



Arizona Early Childhood Development & Health Board

Southwest Maricopa Regional Partnership Council

February 18, 2014 – *Draft* Meeting Minutes

Call to Order

The Regular Meeting of the First Things First Southwest Maricopa Regional Partnership Council was held on Tuesday, December 17, 2013 at Avondale City Hall, 11465 West Civic Center, Avondale, Arizona 85323.

Chair Dr. Dawson welcomed everyone and called the meeting to order at approximately 5:31 p.m.

Members Present:

Patty Avery-Schuster, Dora Barrio, Kelli Cordova Wright, Dr. Carlian Dawson, Wendy Krisik, Denys Sandoval, David Schwake

Please Note: Council Member Sandoval entered the meeting at 5:40 p.m.

Members Absent:

Colleen Day Mach, Kimberly Flack, Amanda Reyes

Call to the Public:

None.

Review and Approval of December 17, 2013 Meeting Minutes:

Council Member Barrio made a motion to approve the December 17, 2013 meeting minutes as written. Motion was seconded by Council Member Schwake and carried out by unanimous vote.

Benchmarking Committee Update, Discussion and Possible Approve of Recommendations:

Regional Director Santiago – Vice Chair Flack has been the Council Member representing the Southwest Maricopa Regional Partnership at the Benchmarking meetings. Regional Director Santiago forwarded an email with information on some of the work that has been taking place at these meetings. At the last meeting the main topic and conversation that took place was about Indicators #2 and #10. The Subcommittees recommendation is to allow the proposed benchmarks for #2 and #10 to go forward to public vetting before they come back to Council for final approval. Regional Director Santiago asked Council for possible approval of the recommendation from the Subcommittee to move this forward to the public vetting.

Council Member Avery-Schuster made a motion to move this recommendations forward for the vetting process. Motion was seconded by Council Member Krisik and carried out by unanimous vote.

2nd Quarter Narrative Reports Update:

Regional Director Santiago provided Council with an update on the 2nd Quarter Narrative Reports. A handout with Data, comments and information was given to Council to review. Regional Director Santiago talked about each program listed in the report and provided information on current outreach, recruitment and retention activities and successes and challenges as applicable. Regional Director Santiago will provide Council with the Data Report at the March meeting.

System Building Update:

a. Comprehensive System Approach

i. Strategy Implementation

Regional Director Santiago provided Council with the System Building Update around Strategy Implementation. One main indicator that First Things First will be looking at is how the strategies will reflect a more enhanced way of continuing the system building approach in the regions. The Southwest Maricopa Regional Partnership Council recently approved two new strategies; Care Coordination Medical Home and the Family-Children with Special Needs. One of the caviats included in the language of the scope of work was the need for these two providers to work in coordination with one another. First Things First will be looking at how the Region is assessing and monitoring the development of children and one of the main indicators is developmental screenings. There are quite a few providers in the Southwest Region performing this task. Regional Director Santiago will be contacting providers to find out if they will be conducting these screenings and to see if they can come up with a tool to provide information and data such as an online data base that could be developed in terms of hubs. The intent is that there would be some kind of database or report that would provide Council with a good picture of the state of development in the Southwest Region among children ages 0-5.

ii. Strategic Direction

When the Councils come back with their funding plans in the next three years the Board will be looking at when at the approach doing an inventory of strategies to see which ones are conducive in the impact of the movement of a system building approach and which ones are not. The intent of the system approach is to bring others to the table to leverage the resources.

Directors Updates:

- **SY15 Grant Agreements and Renewals**

Regional Director Santiago updated Council on SY15 Grant Agreements and Renewals and provided a handout with key dates. Finance is preparing all the packages that will be going out to all the providers to request information that is required for renewals. Regional Directors will be reviewing the renewals before they are brought back to the Council. Regional Director Santiago will provide Council with a data report at the March meeting to go through the process. There is only one provider that requires a new agreement, the Gila Bend Resource Center.

- **Buckeye Family Resource Center Update**

Regional Director Santiago introduced the newest member of the Buckeye Resource Center, Joyce Gross and the Grand Opening is on Thursday, February 20, 2014. A handout with pictures of the new Buckeye Resource Center was provided to Council.

- **Discretionary Funding Subcommittee Update**

Regional Director Santiago provided Council with notes from the Discretionary Funding Subcommittee. They are working on an update with a formal proposal to the Board. Council Schwake participated in some of the meetings representing the Southwest Region.

Council Member Schwake provided Council with highlights from some of the meetings that he attended.

Community Outreach Update: Community Outreach Coordinator Bray provided Council with a copy of the Community Outreach Report – January –February 2014.

- Summary of Activities: 1 Presentation – Litchfield Park Branch Library – Youth Librarian, 1 Event – Avondale FRC Family Resource Fair (142), 5 Network Meetings – Avondale FRC Networking, Goodyear Faith Roundtable and Mom’s of Goodyear – New Member.
- Upcoming Outreach Opportunities: Speaker’s Trainings, Training Part 1: Early Childhood, Every Day. Mrs. Bray encourages Council Members to attend these trainings.
- Outreach Opportunities: Provided Core Message of the Month and talked about a new tool called Google Map which allows Council to see outreach activity. Ms. Bray displayed samples of branding materials. Ms. Bray sent out an email asking for help with some future events that will be coming up and provided information on the Outreach Report. If anyone from Council is willing to table any of these events please contact Mrs. Bray. Ms. Bray talked about the challenge of getting people to come tour one of the sites. Set up a site tour – Contact Ms. Bray if you know of any group or individual who would benefit from a site tour. Ms. Bray provided Council with the Community Outreach and Awareness Suggestions form. The Glendale office has moved to Peoria and anyone interested in coming out to see the new office is welcome.

Council Member Updates:

Regional Director Santiago – Administrative Assistant Gandara sent out an email with information about the upcoming Northwest/Southwest Area Regional Forum being held on Wednesday, February 26, 2014 at the Avondale City Hall. Chair Dr. Dawson will be taking the lead for both regions at this meeting. Regional Director will be emailing out an agenda for the meeting.

Council Member Cordova Wright shared that her daughter turns one tomorrow.

Council Member Schwake shared that the Summer Food Program is coming up. First Teeth First will be on all four sites throughout the summer. City of Avondale will also be coming out.

Chair Dr. Dawson shared that Jennifer Avendano Sandate gave birth to Edwardo Jose on January 17, 2014 and is doing well. Classes will be starting for Nurturing Parents and Dr. Dawson provided Council with a Flyer with dates and locations of classes.

Council Member Sandoval shared that they are in the process of expanding the Avondale Brighter Angels Learning Center Location.

Adjournment:

There being no further business, Chair Dr. Dawson adjourned the meeting at 7:04 p.m.



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Sustaining Arizona's Commitment to Young Kids

Finance Committee Recommendation to the Board - Summary

Tobacco taxes are a declining source of revenue; in fact, funding for First Things First has decreased from almost \$171 million in fiscal year 2008 to \$132 million in FY2013, a 23% drop in five years. By statute, the Board is ultimately responsible for ensuring that FTF funds are used as Arizona voters intended. Therefore, one of the Board's primary responsibilities is to set a fiscal policy that allows FTF to: sustain program funding for the longest term possible; maximize current and future revenues; and, promote thoughtful and proactive planning for future funding reductions so as to minimize the impact to children and families statewide.

In setting a fiscal policy direction, the Board has focused specifically on trends in tobacco tax collections – which led to revenue projection models researched by Arizona State University – and analysis of expenditures. The initiative that created FTF was written so that an organizational fund balance would accrue for a period of time before expenditures began. This was an intentional, strategic move on the part of the initiative's authors to ensure that funds would be available to sustain FTF's efforts over a longer period of time.

What were not anticipated were sizeable regional carry-forward balances. The Board noted the reasons for and monitored the regional carry-forward balances in fiscal years 2010 and 2011. In 2012, when the total regional carry-forward balance exceeded \$90 million – the Board looked more closely at the regional carry-forward balance and set fiscal policy that focused on spending down that balance.

While fiscal year 2013 was the first year in which the regional fund balance did not grow, the reduction was minimal. As regions complete the last year in the current funding cycle (FY13-15) and begin planning for the next three years (FY16-18), it was a logical next step for the Board – through its Finance Committee and with support from FTF staff – to undertake a deeper review of revenue, organizational fund balance and regional carry forward and to establish the fiscal policy direction that regional councils can use as a basis for discussion of the next three-year strategic direction and budgeting.

Recommendation of the Finance Committee

To expand the discussion and ensure a diverse set of views on the matter, the Chair of the Finance Committee, member Nadine Mathis Basha, invited special guests to both meetings to participate in the conversations. The additional participants represented both Board and regional council members.

Over the course of two meetings the Finance Committee reviewed how allocations are set; discussed the variables involved in the allocation process; examined how future allocations would support current spending budgets; looked at how regional fund balance is related to and impacts spending; reviewed how the organizational fund balance can be used to support a targeted spending level; and, developed recommendations for the Board on future program spending budgets and how the regional fund balance should be used.

Two formal recommendations have been made to the Board. These will be discussed at the April 2014 Board meeting and voted on at the June 2014 Board meeting. They include:

- 1) Beginning in FY16, the start of the new three-year Funding Plan Cycle, allocate \$126.6 million in revenues to support Program spending (statewide and regional combined), and keep this amount constant for successive years.
- 2) In FY16, the total means of financing available to support regional allotments should equal the targeted \$126.6 million level, and so regional allocations should be adjusted such that each region's projected fund balance (regional carry forward) is part of the allocation level rather than being in addition to.

These recommendations are based on reasonable (neither overly optimistic nor pessimistic) revenue projections and will allow FTF to maintain its program spending at a consistent level for an estimated 9-15 years.

The alternatives reviewed included the following:

1. Allow regional councils to spend down their carry forward, hitting fiscal cliffs at varying points between fiscal years 2015 to 2018. Under this proposal, regional councils would need to initiate a round of cuts because – even with their carry forward balance spread out over the next several years – their total revenue would be less than their projected FY15 allotments. Then, regional councils would need to initiate another round of cuts when their carry forward is fully exhausted and only the base-level allocation (based on the \$126.6 million recommended amount) is available.
2. Using large-scale draw-downs of organizational fund balance to maintain spending levels that have been set using regional carry-forward balances. The organizational fund balance would be exhausted within three years and, therefore, resulting in radical reductions in services at that point.

The Finance Committee acknowledged that moving to the recommended allocation methodology will raise questions from regional councils as it will mean an almost 30% reduction in total regional funds available for spending in FY16 (impact to individual regions will vary around this average amount). While this will be a challenge for regional councils to absorb initially, the following points were discussed by the Committee and include:

1. All regions are looking at significant funding reductions in the near future (as a result of spending down carry-forward), and in most cases, would need to make those cuts in FY16 or shortly thereafter.
2. Updating the fiscal policy at the beginning of a three-year planning cycle gives regional councils time to thoughtfully and proactively plan spending that reflects available revenues at the onset of a strategic planning process.
3. The funding available for each region will be very stable over time (with population and/or regional boundary changes being the only real drivers for change).
4. The recommendation sets a targeted spending level and, in FY16, uses regional carry forward in combination with new Board-allocated revenues to achieve that targeted spending level. Therefore, regions will be spending their regional carry-forward balances. In futures years, the targeted spending level will be fully achieved with new Board-allocated revenues.
5. Regions may still experience carry-forward balances, but these will be significantly lower and much more easily managed.

In addition, the Finance Committee discussed whether guidance should come from the Board on how regional councils plan to align programming to available revenues – for example, Board strategy or indicator priorities.

In the first of two meetings, the Board's Policy and Program Committee reviewed this issue at its April 3 meeting. Outlined below are questions the Committee was asked to consider and provide feedback on by the next meeting on May 15. In addition, feedback will be solicited from the regional Chairs and Vice Chairs at their May 1 meeting. All of the feedback obtained will be summarized and presented to the Board for consideration at its June 2014 meeting, so that complete guidance can be provided to the regional councils as they begin their three-year planning cycle.

Items the Program Committee members have been asked to provide feedback on include:

- Should guidance come from the Board on how regional councils plan to align funded programming to available revenues – for example, Board preferred strategy(ies) or School Readiness Indicator priorities?
- Currently, regional funding plans are developed by regional councils and are submitted for Board approval. If and when the Board has concerns with a funding plan presented for approval, they address these concerns on an individual basis and final approval is held until both Board and regional council concerns are resolved. As such,
 - Should this practice continue?
 - Should all regional councils be allowed to prioritize independent of each other, and/or Board priorities?
- Should the Board provide parameters for how a funding plan should be constructed? For example:
 - Should the number of strategies be limited?
 - Are there School Readiness Indicators which should be prioritized?
 - Should X% of funding have to be committed to the Board’s signature Quality First strategy?
 - Should only Y% of funding be committed to strategies for which other state agencies have primary or statutory responsibility?
- The Quality First program and Quality First Scholarships collectively comprise the largest funding investment of FTF. Should FTF research whether the QF model can be adjusted in ways that lower the cost but still preserve the overall design and policy intent?
 - One such example would be reducing the number of scholarships made available to providers receiving them by some amount. If that amount were 1/3, a potential savings of \$15.7 million could be yielded.
 - Another example is considering a decision made by regional councils to fund additional scholarships, which is a significant investment of resources beyond that “required” under the Quality First model. As regional councils make choices to fund additional scholarships, it increases the total investment and in many cases, these additional scholarships are under-utilized.
- Are there other FTF program costs that FTF should research to see if they can be lowered while still preserving the design and policy intent?

SW Region Revenue History

1. FY14 Allocation = \$4,206,967
2. FY15 Allocation = \$4,692,160
FY15 Proposed Allotted = \$5,159,560
FY15 Unallotted = \$1,734,201
FY15 Allotment Supported by Carryforward = \$467,400
3. FY16 Allocation Option = \$4,550,826
Diff from FY15 Proposed Allotment = (\$608,734)

GRANTEE AGREEMENT

GRA-RC007-15-0706-01

**Between The
Southwest Maricopa Regional Partnership Council,
Arizona Early Childhood Development and Health Board
(First Things First)
And
Town of Gila Bend**

WHEREAS, A.R.S. Title 8, Chapter 13, Article 3 charges the Arizona Early Childhood Development and Health Board (also known as First Things First), the Southwest Maricopa Regional Partnership Council (hereinafter referred to as the grantor) with the responsibility of administering funds.

THEREFORE, it is agreed that the grantor shall provide funding to Town of Gila Bend (hereinafter referred to as the grantee) for services under the terms of this grant.

I. Purpose of the Grant

The purpose of this grant is to specify the responsibilities and procedures for the grantee role in administration of funds provided by First Things First.

II. Term of the Grant, Renewal

- A. This grant shall become effective on July 1, 2014 and shall terminate on June 30, 2018. based on satisfactory performance and continued available funding.
- B. This grant shall not bind nor purport to bind the grantor for any contractual commitment in excess of the original grant period.

III. Description of Services

The grantee shall provide the following services for the grantor as approved and summarized below:

- A. Intent: All families have strengths and all families need support of varying levels. Additionally, all children deserve to grow up in a safe environment. Unfortunately, not all children are born into a home where they are well nurtured and free from

parental harm. (Refer to Section III Scope of Work, Exhibit A, Statement of need for a full description.)

- B. Program: First Things First funded Family Resource Centers provide resource and referral information to identify supports and services available to families with young children and provide each family with access to information and support on topics such as parenting skills; early childhood development including social emotional, language and literacy, cognitive, physical and motor development; and child health. Health insurance outreach and application assistance is a proven practice for improving and increasing health coverage in public programs. There are several approaches to reduce the number of children who lack health insurance coverage such as increasing awareness of available publicly funded health insurance programs; increasing awareness of and access to the Health-e-Arizona online application; and reducing barriers in the public health insurance application process. (Refer to Section III Scope of Work, Exhibit A, Description of the strategy including Standards of Practice for a full description.)
- C. The Family Resource strategy is designed to serve 2,500 families of children in the region ages birth to five. The Parent Education Community Based Training and Developmental Screening strategy is designed to serve 100 families of children in the region ages birth to five. The Health Insurance Enrollment strategy is designed to serve 500 families of children in the region ages birth to five. (Refer to Section III Scope of Work, Exhibit A, and Target Population to serve.)
- D. Adhere to the First Things First Target Service Unit Guidance Document (Exhibit E, F and G).
- E. Adhere to the First Things First Data Security Guidelines (Exhibit H).
- F. Submit all attachments provided by First Things First (Attachments A – I) and comply with the narrative responses to the Scope of Work questions, the Implementation Plan and approved Line Item Budget.
NOTE: The narrative responses, Implementation Plan, Line Item Budget, and Line Item Budget Narrative are required to be submitted for review prior to when this grant becomes final and is signed by First Things First. Submission is required by April 4th, 2014.
- G. Agencies and departments implementing FTF programming are required to coordinate and collaborate with all First Things First grant recipients. Collaboration is critical to developing a seamless service delivery system for children and families.

Target population of proposed program: 2,500

Family Resource Center

Number of **families** to be served: 2,500

Parent Education Community Based Training

Number of **adults completing a series to be served:** 100

Developmental And Sensory Screenings (Children) 100

Health Insurance Outreach and Enrollment

Number of **families** to be served: 500

Attachment C

Program Questions and Narrative Responses

To complete the application, provide a narrative response that addresses the items below.

Provide a description of the program being proposed.

An assessment of the Southwest Maricopa region has shown that families need access to critical services to enable best care for their families, ensuring their children are well equipped and prepared for their education and sustainable well-being.

Census data as well as First Things First, Needs and Assets assessments reveal the lack of quality family support services as well as overall human services in the Southwest Maricopa region; services that assist families of young children in accessing information about child development, child health and related parenting skills as well as services that support the needs of the family as a whole.

The Care1st Gila Bend Family Resource Center will be one of three Southwest Maricopa Family Resource Centers; focused on a strong operational foundation including key staff, key community based organizations providing service, with regional support already established. Priority will be placed on evidence-based programming for key services.

The Family Resource Center will enhance the Town of Gila Bend and surrounding areas by providing families with access to the information and support necessary to strengthen family and community life and enhance the healthy growth and development of children through parenting education, early literacy development, social support opportunities and access to additional community resources.

The Family Resource Center will ensure that the appropriate family and child services reflect the social and cultural characteristics of the community as well as the age and needs of the participants. The program will coordinate the delivery of other services in conjunction with other centers in the County as part of a comprehensive plan to increase family support to families with children 0 to 5 years of age.

Identify and describe the target population to be served by the proposed strategy, including:

- Population demographics, i.e. all children birth through five, infants and toddlers, families of infants, early childhood professionals, etc.

The target population is families with children 0-5 years of age. The Southwest Maricopa Region is the fastest growing region, exceeding all other regions in 10-year growth. The

population of children ages 0 to 5 has increased by approximately 200%. The median age for Southwest Maricopa is 2 years younger than the Maricopa median age, 3 years younger than Arizona's median age and 5 years younger than the national median age. The growth has exceeded many services.

Population figures are beginning to reflect anticipated growth. The 2000 Census had Gila Bend's population at (x). By 2005, that number had risen to more than (x). The Town's population reached (x) in 2010 and is expected to continue to increase substantially over the next several decades.

In 2013, Care1st Gila Bend assisted 357 families with children ages 0-5 via programming offered by Southwest Family Institute, Choices for Families, Readiness Basket, Maricopa County Public Health, and Duet.

- Target Service Number based on the Unit of Service(s) included in the scope of work above.
- How the strategy will meet the needs of the targeted population in terms of being culturally competent, linguistically appropriate, age appropriate and gender responsive.

The grantee will provide family resource center services to 2,500 families and 750 families with Health Insurance Enrollment Assistance. The provider will create opportunities for families of different backgrounds to identify areas of common ground and to accept and value differences among them. The provider will also hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work and integrate their expertise into the entire program. The provider will ensure that children and families receive effective, understandable, and respectful care that is provided in a culturally competent manner, a manner compatible with their cultural beliefs and practices and preferred language. The provider will also develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement.

The intended target population of the Health Insurance Enrollment subcontract will be families with children ages birth through five who are likely to qualify for public health insurance, yet are currently underserved. Additionally, the targeted population will include underserved populations or underserved geographic locations such as Gila Bend and neighboring Tonopah, focusing specifically on families up to 200 percent of the Federal Poverty Level. This strategy targets all families with children ages birth through five, as well as health professionals who serve families with children in this age range throughout the Southwest Maricopa region. The Health Insurance Enrollment subcontractor will be selected utilizing

approved practices as outlined by the First Things First Health Insurance Outreach and Application Assistance Standards of Practice.

In 2013, Helping Families In Need (HFIN) provided Health Insurance Enrollment assistance to 1,080 individuals at the Care1st Gila Bend Resource Center. HFIN also assisted 1,156 individuals with Supplemental Nutrition Assistance Program (SNAP), and 73 individuals with Temporary Assistance for Needy Families (TANF).

The Care1st Gila Bend Family Resource Center will also offer a food commodity program. The food commodity program, also known as the Emergency Baby Box program, provides food for children birth through five. The boxes also include diapers and baby wipes. Families are encouraged to seek this service in times of serious need such as loss of employment, eviction, grandparents who have just received custody of their grandchildren or kin, etc.

- Recruitment and outreach efforts, engagement and retention practices for the targeted population.

The provider will develop plans for recruitment and outreach to families and the community as well as plans to encourage family and community involvement in continuous ongoing program development, which should be included in the Implementation Plan. The provider will participate in the collaborative work plan with other family resource centers in the County to recruit families as well as providers and other FTF funded providers to increase the capacity and effectiveness of the center and to increase referrals.

The Care1st Gila Bend Family Resource Center Coordinator will network with neighboring school districts, attend neighboring faith-based community gatherings in Goodyear and Avondale, non-profit agencies currently working in the west valley and other community organization for the purpose of outreach, recruitment and retention. Information fairs, networking events and targeted outreach have also proven to be effective for neighboring Family Resource Centers as a means of marketing.

- Identify capacity or infrastructure building which will be needed, including agreements and partnerships with other departments and agencies, additional resources, and training and technical assistance to provide the proposed service.

The provider will collaborate with local social services including FTF grantees and providers outside of FTF in order to extend services to families. These may include i.e. other social services in the area, County Social/Human Services Programs, City's Community Services, and the Early Childhood Network in the region.

Partnerships will be sought with First Things First – funded service providers and staff will also seek to strengthen existing partnerships already in place. Memorandums of Agreement will be instituted with all partners to ensure that both parties understand what the partnership entails.

The Town of Gila Bend will support the Family Resource Center by providing needed services such as facilities management, information technology, finance, as well as other departments as necessary.

Identify barriers to providing the service or program proposed and plans for addressing these barriers. Describe plans to recruit and locate personnel within the geographical region of the provided service and that are linguistically and culturally competent for the population to be served.

The provider will recruit personnel from within the targeted service areas of the program and ensure that they are linguistically and culturally competent for the population to be served. The lack of public transportation always creates a barrier for families to access services, especially for families living in the farthest west areas. The provider will work with FTF grantees and other providers in the area to collaborate and facilitate service delivery. The provider will seek collaboration with other school district sites as possible sites of recruitment and service provision.

A significant portion of the Gila Bend population relies on rides/carpooling, walking, or public transportation to arrive at their place of employment. In order to address the transportation issues, the Solar Express and Valley Metro Route 685 will aid those in needs.

The Gila Bend Solar Express route includes stops at all major town services and attractions. The Solar Express has a stop located at the doorstep of the Care1st Gila Bend Resource Center.

Valley Metro, Route 685 travels between Ajo and Phoenix Monday through Saturday. Fares range between \$2.00 - \$8.00, depending on boarding location and destination. Reduced fares are also available. "Flex Stop" service is available for this route. Riders of the 685 are able to choose their own pick-up and drop-off location up to 3/4 mile from the regular route and within regular service hours.

As previously stated, (x%) of the Gila Bend population speak Spanish. It is because of this that staff either directly employed by the Family Resource Center or its partnering agencies will ensure that services are provided bilingually when deemed necessary.

Describe in this section the plan and resources necessary to meet First Things First basic reporting requirements, maintain data securely and confidentially, obtain client and any necessary tribal approvals for First Things First data submission and ensure that ongoing data collection is used within the grantee institution to ensure fidelity and overall effectiveness (see Exhibit H, Data Security Guidelines).

The provider will attend FTF Data Entry / reporting training. All data collected will be kept confidential in accordance with state law and as required by regulatory agencies, as in the case for the Health Insurance Enrollment Assistance strategy.

The Care1st Gila Bend Family Resource Center will maintain a daily service log that details data for families served with children ages birth through 5 years. This data will be compiled and submitted to First Things First on a quarterly basis via the standardized Resource Center Data Report, Health Insurance Enrollment report, and the narrative detailing Community Based Trainings. These standardized reports capture monthly totals within each quarter and reflect the total number of families with children ages birth through five years that are provided services and the total number of families (with children ages birth through five years) that are provided with referrals to outside agencies. Data and feedback gathered with these reports will be evaluated and serve to set benchmarks moving forward.

Budget period: July 1, 2014 – June 30, 2015

Budget Category	Line Item Description	Requested Funds	Total Cost
PERSONNEL SERVICES		Personnel Services Sub Total	\$48,078
Salaries	Resource Center Coordinator (1FTE) Janitorial Employee (.25 FTE)	\$41,220.63 \$6,857.24	
EMPLOYEE RELATED EXPENSES		Employee Related Expenses Sub Total	\$19,231
Fringe Benefits or Other ERE (x1.4; e.g ASRS, Medical, Payroll Taxes, Liability/Professional Insurance, Workers Compensation)	Resource Center Coordinator (1 FTE) Janitorial Employee (.25 FTE)	\$16,488.25 \$2,742.90	
PROFESSIONAL AND OUTSIDE SERVICES		Professional & Outside Services Sub Total	\$101,000
Contracted Services	Parent Community Based Training Health Insurance Assistance Outreach, Gila Bend	\$56,000 \$35,000 \$10,000	
TRAVEL		Travel Sub Total	\$1,000
In-State Travel (FTF and Regional Meetings) Out of State Travel		\$1,000	
3000+AID TO ORGANIZATIONS OR INDIVIDUALS		Aid to Organizations or Individuals Sub Total	\$
Subgrants or Subcontracts to organizations/agencies/entities			
OTHER OPERATING EXPENSES		Other Operating Expenses Sub Total	\$32,280
Telephones/Communications Services Internet Access	NEC, 199 per month; Century link, 450 per month; Verizon 65 per month.	\$8,568.00	
IT	liquid Networx, 200 per month; All Covered; \$125 per month; \$1,000 for IT items and software annually	\$4,900.00	
General Office Supplies	Office supplies include paper, pens pencils, file folders, notebooks, paperclips, standard office supplies, etc.	\$2,000.00	
Rent/Occupancy	ADT Monitoring Agreement 552 per year; 1,200 for cleaning supplies	\$1,752.00	
Utilities	APS -500 per month	\$6,000.00	
Food Boxes Postage	Bulk Mail of Flyers, 4 times per year	\$5,000	
Printing/Copying	Konica Minolta Work Station -1,560 per year; supplies- 1,000 per year	\$500.00	
Conference Workshops/ Training Fees for Staff		\$2,560.00 \$1,000.00	
NON-CAPITAL EQUIPMENT		Non-Capital Sub Total	\$1,000
Equipment \$4,999 or less in value (Purchase of iPad for Outreach and Scheduling)		\$1,000	
ADMINISTRATIVE/INDIRECT COSTS		Total Admin/Indirect	\$2,000
Indirect/Admin Costs		\$2,000	\$
Total		\$	\$204,589



FIRST THINGS FIRST

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School Readiness Indicators

Maricopa/Phoenix Regional Partnership Councils

School Readiness Indicators and Setting of Year 2020 Benchmarks

April/May 2014 Update to Councils and Request for Consideration of Approval

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.

The committee process and public input information is included in the attached summary document.



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School Readiness Indicators

Overview

For the School Readiness Indicator benchmarking process, the Phoenix and Maricopa County Regional Councils formed a Cross-Regional Benchmarking Committee. The Committee was formed based on the council's common commitment to cross-regional collaboration and the recognition of common countywide 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. They will work 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 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 2014. Maricopa countywide benchmark recommendations, to be achieved by the year 2020, were set for the following two 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 only the South Phoenix Regional Council selected *the Transition from Preschool Special Education to Kindergarten* and *Healthy Weight* indicators, and no other local regions also selected those indicators, a committee of the South Phoenix Council met separately, in August 2013 and February 2014, 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 in healthy weight range. *(South Phoenix only)*

After all committee recommendations were made, a public vetting and input process was held. Two public forums were conducted in March 2014. Also, an online survey was available and additional comments were collected.

In this Phase 1 of the benchmarking process, there are recommendations for benchmarks for some of the First Things First indicators. The Regional Councils have selected other School Readiness Indicators as priorities, in addition to those listed above. As data becomes available, cross-regional benchmarks for Maricopa County will be established, through Phase 2 of the process, for the following indicators:

- 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.



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School Readiness Indicators

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Committee Process Information: Benchmarking Committee

The first meeting of the Maricopa/Phoenix Benchmark Committee was held on 8/14/13. The purpose was to provide an orientation and overview of the benchmarking process. The intent of the School Readiness Indicators was reviewed, and the process completed by the state level committee and First Things First Board in this same area of work. The committee was oriented to the benchmark data sources, as well as the proposed approaches to setting cross-regional benchmarks. The committee members discussed the process and information before the meeting was concluded.

Indicator 2: Quality Early Education, Benchmarking Discussion and Decision

The 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.

The 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 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 of the number of children receiving quality care.

The 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).



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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% by 2020 was an attainable goal for the county as a whole.

Proposed Benchmarks for Indicator 2: Quality Early Education

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. /of those attending Quality First enrolled programs.

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. /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.



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School Readiness Indicators

Indicator 10: Confident Families Indicator Committee Benchmarking Discussion and Decision

The Committee met on 1/16/14 to discuss Indicator 10: Confident Families.

The data source, survey methodology and calculation of the overall indicator (a combination of nine key measures) and the baseline data for the region was reviewed with the Committee.

The Confident Families Indicator is measured by the First Things First Family and Community Survey. This survey is conducted every three years 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 3,700 Arizona parents with children 0-5 participated in the 2012 Survey. In Maricopa County, 1,500 parents completed the survey. Parents were reached randomly via land-line as well as cell phone. Interviews began with demographic questions. 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 First Things First 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 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.

The Committee discussed the fact that the Family and Community survey is self-report. They agreed that questions 6 and 7, which ask parents to report their competence and confidence directly, were likely to be positively skewed due to reporting bias. However, they agreed that utilizing a bank of nine survey questions to calculate overall competence and confidence was a good approach to tracking knowledge and skills over time.

The Committee discussed the limitations of the Confident Families indicator to measure the impact of Council funding and evaluating the outcomes of Council efforts. There was agreement that the School Readiness Indicators are high-level dashboard measurements. 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.

¹ CIVITAS Initiative, ZERO TO THREE, and BRIO Corporation, Researched by DYG, Inc. 2000. *What Grown-ups Understand About Child Development: A National Benchmark Survey.*



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School Readiness Indicators

The Committee discussed how the statewide benchmarking committee reviewed and recommended the state goal of 52% of Families Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being by 2020. It was agreed that the approach and considerations were similar for Maricopa County, especially focusing on multiple areas of parent competence and confidence to meet the needs of the whole child and setting an aspirational yet attainable goal which reflects the efforts of all early childhood partners rather than First Things First alone.

The Committee 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 12% 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.

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.



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School Readiness Indicators

South Phoenix Regional Partnership Council – two additional indicators

South Phoenix/Indicator 6: Transition from Preschool Special Education to Kindergarten, Benchmarking Discussion and Decision

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 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.

The Committee asked if data were available on anticipated population rates of IEPs and special needs in preschool and early elementary school. It was identified that estimates of how many children would be anticipated to have a delay are not available. Other states have differing assessment processes and severity of delay required for an IEP. Also, the focus of this Indicator is on preschool services and their effectiveness, rather than services offered in kindergarten and beyond.

The Committee discussed the five different delay categories for preschool special education: Developmental Delay, Speech-Language Impairment, Preschool Severe Delay, Hearing Impairment, and Visual Impairment. There was extensive discussion about what an appropriate benchmark should be. The Committee discussed the consideration that some children with early delays - even with excellent screening, identification and services - will have an IEP throughout their educational career and life. It was agreed that 100%, or no children needing special services in kindergarten, is not an attainable or reasonable goal but that South Phoenix's baseline rates are currently too low.

There was extensive discussion about the current trend in Arizona and South Phoenix of declining rates of entry into kindergarten without an IEP after preschool special education - the opposite of the intended trend. The Committee reviewed trends for Developmental Delay, Speech-Language Impairment, Preschool Severe Delay, Hearing Impairment, and Visual Impairment and noted that Speech Language Impairment rates 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.



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School Readiness Indicators

In setting an 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.

Proposed Benchmark for Indicator 6: Transition from Preschool Special Education to Kindergarten

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

South Phoenix/Indicator 7: Healthy Weight, Benchmarking Discussion and Decision

The South Phoenix Committee met to discuss the Healthy Weight Indicator 8/14/13. Earlier that same day, committee representatives participated in an overview of benchmarking with the 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. 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 initiatives in the community (from FTF and partners) 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 under-utilization of services in their community. Convening parents to understand their specific needs, to ensure they are aware of services, and that services are appropriate to the unique and primarily Hispanic community were seen as important steps.

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 that current and expanding initiatives will positively impact children's eating and activity habits.

Proposed Benchmark for Indicator 7: Healthy Weight

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



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School Readiness Indicators

Public Input Process

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

Community Forums:

On 3/19/14 and 3/20/14, two public School Readiness Indicator benchmark public forums were held in Phoenix to gather community input on initial benchmark targets set by the Maricopa 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 11 attendees: 8 members of the public; 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 (Cross Regional)

Indicator #10 - Confident Families (Cross Regional)

Indicator #6 - Transition from Preschool Special Education to Kindergarten (South Phoenix Indicator)

Indicator #7 - Healthy Weight (South Phoenix Indicator)



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School Readiness Indicators

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 would 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.

Related to the Confident Families Indicator, it was noted that self-report data are likely to be inflated and over-estimate 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.



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School Readiness Indicators

There was intense discussion related to the South Phoenix 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. On the other hand, 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 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 vary by district parents and children in South Phoenix may lack some services but not be aware of options.
- There are many complex facets of this Indicator and to the early intervention system as a whole.

Finally, the group noted that they agreed that a seven percent improvement in the South Phoenix 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 South Phoenix Committee and Council 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.

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.



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School Readiness Indicators

Online Survey:

An online survey for the Phoenix and Maricopa County Cross-Regional Partnership Councils was open March 19 – 27. Utilizing FTF's email contact lists for Phoenix and Maricopa County, the survey was sent to community members and partners throughout the area. 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.

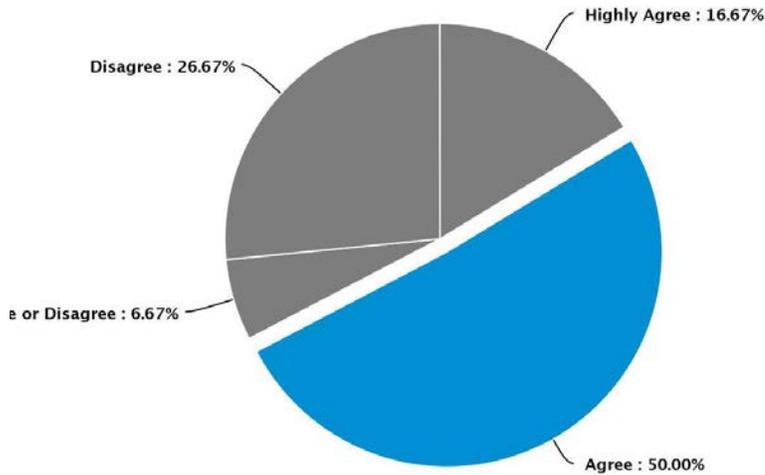
For the Phoenix and Maricopa County online survey:

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

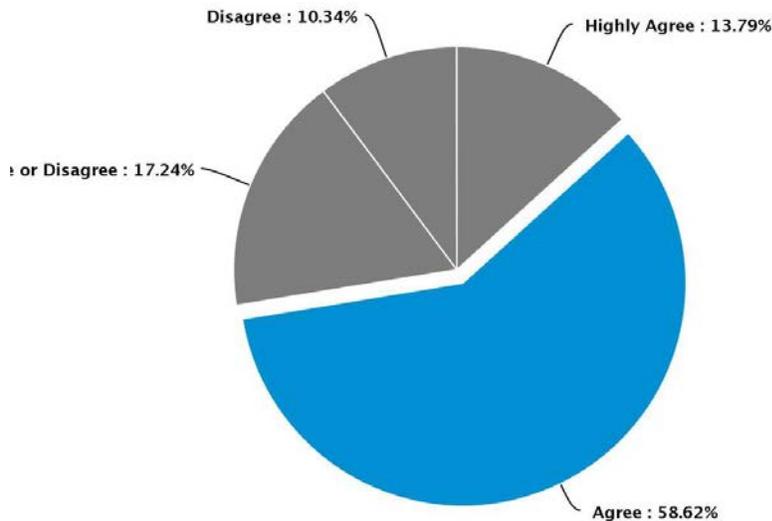


For Quality Early Education Benchmark B: 29% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars by 2020.

- 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 or 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.



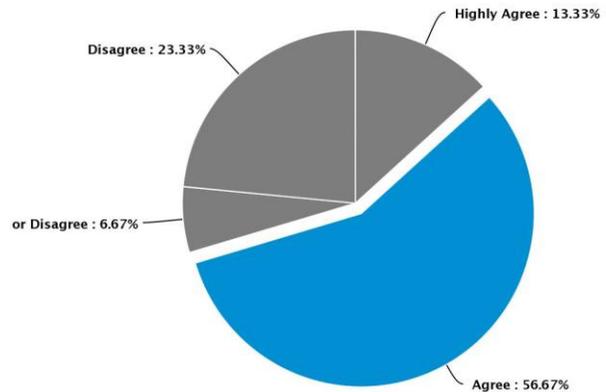
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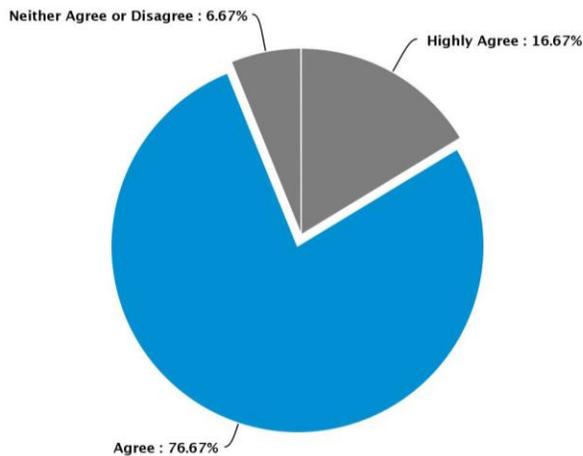
School Readiness Indicators

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 over-estimate of 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.



UPDATE

Family Resource Network

- **Meeting Regularly**
 - **Adopted a Mission, Vision, and Guiding Principles**
 - **Standardized a Meeting Calendar**
 - **Established Advisory and Professional Development Committees**
- **Adopted New Logo**
- **Establishing Professional Development Plan and Schedule**
- **Establishing Family Resource Network Website**
- **Establishing Family Resource Network – online learning community**
- **Message testing materials to be distributed promoting Family Resource Centers**
- **Partnered with Maricopa County Department of Public Health and the Family Support Alliance to support online resource database: findhelpphx.com**
- **Presenting at Child Abuse Prevention Conference**
- **Submitted Presentation Proposal for FTF Summit**