

**Central Maricopa Regional Partnership Council**  
**Meeting Minutes**  
**March 12, 2014**

**Call to Order**

A regular meeting of the First Things First Central Maricopa Regional Partnership Council was held on March 12, 2014 at the Chandler Christian Community Center, 345 South California Street, Chandler, Arizona 85225.

Chair Duane welcomed everyone and called the meeting to order at approximately 4:06 p.m.

**Members Present:**

Chair Maureen Duane, Vice Chair Genoveva Acosta-Bueno (telephonically), and Council Members Trinity Donovan, Karen Emery, Beth Haas (telephonically), and Zita Johnson.

**Members Absent:**

Council Members Lyra Contreras, Mara de Luca Funke, Kathy Halter, Frank Narducci, and Tina Wilson.

There were 13 members of the public present.

**Approval of Regular Meeting Minutes of January 8, 2014**

Council Member Donovan moved to approve the regular meeting minutes of January 8, 2014. Council Member Johnson seconded the motion, and it passed unanimously, 6-0.

**Call to the Public**

None.

**Grantee Narrative/Data Reports Quarter 2**

Regional Director Joanne Floth reviewed the data reports and narrative summaries with the Council members. She noted that some of the grantees were below 50% in expenditures. This may be due to some grantees submitting their reimbursement requests on a quarterly basis, rather than monthly. She further noted that the expenditures thus far for the Guadalupe Family Resource Center are low because they have just moved into a new facility where they will now be able to provide a full umbrella of services. Chair Duane asked when the infant and toddler strategy report will be available, and Regional Director Floth stated she can forward the preliminary report to the Council members now and that a meeting will be held this Friday with the researcher to discuss the final report with the analysis.

**Benchmarking Committee Update**

Chair Duane noted that Council Members Funke and Wilson served on the benchmarking committee and came up with recommendations for Indicators #2 and #10. Regional Director Floth explained that the Council will not be voting on specific benchmarks until feedback comes back from the public, with the individual council benchmarks

being voted on in May. The public forums will be held on March 19 during the evening and March 20 during the day, along with an online survey.

Council Member Johnson moved to accept the recommendations of the Benchmark Committee and move them forward for public vetting, Council Member Emery seconded the motion, and it passed unanimously, 6-0.

### **Conversations with Early Learning, Professional Development Grantees**

Chair Duane welcomed everyone, and Regional Director Floth asked the grantees to share what they are doing in the community. The grantees were asked to introduce themselves and give a brief description of their services and then discuss the impacts they have made in the community and finally, to discuss the barriers and/or challenges they are still facing.

Mary Jamsa, Program Manager/Cohort Facility with Southwest Human Development, reviewed the Aim4Excellence Arizona Cohort program with updates on the program, which has ten facility directors participating in the program with mentors. Meetings are held with mentors and the program managers on a monthly basis, with ongoing training provided to the mentors. Of the ten centers in the program, only two are Quality First centers; therefore, this strategy is providing services to sites which are not already receiving services. Ms. Jamsa noted that they also provide information to the centers about the Birth to Five Helpline, Smart Support, as well as the new collaboration with Read On Arizona. Regional Director Floth asked Ms. Jamsa to report why the program works so well, and Ms. Jamsa stated that is because the role of the director is very isolated and they didn't use to share information. As a result of the program, they are networking and sharing information to include hiring employees and finding a new center for a parent.

John Cregg, Program Coordinator for the TEACH and Early Childhood program of the Association for Supportive Child Care provided information and an update about the program. Thus far, there are 76 active participants in the Central Maricopa region, 43 of which are funded through the Quality First strategy and 33 of which are funded through additional funding by the region. There are five contracts pending, and one application which is presently being reviewed to award a scholarship. In the last five years, there have been 24 graduates in the region, 18 who received CDA certification and six who received their Associate's Degree. He explained the new bonus program which pays participants as long as there is no lapse in their taking classes. He stated that they have collaborated with the REWARD\$ program, and a question has been added to the REWARD\$ application which asks the applicants if they are interested in the TEACH program. In response to a question from Regional Director Floth about the possibility of funding for bachelor's degrees, Mr. Cregg replied that three scholarships are presently being funded through Boeing which are for students in Mesa. They may be used for applicants who don't live in Mesa if not filled; however, all slots are presently filled. Mr. Cregg also stated that they will be writing grant applications in the next quarter to support expanding the Bachelor's degree program across the state.

Linda Williams-Tuenge provided information regarding the Professional Career Pathway Project (PCPP); which is a scholarship program for people working in the field of early childhood and pays for tuition for only early childhood classes as well as a book stipend. Forty students have been funded, and those students have taken 261 credits thus far. There are four applications in process for CDA certification, with two of those participating in the mentor service. She stated they collaborate with TEACH by telling them that since they cannot fund the general education classes required for an AA degree, they can be paid for their early childhood classes through PCPP and can apply to TEACH for tuition payment for the rest of their classes for their degree. She stated a continuing

challenge is in getting the word out about the program. She stated that she has heard from more people in the field who are interested in continuing to a Bachelor's degree.

Barb Milner with First Relationships stated that the infant and toddler strategy is to improve quality in primary caregiving and continuity of care. They collaborate with the New Directions Institute. Their program provides up to \$2,000 in classroom equipment and up to \$475 in supplies and materials for a child care facility. Directors receive up to six hours of college credit for completing training and participating in First Relationships for one year. They also collaborate with Smart Support. They have also collaborated with the Arizona Department of Health Services and provided training at the centers. They presently serve six child care centers in the region.

Megan Miks with the Dignity Health Care oral health care program discussed their programs and goals. They provide free oral screenings and fluoride varnishes as well as provide parent education about the importance of providing early dental care, healthy oral habits, etc. Medical providers are also given information, so that pediatricians know when to refer to dentists. They also provide services to dentists to help them be more willing to provide services to very young children. Ms. Miks reported that statistics are improving in that more parents are taking their young children to the dentist. They have collaborations with school districts, child care centers, immunization clinics, libraries, etc.

Jeanette Manley with Smart Support provided information about the program and their successes in providing mental health consultation to child care providers. There are two consultants in the region who are presently serving 16 centers. There are eleven centers on the waiting list. She shared the results of their analysis of their first year of services and stated that they will be conducting a second analysis this year. She stated they spend three hours a week in the center, part of the time with directors and part of the time with the teachers in the classrooms.

### **Community Outreach Coordinator Report**

Community Outreach Coordinator Conrad Lindo noted that he emailed his monthly report to the Council members. He highlighted a partnership with the region's family resource centers and the Arizona Science Center who brought in two activities, Bubbleology and Freeze. He shared photos of those activities.

Community Outreach Coordinator Lindo also shared a PowerPoint presentation of a site tour at the Jordan Early Learning Center where Dignity Health attended and conducted 180 screenings and varnishes.

Community Outreach Coordinator Lindo stated that the 2014-17 Strategic Communications Plan was to focus on building awareness of the performance of Quality First centers as well as building the brand recognition of Quality First; however, after input from the community, Regional Council members and the First Things First Board, it was decided to continue to increase general awareness of the importance of early childhood and what First Things First's role is in promoting school readiness. New advertisements will begin in June.

### **Director Updates**

Regional Director Floth stated that Regional Council member applications will be reviewed next week, with interviews beginning shortly thereafter and asked Council members to reapply if they're going to and to encourage anyone else they thought might be interested in a seat to apply online.

Regional Director Floth stated the next meeting will be held on May 14<sup>th</sup> at the Chandler Unified School District offices and with important votes scheduled for that meeting, to please let her know if anyone has a conflict which would prevent them from attending the May 14 meeting so that it may be rescheduled if necessary.

**Regional Council Updates**

Chair Duane stated that the First Things First Board/Regional Council forum was held with herself, Vice Chair Bueno, and Council Members Donovan and Johnson in attendance.

**Adjournment**

Chair Duane asked for any additional questions or comments from the Council and receiving none, adjourned the meeting at 5:17 p.m.

Submitted By \_\_\_\_\_  
Caitlyn Hollins, Administrative Assistant III

Approved By \_\_\_\_\_  
Maureen Duane, Chair

DRAFT

## Central Maricopa Grantee Renewal

Director Mentoring/Training Strategy											Staff Recommendation to Council	Council Recommendation	Recommendation to Board
Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Renewal Considerations			
FTF-RC010-13-0355-01-Y2	Southwest Human Development	07/01/2013-06/30/2014	12	\$75,000.00	\$48,273.27	64.4%	No	4.4%	\$75,000.00	Yes	Yes		
<p>A facilitated model of the Aim4Excellence™ online national director credential for ten early care and education directors, family child care providers, and others in program leadership roles located in the Central Maricopa Regional Partnership area. The Aim4Excellence™ online national credential recognized by the National Association for the Education of Young Children (NAEYC) and administered by The McCormick Center for Early Childhood Leadership at National Louis University, includes nine modules taken over nine months. This course covers the essentials of early childhood program administration and can be taken for undergraduate or graduate credit. Each module is equivalent to one semester hour of college credit. The course work for each module includes exercises, quizzes, assignments and reflections that help the participants apply the information to their own real-life work situations. In addition to the online coursework, participants will meet monthly as a group with a facilitator to review concepts of the modules, engage with national experts, and gain support from their regional cohort as they complete the coursework. Each participant will also be assigned a mentor who will visit them monthly onsite at their program to help them reflect on theory, discuss practical application, provide technical assistance, and monitor progress on their professional development plant. Its' success will be evaluated with pre and post assessment tools by professionals who have been trained to reliability. The tools that will be used are the PAS (Program Administration Scale), which measures the quality of leadership and management practices in center-based programs, and the BAS (Business Administration Scale), which measures the quality of professional and business practices in family child care programs. The Early Childhood Work Environment Survey (ECWES), a pre/post assessment of organizational climate will be completed by staff at each participant's school/center as well.</p>											<p>Based on data and narrative reports submitted to date 1/20/2013, Southwest Human Development is meeting all grant obligations and requirements. Grantee submits monthly reimbursement report with appropriate back up documentation and they are currently at 64.4% expended. In June of 2014, participants will have completed the McCormick Leadership Institute's Aim4Excellence National Director's Credential program. Program and implementation plan are in accordance with the original grant application.</p> <p>No modifications have been proposed for SFY 15. Total funding level for the SFY 15 will not change.</p> <p>First Things First staff recommends renewal of this grantee.</p>		
Service Unit				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of participating professionals				10	16	21			37	370.0%	No	310.0%	10

## Central Maricopa Grantee Renewal

Scholarships non-TEACH Strategy													
Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board	
										Renewal Considerations			
GRA-MULTI-13-0527-01-Y2	Central Arizona College	07/01/2013-06/30/2014	12	\$70,000.00	\$22,880.00	32.7%	Yes	0.0%	\$70,000.00	Yes	Yes	Yes	
<p><b>Professional Development</b></p> <p>The Professional Career Pathway Project is a professional development program for child care providers in Arizona. The Pathway funds tuition and textbook stipend, CDA Assessment fee and/or CDA Mentor services to eligible childcare providers working in center or family based programs. The Pathway funds only early care and education courses at community colleges statewide. Participants can pursue coursework for a CDA credential.</p>										<p>During the June 2014 meeting, the Board will be presented with a recommendation to renew this statewide contract. Analysis of the quantitative data collected, a consideration of the qualitative data provided through narrative reports, and individualized grantee follow up by FTF program and finance staff was presented and considered by the FTF executive team for statewide initiatives. The executive team utilized this data and information as the basis for this recommendation to the Board.</p> <p>Total funding level of \$70,000. for the SFY 15 will not change.</p> <p>First Things First staff recommends renewal of this grantee</p>			
Service Unit				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of professionals receiving scholarships				92		0			0	0.0%	No	-30.0%	50

## Central Maricopa Grantee Renewal

### Care Coordination/Medical Home Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
Renewal Considerations												

FTF-MULTI-14-0467-02 American Academy of Pediatrics - AZ Chapter 07/01/2013-06/30/2014 12 \$196,984.00 \$118,257.42 60.0% No 0.0% \$196,984.00

The American Academy of Pediatrics' Best Care for Kids program will work with pediatric primary and/or specialty care practices to provide care coordination services to families in an effort to maintain good health and provide a medial home. Pediatric care coordination links children and their families with appropriate services and resources in a concentrated effort to achieve good health. These efforts will expand the existing care coordination program which currently serves eleven practices in the Central and Southeast Maricopa regions.

Central Maricopa:  
Based on data and narrative reports submitted to date (Q1-Q2), the American Academy of Pediatrics is compliant with all grant obligations/requirements. Implementation is moving forward and care coordination services are being provided at four primary care pediatric practices in the Southeast Maricopa Region. Quarter I and Quarter II data and narrative reporting show that the grantee has already exceeded its contracted service number (500 families served). To date service number is: 514 children served.

The American Academy of Pediatrics is implementing an evidence based care coordination model based on the Pediatric Alliance for Coordinated Care (PACC). Care Coordination efforts are moving forward successfully, exceeding expectation. Staff continues to both service families, and recruit practices to expand Care Coordination in the region. To enhance efforts, grantee is standardizing and packaging the program so that it is in a user/training manual format for primary care practices interested in hiring a care coordinator for their practice. Once completed, the manual will be available to all interested practices with technical assistance being provided by the American Academy of Pediatrics.

No modifications have been proposed for SFY 15. Total funding level of \$196,984 for the SFY 15 will not change.

Proposed contracted service numbers will change in SFY 15 due to the nature of the model being used and due to the addition of developmental screening service units being added to the contract. Proposed contract service numbers for SFY 15 are: 700 children served, 300 children receiving screening, 200 developmental screenings conducted, 200 hearing screenings conducted, 200 vision screenings conducted, and 25 families served (HIE assistance)

Proposed contracted service numbers will change in SFY 15 due to the nature of the model being used and due to the addition of developmental screening service units being added to the contract. Proposed contract service numbers for SFY 15 are: 1000 children served, 300 children receiving screening, 300 developmental screenings conducted, 300 hearing screenings conducted, 300 vision screenings conducted, and 25 families served (HIE assistance)

First Things First staff recommends renewal of this grantee.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of children receiving screening										300
Number of children served	500	452	514			514	102.8%	No	42.8%	700
Number of families served										
Number of developmental screenings conducted										300
Number of vision screenings conducted										300

Health

## Central Maricopa Grantee Renewal

Number of hearing screenings conducted  
Number of families served (HIE Assistance)

300

25

## Central Maricopa Grantee Renewal

### Oral Health Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
Renewal Considerations												

FTF-MULTI-13-0364-01-Y2 Dignity Health Foundation - East Valley 07/01/2013-06/30/2014 12 \$336,752.00 \$221,539.76 65.8% No 5.8% \$336,169.00

Dignity Health's Early Childhood Oral Health Prevention Program consists of three parts: 1) Oral health education provided to pregnant women, children 0-5 and their parents and families. 2) Oral health screening and fluoride varnish every three to six months for children ages 0-5 with referral to a dentist as appropriate. 3) Local health care providers including dentists, pediatricians, family practice physicians, nurse practitioners, school nurses, and childcare providers are introduced to best practice oral health education for the 0-5 age group. Registered dental hygienists, nurses, and oral health educators will provide oral health prevention services for children and their families and pregnant women at preschools, child care providers, school districts, and other outreach programs. Through individual visits to their offices, dental professionals will be encouraged to establish their office as a dental home for children beginning at age 1. Medical professionals will be encouraged to incorporate oral health screenings and dental referrals into well-baby visits. The program is designed to utilize the expertise of both dental and medical professionals to provide a more comprehensive approach towards oral health prevention services.

Central Maricopa:  
Based on data and narrative reports submitted to date (Q1-Q2), Dignity Health Foundation is compliant with all grant obligations/requirements. Implementation is moving forward. All staff is hired and trained, and services are being provided. Quarter I and Quarter II data and narrative reporting show that the organization is on track to meet contracted service number relating to fluoride varnishes (1500) and children screened (1500), while the contracted service unit for adults attending (2500) appears low (171) and may not be achieved by year end. However, it should be noted that how First Things First counts adults attending has changed after grantee set SFY 14 contracted service unit. Due to this change, parent education encounters that grantee had anticipated counting toward contracted service are not reportable – at no fault of the grantee. Grantee does anticipate reaching 2500+ parents, and does anticipate providing education to those parents; however, those encounters will not be reported toward contracted service unit in SFY 14. To date service numbers are: 769 fluoride varnishes, 859 children screened, 171 adults attending.

Dignity Health Foundation is providing oral health screenings and education throughout the Central Maricopa Region with great success. Services are being offered at local immunization clinics, WIC clinics, child care centers, school based preschools, low income clinics, and a variety of community events. Screenings and fluoride varnish applications are provided by Registered Dental Hygienists and Nurses. All assessments follow the American Academy of Pediatrics Caries-Risk Assessment Tool. In addition to an assessment, children receive a toothbrush, paste, floss, two minute timer, and education on the importance of good oral health. If needed, follow up dental services are provided by one of 13 local Dentists who have voluntarily partnered to provide free or low cost services for urgent/emergent needs.

Total funding level for the SFY 15 will not change - \$336,752.

Proposed contracted service numbers will remain at 1500 after FTF returned to the original method of counting adults attending SFY 15. Proposed contract service numbers for SFY 15 are: 1500 fluoride varnishes, 1500 children screened, 2000 adults attending, 50 expectant mothers and 75 participating professionals.

First Things First staff recommends renewal of this grantee.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of fluoride varnishes applied	1,500	370	399			769	51.3%	Yes	0.0%	1,500
Number of participating adults	2,500	110	61			171	6.8%	No	-23.2%	2,500
Number of participating professionals	175									175
Number of children receiving oral health screenings	1,500	412	447			859	57.3%	Yes	0.0%	1,500
Number of prenatal women receiving oral health screenings	50	25	8			33	66.0%	No	6.0%	50

Health

## Central Maricopa Grantee Renewal

### Family Resource Centers Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
										Renewal Considerations		

FTF-RC010-14-0435-01	Chandler Christian Community Center	07/01/2013-06/30/2014	12	\$400,000.00	\$242,463.26	60.6%	No	0.6%	\$400,000.00	Yes	Yes	
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Chandler Family Resource Center provides free resources and assistance for families with young children who desire information on child development, parenting skills, health care programs, and/or food boxes to address specific needs and improve child and family outcomes. Families can access multiple programs that support healthy child and family development, housing, education, basic needs and financial empowerment. The resource center will offer families bilingual literacy classes, bilingual parenting classes, assistance with accessing public benefits including health care resources. Families will have access to food boxes and supplemental food tailored to the needs of children and families. There will be kith and kin training for family member childcare providers, story time, interactive playgroups and other activities and resources for families.

Based on data and narrative reports submitted to date (01/14), Chandler Christian Community Center is compliant with all grant obligations/requirements. Implementation is moving forward and services are being provided throughout the region. Quarter I and Quarter II data and narrative reporting show that the organization is on track to meet contracted service numbers by year end. As of quarter 2, grantee has provided resource and referral services to 8021 families, health insurance enrolment assistance to 117 families, and has provided parent education to 147 participating adults.

In SFY15, grantee has proposed no program modifications. Total funding level of \$400,000 for the SFY15 will not change. Target service units for SFY15 will remain at 12,000, Health Insurance Enrollment service units at 800, and Parent Education Community Based Training change from 500 participating adults to 150 adults completing a series. There is a reduction reflected in the Parent Education Community-Based Training as FTF has changed how to report classes through series of classes. In order to record classes in this area according to the new reporting requirements, the number is reduced from 500 to 150. They are not planning fewer classes but continue to provide stand-alone workshops that are reflected in the overall numbers served.

First Things First staff recommends renewal of this grantee.

### Family Support

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of families served	12,000	3,965	4,056			8,021	66.8%	No	6.8%	12,800
Number of food boxes distributed										5,500
Number of adults completing a series										150

FTF-RC010-14-0435-04	Tempe Community Council	07/01/2013-06/30/2014	12	\$460,000.00	\$222,168.23	48.3%	Yes	0.0%	\$460,000.00	Yes	Yes	
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Thrive to Five Family Resource Centers serve families at five sites in Tempe and one in Ahwatukee. The resource centers are located inside (or next to) elementary schools. Educational opportunities and services for families are available in one location so that families can obtain and use the best parenting information, health knowledge, child development research, and find the support they need to raise their children. The Helping Hands food boxes at each site will ensure that families can obtain food.

Based on data and narrative reports submitted to date (01/14), Tempe Community Council is compliant with all grant obligations/requirements. Implementation is moving forward and services are being provided throughout the region. Quarter I and Quarter II data and narrative reporting show that the organization is on track to meet contracted service numbers by year end. As of quarter 2, grantee has provided resource and referral services to 4089 families, health insurance enrolment assistance to 111 families, and has provided parent education to 477 participating adults.

In SFY15, grantee has proposed no program modifications. Total funding level of \$460,000 for the SFY15 will not change. Target service units for SFY15 will remain at 7,500, Health Insurance Enrollment service units at 220, and Parent Education Community Based Training at 450 adults completing a series.

First Things First staff recommends renewal of this grantee.

## Central Maricopa Grantee Renewal

Service Unit				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of families served				7,500	1,506	2,583			4,089	54.5%	Yes	0.0%	7,720
Number of food boxes distributed													1,200
Number of adults completing a series													450
FTF-RC010-14-0435-05	Chicanos Por La Causa, Inc.	07/01/2013-06/30/2014	12	\$149,946.00	\$69,741.37	46.5%	Yes	0.0%	\$149,946.00	Yes	Yes		
<p>Parenting Arizona Family Resource Center will establish a year round community-based school-linked family resource center in the Town of Guadalupe serving families and children age birth to five. The resource center will provide resources and referral information and support services for families. Parent education classes will be delivered using the Nurturing Parenting curriculum. The Center will provide child development and health screenings, computer resources, child care and socialization groups.</p>										<p>Based on data and narrative reports submitted to date (01/14), Chicanos Por La Causa/Parenting Arizona is compliant with all grant obligations/requirements. Implementation is moving forward after several unanticipated issues were addressed and services are now being provided throughout Guadalupe. Quarter I and Quarter II data and narrative reporting show that the organization will likely not meet contracted service numbers by year end. CPLC Parenting Arizona encountered difficulty in meeting service numbers due to issues with the original Family Resource Center facility. The original facility did not provide enough space for services, lacked internet and phone access, lacked foot traffic and was not family friendly. In February, the FRC moved to another location much better suited to serve the needs of the community. The GFRC now has regular parenting classes, parent-child interactive classes, internet resources, workshops, and special events scheduled. The GRFC foresees that the building will no longer be a barrier to provide all services. In addition, quarter 3 the GFRC had an influx of parents visiting the center. This is attributed to the family friendly building and location. As a result, grantee does not anticipate having any further difficulties meeting contracted service units in FY 15.</p> <p>As of quarter 2, grantee has provided resource and referral services to 60 families, health insurance enrollment assistance to 2 families, and has provided parent education to 42 participating adults.</p> <p>In SFY15, grantee has proposed no program modifications. Total funding level of \$149,946 for the SFY15 will not change. Target service units for SFY15 will remain at 1,500, Health Insurance Enrollment service units at 50, and Parent Education Community Based Training at 75 adults completing a series.</p> <p>First Things First staff recommends renewal of this grantee.</p>			
Service Unit				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of families served				1,500	1	59			60	4.0%	No	-26.0%	1,550
Number of food boxes distributed													340
Number of adults completing a series													75
GRA-RC010-14-0623-01	Chandler Unified School District	07/01/2013-06/30/2014	12	\$398,568.00	\$249,710.68	62.7%	No	2.7%	\$398,568.00	Yes	Yes		
<p>The Chandler CARE Center is a school-based Family Resource Center in the heart of Chandler's redevelopment region. The programs provided as a part of our First Things First funding augment and support our integrated service model in addressing the everyday needs of children ages birth through five and their families and caregivers. The mission of the Chandler CARE Center is to promote students' school readiness, attendance, and academic through integrated services.</p> <p>The Chandler CARE Center will provide comprehensive services meeting the needs of families with children 0 – 5. We will provide integrated and holistic services, including Family Resource Center resource and referrals, Parent Education Community-Based Training, Health Insurance Outreach and Enrollment Assistance, and Food Security. All services are provided at no cost to participating families residing within the Central Maricopa First Things First Region.</p>										<p>Based on data and narrative reports submitted to date (01/14), the Chandler Care Center Family Resource Center is compliant with all grant obligations/requirements. Implementation is moving forward and services are being provided throughout the region. Quarter I and Quarter II data and narrative reporting show that the organization is on track to meet contracted service numbers by year end. As of quarter 2, grantee has provided resource and referral services to 7247 families, health insurance enrolment assistance to 158 families, and has provided parent education to 134 participating adults.</p> <p>In SFY15, grantee has proposed no program modifications. Total funding level of \$398,568. for the SFY15 will not change. Target service units for SFY15 are 5,491, Health Insurance Enrollment service</p>			

## Central Maricopa Grantee Renewal

units at 816, and Parent Education Community Based Training at 230 adults completing a series.

First Things First staff recommends renewal of this grantee.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of families served	66,512	2,735	4,512			7,247	10.9%	No	-19.1%	6,307
Number of food boxes distributed										4,500
Number of adults completing a series										230

## Central Maricopa Grantee Renewal

### Home Visitation Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
Renewal Considerations												

FTF-MULTI-13-0377-01-Y2 Arizona Partnership for Children, L.L.P. 07/01/2013-06/30/2014 12 \$305,308.59 \$223,392.32 73.2% No 13.2% \$305,308.59

Arizona Partnership for Children LLP (AzPaC) will provide the Parents As Teachers Program, the program has four main components:  
 1) Personal Home Visitation - Families receive personal home visits weekly to monthly (based on intensity of need and family's schedule) by a Parent Educator, using the PAT's "Born to Learn" curriculum. Parent Educators will build rapport with the families and assess their needs and strengths. Together, the Parent Educator and the family will devise service plans based on the needs and strengths of the family. Parent Educators will also observe playtime between parent and child to evaluate their interactions. KIPS (Keys to Interactive Parenting Scale) will be used for evaluating 12 interactive behaviors. Parent Educators will incorporate the results of KIPS in their home visits/curriculum activities with the family.  
 2) Screening - Children are screened at 9, 18, and 24 months, then annually for developmental progress regarding intellect/problem solving, language, social-emotional, and motor skills. These areas are evaluated through the use of the Ages and Stages tool. Hearing, health, and vision will also be evaluated through utilizing a tool within the PAT Born to Learn curriculum.  
 3) Group Meeting - Monthly meetings will be provided to families with information about parenting skills, opportunities to meet with other parents, find common ground, and support each other. We will also have play group meetings where activities will be set up for parents and children to interact together and with others.  
 4) Resource Network - Parent Educators will help to connect families with community resources, including early intervention for developmental delays, health, and social service agencies, and general enrichment activities.

Based on data and narrative reports submitted to date (Q1-Q2), Arizona Partnership for Children is compliant with all grant obligations/requirements. Implementation is moving forward. All staff is hired and trained, and services are being provided. Quarter I and Quarter II data and narrative reporting show that the organization is on track to meet contracted service number of 125 families served by year end. To date service number 82 families served.

Arizona Partnership for Children is implementing the Parents as Teachers Model. Per narrative reports, implementation is going strong and recruitment of new families, through the My Child is Ready Alliance, is consistent.

Arizona Partnership for Children, in collaboration with Child Crisis Center, has taken a lead role in the implementation of the Parents as Teachers Advisory Council. The Council works with both the Maricopa and Pinal County PAT Providers to talk about common challenges for PAT programs and learn how other programs are overcoming those issues.

Grantee has not proposed any modifications in SFY 15. Total funding level for the SFY 15 will not change from \$305,308.59.

Proposed contracted service numbers will change in SFY 15 due to the addition of developmental screening service units being added to the contract. Proposed contract service numbers for SFY 15 are: 124 families served, 125 children receiving screening, 125 developmental screenings conducted, 125 hearing screenings conducted, and 125 vision screenings conducted.

First Things First staff recommends renewal of this grantee.

### Family Support

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of children receiving screening										125
Number of families served			82	95		95				125
Number of developmental screenings conducted										125
Number of vision screenings conducted										125
Number of hearing screenings conducted										125

FTF-MULTI-13-0377-03-Y2 Child Crisis Center 07/01/2013-06/30/2014 12 \$28,125.00 \$18,196.90 64.7% No 4.7% \$28,125.00

Child Crisis Center (CCC) will provide home visitation services in the Southwest and Central regions of Maricopa County serving 375 families annually. CCC uses the Parents as Teachers (PAT) program as the foundation of our home visitation work. PAT aims to help parents positively impact their children's development, beginning before they are born, so that by the time they are ready to enter school, they are ready to learn. This model has three main areas of emphasis: parent-child interaction, development-centered parenting and family well-being. PAT is an evidence-based model that involves using the best available research with professional expertise while considering the family's culture, values and unique characteristics. The program recommends visits occur at least twice monthly or a minimum of 10-12 visits annually. Visits are one hour with parents(s) and child. The target age for children is prenatally through kindergarten entrance. Additional supports and services include: male involvement services; developmental, hearing, vision screening and parent/child interaction screenings; parenting skill development; literacy materials including age appropriate books; and connections to other resources in the community.

Central Maricopa:  
 Based on data and narrative reports submitted to date (Q1-Q2), Child Crisis Center is compliant with all grant obligations/requirements. Implementation is moving forward and services are being provided throughout the Central Maricopa region. Child Crisis Center is responsible for the My Child's Ready Centralized Intake. Marketing efforts for the intake line have been aggressive and effective. To date, the intake line has received 444 referrals for home visitation services.

## Central Maricopa Grantee Renewal

Child Crisis Center will also be facilitating the continuation of its regional central intake system including, resource and referral, initial screening, marketing and collaboration with other FTF home visitation providers in the regions via an Alliance called MyChild'sReady (MCR). With a single phone number, central intake allows families to be matched to the program that best fits their needs versus only one program choice. And, in the spirit of reducing competition and confusion to the community, individual organizations are not listed on marketing materials; rather all marketing efforts are shared and use the brand and logo of MyChild'sReady. The MCR Alliance members meet regularly to discuss what works well, what adjustments need made, develop protocols and procedures, training opportunities, resource development, marketing efforts, and strategic planning and relationship building.

Child Crisis Center, in collaboration with Arizona Partnership for Children, has taken a lead role in the implementation of the Parents as Teachers Advisory Council. The Council works with both the Maricopa and Pinal County PAT Providers to talk about common challenges for PAT programs and learn how other programs are overcoming those issues. This group has been very beneficial for sharing strategies and streamlining questions that need to be sent to the Parents as Teachers National Center office.

Proposed modifications in SFY 15 include conducting an independent evaluation of the My Child is Ready Collaboration. Proposed modifications are within the scope of the contract. Total funding level for the SFY 15 will remain the same at \$28,125.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of children receiving screening										0
Number of families served	0	0	0			0				0
Number of developmental screenings conducted										0
Number of vision screenings conducted										0
Number of hearing screenings conducted										0

FTF-MULTI-13-0377-04-Y2 Southwest Human Development 07/01/2013-06/30/2014 12 \$252,185.00 \$171,199.39 67.9% No 7.9% \$252,919.00

Yes Yes

Healthy Families is an evidenced-based home visitation strategy that enhances positive parent-child relationships, promotes child health and development, improves literacy and school readiness, and increases family self-sufficiency. All of these build the foundation for strong family readiness, and preventing child abuse and neglect. Degreed staff work with parents to promote attachment and bonding and to build healthy, nurturing, and safe relationships with their children. All children 0-5 receive regular physical and social emotional developmental screenings. All family members are linked with medical providers and parents are encouraged to complete their education and secure employment. A standardized assessment too is used to identify families most in need of services and to enroll them prenatally or at the birth of their child. Upon enrollment, visits are made at least weekly and families may receive services for the first several years of the child's life. As the family achieves greater self-sufficiency, the frequency of visits is decreased.

Central Maricopa:  
Based on data and narrative reports submitted to date (Q1-Q2), Southwest Human Development is compliant with all grant obligations/requirements. Implementation is moving forward. All staff is hired and trained, and services are being provided. Quarter I and Quarter II data and narrative reporting show that the organization is on track to meet contracted service number of 75 families served by year end. To date service number is: 49 families served.

Southwest Human Development is implementing the Healthy Families Home Visitation Model. Per narrative reports, implementation is going strong and recruitment of new families, through the My Child is Ready Alliance, has been consistent. In addition, grantee has collaborated with a diverse group of community service providers, city governments, local hospitals, family resource centers and local health and behavioral health service providers.

Grantee has proposed no modifications for SFY 15.

Proposed contracted service numbers will remain at 75 in SFY 15. Changes will include the addition of developmental screening service units being added to the contract: 75 children receiving screening, 75 developmental screenings conducted, 75 hearing screenings conducted, and 75 vision screenings conducted.

First Things First staff recommends renewal of this grantee at funding amount of \$252,185.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of children receiving screening										75
Number of families served	75	55	67			67	89.3%	No	29.3%	75

## Central Maricopa Grantee Renewal

Number of developmental screenings conducted  
Number of vision screenings conducted  
Number of hearing screenings conducted

75  
75  
75

## Central Maricopa Grantee Renewal

### Parent Education Community-Based Training Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
										Renewal Considerations		

FTF-MULTI-13-0360-09-Y2 Arizona's Children Association 07/01/2013-06/30/2014 12 \$389,411.00 \$208,139.65 53.4% Yes 0.0% \$389,411.00

New Directions Institute for Infant Brain Development (NDI) will implement our evidence-based program Nurturing Parenting Program® (10 sessions) and our neuroscience-based S.T.E.P.S. PLUS® (Security, Touch, Eyes, Play and Sound) (10 sessions) Parent Education Series in conjunction with our successful Cornerstone Institution variety of programs held in hospitals, libraries, family resource centers, community and faith-based centers to 3,150+ parents (plus children) in our family support and education programs, collectively referred to as Bright Choices Family Support. They are partnering with Child and Family Resources, Inc. in delivering choices of program implementation, points of entry and variety of offerings throughout Central and Southeast Maricopa regions. Bright Choices Family Support offers both evidence-based and promising practice parent educational support program options together with community resources tailored to the specific needs of each family.

Central Maricopa:  
Based on data and narrative reports submitted to date (Q1-Q2), Arizona's Children Association is compliant with all grant obligations/requirements. Implementation is moving forward, all staff has been hired and trained, and services are being provided. Quarter I and Quarter II data and narrative reporting show that the organization is on track to meet contracted service number (1400 participating adults) by year end. To date service number is: 1045 participating adults.

Arizona's Children Association is providing the following parent education models/curricula: Nurturing Parenting, S.T.E.P.S. Plus, Wired for Success, Brain Time with Brain Boxes, and Kinder Prep. Implementation of the parent education classes in Central Maricopa has been well received by parents and classes fill up fast as word of mouth continues to spread among parents. Demand for classes has exceeded expectations and has almost exceeded capacity of grantee.

Grantee has proposed a minor programmatic modification in SFY 15 by adding the Kinder Ready parent education curriculum. Kinder Ready is designed for caregivers and parents with children ages 3-5 years of age and is based on the S.T.E.P.S. to Early Brain Development curriculum. The curriculum is designed for adults alone and will be conducted while the child is participating in preschool education. Total funding level for the SFY 15 will not change from \$389,411.

Proposed contracted service numbers will change in SFY 15 due to changes to the service unit for Parent Education Community-Based Training. In SFY 14 the service units for Parent Education Community- Based Training is a duplicated count of the number of participating adults. In SFY 15, the service unit for Parent Education Community-Based Training will be an unduplicated count of the number of adults completing a series. The proposed target service number for SFY 15 is 474 adults completing a series.

First Things First staff recommends renewal of this grantee.

Family Support

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of participating adults	1,400	453	592			1,045	74.6%	No	14.6%	
Number of adults completing a series										474

## Central Maricopa Grantee Renewal

Community Awareness Strategy													
Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board	
										Renewal Considerations			
GRA-RC010-14-0626-01	City of Chandler Police Department	07/01/2013-06/30/2014	12	\$20,000.00	\$9,128.56	45.6%	Yes	0.0%	\$20,000.00	Yes	Yes		
<p>The Child Abuse Prevention and Awareness Coalition, with the Chandler Police Department serving as the fiscal agent, is requesting \$20,000 to sponsor the Coalition's campaign to enhance child safety and the health of children ages 0-5 throughout the Central Maricopa Region of First Things First. Specifically, the sponsorship will provide the generation and distribution of parenting tips, parenting resource information, and information to prevent child abuse in the Central Maricopa region and will culminate with a Child Abuse Prevention and Awareness Day in April 2014.</p> <p>The Coalition will develop and distribute informational materials that educate and inform people who suspect abuse to report it, and also will encourage parents and caregivers to seek assistance with their children. Coalition will also maintain a website comprised of resources for parents and caregivers to receive assistance. The Coalition will provide informational presentations to various agencies, community groups and other interested parties regarding issues prevalent around child abuse and the prevention of such. These presentations will be held in the Central Maricopa region and by provided by members of the coalition.</p> <p>The Child Abuse Prevention and Awareness Coalition was created in response to several vicious child homicides that occurred in Chandler throughout the past few years. These deaths served as horrific reminders that child safety and health is a source of on-going concern in our communities, and parents and others responsible for the safety and well-being of children need additional tools to help them ensure the safety and health of children in our communities.</p>										<p>Based on narrative reports submitted to date (Q1-Q2), The Child Abuse Prevention and Awareness Coalition along with the City of Chandler is compliant with all grant obligations/requirements.</p> <p>Implementation is ongoing and services are being provided. The Coalition, for fiscal 2014/15 will be maintaining a tracking system for events, speaker's bureau presentations and materials distribution. There are no specific contracted service numbers however the Coalition will report on their narrative report the number of materials distributed, number of presentations to community, parent and child care groups and number of media distribution to a potential viewers/listeners (radio, TV or billboards)</p> <p>First Things First staff recommends renewal of this grantee.</p>			
Service Unit				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units

\*\*Quarterly Data Submission Value (Double Asterisk)

Null (empty box) = Grantee reported that this is not part of the grantee's contract and did not provide data. Any other numeric entry (zero or greater) indicates a number reported by grantee.

**TO: Central Maricopa Regional Partnership Council**  
**RE: Government Agreement**  
**DATE: May 7, 2014**

Below you will find a brief summary of the grant agreement for your review and approval.

## Grant Agreement - New

**Grantee:** Arizona State University

**Funding:** \$400,000

**Program Services:** Arizona State University will manage the implementation of a pilot project to improve infant and toddler program quality in the Central Maricopa County Regional Partnership of First Things First (FTF). The pilot will test an intervention that supports two widely held strategies viewed as pivotal to successful outcomes for children in center-based child care—primary caregiving and continuity of care. These two practices are considered essential components of quality programs and are institutionalized in the Program for Infant and Toddler Caregiving that is already a part of Arizona's quality improvement structure through the Arizona Institute for Infant/Toddler Training.

As a pilot project, First Relationships uses ongoing assessment and feedback to modify and enhance the program. The following is a modification in that it includes the use of the Emotional Availability Scale and a direct stakeholder interview for the purposes of data collection. The research component is as follows:

- The final month of the intervention, post-intervention data collection, and the final report will be completed during the first half of this year's funding cycle (FY 2014-2015).

During this funding cycle, interviews will be collected with key stakeholder groups to identify important elements of the intervention, barriers to implementation, and the overall understanding of the concepts and outcomes of First Relationships by stakeholder groups. Interviews and a decision-maker survey will be collected during this funding cycle.

The focus of FY2013-2014 is the continued support of the initial cohort, one day conferences, Community of Practice Meetings, and on site coaching. Support for the new, second cohort includes the Arizona Infant Toddler Institute/Program for Infant Toddler Caregivers (AITI PITC) training, Community of Practice meetings, and on site coaching.

### Target Service Units

Number of Participating Professionals: 840

Number of participating professionals (Directors mentored): 116



## 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

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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.



### 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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## School Readiness Indicators

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.



### 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*<sup>1</sup>. 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.

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<sup>1</sup> 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.**



## 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



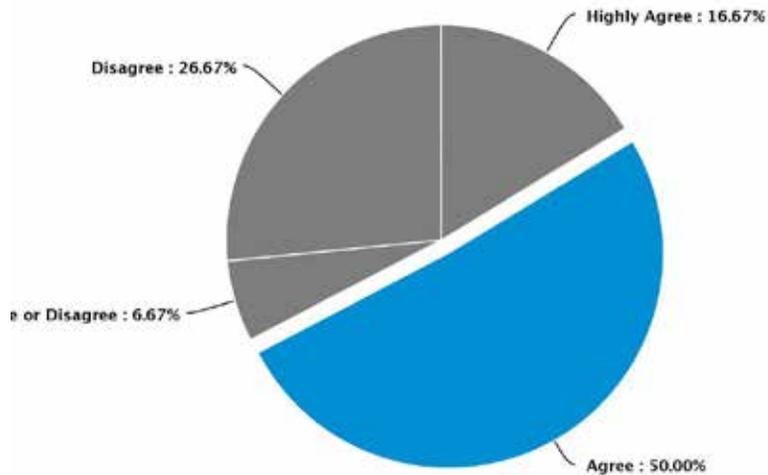
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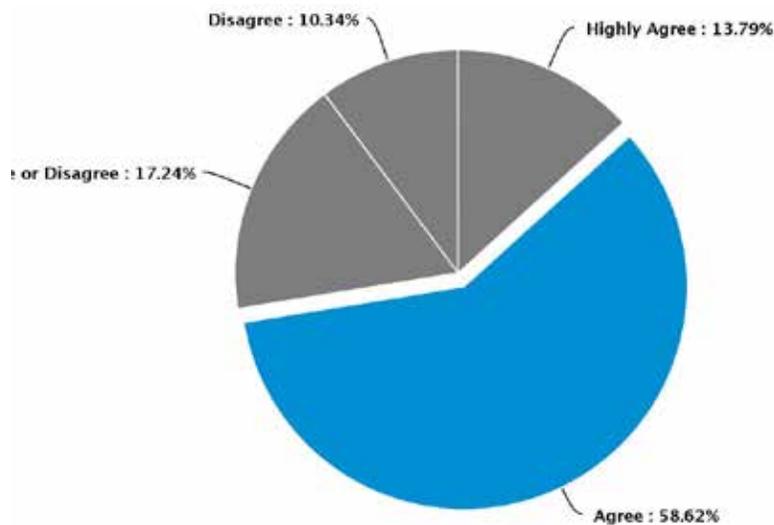
## School Readiness Indicators

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.



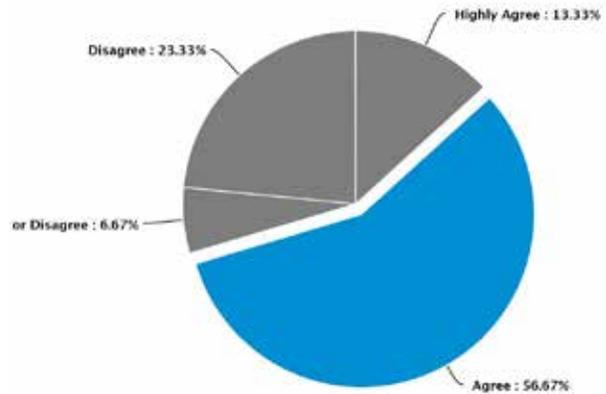
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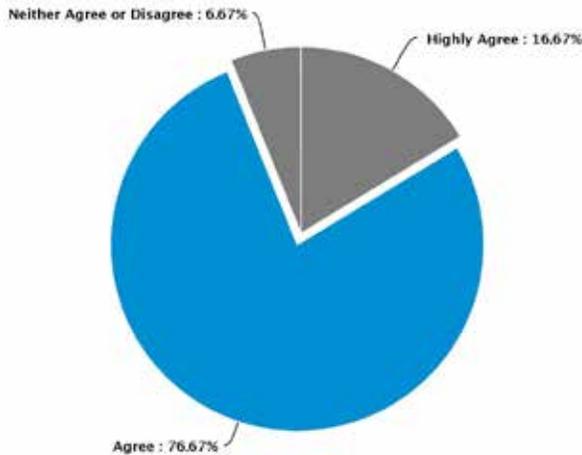
### School Readiness Indicators

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.*



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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?

## What does this mean to East Maricopa Regional Partnership Council?

Allocation and Funding Source	2015	2016
FY Allocation	\$8,416,059	\$8,163,648
Carry Forward From Previous Year	\$4,940,317	
<b>Total Regional Council Funds</b>	<b>\$13,356,376</b>	<b>\$8,163,648</b>
Total Allotted/ Proposed	\$12,791,290	
<b>Total Unallotted</b>	<b>\$565,086</b>	