education providers who are wanting support with the social and emotional climate of their classrooms and/or are experiencing difficulty with a particular child or child care issue. The proposed model recognizes the central role of early care and education professionals, in partnership with parents, in promoting optimal outcomes for children, including preparedness to succeed in school. Mental health consultants will provide program-based support to early childhood care and education providers in an effort to build provider's skills, enhance providers ability to establish positive relationships with children, and, ensure the provision of a quality developmentally appropriate and culturally sensitive care and learning environment. It is anticipated that programs will initially establish a relationship with a mental health consultant because of concerns related to a specific child/issue. Once established, however, the consulting relationship will expand to include a focus on program variables with the ultimate goal of improving teachers capacity to observe, understand and respond to children's needs resulting in an early care and education experience that supports the emotional well-being of all children.</p>							
				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
Number of center based providers served				20			
Number of home based providers served				8			
Number of tuition reimbursements distributed				0			

Oral Health Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
GRA-RC014-13-0492-01-Y2	MCCCD - Phoenix College	07/01/2013-06/30/2014	12	\$111,763.00	\$24,372.70	21.8%	<p>Grantee is successfully implementing in the FIRST full year of service. As previously shared with Regional Council, their quality assurance visit and report had glowing praise on the tracking of children and families, outreach to centers and the community. Noted challenges related to the delivery of service to prenatal women-it was identified as an action item to follow up for the grantee and program staff. The grantee is on target to meet CSU's other then noted for pregnant mothers.</p>
This proposal is to develop a community outreach program involving Phoenix College Nursing, Dental Hygiene and Dental Assisting Program students. In this program, they will learn about and provide oral health therapeutic, educational, screening and referral services for children from birth to 5 years of age, and educational services for their parents and caretakers.							
Service Unit				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
Number of fluoride varnishes applied				750	104		
Number of participating adults				300	72		
Number of participating professionals				180			
Number of children receiving oral health screenings				750	154		
Number of prenatal women receiving oral health screenings				100	0		
ISA-RC014-13-0541-01-Y2	Arizona Department of Health Services	07/01/2013-06/30/2014	12	\$490,463.00	\$88,403.73	18.0%	<p>During the 1st quarter of the grant cycle, program services were maintained at both the Arizona Fluoride Varnish Program South Phoenix Regional Partnership sites: South Phoenix WIC Clinic located at 438 E Southern, Phoenix, AZ 85040, and Maryvale WIC Clinic located at 4002 N 67th Avenue Suite 10, Phoenix AZ 85033.</p> <p>OOH has requested that each individual AHCCCS health plan add fluoride varnish CDT code D1206 to the ADHS schedule of fees as a billable service. AHCCCS cost reimbursement is crucial to the sustainability and growth of the Arizona Fluoride Varnish Program. OOH has spoken with AHCCCS leadership in order to</p>
The South Phoenix Regional Partnership Council seeks oral health service delivery which will: reduce dental decay in primary and permanent teeth in children; provide dental screening and varnishing to children; monitor oral health status of children; assist children in obtaining dental care; provide educational training for children, teachers, parents and health professionals and provide technical assistance on dental public health issues; and coordination for follow-up dental care through existing referral networks.							
Service Unit				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
Number of fluoride varnishes applied				6,528	1,358		
Number of participating adults				0	1,949		
Number of participating professionals				30			
Number of children receiving oral health screenings				6,528	1,448		

Health

Number of prenatal women receiving oral health screenings

0

0

convey the importance of adding fluoride varnish to the ADHS schedule of fees as well as to emphasize the cost saving benefits of oral disease prevention and the value of the Arizona Fluoride Varnish Program. At this time, several AHCCCS health plans have denied Fluoride Varnish Program claims. OOH is continuing to work with each health plan collaboratively to establish fluoride varnish as a billable service. Health Choice is requiring a "Letter of Agreement" which has been in Procurement since May 2013. Grantee meeting TSU and expecting to meet CSU.

Prenatal Outreach Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
FTF-RC014-13-0378-01-Y2	Maricopa Integrated Health System	07/01/2013-06/30/2014	12	\$149,533.00	\$62,201.47	41.6%	<p>The Pre/Post Natal Outreach Program collaborates closely with many internal departments (MIHS Family Learning Centers, Mariposa Wings to Safety (domestic violence), dental clinic, and pediatric clinic). Externally grantee partner with Parents Partners Plus (PPP) providing all pregnant women seen by the perinatal outreach care coordinators with a referral to Parents Partners Plus for home visitation. Then PPP determines the appropriate home visitation program, and contacts the women to confirm enrollment and set up appointments. The care coordinators continue to reach out to community programs for mental health and substance abuse counseling and treatment. The Care Coordinators have listed their Group activities (Postpartum Depression Groups, nutrition classes, and Be Active/Eat Healthy Group) on community resource websites, and have distributed flyers to various agencies. Care Coordinators are also providing information on how and where women, infants and children residing in South Phoenix can receive medical services. On track to meet CSU. This grantee is not contracted to conduct HV services.</p>
<p>The Internal Care Program (ICP) is ultimately about improving birth outcomes and saving lives. The program goals are to: 1) Improve the health of women prior to pregnancy by identifying and managing risk factors and conditions that pose a risk to future pregnancy; and 2) improve birth outcomes for the women receiving care through the program. The practice setting is a clinic-based program at Maricopa Integrated Health System, a public safety-net health system that consists of an acute care hospital with a level III neonatal intensive care unit (NICU), 11 community-based family health centers and an adjacent outpatient speciality and primary care center. Enhanced, culturally-competent preconception, prenatal, internatal, and postpartum services that are not insurance reimbursable are provided by a bilingual English / Spanish community health worker and a care coordinator.</p>				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
<p>Service Unit</p> <p>Number of adults attending training sessions</p> <p>Number of adults receiving home visitation</p>				300	77	0	

Health

FTF-RC014-13-0378-02-Y2 **Maricopa County** 07/01/2013- 12 \$400,461.00 \$125,884.49 31.4%
Department of Public Health 06/30/2014

Maricopa County Department of Public Health's South Phoenix Healthy Start proposes to continue its current pre and postnatal outreach activities, which includes outreach and program recruitment for home-based families, case management and education services to pregnant women and parenting families living within the designated zip codes of South Phoenix, Maryvale and Laveen. SPHS has provided community health education and health promotion around prenatal and infant health and safety topics to tens of thousands community residents, which occurred during outreach events. SPHS will provide home-based services to over 400 unduplicated pregnant and parenting families, At least 20,000 contacts within the community will receive perinatal health and safety information, and at least 500 hours of small group, community based, education classes and activities will occur.

This quarter a total of 195 prenatal/postnatal families living in South Phoenix zip codes received a full range of home visitation and education services. Last quarter, 57% of the cases were highest of risk, 21% moderate risk, 22% low risk. There were 312 individual health education activities that were delivered by Community Health Workers within the home visits during the reporting period. Promotoras from Healthy Mother's, Healthy Babies-Maricopa County and HS team members and volunteers worked 4 outreach and recruitment events in South Phoenix last quarter reaching approximately 1,567 families due to the hot summer months. However, specific health messaging about Heat Safety and Sun Protection, Water/Pool Safety and RSV in July and August, Immunizations and Early Head Start/Head Start enrollment in August and September and Infant

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**
Number of adults attending training sessions	450	572	

Number of adults receiving home visitation

250

163

Mortality Awareness in September for Infant Mortality Awareness Month. 7 referrals for enrollment were linked from Promotoras. A decrease in active recruitment of home visitation services was deployed last quarter due to staff shortage and hiring process.

Continued participation, cooperative referrals for re-entry services and community leadership with Father Matters Reentry Mentoring Program and received 5 referrals last quarter of recently released from prison, high risk women from Central Phoenix zip codes for HS services.

The grantee has reconciled their data miscalculations from previous SFY. The ASU reflects caseload carried forward from previous SFY--this was an issue in the past, in Q4 of SFY13. Grantee has successfully resolved this issue, CSU and TSU can be resolved during renewal period.

Recruitment – Stipends/Loan Forgiveness Strategy

Health

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
GRA-MULTI-13-0518-01-Y2	Arizona Department of Health Services	07/01/2013-06/30/2014	12	\$364,387.00	\$247,659.84	68.0%	This quarter, South Phoenix provided additional funding for 3 new therapy slots via a contract amendment as of December 17, 2013. With this new funding, 2 slots have been filled with an SLP and an OT and 1 remains vacant although potentially will be filled prior to or at the conclusion of FY2014.
<p>First Things First has provided funding to the Arizona Department of Health Services, Bureau of Health Systems Development (HSD) since November 2009 to develop and administer the First Things First Early Childhood Therapists Incentives Program. Through an Interagency Service Agreement, the program was developed to provide loan repayment and/or stipends for health care professionals willing to provide age-appropriate early childhood development services to children birth through 5 in specified underserved regions of the State. The eligible disciplines are Arizona licensed Speech Language Pathologist, Physical/Occupational Therapist, Child Psychologist, and Mental Health Specialists. Since its inception, the program has established contracts with 21 early childhood therapists.</p>							
				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
Number of therapists receiving loan forgiveness				10	12		
Number of therapists receiving stipends				12	12		

Family Resource Centers Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS								
FTF-RC014-13-0380-01-Y2	Maricopa Integrated Health System	07/01/2013-06/30/2014	12	\$258,375.00	\$88,050.76	34.1%	<p>The Family Learning Center has continued to reach out to community agencies and groups to build relationships between the Family Learning Center and these organizations. Many community agencies and groups continue to offer to donate their time and resources to provide programming and/or supplies to the FLC. For example, when a referral for housing is requested the FLC may use Arizona 2-1-1 or the John F. Long Family Services Center. Food needs can be referred to the St. Mary's Food Bank, ICM, WIC, or SNAP. Literacy needs can be referred to the Palo Verde Public Library or the Golden Gate Community Center.</p>								
<p>Maricopa Integrated Health System (MIHS) will create a nearly 1,100 square foot Family Learning Center (FLC) within the Maryvale Family Health Center located at 4011 N. 51st Ave., Phoenix, AZ, 85031, and embedded in the heart of the Maryvale community. The goals of the project are to: 1) renovate the existing space within the Maryvale FHC to create the Maryvale Family Learning Center (MV-FLC); 2) Hire a 1.0 FTE and a 0.5 FTE MV-FLC Family Health Coordinators; 3) provide culturally competent services to children and families seeking reliable health information, community referrals, education classes, literacy activities and insurance enrollment assistance; and 4) adhere to the First Things First Standards of Practice for Family Resource Centers.</p> <p>Nearly 6,000 patients visited the Maryvale Family Health Center in FY2011, of which 94% were of ethnic minority and 88% were specifically Hispanic. Inside the welcoming FLC, patients, their families and the community will be connected to reliable health information, education and community referrals via FLC staff that are bi-lingual in Spanish. The FLC will feature a children's area with space for storytime and children's books on health topics. Public computers will be available for users to view health education DVDs, on-line tutorials and have internet access. A group education area will provide space for health education and parenting classes. An office near the FLC will provide a private area for individual assistance by an eligibility specialist applying for health programs (e.g. AHCCCS, Kidscare).</p>															
<table border="1"> <thead> <tr> <th>Service Unit</th> <th>2014 Contracted Units</th> <th>2014 Q1 Actuals**</th> <th>2014 Q2 Actuals**</th> </tr> </thead> <tbody> <tr> <td>Number of families served</td> <td>3,000</td> <td>1,108</td> <td></td> </tr> </tbody> </table>				Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	Number of families served	3,000	1,108					
Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**												
Number of families served	3,000	1,108													

FTF-RC014-13-0380-02-Y2 **Maricopa Integrated Health System** 07/01/2013-12 06/30/2014 \$285,426.00 \$114,700.46 40.2%

Maricopa Integrated Health System's South Central Family Learning Center (SC-FLC) provides one-stop provision of services, reaching MIHS patients as well as any community member who seeks: 1) reliable health information; 2) community referrals; 3) education classes; 4) literacy activities; and/or 5) health plan enrollment assistance. Services include the delivery of early literacy/reading programs; community information and referrals that support literacy and health living, financial concerns, child-care; and small group education sessions on a variety of topics important to health and child development.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**
Number of families served	2,800	945	

The grantee reported similar narrative data for the classes conducted at the SC FLC location, instead, included is a vignette of a family served by the FLC:
 During a recent Music Together class the teacher told the parents and children, "Let the kids participate and dance freely, there are no wrong ways to dance".
 One shy and timid little boy stood in the back just watching, not sure if he was comfortable participating, maybe he didn't know the right way to dance. On the other hand, his "big brother" was enthusiastically participating in the class, dancing, exploring the instruments and having a wonderful time. The little boy took his time observing the other children interacting with one another, the teacher and the musical instruments.
 As time progressed, the little boy became more comfortable and gradually worked his way back into the group. A short time later, with renewed confidence, he enthusiastically picked up instruments, joined in the dancing, and discovered how much fun music can be. Next class time, hopefully, there will be no hesitation to participate.

Family Support

FTF-RC014-13-0380-04-Y2 **Arizona Board of Regents** 07/01/2013- 12 \$464,826.00 \$47,211.16 10.2%
for and on behalf of 06/30/2014
University of Arizona

The Roosevelt Early Childhood Family Resource Center focuses on promoting positive early childhood development and readiness for kindergarten. The Center provides programs and educational opportunities for parents to learn about their children (0-5) and how to help them reach their potential. The resource center has a drop-in family resource room of developmentally appropriate toys, games and books for parents and children to use together. A series of classes are offered which include the following core programs: New Baby Care, Play and Learn/Play and Grow groups for children and their parents, Support leadership groups, Learn and read family literacy program, parenting classes, resource library and developmental and sensory screening.

The regular attendance at the Travis L. Williams Community Center monthly collaboration meetings continues to open the door to many opportunities and resources for the RECFRC Case. Other agencies who also attend have become much more aware of the RECFRC, and each month new families have presented at the Center requesting information on classes as well as referrals for community resources. This Quarter was spent preparing for identifying the resources that will be available for the upcoming holidays, Christmas, assistance with taxes, and health fairs. The RECFRC representative used these meetings to provide information about the Christmas Angel that led to new referrals to the RECFRC. As a result of the Outreach Worker contacting and networking with the DES, South Central, WIC South Central, Wesley Center, West Side YMCA, Rio Vista Center, Pregnancy Center and Benevilla, a number of families have been referred to the RECFRC for classes and workshops. In addition, the FRC referred families for car seats and car seat safety classes, employment opportunities, assistance with immigration, GED and ESL classes. The RECFRC participated in the ACT Kids Health Fair at the KROC Center where families received a number of services, including registration for Head Start, flu shots, hearing and vision screening, diabetes screening, and physicals. The RECFRC was located in the booth next to FTF which made it possible to provide participants with a thorough picture of all the service offered as a result of FTF.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**
Number of families served	1,200	841	

GRA-MULTI-14-0630-01	Pendergast Elementary School District	07/01/2013-06/30/2014	12	\$150,000.00	\$31,260.14	20.8%
<p>All families with young children who benefit from the resources and referrals offered through the Pendergast Information Center (PIC) will become empowered to enrich their lives and reach the peak of their potential. The PIC is an essential component of the Pendergast Early Education Campus (PEEC). PEEC is an early childhood campus with a focus on early learning, parent education and community outreach. The PIC is a family-centered, comprehensive, collaborative and high quality outreach program that supports the development, health, and education of all PSED families and the surrounding community with a focus on families with children birth to age five. Services for families are centered on a holistic view of early childhood education with neighborhood outreach as a core component. The centralized, comprehensive services offered at our family resource centers create a unique synergy between the educational environment, families and communities. Families can access the supports they need in a "one stop" manner. The PIC model has a staff of highly specialized people, including a coordinator and three family outreach specialists. Each outreach specialist covers approximately four schools on a consistent schedule. These specialists support families by providing them with resources and referrals within their neighborhoods while coordinating parenting classes and literacy support. The philosophy of the Pendergast Information Center is built on the belief that all children will succeed to the greatest of their abilities throughout life when they are given a solid foundation that consists of a quality early childhood education and the support of caring, involved families and communities.</p>						
Service Unit				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**
Number of families served				900	231	

Ramp occurred in this quarter with the cleaning out of debris from the old library, additionally work has been conducted with external partners to paint the FRC, purchase developmentally appropriate materials, equipment and toys. Also, the grantee successfully opened the location in December and has contract for "Learning Basket" activities and has established a partnership with Kith and Kin to be hosted on site.

Family Support Coordination Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS							
FTF-RC014-14-0476-01	Landrum Foundation	10/01/2013-06/30/2014	9	\$141,152.00	\$18,949.00	13.4%	<p>Due to ramp up DATA reporting for this grantee will not begin until Q3. Staff has been successfully hired and meeting with Regional Director and Finance Staff in Decemeber to discuss start up budget and invoicing.</p> <p>Grantee reports in narrative that the goal for the 1st quarter was to hire staff, provide training and professional development and connect with providers funded by First Thing First Start up project. Recognition of grantee of challenges in regards to implementation. Grantee identified the following:</p> <ul style="list-style-type: none"> o The program capacity efforts require the identification of additional agencies to increase the rate of referrals and build the capacity of the program. <p>Finding the population, although challenging, is building momentum daily. For example the Martin Luther King Head Start program identified more than 20 families that meet our Kinship Care criteria and will partner with us to distribute flyers those identified as a part of their monthly mailers. Kinship caregivers have emergent needs such as respite care, transportation, and the desire to be a part of a network or support groups.</p> <p>Regional Director is meeting with grantee to determine if CSU will be met by the end of SFY14.</p>							
<p>Family Support Coordination - The Landrum Foundation will address the multiple needs of kinship care families with children of incarcerated parents. Their approach includes a partnership with Unlimited Potential, to utilize programs, services and partners to reach these children through the kinship family households and by utilizing evidence-based programming (Strengthening Families and Parenting Wisely.)</p>				<table border="1"> <thead> <tr> <th>Service Unit</th> <th>2014 Contracted Units</th> <th>2014 Q1 Actuals**</th> <th>2014 Q2 Actuals**</th> </tr> </thead> <tbody> <tr> <td>Number of families served</td> <td>187</td> <td></td> <td></td> </tr> </tbody> </table>	Service Unit	2014 Contracted Units		2014 Q1 Actuals**	2014 Q2 Actuals**	Number of families served	187			
Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**											
Number of families served	187													

Family Support

Home Visitation Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS
FTF-RC014-13-0371-01-Y2	Tanner Community Development Corp.	07/01/2013-06/30/2014	12	\$1,089,615.00	\$317,041.89	29.1%	Continued collaboration with Fresh Start, Roosevelt School District, Cartwright School District, Paideia Charter School, and newly established partnership with South Mountain High School reaching out to pregnant and teen mothers. ASU reflects duplicated count and grantee is expected to meet CSU.
				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
Number of families served				360	400		
FTF-RC014-13-0371-02-Y2	Maricopa County Department of Public Health	07/01/2013-06/30/2014	12	\$559,837.00	\$221,856.67	39.6%	MCDPH NFP has ongoing partnership with MIHS' Strong Start program through the Women's Health Clinic resulting in the referral of high risk pregnancies. Also, MCDPH has ongoing participation in the ADHS HV CQI committee collaborating with other HV programs to improve implementation and delivery of services. ASU reflects duplicated count and grantee is expected to meet CSU.
				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	
Number of families served				95	178		

Family Support

FTF-RC014-13-0371-03-Y2 Southwest Human 07/01/2013- 12 \$649,630.00 \$254,987.76 39.3%
 Development 06/30/2014

Nurse-Family Partnership is an evidenced-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother served by the program is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. The goals of the Nurse-Family Partnership are to:

- 1) Improve pregnancy outcomes by helping women engage in good preventative health practices, including thorough prenatal care from their healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol, and illegal substances;
- 2) Improve child health and development by helping parents provide responsible and competent care; a
- 3) Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

SPNFP received the most referrals in Q1 from MIHS, AHCCCS Plans, and WIC. WIC being the top referral into the program directly related to the grantee's bi-weekly presence at the MIHS clinic and Maryvale WIC clinic. Also noted that the North, Central and South NFP projects collaborated to socialize the clients to health and nutrition information/education for families. Exposing families to fruits and vegetables not always accessible for purchase etc. ASU reflects duplicated count and grantee is expected to meet CSU.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**
Number of families served	95	91	

Court Teams Strategy

Coordination

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	COMMENTS											
FTF-RC014-14-0465-01	Prevent Child Abuse Arizona	07/01/2013-06/30/2014	12	\$219,999.00	\$61,747.11	28.1%	<p>As of the beginning of the fiscal year, there five baby court judges hearing cases of children birth to age two years eight months who are in Maricopa County. the case laod of these childre is approaching 3000, as young are most likey to be reported to CPS. Grantee is expected to meet or exceed CSU and TSU for SFY14.</p>											
<p>Progam is a child welfare systems change and coordination effort based on a national initiative of Zero to Three called Court Teams for Maltreated Infants and Toddlers. Juvenile courts, child welfare agencies, mental health and early intervention work together to expedite appropriate and timely services for young children and their caregivers, both biological parents and foster parents. Program provides training and technical assistance to local stakeholders to increase knowledge of and best practices for meeting the unique needs of infants and toddlers in the child welfare system. It also identifies and implements systems improvements across agencies that increase the odds young children will be able to heal from adverse experiences and thrive developmentally and emotionally throughout the journey to permanency.</p>																		
<table border="1"> <thead> <tr> <th>Service Unit</th> <th>2014 Contracted Units</th> <th>2014 Q1 Actuals**</th> <th>2014 Q2 Actuals**</th> </tr> </thead> <tbody> <tr> <td>Number of children served</td> <td>1,000</td> <td>555</td> <td></td> </tr> <tr> <td>Number of participants attended</td> <td>325</td> <td>212</td> <td></td> </tr> </tbody> </table>				Service Unit	2014 Contracted Units	2014 Q1 Actuals**		2014 Q2 Actuals**	Number of children served	1,000	555		Number of participants attended	325	212			
Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**															
Number of children served	1,000	555																
Number of participants attended	325	212																



FIRST THINGS FIRST

GRANTEE CONTRACT
RENEWAL PROCESS

SFY2015 (JULY 1, 2014 - JUNE 30, 2015)



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GRANT LIFE CYCLE



- Each grant has a **one year term**.
- The grant is **renewable** for up to a total of two years. We have some grantees who are in their first year of service/ implementation and some that are in their second year of service.



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RENEWAL PROCESS WORKFLOW

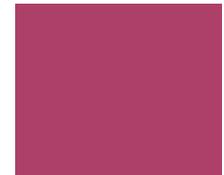


November / December

- Council sets its **strategic direction** via the **funding plan strategic planning** process.



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RENEWAL PROCESS WORKFLOW

January / February/March

- Council presents **funding plan to state board / obtains approval.**
- Council determines which grantees are sent **renewal applications (all or select grantees).**



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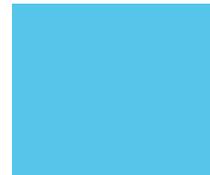
RENEWAL PROCESS WORKFLOW

March / April

- **Renewal applications** are sent to grantees.
 - Issuing an application is **not a guarantee of renewal**



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RENEWAL PROCESS WORKFLOW



March / April

- Grantees have about **four weeks** to **complete** the application.
- **Application reviewed by FTF Staff.**
 - Council and Staff Determine the number of meetings needed to discuss all renewals



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RENEWAL PROCESS WORKFLOW



May

FTF Staff **submit** Council's renewal decisions for **June** State Board meeting



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Renewal Applications



- **Renewal Applications** are distributed in **March** with a **4 week response time** for grantees.
- When the renewal application is completed, FTF staff will review the application and make recommendations to councils. **Councils will make final decisions.**
- Councils can decide **not** to renew a grant.



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RENEWAL DECISIONS



Renewal Decisions can be supported by using:

- Grantee Performance Closeout Data
- Q1 Grantee Performance Data
- Q2 Grantee Performance Data
- Grantee Financial Closeout Expenditures
- Y-T-D Financial Expenditures
- Grantee Presentations



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Decision to be Made by Council

Are there grantees who will not receive a renewal application?



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South Phoenix Regional Partnership Council

"Eligible" Grantee Renewal List

Grantee	Goal Area	Strategy
Prevent Child Abuse Arizona	Coordination	Court Teams
Tanner Community Development Corp.	Family Support	Home Visitation
Maricopa County Department of Public Health	Family Support	Home Visitation
Southwest Human Development	Family Support	Home Visitation
Maricopa Integrated Health System	Family Support	Family Resource Centers
Maricopa Integrated Health System	Family Support	Family Resource Centers
Arizona Board of Regents for and on behalf of University of Arizona	Family Support	Family Resource Centers
Pendergast Elementary School District	Family Support	Family Resource Centers
Landrum Foundation	Family Support	Family Support Coordination
American Academy of Pediatrics - AZ Chapter	Health	Care Coordination/Medical Home
Maricopa Integrated Health System	Health	Care Coordination/Medical Home
International Rescue Committee	Health	Care Coordination/Medical Home
Maricopa Integrated Health System	Health	Prenatal Outreach
Maricopa County Department of Public Health	Health	Prenatal Outreach
MCCCD - Phoenix College	Health	Oral Health
Arizona Department of Health Services	Health	Oral Health
Maricopa County Department of Public Health	Health	Comprehensive Preventative Health Programs
Rio Salado College	Professional Development	Director Mentoring/Training
Association for Supportive Child Care	Quality and Access	Family, Friends & Neighbors



FIRST THINGS FIRST

Ready for School. Set for Life.

School Readiness Indicators 2020 Phoenix/Maricopa Benchmark Summary – Indicator #2

Indicator 2	Number/Percentage of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
Intent:	Increase the number of children with access to affordable high quality early learning programs

Key Definitions:

Quality First Star Rating 1- 5 stars (see attachment- QF Rating Scale)

Quality First Child Enrollment: Number of children birth to age 5 enrolled in Quality First programs. Includes part time, and full time children

Benchmark Data Source:

Data sources considered for this indicator include:

- First Things First Quality First Rating data
- Child Care Resource and Referral (CCR&R) database
- Head Start – Program Information Report
- Market Rate Survey 2012 (Department of Economic Security)

Data source selected:

- A. First Things First Quality First Rating data is collected annually. This data was identified as the best data source for this indicator because consistent data are available for all regions.
- B. Market Rate Survey 2012 (Department of Economic Security)

- **Numerator:** Number of children enrolled in an early care and education program (centers and homes) with a Quality First rating of 3-5 Stars
- **Denominator A:** Number of children enrolled in an early care and education program (centers and homes) with a Quality First rating of 1-5 stars
- **Denominator B:** Number of Arizona children in regulated early care and education centers and homes

Baseline (State and Region):

Baseline A (based on Denominator A)

- **2013:** In Arizona, **23% (10,559)** of all children (birth-5 years) enrolled in Quality First ($N = 45,967$) are in an early care and education program with a Quality First rating of 3-5 stars
- **2013:** In Phoenix/Maricopa County-based regions, **22% (6,668)** of all children (birth-5 years) enrolled in Quality First are in an early care and education program with a Quality First rating of 3-5 stars

Baseline B (based on Denominator B)

- **2013:** In Arizona, **9% (10,559)** of all children (birth-5 years) enrolled in a regulated early care and education program are in a Quality First program with rating of 3-5 stars
- **2013:** In Phoenix/Maricopa County-based regions, **9% (6,668)** of all children (birth-5 years) enrolled in a regulated early care and education program are in a Quality First program with rating of 3-5 stars

Benchmark 2020 (State and Region):

Benchmark A (based on Denominator A)

- **State Year 2020:** *In progress*

Region Benchmark A for 2020: Increase by []% over baseline

- **Region Year 2020:** In Phoenix/Maricopa County-based regions, **XX% (XX)** children will be enrolled in an early care and education program with a Quality First rating of 3-5 stars

Benchmark B (based on Denominator B)

State Benchmark B for 2020: Increase by 20% over baseline

- **State Year 2020:** In Arizona, **29% (33,462)** children will be enrolled in an early care and education program with a Quality First rating of 3-5 stars

Region Benchmark for 2020: Increase by []% over baseline

- **Region Year 2020:** In Phoenix/Maricopa County-based regions, **XX% (XX)** children will be enrolled in an early care and education program with a Quality First rating of 3-5 stars

Key Measures to Monitor (sub-measures):

Recommended:

1. Number of regulated homes/centers at each rating level
2. Number of programs enrolled in Quality First
3. Number of children in regulated homes/centers at each rating level
4. Number of slots in Quality First homes/centers

Phoenix/Maricopa Regions (excluding tribal regions)	2013
Percentage in relation to QF child enrollment (Baseline A)	
Number of children (0-5yrs) enrolled in 3-5 star rated Quality First providers	6668 (123 providers)
Number of children (0-5yrs) enrolled in 1-5 star rated Quality First providers	29921(459 providers)
Percentage of children in 3-5 star rated Quality First providers against all Quality First provider 1-5 star rating	22%
Number of children in 1-2 star rated Quality First Providers	23253 (336 providers- 18 at 1 star and 318 at 2 star)
Percentage in relation to children in regulated early care and education programs (Baseline B)	
Number of children (0-5yrs) in regulated care (DES Market Rate Survey 2012)	75,628
Number of children (0-5yrs) enrolled in 3-5 star rated Quality First providers	6668
Percentage of children in 3-5 star rated Quality First providers against children in regulated care	9%



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School Readiness Indicators 2020 Phoenix/Maricopa Regional Level Benchmark Summary

Indicator #10:	Percentage of families who report they are competent and confident about their ability to support their child’s safety, health and well-being.
Intent:	Increase the number of families who report they are competent and confident to support their child’s safety, health and well-being.

Data sources considered:

First Things First 2012 Family and Community Survey

Data sources recommended for Benchmark:

First Things First Family and Community Survey data is collected every three years. The Family and Community Survey is designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The survey contains over sixty questions, some of which were drawn from the national survey, *What Grown-Ups Understand About Child Development*¹. Survey items explore multiple facets of parenting. There are questions on overall knowledge of the importance of early childhood, questions which gauge parent knowledge of specific ages and stages, parent behaviors with their children, as well as parent practices related to utilization of services for their families.

For the purpose of the development of Indicator 10 composite score, a sub-set of nine items was selected (see table 1 below for Indicator 10 measure). These nine items were selected because they encompass parent knowledge, parent self-report of their own levels of competency and confidence around the parenting of their young children, and parent behaviors, all of which are of key importance to support a young child’s safety, health and well-being. Five of the items selected are *knowledge-based questions* that directly assess a parent’s level of knowledge of key developmental areas. Two of the items selected specifically ask parents to *rate their level of competency and confidence* in their ability to support their child’s learning, cognitive development, safety, health and overall well-being. Lastly, two items inquire about *parent behaviors* around the key early literacy activities of reading, telling stories and singing songs with their children. The table below (2) presents the cut points used for each of the 9 items. Six or more responses (out of nine) meeting the cut point was the composite score criteria. The scoring was determined based on the national survey key and on early childhood development research and best practice.

¹ CIVITAS Initiative, ZERO TO THREE, and BRIO Corporation, Researched by DYG, Inc. 2000. What Grown-ups Understand About Child Development: A National Benchmark Survey.

Table 1: Indicator 10 Measure		
Knowledge-based questions	Parent's self-rating of competency and confidence	Parent behaviors
(01) When do you think a parent can begin to significantly impact a child's brain development?	(06) I am competent and confident about my ability to support my child's safety, health, and well-being.	(08) During the past week, how many days did you or other family members read stories to your child/children?
(02) At what age do you think an infant or young child begins to really take in and react to the world around them?	(07) I am competent and confident about my ability to support my child's learning and cognitive development.	(09) During the past week, how many days did you or other family members tell stories or sing songs to your child/children?
(03) At what age do you think a baby or young child can begin to sense whether or not his parent is depressed or angry, and can be affected by his parent's mood?		
(04) Children's capacity for learning is pretty much set from birth and cannot be greatly increased or decreased by how the parents interact with them.		
(05) In terms of learning about language, children get an equal benefit from hearing someone talk on TV versus hearing a person in the same room talking to them.		

Table 2: Data Summary											
		Knowledge-based questions					Parent's self-rating of competency and confidence		Parent behaviors		
	Sample size	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8	Question 9	Baseline: Percentage competent and confident
Cut Points		Prenatal	Right from birth	Up to 1 month	Definitely False	Definitely False	Strongly agree	Strongly agree	6 or 7 days	6 or 7 days	6 of 9 met
Statewide	3707	32%	35%	51%	63%	44%	93%	90%	51%	51%	42%
Maricopa County*	1500	31%	32%	50%	64%	41%	92%	88%	47%	52%	40%
Central Maricopa	200	30%	34%	59%	77%	59%	89%	86%	50%	61%	44%
Northeast Maricopa	151	35%	30%	38%	84%	59%	94%	85%	67%	59%	52%
Northwest Maricopa	197	27%	32%	56%	68%	45%	90%	79%	54%	53%	44%
Southeast Maricopa	200	34%	45%	49%	67%	50%	95%	87%	57%	57%	49%
Southwest Maricopa	150	31%	36%	46%	50%	28%	99%	85%	44%	47%	31%
Central Phoenix	202	32%	30%	46%	53%	30%	91%	92%	42%	52%	30%
North Phoenix	200	26%	30%	59%	64%	42%	94%	91%	39%	43%	34%
South Phoenix	200	35%	29%	42%	45%	17%	90%	89%	28%	42%	28%

Baseline (2012 Family and Community Survey):

State: 42%² of families report they are competent and confident about their ability to support their child's safety, health and well-being.

Maricopa County*: 40% of families report they are competent and confident about their ability to support their child's safety, health and well-being.

Benchmark 2020:

State: 52%² of families report they are competent and confident about their ability to support their child's safety, health and well-being. (A 10% increase from statewide baseline of 42%).

Maricopa County*: XX% of families' report they are competent and confident about their ability to support their child's safety, health and well-being. Specifically, a XX% increase across Maricopa County, moving from the baseline of 40% of families in (2012) to YY% of families in 2020 across Maricopa County report they are competent and confident about their ability to support their child's safety, health and well-being.

*** Maricopa/Phoenix Data and Benchmarking is for the areas represented by the FTF regions listed, and does not include data for Gila River Indian Community or Salt River Pima Maricopa Indian Community.**

² State baseline for Indicator 10 was 63% and benchmark was set at 73% (10 % increase) initially; however after correcting for data skewness (including weighting) the new baseline for state is 42%. We are in the process of working with state advisory committee and FTF board to reset the benchmark. The 52% state benchmark presented here is based on the 10% increase that was set as target.



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School Readiness Indicators 2020 South Phoenix Regional Benchmark Summary

Indicator #6:	Number/Percentage of children entering kindergarten exiting preschool special education to regular education
Intent:	Increase the number of children who transition to kindergarten without an identified special need due to timely screening, identification and delivery of effective intervention services prior to their kindergarten year

Key Definitions: According to Special Education for Exceptional Children¹ Article 4; 15-761, "Child with a disability" means a child who is at least three years but less than twenty-two years of age, who has been evaluated pursuant to section 15-766 and found to have at least one of the following disabilities and who, because of the disability, needs special education and related services:

- i. Autism.
- ii. Developmental delay.
- iii. Emotional disability.
- iv. Hearing impairment.
- v. Other health impairments.
- vi. Specific learning disability.
- vii. Mild, moderate or severe intellectual disability.
- viii. Multiple disabilities.
- ix. Multiple disabilities with severe sensory impairment.
- x. Orthopedic impairment.
- xi. Preschool severe delay.
- xii. Speech/language impairment.
- xiii. Traumatic brain injury.
- xiv. Visual impairment.

Benchmark Data Source:

Data sources considered for this indicator include:

- Arizona Department of Education (ADE) Individuals with Disabilities Education Act (IDEA) Part B data: ADE collects data annually for this indicator for all IDEA Part B preschool public school special education programs, including those public schools located in tribal communities.

¹ Arizona State Legislature, 2007 (last updated 7/19/2011 at 10:40:42 PM):

<http://www.azleg.gov/SearchResults.asp?SearchPhrase=%22child+with+a+disability%22&Scope=%2Fars%2F15&SearchedFrom=%2FArizonaRevisedStatutes.asp&x=15&y=15>

- Tribal Head Start Programs: Head Start data is a potential data source to determine the number of children who received special education services that were not provided in a public school setting.
- Bureau of Indian Education (BIE) Family and Child Education Programs (FACE): The FACE program supports parents as their child's primary teacher and also promotes the early identification and services for children with special needs, so is a potential data source of children who received special education services that are not funded through IDEA Part B.

Data source selected:

The ADE IDEA Part B preschool data that is collected annually was determined to be the best data source for this indicator, since the data is already available in an ADE administrative database. FTF will work individually with those tribal regions where a public school district is not located to determine the best data source for this indicator (Head Start, FACE program or other). The ADE data source includes information on the following 5 sub categories of disabilities²:

Developmental Delay (DD) special education category: For a child with a disability, aged three through nine (or any subset of that age range, including ages three through five), the term developmental delay is defined as a delay in one or more of the following areas: Physical development, cognitive development, communication development, social or emotional development, or adaptive (behavioral) development. This is measured by appropriate diagnostic instruments and procedures. Developmental Delay (DD) was formerly Preschool Moderate Delay (PMD) category.

Speech-Language Impairment (SLI): *Speech or language impairment* means a communication disorder, such as stuttering, impaired articulation, language impairment, or a voice impairment, that adversely affects a child's educational performance.

It may also include: *Autism* means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

Preschool Speech-Language Impairment (PSL) was absorbed and is defined in the (SLI) Category.

Preschool Severe Delay (PSD): Preschool Severe Delay includes-

- *Intellectual Disability (Mental Retardation)* means significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.
- *Traumatic brain injury* means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance.

² National Dissemination Center for Children with Disabilities <http://nichcy.org/disability/categories>

- *Specific learning disability* means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.
- *Multiple disabilities* means concomitant impairments (such as mental retardation-blindness or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.
- *Orthopedic impairment* means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Hearing Impairment (HI): *Hearing impairment* means impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section.

Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance.

Visual Impairment (VI): *Visual impairment* including blindness means impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Baseline (Combined Phoenix/Maricopa Regions and State):

- **Region:** In Phoenix/Maricopa regional area, **22.4%** of children served in preschool special education in **2010-2011**, exited to regular kindergarten education in **2011-2012**.
- **State:** In Arizona, **22.1%** of children served in preschool special education in **2010-2011**, exited to regular kindergarten education in **2011-2012**.

Baseline (South Phoenix Region and State):

- **Region:** In South Phoenix region, **19.6%** of children served in preschool special education in **2010-2011**, exited to regular kindergarten education in **2011-2012**.
- **State:** In Arizona, **22.1%** of children served in preschool special education in **2010-2011**, exited to regular kindergarten education in **2011-2012**.

Table 1: Phoenix and Maricopa Regions and Statewide Data

	PS SPED Kids (FY 2008-09)	PS SPED Kids Dismissed to Regular KG (FY 2009-10)	% of PS SPED kids exiting to regular KG	PS SPED Kids (FY 2009-10)	PS SPED Kids Dismissed to Regular KG (FY 2010-2011)	% of PS SPED kids exiting to regular KG	PS SPED Kids (FY 2010-11)	PS SPED Kids Dismissed to Regular KG (FY 2011-12)	% of PS SPED kids exiting to regular KG
Statewide	5607	1378	24.6%	5826	1379	23.7%	5917	1309	22.1%
Central Maricopa	738	167	22.6%	826	198	24.0%	827	161	19.5%
Central Phoenix	250	62	24.8%	224	41	18.3%	229	44	19.2%
North Phoenix	670	165	24.6%	737	182	24.7%	668	170	25.4%
Northeast Maricopa	318	83	26.1%	388	81	20.9%	371	80	21.6%
Northwest Maricopa	840	263	31%	836	186	22%	967	240	25%
South Phoenix	484	129	26.7%	515	119	23.1%	494	97	19.6%
Southeast Maricopa	856	195	22.8%	892	309	34.6%	841	203	24.1%
Southwest Maricopa	271	62	22.9%	296	59	19.9%	291	56	19.2%
Phoenix/Maricopa	4427	1126	25.4%	4714	1175	24.9%	4688	1051	22.4%

Table 2: South Phoenix Region and Statewide Data

	PS SPED Kids (FY 2008-09)	PS SPED Kids Dismissed to Regular KG (FY 2009-10)	% of PS SPED kids exiting to regular KG	PS SPED Kids (FY 2009-10)	PS SPED Kids Dismissed to Regular KG (FY 2010-2011)	% of PS SPED kids exiting to regular KG	PS SPED Kids (FY 2010-11)	PS SPED Kids Dismissed to Regular KG (FY 2011-12)	% of PS SPED kids exiting to regular KG
Statewide	5607	1378	24.6%	5826	1379	23.7%	5917	1309	22.1%
South Phoenix Total	484	129	26.7%	515	119	23.1%	494	97	19.6%
Developmental Delay	213 (44%)	57 (44%)	26.8%	199 (39%)	48 (40%)	24.1%	230 (47%)	49 (51%)	21.3%
Speech/Language Impairment	141 (29%)	51 (40%)	36.2%	172 (33%)	51 (43%)	29.7%	157 (32%)	37 (38%)	23.6%
Preschool Severe Delay, Hearing Impairment & Vision Impairment	130 (27%)	21 (16%)	16.2%	144 (28%)	20 (17%)	13.9%	107 (21%)	11 (11%)	10.3%

Benchmark (Region and State):

- **2020:** In South Phoenix region, **XX %** of children served in preschool special education exited to regular kindergarten education.
- **2020:** In Arizona, **30%** of children served in preschool special education exited to regular kindergarten education.



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School Readiness Indicators
2020 South Phoenix Regional Benchmark Summary

Table with 2 columns: Indicator #7: Number/Percentage of children age 2-4 at a healthy weight (Body Mass Index-BMI); Intent: Increase the number of children who maintain a healthy body weight

Key Definitions: Body mass index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. BMI does not measure body fat directly, but it is a reasonable indicator of body fatness for most children and teens.

A BMI is not usually calculated for children under the age of 2 years. Healthy weight at 2-4 years of age is a standard measure for the WIC program to report to the CDC. A child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults because children's body composition varies as they age and varies between boys and girls.

For children and adolescents (aged 2—19 years):

- Underweight is defined as a BMI less than 5th percentile for children at the same age and sex- an underweight child can have many different reasons that include feeding disorders to lack of food resources or being food insecure.
Healthy weight is defined as a BMI at 5th to 85th percentile.
Overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex.
Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex.

Benchmark Data Source:

Body Mass Index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. Two primary sources of Body Mass Index (BMI) data were considered for this indicator:

- Arizona Department of Health Services, Women, Infants, and Children (WIC) Nutrition Program data: WIC is a federally funded program providing residents with nutritious foods, nutrition education, and referrals. WIC serves pregnant, breastfeeding, and postpartum women, and infants and children under age five who are at nutritional risk and who are at or below 185 percent of the federal poverty guidelines. Around 62% of newborns in the state are eligible for the WIC program whereas around 25-30% are eligible between the ages of 2-4 years of age. This program measures BMI of all enrolled 2-4 year old participants for all regions of the state. WIC data is available for non-tribal regions and the Navajo Nation Regional Council (with tribal permissions) through the Arizona Department of Health Services (DHS). Data for tribal

1 Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

2 Barlow SE and the Expert Committee. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. Pediatrics 2007;120 Supplement December 2007:S164—S192.

3 Arizona Women, Infants & Children (WIC) Program: http://azdhs.gov/azwic/

regions is available (pending tribal permissions) through the Intertribal Council of Arizona (ITCA) or tribal authorities. WIC serves a very large number of low-income 2-4 year olds and their families in Arizona; however, it does not measure the BMI of all Arizona children, only those enrolled in the WIC program. Some regions may be better represented by WIC data than others. Specifically, those communities with large percentages of the population at or below 185 percent of the federal poverty guidelines will have better measurement with the WIC data.

- Arizona Health Care Cost Containment System (AHCCCS): The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services. Data is collected through AHCCCS for all participants, but this data is not currently available in a standardized report, and access to the data requires permission from AHCCCS.

Data source selected:

There currently is no data source that measures the BMI of all Arizona children. However, WIC data from DHS and ITCA (pending tribal permissions) were identified as best data sources for this indicator because consistent data are available for all regions and the WIC program serves a large number of Arizona 2-4 year-olds (105,968 in the initial data pull).

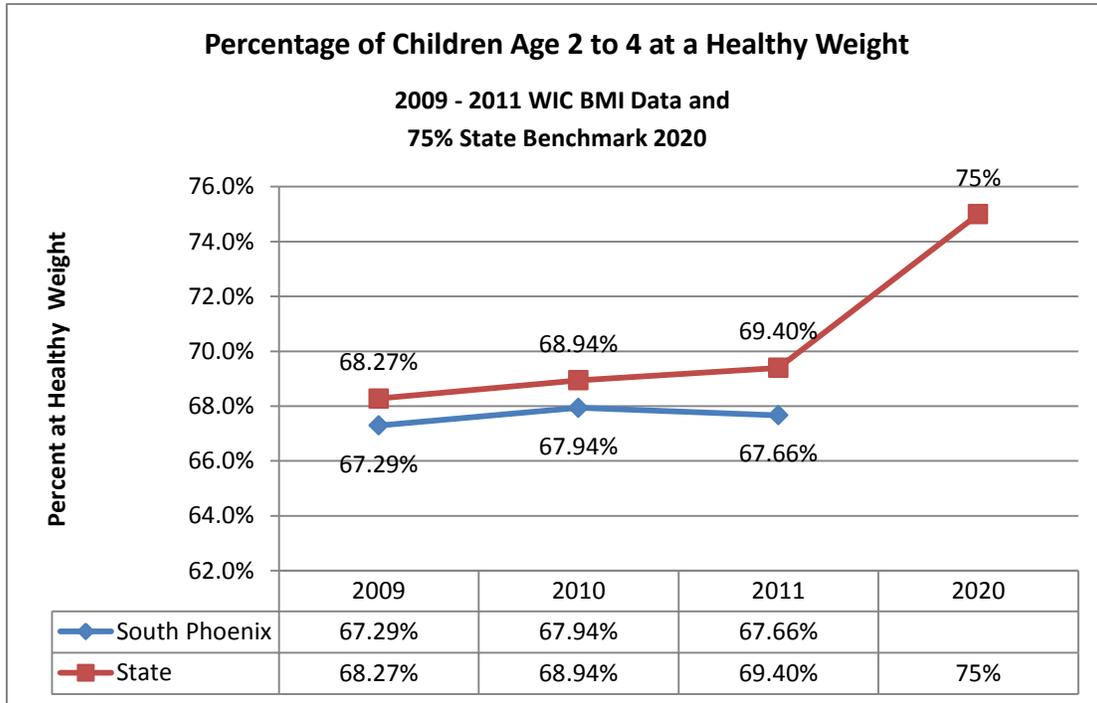
Baseline (Region and State):

- 2010: In South Phoenix, **68%** (11,848) of children age 2-4 were at a healthy body weight
- 2010: In Arizona, **69%** (72,521)⁴ of children age 2-4 were at a healthy body weight

⁴ Statewide baseline presented here (69%) is based on data from the Arizona Department of Health WIC program; no data from tribal WIC programs are included. The regional benchmarking statewide baseline data vary from those utilized in statewide benchmarking. Statewide benchmarking was informed by WIC data from the Centers for Disease Control which included tribal data and duplicated child counts. It was calculated with a slightly different methodology from that employed in Arizona. FTF is working with data partners to identify the best approach to methodology and will present any variations to baseline statewide number to the FTF Board and Councils for review.

Trend Line (Region and State):

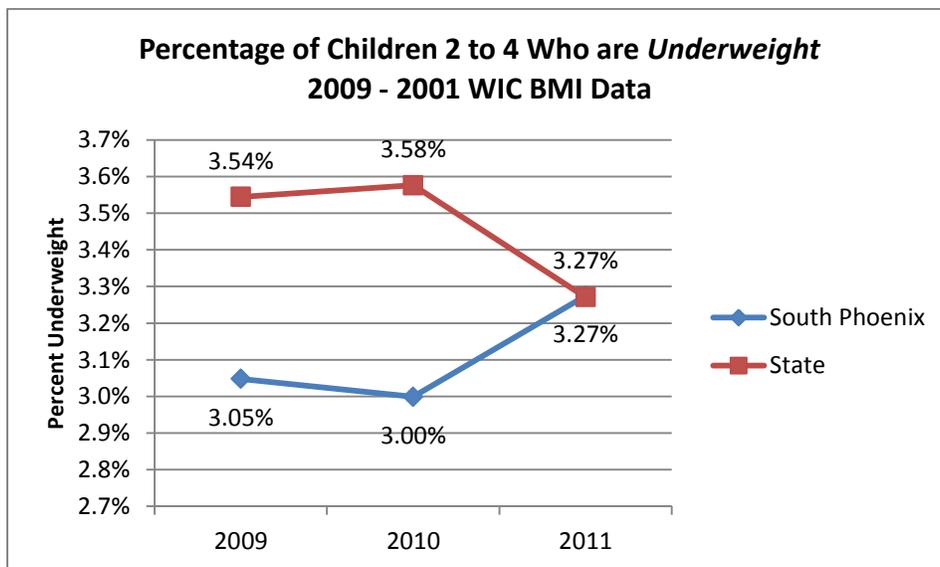
Graph 1: Percentage of children age 2 to 4 who are at a healthy weight (based on body mass index- BMI). Data displayed is presented for both the region (identified with diamonds) and state (identified with blocks) for years 2009 through 2011. The state benchmark for 2020 (75%) is also presented in this graph.



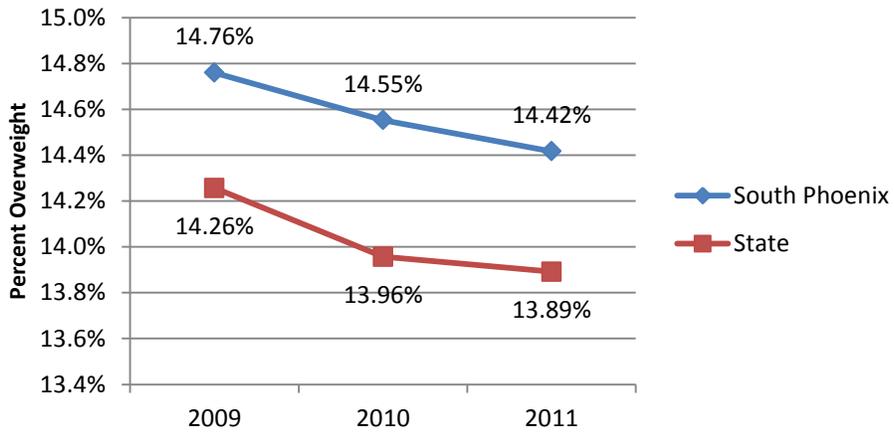
Benchmark (Region and State):

- 2020: In South Phoenix, **XX** % of children age 2-4 at a healthy weight (BMI)
- 2020: In Arizona, 75% of children age 2-4 at a healthy weight (BMI)

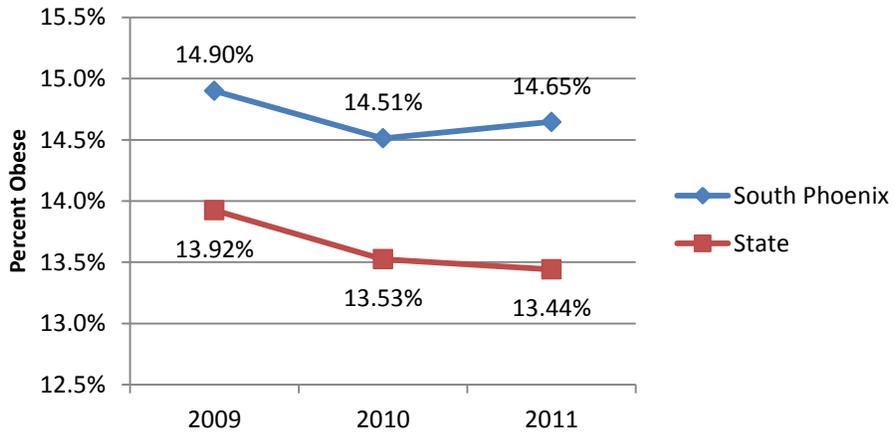
Graphs 2 - 4: Percentage of children age 2 to 4 who are Underweight, Overweight or Obese (based on body mass index- BMI). Data displayed is presented for both the region and state for years 2009 through 2011.



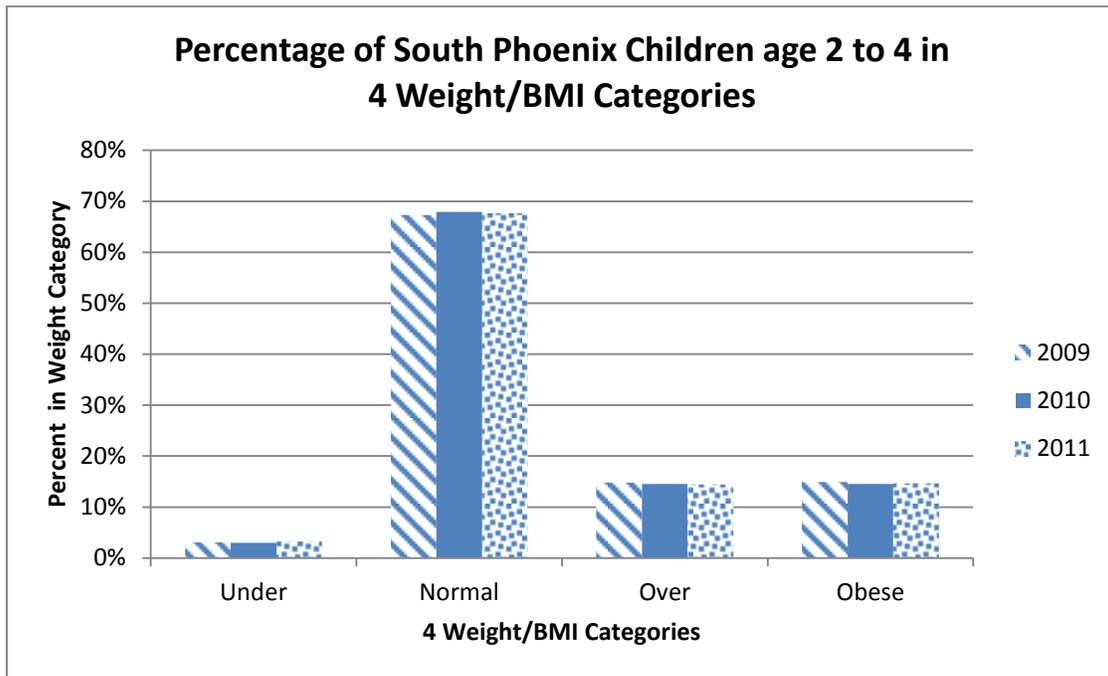
Percentage of Children who are *Overweight*
2009 - 2011 WIC BMI Data



Percentage of Children 2 to 4 Who Are *Obese*
2009 - 2011 WIC BMI Data



Graph 5: South Phoenix children age 2 to 4 presented in four weight categories (based on body mass index-BMI). Data displayed compares percentages for years 2009 through 2011.



South Phoenix: Percent and number of children in each weight category for years 2009-2011				
Year	<i>Under</i>	<i>Normal</i>	<i>Over</i>	<i>Obese</i>
2009	3.05% (N=521)	67.29% (N=11,503)	14.76% (N=2523)	14.90% (N=2547)
2010	3.00% (N=523)	67.94% (N=11,848)	14.55% (N=2538)	14.51% (N=2531)
2011	3.27% (N=558)	67.66% (N=11,531)	14.42% (N=2457)	14.65% (N=2496)



Recommendations for South Phoenix Regional Partnership Council

Summary:

The South Phoenix Regional Partnership Council assigned members of the Regional Council to attend the benchmarking meetings over the last several months. Based on the Council Member participation in both the Maricopa County wide efforts and the regional workgroup meetings, the recommendations below reflect the summary of these efforts. Committee Members representing the Regional Council included; Dr. Patty Merk, Elizabeth McNamee, Jeremy Wood, Jennifer Quillin, and Jasmine Sanchez.

Additionally, the recommendations below will go through a public vetting and feedback process to ensure community engagement and input.

Recommendations, Indicator 2-Children in Quality Early Care and Education

Benchmark A:

- **72% of children enrolled in an early care and education program (enrolled in Quality First) with a Quality First rating of 3-5 stars by 2020.**
- **21,500 children enrolled in early care and education program with a Quality First rating of 3-5 stars out of 29,921 participating in Quality First overall.**

Benchmark B:

- **29% of children enrolled in an early care and education program (of all regulated programs) with a Quality First rating of 3-5 stars by 2020.**

Recommendation, Indicator 10-Families Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being

- **50% of Families Report They are Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being by 2020.**

Recommendation, Indicator 7-Healthy Weight

- **75% of 2-4 year olds in South Phoenix Council Area at a healthy weight by 2020.**

Recommendation, Indicator 6-Children entering kindergarten exiting preschool special education to regular education

- **27% of children entering kindergarten exiting preschool special education to regular education by 2020.**



Maricopa/Phoenix Cross-Regional Benchmarking Process and Committee Recommendations to Councils February 2014

Cross-Regional Planning: Maricopa/Phoenix Regional Councils

For the Maricopa and Phoenix Regional Councils¹, many (4 of 8) councils selected Indicator Number 2: “Children enrolled in an early care and education program with a Quality First rating of 3-5 stars” and all regions have selected Indicator Number 10: “Families competent and confident about their ability to support their child’s safety, health and well-being” as priorities for their regional areas². Because of certain commonalities and the nature of the communities across Maricopa County (i.e. shared/ county-wide data, families who access services across regional areas), cross-regional decision making was determined to be appropriate and is an opportunity for the regions to think and work together toward our common vision.

The work of the Maricopa/Phoenix Cross-Regional Benchmark Committee was to determine recommendations to take back to the Regional Councils on countywide benchmarks that the councils will work collaboratively to achieve by 2020. Each Regional Council will review all benchmarks set by the Committee, but will vote to support or reject only those indicators selected by that individual Council as priorities.

North and South Phoenix, Northeast and Northwest Maricopa have selected Indicator 2. And all Councils (North, South and Central Phoenix; and Central, Northeast, Northwest, Southeast and Southwest Maricopa) have selected Indicator 10.

The South Phoenix Council participated in the joint planning process with the other Maricopa and Phoenix regions. But additionally, South Phoenix will independently set benchmarks for Indicators 6 and 7, as no other councils have prioritized these indicators.

¹ note: For this particular cross-regional work, Salt River Pima Maricopa Indian Community and Gila River Indian Community regions are not included. They will work separately to set benchmarks.)

² note: As the data are made available, the cross-regional committee will also make recommendations for Indicators 1: Children demonstrating school readiness at kindergarten entry in the developmental domains of social-emotional, language and literacy, cognitive and motor/physical; and 8: Children receiving timely well child visits; and 9: Children age five with untreated tooth decay.



Overview of Benchmarking

The first Maricopa Cross-Regional meeting was an overview of benchmarking. Dr. Amy Kemp reviewed the intent of the School Readiness Indicators and benchmark data sources as well as the approach to setting benchmarks in Maricopa regions. At the conclusion of the meeting, staff and committee members were comfortable with the approach and a goal of making a benchmark recommendation at the next meeting.

Indicator 2 – Children in Quality Early Care and Education

The committee met to consider Indicator 2 on 9/9/13. Amy Kemp reviewed the data sources, differences in benchmark A and B, and the baseline data for Maricopa and each council.

Benchmark A is the number of children enrolled in an early care and education program with Quality First rating of 3-5 stars divided by the number of children enrolled in an early care and education program with Quality First rating of 1-5 stars. This indicates percent (or ratio) of children in Quality First 3-5 star settings, in comparison to the total number of children in Quality First programs.

Benchmark B is the number of children enrolled in an early care and education program with Quality First rating of 3-5 stars divided by the number of children enrolled in all regulated early care and education. This indicates percent (or ratio) of children in Quality First 3-5 star settings, in comparison to the total number of children in regulated child care or preschool settings.

Committee Discussion Points:

The Committee was concerned about measuring the total pool of quality care, without access to data on Accredited and other providers that may be providing quality care, outside of the Quality First enrolled sites. There was also discussion on whether Quality First providers, still at a 2, but on the cusp of 3, are currently providing quality care- and therefore, that the movement from the current rating of 2, to a rating of 3, may not truly reflect a shift of the number of children newly receiving quality care.

The Committee discussed the expected progress of providers in Quality First (1 to 2 star in two years and 2 to 3 star in four years) and upcoming model changes in Quality First such as phasing out of scholarships at the 1 and 2 star levels.

They agreed that Quality First is the primary intervention related to quality early care and education in the region between now and 2020, but also were concerned about increasing the quality of the entire pool of child care - beyond Quality First.

They discussed potential factors that might increase the total pool of providers in Quality First between now and 2020, including filling open slots, potential program adjustments (i.e. options for “rating only” for higher



quality programs, thus opening slots for full participation), and efforts to be taken to encourage the filling of the currently underutilized slots for children in current Quality First providers in the region. They agreed that funding considerations make it challenging to anticipate how many additional Quality First slots could be added by 2020.

The Committee agreed to set out the number of children they aspire to be in quality care by 2020, as it offers a concrete record of their discussion, in addition to the percent goal.

For the Maricopa regions, the baseline for A is 22% of children enrolled in Quality First at 3-5 star and baseline for B is 9% of children in regulated care in 3-5 star.

The committee discussed that a **benchmark A** goal of 72% and a **benchmark B** goal of 29% by 2020 is similar to the FTF state benchmark.

While these benchmarks are, respectively, 50% and 20% increases, there was discussion and concern that this benchmark left more than a quarter of children in Quality First not in quality care by 2020. The Committee agreed that due to variation between regions within the county, the anticipation of turnover and new enrollees, and the complexity of the Quality First system, 72% is attainable yet aspirational.

Recommendations, Indicator 2-Children in Quality Early Care and Education

Below are the committee's recommendations to councils and to public vetting.

Benchmark A:

- **72% of children enrolled in an early care and education program (enrolled in Quality First) with a Quality First rating of 3-5 stars by 2020.**
- **21,500 children enrolled in early care and education program with a Quality First rating of 3-5 stars out of 29,921 participating in Quality First overall.**

Benchmark B:

- **29% of children enrolled in an early care and education program (of all regulated programs) with a Quality First rating of 3-5 stars by 2020.**



Indicator 10 – Families Competent and Confident about Their Ability to Support Their Child’s Safety, Health and Well-Being.

The committee met to consider Indicator 10 on 1/16/14. Amy Kemp reviewed the data source, survey methodology and calculation of the overall indicator from 9 key measures, and the baseline data for Maricopa and each Council.

Indicator 10 is measured by the Family and Community Survey. This survey is conducted every three years by a sub-contractor of First Things First and the survey was designed to provide information for Regional Partnership Councils on parent knowledge, skills, and behaviors related to their young children.

The survey contains over sixty questions, some of which were drawn from the national survey, *What Grown-Ups Understand About Child Development*¹. Survey items explore multiple facets of parenting. There are questions on overall knowledge of the importance of early childhood, questions which gauge parent knowledge of specific ages and stages, parent behaviors with their children, as well as parent practices related to utilization of services for their families.

The Family and Community Survey is conducted, for non-tribal Regions, over the phone. Over 3,700 parents with children 0-5 responded to the 2012 Family and Community Survey. In Maricopa County 1,500 parents completed the survey. Parents were reached randomly via land-line as well as cell phone. Interviews began with demographic questions and based on information provided by parents on family income, ethnicity, and geography, the sample of parents was carefully balanced to ensure that the respondents reflected the diversity of Arizona and Maricopa County.

For the purpose of the development of Indicator 10 composite score, a sub-set of nine items was selected. These nine items were selected because they encompass parent knowledge, parent self-report of their own levels of competency and confidence around the parenting of their young children, and parent behaviors, all of which are of key importance to support a young child’s safety, health and well-being. Five of the items selected are knowledge-based questions that directly assess a parent’s level of knowledge of key developmental areas. Two of the items selected specifically ask parents to rate their level of competency and confidence in their ability to support their child’s learning, cognitive development, safety, health and overall well-being. Lastly, two items inquire about parent behaviors around the key early literacy activities of reading, telling stories and singing songs with their children. Six or more responses (out of nine) meeting the cut point was the composite score criteria. The scoring was determined based on the national survey key and on early childhood development research and best practice.

¹ CIVITAS Initiative, ZERO TO THREE, and BRIO Corporation, Researched by DYG, Inc. 2000. *What Grown-ups Understand About Child Development: A National Benchmark Survey.*



Committee Discussion Points:

The Committee discussed the fact that the Family and Community survey is self-report. They agreed that questions 6 and 7, which ask parents to report their competence and confidence directly, were likely to be positively skewed due to reporting bias. However, they agreed that utilizing a bank of nine survey questions to calculate overall competence and confidence was a good approach to tracking knowledge and skills over time.

The Committee discussed the limitations of indicator 10 for measuring the impact of Council funding and evaluating the outcomes of Council efforts. There was agreement that the School Readiness Indicators are high-level dashboard measurements. They do not provide evaluation or research findings which link funding or specific programmatic efforts to outcomes. The purpose of Indicator 10 is to track overall changes in parent knowledge and behavior in the early childhood system as a whole.

The Committee discussed how the state committee reviewed and recommended the state goal of 52% of Families Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being by 2020. It was agreed that the approach and considerations were similar for Maricopa County, especially focusing on multiple areas of parent competence and confidence to meet the needs of the whole child and setting an aspirational yet attainable goal which reflects the efforts of all early childhood partners rather than First Things First alone.

The Committee noted the trends across Maricopa County and asked if there is a relationship between poverty and parent knowledge and behavior. Amy noted that the full analysis of the 2012 Family and Community Survey data is anticipated for fall 2014, however, research findings and 2008 Family and Community Survey findings indicate strong differences in knowledge and supports needed as related to income and education. The Committee agreed that communities in Maricopa County have different levels of need for supports and the overall goal for Maricopa County for 2020 should reflect that diversity.

They discussed the estimated number of parents who would need to be supported to attain competence and confidence by 2020 to attain a benchmark of 50%: 23,833. They agreed that the pool of parents in 2020 will be substantially different than in 2012. They agreed that a five percent gain by 2020 would be attainable but not aspirational. They also agreed that change in behaviors and reaching all groups of parents with need for services is challenging, making a 15 or 20 percent gain unattainable. They agreed that these large-scale changes will reflect the work of all early childhood partners, not just First Things First.



The Maricopa baseline is:

- 40% of Families Report They are Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being.

The committee discussed a benchmark goal of 50% of Families Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being. This 50% goal and 10 percentage point improvement by 2020 is similar to the state benchmark. The Committee agreed that 50% was an attainable and aspirational goal for Maricopa County as a whole.

Recommendation, Indicator 10

Families Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being

Below is the committee's recommendation to councils and to public vetting.

- **50% of Families Report They are Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being by 2020.**



Indicators 6 and 7-South Phoenix Regional Partnership Council

Overview

The South Phoenix Council participated in the joint planning process with the other Maricopa and Phoenix regions. But additionally, South Phoenix will independently set benchmarks for Indicators 6 and 7, as no other councils have prioritized these indicators.

Indicator 7 – Healthy Weight

The Committee met to discuss School Readiness Indicator 7 – children age 2-4 at a healthy weight on 8/14/13. That day, South Phoenix Committee representatives had already participated in joint planning to overview the benchmarking process. Immediately following that meeting, they came to consensus on a benchmark to recommend to their Council related to children’s healthy weight. Supporting materials can be found in the South Phoenix Appendix.

Committee Discussion Points:

The committee discussed that historical, generational poverty will make changes in healthy weight a challenge; however, the wealth of efforts in the community gave confidence in setting an aspirational goal.

There was also discussion of the potential problems of utilizing the WIC data for population estimates of weight. WIC is not a representative sample and the Council discussed whether they could be sure as to whether WIC is a good estimate and measurement for their entire population.

The committee considered that there are many new and expanding initiatives (from FTF and partners) in the community such as: SNAP education, family resource centers, KidsCafe, and many more, that will likely impact healthy weight through direct funding and collaboration.

The committee also discussed that there may be under-utilization of services in their community. Convening parents to understand their specific needs, to ensure they are aware of services and that services are appropriate to the unique and primarily Hispanic community were seen as important steps.

In setting an aspirational and attainable goal to recommend to the council, the committee decided on 75% by 2020. This is a similar change to the state goal and a 7% increase from the South Phoenix baseline of 68% of children at a healthy weight by 2020.

Recommendation, Indicator 7

Healthy Weight

Below is the committee’s recommendation to councils and to public vetting.

- **75% of 2-4 year olds in South Phoenix Council Area at a healthy weight by 2020.**



Indicator 6 – Children Entering Kindergarten Exiting Preschool Special Education to Regular Education

The Committee met to discuss School Readiness Indicator 6 – children entering kindergarten exiting preschool special education to regular education on 2/10/14. Supporting materials can be found in the South Phoenix Appendix.

This indicator is calculated using data from the Arizona Department of Education, specifically related to IDEA Part B. Data for children with an IEP under IDEA Part B are tracked to see if, in the subsequent school year, they have entered kindergarten without an IEP. The indicator is intended to track progress in the screening, identification and delivery of effective intervention services. The intent is to increase the percent of children transitioning to kindergarten without an identified special need due to timely screening, identification and delivery of services.

Committee Discussion Points:

The committee asked if data were available on anticipated population rates of IEPs and special needs in preschool and early elementary school. Amy Kemp and Chief Program Officer Karen Woodhouse identified that estimates of how many children would be anticipated to have a delay are not available. Other states have differing assessment processes and severity of delay required for an IEP. Also, the focus of this indicator is on preschool services and their effectiveness, rather than services offered in kindergarten and beyond.

The committee discussed the five different delay categories for preschool special education: Developmental Delay, Speech-Language Impairment, Preschool Severe Delay, Hearing Impairment, and Visual Impairment. There was extensive discussion about what an appropriate benchmark should be. The committee discussed the consideration that some children with early delays - even with excellent screening, identification and services - will have an IEP throughout their educational career and life. It was agreed that 100%, or no children needing special services in kindergarten, is not an attainable or reasonable goal but that South Phoenix's baseline rates are currently too low.

There was extensive discussion about the current trend in Arizona and South Phoenix of declining rates of entry into kindergarten without an IEP after preschool special education - the opposite of the intended trend. The committee reviewed trends for Developmental Delay, Speech-Language Impairment, Preschool Severe Delay, Hearing Impairment, and Visual Impairment and noted that Speech Language Impairment rates have decreased dramatically in the South Phoenix trend data available.

CPO Woodhouse noted a reported trend of school districts waiting to re-assess children for an IEP after the transition from preschool special education. She noted that we do not know how widespread this trend is but it could affect (increase) how many children have an IEP in kindergarten.

The committee had extensive discussion about the complexity of this situation and indicator. Overall, they aspire to increased levels of awareness and screening on the part of all who support young children, especially parents. They also want assessment to lead to quality identification and timely and optimal services. They noted that each of these steps is a complex calculation of its own and must all be taken into account in setting a benchmark goal.



The committee noted that improvement in this indicator cannot be the work of First Things First or the South Phoenix Council alone. They noted South Phoenix efforts, including: supporting speech language pathologist education, care coordination, family resource centers, Quality First, and home visitation. However, even with these notable efforts, they agreed that system-level and overall coordination efforts will lead to real changes for children.

In setting an aspirational and attainable goal to recommend to the council, the committee decided on 27% by 2020. This is a similar change to the state goal and a 7.4% increase from the South Phoenix baseline of 19.6% of children entering kindergarten exiting preschool special education to regular education by 2020.

Recommendation, Indicator 6

Children entering kindergarten exiting preschool special education to regular education

Below is the committee's recommendation to the South Phoenix Council and to public vetting.

- **27% of children entering kindergarten exiting preschool special education to regular education by 2020.**

Maricopa/Phoenix Cross Regional School Readiness Benchmarking Timeline

Targeted Date/Deadline	Action	Responsible Party
August 14, 2013 8:30 – 10:30 am – Cross-Regional	COMMITTEE MEETING Overview of Process Cross Regional Approach	Committee Dr. Kemp
September 9, 2013 8:30 – 10:30 am – Cross-Regional	COMMITTEE MEETING Set Benchmark for Indicator #2	Committee Dr. Kemp
January 16, 2014 8:30 – 10:30 am – Cross-Regional	COMMITTEE MEETING Rio Salado Community College, Conference Center Set Benchmark for Indicator #10	Committee Dr. Kemp
February 10th	South Phoenix Benchmark Committee Set Benchmark for Indicator #6	Dr. Kemp, Jennifer Johnson, Jonathon Gonzales
February -March	Councils review/approve recommendations on Benchmarks	Regional Directors/ Regional Council Member Representative from Committee
March 13th – 28th	Community Comment Opportunity On-line Survey regarding Benchmarks	FTF Staff
March 19th	Community Forum – Evening	Dr. Amy Kemp, Jennifer Johnson, Wendy Sabatini
March 20th	Community Forum – Day	Dr. Amy Kemp, Jennifer Johnson, Wendy Sabatini
April 9th	COMMITTEE MEETING - Review Public Feedback/Input	Committee Dr. Kemp
April - May	Council Review Committee Report including considerations of Public Feedback	Regional Directors/ Regional Council Member Representative from Committee
June 2014	FTF State Board Reviews/ possible approval of Regional Benchmarks	Michelle Katona, FTF Chief Regional Officer

COMMUNITY OUTREACH REPORT

January 2014 South Phoenix



FIRST THINGS FIRST

Ready for School. Set for Life.

South Phoenix Regional Partnership Council

Summary of Activities (November–February FY14)

4 Presentations:

John F Long Family Services Center Advisory Council
Phoenix College Dental Hygiene Students &
Nursing Students
Wolf Trap Artists
Phoenix Union High School Nurses

4 Networking Meetings:

South Mountain Works
Healthy Start Consortium
Community Network Bridges
Preventive Health Collaborative

5 Speaker's Trainings:

4 Early Childhood Every Day Trainings (Pt.1)
*1 to Medical Community
1 Write Way Trainings (Pt. 2)
**Councilmember Jasmine Sanchez attended!*

9 One on One Meetings

2 Media:

Radio Disney "Brainmobile" & 3-month PSA
CBS Radio—COOL, KMLE, LIVE

1 Site Tour: Maryvale Care Coordination & FRC

Opportunities:

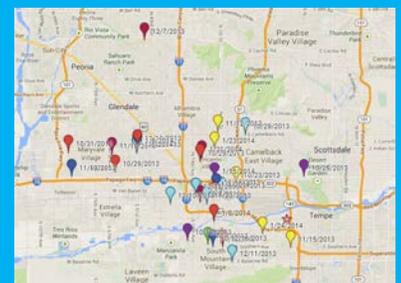
Herberger Theater Young Artists Reception

Saturday, March 15 from 4—6pm

FTF Core Message of the Month

About 90% of a child's
brain develops before
age 5.

*Use this message to educate
individuals who may not
understand the importance of
Early Childhood. It's a great way
to start a conversation!*



Google

Maps outreach activity

[https://mapsengine.google.com/
map/edit?
mid=zOgUjr305yvV4.kOjD09UGoSZ](https://mapsengine.google.com/map/edit?mid=zOgUjr305yvV4.kOjD09UGoSZ)

M

A Smart Approach

by Rachel Egboro



FIRST THINGS FIRST

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South Phoenix Regional Partnership Council

Trina wasn't sure if she was prepared for her latest challenge. Thanks to TEACH she returned to school and to pursue an associate degree in Early Childhood. She was able to balance the demands of her center, school and family when Scott's family transitioned him to her in-home center. When he first arrived, he barely spoke a sentence. His family hoped the smaller environment and individual attention would help his behavioral challenges, such as lengthy tantrums. Trina felt overwhelmed and inadequate in her ability to meet Scott's needs.



Trina and Julie during their weekly 1:1 meeting

However, Trina also participates in Smart Support, a benefit of being a Quality First center. The program helps early education providers respond to children with behavioral challenges. "When a kid starts out, you want their first experience in school to be successful," says Julie Rhien, Trina's Mental Health Consultant via Smart Support. "When the environment matches a child's needs, the kids are successful and that sets them up for life."

Trina, Julie and Scott's caregivers strategized as a team to encourage Scott's positive behavior by making changes in the home and classroom. Trina continues to enforce any routines the caregivers have at home and vice versa. Although the work is slow, it has a lasting impact. Three months after joining Trina's center, Scott is now potty-trained and expressing his wants and needs in complete sentences. The stable environment offered at the in-home center helped him feel comfortable to explore and grow. Scott is learning to trust Trina and has even invited her to play with him.

"[At first] I felt overwhelmed and now I feel confident," says Trina.

Whenever Scott begins to feel upset, Trina takes his hand and says "let's take a deep breath." Together they sit and breathe until Scott relaxes. "I feel encouraged that I am doing something right!"



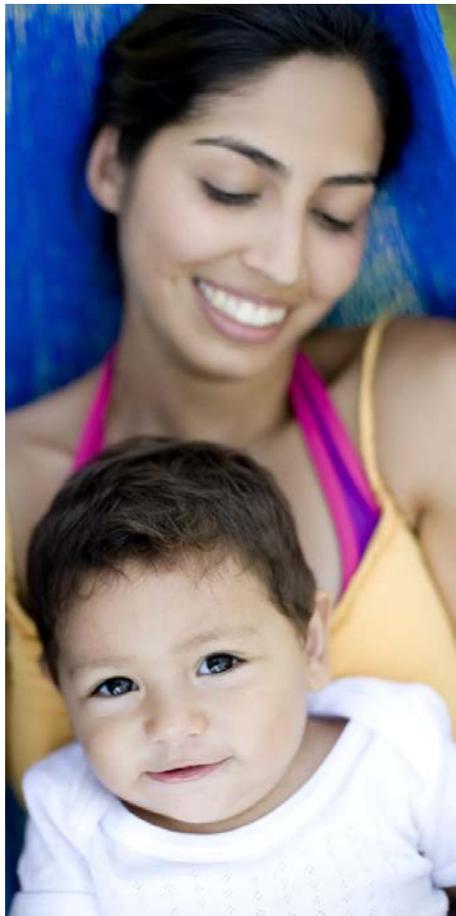
Trina and kids during story time.



www.ready4kids.com

Rachel Egboro

Community Outreach Coordinator / South Phoenix
regboro@azfff.gov mobile 480.433.2917



*“Never doubt that a small group
of thoughtful, committed citizens
can change the world; indeed,
it’s the only thing that ever has.”*

– Margaret Mead

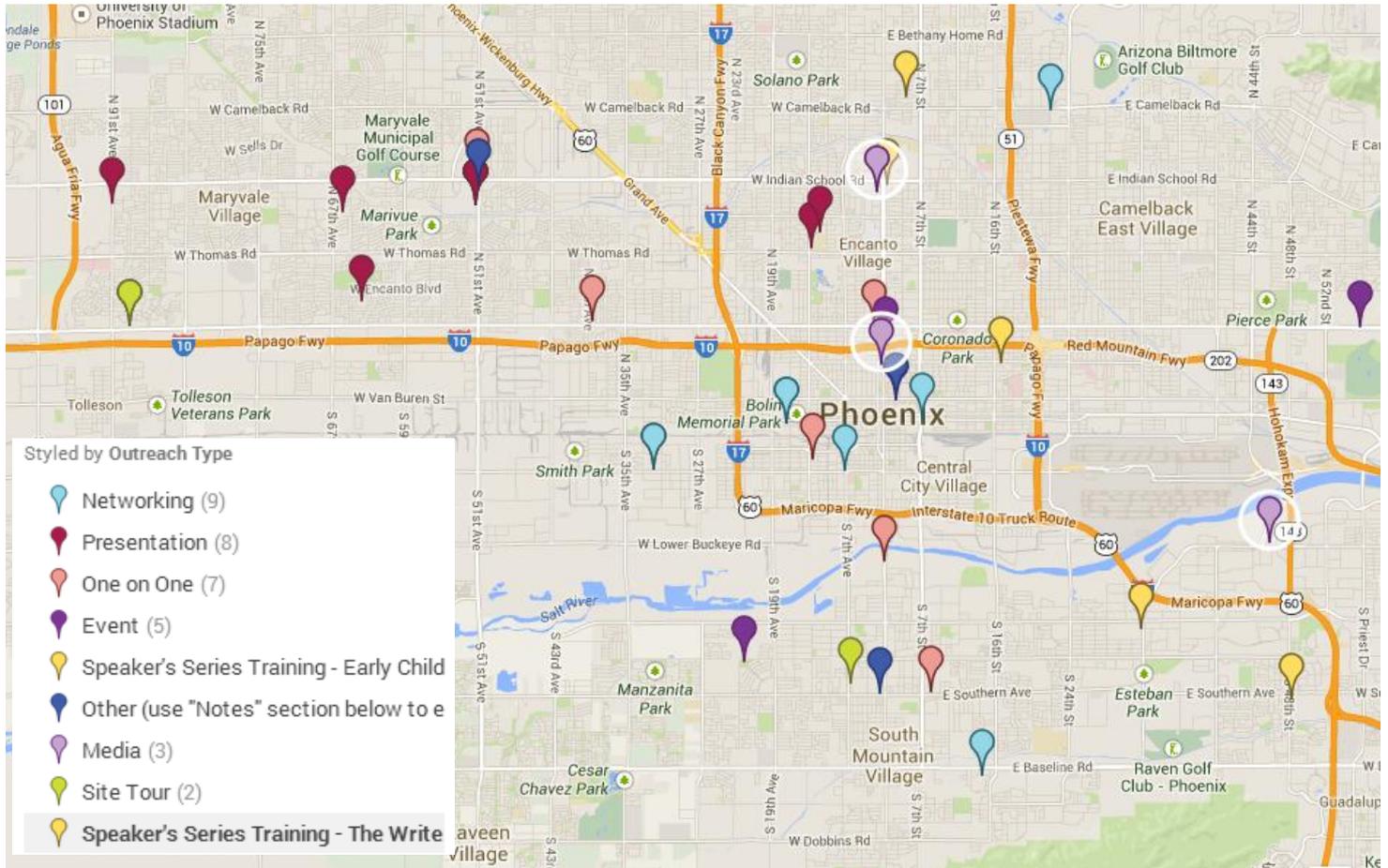


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Ready for School. Set for Life.



COMMUNITY OUTREACH ACTIVITIES





EARLY CHILDHOOD EVERY DAY



**About 90% of a
child's brain
develops before
age 5.**

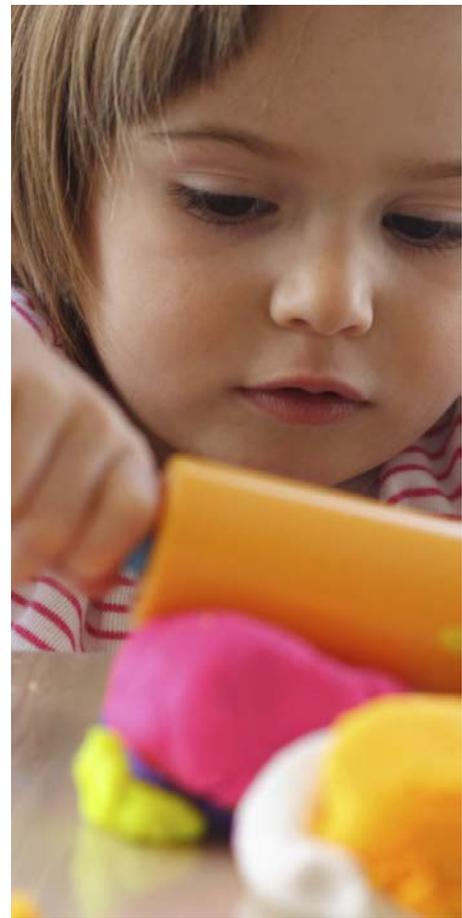




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Ready for School. Set for Life.

Thank You!



A close-up photograph of a woman with a joyful expression, smiling broadly. She is holding a young child, whose face is the central focus of the image. The child has dark hair and is looking directly at the camera with a slight smile. The woman is wearing a yellow top with pink straps. The background is a soft, out-of-focus blue.

OUR
COMMUNITY.

YOUR
LEADERSHIP.

THEIR
FUTURE.



FIRST THINGS FIRST

Ready for School. Set for Life.

Regional Partnership Council
Member Application Guide

Job Description

First Things First regional partnership councils are voluntary local governance bodies responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area of the state (a region). Regional partnership council members apply, are screened and interviewed, and then are appointed by the First Things First (FTF) Board.

Regional partnership council members provide vision and leadership, as well as local governance and oversight, for the development of programs, services and collaborations to ensure every child birth through age 5 is healthy and ready to enter kindergarten prepared to learn.

The ideal candidate for regional partnership council membership will possess:

- A passion for ensuring every child has every opportunity possible to succeed,
- The commitment to excellence in creating healthy, safe and developmentally-appropriate learning environments for young children,
- A belief in the strength of parents, and
- A belief in the value of community collaboration.

Purpose:

Each member of the regional partnership council is an integral part of the leadership team providing direction and vision toward the achievement of the goals of the First Things First within their region. Council members are responsible for conducting the duties as defined under the law (A.R.S. 8-13-1161) and oversee efforts for their region in partnership and with oversight of the FTF Board. Key responsibilities are local governance, strategic planning and advancing the mission of First Things First.

Requirements:

1. Applicants must work or reside in the region.
2. Applicants must provide three suitable references for contact.
3. Applicants must be willing to serve a four year term on the regional partnership council.
4. Applicants must be able to commit to at least ten hours of work per month, including meeting preparation, committee meetings and regional partnership council meetings.

Applicant Experience and Abilities:

1. Demonstrated ability to work well with others in a diverse setting.
2. Demonstrated ability to work for consensus and to collaborate.
3. Willingness to commit the time required for participation.
4. Ability to share ideas while respecting the views of others.
5. Ability to probe proposals assertively, knowledgeably and purposefully.
6. Ability to analyze proposals clearly and critically.
7. Demonstrated ability to communicate ideas clearly and participate constructively.
8. Ability to understand the fundamental and strategic needs of the region.
9. Evidence of prior experience serving on a business, community or agency governing board is considered extremely helpful, but is not required.

Responsibilities:

1. Act in the best interest of the region's children and residents.
2. Work to engage community participation region wide.
3. Attend all regional partnership council meetings.
4. Prepare for regional council meetings, including review of meeting materials and documents.
5. Attend workshops, member training and any other special meetings scheduled.
6. Promote the mission and goals of First Things First.
7. Oversee the development of the regional needs and assets assessment.
8. Develop and oversee a strategic plan (regional funding plan).
9. Recommend and award grants for funding and service delivery to achieve outcomes established by the FTF Board.
10. Conduct meetings and business according to the policies established by the FTF Board, including but not limited to operating under the requirements of Arizona's Open Meeting Law and Conflict of Interest Law.

Resources:

1. Regional director and support staff to facilitate and support all aspects of the work of the regional partnership council.
2. Regional partnership council orientation, training and technical assistance as needed.
3. Mileage and per diem reimbursement for out-of-town meetings and trainings.

Background

In November 2006, the voters of Arizona passed a statewide ballot initiative that funds a voluntary system of early childhood development and health, establishing Arizona’s Early Childhood Development and Health Board known as “First Things First”. Arizona is now presented with an unprecedented opportunity to create an early childhood system that affords our children an equal chance to reach their fullest potential, provide families with real choices about their children’s educational and developmental experiences, and engage every community in sharing the responsibility as well as the benefits of safe, healthy and productive residents. First Things First has established a clear vision and mission to guide its work.

VISION

All Arizona’s children are ready to succeed in school and in life.

MISSION

First Things First is one of the critical partners in creating a family-centered, comprehensive, collaborative and high-quality early childhood system that supports the development, health and early education of all Arizona’s children birth through age five.

The First Things First governance structure includes both a state level Board and local regional partnership councils. The model combines consistent state infrastructure and oversight with strong, local, community involvement in the planning and delivery of services.

- The First Things First State Board (the Board) consists of nine (9) volunteer members, appointed by the Governor and confirmed by the Senate, and three (3) non-voting/ex-officio members who are state agency (Department of Health Services, Department of Education and Department of Economic Security) directors or appointees. The Board has responsibility for planning and implementing actions which will result in an improved system of early childhood development and health statewide.
- The regional Partnership Councils are voluntary local governance bodies responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area of the state (a region). Regional partnership council members apply, are screened and interviewed, and then are appointed by the State Board.

The First Things First geographic regional boundaries were initially established in 2007. The boundaries are reviewed by the Board every two years. Any approved boundary changes are to take effect the following July 1.

Indian tribes recognized by the federal government with tribal lands located in the State of Arizona may:

1. Participate in the designated geographical region or regions in which their tribal lands are located, or;
2. Elect to have its tribal lands treated as a separate region by the Board. If a tribe so elects, it shall inform the Board by March 1 of any even-numbered year that it wishes to be treated as a separate region for the next two fiscal years.

Beginning July 1, 2014, there will be 28 regional partnership councils throughout Arizona:



See page 13 for details of the geographic areas served by each regional council.

Statutory Responsibilities

Each regional partnership council has a variety of responsibilities under the law. Responsibilities defined in ARS Title 8, Chapter 13, Section 1161 are:

- A. Identify the assets available for early childhood development and health programs in its region, including opportunities for coordination and use of other available funding sources.
- B. Identify and prioritize the unmet need for early childhood development and health programs in its region.
- C. Submit a report detailing assets, coordination opportunities and unmet needs to the Board biannually. (The First Things First Board shall have the discretion to approve or reject a regional partnership council's assessment, in whole or in part, or to require revisions.)
- D. Annually develop a regional plan for the expenditure, during the next fiscal year, of funds budgeted by the Board pursuant to 8-1184 to meet the needs identified in its region.
- E. Conduct the approved programs directly and/or make the approved grants pursuant to Section 8-1173.
- F. Increase parents' and providers' access to information about early childhood development and health programs.
- G. May solicit private funds from individuals, corporations and foundations to support its efforts to improve the quality of and access to early childhood development and health programs in its Region. The Board must approve any gifts received in response to regional partnership council solicitations.

Composition and Requirements

1. As defined in ARS Title 8, Chapter 13, Section 1162, each regional partnership council shall be made up of eleven members who reside or work in the region. Required membership for regional partnership councils is defined below. While examples are defined, individual applicants may qualify based on experience or a description not specifically included but which are consistent with community norms.
 - **Parent:** parent of a child five or younger at the time of their appointment to the regional council - including guardians who are the primary care takers of a child five or younger.
 - **Child care provider or preschool provider:** licensed by the Arizona Department of Health Services, certified by the Arizona Department of Economic Security, authorized by a tribal government or the U.S. Department of Defense or registered with Child Care Resource and Referral.
 - **Health services provider:** serving children birth through 5 years. This may include but is not limited to physicians, nurses, county health department lay-health workers, school nurses, dentists, dental hygienists, registered dietitians, physical therapists, occupational therapists, speech therapists, psychologists, other physical and mental health services paraprofessionals.
 - **Public school administrator:** for the purposes of this requirement, charter schools established pursuant to Title 15 are considered public schools; this also includes tribal community schools and Federal/BIA schools on tribal lands.
 - **Early childhood educator:** Individuals providing early childhood professional development instruction, including but not limited to community college and university level instructors or administrators and other professional development organizations.
 - **Member of the business community:** an owner, officer, CEO or member of the executive management staff of a for-profit or not-for-profit business.
 - **Member of the faith community:** an individual with a voluntary or paid role within the faith community, a traditionalist in a tribal community, or other faith-based representation consistent with the community norms and titles.
 - **Member of a philanthropic organization:** a member of the Board of Directors or executive management staff.
 - **Tribal member representative:** a public official or employee of a tribal government. In addition to the specific public official or employee of a tribal government representative, tribal members may also participate in the regional council in any of the other categories listed.
 - **At large representative:** At Large membership is first available to tribal representatives from each tribal nation located in the region. The balance of membership must be a community member who lives or works in the region and who may, but is not required to, represent any of the categories identified above.

2. Members must either work in or reside in the region of the regional partnership council on which they serve.
3. Membership of a regional partnership council should, as much as possible, reflect the cultural, ethnic and geographic diversity of the population of the region.
4. Members of the regional partnership councils shall be appointed by the First Things First State Board. An application and selection process is in place in order to make recommendations to the Board.
5. After 2010, all terms of membership shall run in four-year terms, to begin and end July 1.
 - A. Initial terms of members for each regional partnership council were:
 - Five terms that began April 1, 2008, and ended June 30, 2010.
 - Six terms that began April 1, 2008, and ended June 30, 2012.
 - B. Following the initial terms above, all terms will be four-year terms:
 - Five which began July 1, 2010, and will end June 30, 2014.
 - Six which began July 1, 2012, and will end June 30, 2016.
6. Tribal nations included in a region (the tribe has not selected to have a separate regional partnership council) shall have a representative on the regional partnership council.
7. A regional partnership council with boundaries which include multiple tribal nations shall have a representative from each of the tribal nations included within the regional boundaries.
8. Regional partnership council members may serve on only one regional partnership council at a time.
9. 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. ARS 8-1162(c). The full attendance policy is available in the Regional Governance Policy.
10. Regional partnership council members are not eligible to receive compensation. They are eligible for travel expenses and reimbursement for subsistence pursuant to Title 38, Chapter 4, Article 2. Reimbursement shall be paid from the administrative costs account of the Early Childhood.
11. Members of the regional partnership council are immune from personal liability with respect to all acts done and actions taken in good faith within the scope of their authority during duly constituted regular and special meetings with approval of a majority of the regional partnership council.

Application, Selection and New Appointment Process

1. The application guide, job description and application for the regional partnership council membership are posted on the First Things First website, www.azftf.gov/serve.

Hard copy application forms can be downloaded from the website or are available by request by calling 602-771-5100.

2. Applications may be submitted online, by mail, or by fax:

- a. Application may be made online at www.azftf.gov/serve

- b. Applications submitted by mail shall be sent to:

First Things First

ATTN: Chief Regional Officer

4000 N. Central Ave., Suite 800

Phoenix, AZ 85012

- c. Applications submitted via fax shall be sent to: 602-274-6351

3. Applicants may apply for up to two regional partnership councils, one for where they live and one for where they work. If an applicant is submitting an application based on where they are employed, it is for the regional partnership council in which their office resides. If an applicant's work is conducted at multiple sites across multiple regional partnership councils then the applicant must select the appropriate region.
4. Applications must include personal or professional resumé/curriculum vitae from each applicant and three (3) references with contact phone numbers and emails.
5. This is a public application process. Applicants' names may be made available to the public at any time during the process.
6. Pursuant to the Americans with Disabilities Act, First Things First will make reasonable accommodation(s) to persons wishing to serve as regional partnership council members. Persons with a disability selected for interviews may request reasonable accommodation, such as a sign language interpreter, by calling the First Things First offices at 602-771-5100. Requests should be made as to allow sufficient time to arrange the accommodation.
7. Any questions regarding the application should be directed to 602-771-5100.

Screening

First Things First staff screens applications and refers qualified applicants to a nominating committee designated by the regional partnership council. The approach to review and screening includes:

- a. Applications are screened for required elements: applicant lives or works in the region; applicant meets the required description of at least one of the membership categories and/or is applying as a member at large; applicant has submitted requested references.
- b. Screening and rating for experience, skills and knowledge. A point process is utilized to screen the applications and rank based on knowledge, skills and experience demonstrated on the application. The point categories are aligned with the knowledge, skills and abilities identified in the job description.

The individuals scoring highest in each membership category shall be prioritized and forwarded to the nominating committee for interviews as council openings occur or prior to the beginning of new terms.

Interviewing and Appointment

1. Regional partnership councils will appoint at least three people to serve as a nominating committee. This committee may include regional council members, but should consist, at a minimum, of at least one community representative who is not currently serving on the regional council. The nominating committee is responsible for evaluating applications, conducting interviews of selected applicants, using the standard interview questions developed for this process, and directly recommending appointments to the Board.
2. The interview responses shall be rated, using a point system based on the responsiveness to the interview question, by each person on the interview panel. Following each interview panelists shall form consensus ratings for the interview.
3. Once interviews are completed, recommendations for regional council member appointments are forwarded to the First Things First Chief Executive Officer for review. The CEO may request additional recruitment and/or interviews be conducted or submit recommendations to the Board.
4. At the next scheduled First Things First Board meeting, the Board shall consider recommendations and may approve new appointments to regional partnership councils.
5. Newly appointed regional partnership council members shall be notified in writing by the First Things First CEO. Applicants who were interviewed but not appointed will also receive notification. Applications will remain on file for consideration for at least two years.

6. Following notification, new appointees shall:
 - a. Sign a Letter of Commitment acknowledging their commitment and their awareness of conflict of interest issues.
 - b. Complete a declaration of potential Conflict of Interest; i.e. identify any potential conflict of interest such as investment in, ownership of, or employment with, an organization that may benefit financially from decisions of the Council.
 - c. Complete the Arizona Department of Administration Volunteer Registration Form.
 - d. Be provided with a regional council member orientation by First Things First staff.
 - e. Complete required documentation and required training for State of Arizona volunteer service including: I-9 form, Public Service Ethics Training, defensive driver training.

Conflict of Interest

According to the First Things First Board Policy:

Board members, regional partnership council members and employees of the Board shall comply with the conflict of interest provisions of A.R.S. Title 38, Chapter 3, Article 8 – 1173 (c). 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 pecuniary or proprietary interests or those of a relative. Section 38-503 provides in part:

- A. 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 or purchase.
- B. 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 Board member, regional partnership council member or Board employee who has a conflict of interest must disclose the interest and refrain from participating in the matter. Board members, members of regional partnership councils and Board employees may find guidance on this subject in the Arizona Agency Handbook, which is available on the Attorney General's website.

<https://www.azag.gov/agency-handbook>. Failure to comply with these provisions will be cause for removal of the member from the Council.

Regional Boundaries Definitions

as of July 1, 2014

Cochise Regional Partnership Council provides services throughout Cochise County. It also includes all of ZIP code 85602, which crosses into Pima County.

Coconino Regional Partnership Council provides services throughout Coconino County and the tribal lands which include the portion of the Hopi Tribe in Navajo County, the San Juan Southern Paiute Tribe, the Kaibab Band of Paiute Indians and the Havasupai Tribe. It also includes the city of Winslow. The region does not include the city of Sedona in Coconino County, the portion of the Hualapai Reservation or the Navajo Nation in Coconino County, nor the Forest Lakes Community located in Coconino County.

Cocopah Indian Tribe Regional Partnership Council provides services in the communities of the Cocopah Indian Tribe Reservation.

Colorado River Indian Tribes Regional Partnership Council provides services in the communities within the Arizona boundaries of the Colorado River Indian Reservation including the town of Parker, Arizona.

East Maricopa Regional Partnership Council provides services to the communities of Ahwatukee, Carefree, Cave Creek, Chandler, Fort McDowell Yavapai Nation, Fountain Hills, Guadalupe, Paradise Valley, Rio Verde, Scottsdale and Tempe. The ZIP codes associated with those cities are: 85044, 85045, 85048, 85224, 85225, 85226, 85248, 85249, 85250, 85251, 85253, 85254, 85255, 85257, 85258, 85259, 85260, 85262, 85263, 85264, 85266, 85268, 85281, 85282, 85283, 85284, 85286, 85331 and 85377. The region does not include the portion of the Salt River Pima-Maricopa Indian Community.

Gila Regional Partnership Council provides services to Gila County including the communities of Claypool, Globe, Hayden, Miami, Payson, Pine/Strawberry, Roosevelt, Star Valley, Tonto Basin, Winkelman and Young, as well as the Tonto Apache Tribe. The region does not include the tribal lands of the White Mountain Apache Tribe referred to as the Fort Apache Indian Reservation nor the tribal lands of the San Carlos Apache Tribe referred to as the San Carlos Apache Indian Reservation.

Gila River Indian Community Regional Partnership Council provides services on the tribal lands of the Gila River Indian Reservation Community.

Graham/Greenlee Regional Partnership Council provides services within Graham County and Greenlee County. The region does not include the San Carlos Apache Indian Reservation.

Hualapai Tribe Regional Partnership Council provides services in the communities of the Hualapai Tribe Reservation.

La Paz/Mohave Regional Partnership Council provides services within La Paz County, Mohave County and the Arizona portion of the Fort Mojave Indian Tribe. The regional area does not include the Colorado River Indian Reservation, the Hualapai Tribe Reservation or the Kaibab Band of Paiute Indian Reservation.

Navajo Nation Regional Partnership Council provides services throughout the tribal lands of the Navajo Nation within Arizona.

Navajo/Apache Regional Partnership Council provides services in Navajo and Apache counties including the Zuni Reservation. The regional area also includes the unincorporated community of Forest Lakes. The region does not include the city of Winslow or the following tribal lands: Fort Apache Indian Reservation, the Navajo Nation or the Hopi Tribe Reservation.

Northwest Maricopa Regional Partnership Council provides services within the cities of Aguila, El Mirage, Glendale, Luke Air Force base, Morristown, Peoria, Sun City, Sun City West, Surprise, Waddell, Wickenburg, Wittmann and Youngtown. The ZIP codes associated with those cities are: 85301, 85302, 85303, 85305, 85307, 85308, 85309, 85310, 85320, 85335, 85342, 85345, 85351, 85355, 85358, 85361, 85363, 85372, 85373, 85374, 85375, 85376, 85378, 85379, 85381, 85382, 85383, 85385, 85387, 85388 and 85390. The regional area also includes the portions of ZIP codes 85304 and 85306 within Glendale city limits.

Pascua Yaqui Tribe Regional Partnership Council provides services on the Pascua Yaqui Tribe Reservation in the community of New Pascua.

Phoenix North Regional Partnership Council provides services in the city of Phoenix, north of Thomas Road, and as far north as the county line. At the northern most point, this includes the ZIP code areas of 85086 and 85087, the communities of New River and Anthem. The region does not include the city of Phoenix portions of the following ZIP code areas: 85308, 85310, 85331 and 85254; or the Maryvale area: 85031, 85033 and 85037.

Phoenix South Regional Partnership Council provides services in the city of Phoenix, south of Thomas Road, but also including the communities of Maryvale, north of Thomas (full ZIP code areas of 85031 and 85033 and the city of Phoenix portion of 85037). The region does not include Ahwatukee.

Pima North Regional Partnership Council provides services to the communities of Catalina Foothills, Mount Lemmon, Marana, , Oro Valley, Rillito, the City of South Tucson, and the Central and Northern Foothills parts of Tucson, including ZIP codes: 85619, 85658, 85701, 85704, 85705, 85707, 85708, 85709, 85710, 85711, 85712, 85713, 85714, 85715, 85716, 85718, 85719, 85726, 85730, 85737, 85739, 85741, 85742, 85743, 85745, 85748, 85749, 85750, 85755 and the portion of ZIP code 85653 in Pima County. The region also includes Davis Monthan Air Force Base. As of July 1, 2014, ZIP codes 85746 and 85757, previously in the Central Pima region, are part of the Pima South region.

Pima South Regional Partnership Council provides services to Pima South County including Ajo, Amado, Arivaca, Green Valley, Lukeville, Sahuarita, Sasabe, Summit View, Three Points, Vail and Why, and some Tucson ZIP codes. Pima South ZIP codes include: 85321, 85341, 85601, 85611, 85614, 85622, 85629, 85633, 85637, 85641, 85645, 85706, 85735, 85736, 85746, 85747, 85756 and 85757. The region also includes ZIP code 85645 in Santa Cruz County. The region does not include the portion of the Tohono O’odham Nation in Pima County nor ZIP code 85602 in Pima County. As of July 1, 2014, ZIP codes 85730 and 85748 are no longer within the Pima South region and are instead in the Pima North region.

Pinal Regional Partnership Council provides services throughout Pinal County and the Ak-Chin Indian Community. The area does not include the portion of Apache Junction city limits or ZIP code 85120 within Maricopa County, or the tribal lands of Gila River Indian Community, the Pascua Yaqui Tribe Reservation, the San Carlos Apache Indian Reservation or the tribal lands of the Tohono O’odham Nation.

Salt River Pima-Maricopa Indian Community Regional Partnership Council provides services on the Salt River Indian Reservation.

San Carlos Apache Regional Partnership Council provides services in the communities of the San Carlos Apache Tribe located on the San Carlos Apache Indian Reservation.

Santa Cruz Regional Partnership Council provides services to the communities of Santa Cruz County. The region does not include ZIP code 85645 or the town of Amado.

Southeast Maricopa Regional Partnership Council provides services to the communities of Gilbert, Higley, Mesa, Queen Creek and the following ZIP codes in Maricopa County: 85120, 85142, 85201, 85202, 85203, 85204, 85205, 85206, 85207, 85208, 85209, 85210, 85212, 8213, 85215, 85233, 85234, 85295, 85296, 85297 and 85298. The region does not include the portion of Salt River Pima-Maricopa Indian Community, the Gila River Indian Community or the portion of Apache Junction city limits outside of Maricopa County.

Southwest Maricopa Regional Partnership Council provides services within the communities of Arlington, Avondale, Buckeye, Dateland, Gila Bend, Goodyear, Litchfield Park, Palo Verde, Tolleson and Tonopah. The region also includes ZIP codes: 85139, 85322, 85323, 85326, 85333, 85337, 85338, 85340, 85343, 85353, 85354, 85392, 85395 and 85396 in Maricopa County. The region does not include the portion of Tohono O’odham Nation or Gila River Indian Community.

Tohono O’odham Nation Regional Partnership Council provides services throughout the tribal lands of the Tohono O’odham Nation in Arizona.

White Mountain Apache Tribe Regional Partnership Council provides services in the communities of the White Mountain Apache Tribe of the Fort Apache Indian Reservation.

Yavapai Regional Partnership Council provides services in the communities of Yavapai County, including the the tribal lands of the Yavapai-Apache Nation. The region also includes the portion of the city of Sedona located in Coconino County.

Yuma Regional Partnership Council provides services to the communities located in Yuma County, including the Arizona portion of the Quechan Tribe of Fort Yuma Indian Reservation. The region does not include the tribal lands of the Cocopah Tribe Indian Reservation.

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