

Central Maricopa Regional Partnership Council
Meeting Minutes
January 8, 2014

Call to Order

A regular meeting of the First Things First Central Maricopa Regional Partnership Council was held on January 8, 2014 at the Kyrene Family Resource Center, 1330 East Dava Drive, Tempe, Arizona 85283.

Chair Duane welcomed everyone and called the meeting to order at approximately 3:46 p.m.

Members Present:

Chair Maureen Duane and Council Members Trinity Donovan, Beth Haas, Zita Johnson, Frank Narducci (appearing telephonically), and Tina Wilson

Members Absent:

Vice Chair Genoveva Acosta-Bueno and Council Members Lyra Contreras, Karen Emery, Mara de Luca Funke, and Kathy Halter.

There were 13 members of the public present.

Approval of Regular Meeting Minutes of November 13, 2013

Council Member Narducci moved to approve the regular meeting minutes of November 13, 2013. Council Member Wilson seconded the motion, and it passed unanimously, 6-0.

Call to the Public

Catherine Mayorga with the Guadalupe Family Resource Center and Parenting Arizona filled out a Call to the Public form, but then withdrew it and stated she would speak during the conversations with grantees' agenda item.

SFY 2015 East Maricopa Funding Plan

Regional Director Joanne Floth reviewed the funding plan with the Council members.

Grantee Narrative/Data Reports

Regional Director Floth reviewed the data report and narrative summaries with the Council members.

Grantee Renewal Process

Regional Director Floth stated that the Council members will be voting only for the regional specific grantees. The renewal packets will be sent out in March to the grantees. The responses are due back on April 1, at which time staff will review them, ask for clarifications, if necessary. The staff recommendations will be provided to the Council in the April or May meeting for approval before May 17. In response to a question from Council Member Johnson, Regional Director Floth stated that although grantees serve the entire area, they are not required to

report the services they report by geographic area in their reports, however, that information can be requested in the renewal process. Council Member Haas mentioned that there are Quality First sites in Ahwatukee.

Conversations with Family Support Grantees

Chair Duane welcomed everyone, and Regional Director Floth asked the grantees to share what they are doing in the community. The grantees were asked to introduce themselves and give a brief description of their services and then discuss the impacts they have made in the community and finally, to discuss the barriers and/or challenges they are still facing.

Miguel Gomez with Healthy Families provided an overview of his program and stated that barriers included circumstances of the family including substance abuse issues and transitional families actually being able to come in and participate on a volunteer basis. Developmental screenings are conducted, and they will be starting depression screenings on parents. He further stated that they have been distributing at least three children's books per family. Council Member Wilson asked what volunteer services and items are needed. Mr. Gomez stated that all items are needed, since they are assisting many families who are attempting to go into their first home.

Jill Stamm and DyAnn O'Brien with New Directions Institute provided information about their Bright Beginnings program which includes Brain Time, parenting programs, and Brain Boxes. Some of the challenges noted are that parents who have children in school want to attend without their children, however, the program is set up for parents to attend with their children. The STEPS program encompasses both pre and post-surveys to see what the parents have learned. They have sessions which are held at school and center sites, one of which will be starting next week at Summit Preschool in Ahwatukee. There are challenges in providing services to people in Guadalupe, and they have to make extra efforts to follow through with parents. They did note that all of their programs are also available in Spanish.

Carol Lopinski with the Child Crisis Center provided information about the services they provide for central intake for the My Child is Ready program. She stated that 19 people are presently on the waiting list. Due to the waiting list length of an average of six months, parents who call in are mailed a resource packet that is tailored for their needs. Those on the waiting list also receive three to five contacts per month and are provided with additional resources during those communications.

Alejandra Verdin with the Chandler Christian Community Center provided information regarding their family resource center, food bank and CAP office. They also work with families with signing up for health services, and have an early literacy program. Fluoride treatments are also provided, as well as nutrition classes. Barriers include not having enough space, as well as parents not qualifying for services with other agencies.

Catherine Mayorga with the Guadalupe Family Resource Center/Parenting Arizona stated that they will be moving to a new location on February 1 at the former Head Start center. Barriers include transportation for the families as well as the need for food for many of the families. The center will also be a point of access with the Maricopa Workforce Connection. Chair Duane asked her to share their wish list. Council Member Wilson also asked Ms. Mayorga to include any labor needs such as painting. Ms. Mayorga further stated that in addition to the food boxes and bus tickets, they have distributed over 2,000 books to the families at different events in the town.

Lynnette Stonefeld with Communities in Schools stated that they have five Thrive to Five centers, four in Tempe and one in Ahwatukee. Each of the family resource centers is also an emergency food bank, and Health Insurance enrollment assistance is also provided. Over 300 classes are presented each year. One of the challenges is getting the word out to new parents. They also work with teen parents from Compadre High School who receive diapers for attending their high school classes.

Katie Kahle and Consuelo Roa from the Chandler Care Center presented information regarding their programs. They are a part of the Chandler Unified School District and provide a full array of services to families including no-cost medical and dental services, a WIC clinic, behavioral health, a food bank, Health Insurance enrollment assistance, and parenting programs. Two of their full-time staff are bilingual. 715 families have been helped with health insurance applications in just the first six months. Challenges with that process have been due to changes in the website. They have also started a new nutritional program which includes separate classes for the parents and children. They have also started a walking group and Yoga classes for parents together with the children

Chair Duane asked if the grantees are noticing that the parents are becoming friends and making relationships. The grantees stated that the families have indeed connected with each other, to the point of checking to make sure another parent will be attending the class. Parents also give each other rides to classes, and also babysit each other's children while that parent gets their food boxes and vice versa.

Director Updates

Regional Director Floth referred Council members to the annual report which is at their seats, and asked them to let Community Outreach Coordinator Conrad Lindo know if they wanted any.

Regional Director Floth asked Community Outreach Coordinator Lindo to provide information about the upcoming site tour. He stated that the tour will be held on January 21 at Summit School of Ahwatukee at 10:00 a.m. for about 45 minutes.

Regional Development Floth had previously asked Community Outreach Coordinator Lindo to laminate the core messages for Council members, and one was provided for each Council member.

Discussion took place about the various proposed legislation that would affect First Things First, and Council Member Donovan stated that it may be a good idea to have the email which Sam Leyvas sent out also sent to the grantees.

Regional Director Floth reminded the Council members that applications will be open for the new East Maricopa Council.

Regional Council Updates

There were no updates from the Council members.

Adjournment

Chair Duane asked for any additional questions or comments from the Council and receiving none, adjourned the meeting at 5:17 p.m.

Submitted By _____
Caitlyn Hollins, Administrative Assistant III

Approved By _____
Maureen Duane, Chair

DRAFT



FIRST THINGS FIRST

CENTRAL MARICOPA REGIONAL PARTNERSHIP COUNCIL

SFY2014 Q2 GRANTEE

DATA and NARRATIVE REPORT SUMMARIES

City of Chandler
Community Awareness Strategy

TOTAL AWARD: \$20,000	SFY14 Q2 FUNDS EXPENDED: 21.5%	\$4,291
TARGET SERVICE NUMBER		N/A
TOTAL NUMBER		N/A

Narratives Reports Summary

Program Implementation:

1. We have expanded our outreach to include churches and college campuses. We are getting more requests for speaking events.
2. We have added two more position to the board and have begun expanding the membership. Right now things are moving forward and we are starting to see improvements.

Collaboration and Communication:

1. We have begun working with the Exchange Club, which has just opened a new club in Tempe. Their national project is the prevention of child abuse.
2. We have been successful in reaching out to new groups, such as Cornerstone Church and Mesa Community College. We will continue to grow these relationships.
3. The annual event planning is in full swing, with the event planned for Superstition Springs Mall March 29, 2014.

Chandler Christian Community Center
Family Support Strategy- Family Resource Center

TOTAL AWARD: \$400,000	SFY14 Q2 FUNDS EXPENDED: 40.6%	\$162,543
TARGET SERVICE UNIT:		12,000
TOTAL NUMBER OF FAMILIES SERVED	Q2:	4056

Narratives Reports Summary

Program Implementation:

Throughout this quarter, additional classes were offered to parents to enable them to earn points towards bikes and other higher priced gifts for the Operation Santa holiday assistance program. Parents of 36 0-5 children were engaged in additional parenting, financial health, story times, nutrition and many other classes. Though our Operation Santa program we served 1,408 children total, with 452 children being 0-5

Children 5 and under in every family receiving services through emergency food box distribution received a book, encouraging families to focus on both the physical nutrition and the nurturing of their child’s brain development by reading to them. Nutritional information and other FTF branded materials were distributed as well.

We have seen an increase in the number of participants to our Story Time program, with many families now attending regularly. Some of the comments have been “my child now enjoys reading” and “my daughter can’t wait to read her book together before bed”. This demonstrates an increase in reading in general in the household and the free books offered to every participant who attends increases the library in the home.

The addition of a FRC Coordinator in September has allowed for us to increase capacity in regards to how we can most efficiently utilize the limited space we have to provide classes and support services. Additional classes are now being offered, while existing classes are expanding as capacity increases. For example, beginning in the next quarter we will expand to two sessions of our early literacy program, Giggles, Squiggles and Squirms.

Collaboration and Communication:

- Partnership with Chandler Regional Hospital (Dignity Health), Oral Health, provides families with free fluoride treatments and oral health checks during supplemental food distribution, which are offered once a month and children may receive services once every 3 month.
- Through our partnership with New Directions Institute, we continue to utilize the Baby Brain Box curriculum in child watch and other programs.
- A partnership with the Maricopa County Health Department allows us to be the East Valley Satellite Site for HIV/STD testing which is available for our families free of charge monthly.
- Through partnership with Chandler Public Library, our Benefits Coordinator is able to provide outreach and benefits connection services to families, increasing our capacity to connect families.
- We partner with Best Care for Kids for referral and services for families in need.
- Partnership with several churches is allowing us to provide weekend programming for families in the community. This included three community outreach events this quarter serving over 60 people.

- Child watch is provided during all food bank distribution hours. This service provides an enriching and engaging environment for young children while families are receiving food or are attending an appointment for emergency services. This reduces the stress for the parents and others in the environment and provides an opportunity for reading and other literacy activities.

Additional Information:

One mom, Theresa, expressed that had it not been for the assistance she received from CCCC, she would not have been able to feed her family. Not only could she feed them, she stated, but they opened gifts on Christmas together and shared a special meal.

13 families participate in Giggles, Squiggles and Squirms Early Literacy Program to continue preparing their children for entering Kindergarten. Returning parents serve as role models in helping new parent engage and feel welcomed into the child/parent early literacy classroom, as well as returning children provide experience helping new, younger children cope and interact as they develop their social interaction skills.

Chandler Unified School District
Family Support Strategy – Family Resource Center

TOTAL AWARD: \$398,568	SFY14 Q2 FUNDS EXPENDED: 26.7%	\$106,542
TARGET SERVICE UNIT:		6,236
TOTAL NUMBER OF FAMILIES SERVED	Q2:	4512

Narratives Reports Summary

Program Implementation:

During this second quarter, the Chandler CARE Center health insurance enrollment specialists assisted 270 families, 158 of which have children 0 to 5 years old. The number of clients looking for assistance when applying for AHCCCS, SNAP and TAN continues increasing through the year. Clients have voiced they would rather have the expert and caring services offered by the Chandler CARE Center enrollment specialists than risking the cancellation of services by applying at the DES office without any type of guidance.

During the second quarter, the parent program coordinator partnered with parent liaisons at San Marcos Elementary and Bologna Elementary to offer two series of Nurturing Parenting class. The classes started in October after fall break and were completed in December before winter break, for a total of 19 sessions. Parents at San Marcos Elementary expressed their interest in having more meetings to discuss additional parenting topics. They decided to create a "Parent Club" with about 7 parents participating in weekly meetings.

In addition to the two series of Nurturing Parenting, the Chandler CARE Center offered several classes:

- Brain Time. This three session class was offered at Frye Elementary to three different age groups: 0-18 months old, 19 months to 3 years old, and 3 to 5 years old. The class was offered in Spanish, and a total of 20 parents and 31 children participated in the class.
- Common Sense Parenting of Toddlers and Preschoolers. This seven-session class was offered at the Chandler CARE Center. Classes started in September and were completed at the end of October. A total of 20 families assisted at least one session, and 6 parents completed the series.
- Learning Together (Giggles, Squiggles, and Squirms). Through the GSS curriculum books, a group of 17 students are learning patterns, shapes, colors, and counting, as well as how to be more independent, how to follow routines, and how to problem-solve. Parents are learning how to read to their children, how to establish routines and rules, and how to gain confidence as their children's first teacher.
- We Can! This class was offered at Chandler CARE Center (right after Common Sense Parenting was finished) with the intention of providing continuity of services for the families. This allowed the instructor to gain additional participants and increase attendance. A total of 18 individuals attended at least one class, and 8 families came to 3 or more classes.

Collaboration and Communication:

- There are several collaboration efforts that have helped the Chandler CARE Center be successful in serving its clientele. One promising effort is that of the Chandler CARE Center's communication with Maricopa County Head Start, particularly in Chandler. The parent program coordinator has been collaborating with Head Start

nutritionists to provide valuable information, such as how to prepare nutritious meals, how to read food labels, and how to introduce new, healthy food to young children's diet.

- In addition, the Chandler CARE Center has had the privilege of working with great partners, such as the Chandler Unified School District (CUSD), community members, businesses, and faith-based organizations. During November and December, CUSD schools conducted food drives to benefit the CARE Center food bank
- In addition to food items, students, school staff, community businesses, and faith-based organizations donated their time. Several groups volunteered at both the Thanksgiving distribution event and the holiday gift distribution event. The success of these two events could not be possible without the help of volunteers and the collaboration from our valuable partners.
- Chandler CARE Center clients are also great partners. Food bank clients come to volunteer with organizing food items, setting up, and cleaning for the farmers' market on Thursdays. Furthermore, several parents have come to the center looking for parent education classes after referrals from other parents have praised the programs and their many benefits.
- The Chandler CARE Center has partnered with Dr. Snyder from St. Vincent de Paul Dental Clinic. Thanks to this partnership, in October 2013, the Chandler CARE Center started offering restorative treatment for uninsured children.

Additional Information:

- The enrollment in the second We Can! class was increased and sustained. The families in attendance appreciated the class's content to such an extent that they asked to continue the discussion. They proposed that a physical activity group should be implemented- which is currently being planned. The group will meet weekly or twice a week during the spring months to provide parents with opportunities to do physical activity, such as walking or yoga. Furthermore, the class will be offered at another school, along with two additional classes (which will be offered at the Chandler CARE Center); one for parents, and one for children who are patients of physicians at the Chandler CARE Center. Physical activity groups for children this spring are also part of the planning process.
- Parents participating in the Nurturing Parenting classes have described how having access to information and participating in classes in a weekly basis has helped them improve their parenting skills. They shared how they have been able to express their emotions with their family members and their success in communicating their wants and needs without becoming frustrated. They have become loving and patient parents, even when facing stressful situations

Tempe Community Council
Family Support Strategy - Family Resource Center

TOTAL AWARD: \$460,000	SFY4 FUNDS EXPENDED: 24.4%	\$112,414
TARGET SERVICE UNIT:		7,500
TOTAL NUMBER OF FAMILIES SERVED	Q2:	2583

Narratives Reports Summary

Program Implementation:

- We were asked to provide two workshops at the Kyrene Parent Summit. The Thrive to Five director presented two early literacy workshops. Each family received a free Hooked on Phonics kit (paid for from other sources). Many of these families were not US natives and found the kit very helpful. We have been asked to participate again in January.
- The first Parent University for families with children birth-5 at Getz Preschool in October. Almost 100 adults attended and chose from 12 classes during three sessions that they could sample. Other organizations provided fluoride varnish, family fitness activities, and information for families on community services. Each family received 6 children's books of their choice and a package of diapers, if needed. The feedback was very positive and we have been asked by the school to hold this event again.
- A primary barrier has been the issues with both Health-e Arizona and the Health Insurance marketplace websites. The computer problems have caused long waits, dropped applications and caused many clients to be rescheduled. By the end of December, most of the issues had been resolved.

Collaboration and Communication:

We continue to expand our partnerships. The new partnerships we mentioned in the last report are working well. Since that time, we have begun partnering with **Parent As Teachers** Home Visiting program. They were looking for space to hold their monthly parenting meetings and we offered them our FRCs. The first meeting is scheduled to take place at the Curry FRC in February. Our model of engaging parents requires the collaboration of many community agencies who are the experts in child development, health, parenting, early literacy, and a host of other areas that are critical to the goal of raising healthy children. We provide the physical space and the staff who create the environment that is warm, respectful and encouraging so that families can feel safe in asking for what they need. Our role is to identify families with young children and invite them to visit any of our centers and take advantage of the best learning opportunities that the community has to offer.

Additional Information:

Marianna does not speak English. She was surprised to learn that Curry Elementary School's Family Resource Center was offering free classes in Spanish and decided to participate in the 1,2,3,4 Parents series. On the first day of class she brought a friend and her 6 month-old son. Marianna was quiet and reserved unsure of what she could ask or say, it was the first time she had participated in a parenting class. During class her 6 month-old son, who has been sleeping in the stroller, awoke he began to fuss she pat his back, not saying a word; he

got a little louder and squirmed a little more. The liaison, hosting the class, helped out by holding the baby while mom continued to listen to the facilitator. By the end of the first class the mom felt reassured and comfortable. Each week Marianna returned to class, more confident, asking more questions and what was more evident was her relationship with her baby, it changed. The first week when he fussed she would comfort him by patting him; now she responds quickly by picking him up, soothing him with her words and gestures. Marianna not only experienced a change in her relationship with her baby but she is more involved with her children at Curry school.

In addition, Marianna's older children have also benefited. She states that she has begun interacting with them differently now that she has more knowledge about being a good parent. The children have also noticed that mom is more responsive and shows caring more readily. They all feel that the family is happier now. Marianna plans to take more Spanish classes offered by Thrive to Five.

Chicanos Por La Causa
Family Support Strategy – Guadalupe Family Resource Center

TOTAL AWARD: \$149,946	SFY14 FUNDS EXPENDED: 36.1%	\$54,191
TARGET SERVICE UNIT:		1,500
TOTAL NUMBER OF FAMILIES SERVED	Q2:	59

Narratives Reports Summary

Program Implementation:

- Community of Guadalupe Outreach: Coordinator and Parent Educator distributed 300 fliers to announce the Food Box Voucher program at the GFRC. Coordinator provided flyers to the town of Guadalupe, Boys & Girls Club, Guadalupe Partnership Coalition, Native Health, Pasqua Yaqui Tribe (PYT), and others. Coordinator continues to collaborate with Frank Elementary School, Guadalupe CAP, New Directions Institute, Thrive to Five, TESD Parent Liaisons Group, Tempe Boys & Girls Club, the Fatherhood Network, East Valley Association of Pediatrics, Compadre High School, South Mountain Community College, and Tempe St. Luke’s. Collaborators will provide free services at the GFRC and refer families. In addition, the GFRC will provide family referrals to our collaborators.
- HUD: The GFRC collaborated with HUD on an opportunity to acquire an improved GFRC facility to conduct services for viable outcomes. On December 20, 2013, GFRC was notified of the approval to move into a HUD owned facility in February 2014. This HUD facility is located in Guadalupe, Arizona, specifically in the Father Fidelis/Barrio Nuevo neighborhood. The facility was formerly a Head Start building.
- Family Christmas Youth Gift Distribution – The town of Guadalupe hosted a Christmas event that provided Guadalupe children with gifts and a meal. The GFRC participated and provided over 450 books to Guadalupe children. For some of these families, these toys, games, and books were the only gifts that these children would receive for Christmas.
- Parenting Arizona interviewed by News Channel 15 : Parenting Arizona was sought out by the local media for a professional outlook on Positive Discipline Strategies and Techniques. This came as an unfortunate event broke news that a 2year old was restrained to a bed in a Mesa daycare as a form of punishment. Parenting Arizona’s Home Visitation Manager, Erika Mendoza spoke about the importance of understanding early childhood development when implementing positive discipline. Parenting Arizona was able to highlight Parenting Arizona programs available for stressed families, the GFRC one of them.

Collaboration and Communication:

- First Book: GFRC applied and were accepted to become a partner of the “First Book” non-profit program in Washington D.C. Parenting Arizona’s GFRC is joining a community whose first priority is to improve and foster literacy to all children in and outside of the classroom. First Book is a platform designed to provide literacy solutions to print deprived families in Guadalupe.
- Food Box Voucher Distribution: This past quarter, GFRC staff has been able to provide 64 families with food box vouchers. This service has been beneficial, since the GFRC has been able to create relationships with these families and has been successful in retaining these families. In return, families that have participated have referred additional participants to the GFRC.

- KidsAZDental: CPLC Parenting Arizona is a proud recipient of The Oral Health Initiative funded by First Things First. Through this grant, Parenting Arizona has created KidsAZDental website where Arizona residents can comprehensively search low cost services available in their area.
- The GFRC is currently partnered with Frank School in Tempe; New Directions Institute; Thrive to Five; Compadre High School; East Valley Association of Pediatrics; and the Tempe Elementary School District's parent liaison group; HUD Housing Authority; East Valley Head Start; the Guadalupe Partnership Coalition; and Tempe St. Luke's. These organizations have welcomed the GFRC and are committed to partnering. The initial partnerships that have been established have generated the foot traffic needed to begin serving Guadalupe families. As our audience becomes a bit larger, we will, for example call on Tempe St. Luke's to conduct blood pressure and blood glucose level testing as well as teach nutrition or have the Guadalupe Fire Department present on Fire Safety to families from the community. In turn, the GFRC is committed to provide resources for collaborators and the families served.

Challenges:

- The GFRC has had some barriers associated with the facility located at the Mercado. Some of the barriers consisted of no access to restroom facilities, internet, and temperature control. This issue was resolved when the GFRC obtained approval to use a HUD owned facility for discounted rent. The GFRC is planning on moving in February 2014.
- **The GFRC's parent educator, Keith Slim-Tolagai, submitted his resignation effective 12/20/2013. PA personnel and the GFRC Coordinator have begun the process to review resumes and interview.**

Additional Information:

We have successfully collaborated with HUD on the acquisition of improved GFRC facility to conduct services for viable outcomes.

CPLC Parenting Arizona has also been distributing information on social media. We post information on a regular basis to Facebook, Twitter, and our Website. Information includes class information, First Things First events, parenting tips, and community events. As of today, we have more than 3,000 followers. As a result, we receive a high volume of calls from parents that heard about our programs from our social media sites and want to engage in our services. We have promoted the grand opening of the FRC, and also continued to raise awareness of the services provided in Guadalupe with funding by FTF.

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

TOTAL AWARD: \$305,309	SFY14 FUNDS EXPENDED YTD: 56.7%	\$172,967
TARGET SERVICE NUMBER		125
TOTAL NUMBER OF FAMILIES SERVED	Q2:	82

Narratives Reports Summary

Program Implementation:

The Playgroup meetings for families in the program continue to be offered monthly. This quarter we began offering separate Spanish-speaking Playgroups and had a total of 7 families attend. Unfortunately, due to inclement weather we had to cancel our November English-speaking group connection. Overall we have gradually been increasing attendance and we receive positive feedback from the Playgroup attendees. 100% of families that provided feedback reported that they were “Satisfied” or “Very Satisfied” with their interactions with other parents and with the locations of the meetings.

Satisfaction Survey results: The AzPaC Parents as Teachers program solicits feedback from all participants at 90 days of service, annually and at case closure. So far this program year (July 1- December 31, 2013) we have received 116 completed satisfaction surveys. This data reflects the percentage of families completing the satisfaction survey that responded “Agree” or “Strongly Agree” to the following questions:

- 97%: Finding services was easy
- 99%: Program services were scheduled at convenient times
- 99%: The program fit my family's beliefs, culture, and values
- 100%: My family's experience with the program was very good
- 97%: The program provided the help and services my family and I needed
- 100%: I received high quality services from my home visitor
- 99%: I felt comfortable discussing my concerns with my home visitor
- 98%: The program staff listened to my concerns and acted on them
- 99%: My home visitor did a good job explaining things to me
- 97%: I am satisfied with the information I received.
- 98%: As a result of the program, I can support my children better
- 94%: I would recommend this program to others
- 92%: As a result of this program, I have increased my personal support network

During the 2nd Quarter, in the Central Maricopa Region, 1 family reached their 4 year anniversary with the program. There was 1 family who reached their 3 year anniversary with the program. There were 5 families who reached their 2 year anniversary with the program. There were 6 CM families who reached a one year anniversary with the program during this quarter. At the end of the quarter, there were a total of 10 active families who had been in the program 3 or more years, 21 active families who had been involved with the program for 2 – 3 years, and 10 families who had been with the program for 1-2 years.

AzPaC Parents as Teachers tracks outcomes related to families' improvement in the quality of their parenting behaviors through working on skills identified in the Keys to Interactive Parenting Skills assessment (KIPS). This quarter, 81% of families who completed an annual or closure KIPS assessment demonstrated an increase in their numerical mean score from the twelve observational categories assessed for measuring quality interactions between parents and children.

** We continue to have a wait list for the Central Region. Sixteen families were accepted from the wait List in the 2nd Quarter. Fifteen of the sixteen have already enrolled. We plan to enroll approximately 5 families per month in this region which will allow us to meet or exceed our contract number of families served for the program year. We would love to be able to serve more families in the Central Region if possible, as there is always a demand for our services in this area. Parent Educators report that the clients they work with would like to see their friends/family members in the Central region be able to take part in the PAT program

Collaboration and Communication:

The My Child is Ready Alliance continues as our marketing and intake collaboration. During the second quarter, we received 39 SE referrals from the alliance; we had asked for 41 referrals. We received 16 referrals in the CM region; 15 had been requested. The MCR Alliance currently has a waiting list for both regions, therefore referrals are coming in easily at this time. Generally speaking, the referrals have been either plentiful or hard to come by. The inconsistency can be difficult for our program. Currently, the MCR marketing positions are vacant, so the consistency of future referrals are uncertain at this time.

AzPaC has continued to participate in the Maricopa and Pinal County PAT Providers group in which the various Parents as Teachers groups in both counties come together to talk about common challenges for PAT programs and learn how other programs are overcoming those issues. This group has been very beneficial for sharing strategies and streamlining questions that need to be sent to the Parents as Teachers National Center office.

Additional Information:

Central Region:

Q: What services are you receiving?

A: assistance with tools to help keep child on track with peers- Kindergarten readiness

Q: Short description of what you are your family have learned and changed due to receiving these services.

A: Because our child is very active we learned to time activities and to incorporate busy activities with learning activities.

Q: What do you like the most out of the services?

A: The individual focus on the child's abilities with special attention to the child's personality and behavior patterns.

Q: Other Comments:

A: Our child received services from the ages of 3-5 after an early intervention program stopped. This has contributed significantly to our child's success starting full-time kindergarten.

Below are some additional successes shared by Parent Educators:

- a) I was able to participate in the first Parents as Teachers advisory council which was a great opportunity to network with other professionals and hear family's experiences and suggestions for the program.
- b) I had two families attend a play group this quarter. One was a particular success because she is a parent of six children and mostly stays in the home. She has no reliable transportation, limited ability to speak Spanish (speaks no English), and a limited social support network in her community. She has been in the PAT program for over three years and has not attended a Group Connection-partially because of the logistical planning it

would entail to gather the six children and commute to a location. This parent took her two youngest children to the play group while the older children were at school. She shared she enjoyed the play group and meeting the other mothers present. I think this sort of event presents opportunities for families for whom our Group Connections may not be a good fit (Group Connections are typically held on Saturdays).

During this quarter, the AzPaC management team extensively researched the State Legislative hearing screening requirements (Title 9, Chapter 13, Article 1) and the Arizona Department of Health Services (ADHS) reporting requirements. Although it was determined that the AzPaC Parents as Teachers program does not fall under this legislation, AzPaC management determined that it would be best practices to follow the screening and reporting guidelines for all hearing screenings conducted with program participants. The Program Coordinators have scheduled hearing screening trainings for all Parent Educators to become certified in the standards set forth by the state legislation and will begin reporting hearing screenings to ADHS before the end of next quarter.

Southwest Human Development Home Visitation Strategy (Healthy Families)

TOTAL AWARD: \$252,185	SFY14 FUNDS EXPENDED: 60%	\$151,329
TARGET SERVICE NUMBER		75
TOTAL NUMBER OF FAMILIES SERVED	Q2:	49

Narratives Reports Summary

Program Implementation:

Our East Valley Social was a great success. This Central Maricopa team collaborated with the two Healthy Families South East Maricopa teams to provide families with this opportunity. The social was held at Pioneer Park in Mesa. Several stations were set up, tummy time, RIF, family photo, craft activity and of course the playground was available for older kids to play. Each of the CM families that showed up received a RIF book for their child.

Our creative outreach efforts continue to pay off. Two of the seven families on outreach returned in December. We are hopeful to re-engage one more return in January.

Developmental Screenings:

- o Healthy Families utilizes the Ages and stages Questionnaire (ASQ) and the Ages and Stages Questionnaire – Social emotional (ASQ-SE) with each child in the family who is under 5 years old.
- o Home visitors utilize the information to set child development goals with the family. If a child is suspected to have a developmental delay based on the screen, a referral for further testing is given to the family.
- o This past quarter Healthy Families has identified two (2) children as having a possible developmental delay and referred the children to the Arizona Early Intervention Program (AzEIP) or the appropriate school district.

A barrier to implementing our program is the program’s participation requirements. While we believe seeing families weekly and consistently is an excellent way to engage families, build relationships, and retain most families in our program, this requirement can also be a barrier. We sometimes discover that families have difficulty committing to weekly visits, even when they clearly love the program and their FSS. Reasons might include going back to work, teen parents going back to school, medical or service provider appointments, etc. Other reasons occasionally include the family not being interested in making the commitment. We will continue to be as flexible as possible and offer short-term options to help them stay in the program (service level changes), they still have to commit to a certain number of visits in order to stay in the program.

Collaboration and Communication:

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

Central Maricopa team manager continues to attend regional council meetings in order to network and pick up updates on programs in the region. Information is shared with staff at team meetings as well as adding it to our resource guide. We continue to collaborate with community partners such as:

- Chandler Christian Community Center
- Escalante Community Center
- Tempe, Chandler and Guadalupe Public Library

- Az Cooperative Therapies (AzEIP service provider)
- SHWD (AzEIP service provider)
- Melmed Center
- Foundation for Blind Children
- Az Pediatric Eye Specialists
- Keogh Health

Additional Information:

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

- Maria is a young mother of three children. Maria was introduced to Healthy Families as a requirement from CPS. The family was referred by a physician concerned about chronic illness the two older boys required continued medical intervention for. The home visitor took the mother's lead and together they created a functional medical home. There was one barrier more to overcome. Maria has mild cognitive challenges. It was difficult for her to organize all the ideas around taking care of her children's medical needs. The FSS focused on making these themes more concrete. She spent the first several visits describing different illnesses, for many of these she used YouTube videos, and how/ when to call the pediatrician's office. She took advantage of the Guadalupe Public Library being half a mile away from her home. The CPS case closed a couple of weeks later.
- Elaine and her son Anthony have been in the program for just over a year. The home visitor and manager had some concerns about Anthony's development but initial ASQ showed only minimal concern. Elaine did not seem ready to accept that anything could be wrong with her baby. The home visitor completed interim ASQs and a pattern of delay began to emerge. The FSS gently used the data to explain her concern about Anthony's development. Rapport with this mother was still fragile, for a while we thought Elaine would close services, but the FSS maintained focus on building the baby's skills which the mother seemed to appreciate. After the latest ASQ conducted, before the FSS was to explain the results, Elaine asked the FSS to help her with an AzEIP referral. The FSS is currently helping to normalize the process and is preparing support systems with this mother in case AzEIP recommends starting early intervention services.

Our Central Maricopa team continues to benefit from the information gathered at regional council meetings.

- Healthy Families teams received great feedback from our first QA site visit. FTF staff visited our program on October 17 and 18. Staff and managers were encouraged by the specific feedback given at the closing of the site visit. Comments received were positive and staff members were delighted. The only recommendation made was for all staff to attend training from the Department of Education on the Arizona Infant Toddler Developmental Guidelines, we were lucky enough to get staff trained in December and have a plan in place to train newly hired staff.

Arizona Children’s Association
Parent Education Community Based Training Strategy

TOTAL AWARD: \$389,411	SFY14 FUNDS EXPENDED: 38.1 %	\$240,858
TARGET SERVICE NUMBER		1,400
TOTAL NUMBER OF ADULTS SERVED	Q2:	592

Narratives Reports Summary

Program Implementation:

- We are pleased to report that we conducted a total of 89 workshops this quarter in the Central Maricopa Region with a total of 592 parents/caregivers in attendance.
- We have just completed hiring 3 parent educators and 2 child care providers. The on-call child care providers, who have been working with us for some time, will still be utilized to supplement our two new staff to adhere to proper ratios.
- Additionally, we hired an on-call trainer to provide backup for current more senior faculty presenting the majority of NDI’s other workshops. She is bi-lingual.
- These additions have made all the difference in being able to outreach/market more within the regions, present more workshops in a given quarter and provide dedicated quality child care to encourage parent participation. We have enjoyed tremendous success during this grant cycle.
- NDI senior staff who are providing our *Brain Time* and *Kinder Prep* workshop series are being trained to present *Wired for Success®* and *S.T.E.P.S.® Plus*. This will allow for more flexibility in scheduling faculty for our different *Bright Choices* programs.

Barriers:

Our program does not have explicit bible scriptures/verses as part of the parenting curriculum and, therefore, was turned down by a church. They were looking for a program that was Christian-based with bible connections. This notion may explain, in part, why it has been so difficult to partner with the faith-based community.

We were asked to provide feedback in this report on the [Challenges/Barriers](#) to working with the Guadalupe community. Here are some points we think might be helpful.

- Making contact with families through flyers doesn’t work well. Parents in Guadalupe respond better to face-to-face interaction or through someone they know. Relationships are key for members of the community to develop an interest and then commit to attending.
- Many parents have immediate physical needs such as food, utilities, transportation, diapers, healthcare, etc. so they don’t seek out parent education opportunities like other communities. Once the more immediate needs are met, they are more likely to take advantage of other opportunities available to them. These physical needs would make effective incentives for attending our programs.
- Parents feel more comfortable if they are referred by someone they already trust and can relate to. They are more likely to attend classes if the librarian, school staff, or other community members recommend our programs and if our programs are held in comfortable, safe, easy access venues like the library.
- Community events provide an opportunity for us to make the face-to-face connections and talk about our programs. Lately, we have found that it has been effective to have parents sign-up for our programs at the

community event and then we can make phone or email contact to follow-up. Calling them the day before to remind them has been successful because a few of those same families have been showing up.

Collaboration and Communication:

We continue to have established long-term relationships with people and agencies we have been working with during the past four years for our Central Maricopa FTF grant and with people and agencies in the Southeast Maricopa FTF communities developed during the last grant year.

Additional Information:

We would like to share a particular success that we had this quarter. We were fortunate to have been invited to provide our *S.T.E.P.S.*® curricula and our one-hour *Introduction to Wired for Success*® workshops to residents of My Sisters' Place, a women's shelter for women who are experiencing domestic violence. Women live in the shelter for up to 4 months. Approximately 7-10 women occupy the premises at any point in time, and often have children. Women and children come from dangerous and unstable environments that have caused emotional and physical traumas. The Shelter services provide for the basics; beds, group therapy, informational classes.

Our Adjunct Faculty member, Rachel Lam, worked with the Director to coordinate specialized classes that focus on the following areas: typical development of young children starting from birth; reasonable expectations for child's behavior at different ages/stages; appropriate parenting techniques as related to routines, safety, predictable environments, child's social-emotional development, self-regulation. The women are allotted 1 hour per week for informational classes. The Director requested classes with hands-on activities and a small group/focus group setting, rather than PowerPoint lecture (the shelter is not set up appropriately for a presentation-style class). Rachel and the Director agreed upon implementing four classes, at one class per week.

Dignity Health (Catholic Healthcare West)
Oral Health Strategy

TOTAL AWARD: \$336,752	SFY14 FUNDS EXPENDED YTD: 43.9%	\$147,778
TARGET SERVICE NUMBER		1,500
TOTAL NUMBER OF CHILDREN SERVED	Q2:	447

Narratives Reports Summary

Program Implementation:

- **Immunization Clinics:** Staff continues to provide education, screening and fluoride varnish at monthly immunization clinics at Chaparral Elementary school in the Southeast Maricopa Region and at Chandler Regional Medical Center, Kyrene Family Resource Center and Chandler Fashion Square in the Central Maricopa region in partnership with the Dignity Health Immunization Clinics. Weekly clinics are held at the Chandler CARE Center immunization clinic.
- **WIC Clinics.** Clinics are held twice a month at the Mesa, Greenfield, Broadway, Chandler and Guadalupe WIC offices and additional days when scheduling permits.
- **Pregnant women and new moms** were educated at WIC offices, immunization clinics, Gestational Diabetes classes, Family Resource Centers, and childbirth preparation classes.
- **Child Care Centers:** Oral health education, screening and fluoride varnish were provided to children at 15 childcare centers, preschools and Head Start locations.
- **Community Events:** St. Mark's Food Bank, Pan de Vida Health Fair and Coordinating Care for Young Children Southeast Maricopa and Chandler Day of Play and Parent University in Central Maricopa.
- **Education:** Oral health education is provided to parents and family members at WIC office, immunization clinics, family resource centers and health fairs. These one-on-one encounters provide excellent opportunities to speak directly to caregivers. 2900 children, parents and family members received education and dental supplies at these events.

Brooke M. Loiland, Quality Assurance Specialist with First Things First, spent a day with our team in December. She was able to observe the team in action at a childcare center clinic and spent several hours with the program manager and director. Brooke's report highlighted the strengths of our program to be thoroughness, ability to meet individual child's needs, "amazing team - communication and support for one another", data collection, leadership, collaboration and community partnerships.

Collaboration and Communication:

Second year dental hygiene students at Mesa Community College finished their rotations through our preschool/childcare clinics. An orientation was held in December for the first-year students who will begin their rotations in January.

There have been a few challenges with our expanding partnership with Keogh Health Connection. Keogh staff has been working to secure agreements with Maricopa County WIC which will allow Keogh staff to be present at the WIC offices during our screening/fluoride varnish clinics. Keogh staff will work with families to assist with health insurance enrollment. The contract process can be quite lengthy and is progressing slowly; however, progress is being made! Keogh staff has begun attending Head Start clinics with our team. Parents are notified in advance that a Keogh representative will be available at their school during the screening/fluoride varnish clinics. Keogh was present at several Head Start clinics during the second quarter. Processes are still being worked through but this promises to be an excellent opportunity to assist parents with health insurance enrollment.

84 follow-up calls were made in the second quarter to children who were identified as having cavities. 46 parents were spoken to and 18 stated they had taken their child to the dentist based on our recommendation.

Additional Information:

We provide satisfaction surveys at clinics to find out how we are doing. We are happy to share a few thoughts from

Teachers:

- *The hygienist was very patient and took her time explaining the information for the children to understand! The children enjoyed listening to her and liked learning about how to brush their teeth.*
- *The class just loved it. They really liked the props that were used. Good length of time, not too long.*

And parents:

- *Great Service*
- *Ladies were super nice and gentle*

As part of our regularly scheduled in-service rotation, a representative from 3M provided the team with an update on the latest fluoride varnish products. She highlighted one particular product which may be a better choice for us since it is easier to apply in community settings. We are currently evaluating the cost/benefit ratio of this product.

Southwest Human Development
Director Mentoring Strategy

TOTAL AWARD: \$75,000	SFY14 FUNDS EXPENDED: 89.4%	\$44,644
TARGET SERVICE NUMBER		10
TOTAL NUMBER OF PROFESSIONALS SERVED	Q2:	21

Narratives Reports Summary

Program Implementation:

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

The pre-assessment tool, the *Early Childhood Work Environment Survey* (ECWES) was completed by each staff member during September at each of the 10 directors' centers. The ECWES is a standardized assessment of a center's work climate and it provides a comprehensive analysis of organizational functioning. The ECWES is designed for use by all administrators, teachers, and support staff who work in a paid capacity more than 10 hours a week in the program. Each staff member completes a survey anonymously which takes approximately 15 minutes. Surveys are returned to the McCormick Center for Early Childhood Leadership for scoring and then each center receives a computer generated profile showing their results.

The Work Environment Profile summarizes the combined ratings for all participants at each individual site. The profile includes graphic representations of staff perceptions of current organizational practices, their level of commitment, and their perceptions of how their current work setting compares to their ideal. The survey looked at the following ten dimensions of organization climate:

- Collegiality
- Professional growth
- Supervisor support
- Clarity
- Reward system
- Decision making
- Goal consensus
- Task orientation
- Physical setting
- Innovativeness

Survey results were received at the end of October. Mentors reviewed these results with each of their assigned directors during their mentor visit in November. Mentors reported that it was hard for some of the directors not to take the results personally. The directors agreed that this was also a great opportunity to really get a sense of what their staff is thinking. They are planning to incorporate goals into their plans that will address areas of concern as a result of their staff's responses

Collaboration and Communication:

The Infant and Toddler Strategy, *First Relations*, in the Central Maricopa Region extended an invitation to the Aim4Excellence cohort to join them for a day of professional development on Thursday, November 7th at the Rio Salado Conference Center. Jill Bella, Ed.D. Director of Quality Support for the McCormick Center for Early Childhood Leadership at National Louis University presented on two topics. The AM topic was Borientation? How to Keep Your Orientation from Being a Real Snooze and the PM topic was Communication is Not a One Way Street: Working with Centers and Families to Get Messages Moving in Both Directions. Seven members of the cohort were in attendance along with two of the mentors. The cohort had just finished working through Module 2, *Recruiting, Selecting, and Orienting Staff*. This professional development day was timely and allowed the participants to discuss strategies and methods for applying research and theory to their day to day operations. The merging of these two groups was another great opportunity for these early childhood professionals to leave the isolation of their director roles and network with other early childhood professionals from their community.

Additional Information:

At the end of the monthly cohort meeting, each director is asked to reflect on their work in the module of the month. Here are some thoughts from one of the participants regarding her work in Module 3 which covered supervising staff, promoting their ongoing professional development, and creating a strengths-based team:

“After working through Module three, I see myself not only as “the supervisor,” but as a facilitator in helping each staff member discover what their growth goals are in their current position and what they can do to realize those goals. I appreciate the encouragement I received from this module to treat performance appraisals as opportunities to learn or grow and not as a laundry list of what each staff member is doing wrong. This shift in mindset also positively adds to the ability to build stronger connections between staff members and between myself and the staff.”

Maricopa Community College District
Infant and Toddler Strategy

TOTAL AWARD: \$400,000	SFY14 FUNDS EXPENDED YTD: 32.2%	\$128,827
TARGET SERVICE NUMBER		50
TOTAL NUMBER OF CENTER-BASED PROVIDERS SERVED	Q2:	12

Narratives Reports Summary

Program Implementation:

A significant outcome achieved during this reporting period was completion of the research analysis of the first year of the project by Dr. Diana Schaack. This report summarizes the results of the first 12 months' intervention by First Relationships. It includes the data analysis of the research tools, Infant Toddler Environmental Rating Scale and the Program Assessment Reliability Scale (PARS) for the Program for Infant Toddler Care (PITC). The report also includes the summation of the focus group interviews.

The project has been successfully implemented. As previously mentioned, all contracts and all purchase orders for the second quarter of the grant are in place. The primary challenge in managing this grant is the coordination of the multiple entities and perspectives. This includes adhering to the policies and procedures associated with two government entities while trying to be responsive to the contractors/service providers. The contract is comprised of the submissions from the primary contractor, Innovations in Early Childhood Education and the researcher, Dr. Diana Schaack.

Collaboration and Communication:

There is continuing collaboration with Innovations in Early Childhood Education, Inc., the Arizona Infant Toddler Institute, New Directions Brain Institute, the Indigo Cultural Center, Dr. Diana Schaack, the McCormick Center of Early Childhood Leadership, Dr. Chip Donohue, Community Playthings, and Department of Health Services. The intent of the collaborative efforts are to provide the program of professional development as described in the original contract and in the Institutional Review Board submission to support the implementation of primary caregiving and continuity of care, two well researched practices believed to improve the conditions for infant and toddlers in out of home care

Additional Information:

The major success during this reporting period was the completion of the research report for the first year. This report provides crucial data and subsequent analysis that can offer the early childhood community important insights into quality improvement initiatives

Statewide or Multi-Regional Strategies

Arizona Academy of Pediatrics
Care Coordination Strategy

TOTAL AWARD: \$197,000	SFY14 FUNDS EXPENDED: 42.1%	\$82,934
TARGET SERVICE NUMBER		600
TOTAL NUMBER OF CHILDREN SERVED	Q2:	514

Mental Health Consultation Strategy

TOTAL AWARD: \$246,000	SFY14 Funds Expended: 48.2%	\$118,630
TARGET SERVICE NUMBER		10
TOTAL NUMBER OF SERVED	Q2:	21

Scholarships non-TEACH Strategy

TOTAL AWARD: \$70,000	SFY14 FUNDS EXPENDED: 85.5%	\$4,620
TARGET SERVICE NUMBER		50
TOTAL NUMBER OF SERVED	Q2:	46

FTF PROFESSIONAL REWARD\$ Strategy

TOTAL AWARD: \$199,800	SFY14 FUNDS EXPENDED: 75.6%	\$151,122
TARGET SERVICE NUMBER		112
TOTAL NUMBER OF PROFESSIONALS SERVED	Q2:	98

Arizona Department of Education
Pre-Kindergarten Strategy

TOTAL AWARD: \$789,334	SFY14 FUNDS EXPENDED: 75.%	\$592,051
TARGET SERVICE NUMBER		255
TOTAL NUMBER OF SLOTS	Q2:	118

Scholarships TEACH Strategy

TOTAL AWARD: \$180,000	SFY14 FUNDS EXPENDED: 21.7%	\$39,041
TARGET SERVICE NUMBER		55
TOTAL NUMBER OF SERVED	Q2:	80

Quality First! Strategy

TOTAL AWARD: \$696,016	SFY14 FUNDS EXPENDED: 75%	\$499,821
TARGET SERVICE NUMBER		36 Centers 5 Homes
TOTAL NUMBER OF SERVED	Q2:	35/3

Quality First Child Care Scholarships Strategy

TOTAL AWARD: \$2,669,360	SFY14 FUNDS EXPENDED: 75%	\$2,001,113
TARGET SERVICE NUMBER		380
TOTAL NUMBER OF SERVED	Q2:	375

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

Indicator 2 – Children in Quality Early Care and Education

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.

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'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.



School Readiness Indicators

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 make 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.

Supporting materials can be found in the Maricopa appendix.



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School Readiness Indicators

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.



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School Readiness Indicators

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.

Supporting materials can be found in the Maricopa appendix.

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.



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School Readiness Indicators

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.*



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School Readiness Indicators

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.



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School Readiness Indicators

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.

Supporting materials can be found in the Maricopa appendix.

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 can not 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



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School Readiness Indicators

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.



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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%



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.

Maricopa/Phoenix Cross Regional School Readiness Benchmarking Timeline

Targeted Date/Deadline	Action
August 14, 2013	COMMITTEE MEETING
8:30 – 10:30 am – Cross-Regional	Overview of Process Cross Regional Approach
September 9, 2013	COMMITTEE MEETING
8:30 – 10:30 am – Cross-Regional	Set Benchmark for Indicator #2
January 16, 2014	COMMITTEE MEETING
8:30 – 10:30 am – Cross-Regional	Rio Salado Community College, Conference Center Set Benchmark for Indicator #10
February – March	Councils review/approve recommendations on Benchmarks
March 13 th – 28 th	Community Comment Opportunity On-line Survey regarding Benchmarks
March 19 th	Community Forum – Evening
March 20 th	Community Forum – Day
April 9 th	COMMITTEE MEETING – Review Public
8:30 – 10:30 am – Cross-Regional	Feedback/Input
10:30 am – 12:20 am - SPhx	
April – May	Council Review Committee Report Including considerations of Public Feedback
Jun-14	FTF State Board Reviews/possible approval of Regional Benchmarks