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

MEETING MINUTES – February 18, 2014

Call to Order
The Regular Meeting of the South Phoenix Regional Partnership Council scheduled for Tuesday, February 18, at 8:30 a.m., held at University of Arizona, Cooperative Extension, Palo Verde Conference Room, 4341 East Broadway Road, Phoenix, Arizona 85040.

Chair Washington called the meeting to order at approximately 9:02 a.m. and welcomed attendees and Council Members. Introductions were held.

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

Members ABSENT
Patricia Merk, Ph.D., Vice Chair
Riann Balch
Kristi Langley-Wells
Yolanda Robison

Consent Agenda
Chair James Washington called for a motion to approve the November 19, 2013 Regular Meeting Minutes. Member Quillin moved to approve the meeting minutes as presented. Member Dr. Salas seconded. Motion carried.

Call to the Public
None

SFY2014 Funding Plan/Program Implementation
1st Quarter Program Implementation Data, Financials, and Narratives - Director Gonzales reviewed grantees data, financial and narrative reporting for SFY2014 1st Quarter.

Strategy: Comprehensive Preventive Health – Director Gonzales reported Chairs Dr. Merk and Washington provided feedback on the evaluation process. FTF program staff is working with grantee to finalize the Standards of Practice and establish CSUs by October 2014. Director Gonzales will continue to provide updates at future council meetings.

Strategy: Developmental and Sensory Screening – Director Gonzales reported on the status of implementation. Member McNamee provided feedback on the strategy worksheet that must meet the requirements in order to select and obtain a facilitator. A facilitator should be contracted by March 2014. Director Gonzales will continue to provide updates at future council meetings.
SFY2015 Phoenix SOUTH Funding Plan/Program Implementation

Funding Plan presentations to the Board - Chair James Washington reported to the Council he and the other Phoenix Chairs and Vice Chairs presented the two new Phoenix South and Phoenix North FY2015 Funding Plans to the Board on January 22nd. The Chairs highlighted the cross-collaboration within the three current Phoenix regions. The presentation was well received by the Board and thanked the current Council Members for their dedication to First Things First.

Grantee Renewal Process – Director Gonzales reviewed the grantee renewal process and timeline. He further shared a list of South Phoenix grantees that are eligible for grant renewal and will receive a renewal packet. Renewal recommendations will be presented to the Council in May for approval and June for Board approval.

Cross Regional School Readiness Benchmarking
Director Gonzales reviewed the Maricopa/Phoenix Cross Regional School Readiness Indicators (SRI) Benchmarking Committee recommendations to the Maricopa and Phoenix Councils for approval:

SRI #2: Children in Quality Early Care and Education
SRI #10: Families Competent and Confident about Their Ability to Support Their Child’s Safety, Health, and Well-Being

**MOTION:** Chair Washington called for a motion to approve the Committee’s recommendations as presented. Member Quillin moved to approve the Committee’s recommendations. Member Sanchez seconded. Motion carried.

Director Gonzales also reviewed the South Phoenix SRI Benchmarking Committee recommendations for South Phoenix specific SRIs that have been prioritized by the Council for approval:

SRI #6 – Children Entering Kindergarten Exiting Preschool Special Education to Regular Education
SRI #7 – Healthy Weight

**MOTION:** Chair Washington called for a motion to approve the South Phoenix Benchmarking Committee’s recommendations as presented. Member Quillin moved to approve the Committee’s recommendations. Member Sanchez seconded. Motion carried.

Director Gonzales explained the next steps and reviewed the timeline. The benchmarking recommendations will be open for public comment and vetting, then for Board approval. He will continue to provide updates as they are available.

Community Outreach
South Phoenix Community Outreach Coordinator Rachel Egboro provided an overview of outreach activities in South Phoenix and in collaborations with other regions statewide. She further shared upcoming outreach and awareness activities and welcomed Council Members to attend.

Regional Director’s Report/Updates
Phoenix Regions and Board Forum, March 4, 2014, 11:00 am – 1:00 pm – Director Gonzales reminded the Council of the forum, explained the intent, and encouraged all to attend.

Statewide Council Chairs and Board/FTF Leadership Meeting – Director Gonzales reported this meeting will take place in late April or early May.

Phoenix North and Phoenix South Regional Partnership Councils – Director Gonzales reminded the Council if they are interested in applying for the new Councils they may apply on-line or may complete an application and submit via email.

Phoenix Regions Grantee Meeting, March 5, 2014 – Director Gonzales reported all Phoenix grantees have been invited to attend a biannual grantee meeting. Council members are always welcome to attend.
Chairs/Council Member Updates and General Discussion
Member McNamee applauded Rachel Egboro’s work in the community.

Next Meeting
Tuesday, March 18, 2014
8:30 a.m. – 10:30 a.m.
Location: TBD

Adjournment
Chair James Washington called for a motion to adjourn the meeting. Member Quillin moved to adjourn the meeting. Member Sanchez seconded. Motion carried. Meeting adjourned at approximately 10:40 a.m.

Respectfully Submitted on this 15th day of April, 2015

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

_______________________________
Rosemary Galindo
Administrative Assistant

_______________________________
Jonathon Gonzales, MPA
Regional Director

_______________________________
James Washington
Chair
Arizona Early Childhood Development & Health Board
South Phoenix Regional Partnership Council

Meeting Minutes – March 18, 2014

Call to Order
The Regular Meeting of the South Phoenix Regional Partnership Council scheduled for Tuesday, March 18, at 9:00 a.m., held at First Things First, 4000 North Central Avenue, Suite 1400, 14th Floor Northwest Conference Room, Phoenix, Arizona 85012

Chair James Washington called the meeting to order at approximately 9:13 a.m. and welcomed attendees and Council Members. Roll call took place and members attending via teleconference were identified.

Members PRESENT (Teleconference)  Members ABSENT
James Washington, Chair  Jasmine Sanchez
Patricia Merk, Ph.D., Vice Chair  Jennifer Quillin
Jeremy Wood
Riann Balch
Elizabeth McNamee
Lorraine Salas, Ph.D.
Yolanda Robinson

Call to the Public
None

FY2014 Program Implementation
STRATEGY: Family Resource Centers - Director Gonzales provided a brief background on the following requests for grant increase amendments to the SFY14 Family Resource Centers Grantee contracts. Director Gonzales reviewed the proposed recommendations for Council approval.

Chair Washington asked Council Members to declare conflicts of interest, if any. Vice Chair Dr. Patricia Merk declared a conflict of interest. Dr. Merk abstained from discussions and voting on the strategy.

Chair Washington called for a separate motion to approve each Family Resource Center Contract Budget Modification Request.

MOTIONS:
Member Balch moved to approve the Contract Modification Request to increase funding in the amount of $29,997 in SFY14 to increase programs and/or services to Contract # FTF-RC014-13-0380-04-Y2, Board of Regents, University of Arizona Cooperative Extension, Roosevelt Family Resource Center. Member McNamee seconded. Motion carried.

Member Balch moved to approve the Contract Modification Request to increase funding in the amount of $14,163 in SFY14 to increase programs and/or services to Contract # FTF-RC014-13-0380-02-Y2, Maricopa Integrated Health Systems, South Central Family Learning Center. Member Wood seconded. Motion carried.
Member Balch moved to approve the Contract Modification Request to increase funding in the amount of $10,835 in SFY14 to increase programs and/or services to Contract # FTF-RC014-13-0380-01-Y2, Maricopa Integrated Health Systems, Maryvale Family Health Center. Member Robinson seconded. Motion carried.

Member Balch moved to approve the Contract Modification Request to increase funding in the amount of $25,000 in SFY14 to increase programs and/or services to Contract # FTF-GRA-MULTI-14-0030-01, Pendergast Elementary School District, Pendergast Early Education Campus. Member Wood seconded. Motion carried.

**Chairs/Council Member Updates and General Discussion**

None

**Next Meeting**

Tuesday, April 29, 2014, 9:00 am – 12:30 pm
Pendergast Elementary School District
Phoenix, Arizona 85037

**Adjournment**

Chair Washington called for a motion to adjourn the meeting. Member Balch moved to adjourn. Member Wood seconded. Motion carried. Meeting adjourned at approximately 9:39 am.

Respectfully Submitted on this 15th day of April, 2015

ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD

South Phoenix Regional Partnership Council

______________________________
Rosemary Galindo
Administrative Assistant

______________________________
Jonathon Gonzales, MPA
Regional Director

_____________________________________
James Washington
Chair
During the first phase of the evaluation for First Things First (FTF) and the South Phoenix Preventive Health Collaborative (PHC), Smith & Lehmann Consulting have completed the following tasks per the scope of work:

- Reviewed documents provided by PHC and FTF,
- Conducted an evaluation meeting with the relevant stakeholders in the PHC,
- Drafted and finalized a logic model for PHC,
- Launched a stakeholder survey, and
- Conducted bi-weekly phone meetings with FTF.

**Document Review**

Smith & Lehmann Consulting conducted an extensive document review of existing materials provided by the PHC and FTF. Below are the results:

- PHC’s mission and goals are in line with FTF’s mission and goals.
- PHC is continuously outreaching to new and potential partners as well as keeping communication open to existing partners.
- According to the community survey results, conducted by PHC, the collaborative has been successful at increasing six month wellness checks for children and adults as well as increasing access to insurance. In the same survey, a majority of parents or primary care takers were requesting further information to services provided by the collaborative.
- PHC is not achieving the training results they are wishing. Partners indicated that offering Continuing Education Units (CEUs) is not enough of an incentive since many of them are already very experienced in their field and do not require CEUs for continued success.
- PHC is functioning well in terms of flushing out ideas and looking into its internal functioning. The steering committee is doing well in looking at what is and is not working within their collaborative and is identifying and working towards better ways of facilitating internal change to reach optimal functionality.
- PHC is capable of collecting their own data; however, the collaborative has very few data tracking systems. The Quarterly Narrative Reports to FTF are aiding in data tracking but tracking can be further expanded.

**Theory of Change/Logic Modeling**

With collaboration with the PHC Steering Committee and the PHC partners, Smith & Lehmann Consulting drafted an initial logic model. With feedback from stakeholders, the team further refined the model to create the final model that will be used for the remainder of the evaluation. The final model is included as a PDF.

The team at Smith & Lehmann conducted an evaluation meeting with the PHC partners to garner their input and feedback on the drafted logic model as well as gather information on data systems the partners currently have in place in their organizations. Approximately 20-25 people attended the meeting, which took place February 20, 2014. Below are the results from the meeting:
In terms of professional development and training, the goal of PHC is to engage in co-worker training. This means that one person from any organization may attend a training session provided by PHC and the information that person obtains passes that information along to her/his co-workers in the organization. By doing this, trainings do not necessarily have to be so focused on the individuals who are present in the classroom but rather trainings spread beyond the classroom.

Partners are aware that referrals are important to the function and the outreach of the collaborative. Partners also emphasized educating each other on who is a partner and which partners offer what services in order to improve referrals to clients.

Partners recognize that their clients face many barriers. These barriers take a number of forms for their clients: lack of resources (i.e. access to internet, transportation, phones, etc.), navigating the formal systems (i.e. paperwork, internet resources, etc.), fear of seeking treatment, and unemployment being a few examples.

Within the collaborative, partners are communicating well with each other and learning about each other’s organizations and PHC is open in communication to its existing partners with emails, newsletters, social media accounts, and monthly collaborative meetings. However, as was observed at the evaluation meeting, most organizations do not participate in these meetings on a regular basis.

Messaging for PHC to the community, according partners, was not very clear. Defining the message the collaborative is sending to the community is an area partners at the meeting were willing to clarify and were willing to respond to a survey around the topic.

**Stakeholder Survey**

The stakeholder survey was written and launched on Monday, March 24, 2014 by Smith & Lehmann Consulting. With extensive feedback from FTF and PHC, the survey was written optimally to best serve the needs of the evaluation.

- As of March 31, 2014, 19 partners have completed the survey, and 11 have begun but not completed the survey. 30 partners have not yet viewed the survey.
- Our team has sent two reminder emails per week. We have observed spikes in response with each email reminder. We will request that PHC email the remaining partners later this week to encourage their participation in the survey.
- In April we will initiate follow-up phone calls to urge survey completion and to complete the survey via phone if desired by the respondent.
The image is a flowchart detailing the process of Preventive Health Messaging and Stakeholder Engagement. The chart outlines various activities and outcomes, such as:

- **Preventive Health Messaging**
  - Community Outreach & Awareness
  - Professional Development & Growth

- **Outcomes**
  - Increase in partners working on at least one "target area" over time.
  - Increase in knowledge and engagement of partners in preventive health services.

- **Barriers**
  - Partners facing issues such as time constraints, funding, and resource availability.

- **Key Strategies**
  - Training of partners to address barriers and needs.
  - Development of collaborative tools for improved communication.

The chart also highlights the involvement of various stakeholders, including PHC faciliators, partners, and community members, in the process. The timeline spans from July 2014 to July 2018, with specific milestones and achievements tracked throughout.

**Legend**
- Estimated date outcome should begin to be evident
- Indication of outcome achievement
- Unknown outcomes

**Impact**
- Improved and more cohesive preventive health services for children birth-5
Streamlining the Message

Preventive health messaging

Partners using common language around preventive health care

Partners outreach to families

PHC builds recognition as valuable preventive health resource

Culture of collaboration emerges between partners

June-July 2014

Are priority communities being reached with all messaging?

- # of partners disseminating each targeted preventive health topic message
- core elements consistently present in message on each targeted preventive health topic
- messaging is culturally appropriate
- # modalities of information dissemination

July 2015 - July 2017

- media represents preventive health topic using PHC messaging elements
- PHC branding valued - window cling used by partners
- preventive health practitioners and stakeholders value PHC's contributions

July 2015 - July 2018

- All partners referring for targeted objective services they don't provide

Families believe preventive health is important

- # families prioritizing specific preventive health topics

Families reached with information by multiple sources - increases credibility of message

Families seek preventive health for children birth-5

- # families expressing desire for specific preventive health services
- # families following through on preventive health referrals

Barriers to family follow-through

Families follow through on referrals

- # families following through on referrals

Barriers to messaging

- # reached with in-person message
topic of message
- # requests for follow-up/more information after in-person contact
- # families reached with telephone blast
- # families requesting follow-up/more information from telephone blast

Appropriate referrals increase: Partners familiar with other partners' service area

Reduce silos between behavioral health, social services, and medical services

- # referrals from social service providers to behavioral health & medical (& vice-versa)
- # collaborative teams including social services, behavioral health, and medical providers

Increase in families receiving preventive health services

Effective Service Delivery to Families

- # families referred for all preventive health needs

IMPACT: Improved and more cohesive preventive health services for children birth-5

LEGEND

- Estimated date outcome should begin to be evident
- Indicator of outcome achievement
- Evaluation question

Brown boxes indicate outcomes that have many contributing factors beyond PHC's influence

Professional Development & Growth

Communicate to partners about trainings and stipend opportunities

Professional Development Stipends
- July 2013 - July 2018
- # of trainings delivered
- # of partners using stipends

Training workshops and classes
- July 2015-July 2016
- # training topics address targeted preventive health topic areas

PHC collects data on barriers & solutions
- July 2015-July 2016
- # of best practices identified
- # of engagement of partners in solutions to barriers

PHC provides training to address family barriers to referral follow-through
- July 2016-July 2018
- # practical solutions developed
- # of trainings addressing barriers

Address training needs/barriers

- July 2014 - July 2018
- # of trainings delivered
- # of target areas identified

- July 2014 - June 2015
- # of partners completing training needs assessment
- # of partners taking actions related to prior needs assessment results
- # of barriers identified and addressed

- July 2016-July 2018
- # of partners addressing barriers

Partners/service providers attend trainings

- July 2014 - June 2015
- # of partners sending staff to trainings
- # of partner organizations participating in training
- # of content areas of trainings
- # of pediatrician offices sending staff to trainings
- # of care coordinators attending trainings
- # of care coordinators using stipends
- # of content areas of trainings

Trainees disseminate information to colleagues in partner organization

- July 2014-June 2015
- # of colleagues trained; mode of information dissemination

Increase in knowledge in specific preventive health topics

- July 2014 - June 2015
- # of partners receiving training in targeted preventive health topic areas relevant to their org
- # of partner organizations addressing at least one or the targeted health topic goals
- # of partner organizations aware of other organizations addressing other targeted health topics
- # of trainees demonstrating knowledge of preventive health

Partner organization reaches families with information

- Dec 2014 - July 2016
- # of trainees reaching families per partner per health topic area

All partners working on at least one "target area"

- Dec 2014-July 2016
- # of partner organizations with targeted preventive health topic areas
- # of partner staff identifying targeted area their org works in
- # of partner staff able to identify targeted area

Increase in families receiving preventive health services

- # of families receiving all relevant and targeted preventive health services

Effective Service Delivery to Families

- # of families referred for all preventive health needs
- # of families following through on referrals

Barriers to family follow-through

- July 2016 - July 2018
- # of referrals from social service providers to behavioral health & medical (& vice-versa)
- # of collaborative teams including social services, behavioral health, and medical providers

All partners referring for targeted objective services they don't provide

- July 2015 - July 2018
- # of partners sending staff to trainings
- # of partner organizations participating in training
- # of content areas of trainings
- # of pediatrician offices sending staff to trainings
- # of care coordinators attending trainings
- # of care coordinators using stipends
- # of content areas of trainings

Appropriate referrals increase:
Partners familiar with other partners' service area

- July 2016 - July 2018
- # of partners sending staff to trainings
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- # of content areas of trainings
- # of pediatrician offices sending staff to trainings
- # of care coordinators attending trainings
- # of care coordinators using stipends
- # of content areas of trainings

PHC provides training to address family barriers to referral follow-through

- July 2014-June 2015
- # of partners implementing solutions
- # of type of solutions implemented
- # of partners collaborating to jointly address barriers

Increase capacity of Service Providers to address family barriers to referral follow through

- July 2014-June 2015
- # of partners implementing solutions
- # of type of solutions implemented
- # of partners collaborating to jointly address barriers

LEGEND

- Estimated date outcome should begin to be evident
- Indicator of outcome achievement
- Evaluation question
- Brown boxes indicate outcomes that have many contributing factors beyond PHC's influence

IMPACT: Improved and more cohesive preventive health services for children birth-5

### Quality and Access

The Arizona Kith and Kin Project of the Association for Supportive Child Care (ASCC) provides support to family, friend and neighbor caregivers through weekly training/support group meetings. An average of 15 participants per group, meet weekly for 14 weeks for a series of trainings on child development, health and safety, positive guidance and discipline, nutrition, early brain development, language and literacy, car seat safety and much more. Organized with the help of a community collaborative partner, group meeting locations are selected within the communities where family, friend and neighbor care providers live, work and play. The weekly gatherings are held in a supportive, workshop format where participants gain emotional sustenance from the other participants while learning about early childhood development, school readiness and safety. Providers receive concrete instruction and training, along with the distribution of related safety equipment. Upon completion of a 14 week training-support group session, participants are invited to attend a Health and Safety Conference each summer. Where applicable and as funding permits, transportation and on-site child care is provided, free of charge, to minimize barriers to participation.

<table>
<thead>
<tr>
<th>Contract Number</th>
<th>Grantee</th>
<th>Contract Period</th>
<th>Number of Contract Months</th>
<th>FY 2014 Award</th>
<th>FY 2014 Expenditures YTD</th>
<th>FY 2014 Expenditures as % of Award</th>
<th>Within 30-60% Range (Yes/No)</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Renewal Amount</th>
<th>Staff Recommendation to Council</th>
<th>Council Recommendation</th>
<th>Recommendation to Board</th>
</tr>
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<tbody>
<tr>
<td>FTF-MULTI-13-0407-01-Y2</td>
<td>Association for Supportive Child Care</td>
<td>07/01/2013 - 06/30/2014</td>
<td>12</td>
<td>$700,000.00</td>
<td>$407,604.72</td>
<td>58.2%</td>
<td>Yes</td>
<td>0.0%</td>
<td>$700,000</td>
<td>Yes</td>
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</table>

ASCC's Arizona Kith and Kin Project propose to continue to provide training and support to unregulated home child care providers. This is a multi-regional contract. In South, North, and Central Phoenix, the grantees are on track to meet service numbers, programs have been delivered as planned. The grantee does show low expenditures to date in South and Central, but noted that there were a staff vacancy but that adaptations were made so that programming and service expectations will be met.

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>2014 Contracted Units</th>
<th>2014 Q1 Actuals**</th>
<th>2014 Q2 Actuals**</th>
<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Contracted Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of home based providers served</td>
<td>480</td>
<td>309</td>
<td>368</td>
<td>368</td>
<td>76.7%</td>
<td>No</td>
<td>16.7%</td>
<td>672</td>
<td></td>
<td></td>
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</tbody>
</table>
RSC has formed the new Arizona Center for Early Childhood Management (AZCECM) that includes both the Arizona Director's Academy (AZDAC) for center-based program administrators and the Family Child Care Management Academy (FCCMA) for family child care providers. AZCECM utilizes a triangulated model of coaching, peer-to-peer mentoring and consultation. Ten child care program managers and/or family child care providers who currently own, manage or administer programs for children birth through age five and their families in the South Phoenix Region will participate in the Project as proteges.

Working with a Coach, proteges will work toward education and professional goals established in their individual Professional Development Plan (IPDP) by (1) completing nine college credits in early childhood management and administration (120 clock hours); (2) participating in 30 hours of community-based training through conferences, workshops, and communities of practice; (3) engaging in one-on-one technical assistance and support from Peer-to-Peer Mentors and an HR Consultant; (4) receiving free membership in state and national professional organizations; (5) participating in center and home tours of model programs, and (6) engaging in face-to-face and electronic coaching throughout the project.

Data collection regarding protege demographics, performance and outcomes will be conducted by an external Evaluation Consultant. Assessment tools (PAS and BAS, StrengthsQuest, ACCUPLACER) will be utilized for all proteges. All reporting of project process/outcome evaluation measures will be provided as required.

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<th>Staff Recommendation to Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTF-RCO14-13-0353-03-Y2</td>
<td>Rio Salado College</td>
<td>07/01/2013-06/30/2014</td>
<td>12</td>
<td>$311,120.00</td>
<td>$157,865.44</td>
<td>50.7%</td>
<td>Yes</td>
<td>0.0%</td>
<td>$310,113.00</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Grantee is successfully meeting CSU. Ongoing success with providing enhanced director mentoring for center and home based child care providers—example of best practices by coupling mentoring with PAS/BAS assessment. Strong relationship/partnership with QF coaches serving in the region.

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<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Contracted Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of participating professionals</td>
<td>150</td>
<td>28</td>
<td>81</td>
<td>109</td>
<td>72.7%</td>
<td>No</td>
<td>12.7%</td>
<td>150</td>
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The Arizona Chapter of the American Academy of Pediatrics’ Best Care for Kids Program will work with five pediatric primary and/or specialty care practices in South Phoenix to provide care coordination services to families with children age birth through five.

Pediatric clinics in two Family Health Centers, located in Maryvale and South Central Phoenix will provide care coordination services to children and their families. Program implementation is based on the Pediatric Alliance for Coordinated Care (PACC) model, an evidenced-based intervention program that works with Children with Special Health Care Needs (CSHCN).

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<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children receiving screening</td>
<td>1,300</td>
<td>972</td>
<td>1,049</td>
<td>1,049</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of families served</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of developmental screenings conducted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of vision screenings conducted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hearing screenings conducted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of families served (HE Assistance)</td>
<td></td>
<td></td>
<td></td>
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</table>

Grantee successfully meeting contracted service units benchmarks for the latest reported quarter of data. MIHS is the only public teaching hospital in Arizona. The MIHS care coordination model is based on the Pediatric Alliance for Coordinated Care (PACC) evidence based model. MIHS continues to coordinate and collaborate with other care coordination grantees and is working with Academy of Pediatrics to help provide feedback on patient center care, and next evolutionary steps for care coordination.
The Healthy Steps Care Coordination program will provide early childhood care coordination to 188 refugee children from Central and South Phoenix regional councils. The program will focus on reducing barriers to accessing medical care faced by refugee families, including lack of understanding of the United States’ medical and insurance system, mainstream providers’ poor or inadequate interpretation services, and cultural barriers.

Grantee is successfully providing care coordination services utilizing the Healthy Steps model to 35 families. The current data report does not accurately reflect families being served from the South Phoenix region—and the Regional Director has contacted the grantee to submit their data reporting. The narrative report does accurately reflect the delivery of services that also includes other wrap around supports through IRC such as home visits, specialty intervention and community referrals, parenting education, and HIE/A for those families needing medical coverage etc. Overall, IRC compliments MIHS care coordination to specialized populations including the refugee community.

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<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Contracted Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children receiving screening</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children served</td>
<td>38</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>5.3%</td>
<td>No</td>
<td>-24.7%</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Number of families served</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Number of developmental screenings conducted</td>
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<td></td>
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<tr>
<td>Number of vision screenings conducted</td>
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<tr>
<td>Number of hearing screenings conducted</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of families served (HIE Assistance)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### Comprehensive Preventative Health Programs Strategy

#### Contract Number: GRA-RC014-14-0624-01

**Grantee:** Maricopa County Department of Public Health  
**Contract Period:** 07/01/2013-06/30/2014  
**Number of Contract Months:** 12  
**FY 2014 Award:** $300,000.00  
**FY 2014 Expenditures:** $176,348.78  
**FY 2014 Expenditures as % of Award:** 58.8%  
**Out of Range Percentage:** Yes  
**Within 30-60% Range (Yes/No):** Yes  
**FY 2015 Proposed Renewal Amount:** $300,000.00  

#### Service Units

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>2014 Contracted Units</th>
<th>2014 Q1 Actuals**</th>
<th>2014 Q2 Actuals**</th>
<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Contracted Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children served</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of families served</td>
<td>0</td>
<td></td>
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</tr>
</tbody>
</table>

The Preventative Health Collaborative strategy is designed to increase coordination and collaboration between preventative health programs that currently exist in a region, in order to:
- increase the quality of prevention health services;  
- increase the skills and knowledge of community-based providers in specified preventative health areas;  
- reduce duplication of services for families with young children; and  
- increase the number of families being appropriately referred to health prevention programs and services.

Grantee has successfully adapted their implementation approach based on Regional Council and FTF feedback. The grantee is also working with FTF evaluator that is assessing the impact and complexity of the preventive health collaborative. The evaluation process has proven early successes at identifying the theory of change and logic model that outlines the multiple connections in the system due to the PHC work. Also, the grantee has successfully identified a method for counting the number of children and families served through their partnerships.
### Oral Health Strategy

**Contract Number**: GRA-RC014-13-0492-01-Y2  
**Grantee**: MCCCD - Phoenix College  
**Contract Period**: 07/01/2013-06/30/2014

This proposal is to develop a community outreach program involving Phoenix College Nursing, Dental Hygiene and Dental Assisting Program students. In this program, they will learn about and provide oral health therapeutic, educational, screening and referral services for children from birth to 5 years of age, and educational services for their parents and caretakers.

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>2014 Contracted Units</th>
<th>2014 Q1 Actuals**</th>
<th>2014 Q2 Actuals**</th>
<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Renewal Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of fluoride varnishes applied</td>
<td>750</td>
<td>104</td>
<td>187</td>
<td>291</td>
<td>38.8%</td>
<td>Yes</td>
<td>0.0%</td>
<td>750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of participating adults</td>
<td>300</td>
<td>72</td>
<td>21</td>
<td>93</td>
<td>31.0%</td>
<td>Yes</td>
<td>0.0%</td>
<td>300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of participating professionals</td>
<td>180</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children receiving oral health screenings</td>
<td>750</td>
<td>154</td>
<td>247</td>
<td>401</td>
<td>53.5%</td>
<td>Yes</td>
<td>0.0%</td>
<td>750</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contract Number**: ISA-RC014-13-0541-01-Y2  
**Grantee**: Arizona Department of Health Services  
**Contract Period**: 07/01/2013-06/30/2014

The South Phoenix Regional Partnership Council seeks oral health service delivery which will: reduce dental decay in primary and permanent teeth in children; provide dental screening and varnishing to children; monitor oral health status of children; assist children in obtaining dental care; provide educational training for children, teachers, parents and health professionals and provide technical assistance on dental public health issues; and coordination for follow-up dental care through existing referral networks.

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>2014 Contracted Units</th>
<th>2014 Q1 Actuals**</th>
<th>2014 Q2 Actuals**</th>
<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Renewal Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of fluoride varnishes applied</td>
<td>6,528</td>
<td>1,358</td>
<td>380</td>
<td>1,738</td>
<td>26.6%</td>
<td>No</td>
<td>-3.4%</td>
<td>3,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of participating adults</td>
<td>0</td>
<td>1,949</td>
<td>570</td>
<td>2,519</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of participating professionals</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children receiving oral health screenings</td>
<td>6,528</td>
<td>1,448</td>
<td>452</td>
<td>1,900</td>
<td>29.1%</td>
<td>No</td>
<td>-0.9%</td>
<td>3,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of prenatal women receiving oral health screenings</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
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<td></td>
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</table>
### Prenatal Outreach Strategy

<table>
<thead>
<tr>
<th>Contract Number</th>
<th>Grantee</th>
<th>Contract Period</th>
<th>Number of Contract Months</th>
<th>FY 2014 Expenditures YTD</th>
<th>FY 2014 Expenditures as % of Award</th>
<th>Within 30-60% Range (Yes/No)</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Renewal Amount</th>
<th>Staff Recommendation to Council</th>
<th>Council Recommendation</th>
<th>Recommendation to Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTF-RC014-13-0378-01-Y2</td>
<td>Maricopa Integrated Health System</td>
<td>07/01/2013-06/30/2014</td>
<td>12</td>
<td>$149,533.00</td>
<td>66.8%</td>
<td>No</td>
<td>6.8%</td>
<td>$149,533.00</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Internal Care Program (ICP) is ultimately about improving birth outcomes and saving lives. The program goals are to: 1) Improve the health of women prior to pregnancy by identifying and managing risk factors and conditions that pose a risk to future pregnancy; and 2) improve birth outcomes for the women receiving care through the program. The practice setting is a clinic-based program at Maricopa Integrated Health System, a public safety-net health system that consists of an acute care hospital with a level III neonatal intensive care unit (NICU), 11 community-based family health centers and an adjacent outpatient specialty and primary care center. Enhanced, culturally-competent preconception, prenatal, internal, and postpartum services that are not insurance reimbursable are provided by a bilingual English/Spanish community health worker and a care coordinator.

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>2014 Contracted Units</th>
<th>2014 Q1 Actuals**</th>
<th>2014 Q2 Actuals**</th>
<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Contracted Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of adults attending training sessions</td>
<td>300</td>
<td>77</td>
<td>98</td>
<td>175</td>
<td>58.3%</td>
<td>Yes</td>
<td>0.0%</td>
<td>300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults receiving home visitation</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children receiving screening</td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Number of developmental screenings conducted</td>
<td>0</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Number of vision screenings conducted</td>
<td>0</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hearing screenings conducted</td>
<td>0</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>2014 Contracted Units</th>
<th>2014 Q1 Actuals**</th>
<th>2014 Q2 Actuals**</th>
<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Contracted Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of adults attending training sessions</td>
<td>450</td>
<td>572</td>
<td>927</td>
<td>1,499</td>
<td>333.1%</td>
<td>No</td>
<td>273.1%</td>
<td>450</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults receiving home visitation</td>
<td>250</td>
<td>163</td>
<td>239</td>
<td>239</td>
<td>95.6%</td>
<td>No</td>
<td>35.6%</td>
<td>250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children receiving screening</td>
<td>0</td>
<td></td>
<td></td>
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<tr>
<td>Number of developmental screenings conducted</td>
<td>0</td>
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<tr>
<td>Number of vision screenings conducted</td>
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<tr>
<td>Number of hearing screenings conducted</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>2014 Contracted Units</th>
<th>2014 Q1 Actuals**</th>
<th>2014 Q2 Actuals**</th>
<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Contracted Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of adults attending training sessions</td>
<td>450</td>
<td>572</td>
<td>927</td>
<td>1,499</td>
<td>333.1%</td>
<td>No</td>
<td>273.1%</td>
<td>450</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults receiving home visitation</td>
<td>250</td>
<td>163</td>
<td>239</td>
<td>239</td>
<td>95.6%</td>
<td>No</td>
<td>35.6%</td>
<td>250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children receiving screening</td>
<td>0</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Number of developmental screenings conducted</td>
<td>0</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Number of vision screenings conducted</td>
<td>0</td>
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<tr>
<td>Number of hearing screenings conducted</td>
<td>0</td>
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</tr>
</tbody>
</table>

Grantee is successively reaching contracted service unit (CSU) for most recent quarterly data reports—with 230 home visits and 130 receiving prenatal services (Q2). Additionally, grantee continues to provide a number of screenings including ASQ and depression screening for mothers, as well as a combined outreach effort with promotoras. Other successes include utilization of duals and other community health professionals to ensure cultural responsiveness. MCDPH South Phoenix Healthy Start along with MHS Innternal clinic compliment each other in reaching expectant and high risk mothers at every service delivery entry point.
<table>
<thead>
<tr>
<th>Contract Number</th>
<th>Grantee</th>
<th>Contract Period</th>
<th>Number of Contract Months</th>
<th>FY 2014 Award</th>
<th>FY 2014 Expenditures YTD</th>
<th>FY 2014 Expenditures as % of Award</th>
<th>Within 30-60% Range (Yes/No)</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Renewal Amount</th>
<th>Staff Recommendation to Council</th>
<th>Council Recommendation</th>
<th>Recommendation to Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTF-RCO14-13-0380-01-Y2</td>
<td>Maricopa Integrated Health System</td>
<td>07/01/2013-06/30/2014</td>
<td>12</td>
<td>$258,375.00</td>
<td>$154,128.88</td>
<td>59.7%</td>
<td>Yes</td>
<td>0.0%</td>
<td>$270,875.00</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Maricopa Integrated Health System (MIHS) will create a nearly 1,100 square foot Family Learning Center (FLC) within the Maryvale Family Health Center located at 4011 N. 51st Ave., Phoenix, AZ, 85031, and embedded in the heart of the Maryvale community. The goals of the project are to: 1) renovate the existing space within the Maryvale FHC to create the Maryvale Family Learning Center (MV-FLC); 2) hire a 1.0 FTE and a 0.5 FTE MV-FLC Family Health Coordinators; 3) provide culturally competent services to children and families seeking reliable health information, community referrals, education classes, literacy activities and insurance enrollment assistance; and 4) adhere to the First Things First Standards of Practice for Family Resource Centers.

Nearly 6,000 patients visited the Maryvale Family Health Center in FY2011, of which 94% were of ethnic minority and 88% were specifically Hispanic. Inside the welcoming FLC, patients, their families and the community will be connected to reliable health information, education and community referrals via FLC staff that are bi-lingual in Spanish. The FLC will feature a children’s area with space for storytime and children’s books on health topics. Public computers will be available for users to view health education DVDs, online tutorials and have internet access. A group education area will provide space for health education and parenting classes. An office near the FLC will provide a private area for individual assistance by an eligibility specialist applying for health programs (e.g. AHCCCS, Kiscare).

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>2014 Contracted Units</th>
<th>2014 Q1 Actuals**</th>
<th>2014 Q2 Actuals**</th>
<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Contracted Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of families served</td>
<td>3,000</td>
<td>1,108</td>
<td>1,257</td>
<td>2,365</td>
<td>78.8%</td>
<td>No</td>
<td>18.8%</td>
<td>5,800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults completing a series</td>
<td>650</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Grantee successfully reaching CSU in most recent quarter of data report. Additionally, has conducted ongoing parent ed/community based training and will be expanding Parent Ed/CBT based on additional Regional Council funding approved in SFY14. Grantee continues to participate in Maricopa County wide FRC Collaborative and provide ongoing system level connections for programs/services.

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>2014 Contracted Units</th>
<th>2014 Q1 Actuals**</th>
<th>2014 Q2 Actuals**</th>
<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Contracted Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of families served</td>
<td>2,800</td>
<td>945</td>
<td>783</td>
<td>1,728</td>
<td>61.7%</td>
<td>No</td>
<td>1.7%</td>
<td>3,700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults completing a series</td>
<td>600</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Grantee successfully reaching CSU in most recent quarter of data report. Additionally, has conducted ongoing parent ed/community based training and will be expanding Parent Ed/CBT based on additional Regional Council funding approved in SFY14. Grantee continues to participate in Maricopa County wide FRC Collaborative and provide ongoing system level connections for programs/services.

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>2014 Contracted Units</th>
<th>2014 Q1 Actuals**</th>
<th>2014 Q2 Actuals**</th>
<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Contracted Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of families served</td>
<td>1,200</td>
<td>841</td>
<td>955</td>
<td>1,796</td>
<td>149.7%</td>
<td>No</td>
<td>89.7%</td>
<td>1,600</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Grantee is successfully reaching the contracted service unit (CSU) for the most current reporting quarter in SFY14. Also, grantee provided leadership to create a shared outdoor learning classroom in coordination with Roosevelt School District, Head Start, Arbor Day Foundation and other community partners. The project will allow expansion of learning environment to extend outdoors that would include programming like their play and learn activities and other curricula. Additional funding will provide opportunity to serve 100 more families and 25 additional families through Parent Ed/CBT.
Number of adults completing a series

GRA MULTI-14-0630-01  Pendergast Elementary  07/01/2013-06/30/2014  12  $150,000.00  $50,822.53  33.9%  Yes  0.0%  $162,500.00

Grantee successfully partnered with external partners, district board, FTF Regions to have a grand opening of the Pendergast FRC on 91st Ave and Indian School. The district has secured bond funding and is finishing the building of the HOPE center in Villa de Paz region of City of Phoenix which will also house a jointly funded FRC. Partners in the grant making include SW Maricopa and NW Maricopa.

The grantees have successfully met their Implementation plan benchmark that includes ramp up, opening and delivery of services that includes parent education/community based training.

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>2014 Contracted Units</th>
<th>2014 Q1 Actuals**</th>
<th>2014 Q2 Actuals**</th>
<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Contracted Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of families served</td>
<td>900</td>
<td>231</td>
<td>446</td>
<td>677</td>
<td>75.2%</td>
<td>No</td>
<td>15.2%</td>
<td>900</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page: 9 of 13
## Family Support Coordination - Strategy

<table>
<thead>
<tr>
<th>Contract Number</th>
<th>Grantee</th>
<th>Contract Period</th>
<th>Number of Contract Months</th>
<th>FY 2014 Award</th>
<th>FY 2014 Expenditures YTD</th>
<th>FY 2014 Expenditures as % of Award</th>
<th>Within 30-60% Range (Yes/No)</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Renewal Amount</th>
<th>Staff Recommendation to Council</th>
<th>Council Recommendation</th>
<th>Recommendation to Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTF:RC014-14-0476-01</td>
<td>Landrum Foundation</td>
<td>10/01/2013-06/30/2014</td>
<td>9</td>
<td>$141,152.00</td>
<td>$64,992.24</td>
<td>46.0%</td>
<td>Yes</td>
<td>0.0%</td>
<td>$155,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Family Support Coordination - The Landrum Foundation will address the multiple needs of kinship care families with children of incarcerated parents. Their approach includes a partnership with Unlimited Potential, to utilize programs, services and partners to reach these children through the kinship family households and by utilizing evidence-based programming (Strengthening Families and Parenting Wisely.)

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>2014 Contracted Units</th>
<th>2014 Q1 Actuals**</th>
<th>2014 Q2 Actuals**</th>
<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Contracted Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of families served</td>
<td>187</td>
<td>4</td>
<td>4</td>
<td>2.1%</td>
<td>No</td>
<td>-27.9%</td>
<td>200</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Service Unit** | **2014 Contracted Units** | **2014 Q1 Actuals** | **2014 Q2 Actuals** | **2014 Q3 Actuals** | **2014 Q4 Actuals** | **Year-to-Date Actuals** | **Percent of Contracted** | **Within 30-60% Range** | **Out of Range Percentage** | **FY 2015 Proposed Renewal Amount** |
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
Number of children receiving screening | 360 | 400 | 442 | 442 | 122.8% | No | 62.8% | 360 | 194 |
Number of families served | 360 | 400 | 442 | 442 | 122.8% | No | 62.8% | 360 | 194 |
Number of developmental screenings conducted | 360 | 400 | 442 | 442 | 122.8% | No | 62.8% | 360 | 194 |
Number of vision screenings conducted | 360 | 400 | 442 | 442 | 122.8% | No | 62.8% | 360 | 194 |
Number of hearing screenings conducted | 360 | 400 | 442 | 442 | 122.8% | No | 62.8% | 360 | 194 |

**Service Unit** | **2014 Contracted Units** | **2014 Q1 Actuals** | **2014 Q2 Actuals** | **2014 Q3 Actuals** | **2014 Q4 Actuals** | **Year-to-Date Actuals** | **Percent of Contracted** | **Within 30-60% Range** | **Out of Range Percentage** | **FY 2015 Proposed Renewal Amount** |
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
Number of children receiving screening | 95 | 178 | 189 | 189 | 198.9% | No | 138.9% | 95 | 35 |
Number of families served | 95 | 178 | 189 | 189 | 198.9% | No | 138.9% | 95 | 35 |
Number of developmental screenings conducted | 95 | 178 | 189 | 189 | 198.9% | No | 138.9% | 95 | 35 |
Number of vision screenings conducted | 95 | 178 | 189 | 189 | 198.9% | No | 138.9% | 95 | 35 |
Number of hearing screenings conducted | 95 | 178 | 189 | 189 | 198.9% | No | 138.9% | 95 | 35 |

Adherence to NFP model and ensures appropriate staffing and training. Successfully participates in Community Advisory Board with MCDPH to ensure community participation and input into the NFP programming and to hear about what is impacting expectant mothers. Grantee is meeting their CSU and current service delivery does not indicate any abnormal challenges to retention, recruitment or delivery of services.
<table>
<thead>
<tr>
<th>Service Unit</th>
<th>2014 Contracted Units</th>
<th>2014 Q1 Actuals**</th>
<th>2014 Q2 Actuals**</th>
<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Contracted Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children receiving screening</td>
<td>95</td>
<td>91</td>
<td>104</td>
<td></td>
<td></td>
<td>104</td>
<td>109.5%</td>
<td>No</td>
<td>49.5%</td>
<td>95</td>
</tr>
<tr>
<td>Number of families served</td>
<td>95</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>95</td>
</tr>
<tr>
<td>Number of developmental screenings conducted</td>
<td>95</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Number of vision screenings conducted</td>
<td>95</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Number of hearing screenings conducted</td>
<td>95</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
Court Teams Strategy

<table>
<thead>
<tr>
<th>Contract Number</th>
<th>Grantee</th>
<th>Contract Period</th>
<th>Number of Contract Months</th>
<th>FY 2014 Award</th>
<th>FY 2014 Expenditures</th>
<th>FY 2014 Expenditures as % of Award</th>
<th>Within 30-60% Range (Yes/No)</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Renewal Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTF-RC014-14-0465-01</td>
<td>Prevent Child Abuse</td>
<td>Arizona</td>
<td>07/01/2013-06/30/2014</td>
<td>12</td>
<td>$219,999.00</td>
<td>$117,186.12</td>
<td>53.3%</td>
<td>Yes</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Program is a child welfare system change and coordination effort based on a national initiative of Zero to Three called Court Teams for Maltreated Infants and Toddlers. Juvenile courts, child welfare agencies, mental health and early intervention work together to expedite appropriate and timely services for young children and their caregivers, both biological parents and foster parents. Program provides training and technical assistance to local stakeholders to increase knowledge of and best practices for meeting the unique needs of infants and toddlers in the child welfare system. It also identifies and implements systems improvements across agencies that increase the odds young children will be able to heal from adverse experiences and thrive developmentally and emotionally throughout the journey to permanency.

Grantee is successfully meeting the contracted service unit (CSU). The ongoing challenge is the availability of zip code level data or Regional Council level data. Possible partnership with Prevent Child Abuse and Maricopa Juvenile Court should be lead by FTF evaluation and program staff to establish data sharing agreements with FTF. Additional successes for the Best For Babies Court Teams implementation includes ground breaking evaluation conducted by Arizona State University. Initial findings show that the introduction of Best for Babies and Maricopa County’s establishment of Cradles to Crayons courts (bench) decreased the level of maltreatment when compared to the non Best for Babies/C2C courts (.5 versus 3.1%). South Phoenix Regional Director has worked with Gila River Indian Community Regional Director to seek additional clarifications for the number of trainings that will be offered in FY15.

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>2014 Contracted Units</th>
<th>2014 Q1 Actuals**</th>
<th>2014 Q2 Actuals**</th>
<th>2014 Q3 Actuals**</th>
<th>2014 Q4 Actuals**</th>
<th>Year-to-Date Actuals**</th>
<th>Percent of Contracted</th>
<th>Within 30-60% Range</th>
<th>Out of Range Percentage</th>
<th>FY 2015 Proposed Contracted Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children served</td>
<td>1,000</td>
<td>555</td>
<td>555</td>
<td>555</td>
<td>555</td>
<td>555</td>
<td>55.5%</td>
<td>Yes</td>
<td>0.0%</td>
<td>1,500</td>
</tr>
<tr>
<td>Number of participants attended</td>
<td>325</td>
<td>212</td>
<td>224</td>
<td>436</td>
<td></td>
<td></td>
<td>134.2%</td>
<td>No</td>
<td>74.2%</td>
<td>500</td>
</tr>
</tbody>
</table>

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Maricopa/Phoenix Cross-Regional Partnership Councils
From previous updates, the Regional Council will recall that the recommendations of the Cross-Regional Benchmark Committee were moved to a public vetting process during the month of March, which has been completed.

Overall, the public input affirmed support of the benchmarks identified by the Cross-Regional Committee and there was a consensus staff recommendation that the feedback did not identify any new or significant concerns with the proposed benchmarks. The information from the public forums and online survey were sent forward to the committee for review.

The recommendations now move forward to the Regional Councils for consideration of approval. Each Council is asked to review the recommendations, but only needs to provide formal approval for their regionally selected indicators.

The recommendations from the committee are as follows:

- **Proposed Benchmarks for Indicator 2: Quality Early Education**
  Benchmark A: 72% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars by 2020. /of those attending Quality First enrolled programs.
  
  Benchmark B: 29% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars by 2020. /of those attending all licensed or regulated programs.

  These percentages represent that 21,500 Maricopa County children will be enrolled in early care and education program with a Quality First rating of 3-5 Stars, by 2020.

- **Proposed Benchmark for Indicator 10: Confident Families**
  50% Families Competent and Confident about Their Ability to Support Their Child’s Safety, Health and Well-Being by 2020.

- **Proposed Benchmark for Transition from Preschool Special Education to Kindergarten Indicator 6**
  27% of children entering kindergarten exiting preschool special education to regular education by 2020.

- **Proposed Benchmark for Healthy Weight Indicator**
  75% of 2-4 year olds in South Phoenix Council Area at a healthy weight by 2020.
Overview

For the SRI benchmarking process, the Phoenix and Maricopa County Regional Councils formed a Cross-Regional Benchmarking Committee. The committee was formed based on each Regional Partnership Council’s commitment to cross-regional collaboration and the recognition of common county-wide priorities.

*Note that for this cross-regional work, Salt River Pima- Maricopa Indian Community and Gila River Indian Community First Things First Regions were not included. Instead, they worked separately to set individual regional benchmarks.*

North, South, and Central Phoenix as well as Northwest, Southwest, Northeast, Southeast and Central Maricopa Regional Councils each designated Committee members from their Regional Partnership Council to represent their Regional Council in a cross-regional benchmarking process.

The Benchmarking Committee met on three occasions in August and September of 2013, and January of 2014. Maricopa County-wide 2020 benchmark recommendations were set for the following prioritized Indicators:

**Indicator #2 - Quality Early Education** - #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars.

**Indicator #10 – Confident Families** - % of families who report they are competent and confident about their ability to support their child’s safety, health and well-being.

As the South Phoenix Regional Council selected the Transition from Preschool Special Education to Kindergarten and Healthy Weight Indicators, and no other local regions selected those Indicators, a committee of the South Phoenix Council met separately to establish recommended benchmarks for those Indicators.

**Indicator #6 – Transition from Preschool Special Education to Kindergarten** - #/% of children exiting preschool special education enrolled in kindergarten regular education.

**Indicator #7 – Healthy Weight** - #/% of children ages 2-4 with Body Mass Index (BMI) in healthy weight range.

The South Phoenix Committee met to discuss, set, and finalize the Transition from Preschool Special Education to Kindergarten and Healthy Weight Indicator benchmarks in August 2013 and February 2014.
After both Phoenix and Maricopa County Cross-Regional and South Phoenix Committee recommendations were made, a public input process was held. Two public forums were conducted in March 2014. Also, an online survey was available where additional comments were collected. After compilation of the public forum comments, South Phoenix Committee met to consider their recommendations (the Transition from Preschool Special Education to Kindergarten Indicator was the only benchmark the public recommended for review). After receiving benchmark recommendations from the Committees, the Phoenix and Maricopa County Regional Partnership Councils met individually to finalize the recommended benchmarks.

In Phase 1 of the process, the Phoenix Maricopa Cross-Regional Committee recommended benchmarks to their Regional Partnership Councils on several Indicators. The Regional Councils selected additional School Readiness Indicators as priorities. As data becomes available, cross-regional benchmarks for Maricopa County will also be established, through Phase 2 of the process, for the following:

**Indicator 1- School Readiness** - #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical.

**Indicator 8- Well-Child Visits** - #/% of children receiving at least six well-child visits within the first 15 months of life.

**Indicator 9 - Dental Health** - #/% of children age 5 with untreated tooth decay.

And, for South Phoenix only:

**Indicator 5 - Developmental - Delays Identified in Kindergarten** - % of children with newly identified developmental delays during the kindergarten year.

**Overview of School Readiness Indicators and Cross-Regional Benchmarking Initial Discussions 8/14/13**

The first meeting of the Maricopa Area Regional Committee was held on August 14, 2013 to provide an overview of benchmarking. The intent of the SRIs and benchmark data sources as well as the approach to setting cross-regional benchmarks were discussed.

Supporting materials can be found in the Maricopa appendix.
Quality Early Education Indicator Committee Benchmarking Discussion and Decision

Initial Discussion 9/9/13
The Maricopa Cross-Regional Committee met on 9/9/13 to consider the Quality Early Education Indicator.

The data sources and baseline data were reviewed with the Committee. Two baseline calculations were provided to the Committee for the Quality Early Education Indicator:

Quality Early Education Baseline A is the number of children enrolled in an early care and education program with a Quality First rating of 3-5 stars divided by the number of children enrolled in an early care and education program with a Quality First rating of 1-5 stars; this baseline is essentially the percent of children in Quality First who are enrolled in 3-5 star care.

Quality Early Education Baseline B is the number of children enrolled in an early care and education program with a Quality First rating of 3-5 stars divided by the number of children enrolled in regulated early care and education; this baseline is essentially the percent of children in regulated care who are enrolled in 3-5 star Quality First care.

Discussion and Decision - Quality Early Education 9/9/13
The Maricopa County Committee had extensive discussion about the limitations of utilizing a data source that measured quality of early care and education in Quality First as the sole measure of quality for their regions as a whole. Members were concerned about measuring the total pool of quality early education providers without access to data on unregulated, accredited, and other providers that are of undetermined quality. There was consensus that all discussions related to the Quality Early Education Indicator should include information about the limitations of the SRIs. There was also discussion on whether Quality First providers, still at a star level of 2, but on the cusp of 3, are really providing quality care. There was concern that the cut-off scores for a 3 star may not truly reflect a shift in the number of children receiving quality care.

The Maricopa County Committee discussed the expected progress of providers in Quality First (expected progress is to move from 1 to 2 stars in 2 years and 2 to 3 stars in 2 - 4 years) and upcoming model changes in Quality First such as phasing out of scholarships at the 1 and 2 star levels.

They discussed potential factors that might increase the total pool of providers in Quality First between now and 2020, including filling open slots, quality providers moving to a rating only status thereby opening slots for full participation, and efforts to be taken to encourage the filling of currently underutilized slots for children in current Quality First providers in the regions. They agreed
that funding considerations make it challenging to anticipate how many additional Quality First slots could be added by 2020.

The Committee discussed a Quality Early Education Indicator benchmark A of 72% and a benchmark B goal of 29% children enrolled in an early care and education program with a Quality First rating of 3-5 stars. These benchmarks were based on the assumption that adequate progress in Quality First star ratings will occur. Quality Early Education Benchmark B was estimated utilizing the denominator provided for the number of children in Maricopa County in regulated care (75,628) with the numerator of the targeted number of children in Quality First 3-5 star education by 2020 (21,500).

The Committee discussed the Quality Early Education Indicator benchmark A and that it reflected a 50% increase from the 22% baseline A. They also agreed that Baseline B represents a 20% increase in the 9% baseline B. It was agreed that given the progress in Quality First to this point, 72% for baseline A and 29% for baseline B are attainable goals. There was continued discussion 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% was attainable for the County as a whole.

Supporting materials can be found in the Maricopa appendix.

**Proposed Benchmark for Quality Early Education Indicator**

Quality Early Education Indicator Benchmark A: 72% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars by 2020.

Quality Early Education Indicator Benchmark B: 29% of children enrolled in an early care and education program 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.

**Confident Families Indicator Committee Benchmarking Discussion and Decision**

**Initial Discussion 1/16/14**

The data source, survey methodology and calculation of the overall Confident Families Indicator from nine key measures, and the baseline data for the region was reviewed with the Committee for Maricopa County overall and each Regional Council area.
The Confident Families Indicator 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 Family and Community Survey is conducted, for non-tribal Regions, over the phone. Over 3700 Arizona parents with children 0-5 participated in the 2012 Family and Community Survey. In Maricopa County, 1500 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 in particular.

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 Confident Families Indicator composite score, a sub-set of nine items from the survey were selected. The nine items include parent knowledge, parent self-report of competency and confidence in 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-off point comprised the composite score criteria. The scoring was determined based on the national survey key and on early childhood development research and best practice.

**Discussion and Decision — Confident Families 1/16/14**

The Maricopa County Cross-Regional 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 the Confident Families Indicator to measure the impact of Council funding and evaluate the outcomes of Council efforts. There was agreement that the School Readiness Indicators are high-level dashboard measurements. SRIs do not provide evaluation or research findings which link funding or specific programmatic efforts to outcomes. The purpose of the Competent Families Indicator is to track overall changes in parent knowledge and behavior in the early childhood system as a whole.

The Committee discussed the statewide benchmarking committee review and recommendation of a 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 discussed the data trends across Maricopa County and asked if there is a relationship between poverty and primary language spoken and parent knowledge and behavior. It was noted that respondents could take the survey in Spanish or English and that while the full analysis of the 2012 Family and Community Survey data is anticipated for fall 2014, 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.

The Maricopa County baseline is 40% of Families Competent and Confident about Their Ability to Support Their Child’s Safety, Health and Well-Being. The Committee 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.

The Maricopa County Committee discussed a benchmark goal of 50%. They agreed that based on the current reach of FTF strategies alone (including Quality First, literacy initiatives, home visitation, and parent education), they could confidently aspire to a 10 percent change of Families Competent and Confident about Their Ability to Support Their Child’s Safety, Health and Well-Being. Members agreed on a 50% goal and a 10 percentage point improvement by 2020. The Committee agreed that 50% was an attainable goal for Maricopa County as a whole. They agreed that large-scale changes will reflect the work of all early childhood partners, not just First Things First.

Supporting materials can be found in the Maricopa appendix.
Proposed Benchmark for Confident Families Indicator

50% Families Competent and Confident about Their Ability to Support Their Child’s Safety, Health and Well-Being by 2020.

South Phoenix Regional Partnership Council

Transition from Preschool Special Education to Kindergarten Indicator Regional Council
Benchmarking Discussion and Decision

Initial Discussion 2/10/14

The South Phoenix Benchmarking Committee met to discuss the Transition from Preschool Special Education to Kindergarten Indicator on February 10, 2013. The data source, trends in transition rates over time, and trends in transition rates by differing disabilities were reviewed with the Committee.

The Transition from Preschool Special Education to Kindergarten Indicator is calculated using data from the Arizona Department of Education, specifically related to the Individuals with Disabilities Education Act (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.

Discussion and Decision – Transition from Preschool Special Education to Kindergarten 2/10/14

The Committee asked if data were available on anticipated population rates of IEPs and special needs in preschool and early elementary school. It was determined that estimates of the number of children anticipated to have a delay were 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. 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 of transitioning to kindergarten without an IEP have decreased dramatically in the South Phoenix trend data available.

Chief Policy Officer Karen 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 it is not known how widespread this trend is but it could affect (increase) how many children retain an IEP into 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 will 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 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 a benchmark goal, the Committee decided on 27% of children entering kindergarten exiting preschool special education to regular education by 2020 based on the urgency of this situation and the efforts already in place. 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.

Supporting materials can be found in the Maricopa appendix.
Consideration of Public Input – Transition from Preschool Special Education to Kindergarten
4/17/14
The South Phoenix Benchmarking Committee met to review public input on the Transition from Preschool Special Education to Kindergarten Indicator on April 17, 2013. The data source, trends in transition rates over time, trends in transition rates by differing disabilities, the Committee’s initial recommendation and public input were reviewed with the Committee.

The Committee reiterated the complexity of the early intervention system and the Transition from Preschool Special Education to Kindergarten Indicator especially in a transitory community like South Phoenix. They discussed the improvements needed to reach an aspirational benchmark including: more and more venues for screening that identify as early as possible and enable early intervention and availability of quality intervention services in as many venues as possible for families.

Upon discussion and review of the public input, the South Phoenix Benchmarking Committee agreed to maintain their initial recommendation of 27% of children entering kindergarten exiting preschool special education to regular education by 2020. They noted the importance of this benchmark in changing the culture related to early intervention and raising awareness of the importance of the issue.

Proposed Benchmark for Transition from Preschool Special Education to Kindergarten Indicator

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

Healthy Weight Indicator Regional Council Benchmarking Discussion and Decision

Initial Discussion 8/14/13
The Committee met to discuss the Healthy Weight Indicator on 8/14/13. Earlier that same day, South Phoenix Committee representatives participated in an overview of benchmarking with the Maricopa Cross-Regional Benchmarking Committee. For the Healthy Weight Indicator, the data source, limitations of utilizing WIC data to measure progress for all children, trends in obesity, overweight, and underweight for the region was reviewed with the Committee.

Supporting materials can be found in the Maricopa appendix.

Healthy Weight Indicator Benchmarking Discussion and Decision

Discussion and Decision – Healthy Weight 8/14/13
The Committee discussed the limitations of First Things First efforts to impact children’s healthy weight. They discussed the many complex factors related to healthy weight including
historical/generational poverty, cost of food, and lack of culturally appropriate information on healthy activity and eating.

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 Committee considered that the WIC population is likely more overweight than the South Phoenix county general population.

The Committee discussed the many new and expanding FTF and partner initiatives in the community such as: SNAP education, family resource centers, KidsCafe, and many more. They agreed these initiatives will positively impact healthy weight through direct funding and collaboration.

The Committee also discussed that there may be underutilization 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.

The Committee discussed a benchmark goal of 75% of 2-4 year olds in South Phoenix Council Area at a healthy weight by 2020. They agreed that healthy weight is a critical need in South Phoenix. It is a national and city-wide priority and current and expanding initiatives will positively impact children’s eating and activity habits.

Supporting materials can be found in the Maricopa appendix.

**Proposed Benchmark for Healthy Weight Indicator**

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

**Public Input on Initial Benchmark Targets for Indicators**

Public comment was solicited in two ways: in-person community forums and an online survey.

**Public Input Forums:**

On 3/19/14 and 3/20/14, two public SRI benchmark public input forums were held in Phoenix to gather community input on initial benchmark targets set by the Maricopa County Cross-Regional Benchmark Committee and the South Phoenix Committee. The agenda was as follows:

1. Welcome and Introductions
2. Overview of Process to Recommend Regional Benchmarks
3. How and Why Benchmarks Are Used
4. Review and Discuss Proposed Regional Benchmarks for Priority School Readiness Indicators
5. Process and Timeline for Finalizing Recommended Regional Level Benchmarks

6. Questions

There were 12 attendees: 9 members of the public (Cathy Otto, Erin Cowan, Isela Blanc, Pat Berry, Dyann O’Brien, Zona Pacheco, LouAnn Smith, Beth Loughrige, Lynda Mills); the Phoenix and Maricopa Regional Senior Directors, Jennifer Johnson and Wendy Sabatini; and the facilitator, Amy Kemp.

After introductions, the forums began with an overview of the purpose of SRIs and the statewide and regional processes of setting benchmarks, including the 9 priority roles of First Things First and their relation to the 10 SRIs. There was discussion on the SRI process and additional clarification that SRIs are tools to monitor changes in statewide and regional populations of children and not evaluation tools. Attendees were informed that SRIs are used to measure progress in the early childhood system overall and help identify priorities.

There was a brief review of the status of all Indicators, identification of the eight Indicators prioritized by the Maricopa Regional Councils as well as the four Indicator benchmarks that had been set. Utilizing the baseline and benchmark data for Maricopa County and South Phoenix region, the group reviewed the considerations, discussions and decisions of the Maricopa Cross-Regional Benchmark Committee and South Phoenix Committee on the following prioritized Indicators:

**Indicator #2 - Quality Early Education**

- #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars

**Indicator #6 - Transition from Preschool Special Education to Kindergarten**

- #/% of children entering kindergarten exiting preschool special education to regular education

**Indicator #7 - Healthy Weight**

- #/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI)

**Indicator #10 - Confident Families**

- % of families who report they are competent and confident about their ability to support their child’s safety, health and well being
There was extensive discussion on the Quality Early Education Indicator and Quality First. There was discussion about the supports and incentives provided in Quality First to improve educational quality and to support changes in instructional practice. It was noted that improvements may take extended periods of time because actual instructional practice must change—through teacher education and coaching—rather than environmental/physical considerations alone.

There was intense discussion about the merits of measuring progress through the number of children enrolled in quality early education rather than the number of providers at each Quality First star level. It was agreed that only through changes in provider quality and star level will more children be served in high quality early education. However, it was noted that measurements based on children implies that families are responsible for identifying and travelling to providers of quality rather than ensuring that the supply of quality education is accessible for families.

Also discussed was the hope that more early care and education providers will be able to enter into the Quality First system. The balance between ensuring that providers that have attained quality have adequate financial supports to maintain quality, and the desire to open slots for new providers was noted.

There was intense discussion related to the Transition from Preschool Special Education to Kindergarten Indicator. Participants discussed the importance of parent knowledge of typical development to improving early identification and early intervention services. One participant in the first public comment session stated she would like to see the benchmark goal set higher because of the critical importance of early detection and provision of quality early intervention services, especially for Speech Language Impairment and early reading problems. Conversely, in the second day of public comment, there was group consensus that the Council should consider a lower benchmark based on the following challenges in improving the transition to kindergarten for children with developmental delays:

- In some cases parents are reticent to have their child diagnosed with a developmental delay; in other cases they are eager to make sure their child has access to services. In both cases, optimal functioning of the early intervention system is strained. However, parent knowledge and advocacy are critical.
- Definitions of delays change between preschool and kindergarten. It was noted that this may affect the data.
- Intensity of preschool special education services varies by district. Parents and children in South Phoenix may lack some services and not be aware of options.
- There are many complex facets of this Indicator and the early intervention system as a whole.
Finally, the group agreed that a seven percent improvement in the Healthy Weight Indicator was a good target. With this in mind, they questioned why the Transition from Preschool Special Education to Kindergarten Indicator was set at the same benchmark when it dealt with a more complex situation, with fewer factors under the control of First Things First, and with the added challenge of a downward trajectory in recent years. It was noted that while the percent targets are the same, the overall number of children is much lower for the Transition from Preschool Special Education to Kindergarten Indicator since there are fewer total children with identified delays. With that noted, the group still recommended that the Regional Council consider their benchmark for Transition from Preschool Special Education to Kindergarten target carefully.

Related to the Healthy Weight Indicator, participants agreed that the benchmark is ambitious but realistic because there are so many community partners working in this areas and it is a national priority as well as a local concern.

Related to the Confident Families Indicator, it was noted that self-report data are likely to be inflated and overestimate actual levels of parent knowledge and skill. It was also suggested that the length of the Family and Community Survey be reduced to increase participation. Participants agreed the benchmark was a reasonable goal and supporting parents is crucial to improvements in all of the benchmarks.

After review of the Maricopa County Cross-Regional benchmarks for the Quality Early Education and Confident Families Indicators, no changes were suggested.

No changes were suggested for South Phoenix’s benchmark related to Healthy Weight; however, the group recommended the Regional Council’s consideration of lowering the benchmark target for the Transition from Preschool Special Education to Kindergarten Indicator based on the comments above.

**Online Survey:**

An online survey for the Phoenix and Maricopa County Cross-Regional Partnership Councils was launched on March 19th and open for 8 days. Utilizing email contact lists for Phoenix and Maricopa County, the survey was sent to community and Regional Council members. The survey provided Maricopa County-wide benchmark targets for the Quality Early Education and Confident Families Indicators, as well as South Phoenix specific benchmark targets for the Healthy Weight and the Transition from Preschool Special Education to Kindergarten Indicators. Respondents were asked two questions related to each benchmark:
How much do you agree that the proposed benchmark for this priority School Readiness Indicator in your community/region is ambitious enough to positively impact outcomes for children in Arizona?

How much do you agree that the proposed benchmark for this priority School Readiness Indicator is realistic and achievable?

There was also the option to provide additional comments for each benchmark. For the Phoenix and Maricopa County online survey:

- 54 respondents viewed the survey
- 49 respondents started the survey
- 32 respondents completed the survey

For Quality Early Education Benchmark B: 29% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars by 2020.

- 67% of respondents (20 of 30) highly agreed or agreed that the benchmark is ambitious enough.
- 7% of respondents (2 of 30) neither agreed nor disagreed that the benchmark is ambitious enough.
- 27% of respondents (8 of 30) disagreed that the benchmark is ambitious enough.
- 73% of respondents (21 of 29) highly agreed or agreed that the benchmark is realistic and achievable.
- 17% of respondents (5 of 29) neither agreed nor disagreed that the benchmark is realistic and achievable.
- 10% of respondents (3 of 29) disagreed that the benchmark is realistic and achievable.

There was one additional comment for this benchmark. It noted that in the respondent’s community they will surpass the benchmark due to already high baseline rates of quality early education.

For Confident Families Benchmark: 50% of Families Competent and Confident about Their Ability to Support Their Child’s Safety, Health and Well-Being by 2020.

- 70% of respondents (21 of 30) highly agreed or agreed that the benchmark is ambitious enough.
- 7% of respondents (2 of 30) neither agreed nor disagreed that the benchmark is ambitious enough.
23% of respondents (7 of 30) disagreed that the benchmark is ambitious enough.

93% of respondents (28 of 30) highly agreed or agreed that the benchmark is realistic and achievable.

7% of respondents (2 of 30) neither agreed nor disagreed that the benchmark is realistic and achievable.

There were three additional comments for this benchmark. All comments reinforced the importance of this Indicator and the attainability of the benchmark goal. It was also noted that parent self-report is likely to be an overestimate parent confidence.

No responses were received for the South Phoenix specific benchmark targets for the Healthy Weight and the Transition from Preschool Special Education to Kindergarten Indicators.
Summary of Activities (March–April FY14)

Presentations:
- Laveen Lions Club
- Phoenix Union High School Nurses
- Bret Tarver Coffee Talk
- Phoenix College Nursing Students
- Readiness Basket (Julian & Pendergast)
- Phoenix Public Library—Ocotillo
- Laveen School District Administration

Speaker’s Trainings:
- Celebrate the Young Child (Bilingual)
- Parents as Teachers
- FTF Staff & Phoenix Regions Grantees

One on One Meetings:
- Maxine O. Bush Principal Lisa Norwood
- Laveen Superintendent Dr. Bill Johnson
- Fit4Moms Kristy Clay
- Amelia Garcia

Media:
- Raising Arizona’s Kids
- Art Musings

Opportunity:

Site Tour: Care Coordination & Family Resource Center

Date & Time: Thursday, May 8 from 9—10 am
Location: MIHS South Central, 33 W. Tamarisk

*Think of key individuals you’d like to engage*

FTF Core Message of the Month

More than 40% of AZ’s 4th graders are not reading at grade level. The best way to reverse this trend is to help children develop language and expose them to books before they enter kindergarten.

Maps outreach activity
https://mapsengine.google.com/map/edit?mid=zOgUr305yV4.kjseGxgx2kDg
On Saturday, March 15th, the Dominguez family traveled to the Herberger Theater Center for the opening reception of the “My Favorite Color Art Exhibit”. They were formally dressed and even 5-year old Salvador Jr. wore a tie. Salvador attends Fowler Elementary and is a student in Rebekah Perrin’s classroom. “The Dominguez family was proud to be there” says Perrin. “The Art Exhibit is a great opportunity for our kids. It’s exciting to see their art work displayed somewhere accessible to the general public.”

This is the second year that First Things First and the Herberger Theater have partnered together to raise awareness about quality early childhood education. Centers across the city of Phoenix submitted over 400 pieces interpreting this year’s theme: My Favorite Color. The only requirement was that the center—whether formal or informal—had to be enrolled in Quality First, a signature program of First Things First that partners with child care and preschool providers to improve the quality of early learning across Arizona. Juanita Ortega, Perrin’s assistant, also attended the reception and said “the exhibit was a big self-esteem booster for the kids to see their art on display.” Both Salvador and fellow classmate, Mia, held up their pieces proudly as their parents captured their pictures. “Kids really think about what they want to create and it’s nice to show it to the world!” says Ortega.

Salvador’s little sister, Natalie also attended and wore a beautiful pink frock. At three years old, Natalie stays at home, but is still being exposed to Salvador’s learning experiences and soon she’ll follow in his footsteps. Quality child care and early learning settings help children develop skills like self-esteem and focus that are crucial to their success now and once they enter school.

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