

Component Overview

SECTION ONE COACHING

- Individualized guidance and support
- Monthly on-site visits
- Targeted training and technical assistance
- Support of goal development and implementation

SECTION TWO ASSESSMENT

- Environment Rating Scales (ERS)
- Classroom Assessment Scoring System (CLASS)
- Quality First Point Scale
- Star Rating Calculated from Assessment

PROVIDER

SECTION THREE FINANCIAL INCENTIVES

- Financial Incentives
- Quality First Scholarships
- DHS Licensing Fees

SECTION FIVE PROFESSIONAL DEVELOPMENT

- Child Development Associate (CDA) credential or Associate's Degree in ECE or related field
- Varied supports for continuing education

SECTION FOUR SPECIALIZED ASSISTANCE

- Birth to Five Helpline 1-877-705-5437
- Child Care Health consultation on-site
- Mental Health consultation (regional funding)
- Inclusion coaching (regional funding)
- Department of Education Early Childhood Program Specialist (regional funding)



Quality First Child Care Scholarships

Kelly Adu'Elohiym – Quality First Scholarships Specialist
March 2015

Strategy Overview



Eligibility

- Provider responsible for qualifying family & maintaining documents
- No more than 2 full time scholarships per family
- Children must be age birth to age five, not yet in Kindergarten
- Child must be citizen or legal resident
- No combining with full-time DES subsidy
- Minimum attendance required (85% of scheduled days; Full-Time minimum enrollment is 28 hrs/wk, Part-Time minimum is 12 hrs/wk)
- Family income must be at or below 200% Federal Poverty Level:

Income Thresholds per 2014 HHS Poverty Guidelines

Family Size	2	3	4	5
DES	\$ 25,955	\$ 32,654	\$ 39,353	\$ 46,052
FTF	\$ 31,460	\$ 39,580	\$ 47,700	\$ 55,820



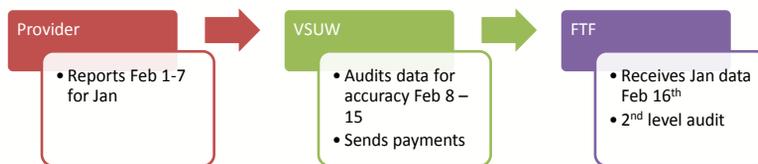
Allocation & Re-Allocation

- Scholarship star ratings are “locked in” for the upcoming FY on April 1
- Programs are notified of their new awards in May, to start July 1
- Scholarships are awarded based on site star rating, size and past usage
- Scholarships remaining unfilled after 60 days are removed and re-allocated to other sites in the region for use, again prioritizing rating & size as well as ability to use
- FY15 re-allocation on quarterly basis (Oct & Jan), FY16 will see introduction of rolling re-allocation to maximize capacity
- Sites whose ratings increase to 3-5* after the April 1 cutoff may be awarded scholarships later in the year depending on availability



Reporting

- Providers report via web reporting portal at beginning of the month for the previous month
- Data points collected include children's names, DOBs, date of enrollment, care time (FT/PT), family size, gross income, days scheduled, days & hours attended/absent, dates & reasons vacated if applicable
- Not collected: gender, ethnicity, special needs classification, family employment status, etc.
- Grantee (VSUW) manages reporting, provider calls and reimbursements



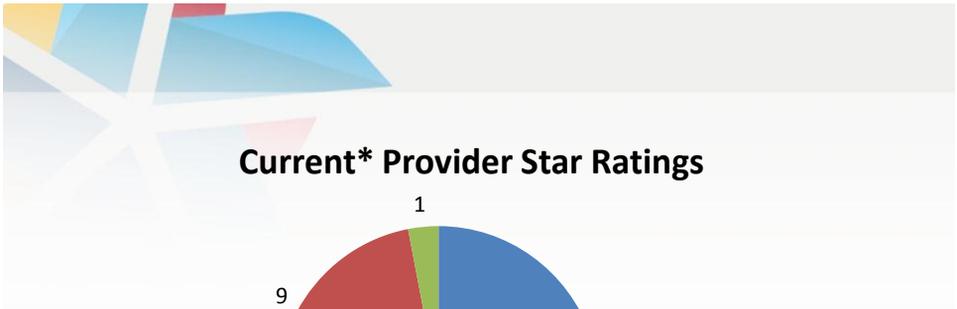
Fiscal Monitoring

- VSUW is contracted to carry out audits on 25% of all providers in each region
- VSUW employs 2 FT staff members to conduct fiscal monitorings year-round
- Attendance logs, income qualification documents and family eligibility documentation is reviewed
- In the event a discrepancy cannot be resolved, future payments to the provider can be withheld to recoup funds already paid

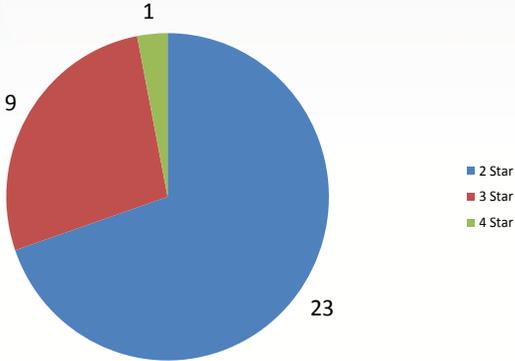




Pinal Data



Current* Provider Star Ratings

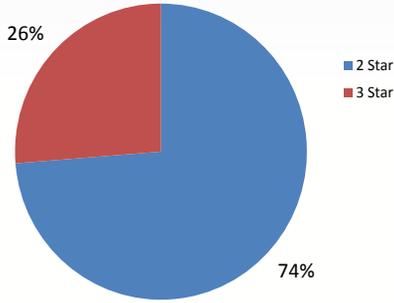


*as of March 4, 2015

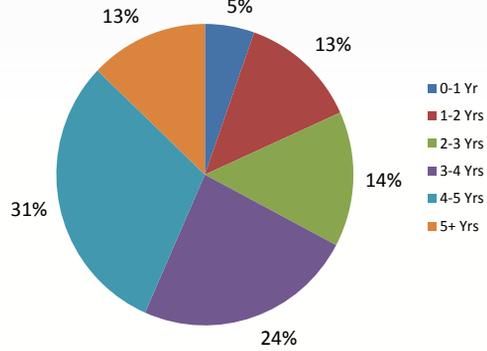


January Scholarship Usage

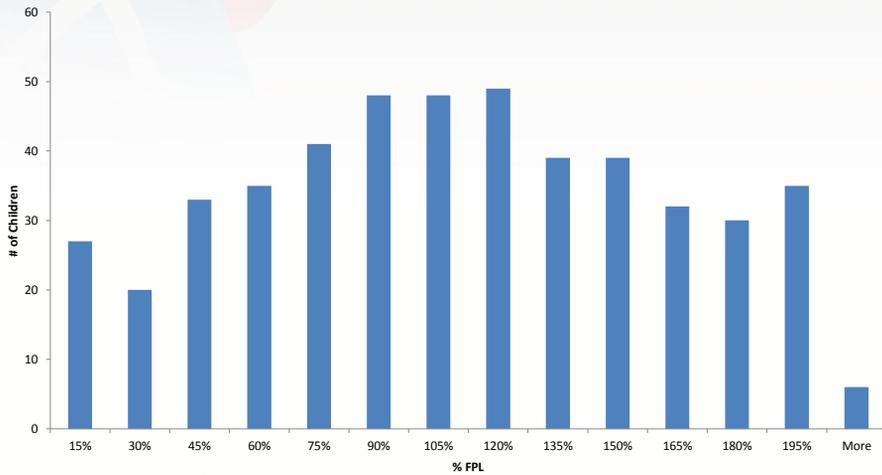
By Star Rating



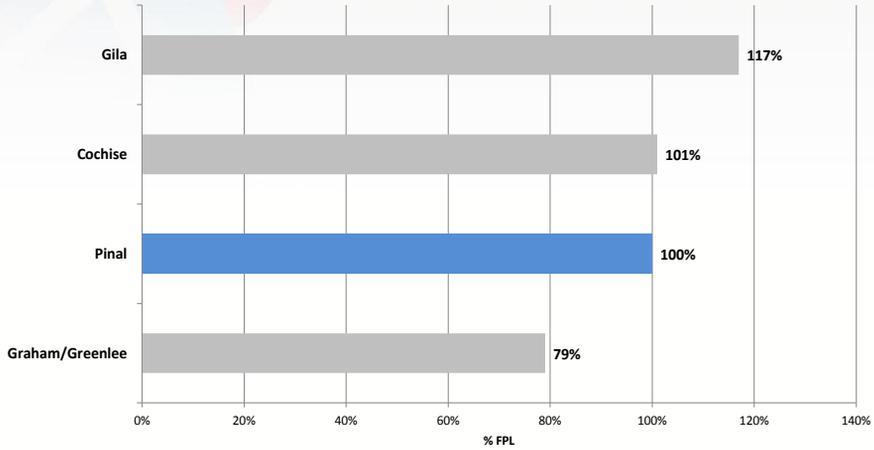
By Age



of Children on Scholarship by % Federal Poverty Level



Average Family Gross Income as FPL%: Central East Regional Area

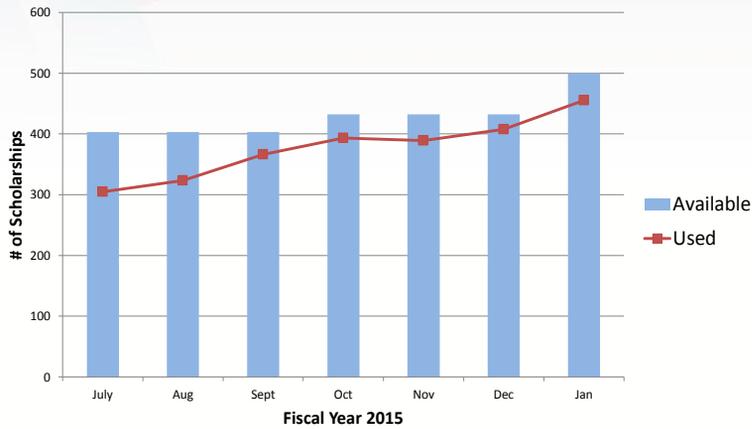


Facts & Figures from January Data

Average duration of enrollment	267 days (9 months)
Average child age	42 months (3.5 years old)
Average hours attended per month	129
Average days attended per month	17
Average % FPL (excluding \$0 AGI)	105%
Average % FPL (including \$0 AGI)	100%
Average provider monthly rate (FT)	\$647
Average FTF reimbursement (FT)	\$579
Average family co-pay (FT)	\$42

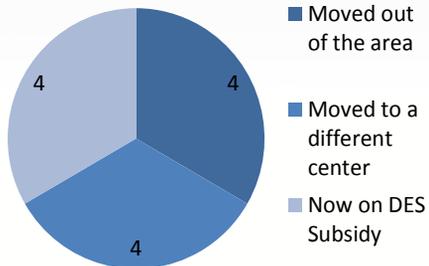


FYTD Scholarship Availability vs Usage

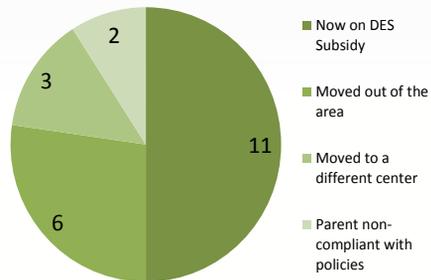


Vacate Reasons

December Vacates (2.7%)

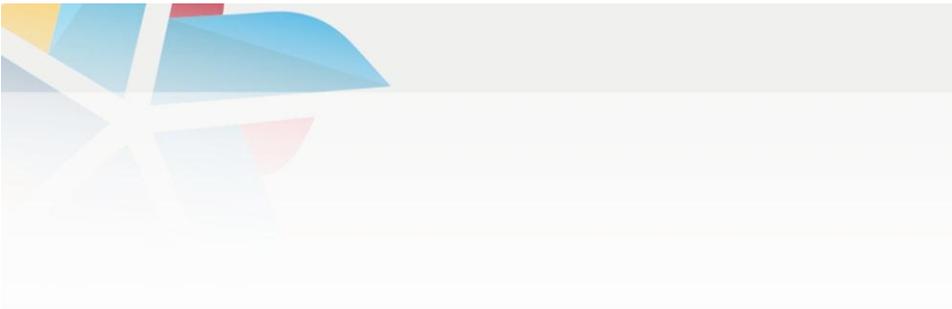
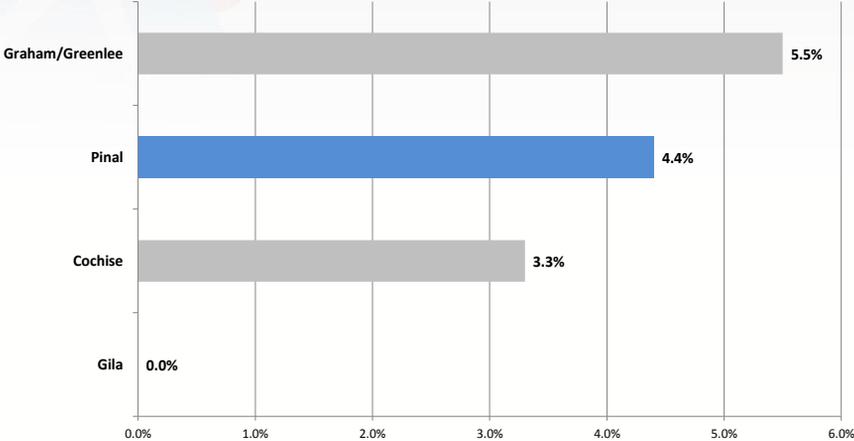


January Vacates (4.4%)





January Vacate Rates within Central East Regional Area



Questions?





Child Care Health Consultation

Cathy Martinez, UA Cooperative Extension FCHS Agent
Janet Jepsen, UA Child Care Health Consultant

What is a Child Care Health Consultant?

A Child Care Health Consultant is a professional who has knowledge about the health and safety of children and about early childhood settings.

The CCHC is specially trained to work directly with child care providers in family care homes and centers.

- ▶ In Pinal County, discussions between FTF and UACE began in 2009 and the contract was finalized in Dec.; program began operation in 2010.
 - ▶ We coordinate with the ECE community to support the efforts being made by family care homes and centers to provide a healthy and safe environments for children, staff, and families.
 - ▶ CCHC is a preventive health strategy based on a train the trainer model.
 - ▶ Base recommendations and trainings on Caring for our Children: National Health and Safety Performance Standards (3rd edition) to move providers toward “Best Practice”.
- 

Who are our CCHCs?

- ▶ Janet Jepsen, RN
 - ▶ Working at UACE for 2 years, 1 year with Sensory Screening and 1 year as CCHC
 - ▶ 23.5 Years as a Nurse with the Pinal County Public Health Department, + experience as a school health and ER nurse
- ▶ Denise Shively, RN
 - ▶ Starts work on Tuesday, March 17th (participating in CCHC Certification class)
 - ▶ 20+ Years nursing experience with the Pinal County Public Health Department, home visitation for newborn intensive care program, and pediatric community health

CCHC Training

- ▶ Child Care Health Consultation training is required before a CCHC can begin to work independently.
 - ▶ Curriculum is adapted from the national approved curriculum developed at the University of North Carolina Chapel Hill.
- ▶ CCHCs, while taking the certification class, shadow an active CCHC.
 - ▶ An essential component on onboarding new employees
 - ▶ Shadowing helps develop knowledge, skills, and experience, while also helping new employees absorb the values, norms, and standards of an organization/program while building positive relationships
- ▶ Attend CCHC Professional development meetings quarterly
- ▶ Participate in program fidelity monitoring and visits conducted by FTF (September 2014)

Current Services (thru 6/30/15)



- ▶ Pinal Region
 - ▶ 36 QF center based providers
 - ▶ 11 QF home based providers
 - ▶ 4 non QF center based providers
 - ▶ 4 non QF home based providers
- ▶ Gila River Indian Community
 - ▶ 2 QF center based providers
 - ▶ 2 QF home based providers
- ▶ Gila County
 - ▶ 2 QF center based providers
 - ▶ 2 QF home based providers

Role of the CCHC

- ▶ The CCHC delivers information, conducts training, makes on-site observations, assesses safety of playground equipment and other site aspects, consults with child care Directors and staff, and provides other direct or referral services related to health and safety.
- ▶ Services are provided:
 - ▶ On site at child care homes and centers
 - ▶ Over the telephone
 - ▶ Via quarterly newsletters
 - ▶ Through training to child care staff, children, or parents
 - ▶ Referrals to appropriate ECE organizations for specific issues/needs
 - ▶ Work in cooperation with the QF Coaches and Smart Support

What topics might be addressed?

- ▶ Site physical assessment and staff observation
- ▶ Immunizations
- ▶ Nutrition
- ▶ Safety and Injury Prevention
- ▶ Recognition and Reporting of Child Abuse
- ▶ Outbreaks of Infectious/Communicable Diseases
- ▶ Health Promotion for Staff
- ▶ Health Issues for Families
- ▶ Quality in Child Care
- ▶ Environmental Health
- ▶ Medication Management
- ▶ Safety issues for children with Special Needs

Why use CFOC Standards?

- ▶ CFOC standards are higher standards than licensing or certification require
- ▶ Definitive source on best practice in health and safety in early care and education settings
- ▶ Evidence based
- ▶ Expert consensus
- ▶ Nationally recognized and accepted model for health and safety practices
- ▶ By encouraging centers and homes to adopt best practice, CCHCs help ensure safe and healthy practices and environments for children, staff, and families

So who created the CFOC Standards?

- ▶ Funded through Maternal and Child Health Bureau Cooperative Agreement (United States Department of Health and Human Services)
- ▶ Partners include:
 - ▶ American Academy of Pediatrics (AAP)
 - ▶ American Public Health Association (APHA)
 - ▶ National Resource Center for Health and Safety in Child Care and Early Education (University of Colorado (NRC))

Impacts of the CCHC program



- ▶ A step ladder and safety ledge on the changing table were added as a result of CCHC input
 - ▶ Important for staff safety (lifting from a safer height onto the changing table)
 - ▶ Important to assure that babies and children don't fall off the changing table

Impacts of the CCHC program



Teachers used to use a horseshoe table with bucket seats to ‘group feed’ toddlers because they thought they were too little to sit at a regular table. At times staff would leave children hanging while they left to change a diaper or perform other tasks. Now adequate space is provided for family style meals, play, and there are no unnecessary restrictions.

Impacts of the CCHC program



- This center removed a wall (marked on this photo) doubling the size of the infant room to allow adequate space for tummy time play and 36” crib spacing.
- Two more toilets were installed in the preschool bathroom so they no longer send children to the toddler hall unattended
- Created a teacher lounge with lockers/locks so contents of purses are not accessible to children

Impacts of the CCHC program



Impacts of the CCHC program



Impacts of the CCHC program



Thank you for your time

Questions?

Contact Info:

Cathy L. Martinez, PhD

520-836-5221 x203

clmartin@cals.arizona.edu

Janet Jepsen, BSN

520-836-4651

janetj@cals.arizona.edu



Smart Support

ARIZONA'S EARLY CHILDHOOD MENTAL HEALTH
CONSULTATION SYSTEM



Smart Support Goals

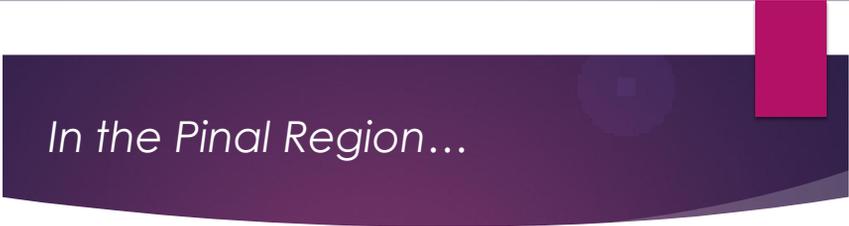
- ▶ To improve the overall quality of early care and education settings in Arizona so that they are better able to support the social and emotional development of young children.
 - ▶ To increase the capacity of early childhood providers to address the mental health needs and challenging behaviors that place particular children at risk for negative outcomes in the first years of life and beyond.
-

Smart Support *begins*

- ▶ In December 2009, Southwest Human Development received a FTF grant to design and implement state-wide accessible early childhood mental health consultation .
- ▶ In April 2010, consultation services to early care and education providers began.

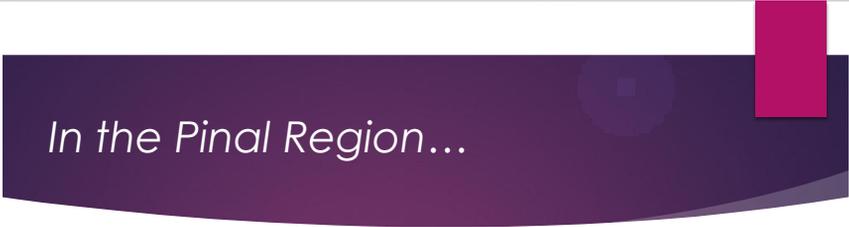
Since then, Smart Support has provided consultation services to:

- ▶ 608 early care and education providers
 - ▶ 559 were licensed early care and education centers
 - ▶ 49 were regulated family care homes
 - ▶ 795 teachers worked with a Smart Support consultant
 - ▶ 13 of 31 regions in Arizona
-



In the Pinal Region...

- ▶ Consultation began in November 2010
- ▶ 32 providers total have been served
- ▶ 30 centers
- ▶ 2 homes
- ▶ 81 teachers
- ▶ Consultants in this region have become integral partners in the community



In the Pinal Region...

- ▶ Originally funded two full-time consultants
 - ▶ In FY15 council votes to fund 14 units
 - ▶ Changes to cost model will mean that July 1, 2015 14 units funds 1.4 consultants.
-

Smart Support Consultants

- ▶ High quality consultation services provided by master's-level mental health clinicians and early childhood education specialists
 - ▶ Most MHCs have degrees in a license-eligible mental health field
 - ▶ A few have degrees in early childhood or early childhood special education
 - ▶ At least one year post-master's experience
 - ▶ Required experience working with children 0-5, preferably in group settings
-

Smart Support *Bottom Line*

- ▶ The foundation for consultation work is the relationship the mental health consultant develops with the director and teachers: warmth, dependability, consistency, a safe "space" to think new thoughts and try new behaviors.
 - ▶ Parallels the relationship we hope teachers will develop with the children in their charge.
-

Smart Support *Bottom Line*

- ▶ Smart Support has an expectation of change. Directors and teachers participating in ECMHC have a willingness to engage in dialogue, and an openness to transforming their practices.
- ▶ Smart Support and early care staff work in partnership to create change.

Smart Support *Outcomes*

- ▶ Teachers increased their capacity to stay emotionally connected even in the presence of strong negative emotions.
 - ▶ Teachers paid more attention to children's emotions and understood children's social and emotional needs
 - ▶ Teachers' perceptions of the risk of expulsion for children with challenging behaviors decreased
-

Smart Support *Outcomes*

- ▶ Teachers were more supportive of each other and more aligned in sharing responsibilities and managing classroom activities
 - ▶ Teachers were more confident in their ability to respond to children and deal effectively with conflicts
 - ▶ Teacher-child relationships improved. Closeness increased and conflict decreased
-

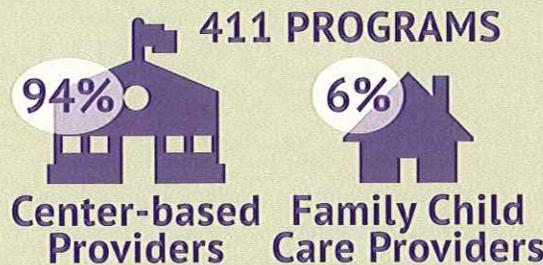
SUMMARY OF EVALUATION FINDINGS

2010 - 2014

BACKGROUND The positive impact of Early Childhood Mental Health Consultation (ECMHC) on children, families, teachers and child care programs has been well established in large-scale evaluations in many states. Findings from rigorous studies (i.e., random-controlled experiments, quasi-experimental and mixed methods studies) underscore that access to ECMHC reduces serious problems that undermine school readiness in American children. Children's social and emotional capacity is strongly linked to school readiness.

There are 3 forms of mental health consultation provided by Smart Support: Child-Focused; Classroom-Focused; and Program-Focused. These 3 forms of consultation are often delivered concurrently. Smart Support provides intensive weekly services by highly qualified, masters-level consultants.

EVALUATION PARTICIPANTS

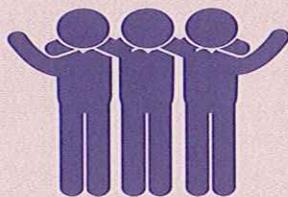


METHODOLOGY

The data was collected at Baseline; 6 months of Smart Support; 12 months of Smart Support.



OUTCOMES (Statistically significant findings)



Improved classroom emotional climate



Increases in teacher knowledge of social and emotional development



Teacher-Child Relationships:

- Closeness increased
- Conflict decreased



Prevention of child expulsion



Increased teacher confidence in ability to deal effectively with challenging behavior



Increases in children's self-regulation





QUALITY FIRST ACADEMY

The Quality First Academy is offering a comprehensive curriculum scope and sequence to a diverse group of Technical Assistance Providers (QF Coaches, Assessors, Mental Health Consultants, Child Care Health Consultants, Inclusion Specialists, ADE, DHS and DES specialists) who provide services and support within the Quality First System. Academy participants are receiving an innovative curriculum experience that is evidence-based and grounded in methodology that is focused on moving the practice forward to achieve positive outcomes for early care and education in Arizona.

The Quality First Academy is implementing this first year's curriculum through a continuum of learning and support activities. The Quality First Academy Curriculum: Universal Professional Learning Community model includes:

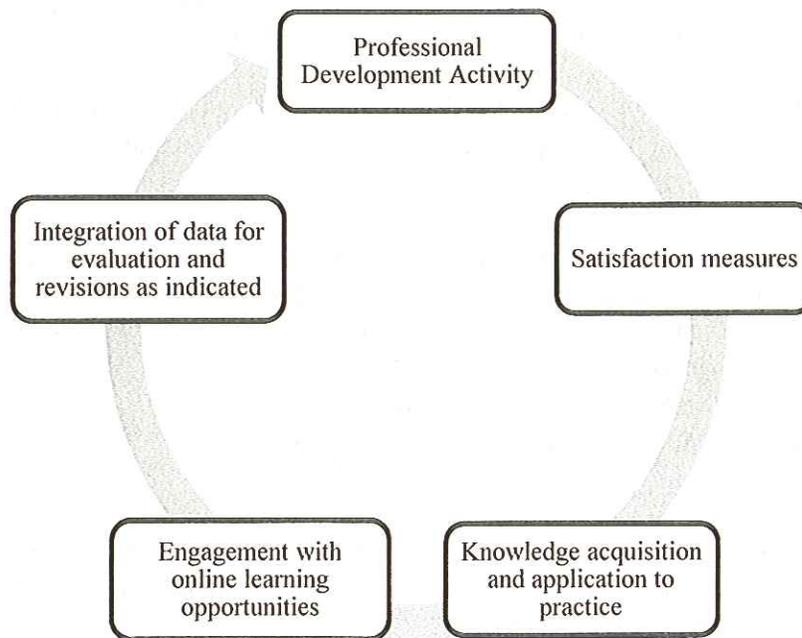
- 7 foundational sessions – held across the state in consistent Professional Learning Communities
- Monthly Asynchronous Discussion Board participation – smaller, subset learning communities via technology found on the QFA Professional Learning Library
- 1-2 E-Learning Modules per month
- 1-2 Supplementary Specialized Topic Learning Communities quarterly
- Unlimited access to the QFA Professional Learning Library Resources.

Upon successful participation in this continuum of QF Academy learning events, Technical Assistance Providers working within the Quality First system will have a solid understanding of the following:

- The multi-stages of consultation identified for use by First Things First
- Coaching/consultation skills of observing, listening (attending, acknowledging and associating), and responding (probing, summarizing)
- Using data and evidence to revise action plans
- Sharing feedback and holding reflective conversations
- Linking to additional information, resources and supports
- Problem-solving and planning

Supervisors of the technical assistance providers participating in QF Academy learning events will be able to demonstrate a shared understanding of the identified consultation model, and will have an ability to enhance their knowledge and skill in providing supervision, motivation and direction of staff to successfully and collaboratively move through the coaching cycle. The Quality First Academy will also promote professionalism and cultural responsibility in all learning events and activities by paying close attention to who is delivering what content to which participants, and in what matter.

Data is being collected on an ongoing basis to monitor the effectiveness of the Quality First Academy professional development activities and use of the online learning opportunities and resources. Participant satisfaction, knowledge progression and application, and engagement in their online learning opportunities (professional learning communities, modules, use of resources) is being monitored. A feedback loop has been established so that as each activity is completed, the data sources are utilized to evaluate and improve the completed activity as well as consider revisions to a future activity. This process is represented in the figure below:



Data from these multiple sources is being reviewed and synthesized to understand the impact of the professional development activities on the participants as well as their satisfaction with training and support that they receive through the Quality First Academy.

Quality First Academy instructors have been assigned to regional Professional Learning Communities. To help assure cohesive community building, Technical Assistance Provider participants will have the opportunity to build relationships with the QFA staff facilitating both the in-person sessions and the virtual discussion sessions. Guest speakers and content experts are utilized as needed to provide facilitation of the Special Topics and the synchronized virtual presentations.

All QFA learning opportunities are designed to improve the knowledge, skills, practices, and dispositions of early education professionals.