



FIRST THINGS FIRST

Gila Regional Partnership Council

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March 8, 2010

Chairman Steven Lynn and Members of the First Things First Board
First Things First
4000 North Central Avenue, Suite 800
Phoenix, AZ 85012

Dear Chairman Lynn and Members of the Board:

On February 18, 2010 the Gila Regional Partnership Council voted to utilize \$235,000 from our Fiscal Year 2010 Fund Balance and allocate funding for two new strategies to be implemented in Fiscal Year 2011. The strategies are Home Visitation and Child Care Scholarships—both linked to the Family Support goal area. The Gila Regional Partnership Council respectfully requests the Board's review and approval of these strategies.

The first strategy, Home Visitation, is intended to help prevent abuse and/or neglect of young children of the Gila Region. The Region is presently serving 15 families through a Home visitation program strategy.

Sources of information available to the Regional Partnership Council indicate that substance abuse is the largest contributing factor that results in children being placed into foster care. The Regional Partnership Council believes that although the number of families we are able to reach is small, the prevention of abuse and neglect for our young children is extremely important. The Regional Partnership Council considered the following sources of information prior to submitting the request to expand home visitation services in the region: the region's long-term economic climate; the lack of substance abuse prevention and support programs and services available within the region; the 2008 Regional Needs and Assets Report; and feedback from community stakeholders and key informants. The Regional Partnership Council believes that home visitation services are a stabilizing source of support for families in the Gila Region.

After careful consideration of the information available to us, the Regional Partnership Council voted to increase the number of families served by this strategy from 15 to 25, which will result in a total allocation of \$85,000 for home visitation services in Fiscal Year 2011.

The second strategy the Regional Partnership Council wishes to implement is the use of child care scholarships to provide children and families with access to quality early care and education settings within the Region.

Letter to Chairman Steven Lynn

March 8, 2010

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The Gila Regional Partnership Council received an allocation in the amount of \$112,854 for emergency child care scholarships. It is anticipated that the existing emergency scholarship balance will be depleted by June 30, 2010. The Regional Partnership Council has learned that this support is extremely important in the region. Child care scholarships help support families whose incomes have been lost or decreased as a result of the state's economic crisis, while at the same time provide young children with a consistent and nurturing child care setting, which positively impacts school readiness skills. Again, using available information, the Gila Regional Partnership Council carefully considered the use of regional funding for a scholarship strategy, and voted to dedicate \$150,000 in Fiscal Year 2011 for approximately 20, one-year scholarships to families whose incomes are under 200 percent of the federal poverty level. Child care providers receiving regional scholarships will demonstrate a commitment to quality by being licensed and priority will be given to those participating in Quality First.

On behalf of the Gila Regional Partnership Council, please accept our appreciation for your support of all children in the Gila Region. We await your response in consideration of the newly proposed strategies relating to Home Visitation and Child Care Scholarships for Fiscal Year 2011.

Sincerely,

Alexis Rivera

Alexis Rivera, Chair

Gila Regional Partnership Council



FIRST THINGS FIRST

The right system for bright futures

GILA REGIONAL PARTNERSHIP COUNCIL 2011 FUNDING PLAN SUMMARY—Revised

Regional Allocation 2011: \$ 606,687
 Carry Forward from 2010: \$ 247,948
 Funding Available for Allocation in 2011: 854,635

Prioritized Needs	Goal Area	Proposed Strategies	Portion of Regional Allocation	Recommendation to the Board
Children do not have access to timely oral health care.	Health	Strategy Oral Health	\$50,000	Approved January 26, 2010
Children, particularly birth-to-three, are not receiving timely screenings for age appropriate development.	Health	Strategy Developmental Screenings	\$56,650	Approved January 26, 2010
The early care and educational workforce in the region are unable to retain a qualified workforce. The region's early care and educational workforce lacks professionals with appropriate credentials.	Quality, Access and Affordability	Strategy T.E.A.C.H.	\$32,600	Approved January 26, 2010
There is a need to increase the knowledge and skills of regulated home child care and center based child care providers.	Quality, Access and Affordability	Strategy Quality First	\$102,420	Approved January 26, 2010
Families lack access to or are unaware of quality family support and education services in the region, which can assist them in developing the necessary skills to support their child's optimal development	Family Support	Strategy—Family Support Strategy under development	\$85,000	Recommend Approval
More children need to enter school with basic early literacy skills. Families have limited access to resources that support children's early developmental milestones surrounding early literacy.	Family Support	Strategy Early Literacy	\$45,000	Approved January 26, 2010

<p>Children who are at risk of, or have, behavioral disabilities are not identified in a timely manner, and lack access to behavioral health professionals who specialize in serving young children with typical and atypical development, age birth through five.</p> <p>The Region lacks therapy professionals who are available to assess and serve young children with typical and atypical development, age birth through five.</p>	Professional Development	Strategy Early Childhood Allied Health Professional Financial Incentive Program (loan forgiveness and stipends)	\$123,000	Approved January 26, 2010
<p>Child care program staff across the region lack and need support from mental/behavioral health professionals who are trained and specialize in serving young children with typical and atypical development, age birth through five.</p>	Professional Development	Strategy Mental Health Consultation	\$150,000	Approved January 26, 2010
<p>Access to early care and education programs</p>	Access and Affordability	Child Care Scholarships	\$150,000	Recommend Approval
		Subtotal of Expenditures	\$794,670	
		Fund Balance	\$59,965	
		Grand Total	\$854,635	

Summary Financial Chart SFY 2010-2012

Revenue	SFY 2010	SFY 2011	SFY 2012 ESTIMATED	Total
FTF Total Allocation for the SFY	\$709,344	\$606,687	\$606,687	\$1,922,718
Fund Balance (carry forward from previous SFY)	N/A	\$247,948	\$59,965	
Total Available Funds	\$709,344	\$854,635	\$666,652	
Strategies	SFY 2010 OBLIGATED	SFY 2011 PROPOSED	SFY 2012 ESTIMATED	Total
Oral Health	\$0	\$50,000	\$50,000	\$100,000
Developmental Screenings	\$56,650	\$56,650	\$56,650	\$169,950
T.E.A.C.H.	\$104,930	\$32,600	\$32,600	\$170,130
Quality First	\$45,900	\$102,420	\$102,420	\$250,740
Az Parent Kits	\$0	\$0	\$0	\$0
Expedited Home Visitation	\$50,000	\$0	\$0	\$50,000
Emergency Food Assistance	\$3,223	\$0	\$0	\$3,223
Emergency Child Care Scholarships	\$112,854	\$0	\$0	\$112,854
Family Support	\$0	\$85,000	\$0	\$85,000
Access and Affordability	\$0	150,000	\$0	150,000
Early Literacy	\$0	\$45,000	\$90,000	\$135,000
Allied Health Prof Incentive Program (loan forgiveness and stipends)	\$0	\$123,000	\$178,350	\$301,350
Mental Health Consultant	\$0	\$150,000	\$150,000	\$300,000
Needs and Assets	\$20,000	\$0	\$0	\$20,000
Evaluation of Strategies	47,839	0	0	\$40,000
Subtotal Expenditures				
	\$433,557	\$794,670	\$660,020	\$1,916,086
Fund Balance (carry forward)	\$247,948	\$59,965	\$6,632	
Total	\$709,344	\$854,635	\$666,652	

Strategy Name: Home Visitation

Strategy Description: Expand the use of home visitation services, currently utilized in the region to help prevent abuse and neglect of young children while providing parents and caregivers access to information, resources and high quality social support.

The Region's 2008 Needs and Assets Report indicates that substance abuse is the leading cause of abuse and neglect in the region, which often results in children being placed out of their homes into foster care. The lack of substance abuse prevention and support programs within the region exacerbates the number of children who experience abuse and/or neglect.

Home visitation programs in the region will be offered at no cost, on a voluntary basis, and deliver education, information and support to families where they are—in their homes. Voluntary home visitation programs educate families and link them to up-to-date information about health, child development and school readiness, and connect them to critical services. Home visitation is a bridge that brings the resources of the community within the safety of the home environment, empowering even hard-to-reach parents.

By increasing existing home visitation programs in the Gila Region, more young children, birth through age five, will benefit from their parents' access to information on child development, appropriate developmental screening opportunities, and to care coordination and community resources. This comprehensive approach supports both mothers and fathers in their parental roles as their child's first teacher.

Home Visitation Program Components Include, but are not limited to:

- Engaging families in assessment of their strengths and needs particularly around the following areas: parental resilience; social connections; knowledge of parenting and child development; concrete support in times of need; and children's social-emotional development.
- Assisting families in the development and implementation of a family service plan, which includes specific goals and objectives based upon assessment findings, and future planning for transition from the home visitation program.
- Ensuring children receive developmental screening, preferably during well-child visits at 9, 18 and 24 months of age and every six months thereafter, or at any other time there are concerns about developmental delays, for all of the following developmental domains: motor, cognitive, social-emotional, language and self-help. If the home visitor is conducting the developmental screening, the First Things First Developmental Screening Standards of Practice must be followed.
- Assisting families in developing skills related to observing and understanding their child's ongoing growth and developmental progress. Connect families with the most appropriate provider and/or agency when developmental or health related concerns are noted.
- Providing resource and referral information - identify services available to families and the subsidies to which they may be entitled; help them to fill out the forms to gain those services; and help the families to follow through to ensure service delivery, as needed.

- Providing service coordination with other community resources to make an effort to minimize duplication and to ensure that families receive comprehensive services as needed.

All models submitted for consideration will comply with the First Things First Home Visitation Standards of Practice, First Things First Developmental Screening Standards of Practice and the First Things First Home Visitation Child Protective Services (CPS) Policy. Additionally, this program shall supplement, not supplant, other state expenditures and federal monies received for early childhood development and health programs.

Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measures:

- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being.
- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
- Percentage of families with children birth through age five who report they maintain language and literacy rich home environments.
- Percentage of families with children birth through age five who report reading to their children daily in their primary language.
- Total number and percentage of children with health insurance.
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.
- Total number and percentage of children receiving appropriate and timely well-child visits.
- Ratio of children referred and found eligible for early intervention.

Target Population:

Families with children, birth through age five, who are considered to be at risk of abuse and/or neglect.

Proposed Service Numbers	SFY2011 July 1, 2010 - June 30, 2011	SFY2012 July 1, 2011 – June 30, 2012	SFY2013 July 1, 2012 - June 30, 2013
	25 families	25 families	25 families

Performance Measures:

- Number of families receiving home visiting services/proposed service number
- Home Visitor caseload number/proposed caseload number
- Family attrition/target population
- Home visitor attrition/target population
- Number of families who successfully meet family service plan outcomes/actual service number (minimum questions provided by FTF)

<ul style="list-style-type: none"> • Number of families reported satisfaction with provided home visitation services/actual service number (minimum questions provided by FTF) • Number of families showing increases in parenting knowledge and skill after receiving home visitation services/actual service number (minimum questions provided by FTF) • Total number of children served/proposed service number • Number of children with health insurance/ actual service Number • Number of referrals/proposed service number • Number of referrals with appropriate follow-up/number of referrals • Number of children with completed well-child visits/ immunizations/ actual service Number • Number of expectant mothers receiving regular prenatal care/ actual service number • Number of children having recommended dental visits /actual service Number • Number of children screened for developmental delays/actual service Number • Number of families reporting an increase in reading to their child (minimum questions provided by FTF) 	
SFY2011 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$85,000
<p>Budget Justification:</p> <p>Budget projections have been based on providing services to 25 families with children birth through age five, using an estimated cost of \$3,400 per family. ($\\$3,400 \times 25 = \\$85,000$)</p>	

Strategy Name: Child Care Scholarships

Strategy Description: The Gila Regional Partnership Council will utilize child care scholarships to increase access to quality and affordable child care for eligible families in the region.

Many children and families living in the region are experiencing extreme financial hardship that puts paying for quality early care and education programs out of their reach. These circumstances have created barriers for young children to gain access to high quality care and education, which is essential for school readiness.

At the same time, providers are experiencing dwindling enrollments which threatens the future viability of some to remain in operation. A decrease in the number of quality providers leaves parents with fewer choices and limits access to quality child care even further.

It is estimated that in Arizona, fifty-three percent of families with children under the age of 18 live at or below 200 percent of the federal poverty level (FPL).¹ Providing economic support for families with children birth through age five by reducing the cost barrier to continuous, affordable, safe care is the intent of this regional strategy for families in the Gila region.

Scholarships support continuity of care to children so that previously formed supportive relationships with care providers can remain in place. Research shows that children thrive in the care of familiar care providers who, along with their parents and family, play a significant role in their lives and on whom they count on for consistency, feelings of security, belonging and love. Continuity of care is particularly important for children birth through age five as they are in the developmental stages of building basic trust and a sense of self. Disruptions in care, particularly those that are abrupt and stem from changes in child care settings, can be minimized with the use of partial scholarships.

The high cost of early care and education is one of the most difficult obstacles to obtaining and maintaining employment for many low-income or single-parent families. Without access to quality care, families may be forced to decide whether to quit their jobs, withdraw from college or training opportunities or leave children in care that is not their primary choice.

Scholarships can support families who are employed, seeking employment or who are improving their skills by participating in training or education to better compete in the market place and who wish to give their children an educational boost.

The use of child care scholarships is intended to provide infrastructure support throughout the region so that working families can maintain their own infrastructure by continuing to work, and meet the needs of their child(ren). Scholarships will further help to help stabilize the existing child care infrastructure within the region.

The Gila Regional Partnership Council will implement the use of scholarships (lasting up to one year) for families whose incomes are under 200 percent of the federal poverty level, with priority given to single parent families. Scholarships will be limited to two (2) children per family. Child care providers receiving regional scholarships may be either center based or home based, and must demonstrate a commitment to quality by being licensed. Priority will be given to those child care providers participating in Quality First. At minimum, providers must apply to participate in Quality First and not decline participation if offered enrollment.

Utilization of regionally funded scholarships will provide young children with access to full-time child care for a one-year period, and will provide stability and continuity of care to help children remain in stable,

familiar learning environments, while their parents are able to continue to find work, continue working or improve their skills to better compete in the job market through training and educational opportunities.

¹ U.S. Census 2007

Lead Goal: FTF will increase availability and affordability of early care and education settings.

- **Goal:** FTF will improve access to quality early care and education programs and settings.

Key Measures:

- Total number of early care and education programs participation in Quality First
- Total number of children enrolled in early care and education programs participating in Quality First

Target Population:

Working families of children zero through age five (who are not in kindergarten) and reside in Gila County, who:

- Have been required to take mandatory furlough by their current employer or who have taken a recent pay-cut and who do not qualify for the DES child care subsidy
- Do not have access to other available funding sources

Proposed Service Numbers	SFY 2011 July 1, 2010 –June 30, 2011	SFY 2012 July 1, 2011 - June 30, 2012	SFY 2013 July 1, 2012 - June 30, 2013
	Approx 20-22, 1-year scholarships	TBD	TBD

Performance Measures:

- Number of children receiving the scholarship per month/actual service number
- Number of single parent families served per month
- Number of families referred to other programs/actual service number
- Current cost of early care and education for families as a proportion of the median income for a family of four

SFY 2011 Expenditure Plan for Proposed Strategy

Allocation for proposed strategy | \$ 150,000

Budget Justification:

Estimated Child Care Scholarships: \$142,140

Calculated based on an average monthly rate of \$600 per month/
(\$600/mo x 12 months = \$7,200 per year for one scholarship)

Will provide approximately 20-22 scholarships, however, monthly cost could fluctuate as low as \$460, depending on age of child, hours of care provided each day, and whether scholarship is provided in a center or home.

Estimated Administrative Costs: \$7,860

Calculation based on First Things First estimate of 5.24%