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AGENDA ITEM: Regional Funding Plans

BACKGROUND: The Board held specific strategies of the North Pima, LaPaz Mohave and Central Phoenix Regional Partnership Councils' funding plans at their January 2012 meeting. All three regional councils have met to review the decisions of the Board and have revised their funding plans for the Board's consideration.

For North Pima and LaPaz Mohave regional funding plans, the Board approved all items and held Quality First so that board leadership, senior staff and regional council leadership could discuss possible options to mitigate the reduction of early care and education programs in Quality First. FTF staff reviewed the preliminary Quality First data for both regional councils to assess how many programs were at or close to a three star rating and to determine how many programs could potentially move to rating only. In addition, the most recent expenditures, to estimate unexpended funds from SFY12 awards and agreements, were reviewed for both regional councils. It was determined that North Pima would have an additional \$350,000 and LaPaz Mohave would have an additional \$214,370 in unexpended dollars at the end of SFY12. The CEO and board member Dr. Pam Powell attend the North Pima and LaPaz Mohave Regional Council meetings to review the data and assess if the programs could stay enrolled in Quality First through SFY13 to allow them the opportunity to have another year of coaching, assessment and to receive their official rating. North Pima and LaPaz Mohave Regional Councils approved using the additional estimated unexpended funds to continue the programs' participation in Quality First for SFY13. Letters from the Regional Council Chairs and revised three year financial summaries are included for your review and approval.

For Central Phoenix, the Board held several items and requested the following of the Central Phoenix Regional Council:

- 1) Request that the Regional Council review the decision to add new strategies and consider their alignment with the continuing strategies included in the funding plan the new strategies which include nutrition/obesity and physical activity, oral health, and family support for children with special needs.
- 2) For the Regional Council to clarify the intent and alignment of the crisis intervention strategy with the family support coordination strategy and how all family support strategies fit together.

- 3) To clarify the rationale for the level of funding proposed by the Regional Council for the food security strategy.
- 4) Review of the Injury Prevention strategy assessing if there are other agencies in the community that provide the same level of prevention and education, to assure equal access to equipment and education and consider including the components of this strategy into other strategies.
- 5) For the Regional Council to present a three year strategic funding plan with a balanced budget through SFY2015.

The Regional Council convened a strategic planning committee to review their proposed funding plan and have revised it to address the Board's concerns. A cover letter, and revised funding plan summary along with the revised three year financial summary for SFy13-15 are enclosed for the Board's review and approval.

RECOMMENDATION: The CEO recommends approval of the revised funding plans.



1979 McCulloch Boulevard, Suite 106
Lake Havasu City, Arizona 86403
Phone: 928.854.8732
Fax: 928.854.8742
www.azfff.gov

FIRST THINGS FIRST

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March 23, 2012

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

Dear Chairman Lynn and Members of the First Things First Board:

The La Paz/Mohave Regional Partnership Council recommends the following revised approach to Quality First in SFY 2013. This approach to the strategy was approved by the regional council on March 22, 2012.

The regional council has prioritized Pre-Kindergarten Scholarships as the primary mechanism to expand access to early childhood education in the region. This approach to Quality First aligns with that priority and preserves funding for all currently enrolled Pre-Kindergarten and community-based Quality First sites.

The breakdown of the 21 Quality First sites beginning in SFY 2013 will be as follows:

- Ten sites will be the full package – one home and nine centers already enrolled in the program;
- Nine will be the Quality First full package without scholarships and reserved for existing Pre-Kindergarten sites, of which only two are currently enrolled in Quality First;
- Two will be Quality First rating only and reserved for the two school districts that currently provide Pre-Kindergarten Scholarships in more than one location within the school district (Lake Havasu Unified School District and Kingman Unified School District).

On behalf of the La Paz/Mohave Regional Partnership Council, I request your consideration and approval of the recommendation.

Sincerely,

Riley Frei, Chair
La Paz/Mohave Regional Partnership Council

Strategy: Quality First

Strategy Description

Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.

Strategy Narrative

Quality First addresses the prioritized need for improved access to quality, affordable early childhood education. It expands the number of children with access to high quality early education, including learning materials that are developmentally appropriate, a curriculum focused on early literacy and teachers trained to work with infants, toddlers and preschoolers.

Quality First provides supports through nine program components: coaching, financial incentives, licensure fee assistance, child care scholarships, T.E.A.C.H., Child Care Health Consultation, program assessment, assignment of star rating and specialized technical assistance. The addition of child care scholarships to this strategy in SFY 2013 will help more low-income families receive quality child care.

The Quality First strategy plays an important role in strengthening the Pre-Kindergarten through 12th grade education system in the region and state. Research finds that positive outcomes for children do not occur when the quality of early childhood education is diluted. The star rating system will provide families with a way to identify and select high quality programs for their children. It also will create an expectation of high quality and a consistent method for measuring quality and provide programs with resources to support them in making changes that impact quality and ultimately outcomes for children.

Target Population Description

There are approximately 90 licensed early care and education programs in the La Paz/Mohave Region. Of these, 12 are currently enrolled in Quality First. The Regional Council has prioritized Pre-Kindergarten Scholarships as the primary vehicle in the region for promoting access to quality child care. The Council developed an approach to expanding access that aligns with this priority while maintaining all current Pre-Kindergarten and Quality First sites.

Factors contributing to this decision include: In many areas of the rural region, FTF-funded Pre-Kindergarten sites provide the only licensed/regulated child care in the community; and Pre-Kindergarten sites will be assessed and rated during SFY 2013 and must achieve a three star rating to continue providing the same level of scholarships.

The breakdown of the 21 Quality First sites beginning in SFY 2013 will be as follows:

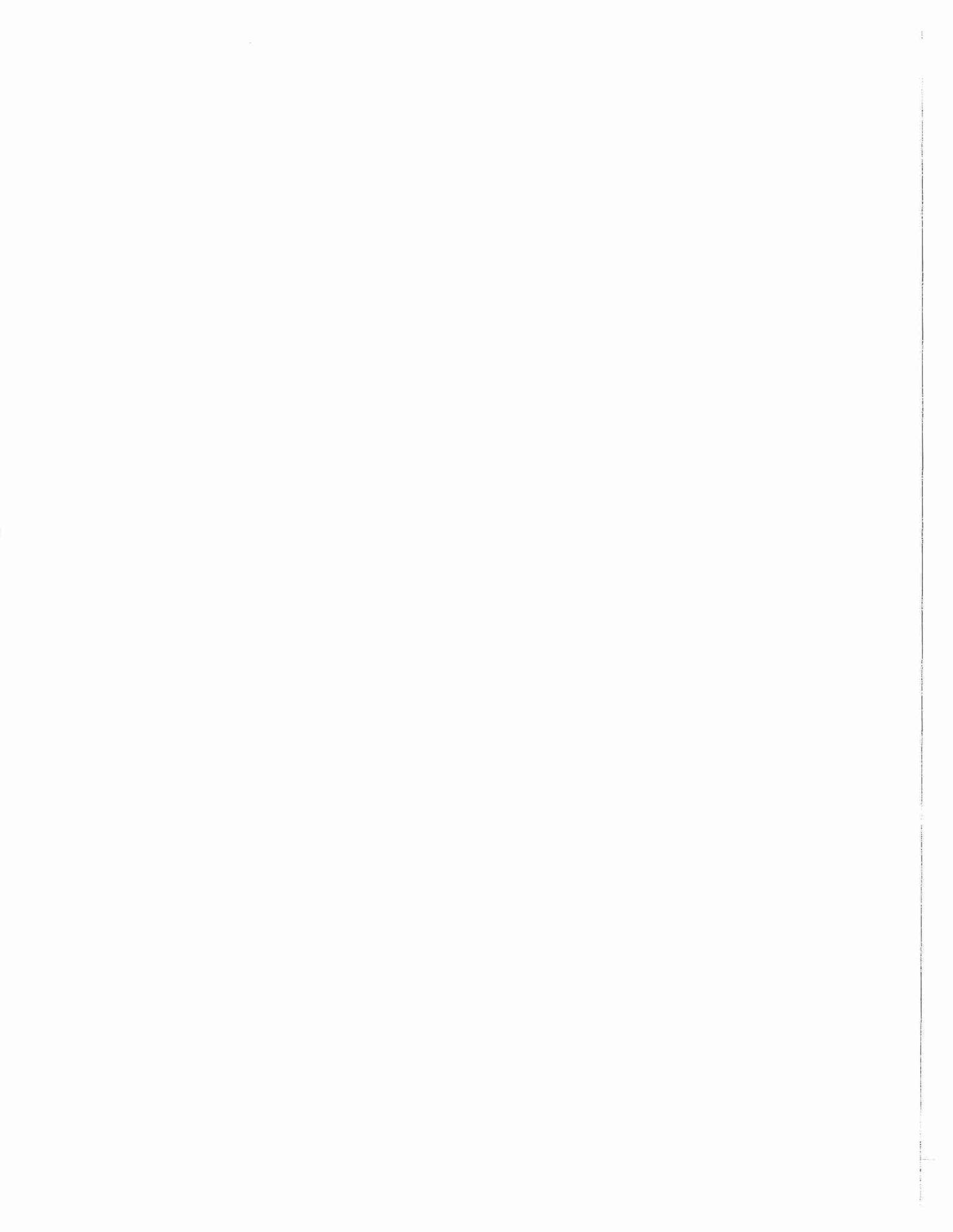
- Ten sites will be the full package – one home and nine centers already enrolled in the program;
- Nine will be the Quality First full package without scholarships and reserved for existing Pre-Kindergarten sites, of which only two are currently enrolled in Quality First;
- Two will be Quality First rating only and reserved for the two school districts that currently provide Pre-Kindergarten Scholarships in more than one location within the school district (Lake Havasu Unified School District and Kingman Unified School District).

Target Service Units - Quality First	FY 13	FY 14	FY 15
Number of center based providers served	20	17	17
Number of home based providers served	1	1	1
Funding Levels	FY 13	FY 14	FY 15
Quality First	\$354,143	\$299,975	\$299,975
Child Care Health Consultation	\$47,880	\$40,320	\$40,320
QF Child Care Scholarships	\$397,063	\$266,740	\$266,740
TEACH Scholarships	\$66,000	\$66,000	\$66,000

Target Service Units - Child Care Health Consultation	FY 13	FY 14	FY 15
Number of center based providers served	18	15	15
Number of home based providers served	1	1	1
Target Service Units - Scholarships TEACH			
Number of professionals receiving scholarships	56	51	51
Target Service Units - QF Child Care Scholarships			
Number of children receiving scholarships	62*	42*	42*

(*) It is the preference of the Regional Council that these scholarships be designated for infants and toddlers.

Strategy: Quality First (Rating Only)
<p>Strategy Narrative</p> <p>Rating Only participation includes two components of Quality First: the assessment and assignment of a star rating. Not all existing Pre-Kindergarten sites can be enrolled in full participation in Quality First due to funding constraints. This strategy provides a lower cost model. In SFY 2013, all Pre-Kindergarten sites will be required to be rated by Quality First and in SFY 2014 required to have a star rating of at least three stars in order to continue providing scholarships. The rating only option for two sites will allow two school districts currently providing Pre-Kindergarten scholarships in more than one site within the district to continue providing scholarships in both sites. Beginning in SFY 2013, one site in each district will be enrolled in Quality First full participation and one site will participate in the rating only option.</p> <p>Target Population Description</p> <p>The rating only option will be utilized by two (2) school districts currently providing Pre-Kindergarten scholarships in two sites – Lake Havasu Unified School District and Kingman Unified School District.</p>



Allocations and Funding Sources	2013	2014	2015
SFY Allocation	\$3,897,043	\$3,904,837	\$3,919,480
Population Based Allocation	\$2,148,846		
cretionary Allocation	\$1,262,570		
Other (FTF Fund balance addition)	\$485,627	\$3,904,837	\$3,919,480
Carry Forward From Previous Year	\$1,353,989	\$885,288	\$453,646
Additional Estimated Unexpended From SFY12 Grants	\$214,370		
Total Regional Council Funds Available	\$5,465,402	\$4,790,125	\$4,373,126

Strategies	Proposed Allotment	Proposed Allotment	Proposed Allotment
Pre-Kindergarten Scholarships	\$1,193,100	\$1,193,100	\$1,193,100
Quality First	\$354,143	\$299,975	\$299,975
Child Care Health Consultation	\$47,880	\$40,320	\$40,320
Quality First Child Care Scholarships	\$397,063	\$266,740	\$266,740
Scholarships TEACH (Additional TEACH)	\$66,000	\$66,000	\$66,000
Community Based Professional Development (ECE)	\$400,000	\$400,000	\$400,000
Family, Friends & Neighbors	\$100,000	\$100,000	\$100,000
Home Visitation	\$1,200,000	\$1,200,000	\$1,200,000
Parent Coaching – Children with Special Needs	\$150,000	\$150,000	\$150,000
Court Teams	\$400,000	\$400,000	\$400,000
community Outreach	\$83,000	\$83,000	\$83,000
Community Awareness	\$30,000	\$30,000	\$30,000
Recruitment – Stipends/Loan Forgiveness	\$51,584	\$0	\$0
Statewide Evaluation	\$107,344	\$107,344	\$107,344
Proposed Allotment Total:	\$4,580,114	\$4,336,479	\$4,336,479
Total Unallotted	\$885,288	\$453,646	\$36,647



FIRST THINGS FIRST

310 South Williams Boulevard, Suite 106
Tucson, Arizona 85711
Phone: 520.628.6650
Fax: 520.747.1029
www.azftf.gov

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March 30, 2012

Chairman Lynn and Members of the Board
First Things First
4000 N. Central Avenue, Suite 800
Phoenix, Arizona 85012

Dear Chairman Lynn and Members of the Board:

On behalf of the North Pima Regional Partnership Council, I am writing to request a modification to the North Pima SFY2013 Regional Funding Plan previously submitted for your approval. The specific change for your consideration is outlined below.

The North Pima Regional Partnership Council, in the proposed SFY2013 Funding Plan, allotted a total of \$1,263,281 to allow 23 programs to participate in Quality First, 9 fewer than the currently enrolled child care providers. During the regional council's presentation to the Board in January, the Board expressed concern regarding the number of providers that would be disenrolled under the regional council proposal. First Things First staff, the Regional Council, and Board members engaged in discussion to devise a solution that would lessen the impact on these providers, allowing them additional support to improve quality over the coming fiscal year. First Things First staff provided an estimate of an additional \$350,000 in unexpended funds from grant awards in SFY12 based on previous expenditures and current reimbursements. Staff recommended these estimated funds support the 9 currently enrolled providers that would have been disenrolled in SFY13 through either full participation or rating only. The Regional Council, at their special meeting on March 5, approved the usage of estimated SFY12 unexpended funds to support the aforementioned 9 providers. If funds are not available as anticipated, the Regional Council is aware the First Things First Quality First disenrollment policy will be used. This additional financial support is reflected in SFY13 budget only; Fiscal Years 2014 and 2015 budgets continue to reflect the step-down approach of Quality First enrolled providers previously proposed by the Regional Council.

The North Pima Regional Partnership Council appreciates your consideration of approval for this modification. This proposal seeks to mitigate the potential detrimental impact the proposed disenrollments might have had on child care providers in the region. We anticipate that the increased funding will allow additional time and support to Quality First enrolled providers, giving them an opportunity to increase their level of quality over the next fiscal year.

Sincerely,

Scott Ingram, MBA
North Pima Regional Council Chair



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FY 2013 - 2015 North Pima Funding Plan Summary

Allocations and Funding Sources	2013	2014	2015
FY Allocation	\$1,874,166	\$1,877,914	\$1,884,956
Population Based Allocation	\$1,391,568		
Discretionary Allocation	\$168,111		
Other (FTF Fund balance addition)	\$314,487	\$1,877,914	\$1,884,956
Carry Forward From Previous Year	\$784,887	\$286,886	\$77,021
Additional Estimated Unexpended Funds From SFY12 Grant Awards	\$350,000		
Total Regional Council Funds Available	\$3,009,053	\$2,164,800	\$1,961,977

Strategies	Allotted	Proposed Allotment	Proposed Allotment
Child Care Health Consultation	\$57,960	\$55,440	\$47,880
Community Awareness	\$2,000	\$2,000	\$2,000
Community Based Professional Development Early Care and Education Professionals	\$150,000	\$150,000	\$150,000
Community Outreach	\$13,000	\$13,000	\$13,000
Community Partnerships	\$39,600		
Consultation: Language and Communication	\$135,000		
Expansion: Increase slots and/or capital expense	\$75,000	\$75,000	\$75,000
FTF Professional REWARDS	\$56,000	\$56,000	\$56,000
Home Visitation	\$300,000	\$300,000	\$300,000
Mental Health Consultation	\$123,000	\$123,000	\$123,000
Parent Education Community-Based Training	\$100,000	\$100,000	\$100,000
Quality First	\$392,913	\$374,857	\$325,164
QF OPTION (Includes funding amount for 9 providers--4 of which are potential rating only--to fund scholarships, CCHC, coaching, and incentives)	\$309,371		
Quality First Child Care Scholarships	\$812,408	\$768,967	\$675,991
Recruitment – Stipends/Loan Forgiveness	\$10,500		
Scholarships TEACH	\$75,900		
Statewide Evaluation	\$69,515	\$69,515	\$69,515
Total	\$2,722,167	\$2,087,779	\$1,937,550
Total Unallotted	\$286,886	\$77,021	\$24,427



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4000 North Central Avenue, Suite 800
Phoenix, Arizona 85012
Phone: 602.771.5046
Fax: 602.274.7040
www.azftf.gov

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March 30, 2012

Steven W. Lynn, Chairman
First Things First
4000 N. Central Avenue, Suite 800
Phoenix, AZ 85012

Dear Chairman Lynn,

For your review and consideration is the revised Central Phoenix Regional Funding Plan for SFY13. The Regional Council developed a strategic planning committee to address the specific issues raised by the board at the January 18, 2012 which included the following:

- 1) Request that the Regional Council review the decision to add new strategies and consider their alignment with the continuing strategies included in the funding plan the new strategies which include nutrition/obesity and physical activity, oral health, and family support for children with special needs.*
- 2) For the Regional Council to clarify the intent and alignment of the crisis intervention strategy with the family support coordination strategy and how all family support strategies fit together.*
- 3) To clarify the rationale for the level of funding proposed by the Regional Council for the food security strategy.*
- 4) Review of the Injury Prevention strategy assessing if there are other agencies in the community that provide the same level of prevention and education, to assure equal access to equipment and education and consider including the components of this strategy into other strategies.*
- 5) For the Regional Council to present a three year strategic funding plan with a balanced budget through SFY2015.*

Further Board concerns included the absence of a target population and number of participating adults and children in the Parent Education Community-Based Training, although an allotment was presented for approval. As a general recommendation, the Board urged the Regional Council to provide specificity in target populations and service delivery units to justify the amounts that are being budgeted.

The Regional Council appreciated the opportunity to further discuss the recommendations with Board Member Judge Cecil Patterson and Chief Executive Officer, Rhian Evans Allvin on January 25, 2012, and is looking forward to presenting a balanced three year budget to the Board at the April meeting.

The Strategic Planning Committee, chaired by member Chris Tompkins convened throughout the months of February and March to present a revised funding plan for the full Regional Council to consider. The Regional Council met on March 28, 2012 and approved the recommendations for Board consideration which include the following:

1) The Regional Council recommends initiating a Health Impact Assessment in SFY12 for the amount of \$50,000. It is anticipated that the analysis will take between four to six months to complete. Immediately following the HIA, the Regional Council will form a collaborative of representatives from the health prevention system. The Collaborative will convene to develop a comprehensive preventative health plan based on the analysis. The anticipated cost of implementing the collaborative in FY2013 will not exceed \$40,000.

2) The Regional Council reviewed the injury prevention services funded in FY2010-2012 and recommends funding injury prevention for one year, to ensure that an infrastructure remains in the region. During this time the assessment and collaborative will be implemented. To address the education component of the strategy, a newly developed Scope of Work will include an emphasis on community education to promote health and safety practices and the target population of parents and caregivers who are not currently receiving services will be prioritized. The Regional Council recognizes the importance of strengthening parental knowledge and skills to prevent injury or illness and promote child safety. With a broader reach to include equipment and a stronger educational component, the Regional Council recommends funding the injury prevention strategy for one year in the amount of \$550,000 with a target service number of 1,208 families.

3) The Regional Council requests additional funding in the amount of \$150,000 to the Family Support Coordination Strategy, to provide support to families and children at risk of abuse and neglect, with the knowledge that the target population to be served; homeless, children in poverty, those at risk for abuse and neglect, teen and incarcerated parents are in alignment.

4) The Regional Council recommends funding the food security strategy in the amount of \$400,000 to provide 80,000 food boxes, ensuring "safe-guards" that the food will be distributed to families with children birth to five.

5) The Regional Council requests Board support of the Family Support-Children with Special Needs Strategy at a funding level of \$375,000. The proposed allocation would fund 150 families with children birth to age three who do not qualify for publicly funded early intervention programs.

6) The Regional Council voted to fund Reach Out and Read at \$50,000 with a Target Service Number of 16 practices and the Parent Education Community Based Literacy Strategy at \$475,000 with a target service number of 950 families.

The three year financial summary is attached and shows an ending balance of \$4,311,879 at the end of SFY15. The Strategic Planning Committee will continue to meet and determine how the funds should be used now that the Regional Council has a refined strategic direction.

The following documents are included with this cover letter:

- 1) Revised Strategic Plan Summary
- 2) Addendum I: Central Phoenix Regional Partnership Council Funding Plan Framework
- 3) Addendum II: Health Impact Assessment
- 4) Addendum III: Revised Three-Year Financial Summary

Sincerely,

A handwritten signature in blue ink that reads "Toby Urvater".

Toby Urvater
Chair, Central Phoenix Regional Partnership Council

Central Phoenix Regional Partnership Council

Three Year Strategic Plan—Revised

FY2013-2015

Setting the Strategic Direction

The Central Phoenix Regional Partnership Council developed a Strategic Planning Committee to address the issues raised by the Board in regards to the SFY13 funding plan. Between February 1, 2012 and March 15, 2012 the Central Phoenix Regional Partnership Council's Strategic Planning Committee held five meetings to review the strategies and develop a revised funding plan that presents a constellation of strategies that work together as a system of support and services for children and their families.

The Regional Council began the work of establishing an integrated approach by adopting an overall framework for the provision of funding and decision making. (*Addendum 1*) The framework addresses *Access and Prevention Services That Build Community Assets and Resiliency* across the goal areas of Health, Family Support, and Early Care and Education including Quality, Affordability and Access. The following goals illustrate the direction of the Regional Council and desired impact in the region:

- 1) To provide access to health services and prevention of health related illness.
- 2) To support healthy, educated families so that they can be the best they can be to care for their children and facilitate their optimal development.
- 3) To connect families to accessible, affordable, quality care.

The strategic approach the regional council envisions to accomplish these goals is one that assures building family and community assets and resiliency, timely and appropriate connections between families and service providers, integration of early literacy across the service delivery continuum, and connecting providers to resources to improve quality. In addition, supporting families of children with special needs is a high priority for the Regional Council and it was determined that this focus will be integrated throughout the goals.

Central Phoenix Regional Partnership Council Revised SFY13-15 Funding Plan

The revised FY2013-15 Funding Plan addresses the Board concerns raised during the review of the funding plan in January, and assures a continuum of services for children and families in Central Phoenix through a balanced three year budget. The Regional Council focused its efforts in the areas of health and family support and the following sections describe the considerations, review of data, and decisions of the Regional Council.

Health

The Committee reviewed the health strategies included in the SFY13 funding plan and categorized strategies into either *access* to services, such as Care Coordination, and Health

Insurance Enrollment or *prevention*. The Regional Council broadly defined prevention to include the prevention of illness, injury, inadequate nutrition and obesity, and poor birth outcomes and thus integrating the following strategies under a prevention umbrella: Developmental/Sensory Screening, Injury Prevention and Nutrition/Obesity/Physical Activity, Oral Health and Prenatal Outreach. When looking at the prevention strategies as a whole, it was determined that the region has many assets from which to build from to support and expand preventative health services and programming to the children of the Central Phoenix region. Health care organizations offering strong leadership within the region are Maricopa County Department of Public Health, Maricopa Integrated Health Systems, and seven hospitals including St. Joseph's Hospital and Medical Center, Phoenix Children's Hospital and Phoenix Baptist Hospital. While these and other assets and partnerships exist, the needs of the region are great and reflect the importance of focusing on prevention. For example, from 2007 to 2009 the number of children birth to age five who were homeless and living in transitional or emergency shelters in the region grew 65 percent, increasing from 237 children to 391 children. In 2009, 625 children were removed from their home, of which 210 were placed with relatives. Teen births in 2008 represented 12 percent of the total births in the region. Forty-eight percent of children in the region did not receive a medical visit within two years and forty-four percent of the children did not have access to dental care.

While reviewing the needs of the region and the strategies proposed for SFY13 it became clear that a coordinated approach for the preventative health strategies was needed rather than implementing separate and distinct strategies. The Regional Council determined that the most effective use of their dollars would be to expand and strengthen the prevention programming in the region through an "umbrella of integrated prevention services that address nutrition, obesity prevention, oral health, intentional and unintentional injury prevention, prenatal outreach, and developmental screening needs and programs. The continuum of health strategies will form an interconnected approach that reaches beyond the capacity of any single organization and ranges from information sharing and education to coordination of services, from community education to advocacy for major environmental or policy (regulatory) changes. This comprehensive approach to prevention will work to reduce duplication of services, leverage resources, strengthen bargaining power, and get "buy in" from community members.

The first step to implement this strategy will be to undertake a Health Impact Assessment (HIA) that will help to define what combination of services will have the greatest impact on the health of children and families in the region. (Addendum II) The second step is developing a strategic plan by convening a collaborative of representatives from the health field with expertise in prevention and knowledge of the Central Phoenix region. Individuals and organizations will be recruited to ensure a broad membership at the local level, including community individuals as well as those who represent a wide array of service providers and service types. Based on the findings from the analysis, the health prevention service needs for

young children will be determined and the elements of the health systems that can meet those needs defined.

Recommendation I: Comprehensive Health Prevention Strategy

The Regional Council recommends initiating a Health Impact Assessment in SFY12 for the amount of \$50,000. It is anticipated that the analysis will take between four to six months to complete. Immediately following the HIA, the Regional Council will form a collaborative of representatives from the health prevention system. The Collaborative will convene to develop a comprehensive preventative health plan based on the analysis. The anticipated cost of implementing the collaborative in FY2013 will not exceed \$40,000.

Upon determining that a comprehensive prevention strategy was necessary and the best direction for the region, the Regional Council focused on injury prevention. The Regional Council examined the currently funded programs in the region and heard from members of the public about the critical need for these services. Staff conducted baseline research and found that the injury prevention services in the Phoenix area are typically provided by community partners, with support from the Arizona Department of Public Health. Hospitals, the Phoenix Fire Department, and the County Health Department were cited as offering various programs. In 2010, Maricopa Integrated Health System developed an early childhood burn prevention program that resulted in a 23 percent decrease in total pediatric burn admissions in one year and a 40 percent decrease in total pediatric admissions from house fires. In addition, Phoenix Children's Hospital provided safety interventions with select patients: car seat distribution for patients receiving trauma services, car seat consultation and product distribution. Through funding from the Central Phoenix Regional Council, additional programming was provided in the region and achieved the following:

- 3,817 adults received classroom, hands-on or individualized classes on injury prevention
- 7,530 injury prevention items were distributed including smoke detectors, pool fences, safe cribs, car seats. A total of 717 car seats were provided to parents/caregivers along with a national, evidence based child passenger safety education curriculum. A car seat was never distributed without intensive education.
- 145 child care providers were provided CPR/First Aid certification
- 345 Head Start teachers were provided education on scald burn prevention
- 5,698 children received scald burn prevention books

The Regional Council recognized the need to continue their focus on prevention and at the same time streamline and align the various preventative health strategies which will be accomplished through the health prevention strategy. While this approach is getting underway, the Regional Council determined that it was necessary to continue the injury prevention strategy for one additional year.

Recommendation II: Injury Prevention Strategy

The Regional Council reviewed the injury prevention services funded in FY2010-2012 and recommends funding injury prevention for one year, to ensure that an infrastructure remains in the region. During this time the assessment and collaborative will be implemented. To address the education component of the strategy, a newly developed Scope of Work will include an emphasis on community education to promote health and safety practices and the target population of parents and caregivers who are not currently receiving services will be prioritized. The Regional Council recognizes the importance of strengthening parental knowledge and skills to prevent injury or illness and promote child safety. With a broader reach to include equipment and a stronger educational component, the Regional Council recommends funding the injury prevention strategy for one year in the amount of \$550,000 with a target service number of 3,646 families.

Family Support

The Committee established the Family Support goal as *supporting healthy, educated families so they can be the best they can be for their children*. It is the intent of the Regional Council to build and strengthen family and community assets and resiliency, timely and appropriate connections between families and service providers, and integrate early literacy efforts across the service delivery continuum. The Committee looked closely at the needs in the community as it relates to family support, specifically at the diversity and structure of families. Highlights of the 2010 Needs and Assets Report suggest that one in three families are single parent families; more than six out of ten babies born in Phoenix had mothers with a high school diploma or less. Through personal interviews conducted in 2010, families cited a lack of awareness about healthy child development, barriers to receiving services, and lack of awareness that services exist.

While it is clearly evident, that families are in need of various services and supports in the Central Phoenix Region, there are also many organizations that are providing, or are able to provide relevant services. However, it is too often that families are not aware of the services or do not know how to access existing services. Even if the family can specifically articulate their needs, each might include navigating the array of providers in the region to find and access services from multiple agencies. While organizations currently refer to other organizations based on the needs of the family, there is no systematic approach that would support complete assessment of needs, development of service plans for families with complex needs and informed consistent and appropriate referrals across the family support network of providers.

The Central Phoenix Regional Partnership Council has identified the need for regional development, enhancement and implementation of inclusive family education and support services through service coordination for families with complex or multiple needs. The Regional Council supports the following definition of Family Support Services:

Family Support Services – Community-based services to promote the well-being of children and families and designed to increase the strength and stability of families.

Through family support coordination the regional council seeks to reduce the incidence of families not accessing services because they are either unaware that the service/support exists, go to the wrong place to get information and access and/or do not have the opportunity to express their more complex needs. This is a strategy that is currently in a developmental phase, with seven family support organizations awarded to develop a collaborative approach for working with families who have complex and multiple needs which may include but is not limited to homelessness, at risk for abuse and neglect, a history of domestic violence, poverty.

As the Regional Council reaffirmed their vision for supporting families, the regional council reviewed the similarities between the crisis intervention strategy which was an initial strategy of the SFY10 funding plan and the new family support coordination strategy initiated in SFY12. The Regional Council determined that the newly developed strategy of family support coordination does encompass crisis intervention as the same families are targeted for services.

Recommendation III: Fold Crisis Intervention into the Family Support Coordination Strategy

The Regional Council requests additional funding in the amount of \$150,000 to the Family Support Coordination Strategy, to provide support to families and children at risk of abuse and neglect, with the knowledge that the target population to be served; homeless, children in poverty, those at risk for abuse and neglect, teen and incarcerated parents are in alignment.

Food Security

The Regional Council reviewed the Food Security strategy, looking both at the need in the region and how the distribution of the food for children birth to five years was occurring. The food hardship data comes from a report released by the Food Research and Action Center (FRAC), which compiles data by state, Metropolitan Statistical Area (MSA) and Congressional District. The data reflects the current impact of the recession and economy by quantifying food hardship—the inability of a household to afford enough food for all its members at any point during the year. Taking a closer look at food hardship by Congressional District reveals the more startling figures, with two Arizona districts ranked in the top 100 nationwide. District 4, one of the two districts, which covers Central and South Phoenix, ranked the fifth worst in the country in 2010-11 with nearly one third of residents suffering from food hardship. With the number of homeless families and families living in poverty the Regional Council determined it was critical to support young children and their families in the area of nutrition and healthy eating; especially for young children experiencing food insecurity. Poor nutrition is a major cause of impaired cognitive development, and is associated with increased educational failure, elevated occurrence of health problems, higher levels of aggression, hyperactivity, and anxiety among impoverished children. The Regional Council revised the Food Security Strategy tenants to

ensure “safe-guards” that the food would be distributed to families with children birth to five. Included in the revision was the funding level.

Recommendation IV: Food Security

The Regional Council recommends funding the food security strategy in the amount of \$400,000 to provide 80,000 food boxes, ensuring “safe-guards” that the food will be distributed to families with children birth to five.

Family Support-Children with Special Needs

With a focus to integrate children with special needs throughout the goal areas, the Regional Council reviewed the family support strategies and recognized that a gap exists in the continuum to support parents with children with special needs who don’t qualify for publicly funded early intervention programs. The evaluation process of a child’s development by an AzEIP provider, a local school district, or other professional, may or may not lead to a determination that the child qualifies to receive state supported intervention services. Reasons vary from the child only demonstrating mild delays in development to misperceptions of what children can do at a particular age due to inconsistent or lack of use of standardized screening tools. Although children who fall into these categories do not qualify to receive specialized services through state and federal funding, they can still benefit from enhanced support by their families. For example, families may not be aware of the importance of early childhood development, such as the rapid and sophisticated brain development that occurs in the first five years of life and how early experiences and strong, positive relationships set the foundation for later success in school and life.

Both the Health and Early Learning goal areas have approaches that support connecting families with children with special needs. The Care Coordination strategy strives to connect families to a medical home and this includes working with families who are in need of therapies for their children with special needs. In addition, the Inclusion Strategy works with child care providers to provide a comprehensive, consultative model that includes on-going training, on-site technical assistance to support programs in caring for children with special needs. To assist families in developing knowledge and skills to enhance their abilities to help their children reach their fullest potential, the Regional Council determined that a parent coaching model of family support for children with special needs to provide individualized support in combination with an interactive parent and child together model of services that includes families and children with similar experiences living in the community was a necessary and critical component in the overall goal of family support.

Recommendation V: Family Support Children with Special Needs

The Regional Council requests Board support of the Family Support-Children with Special Needs Strategy at a funding level of \$375,000. The proposed allocation would fund 150 families with children birth to age three who do not qualify for publicly funded early intervention programs.

Parent Education Community Based Literacy

The final aspect of family support reviewed by the Regional Council was the integration of early literacy throughout the framework. While the home visitation strategy has a strong component for promoting emerging language and literacy skills, the Regional Council is reaching less than 300 infants and toddlers through this strategy. The Regional Council recognized the need to reach a larger number of families in the region and supports the inclusion of two strategies—parent education community based training and Reach Out and Read. Both strategies have the ability to reach families in their communities and through the health system, providing the opportunity to expand the reach to a larger number of families with resources and programming to support early language and literacy development.

Recommendation VI- Parent Education Community Based Literacy

The Regional Council voted to fund Reach Out and Read at \$50,000 with a Target Service Number of 16 practices and the Parent Education Community Based Literacy Strategy at \$475,000 with a target service number of 950 families.

Addendum I—Central Phoenix Regional Partnership Council-Funding Plan Framework

I. Frame—Access and Prevention Services that Build Community Assets and Resiliency

II. Access to Service Points - “Gateways”

HEALTH: Goal: To provide access to health services and prevention of health related illness.

Family Support: Goal: To support healthy, educated, families so that they can be the best they can be to care for their children and

Early Care and Education: Goal: To connect families to accessible, affordable, quality care.

<p>What we value:</p> <p>Prevention and access for optimal child health outcomes.</p>	<p><u>Access</u></p> <p>Health prevention and access</p> <p>Providing linkages between families and the health system to allow continuity of care.</p>	<p><u>Prevention</u></p> <p>Provide information to parents on a variety of topics in order to prevent health related illness, injury, and inadequate nutrition.</p>
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<p>What we value:</p> <p>Timely and appropriate connections between families and service providers.</p> <p>Healthy Birth Outcomes</p> <p>Integration of early literacy, prevention of child abuse and neglect.</p>	<p>To provide tools and support to assure healthy birth outcomes and appropriate child development.</p>
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<p>What we value:</p> <p>Connecting providers to resources and to improve quality.</p>	<p><u>Regulated</u></p> <p>To provide Information and tools to Early Care Providers</p>	<p><u>Non-Regulated</u></p> <p>To provide Information and tools to Early Care Providers</p>
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III. Implementation Mechanisms

<p><u>Prevention</u></p> <p>Health Prevention Model</p> <ul style="list-style-type: none"> Injury Prevention Nutrition/Obesity prevention Oral Health Prenatal Outreach Developmental Screening 	<p><u>Access</u></p> <p>Care Coordination</p> <p>Health Insurance Enrollment</p>
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<p><u>Prevention</u></p> <p>Parent Education with a focus on literacy</p> <p>Reach Out and Read</p> <p>Home Visitation</p> <p>Food Security</p>	<p><u>Access</u></p> <p>Family Support Coordination</p> <p>Family Support Children with Special Needs</p>
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<p><u>Prevention</u></p> <p>Child Care Health Consultation</p> <p>Mental Health Consultation</p>	<p><u>Access</u></p> <p>Quality First Child Care C Scholarships</p> <p>Inclusion of Children With Special Needs</p> <p>TEACH REWARDS</p> <p>Family, Friend & Neighbor</p>
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Addendum II

Health Impact Assessment for Central Phoenix Regional Council

Overview

The health prevention model that the Council is proposing includes an assessment component, a direct service component and an implementation and planning component. Specifically, it includes a five-step process to promote child safety, and reduce risk:

- Assessing prevention needs in the community based on epidemiological data
- Building prevention capacity
- Developing a strategic plan
- Implementing effective community prevention programs, policies and practices
- Evaluating efforts for outcomes.

The first step in the process, assessing prevention needs in the community, which the Council proposes to begin in May, 2012. The second step in the strategic prevention process is building prevention capacity and developing a strategic plan through the convening of a collaborative of representatives from health prevention strategies that exist in Central Phoenix (FTF and non-FTF funded). The purpose of the collaboration of health representatives will be identifying gaps in service and areas of greatest need in the region. The Council proposes to begin this process following the assessment of health needs. The third step in the process will be funding and implementing effective community prevention programs in FY2014-15 based on the outcomes of the HIA and Collaboration recommendations. The Council has discussed the potential of funding a single strategy, the Health Prevention Strategy that will embody the outcomes of the needs assessment through an umbrella of support.

The fourth step, evaluation of outcomes, will come through the measurement of benchmarks.

The following key components will be considered as fundamental in determining future funding in the health goal area:

- Strengthening individual knowledge and skills to prevent injury or illness and promote child safety
- Promoting Community Education to promote health and safety practices (CBT)
- Educating child care providers who transmit skills and knowledge to parents
- Fostering Coalitions and Networks for broader goals and greater impact

The goal of the Regional Council is to use the findings from public health research along with evidence-based prevention programs to build capacity within the region. Through a carefully staged planning process, it is anticipated that family resilience and a decrease in risk factors for children, families, and the Central Phoenix regional community will be realized. Furthermore, the process will address issues of sustainability and cultural competence.

Definitions, purpose and questions

Health impact assessment (HIA) is a practice to make visible the interests of public health in decision-making. HIA is a structured decision making support process used to characterize the anticipated health effects, both adverse and beneficial, of societal or in this case regional decisions.

The International Association of Impact Assessment defines HIA as “a combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects.”

Suggested HIA Process

A rapid or dashboard HIA can be completed in a period of weeks, or it can involve a more comprehensive process that includes public meetings, extensive stakeholder consultation and/or collection of new data.

It is suggested that the HIA process consist of a 3-4 month timeline for Central Phoenix Regional Council. The basic steps for completing an HIA follow:

1. **Screening:** The specific proposed project is directed at health prevention that includes nutrition, obesity prevention, oral health, intentional and unintentional injury prevention, prenatal outreach, developmental screening needs and programs.

For example, based on the definition of the prevention umbrella, what are the health prevention service needs for young children residing in Phoenix and what are the elements of the health systems that can meet those needs. And, what are the gaps in services? The HIA will provide important information or insight on unrecognized health issues that young children and their families face.

2. **Scoping:** What are the major health issues that children are facing in the region? What additional information is required for the Central Phoenix Regional Council to make funding and policy decisions?

3. **Assessment:** Involves two steps, describing the baseline health issues facing young children residing in the city of Phoenix, especially Central Phoenix and what are the potential health effects of funding priorities of the council?

What is the most recent data available on children’s health in the region? The baseline health analysis attempts to explain not only the important causes of illness, but also the conditions that influence health and could be affected by the decision in question—such as the local economy, air quality, availability of parks, playgrounds and recreation facilities, or access to healthy food choices for families? What are the obstacles that families face in optimizing their children’s health?

The assessment stage can involve literature review, qualitative analysis and/or quantitative modeling. It identifies not only the important health risks and benefits, but also their distribution among vulnerable subgroups within the population such as young children, children with chronic illnesses such as fetal alcohol syndrome, asthma, poor oral health, prenatal outreach needs and the need for additional developmental screening. Included are issues related to disproportional racial and ethnic group effects or families of young children with low incomes.

The HIA should be conducted in an impartial, scientific way that identifies both the risks and the benefits associated with a recommendation.

4. **Recommendations:** The HIA should point the way to decisions that protect and promote health. The recommendations should provide practical, specific actions that can be taken in order to promote health and avoid, minimize or mitigate adverse consequences.
5. **Reporting:** The findings are disseminated to decision makers, affected communities and other stakeholders with a request for feedback. This stage may result in a revised report that addresses public responses to the draft.
6. **Monitoring and Evaluation:** There are three types of evaluation in HIA: 1) process evaluation gauges the HIA’s quality according to established standards and the original plan for the HIA; 2) impact evaluation assesses the HIA’s impact on decision-making and its success according to the objectives established during scoping; and 3) outcome evaluation assesses changes in health status and health determinants as the decision is implemented.

Adapted from http://www.healthimpactproject.org/resources/document/Bhatia-2011_HIA-Guide-for-Practice.pdf

Potential areas to assess:

Number of health care service providers in the region:

- Hospitals
- NICUs: population description, VLBW, LBW, metabolic and/or genetic disorders
 - (Level of care, discharge planning process)
- Number of pediatric practices (number of children served per practice)
 - If the practice provides care coordination, maternal mental health screening, pediatric developmental screening
- Number of mental health specialists who have training, education and experience working with very young children and their families.
- Number of physical, occupational, speech therapists who have training, education and experience working with very young children and their families.

Number of community based clinics that provide health care to young children

- FQHC
- Low income safety net providers
 - If they provide prenatal care, mental health screening of post-partum mothers, care coordination and pediatric services for newborns
 - If they accept public insurance for services?

Number of dental practices that take young children as clients

- Number of dental practices that do oral screenings of children under 3 years
- Number of fluoride varnishes applied to children under the age of 5 in their practice
- Number of children 1-5 years old served by the practice for dental caries
- Is public water fluoridated?
- If they accept public insurance for services?

Number of pregnant women who enter prenatal care at second or third trimester

- Number of teen pregnancies
- Number of children born drug exposed, with fetal alcohol syndrome identified at birth

Name and type of injury prevention programs in the region

- Intentional injury programs- child abuse prevention programs, number of children 0-5 in the CPS system, court system assessments/programs, shaken baby programs, safe drop off policy and rates
- Un-intentional injury: child car seat safety programs, back to sleep programs, fire and carbon monoxide monitors, safety latches, safe crib programs, pool or water safety, water heater temperature safety measures.

Social determinants of health that may be modified by public sector decision-making include but are limited to the following:

Behavioral Risk Factors

- Family food resources
- Physical activity / inactivity
- Smoking
- Alcohol consumption
- Drug addiction
- Leisure and recreational activity

Employment and Livelihood

- Employment and job security
- Income and employment benefits
- Workplace occupational hazards
- Workplace rewards and control

Family and Community Structure

- Social support / isolation
- Family structure and relationships
- Voluntary group participation
- Arts and culture
- Faith, spirituality, and tradition
- Crime and violence

Housing

- Housing supply, cost, and accessibility
- Housing size and level of crowding
- Housing safety
- Neighborhood infrastructure and livability
- Residential segregation

Environmental Quality

- Natural spaces and habitats
- Food resources and safety
- Water resources and safety
- Neighborhood safety

Public Services

- Parent Educational access or quality

- Health care access or quality
- Health insurance access for young children
- Family transportation
- Parks and recreational centers
- Police / security and emergency response

Private Services Financial institutions

- Retail food resources
- Child care services

Political Factors

- Sense of inequality
- Social exclusion
- Discrimination
- Political participation
- Freedoms of speech and press

Allocations and Funding Sources	2013	2014	2015
FY Allocation	\$15,722,756	\$15,754,201	\$15,813,279
Population Based Allocation	\$10,071,132		
Discretionary Allocation	\$3,375,603		
Other (FTF Fund balance addition)	\$2,276,021	\$15,754,201	\$15,813,279
Carry Forward From Previous Year	\$6,031,400	\$4,682,530	\$4,430,226
Total Regional Council Funds Available	\$21,754,156	\$20,436,732	\$20,243,505

Strategies	Approved Allotment by the Board January 17, 2012	Recommended Allotment	Proposed Allotment	Proposed Allotment
Care Coordination/Medical Home	\$1,000,000		\$1,000,000	\$1,000,000
Developmental and Sensory Screening	\$400,000		\$400,000	\$400,000
Health Insurance Enrollment	\$200,000	\$400,000	\$400,000	\$400,000
Comprehensive Preventative Health -Health Analysis Impact/Community Collaborative		\$40,000		
Injury Prevention	-	\$550,000		
Prenatal Outreach	\$500,000			
Family Support – Children with Special Needs	-	\$375,000	\$375,000	\$375,000
Inclusion of Children with Special Needs	\$900,000		\$900,000	\$900,000
Quality First	\$1,760,694		\$1,760,694	\$1,760,694
Child Care Health Consultation	\$249,480		\$249,480	\$249,480
Quality First Child Care Scholarships	\$4,742,577		\$4,742,577	\$4,742,577
Scholarships TEACH	\$82,500		\$82,500	\$82,500
Mental Health Consultation	\$615,000		\$615,000	\$615,000
Family, Friends & Neighbors	\$800,000		\$800,000	\$800,000
FTF Professional REWARD\$	\$247,500		\$247,500	\$247,500
Parent Education Community-Based Training	\$525,000	\$475,000	\$475,000	\$475,000

Reach Out and Read		\$50,000	\$50,000	\$50,000
Family Support Coordination	\$1,000,000	\$1,150,000	\$1,150,000	\$1,150,000
Food Security	-	\$400,000	\$400,000	\$400,000
Home Visitation	\$1,320,000		\$1,320,000	\$1,320,000
Service Coordination	\$50,000		\$50,000	\$50,000
Statewide Evaluation	\$503,096		\$503,096	\$503,096
Community Awareness	\$16,645		\$16,645	\$16,645
Community Outreach	\$80,000		\$80,000	\$80,000
Needs and Assets			\$24,880	
Media	\$364,134		\$364,134	\$364,134
Sub Total	\$15,356,626	\$3,440,000		
Total		\$17,071,626	\$16,006,506	\$15,981,626
Total Unallotted		\$4,682,530	\$4,430,226	\$4,261,879