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AGENDA ITEM: Meeting Minutes

BACKGROUND: Meeting minutes of the May 17, 2013 Regular Meeting are included for review and possible approval.

RECOMMENDATION: The Regional Director recommends review and approval of the May 17, 2013 Regular Meeting minutes.

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Arizona Early Childhood Development & Health Board

Gila Regional Partnership Council
Regular Meeting Minutes of May 17, 2013

Call to Order, Welcome and Roll Call

The Gila Regional Partnership Council meeting was held on Friday, May 17, 2013 at Payson Police Department 303 N. Beeline Highway Payson, Arizona 85541.

Regional Council Chair Yale called the meeting to order at approximately 10:08 a.m.

Regional Council Members in attendance:
Ann Tolman, Audrey Opitz, Carol Welsh, Dr. Diane Bricker, Debby Bunney, Fernando Shipley, Sharri Moody, Sherry Dorathy and Sue Yale

Regional Council Members not in attendance:
Kayla Van Cleve

First Things First Staff in attendance:
Hazel Chandler, Gila Regional Director; Cindi Alva, Senior Director; Jennika Horta, Administrative Assistant II; Meena Shahi, Program Evaluation Analyst and Amy Kemp, Evaluation Consultant

Community Members in attendance:
Beck Hancock, Association for Supportive Child Care; Lynn Winans, Payson Head Start and Sonia Yanez, Healthy Steps

Call to the Public

Chair Yale announced the Call to the Public, there was no response.

Declarations of Conflict of Interest

Chair Yale requested Regional Council members review the meeting agenda and declare any possible conflicts of interest at this time. No declarations of conflict of interest were made.

Meeting Minutes

Chair Yale presented the minutes of the April 19, 2013-Regular Meeting.

A motion was made by Member Opitz to approve the meeting minutes as presented, seconded by Member Moody. Motion carried 9-0.

Financial and Program Update

Ms. Chandler informed the Regional Council that the Care Coordination strategy has a large amount of unexpended funds due to hiring difficulties. The grantee is projecting full implementation of the strategy in June 2013. The Parent Outreach and Awareness grantee also has unexpended funds due to many children reaching the maximum age. The T.E.A.C.H strategy has $29,762 unexpended of the $36,300 award. Staff is anticipating higher costs for Quality First in FY2015 that this carry forward may contribute to.

Grant Renewals for FY2014

Ms. Chandler presented the 4 grantees that were up for renewal. The Care Coordination strategy has now hired personnel for the Globe location and has just closed the posting for the Payson location personnel.

Member Bricker declared a conflict of interest with this agenda item. She is affiliated with an organization that may be involved with the agenda item. As a result, she recused herself from any discussion and vote related to the agenda item.

A motion was made by Member Shipley to renew the Care Coordination grant, seconded by Member Dorathy. Motion carried 8-0-1.

The Regional Council was informed that the Community Based Training – Pregnant and Parenting Teens grantee has met their current target service numbers for FY2013. Ms. Chandler clarified definitions of participants and the timeline for sessions held by the grantee.

A motion was made by Member Moody to renew Teen Outreach Pregnancy Service's grant, seconded by Member Welsh. Motion carried 9-0.

Ms. Chandler informed the Regional Council that the Community Based Training – Rural Schools grantee, Pine/Strawberry School District, had an error in data reporting for quarter 1 and 2 of FY2013. The error is being corrected for future reporting.

A motion was made by Member Shipley to renew Pine/Strawberry School District's agreement, seconded by Member Bunney. Motion carried 9-0.

Ms. Chandler reported to the Regional Council that the Community Based Training – Rural Schools grantee, Young Unified School District, has served their target service numbers for FY2013. Target service numbers for FY2014 will be decreased from 10 to 5 due to the closure of a forest station and the relocation of families. Member Bunney noticed a discrepancy in quarter 2 attendance numbers and requested Ms. Chandler look in to the issue. Chair Yale requested a Regional Council meeting be held in Young during the 2013 – 2014 school year.

A motion was made by Member Bunney to renew the grant with Young Unified School District, seconded by Member Opitz. Motion carried 9-0.

Government to Government Agreement FY2014

Chair Yale announced that the Parent Outreach and Awareness grantee has reached the end of their third year and a new government to government agreement was submitted by the grantee. Member Shipley requested a copy of the agreement. Ms. Chandler announced that the grantee is now serving over 1,800 children in the region.

A motion was made by Member Shipley to approve the agreement with the Gila County Library District, seconded by Member Dorathy. Motion carried 9-0.

Regional School Readiness Benchmarks

Chair Yale announced Amy Kemp, Evaluation Consultant to discuss the selection of school readiness benchmarks. Ms. Kemp announced that a benchmark for selected school readiness indicator #7 – #/% of children ages 2 – 4 at a healthy weight will be selected in the first round of benchmark setting. First Things First has selected WIC data as the data source for this indicator due to the availability of children's weight and the large amount of the region being served by WIC. Member Bunney noted that the attachment states WIC data is a better measurement if your community is at or below 185% of federal poverty level and requested information on the region's economic status be presented at the next meeting. Ms. Kemp informed the Regional Council that when applying WIC data results to the entire region, we can assume 70% of children ages 2 – 4 are at a healthy weight and that 30% are either underweight, overweight or obese. First Things First at a statewide level has set a benchmark that would rise the percent of children at a healthy weight by 10 percentage points of the 2010 data by 2020. Each Regional Council will set a benchmark that is appropriate for their region. A worksheet was provided to help the Regional Council think through resources and efforts in the region that have the potential to impact this benchmark. Ms. Kemp informed the Regional Council that she will be attending the June Regular Meeting so the Regional Council can complete the worksheet and select the Regional benchmark for School Readiness Indicator #7.

System Building Discussion

Ms. Chandler requested the Regional Council Members review the draft system building plans and provide feedback before the June Regular Meeting.

Regional Partnership Council Member Updates

Vice Chair Tolman announced that she will now be overseeing both the Globe and Miami Head Start locations. Member Dorathy announced that Freeport McMoRan Copper & Gold has recommended that the Inspiration Workgroup move the education center from the Inspiration school to Las Lomas school building. Funding was held for the group to attain permission from the Miami School Board and an estimate for a new roof for the building. The Inspiration Workgroup will hold a meeting Tuesday, May 21, 2013 and present to the Miami School Board on Monday, June 10, 2013.

Regional Director's Report

Ms. Chandler announced that she has attended many outreach activities in April 2013. She thanked Audrey Opitz, Sharri Moody and Debbie Bunney for their assistance with these events. The Regional Council was also informed that Sam Leyvas will be interim CEO due to Rhian Evans Allvin resigning.

Member Bricker left the meeting at 12:54 p.m.

Next Regional Partnership Council Meeting

The next Regional Partnership Council Meeting will be held June 11, 2013 at Besh Ba Gowah 1324 S. Jesse Hayes Road Globe, Arizona 85501.

Adjournment

Chair Yale adjourned the meeting at 12:57 p.m.

Gila Regional Partnership Council

_____

Sue Yale, Chair
Dated this 21th day of June 2013

Gila Regional Partnership Council

_____

Hazel Chandler, Regional Director
Dated this 21th day of June 2013

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AGENDA ITEM: Regional School Readiness Benchmarks

BACKGROUND: The First Things First State Board established the School Readiness Indicators in FY2012. In FY2013 work began to establish statewide and regional benchmarks to measure the progress towards meeting the School Readiness Indicators. This attachment provides the data on School Readiness Indicator #7 which has been identified as a priority indicator for the region. At the May Regular Meeting School Readiness Indicator #7 was discussed with the assistance of Amy Kemp, Evaluation Consultant to the Regional Council. Ms. Kemp will continue the discussion of School Readiness Indicator #7 and assist the Regional Council to establish and approve a Benchmark for this Indicator.

RECOMMENDATION: The Regional Council will come to consensus on the Regional Benchmark for Indicator #7 and complete the worksheet, but will refrain from formal approval until benchmarks are set on other Indicators and those benchmarks have undergone a public comment period.

School Readiness Indicators
2020 Gila Regional Benchmark Summary

Indicator #7:	Number/Percentage of children age 2-4 at a healthy weight (Body Mass Index-BMI)
Intent:	Increase the number of children who maintain a healthy body weight

Key Definitions: Body mass index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. BMI does not measure body fat directly, but it is a reasonable indicator of body fatness for most children and teens.[1] A BMI is calculated by taking the weight in pounds divided by the height in inches squared times 703 {Formula: weight (lb) / [height (in)]^2 x 703)}

A BMI is not usually calculated for children under the age of 2 years. Healthy weight at 2-4 years of age is a standard measure for the WIC program to report to the CDC. A child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults because children's body composition varies as they age and varies between boys and girls.

For children and adolescents (aged 2—19 years):

- **Underweight** is defined as a BMI less than 5th percentile for children at the same age and sex- an underweight child can have many different reasons that include feeding disorders to lack of food resources or being food insecure.[2]
- **Healthy weight** is defined as a BMI at 5th to 85th percentile.[2]
- **Overweight** is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex.[2]
- **Obesity** is defined as a BMI at or above the 95th percentile for children of the same age and sex.[2]

Benchmark Data Source:
Body Mass Index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. Two primary sources of Body Mass Index (BMI) data were considered for this indicator:

- Arizona Department of Health Services, Women, Infants, and Children (WIC) Nutrition Program data: WIC is a federally funded program providing residents with nutritious foods, nutrition education, and referrals. WIC serves pregnant, breastfeeding, and postpartum women, and infants and children under age five who are at nutritional risk and who are at or below 185 percent of the federal poverty guidelines. [3] Around 62% of newborns in the state are eligible for the WIC program whereas around 25-30% are eligible between the ages of 2-4 years of age. This program measures BMI of all enrolled 2-4 year old participants for all regions of the state. WIC data is available for non-tribal regions and the Navajo Nation Regional Council (with tribal permissions) through the Arizona Department of Health Services (DHS). Data for tribal regions is available (pending tribal permissions) through the Intertribal Council of Arizona (ITCA) or tribal authorities. WIC serves a very large number of low-income 2-4 year olds and their families in Arizona; however, it does not measure the BMI of all Arizona children, only those enrolled in the WIC program. Some regions may be better represented by WIC data than others. Specifically, those communities with large percentages of the population at or below 185 percent of the federal poverty guidelines will have better measurement with the WIC data.

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[1] Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

[2] Barlow SE and the Expert Committee. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. *Pediatrics* 2007;120 Supplement December 2007:S164—S192.

[3] Arizona Women, Infants & Children (WIC) Program: http://azdhs.gov/azwic/

- Arizona Health Care Cost Containment System (AHCCCS): The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services. Data is collected through AHCCCS for all participants, but this data is not currently available in a standardized report, and access to the data requires permission from AHCCCS.

Data source selected:
There currently is no data source that measures the BMI of all Arizona children. However, WIC data from DHS and ITCA (pending tribal permissions) were identified as best data sources for this indicator because consistent data are available for all regions and the WIC program serves a large number of Arizona 2-4 year-olds (105,968 in the initial data pull).

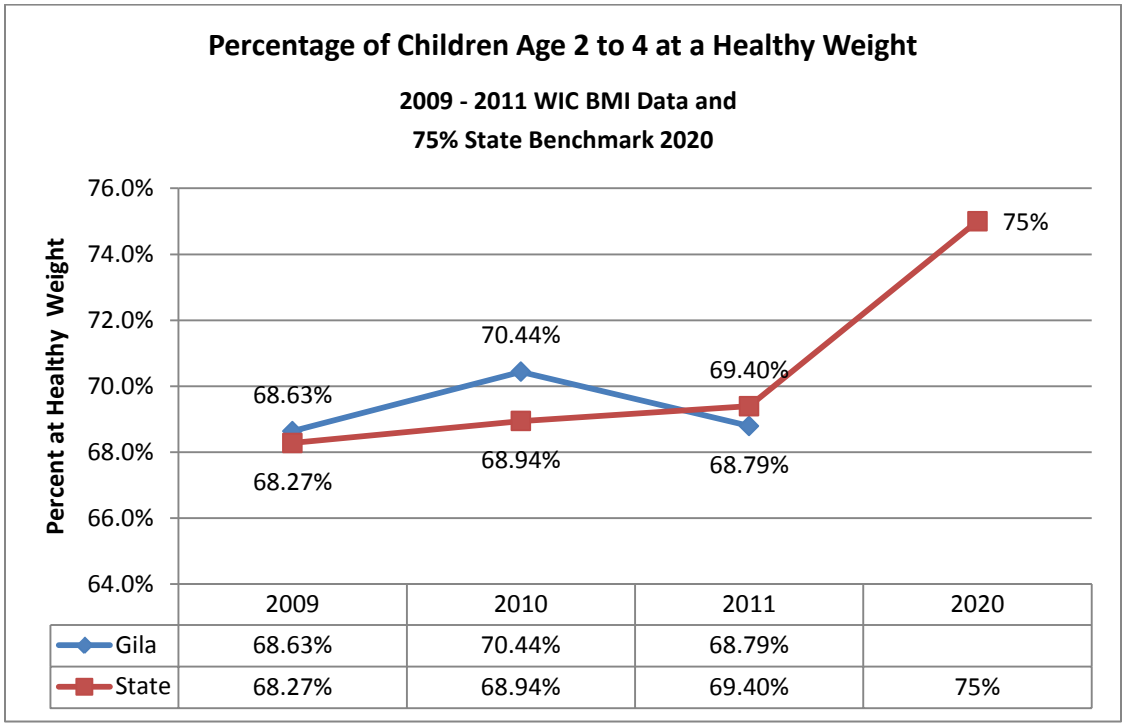
Baseline (Region and State):

- 2010: In Gila, **70%** (498) of children age 2-4 were at a healthy body weight
- 2010: In Arizona, **69%** (72,521)[4] of children age 2-4 were at a healthy body weight

[4] Statewide baseline presented here (69%) is based on data from the Arizona Department of Health WIC program; no data from tribal WIC programs are included. The regional benchmarking statewide baseline data vary from those utilized in statewide benchmarking. Statewide benchmarking was informed by WIC data from the Centers for Disease Control which included tribal data and duplicated child counts. It was calculated with a slightly different methodology from that employed in Arizona. FTF is working with data partners to identify the best approach to methodology and will present any variations to baseline statewide number to the FTF Board and Councils for review.

Trend Line (Region and State):

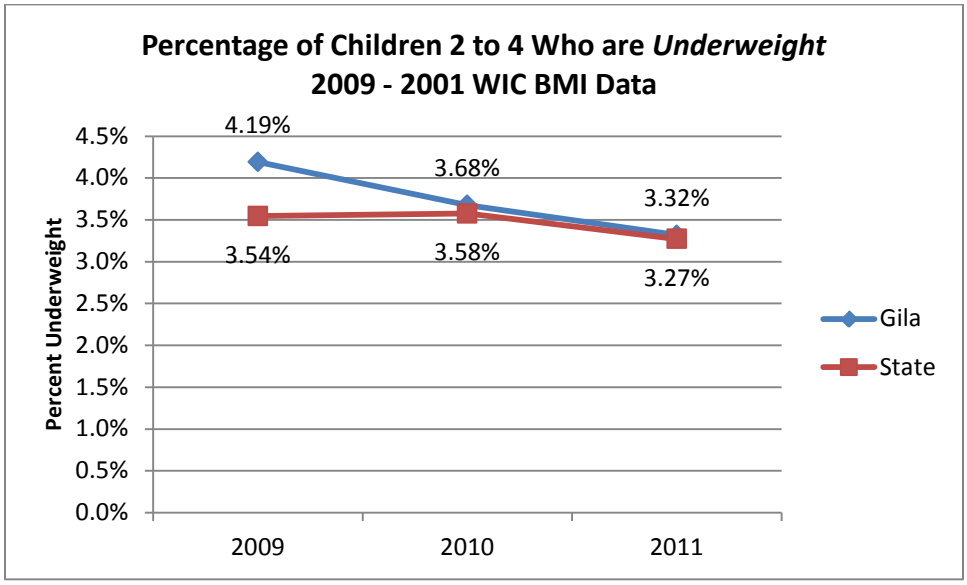
Graph 1: Percentage of children age 2 to 4 who are at a healthy weight (based on body mass index- BMI). Data displayed is presented for both the region (identified with diamonds) and state (identified with blocks) for years 2009 through 2011. The state benchmark for 2020 (75%) is also presented in this graph**.**

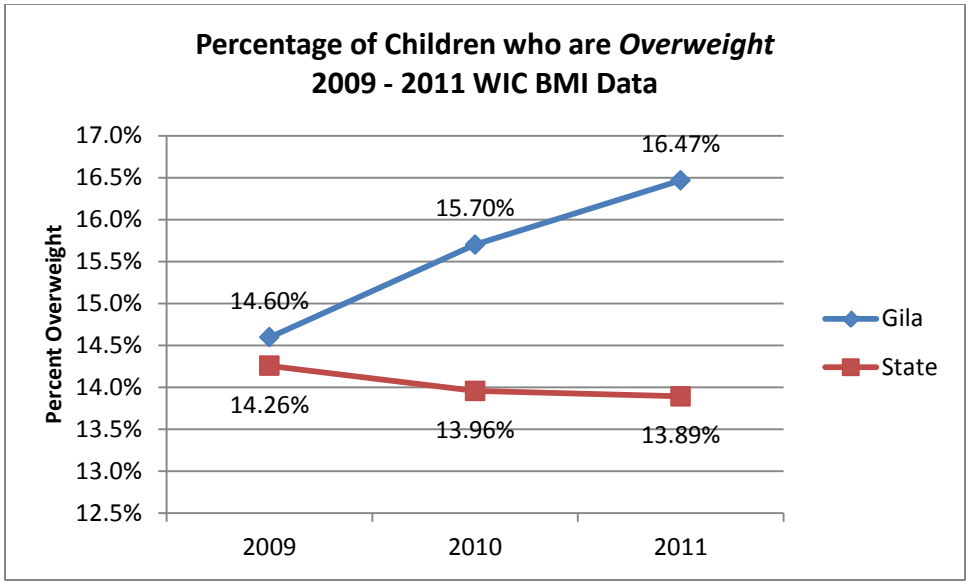


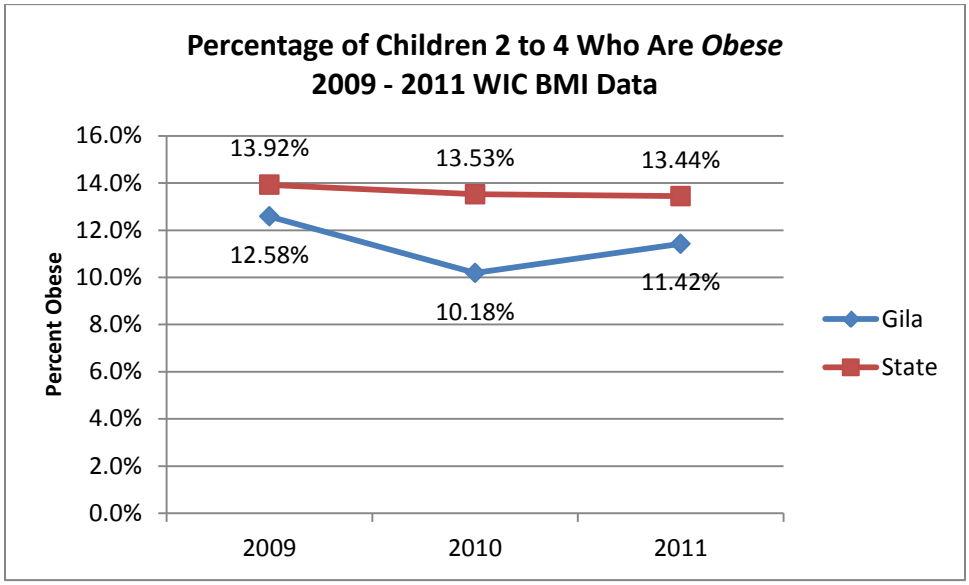
Benchmark (Region and State):

- *2020: In Gila, **XX** %* of children *age 2-4* at a *healthy weight* (BMI)
- *2020: In Arizona, 75%* of children *age 2-4* at a *healthy weight* (BMI)

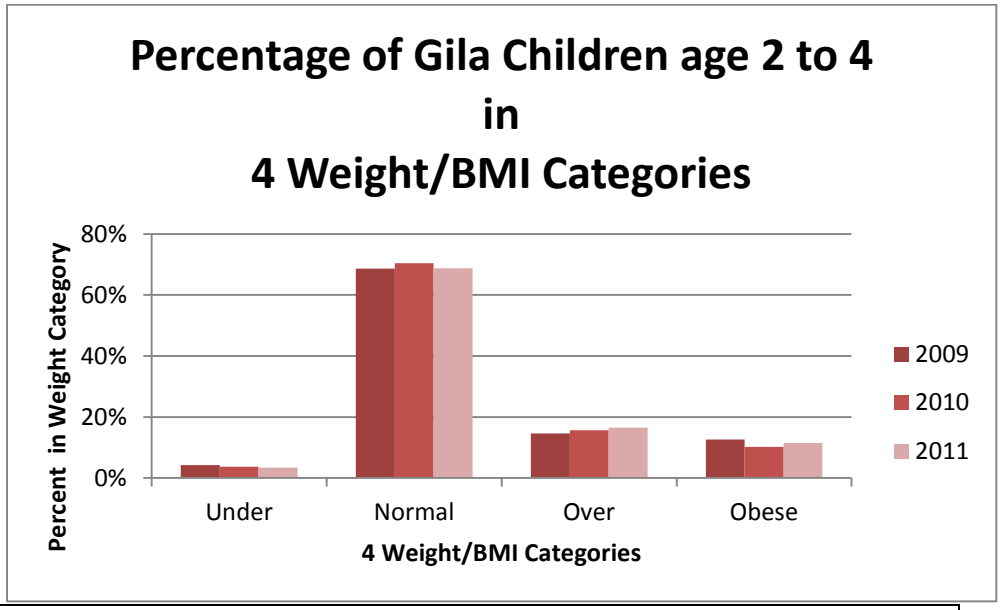
Graphs 2 - 4: Percentage of children age 2 to 4 who are *Underweight*, *Overweight* or *Obese* (based on body mass index- BMI). Data displayed is presented for both the region and state for years 2009 through 2011.




Percentage of Children who are *Overweight*
2009 - 2011 WIC BMI Data
Percent Overweight
17.0%
16.5%
16.0%
15.5%
15.0%
14.5%
14.0%
13.5%
13.0%
12.5%
14.60%
15.70%
16.47%
14.26%
13.96%
13.89%
2009
2010
2011
Gila
State


Percentage of Children 2 to 4 Who Are *Obese*
2009 - 2011 WIC BMI Data
Percent Obese
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
13.92%
13.53%
13.44%
12.58%
10.18%
11.42%
2009
2010
2011
Gila
State

Graph 5: Gila children age 2 to 4 presented in four weight categories (based on body mass index-BMI). Data displayed compares percentages for years 2009 through 2011.



Gila: Percent and number of children in each weight category for years 2009-2011				
Year	***Under***	***Normal***	***Over***	***Obese***
2009	4.19% (N=27)	68.63% (N=442)	14.60% (N=94)	12.58% (N=81)
2010	3.68% (N=26)	70.44% (N=498)	15.70% (N=111)	10.18% (N=72)
2011	3.32% (N=25)	68.79% (N=518)	16.47% (N=124)	11.42% (N=86)

Review of Gila Need & Assets Data

Demographics

Head Start Data 2010 Census							
		Globe	Miami	Winkelman	Payson	Remaining Gila	Total Gila
Total Population		7,532	1,837	353	15,301	29,324	54,347
Total Children		604	205	18	806	1,327	2,960
	Birth to 3 years	309	105	9	411		
	Age 3-5 years	295	100	9	395		
	In Foster Care	5	2		6		
	Families receiving SSI	128	25	10	244		
	Birth to 3 yrs. Below Poverty	116	47	3	68		
	% Birth to 3 yrs. Below Poverty	37.5%	44.8%	33.3%	16.5%		
	3-5 year Below Poverty	112	45	2	66		
	% 3-5 year Below Poverty	38.0%	45.0%	22.2%	16.7%		
Ethnicity							
	% Hispanic	39.10%	60.4%	78.3%	7.3%		
	% Non Hispanic	60.90%	39.6%	21.7%	92.7%		
Language at Home							
	% English	69.40%	59.6%	21.9%	92.0%		
	% Spanish	29.20%	38.5%	78.1%	5.8%		
	% Other	1.50%	1.9%	0.0%	3.1%		
With Disabilities							
	Birth - 3 years	9	3	-	12		
	% Birth - 3 years	2.9%	2.9%	0.0%	2.9%		
	3-5 Years	23	67	5	52		
	% 3-5 Years	7.8%	67.0%	55.6%	13.2%		
Type of Disabilities - Head Start							
	Speech Impairment	2	1		1		
	Developmental Delay	8	10	1	1		
	Visual	-	0				
Public School Enrollment							
	Kindergarten	159	116	30	167		
	Free/Reduced Meals	66%	77%	92%	64%		

Poverty Levels

Children 5-17 in Families in Poverty			
	2010		
Globe Unified	19.9%		
Hayden/Winkeman Unified	49.8%		
Miami Unified	34.7%		
Payson Unified	25.2%		
Pine/Strawberry Schools	19.8%		
Tonto Basin Elementatry District	53.6%		
Young Elementary District	24.5%		
Gila County	30.3%		
Arizona	23.0%		
Source US Census Bureau			
	Gila	**Arizona**	**United States**
Estimated Birth through Five	25.9%	25.9%	25.9%
Food Insecurity	19.1%	19.0%	
Families Birth to Five Receiving Supplemental Nutrition Assistance	1,495		
Estimated Total Birth throught Five	2,961		
Percent receiving Supplemental Nutrition	50.5%		

Gila County Free and Reduced Lunch	
	2011
Globe Unified	57.8%
Hayden/Winkeman Unified	72.2%
Miami Unified	63.4%
Payson Unified	41.3%
Pine/Strawberry Schools	67.6%
Tonto Basin Elementatry District	84.0%
Young Elementary District	80.4%

Health Data

Birth Data Gila						
	2011		2012		2013 - 1st Quarter	
	Total	% of Total	Total	% of Total	Total	% of Total
Total Births	620		609		139	
Mothers 19 & Younger	105	16.9%	85	14.0%	17	12.2%
Unwed Mothers	383	61.8%	378	62.1%	83	59.7%
LBW Births	49	7.9%	35	5.7%	15	10.8%
Ethnic						
White Non-Hispanic	266	42.9%	265	43.5%	68	48.9%
Hispanic/Latino	150	24.2%	142	23.3%	27	19.4%
Black	4	0.6%	5	0.8%	1	0.7%
American Indian	197	31.8%	193	31.7%	43	30.9%
Asian	2	0.3%	4	0.7%	0	0.0%
Two or more Races	0	0.0%	0	0.0%	0	0.0%
Unspecified	1	0.2%	0	0.0%	0	0.0%

Gila County Head Start Data								
	Children with Health Insurance at beginning of HS Enrollment	Children with Health Insurance at end of Enrollment	Medical Issues and Services Provided					Percent of Overweight Children
			Anemia	Asthma	Hearing	Overweight	Vision	
Globe	40	41	0	4	6	8	6	20%
Miami	66	67	2	5	0	8	1	12%
Payson	31	32	2	0	3	0	1	0%
Winkeleman	24	25	1	0	1	4	1	17%

Gila
School Readiness Indicator Worksheet – Indicator 7

Step 1: Discuss the indicator and its intent. Make sure all participants understand how improvement in this indicator will positively impact the lives of children.

Indicator #7:	Number and percentage of children ages 2-4 at a healthy weight (Body Mass Index-BMI).
Intent:	Increase the number of children who maintain a healthy body weight.

Step 2: Review the national trend and benchmark.

Healthy People 2020 Objective

Indicator:	Reduce the proportion of children aged 2 to 5 years who are considered obese.
Baseline:	**10.7%** of children aged 2 to 5 year were considered obese in 2005-08.
Benchmark (target):	**9.6%**.
Target setting method:	**10%** improvement.
Data Source:	National Health and Nutrition Examination Survey, CDC, NCHS.

Healthy People 2020, Topics and Objectives. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=29.

Step 3. Review the statewide trend and benchmark.

First Things First - School Readiness Indicators

Indicator:	Number and percentage of children ages 2-4 at a healthy weight (Body Mass Index-BMI).
Baseline:	**69%** of children age 2-4 at a healthy weight (BMI).
Benchmark (target):	**75%** of children age 2-4 at a healthy weight (BMI).
Target setting method:	**6** percentage points improvement.
Data Source:	WIC Arizona. FTF School Readiness Indicators.

Step 4. Review the regional baseline data.

Step 5. Review the regional trend data.

Step 6. List the policies, activities, or programs that are in place or planned for implementation before 2020 that may influence this indicator.

Name	Description	Contact Person	FTF Funded (y/n)	Grant Funded (y/n)	Partner Funded (y/n)	In-Kind or Other (describe)
Healthy Steps	Care Coordination – will monitor weight, BMI and provide breast feeding and nutrition support for families	Paula Horn	Yes	Yes	No	Partnerships are established with medical facilities and other social service agencies which may provide
WIC Programs	Provides weight/BMI monitoring and nutrition education and healthy food for families.		No	Yes – Federal Money		
Globe Community Efforts	City of Globe and Gila County are working on collaborative Health Community efforts including possible community events.	Michael O'Driscoll	No	No	No	Volunteer Effort at the time. May have sponsorship or other community support
Empower Program	Health and Nutrition Program offered by Arizona Department of Health Services for Child Care Centers and Homes. Participation reduces licensure fee. The 10 Empower Standards that centers/homes must develop an implementation plan by July 1, 2013 address health, nutrition, physical activities designed to have children achieve/maintain a healthy weight.	Arizona Departm ent of Health Services – Child Care Licensing	No	Yes – Federal	No	No
TOPS	TOPS program focuses on Health Eating Habits during pregnancy, getting children off to a good start with Breast Feeding and Nutrition information and support for Parenting teens and young adults.	Jessica Black Charlene Becker	Yes	No	No	
Rural Schools Programs	Potential to partner between programs to monitor weight, BMI in rural communities through the Rural Schools programs. Education around health, nutrition and physical fitness may be able to be added to this program.	Mike Clark Linda Cheney	Yes – but not specific ally for this strategy	No	No	
Arizona Department of Health Services Home Visiting Program	Home Visitation programs monitor weight, BMI and provide education on breast feeding, nutrition, physical fitness and healthy weight	Irene Burton ADHS Nancy Mach Gila	No	Yes – Federal Grant	No	

		County				
Head Start	Head Start monitors weight and BMI and has a parent/child program designed to raise awareness around healthy weight and strategic goals to help children obtain healthy weight goals.	Ann Tolman – Globe/Miami Sandra Cutshall – Winkelman Lynne Winans – Payson	No	Yes – Federal	No	
Pre-Kindergarten	Potential to partner with Pre-K programs to increase awareness					

Step 7. List the coordination or collaboration activities that are in place or planned before 2020 that may influence this indicator.

Name	Description	Contact Person	FTF Funded (y/n)	Grant Funded (y/n)	Partner Funded (y/n)	In-Kind or Other (describe)
Gila County with Cities						
Possible Events						
FTF Collaborative Efforts						
Fit City Partnerships?	Potential to Develop Fit City or other community efforts to raise awareness in various communities in the region	No	No	No	No	Community Effort
Potential Collaborative Group of Stakeholders						

Step 8. What is the likely timeframe of policies, activities, programs, or collaborations?

Name	Currently In Place or Planned?	Initial, Intermediate, or Longer Term?
Healthy Steps	Full implementation by July 2013	Initial/intermediate and Long Term impact
Rural Schools	Possible addition to current Community Based Training – Rural Schools program or partner with Healthy Steps	Intermediate and Long Term Impact
TOPS	Fully implemented. Increased awareness of healthy habits and breast feeding may have already impacted outcomes.	Initial/intermediate and Long Term impact
WIC	Currently in place – WIC is monitoring weight and working with families	Initial/intermediate and Long Term Impact

Step 9. How many children or families are the policies, activities, programs, or collaborations likely to reach?

Name	Eligibility Requirements or Targets	Target Service Units
Healthy Steps	None	200
TOPS	Pregnant and Parenting Teens	75
Rural Schools Program	None	25
Head Starts	Low Income	113
Pre-K	Special Needs/Private Pay	225 – Estimate
Child Care Centers/Homes	None	Estimate - 400
WIC	Low Income	??

Step 10. Determine current estimated need, estimated service, and aspirational goal.

	Need/Units/Goals	Notes
Estimated Total Children in Need	Total Children 0-5: 2,943 Estimated Need: 883 (30%)	
Estimated Total Service Units of Current Activities		
Estimated Total Service Units of Planned Activities		
Aspirational Goal for Service Units by 2020		
Percentage Point Increase in School Readiness Indicator that Reflects this Aspirational and Attainable Goal		

Step 11. Set the regional benchmark.

Indicator:	Number and percentage of children ages 2-4 at a healthy weight (Body Mass Index-BMI).
Baseline:	**70 %** of children age 2-4 at a healthy weight (BMI).
Benchmark (target):	☐ **%** of children age 2-4 at a healthy weight (BMI).
Target setting method:	☐ Percentage points improvement.
Data Source:	WIC Arizona.

The following is a worksheet to assist with calculating the percentage point improvements.

2010 Baseline	Percent Increase	2020 Benchmark
70%	5%	74%
70%	6%	74%
70%	7%	75%
70%	8%	76%
70%	9%	76%
70%	10%	77%
70%	11%	78%
70%	12%	78%

The following is a worksheet to assist with identifying the number of target children with various Benchmark goals.

Total Children in Region	**Benchmark**	**Number of Children Healthy Weight**	**Number of Children Unhealthy Weight**	**Target Children**
2943	70%	2060	883	
2943	71%	2090	853	29
2943	72%	2119	824	59
2943	73%	2148	795	88
2943	74%	2178	765	118
2943	75%	2207	736	147
2943	76%	2237	706	177
2943	77%	2266	677	206
2943	78%	2296	647	235

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AGENDA ITEM: Financial and Program Update

BACKGROUND: A grantee update is provided to the Regional Council periodically regarding their status and successes of the programs.

RECOMMENDATION: This is provided for informational purposes only.

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Gila Regional Partnership Council Strategies FY 2013

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Allocations and Funding Sources	2013	2014	2015
FY Allocation	$611,099	$650,944	$652,749
Population Based Allocation	$341,489	$407,514	$405,850
Discretionary Allocation	$205,069	$220,300	$227,303
Other (FTF Fund balance addition)	$64,541	$23,130	$19,596
Carry Forward From Previous Year	$553,259	$340,966	$152,115
Total Regional Council Funds Available	**$1,164,358**	**$991,910**	**$804,864**

Strategies	Allotted	Awarded	Expended	Unexpended	Anticipated Unexpended	Allotted	Projected Awards	Proposed	Needed Changes
Care Coordination/Medical Home - Healthy Steps	$155,000	$155,000	$13,086	$141,914	$100,000	$190,000	$190,000	$190,000	$190,000
Child Care Health Consultation	$20,160	$20,160	$10,930	$9,230	$5,000	$22,680	$22,680	$20,128	$22,645
Community Awareness	$10,000	$10,000	$5,174	$4,826	$3,000	-	-	-	-
Media	$7,500	$7,500	$5,646	$1,854	-	-	-	-	-
Teen Outreach Pregnancy Service	$115,000	$115,000	$85,973	$29,027	-	$115,000	$115,000	$115,000	$115,000
Pine Strawberry - Rural School Program	$15,000	$10,000	$4,136	$5,864	$1,500	$10,000	$10,000	$10,000	$10,000
Young - Rural Schools Program	$1,500	$12,000	$11,073	$927	-	$12,000	$12,000	$12,000	$12,000
Parent Outreach and Awareness - Dolly Parton	$85,000	$85,000	$59,734	$25,266	$20,000	$65,000	$65,000	$45,000	$45,000
Quality First	$131,023	$120,297	$117,723	$2,574		$131,165	$131,165	$108,794	$123,601
Quality First Child Care Scholarships	$235,487	$235,487	$235,487	-		$259,511	$259,511	$240,642	$301,355
Scholarships TEACH	$36,300	$36,300	$8,210	$28,090	$25,000	-	-	-	-
Statewide Evaluation	$16,648	$16,648	$16,648	-	-	$34,439	$34,439	$38,450	$38,450
			-	-					
Total	**$828,618**	**$823,392**	**$573,820**	**$249,572**	**$154,500**	**$839,795**	**$839,795**	**$780,014**	**$858,051**
Total Unallotted/Unawarded/Unexpended:	**$335,740**	**$340,966**				**$152,115**		**$24,850**	**($53,187)**
Revised Anticipated Unexpended					**$495,466**	**$306,615**		**$179,350**	**$126,163**

Note: Anticipated additional Quality First Scholarships Costs

Care Coordination – Healthy Steps

Agency	Contract Term	Funding	Locations	Staff
Gila County Health Department	October 1, 2012 – June 30, 2013	$150,000	Globe & Payson	Paula Horn
Expended through 6/1/2013		$ 13,086		Sonia Yanez
Unexpended		$141,914		

Program Overview: Gila County Healthy Steps Program ("Healthy Steps") will implement the National Healthy Steps model to act as a bridge between families with children and the health care system. This program's aims are to enhance access to needed services and resources, promote optimal health and functioning of children, and support quality of life improvements through the coordination and/or integration of health care and social services systems and patients' community structures. Such health care and social services systems include hospitals, home visitation services, and subspecialty care centers. Patients' community structures include the family unit, schools, childcare facilities, and other public and private community-based services. The program coordinators will facilitate the delivery of such services to ensure that families are able to access them when and where the need them.

Healthy Steps looks to develop the relationship between the parents of infants and their pediatricians through the child's fifth year. The goal is to serve 200 unduplicated children and their families throughout Gila County, including 400 developmental screenings with appropriate referrals and/or follow up. While the program will not meet this goal in FY2013, they are well position to meet these goals in FY2014.

Project Activities: Healthy Steps has begun to provide services in the Globe/Miami area. Payson area services will be available within the next few weeks. Sonia Yanez, the Healthy Steps Coordinator for the Globe/Miami area has completed the initial one week training with the Statewide training staff. She is scheduled to train with Brazelton in Boston in September. Chandra Wattleworth has been hired for the Payson area and she will start on June 24. She will train with the Statewide Training Coordinator, work closely with Sonia and will also complete the Brazelton Newborn Training in September. The program will partner with local hospitals, Payson Christian Clinic, Canyonlands Clinic, community physicians, Arizona Women, Infants & Children Program, among others. The program coordinators will provide home visits at birth and established key developmental stages to meet the needs of the families and children. Such home visits will answer parents' questions, prepare parents for upcoming developmental and behavioral milestones, and identify any potential family health risks that may hinder a child's quality of life.

Program Successes: The new Globe/Miami staff person completed the Healthy Steps initial training is prepared to begin providing services. The ASQ on-line system has been ordered and training will be scheduled before the end of June for staff on this program. The rental agreement on the office space in Payson, Arizona has been completed and services will commence on or before July 1, 2013.

Notes

Community Based Training – Pregnant and Parenting Teens

Agency	Contract Term	Funding	Locations	Staff
Teen Outreach Pregnancy Services	July 1, 2012 – June 30, 2013	$115,000	Globe/Payson	Jessica Black – Regional Manager
Expended through 5/31		$ 85,973		Charlene Becker – Case Manager
Unexpended		$ 37,229		Kristina Garsen – Nurse Educator

Program Overview: Teen Outreach Pregnancy Services (TOPS) is an innovative community-based health education program which provides pregnant and parenting adolescents with education and supportive services to improve birth outcomes for their newborns and to improve the physical, emotional, and intellectual growth and development of children born to adolescent parents, from birth to age five. The TOPS program target serves 75 pregnant or parenting teens and young adults, ages 12-24, during the 12-month period, while collaborating and coordinating seamless care for all children served under this grant award. Although the TOPS program is not currently considered an evidence-based program, it is a promising practice currently undergoing a federal research study, at the end of which the TOPS program should be deemed an "evidence-based" program.

Project Activities:

- Identify and enroll pregnant teens through outreach efforts in the community
- Assist pregnant and parenting teens in obtaining medical care and referrals
- Initiate initial Case Management upon enrollment and administering pre-knowledge assessments prior to the teen beginning health education classes
- Provide ongoing case management and referrals as needed throughout pregnancy and through the first year after delivery
- Provide weekly support groups for all pregnant and parenting teens including the father of the baby
- Provide 6 hours of pregnancy education and 10 hours of TOPS Childbirth Education
- Administer post-knowledge assessment survey at the completion of 16 hours of pregnancy education
- Conduct a Hospital visit with teen and newborn after delivery
- Conduct a Home Visit for additional support and assessment
- Enroll new parenting teens into Parent Support Network
- Provide 16 hours of Proactive Parenting classes
- Provide parenting teens ongoing case management services
- Utilize program protocols for process and outcome evaluation to assist in making improvements to program delivery

Summary of FY2013 Performance: This is the second year of this program. As of March 2013 – the program had served 88 unduplicated Teens and young adults exceeding the target service units for the program year. In the first three quarters the program held 151 trainings which exceeded last years' total of 149 for the entire year. 560 duplicated attendees attended trainings with an average attendance of approximately 4 in each of the trainings. Case management and home visits are not included in these statistics.

In the third quarter TOPS enrolled 10 pregnant and/or parenting teens in the Globe/Miami area. Additionally, our collaborating partner, New Beginnings Pregnancy & Education Center in Payson, enrolled 4 pregnant teens, for a total enrollment of 14 teens this quarter.

Gila County TOPS Quarterly Statistics: January 2013 – March 2013

- 14 referrals of pregnant/parenting teens (includes 4 from New Beginnings in Payson)
- 14 enrollments in the TOPS programming and classes – these teens may either be attending education classes or waiting for class to begin
- Of the 55 Globe/Miami clients that enrolled in last year's contract, 7 have graduated and 33 are still receiving services.
- 7 enrolled clients (not necessarily during this same reporting quarter) were Lost to Follow-up (LTFU) this quarter, meaning dropped from TOPS programming before we received information regarding their child's birth.

- 6 deliveries this quarter that resulted in the birth of 7 babies (Note this is Grantee reported information that was corrected from the last Narrative report to reflect births in Payson)
    - 100% were breastfeeding at time of discharge
    - 83% of the deliveries were vaginal
        - The set of twins were delivered via c-section.
    - Average weight was 6 lbs. 8 oz. (5 lbs. 6 oz. is considered full weight)
    - The set of twins were born at 34 weeks (approximately 60% of twins are born before 37 weeks) and dropped the average considerably.
    - Average gestational age was 37.5 weeks (37 weeks or greater is considered full term)
    - The twins dropped the average from 38.9 to 37.5 weeks.

Due to the education and supportive services received, teens participating in Teen Outreach in the Gila County Region completed pregnancy classes with an average 91% mastery of knowledge (up from the 70% they scored prior to taking TOPS classes) concerning immediate health and safety needs of their unborn baby and early development of their child. The adolescent parents that have taken part in the Proactive Parenting classes completed these classes with a 93% master of knowledge, 20% higher than the 73% they scored prior to taking these classes. TOPS program participants have also improved health practices during their pregnancy and increased physical and emotional well-being as they prepared to deliver and parent their child.

Throughout the term of this contract the program has been very active with ongoing on going collaboration efforts. In the Globe/Miami area Globe Education Center (GEC) and the Cobre Valley Regional Medical Center continue to be fruitful. Both facilities continue to provide rooms to teach classes and space to store teaching materials. The Globe Education Center continues to be instrumental in referring to the Healthy Pregnancy, Childbirth Education and Proactive Parenting series.

The program continues to rent office space at St. Paul's United Methodist Church, where the program also conducts weekly Support Group sessions for our clients.

The partnership with New Beginnings Pregnancy & Education Center to administer different components of the TOPS program in the Payson area remains strong, as does their enthusiasm for the TOPS program. This past quarter they have:

- Enrolled 4 clients in the third quarter and 5 second quarter (on track for 20 per year).
- Provided TOPS materials in 20 classes to 33 participants and support people (some may be counted multiple times if they attend multiple classes). The Payson program did not have any deliveries in the third quarter.

Program Success: In addition to the 91% Mastery of Knowledge score, TOPS also completed three (3) Healthy Pregnancy classes, five (5) Childbirth Education classes, eight (8) Proactive Parenting classes and twelve (12) Support Groups/Parenting Discussions. In addition to teaching these 31 classes in Globe, New Beginnings also provided TOPS material in 20 of their Payson classes.

Of the 43 deliveries documented as of October 2, 2012 (including 15 from New Beginnings in Payson):

- Average weight was 7 lbs. 7 oz. (5.5 lbs. is considered full weight)
- Average gestational age was 38.8 weeks (37 weeks or greater is considered full term)
- 74% were breastfeeding at time of discharge
- 86% delivered vaginally

<u>Success Story – Christy</u> (Name changed)

(written Case Manager/Health Educator, Charlene Becker)

My client, Christy, a teen under CPS care, started having problems being placed in a stable home after her son was born. CPS struggled to find caregivers willing to provide for both Christy and her son. After yet another unsuccessful home situation, I went to visit Christy and told her about a group home in Mesa for young mothers who are in CPS custody. This home is specifically set up for young mothers like her and their babies. Christy did not want to leave Globe so I told her I'd help, but after calls to local churches and friends asking if they knew of a good family that would take her in, I came up with nothing. Christy, in the meantime, found another place to live with a friend's aunt. CPS approved this and she and her son, Zack, moved in with the new caregiver. I visited Christy at this new home, and it seemed like a nice place.

That same week, I received a text from Christy saying that she would be missing parenting class because she was going out of town for her birthday. I asked if she got permission, with whom she was going and what arrangements she had made for her son. She assured me all had been taken care of. Later on, however, I received a frantic text from her stating CPS had been called and had taken her son from the babysitter and she didn't know what to do. I knew the procedure, and I knew there was a good chance she would not get Zack back because of her age, and the fact that she had not gone through the proper channels. I told Christy, who was in Mesa, to return home immediately. When she returned, her new caregiver asked her to leave as she was very disappointed at what had happened with CPS.

Christy was left without a home and her baby had been taken away. She had court the following Monday morning and did not contact me until after. She said they told her to get a lawyer but did not provide any advice or assistance in getting represented; I was appalled. Christy had no money and was going up against CPS regarding the custody of her baby. None of this made any sense to me. I told Christy I would go with her to her next hearing. Upon arrival at the hearing, Christy was asked where her lawyer was. She told them she did not have one and I was then asked who I was. I explained my role at TOPS and asked why all this legal responsibility was given to Christy, a 15-year old girl. Why wasn't she getting assistance from CPS? I explained that CPS should be helping her with this instead of going to court against Christy since she is a ward of the state. After some deliberation the courts appointed a lawyer to Christy.

A CPS supervisor approached me and told me that Christy's case had not been handled well on their end. Working closely with the CPS supervisor, Christy's attorney and the courts, I was able to help find a group home. At first, Christy did not want to go but because she is in CPS

custody, she had no choice. Also, because she was going to the group home she could get her son back the next day. Christy was very scared and nervous but I reassured her that she was doing the right thing for her and, most importantly, her baby and she agreed. The added benefit of moving into this particular Youth Home is that they provide one-on-one counseling, parenting classes and they make it possible for her to go back school by taking care of Zack while she is in class. Christy has contacted me at least once a week from the Youth Home. I'm happy to say that thus far she is in school and doing well and Zack also receives good care. She is taking it one day at a time.

The TOPS program participated in the March of Dimes March for Babies as a TOPS Team. 28 people walked of which 11 were TOPS clients and most of the rest their families. In the picture below you can see eleven very healthy looking babies that were born to TOPS mothers. These babies are getting off to a great start in participating in a walk in their mothers arms. The group raised $665. Everyone felt good about accomplishing a goal together. The public was impressed with the turnout and thought it was great to see the clients walking with their support people and babies. One person commented, "It was great to see these young people contribute to a cause."

Notes

Community Based Training – One Step Ahead

Agency	Contract Term	Funding	Locations	Staff
Pine/Strawberry School District	October 1, 2012 – June 30, 2013	$10,000	Pine/Strawberry	Kirsten Sharp – Coordinator
Expended to Date		$ 4,136		Patti Lawrence – Staff
Unexpended		$ 4,826		

Program Overview: One Step Ahead provides a center-based parent education/play-based program for infants through preschoolers and their parents/caregivers. The initial Scope of Work (SOW) indicated that they were going to use the Growing Great Families curriculum; a 3-step capacity-building model for developing a results-driven program. Unfortunately, scheduling issues with the Growing Great Families organization have caused problems with their staff receiving training in the program. In the interim, Pine Strawberry School (PSS) implement an effective, community-wide parenting and early childhood program using their preschool Creative Curriculum program to provide a center-based parent education/play-based program. The program staff has been scheduled to attend Growing Great Families in July of 2014 and will begin using that curriculum at the time.

One Step Ahead has offered four 8-week sessions this year providing a center-based parent education/play-based program for 15 unduplicated adults, with the goal of having them attend an average of 16 sessions. The program completed 51 sessions with a total of 386 duplicated adults attending. This indicated that an average participant attended 26 sessions during the school year. For the year the average attendance at each session was 7.6 adults. Attendance in the first and second quarters averaged six. In April, 9 were attending. These attendance figures included only the adults. Each adult also had children that benefited from the sessions. Several of the families had several children. The program sessions were offered on Tuesday and Thursday for 2-hours each day.

Project Activities: The One Step Ahead program encourages social/emotional success in an environment that is safe and welcoming. The families were able to interact with each other in the classroom and outside the classroom. The Parents, Grandparents, Guardians are encouraged to develop activities for the children based on the previous sessions training. Child Development training, discipline, potty training, nutrition are a popular parts of the program. Collaborative partners that have participated in the parent education include Gila County Health Department, Pine Strawberry Fire Department, Dr. York (a local Physician), and Payson Regional Medical Center Child development specialist. The Child Development specialist from Payson Medical Center come two time each Quarter.

Program Successes: The One Step Ahead Program enjoyed several successes include many parents attending multiple sessions. The active participation of other stakeholders and community is reported by the parents as extremely helpful. Word-of-mouth positive comments by first session family participants, has resulted in a steady growth of the program throughout the school year. The parents', attending an average of 26 sessions, is also indicative of a positive reception by the families in the community.

FY2014 – Changes: The first year teacher will be on Maternity Leave next year. The School District has hired a teacher with extensive Early Childhood background and First Things First experience for next year. The program will resume when school starts. Mike Clark is retiring as Superintendent, but the new Superintendent if very supportive of the program. The new staff person Susan Allen has an Early Childhood

Special Education certification and many years of experience teaching pre-school special education.

Notes

Community Based Training – Early Bird Program

Agency	Contract Term	Funding	Locations	Staff
Young Elementary School	July 1, 2012 – June 30, 2013	$12,000	Young	Jenny Hunt – Coordinator
Expenditures through 5/31/2013		$11,076		Teresa Gardner – Staff
Unexpended		$ 997		

Program Overview: The YPS EARLYBIRD Center is a play-based program for infants through preschoolers and their parents/caregivers. The center uses *Creative Curriculum* and *Love and Logic,* along with the best practices in early childhood education to prepare parents and children socially and academically for success in school. Both programs are evidence-based, and are being implemented according to curriculum guides and program recommendations. The EARLYBIRD Center focuses on the family unit and provides parents and caregivers with opportunities to develop parenting skills as well as nurture strong relationships with their children, thus providing the foundation for their healthy growth and development. The center provides a safe, stimulating, and fulfilling learning environment where both child and adult can flourish.

The YPS EARLYBIRD Center opened on September 17, 2012, and competed their first year on May 20, 2013. The program begins at 8:30 a.m. and ends at 11:00 a.m. Mondays and Wednesdays. The program reports that they have been extremely pleased with their attendance, which has consistently been between 8 and 11 students and between 5 and 7 adults. The EARLYBIRD classroom was created with the help of FTF grant funds and a lot of community/parent/staff effort. The room which had been used as a storage area has been cleaned, carpeted and repainted. A parent painted beautiful murals on all of the walls. Jenny Hunt has built some amazing water tables, dress up furniture and other classroom furniture totally from scrap reused materials. Each piece is beautiful and was created without cost to the program. While the classroom is small and can become cramped with the children and parents in the classroom, the large patio area just outside that gives some relief when children are active.

Program goals for the year are as follows:

1. Foster social and academic growth and skills, preparing children to be successful when they enter Kindergarten
2. Build an educational bond between parents/caregivers and children that will promote learning in the home and establish a foundation for healthy growth and development.
3. Offer a safe, stimulating, and fulfilling learning environment where both child and parent can build skills together.

Project Activities: The EARLYBIRD Center offers a literacy based program using *Creative Curriculum* with daily guidance and practice in literacy/reading readiness, mathematics, science, art, social skills and motor development. The center strives to provide parents/caregivers with skills and opportunities to become their child's first best teacher. In addition, the program offers parenting education using the *Love and*

Logic Program, which focuses on creating happy families and raising responsible children. Parents are encourage to use the Love and Logic techniques with the children in the classroom, reinforcing the skills learned in the parenting component.

Literacy/reading readiness standards are met through daily reading, and letter and sound recognition. Parents/caregivers, the local library, and the local pizza eatery have partnered to provide incentives to help promote the love of reading. Parents have committed to read each night to their children. The local library has graciously donated take-home book for each child every month and our local pizza eatery has donated pizza prizes for children who read every day in a given month.

Water table built from scrap materials

Mathematics standards are being met through daily exercises in number recognition, patterning, graphing and sorting. During math time they are also learning the days of the week and the concept of a calendar.

To meet science standards the children and parents are learning to investigate, question and make hypotheses, while performing experiments to test them. A weather chart is used daily to track the weather, and make daily predictions about the weather and dress 'Bob, the Weatherman' appropriately. This introduces the concept of cause and effect.

Art standards are met through the process of daily activities. Art is our way of reinforcing letter recognition, and provides a venue for the child to tell his/her story. It also promotes fine motor skills. During our recent 'J Day', we made jelly fish by mixing primary colors on coffee filters to show how secondary colors are made.

Social Skills are tested daily. We have a varying age group (18 months to 5 years old) that makes Social Skills essential to the success of the program. Each day the program has Life Skills time where children are left to choose a life skill to emulate. For example, two boys might construct a building with wooden blocks; another child might cook dinner and another might build roads in the sand box with tractors. Here they are required to use manners, self-control, problem solving strategies and cooperation.

Physical Skills not only include physical outdoor activities, but encourage teamwork and hand- eye coordination. They also teach the importance of sleep and personal hygiene. A mother in the group is a dental hygienist, and has offered to teach a lesson on taking care of our teeth. They are also learning to use sign language to improve our fine motor skills.

The Parenting Class is a learn-at-home program. Parents are assigned reading and workbook pages to encourage the *Love and Logic* concepts. The parents are encouraged to implement these new skills in the home

and report their finding in class. *Love and Logic* concepts are implemented by parents in the classroom as well as at home. The program reports that they we can see huge disciplinary advances.

Program Successes: Although the program has finished the school year, data is only available through April. The program reports that they have served twelve unduplicated adults this year exceeding the target of 10 set by the government to government agreement. The average adults and their children have attended 17 sessions during the school year. Some families have attended the majority of the sessions. The program reports that they have conducted 53 trainings with a 196 duplicated adults attending through April.

The program presented to the FTF State Board meeting. Parents and children brave a snow storm and downed trees to attend. Children, who have been reported shy, performed before the state board with ease.

The program reports that their successes can be measured by the parent's loyal attendance. They have three families that have perfect attendance. On the rare occasion that one of our families cannot make it, they make the effort to receive the missed lesson. Parents are happy with the program and have made it a priority in their busy lives.

One of the greatest outcomes that they have seen during this period is the comrade that has cultivated between our parents. Parents share trials and successes, and offer help to each other when the need arises.

Children who are shy are now leading the class in the Days of the Week song. Children that have had little inclination towards books or reading, willing grab a book to read during free time. Several children, who previously could not hold still or pay attention are now fully engrossed in books from the first page to the last.

One parent in the class wrote that their extremely shy child now brags to everyone that he "goes to school and learns his letters". Another says, "We missed Monday and both boys were sad. They got together and 'played' school. Each took turns playing Ms. Jenny and teaching the alphabet." Parents are thrilled with the program and love the daily focus on letter recognition. They are also excited to be part of the learning experience.

The Parenting component has also had huge successes. One parent writes, "*Love and Logic,* where have you been all my life? I used my first 'I'm sorry, I can't hear you when you whine' line on my child. He stopped and asked for what he wanted in a clear voice. I was AMAZED!" Others are inspired by the great stories and advice.

Project Evaluation: The evaluation plan is twofold. The first step is to appraise the program by sending out evaluations at regular intervals to obtain parent feedback and make adjustments as necessary. Then, they plan to evaluate the children based on the Arizona Early Learning Standards.
Surveys were given to parents at the end of week three. All were returned with highly positive rating for the program and its elements.

The fact that Love and Logic techniques are now used abundantly is one of their greatest successes this period. They have a diverse range of parenting individuals, such as young parents, grandparents, aunts and uncles, and babysitters. Seeing a variety of different individuals using the same program and showing constant growth allows the center to offer a higher level of learning. Thanks to the parents' strong application of the Love and Logic techniques, disciplinary problems are rare and are quickly dealt with, leaving more time to focus on social, emotional and academic skills. In the diverse group they try to do activities that will benefit all ages. They have implemented some higher level activities while still retaining the necessary activities for each age group and academic level.

The evaluation process also includes visits to the center by the supervising teacher, along with self-evaluation and a professional development plan developed through collaboration between the center program coordinator and the supervising teacher.

They are extremely pleased with the program. With few glitches, they were able to plan and execute the program with relative ease, and believe that the YPS EARLYBIRD Center provides the missing connection between young parents in the community and the school. They also believe that parenting skills are improving and that relationships are being built that will contribute in a very significant way to the success of these students and families as they progress through the education system. Teacher, parents, and children are growing, learning, and improving daily, and we expect this process to continue as the Center is utilized and becomes a recognized resource in our community.

They would like to take this opportunity to thank the Council and First Things First for providing this opportunity for our school and community.

Notes

Parent Outreach and Awareness

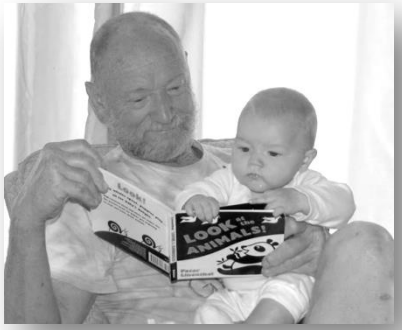
Agency	Contract Term	Funding	Locations	Staff
Gila County Library District	July 1, 2012 – June 30, 2013	$85,000	All libraries	Jacque Griffin – Coordinator
Expended through 5/31/2013		$47,771		Mary Stemm – Staff
Unexpended		$37,229		

Program Overview: Gila County Library District is continuing the early literacy program that provides training to parents about the importance of early literacy development for young children, birth through age five, by using Brain Boxes in children's programming in all public libraries. They are persisting in partnerships with the WIC Clinics, Family Crisis Shelters, and Pregnancy Clinics in order to reach more parents with the message of the importance of early literacy. Existing Library District and local library staff are providing any additional training for new staff / volunteers on both the early literacy program and the incorporation of Brain Boxes in the programming at the various locations where they are on loan. As an incentive and reward for learning about the importance of early literacy, each month, each child enrolled in the early literacy program is receiving a book from the Dolly Parton Imagination Library in the mail addressed to the child until they reach the age of five.

Library District staff is providing training to the Community Liaisons, as well as to the local library staff and other partners in the Region. They have expanded their partnerships to include the Gila County Probation Department in an effort to reach parents and families not currently being served. Library District Staff have updated the CD that plays in the Globe WIC waiting room that presents information on the importance of early language and brain development, promotes early literacy efforts and prompts parents to ask WIC staff about the program.

The Community Liaisons are targeting all communities within the Gila Regional Service Area which include, but are not limited to Gisela, Globe, Hayden, Miami, Payson, Pine, Roosevelt, Star Valley, Strawberry, Tonto Basin, Winkelman and Young. Gila County Library District also contracts with the San Carlos region to provide the same serves to tribal children.

Summary of FY2012 Performance: This year's goal is to supply books to 1,800 children (78%) with Dollywood Foundation Imagination Library books. The program costs an estimated rate of $28.00/year per child which equals $50,400. As of March 31, they were mailing books to 1,724 children. The children originally recruited are aging out so continuous enrollment is required to maintain the current numbers. The program reports a challenge to find those remaining children. The Community Liaisons assisted First Things First with several events in April including Hayden Health Fair, Cobre Valley Health Fair and Kindergarten Round-up. A number of children were enrolled during this event. The end of April numbers of children served will be in the neighborhood of the target 1,800. The program has actually exceeded the target of 1,800 unduplicated children served for the year, but the number of children receiving books at the end of the quarter does not reflect the enrollment and aging out of children who are no longer eligible. Over 2,200 children have been served by the program and over 35,000 books distributed. 13,243 books have been distributed in this fiscal year.



Target Areas	2010 Census Data Birth to 5 yrs.	Enrollments in Imagination Library *	Target Population Reached
Globe/Miami	1101	899	82%
Hayden/Winkelman	78	118	151%
Payson/Star Valley/Gisela	953	915	96%
Pine/Strawberry	55	70	127%
Tonto Basin/Roosevelt	108	67	62%
Young	17	29	170%

** Totals include all children registered although 641 have aged out of the program*

Project Evaluation: Satisfaction postcard surveys were mailed during the month of May 2013. Results of the survey will be available with the submission of the 4th Quarter report.

Project Activities: The WIC Clinics of northern and southern Gila County are enthusiastically promoting Early Literacy to their clients and in doing so are registering the newborn population.

On March 7th, the Payson Public Library hosted a Brain Box Training presented by Pamela Webb, Director of Training, New Directions Institute for Infant Brain Development. Robin Holt, Tonto Basin Community Liaison, and Andressa Kumparek, Globe/Miami Community Liasion, were able to attend this eight hour training. They will now be able to incorporate the knowledge gained at this workshop into their recruitment activities for the Early Literacy Program.

Notes

Quality First

Agency	Contract Term	Funding	Locations	Staff
Contracted Amount	July 1, 2012 – June 30, 2013	$120,297	Payson/Globe Miami	
Expended through 5/31/2013		$117,723		
Unexpended		$ 2,574		

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)
FTF-STATE-12-0336-01-Y2 / Valley of the Sun United Way	Number of center based providers served	5	5	5	5	0
	Number of home based providers served	3	3	3	3	0
Contract Number/ Grantee Name	**Data Field**	**Contracted Service Units****	**First Fiscal Quarter (July-Sept)**	**Second Fiscal Quarter (Oct-Dec)**	**Third Fiscal Quarter (Jan-Mar)**	**Fourth Fiscal Quarter (Apr-Jun)**
FTF-STATE-13-0351-02 / Southwest Human Development	Number of center based providers served		0	0	5	0
	Number of home based providers served		0	0	3	0
Contract Number/ Grantee Name	**Data Field**	**Contracted Service Units****	**First Fiscal Quarter (July-Sept)**	**Second Fiscal Quarter (Oct-Dec)**	**Third Fiscal Quarter (Jan-Mar)**	**Fourth Fiscal Quarter (Apr-Jun)**
FTF-STATE-13-0426-01 / Southwest Human Development	Number of center based providers served		0	0	5	0
	Number of home based providers served		0	0	3	0
Contract Number/ Grantee Name	**Data Field**	**Contracted Service Units****	**First Fiscal Quarter (July-Sept)**	**Second Fiscal Quarter (Oct-Dec)**	**Third Fiscal Quarter (Jan-Mar)**	**Fourth Fiscal Quarter (Apr-Jun)**
ISA-STATE-12-0410-01-Y2 / Arizona Department of Health Services	Number of center based providers served		0	0	5	0
	Number of home based providers served		0	0	3	0

Quality First update for Gila County

The target of five centers and three homes was met late last year. All of our centers have completed the initial evaluations and are working with coaches to improve the quality of services provided. Initially most of our centers were one star which translates to meeting licensure standards, but not the Quality Standards. Through the end of May 2013 we now have two centers with a three star rating and 6 with two star. Considering that most were one star to start out with we have made significant progress. Ratings will be made public late this summer. Several of our centers will have another evaluation prior to the release of the star ratings.

Quality First Scholarships

Agency	Contract Term	Funding	Locations	Staff
Valley of the Sun United Way	July 1, 2012 – June 30, 2013	$235,487		
Expended		$235,487		

FTF-MULTI-11-0302-01-Y3 / Valley of the Sun United Way	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)	Fiscal YTD Total
	Number of children receiving scholarships			41	66		
	Center based providers: Number of infants receiving scholarships			1	1		
	Home based providers: Number of infants receiving scholarships			1	1		
	Center based providers: Number of toddlers receiving scholarships			6	16		
	Home based providers: Number of toddlers receiving scholarships			2	3		
	Center based providers: Number of preschool aged children receiving scholarships			29	42		
	Home based providers: Number of preschool aged children receiving scholarships			3	6		

Scholarships

The number of children receiving scholarship increase temporarily for the last six months of FY2013 to allow more families to benefit in accordance with the remaining budget.

TEACH

Agency	Contract Term	Funding	Locations	Staff
Association for Supportive Child Care	July 1, 2012 – June 30, 2013	$36,300		
Expended		$ 8,210		
Unexpended		$28,090		

Scholarships TEACH - Statewide

T.E.A.C.H. Scholar Turnover – when the student turnover (sum of AA withdrawn, BA withdrawn and CDA withdrawn) is above 15% of the total Scholars Currently Receiving T.E.A.C.H. Scholarship.

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)	Fiscal YTD Total
FTF-STATE-13-0350-01 / Association for Supportive Child Care	AA Degrees Completed Contract to Date		1	1	1		
	CDA Credentials Completed Contract to Date		0	0	0		
	BA Degrees Completed Contract to Date		0	0	0		
	AA Degrees Completed		0	0	0		
	CDA Credentials Completed		0	0	0		
	BA Degrees Completed		0	0	0		
	AA Credits Completed		3	3	5		
	AA Contracts Completed		0	0	0		
	AA Withdrawn		0	1	1		
	AA Contracts Initiated		0	0	0		
	AA Scholarships Awarded		3	3	3		
	BA Credits Completed		0	0	0		
	BA Contracts Completed		0	0	0		
	BA Withdrawn		0	0	0		
	BA Contracts Initiated		0	0	0		
	BA Scholarships Awarded		0	0	0		
	CDA Scholarships Withdrawn		0	0	0		
	CDA Contracts Initiated		0	0	0		
	CDA Scholarships Currently Awarded		2	2	2		
	Scholars Currently Receiving T.E.A.C.H. Scholarship		5	5	5		
	T.E.A.C.H. Scholar Turnover		20.00%				

Scholarships TEACH - Regional

T.E.A.C.H. Scholar Turnover – when the student turnover (sum of AA withdrawn, BA withdrawn and CDA withdrawn) is above 15% of the total Scholars Currently Receiving T.E.A.C.H. Scholarship.

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)	Fiscal YTD Total
FTF-STATE-13-0350-01 / Association for Supportive Child Care	AA Degrees Completed Contract to Date		0	0	0		
	CDA Credentials Completed Contract to Date		0	0	0		
	BA Degrees Completed Contract to Date		0	0	0		
	AA Degrees Completed		0	0	0		
	CDA Credentials Completed		0	0	0		
	BA Degrees Completed		0	0	0		
	AA Credits Completed		0	0	9		
	AA Contracts Completed		0	0	0		
	AA Withdrawn		0	0	0		
	AA Contracts Initiated		0	0	0		
	AA Scholarships Awarded		1	1	1		
	CDA Scholarships Withdrawn		0	0	0		
	CDA Contracts Initiated		0	0	0		
	CDA Scholarships Currently Awarded		0	0	0		
	Scholars Currently Receiving T.E.A.C.H. Scholarship	11	1	1	1		1
	T.E.A.C.H. Scholar Turnover		0.00%				

Parent Kits

Agency	Contract Term	Funding	Locations	Staff
SPF Consulting	July 1, 2012 – June 30, 2013	State funded		

Expended

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)	Fiscal YTD Total
FTF-STATE-12-0334-03-Y2 / SPF Consulting, LLC	Number of English cases distributed		12	14	9		35
	Number of Spanish cases distributed		1	0	0		1
	Number of cases distributed		13	14	9		36
	Number of parent kits distributed		182	196	126		504

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AGENDA ITEM: FY2014 Funding Plan Change

BACKGROUND: The Regional Council has allocated funding to expand the Quality First strategy to encourage a Quality First Center to open to serve the Globe/Miami area. First Things First served as a convenor for a community effort called Inspiration Workgroup to develop this child care program. The program has potential start-up support of $78,000 from Freeport McMoRan Copper & Gold.

RECOMMENDATION: The Regional Director is presenting this information to you for information purposes only.

GOAL AREA: QUALITY, ACCESS AND AFFORDABILITY
STRATEGY NAME: EXPANSION, START-UP AND/OR CAPITAL EXPENSE
MARCH 2013 – REVISED 3/11/13

GOAL: FTF will increase availability and affordability of quality early care and education settings.

STRATEGY SUMMARY	EVIDENCE / RESEARCH	CONSIDERATIONS FOR IMPLEMENTATION	COST
First Things First has identified a need to increase the number of children who receive high quality early care and education services in order to improve young children's success in school and beyond. High quality early care and education programs are strongly linked to both academic and life-skills success among all children, but especially those from families with several risk factors such as low income, low education levels of parents or caregivers, a single parent household, etc. Regional funding to this strategy will support the expansion, start-up or capital expense of programming for those children who may not otherwise have access to high quality early care and education due to a lack of licensed and/or certified providers in particular neighborhoods or localities. When the goal is to address a need for quality early care and education where there currently is no service available, **Start-Up** may be an appropriate strategy to consider. This strategy may be targeted to a specific age group, such as infants or preschoolers or for children with special needs, for whom there is no access to services or for whom a Regional Council has prioritized services. When determining if **Start-Up** is an appropriate strategy, consider the following: • What is the identified need for quality early care and education in the targeted	There are multiple longitudinal studies showing that investments in comprehensive, high-quality early care and education programs improve both short- and long-term outcomes for children. Improvements include school success, high school graduation, college attendance and improved earnings. Negative outcomes are reduced such as involvement in the criminal justice system, grade repetition and high school dropout rates.	During the past three years **Start-Up** and **Expansion** strategies have proven difficult to implement in some regions due to the current economic environment. System-wide under-enrollment precipitated by fewer children receiving Department of Economic Security (DES) Child Care subsidies and higher unemployment means that many providers throughout the state have available child care slots. However, there are sometimes remote areas of the state or underserved neighborhoods or targeted populations where an increase in child care or preschool slots is warranted. Prior to investing in an **Expansion**, **Start-Up** or capital expense strategy, a regional council must determine that there is a demand for child care or preschool services that is not being met. Then they must assess the capacity and willingness of currently existing programs to expand to meet the need (in the case of **Expansion**) or identify the capacity and/or willingness of an organization to start-up and operate a new early care and education program. Start-up and/or expansion costs may include consulting and/or technical assistance, equipping and licensing a classroom and/or playground, hiring and training qualified staff, and in some cases, building or renovating space. Costs associated with each of these scenarios will vary greatly and must be researched to insure alignment with council intent and availability of funds. The length of time required for a **Start-Up** and/or **Expansion** strategy will vary, depending upon the following:	The cost of this strategy varies according to the type of expansion and the specific needs of a region. Major capital expansion is clearly more expensive than equipping an already existing classroom and playground. Examples of costs: • **Start-Up** (see components under Considerations for Implementation and Strategy Summary) including additional coaching/ mentoring : $15,000 - $150,000, depending on anticipated length of the start-up period. • The average cost for a highly qualified staff is approximately $ 3,500 per month. • Examples of capital expenditures include: lease-hold improvements, equipment over $5,000 for a single item, and build-out costs (expected to vary widely.)

area? • Is there currently any existing regulated early care and education in the targeted area i.e., Head Start, Title 1, IDEA, Community Ed, philanthropic, parent tuition and other tuition subsidy? • Does the capacity to start-up and operate a quality early care and education program in the targeted area exist? • Are there opportunities to use other funding sources? What efforts can be started to build a shared funding model? If a region determines **Start-Up** as the appropriate strategy, the following components should be considered when planning: • Coaching and technical assistance by a professional early childhood program development specialist to plan a new classroom or program site; • Preparation for the licensing and/or certification process; • Facility improvement grants to equip a new setting or renovate / retrofit an existing facility; • Capital improvement or construction (the FTF capital improvement policy must be followed and requires matching funds); • Early childhood education personnel to plan and implement the start-up phase and the enrollment of children. If the goal is to expand the availability of <u>existing</u> services, **Expansion** may be an appropriate strategy to consider. The		• Whether a classroom and outdoor area are available or will require capital building or renovation; • Availability of equipment and materials versus a need to purchase and await their delivery; • Whether the site is already licensed/certified or must submit an application to the Department of Health Services (DHS) Child Care Licensing and/or DES; • Familiarity of the early care and education provider with providing early childhood programming for the targeted population; • Time required for hiring and professionally preparing qualified staff. Based upon previous experiences with similar strategies, a **Start-Up** strategy typically takes at least six months and may require up to 12 months before children are able to be enrolled and begin early care and education services. A thorough analysis should be conducted when considering an **Expansion** strategy in order to identify already existing early care and education providers, the capacity of those community providers – school-based or private – to serve more children and the need for technical assistance and support to achieve quality care and education. When funding a **Start-Up** strategy, a regional council must also plan to allot funding for Quality First Full Participation for the first full year in which children will be attending. In addition, if children will be enrolled during the first year of start-up (prior to the site enrollment in QUALITY FIRST Full Participation), the regional council must include funding for tuition supports for the newly enrolled target population. The tuition rate should be calculated in the same manner as Quality First Child Care Scholarships at a 2-Star level within a region, but pro-rated for the number of	• The cost of supporting children's attendance must be included in the **Expansion** or **Start-Up** strategy if children will be enrolled during the expansion year either by providing tuition supports (**Start-Up**) or through Quality First Scholarships (**Expansion**). Cost will be variable by program, region and other factors • **Start-Up** tuition supports should be based on the regional Quality First Child Care Scholarship 2-Star rate and should be included in the cost of the **Start-Up** strategy • Expansion programs will be eligible for QUALITY FIRST Child Care Scholarships based on the program's existing star rating utilizing a waiver process based on funding and regional intent The estimated costs of **Expansion** or **Start-Up** will be determined by a professional early childhood program development consultant/specialist (or QUALITY FIRST coach or ADE mentor, if applicable) after a

Expansion strategy may be targeted to a specific age group, such as infants or preschoolers or for children with special needs, for whom there is limited or no access to services or for whom a Regional Council has prioritized services. When determining if **Expansion** is an appropriate strategy, consider the following: • What is the identified need for expanding quality early care and education in the targeted area? • Is there currently any existing regulated early care and education in the targeted area i.e., Head Start, Title 1, IDEA, Community Ed, philanthropic, parent tuition and other tuition subsidy • Do existing regulated early care and education providers enrolled in Quality First have the capacity to expand to serve the targeted population? • What is the potential impact on existing early care and education providers in the targeted area? • Are there opportunities to use other funding sources? What efforts can be started to build a shared funding model? If a region determines **Expansion** as the appropriate strategy, the following components should be considered when planning: • Coaching and technical assistance by a professional early childhood program development specialist to plan a new classroom or program site to serve the targeted population;		months children will be in attendance. There may need to be more than one year of start-up if a new classroom is literally being built from nothing or starting with limited expertise in early care and education services. The time required should be discussed prior to the development of a budget and timeline for the **Start-Up** strategy.	site visit, and in discussion with program personnel. Looking ahead, the cost for Quality First Full Participation for the following fiscal year will need to be allotted for each **Expansion**, **Start-Up** or **Capital Expense** site, including the cost of additional scholarships above the Quality First cap, if applicable. For example: if **Expansion** or **Start-Up** is funded for a site in FY14, funding would be required for FY15 for Quality First Full Participation

• Preparation for the licensing and/or certification process, if applicable; • Facility improvement grants to equip a new setting or renovate / retrofit an existing site; • Capital improvement or construction (the FTF capital improvement policy must be followed and requires matching funds); • Early childhood education personnel to plan and implement the expansion and enrollment of children. • Funding for Quality First Full Participation • Additional Quality First Child Care Scholarships , if applicable **Start-Up** and **Expansion** strategies should reflect First Things First's commitment to providing families with choices and a mixed service delivery system which includes both public and private school systems. *Refer to FTF Capital Improvement Policy embedded within the Expansion Standard of Practice.			

EXPANSION, START-UP AND/OR CAPITAL EXPENSE
FY 2014

Start-Up – New Sites	Expansion – Existing Sites
No children are enrolled** during fiscal year. Contract with a professional early childhood program development consultant /specialist or other FTF approved vendor to facilitate start-up. Possible components of contract to be funded: • Equipment and materials • Coaching / mentoring • Preparation for the licensing and/or certification process • Capital and building expenses • Personnel No funding for Quality First Full Participation in start-up only year but required in subsequent years. **If children are enrolled after the start-up period but during the same fiscal year as **Start-Up** tution support must be funded. Must fund QUALITY FIRST scholarships in second year at regional 2 Star rate and fund additional QUALITY FIRST scholarships, if applicable. Must be rated 3-5stars to retain scholarships in third year.	Expansion programs must be enrolled in or have applied for Quality First Full Participation. Must achieve a 3-5 star rating by third year • Expansion programs will be eligible for QUALITY FIRST child care scholarships based on the program's existing star • Additional QUALITY FIRST child care scholarships, if applicable Possible components of contract to be funded: • Equipment and materials • QUALITY FIRST Coaching / ADE mentoring • Preparation for the licensing and/or certification process if applicable • Capital and building expenses • Personnel

Revision to FTF Funding Plan Guidance
Construction and Purchases of Real Property
December 8, 2009

In order to enhance the quality, access and affordability of early child care and education settings, the Board of First Things First will consider allocating funds for capital expenditures, including the purchase of real property, building renovation and new construction. Consideration of these funding plan strategies by the Board will require strong justification of the need for funded project(s) in the community and demonstration of how the project(s) will enhance the quality of care as well as accessibility to care for children five and under. In addition to strong justification of need in the funding plan, Regional Councils must include the information detailed in the following sections in their recommendation for grant award or agreement submitted to the Board.

In order to be eligible for funding under these strategies, existing early childhood program providers must meet the following eligibility criteria:

- The program provides early care and education services to children birth through age 5;
- The program is in good standing or with their certifying, licensing or regulatory authority; and,
- The program demonstrates a commitment to quality by one of the following:
    1. Is already enrolled as a Quality First participant and is actively working towards quality improvement,
       or
    2. Is accredited by one of the 6 national accreditations recognized also by the Arizona Department of Education and Arizona Department of Economic Security, and provides a written statement that the entity has either already applied for Quality First (improvement or rating, when available) or will apply and commits to participate when accepted into the Quality First program,
       or
    3. Demonstrates that it has applied for Quality First (improvement or rating, when available) and commits to participate when accepted into the Quality First program.

For entities proposing new early childhood programs, and therefore not yet meeting the eligibility criteria above, the recommendation for grant award submitted to the Board must include a written statement from the entity addressing the following:

- An intent to provide early care and education services to children birth through age 5;
- The plan and timeline for meeting certification, licensing or regulatory requirements as mandated by the appropriate authority; and
- The plan and timeline for demonstrating commitment to quality by meeting one of the quality requirements outlined in the third bullet point above.

Should a Regional Council determine capital expenditures are necessary for an entity to enable it to provide necessary benefits for the children of the region, the recommendation for grant award or agreement submitted to the Board must include:

- Evidence of a strong need for the entity, including demographics of the market that will be served, and existing methods to deliver services to children five and younger;
- A functional organization chart and detailed resumes of key personnel;
- A commitment of on-going support from the community for the capital improvement;
- How funding such capital improvement will enable the Region to address the specific priority needs of children five and under;
- What funds will be available to sustain program operations if the capital request is approved;
- A description of other efforts to meet the capital needs and a narrative that describes how no other resources exist (other than any necessary matching funds) in the community to meet this need;
- A description of how project costs and the quality of the construction will be controlled during the construction or renovation process and what approval process will be utilized at the end of the project to ensure the work was completed within appropriate construction standards;

- A description of the ownership and planned maintenance for the capital asset should the entity no longer utilize the asset for the purpose for which funding support was approved by the Board;
- Verification of financial stability of the entity, plus written confirmation that it has adequate business controls in place (Applicants for funding toward construction or purchase of real property will be required to submit to First Things First a copy of its most recent independent audit. In lieu of an independent audit, applicants are required to submit proof of State of Arizona business registration or registration with the appropriate tribal government, a 5-year financial forecast, and certified banking relationship information);
- Demonstration of understanding and compliance with all applicable State, local and tribal building and operating regulations. For new construction and/or use of trust lands located on tribal lands, the Regional Council must assure that all applicable legal issues such as land use planning, tribal environmental regulation, financing, construction design and architecture agreements have been reviewed by the appropriate cultural resource and tribal authority.
- The amount and source of the 50% matching funds required under this guideline for specific capital requests submitted to the Board of First Things First after 8/25/09;
- A written understanding that the Board may require a deed or title restriction or other requirement for repayment of its funds used for a capital expenditure in the event of the disposal or change in use of the asset; and
- Any other significant information that facilitated the Regional Council in making a funding recommendation.

Regional Councils may suggest that entities desiring assistance in developing the above information contact the U.S Small Business Counselors of Retired Executives (SCORE). The website is www.scorephoenix.org or the U.S. Small Business Administration (SBA) at www.sba.gov . SCORE is a resource partner of the SBA. There are also numerous resources on the internet and in local communities to help individuals and organizations write business plans.

For purposes of these Guidelines, the following definitions apply:

"New Construction" means designing or erecting a new structure or installation of a pre-fabricated building either on land owned or not owned.

"Property" means land, land improvements, and structures, excluding movable machinery and equipment.

"Trust lands" are property on tribal lands which are held by the United States in trust for a federally recognized tribe or American Indian tribal member. Please consult the tribal government for property on tribal lands.

"Major renovation or remodeling" means:

1) Structural changes to the foundation, roof, floor, exterior or load-bearing walls of a facility, or the extension of a facility to increase its floor area.
2) Extensive alteration of a facility such as to significantly change its function and purpose, even if the renovation does not include any structural change

Improvements or upgrades to a facility which do not meet the criteria under the definition of major renovation or remodeling, may be considered a minor renovation and not subject to the matching requirement by the Board after considering all of the characteristics and costs of the planned renovation.

Board Approved: December 8, 2009

FIRST THINGS FIRST

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STANDARDS OF PRACTICE
Expansion: Start-Up and/or Capital Expenses

I. Description of Strategy

High quality early childhood services are strongly linked to both academic and life-skills success among children, especially those from families with risk factors such as low income and low education levels of parents or caregivers. First Things First funds may be used through this strategy to support the expansion of programming for those children who may not otherwise have access to high quality early care and education in particular neighborhoods or localities where there is a lack of licensed and/or certified providers.

Expansion Start-Up programs are those in which children will not be enrolled in the program until after October 1 of a fiscal year due to various start-up requirements . They are sometimes located in remote areas of the state or underserved neighborhoods where an increase in child care or preschool slots is warranted. Start-up activities may include equipping and licensing a classroom and playground, hiring and training qualified staff, training and technical assistance for planning and implementing a new program, and in some cases building or renovating space. If capital improvement is required, the First Things First Capital Improvement Policy must be followed, including the requirement for matching funds. (See Exhibit A, page 6)

Depending upon the need within a region, there may be a focus on a subpopulation within the birth to five age range such as infants and toddlers or preschoolers. If this Expansion Start Up strategy is designed to increase the number of preschool slots within a public school due to lack of availability within a specific geographical area, the strategy is typically facilitated through the contract between First Things First and the Arizona Department of Education. Expansion Start-Up for preschoolers may be restricted to public school districts only if there are no other viable options for preschool or child care within a community. If there are other child care options, but they do not meet the demand for services, Expansion Start-Up opportunities must be offered to all viable service providers.

When funding Expansion Start-Up, a Council must also plan to allot funding for Quality First, either Full Participation or Rating Only with access to either Quality First Child Care Scholarships or Pre-Kindergarten Scholarships **for the following year.** In many cases, Full Participation may be the best option for providing additional support to help a new program achieve 3-5 stars. Exceptions in which Rating Only might be considered would be: the public or private provider is already enrolled in Quality First or is very experienced in providing high quality early care and education for the target population. This will help ensure that the new program or classroom is able to successfully achieve quality.

The length of time required for a start-up program will vary, depending upon the following:

- Whether a classroom and outdoor area are available or will require capital building or renovation;
- Availability of equipment and materials versus a need to purchase and await their delivery;
- Site is already licensed or must submit an application to DHS Child Care Licensing or other licensing authority;
- Familiarity of the school district or private provider with provision of early childhood programming, such as providing preschool or infant/toddler services;
- Time required for hiring and training qualified staff.

Based upon previous experiences with this strategy, start-up prior to the enrollment of children typically requires at least six months and may require up to 12 months before children are able to be enrolled and served. Expansion Start-Up during one fiscal year may include only the start-up supports or it may include start-up plus scholarships for children once they are enrolled and participating in the program. Once children are enrolled in the new program, it must comply with the First Things First adopted

Statement of Commitment to Quality of Programming as a Criterion for Participation in Funding Opportunities for Early Care and Education Programs (See Exhibit B, page 9).

II. Service Delivery Standards

Following are the options which would be appropriate under this strategy:

A. Training, Technical Assistance and Consultation
   - Provide on-site coaching and assistance to create plan and budget for start-up
   - Assist with applications for licensing and/or certification
   - Develop a plan for the provider to meet the appropriate regulation requirements
   - Provide training on curriculum, early learning standards, ongoing progress monitoring/child assessment, and other early childhood education topics

B. Financial Support for Purchase of Equipment, Supplies and Other Start Up Costs
   - Fingerprinting and/or Child Protective Services (CPS) check
   - Grants for purchase of equipment and materials to meet certification and/or licensing requirements as well as standards in Quality First assessment tools (Environmental Rating Scale, CLASS and Points Scale);
   - Financial supports to allow providers to adhere to certification or licensing requirements once the application has been submitted;
   - Licensing or certification fees for:

     - Arizona Department of Health Services (DHS) **Certified Group Home** for home providers who care for more than 4 children for compensation. These providers (except on military or Tribal lands) must be certified by the Arizona Department of Health Services (DHS). Child care providers who care for children in their homes can care for up to 10 children for compensation in a **DHS Certified Group Home.**

     - Arizona Department of Health Services (DHS) **Licensed Child Care Center** for child care centers who serve five or more children for compensation. The Arizona Department of Economic Security (DES) regulates and monitors some residential providers. These are called **DES Certified Family Child Care Homes**. They may care for no more than 4 children at one time for compensation. They may care for up to 6 children total; including the provider's own children. They may care for no more than 2 children under one year old. DES Certified home providers have an Arizona Child Protective Services (CPS) clearance. They are fingerprinted for a criminal background check. They have provided proof of current training in CPR and First Aid. Their homes are inspected for a wide variety of health and safety standards.

C. Renovation or Capital Investment
   - Architectural fees
   - Construction
   - Installation of playground surfaces, shade structures and/or outdoor equipment
   - Addition of child-sized bathrooms, changing tables, floor coverings, etc.

D. Personnel
   - Salaries or wages and benefits for teaching staff for planning period

III. Qualifications of Early Childhood Consultant Standards

Specialists or consultants must have the specialized skills and knowledge to assist with Expansion Start-Up, whether it is a public school beginning a new pre-kindergarten program, a private community child care provider expanding to serve infants or some combination of the above.

A. Specific Knowledge and Skills

- Knowledge of child development and developmentally appropriate practices birth to five;
- Knowledge of Arizona Program Guidelines for High Quality Education, Arizona Early Learning Standards and Infant-Toddler Developmental Guidelines;
- Knowledge of Arizona's early childhood system requirements, such as DHS Child Care Licensing Bureau regulations and licensing process, DES Child Care Administration child care subsidy program, CACFP food program administered by the Department of Education, and the Department of Education Special Education policies, if appropriate;
- First Things First early learning strategies, such as Quality First, Quality First Child Care Scholarships, Pre-Kindergarten Scholarships, TEACH Arizona, etc.;
- Knowledge of Quality First program assessments, such as the ERS, CLASS and Points Scale tools;
- If appropriate, school district policies and procedures;
- Experience providing care and education for young children birth to age five;
- Experience providing training and coaching to adults of varying educational and skill levels and knowledge of adult learning principles;
- Observation, listening, interviewing, and communication skills; and
- Curiosity and respect for differences.

B. Educational Qualifications

- At least a bachelor's degree and preferably a master's degree in early childhood education, early childhood special education, child development or related field; or
- At least a bachelor's degree and an early childhood certificate/endorsement issued by the Arizona Department of Education.

C. Cultural Responsivity

- To address cultural competency objectives, specialists / consultants shall ensure that they provide effective, understandable, and respectful services that are culturally compatible with culture, practices and preferred language.

IV. Cultural Competency Standards

Programs will also implement the following best practices and standards related to Cultural Competencies:

- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members and program participants effective, understandable, and respectful care that is provided in a culturally competent manner. Early childhood practitioners /early childhood service providers should ensure that staff and participants at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children." http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15 http://www.naeyc.org/positionstatements/linguistic
- Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe's/Nation's cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe's/Nation's laws, policies and

procedures. The effectiveness of services is directly related to the provider's consideration of the beliefs, customs and laws of the Tribe/Nation.

- Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Director, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments.
- It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- The ideal applicant will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff are culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:
    - In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.
    - Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities.

Exhibit A:

FTF Funding Plan Guidance Construction and Purchases of Real Property
December 8, 2009

In order to enhance the quality, access and affordability of early child care and education settings, the Board of First Things First will consider allocating funds for capital expenditures, including the purchase of real property, building renovation and new construction. Consideration of these funding plan strategies by the Board will require strong justification of the need for funded project(s) in the community and demonstration of how the project(s) will enhance the quality of care as well as accessibility to care for children five and under. In addition to strong justification of need in the funding plan, Regional Councils must include the information detailed in the following sections in their recommendation for grant award or agreement submitted to the Board.

In order to be eligible for funding under these strategies, existing early childhood program providers must meet the following eligibility criteria:

- The program provides early care and education services to children birth through age 5;
- The program is in good standing or with their certifying, licensing or regulatory authority; and,
- The program demonstrates a commitment to quality by one of the following:

    4. Is already enrolled as a Quality First participant and is actively working towards quality improvement, **or**
    5. Is accredited by one of the 6 national accreditations recognized also by the Arizona Department of Education and Arizona Department of Economic Security, and provides a written statement that the entity has either already applied for Quality First (improvement or rating, when available) or will apply and commits to participate when accepted into the Quality First program,

    or

    6. Demonstrates that it has applied for Quality First (improvement or rating, when available) and commits to participate when accepted into the Quality First program.

For entities proposing new early childhood programs, and therefore not yet meeting the eligibility criteria above, the recommendation for grant award submitted to the Board must include a written statement from the entity addressing the following:

- An intent to provide early care and education services to children birth through age 5;
- The plan and timeline for meeting certification, licensing or regulatory requirements as mandated by the appropriate authority; and
- The plan and timeline for demonstrating commitment to quality by meeting one of the quality requirements outlined in the third bullet point above.

Should a Regional Council determine capital expenditures are necessary for an entity to enable it to provide necessary benefits for the children of the region, the recommendation for grant award or agreement submitted to the Board must include:

- Evidence of a strong need for the entity, including demographics of the market that will be served, and existing methods to deliver services to children five and younger;
- A functional organization chart and detailed resumes of key personnel;
- A commitment of on-going support from the community for the capital improvement;
- How funding such capital improvement will enable the Region to address the specific priority needs of children five and under;

- What funds will be available to sustain program operations if the capital request is approved;
- A description of other efforts to meet the capital needs and a narrative that describes how no other resources exist (other than any necessary matching funds) in the community to meet this need;
- A description of how project costs and the quality of the construction will be controlled during the construction or renovation process and what approval process will be utilized at the end of the project to ensure the work was completed within appropriate construction standards;
- A description of the ownership and planned maintenance for the capital asset should the entity no longer utilize the asset for the purpose for which funding support was approved by the Board;
- Verification of financial stability of the entity, plus written confirmation that it has adequate business controls in place (Applicants for funding toward construction or purchase of real property will be required to submit to First Things First a copy of its most recent independent audit. In lieu of an independent audit, applicants are required to submit proof of State of Arizona business registration or registration with the appropriate tribal government, a 5-year financial forecast, and certified banking relationship information);
- Demonstration of understanding and compliance with all applicable State, local and tribal building and operating regulations. For new construction and/or use of trust lands located on tribal lands, the Regional Council must assure that all applicable legal issues such as land use planning, tribal environmental regulation, financing, construction design and architecture agreements have been reviewed by the appropriate cultural resource and tribal authority.
- The amount and source of the 50% matching funds required under this guideline for specific capital requests submitted to the Board of First Things First after 8/25/09;
- A written understanding that the Board may require a deed or title restriction or other requirement for repayment of its funds used for a capital expenditure in the event of the disposal or change in use of the asset; and
- Any other significant information that facilitated the Regional Council in making a funding recommendation.

Regional Councils may suggest that entities desiring assistance in developing the above information contact the U.S Small Business Counselors of Retired Executives (SCORE). The website is www.scorephoenix.org or the U.S. Small Business Administration (SBA) at www.sba.gov . SCORE is a resource partner of the SBA. There are also numerous resources on the internet and in local communities to help individuals and organizations write business plans.
For purposes of these Guidelines, the following definitions apply:
"New Construction" means designing or erecting a new structure or installation of a pre-fabricated building either on land owned or not owned.
"Property" means land, land improvements, and structures, excluding movable machinery and equipment.
"Trust lands" are property on tribal lands which are held by the United States in trust for a federally recognized tribe or American Indian tribal member. Please consult the tribal government for property on tribal lands.
"Major renovation or remodeling" means:

1) Structural changes to the foundation, roof, floor, exterior or load-bearing walls of a facility, or the extension of a facility to increase its floor area.
2) Extensive alteration of a facility such as to significantly change its function and purpose, even if the renovation does not include any structural change

Improvements or upgrades to a facility which do not meet the criteria under the definition of major renovation or remodeling, may be considered a minor renovation and not subject to the matching requirement by the Board after considering all of the characteristics and costs of the planned renovation.
Board Approved: December 8, 2008

Exhibit B:

Statement of Commitment to Quality of Programming as a Criterion for Participation in Funding Opportunities for Early Care and Education Programs

First Things First (FTF) supports quality improvement and maintenance of high quality in early care and education programs as it focuses on the development of an Arizona Early Childhood Development and Health system for children birth through age 5 and their families.
In alignment and support of this value, FTF funding which supports access to quality early care and education programming, as well as staff support of REWARD$[1], will require that participating early care and education programs (centers or homes) meet the following criteria[2]:

1. Program provides or plans to provide early care and education services to children birth through age 5, and

2. Program is or plans to become regulated and, if regulated, is in good standing with appropriate certifying, licensing or regulatory authority, and

3. Program demonstrates a commitment to quality by one of the following (once it is operational):

    - Is enrolled as a Quality First participant, actively working towards quality improvement, or

    - Has applied for Quality First and does not decline an opportunity to participate when selected.

4. Programs receiving Pre-Kindergarten Scholarships must achieve 3-5 stars in the Quality First rating system by the start of FY 2014.

Notes:
1 The FTF strategy categories for which this policy apply are: Quality First Child Care Scholarships, Pre-Kindergarten Scholarships, Expansion (start up or facility improvement (if and when program is serving children), other quality, inclusion programming, or REWARD$.
2 This criterion, which is intended to demonstrate a program's commitment to quality or quality improvement, is reflective of the developing Early Childhood System in Arizona. As such, FTF acknowledges that modifications to these requirements will be made as the opportunity for defining quality of programs evolves. For example, it is anticipated that a minimum required Star Rating will be used as the measure of quality in upcoming years.
First Things First (or the grantee/administrative home) will have responsibility for communicating these requirements to participants, and for monitoring and verifying that early childhood programs meet the requirements. Please contact FTF for more information on this policy as needed.

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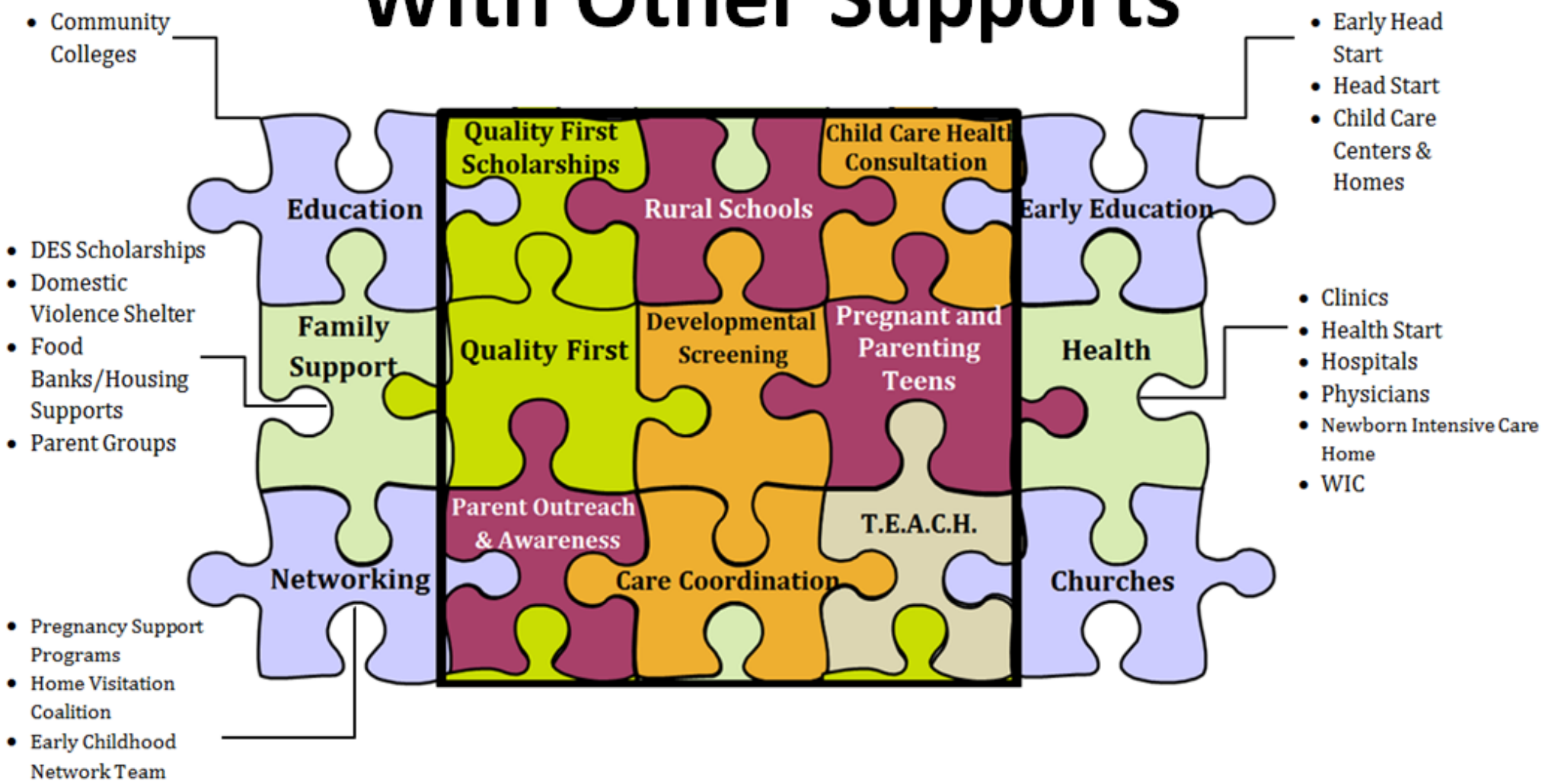
AGENDA ITEM: Systems Building Discussion

BACKGROUND: First Things First and the Gila Regional Partnership Council have invested significant time and resources in building a comprehensive early childhood system to provide greater opportunities for all children five and under in Arizona to grow up ready to succeed. The Gila Regional Partnership Council is continuing system building discussions over the next meetings. At the February Regular Meeting the Regional Council agreed to focus on the development of the Inspiration Project as the hub of the region's southern area and the online developmental screening as a region wide system approach. The Regional Council also suggested early literacy as another system building goal. At the April Regular Meeting further discussion of these priorities was held and discussion input was incorporated into this document. The strategic planning discussion was tabled due to time at the May Regular Meeting, although the discussion on benchmarks identified a potential strategic goal regarding healthy weight.

RECOMMENDATION: An open discussion will be held between Regional Council Members, grantees and community stakeholders to further develop these areas with the intent to complete a systems building plan by late summer. System building discussions will continue over the next few meetings.

Let's Look at How FTF Interacts With Other Supports



Regional Priorities to be addressed	**School Readiness Indicators** Correlated to the needs and priority roles	**FTF Priority Roles** in the Early Childhood System	**SFY 2013-2015 Strategies**	**System Building Areas and Questions** ***that are relevant and align to the funding plan and discussion that have occurred/not occurred with the regional council***
Limited access to quality, affordable early care and education High number of children living in poverty High number of pregnant and parenting teens that lack the skills needed to raise successful children. Children arriving at school with significant undiagnosed delays High number of single and first time parents that lack the skills needed to raise successful children High number of Grandparents raising their Grandchildren that lack supports necessary to raise successful children. Limited access to parent education and information Limited knowledge and information about the importance of early childhood development and health Children arriving at schools with limited language and literacy skills. High number of Incarcerated Parents Small rural areas and Tonto Apache Nation have limited access to FTF programs. Large number of Parents with Drug and Alcohol abuse issues impacting their ability to parent.	#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars % of families who report they are competent and confident about their ability to support their child's safety, health and well being **New Indicators*** #/% of children ages *2-4* at a healthy weight (Body Mass Index-BMI) #/% of children receiving at least six well-child visits within the first 15 months of life *The Regional Council voted to add two School Readiness indicators for SFY2014. The Gila Regional Council determined that the two indicators would be appropriate to measure the effectiveness of the Care Coordination/Medical Home Strategy.	Early Care and Education System Development and Implementation – Convene partners and provide leadership in the development and implementation of a comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the education system. Quality Early Care and Education Standards, Curriculum and Assessment – Convene partners, provide leadership, and provide funding for the development and implementation of quality standards for early childhood care and education programs and related curricula and assessments. Quality, Access, and Affordability of Regulated Early Care and Education Settings – Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive and affordable early care and education programs. Supports and Services for Families - Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families. *Note: Not all FTF Priority Roles are associated with indicators. A Regional Council may consider additional FTF Priority Roles to their plan not associated with indicators but which reflect their Regional Priorities.*	Quality First Parent Education - Community Based Training: Parent Outreach and Awareness – Early Literacy Care Coordination-Medical Home Community Awareness (Funded for SFY2013 only – Unfunded strategy in SFY2014-15) Media (Funded for SFY2013 only- Unfunded strategy for SFY2014-2015) Statewide Evaluation	• **What is the overall scope of the work that we need to accomplish?** • **What are our priorities?** • **What is the starting point and sequence for our actions?** • **What projects, operations, or programs must we design?** • **What activities and processes must we integrate into the daily operations?** • **What resources will we need??** • **What will be the impact of these actions on our internal organization?** • **Who are the sponsors and stakeholders whose interests are affected? How will we measure results against our targets?** • **How will we monitor and document progress?** • **What will the impact be on our target groups or customers?** • **How will we know that it is worthwhile?** • **How will we analyze and explain that we are on or off track?** • **How will we make necessary corrections during implementation?**

System Building – Developmental Screening - DRAFT

Gila: As systems approach, the Council wants to increase the number of children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical development.

System Building Areas Addressed: Context work is to integrate funding streams and resources across numerous program areas. Components work includes expanded program and project coverage. Connections work will provide joint planning with representation from organizations including medical providers, County Health Department, Head Start Centers, Schools, Child Care Centers/homes, First Things First programs and other Early Childhood Providers. Infrastructure building will work to ensure roles are defined and support is provided for increasing the number children receiving regular Developmental Screening and early intervention services.

Approaches Addressed: Broad system building

Regional Council need: To impact Kindergarten readiness across the Region. To identify children who would benefit from more intensive early programs.

Actions Taken:

- During funding plan discussions, the Regional Council identified the need to improve kindergarten readiness with an approach that could be utilized across many programs and result in better test results for 3rd graders
- The target audience is children birth through five.
- The request to identify early, children birth through five, which would benefit with a comprehensive early intervention program. The Gila Regional Council has funded the Developmental Screening and Care Coordination, through regionally funded strategies as well as engagement of other community supports and services focused on early intervention.
- The combination of the On-line Developmental screening with the Healthy Steps program will create opportunities for parents to early identify developmental concerns and receive support to enhance the child's developmental progress.
- No funding was allotted to the larger goal of reaching all children; conversations are to begin with a coalition approach to expand reach of the Developmental Screening.

Successes:

- The two regional strategies are currently being implemented and expected to achieve targeted service units by early FY2014.
- An organizational meeting is scheduled to discuss forming a Developmental Screening Workgroup.
- More civic groups are becoming interested in the topic and have inquired into assisting with getting information out to the community about the importance of developmental screening and early intervention.

Challenges and lessons learned:

- The initial conversations have begun, but more support is needed in order for the work to have a broad impact.
- New council members are unaware of the conversation
- Implementation plan for Developmental Screening must be developed.

- Geographically, the workgroup cannot serve the whole region; a planned approach for each area should be developed including potential partners located in each area and an assessment of their interest in promoting regular developmental screening.
- Local leader, business and school engagement needs to be increased as the project positively impacts their community and economic growth

Discussion Steps (Summary from April Meeting)

- Convene a task force with all possible screening facilities staff to discuss and develop a plan for Region wide implementation.
- Develop permission that meet all HIPPA requirements that would allow multiple programs, facilities serving the same child to access data on the child and follow the child's progress.
- Healthy Steps will serve as the lead agency and coordinate all screening sites participating in the On-line Enterprise System.
- Need for agencies to be willing to join resources and let go of control.
- Develop common goals between participating partners.
- Important to use the data collected through this system to develop focused child directed interventions, but also to look at the overall data obtained in the region and use that data in program, strategy design, planning and system integration.
- Very important to get the hospitals (OB Directors) involved in helping all families understand the importance of regular screening so it become normalized just like immunization and well child checks. Consider having the parent complete a registration card that would allow parents to be contacted when screenings are due while still in the hospital setting
- Very important to work with foster parents, CASA, judges and other community programs that work the most at risk families to help them access the developmental screening process.

Lead Agency – Gila County Health Department – Healthy Steps

Potential Partners

Gila County Health Department
First Things First Grantees
Head Start Programs – Globe, Miami, Payson, Hayden/Winkelman
School Districts and Pre-kindergarten Classrooms (Globe, Miami, Payson, Tonto Basin, Young, Pine/Strawberry, Winkelman)
Child Care Centers
Child Care Homes
Physician's offices
Canyonlands Clinic
Payson Christian Clinic
Cobre Valley Hospital
Payson Hospital
Pregnancy Centers

Timeline for Activities

Date	Activity	Who is responsible	Current Status
October 2012	Administrative Home Selected	Gila County Health – Healthy Steps	Contract effective October 1, 2012 – Staff hired April-June 2013

June 2013	Purchase of the ASQ-3 and ASQ-SE Enterprise System	Gila County Health – Healthy Steps	System on Order
June 2013	Purchase the Parent Access capacity to interface with the Enterprise System	Gila County Health – Healthy Steps	System on Order
June 2013	Training for staff using the Enterprise and parent access systems	Gila County Health – Healthy Steps	Training will be scheduled late June 2013
June 2013	Set up unique URL for the Parent Access system including URL that will be followed up by the Healthy Steps program as well as unique URL for families served by physicians, clinics, County, Head Start Programs, Schools, etc.	Gila County Health – Healthy Steps	
June/July 2013	Organize meeting with stakeholders in Payson and Globe to talk about building the system to allow children to be screened wherever they come in contact with the Early Childhood System.	Gila County Health – Healthy Steps-Lead Invited to meetings are Pre-K, Quality First Centers, Head Start, Physicians, Clinics, Hospitals, First Things First Grantees, Schools, Behavioral Health agencies and other community stakeholders serving children birth to five.	
July 2013	Set up authorized user and security authorizations	Gila County Health – Healthy Steps	
July 2013	Develop forms, letters, HIPPA release documents	Gila County Health – Healthy Steps	
July 2013	Healthy Steps begins screening using the system	Gila County Health – Healthy Steps	
August 2013	Healthy Steps assists other County programs to implement the program or set up a referral procedure to assist families to use the Family Access or be screened by Healthy Steps	Gila County Health – Healthy Steps	
September 2013	First Things First funded programs begin using the system		

October 2013	Phase 1 programs added		
October 2013 (Revised date)	Developmental Screening implementation report due to Gila Regional Council	Healthy Steps – Gila County Health Department	

Goal and outcome to be achieved
Measure results/document progress.
Data and comprehensive report submitted by Healthy Steps
Scope and reach of the enterprise partners
Minutes/Sign in Sheets for community stakeholders meeting

Impact anticipated
Increase in the number of children receiving timely and regular developmental and social emotional screening.
Better coordination between community programs serving children birth to five which allow identification and intervention with children experiencing delays.
Obtain current and comprehensive information regarding the children of the region that would allow for targeted planning for integration strategies.

Evaluation of success, analyzing when we are off track, course corrections

Potential Sponsorship/stakeholders

Additional resources needed:

System Building – Early Learning - Inspiration Workgroup - Draft

Gila: As systems approach, the Council wants to increase the number of children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, motor and physical development. They further want to increase the number of children that have access to a Quality Early Learning Program.

System Building Areas Addressed: Context work is to integrate funding streams and resources across numerous program areas. Components work includes expanded program and project coverage. Connections work will provide joint planning with representation from organizations including medical providers, Schools, Cities Government, Community Stakeholders, County Health Department, Head Start Centers, Child Care Centers/homes, First Things First programs and other Early Childhood Providers. Infrastructure building will work to ensure roles are defined and support is provided for increasing the number children receiving quality child care an early learning experiences.

Approaches Addressed: Broad system building as well as developing public/private partnerships.

Regional Council need: To impact Kindergarten readiness across the Region. To identify children who would benefit from a more intensive early programs.

Actions Taken:

- During funding plan discussions, the Regional Council identified the need to improve kindergarten readiness with an approach that could be utilized across many programs and result in better test results for 3rd graders
- The target audience is children birth to five.
- The Regional Needs and Assets identified a lack of quality child care in the Globe/Miami area as a priority need. The funded Quality First Centers and Scholarships are concentrated in the Payson area. The Regional Council identified the need to encourage the opening of a Quality First Center to provide affordable Quality Child Care and early education services in the area.

Successes:

- A community Inspiration Workgroup has been established with participation of key community stakeholder including Schools, Cities, Community Colleges, Boys and Girls Club, Business leaders, community stakeholders.
- Gila Regional First Things First Council has increased the number of Quality First Centers to allow expansion to cover the Inspiration Community Education Center.
- The Inspiration Workgroup has formed a Board of Directors and is in the process of establishing a 501C-3 status to operate the program.
- Miami Unified School District has committed to leasing the building to the non-profit group for $1 per year.
- The Inspiration Workgroup has submitted an application to Freeport McMoran for funding to allow renovation, setting up the classrooms and a director's salary for six months.
- More civic groups are becoming interested in the topic and have inquired into assisting i getting information out to the community.

Challenges and lessons learned:

- The initial conversations have begun, but more support is needed in order for the work to have a broad impact.

- Local leader, business and school engagement needs to be increased as the project positively impacts their community and economic growth
- Funding must be obtained for development and operation of the facility.

Discussion Steps (Summary from April Meeting)

- Need to balance accessibility of services across the region
- Potential for universal referral system
- Advocacy to expand early learning services in a variety of venues
- Opportunity to work with school districts and other partners to explore opportunities to expand pre-k in the public and charter school programs.

Lead Agency – First Things First Directed building the General Early Learning System

Inspiration Workgroup for the Globe/Miami specific Inspiration Community Education Center Project

Potential Partners

Gila County Health Department
First Things First Grantees
Head Start Programs – Globe, Miami, Payson, Hayden/Winkelman
Boys and Girls Club
Community College
City Governments
Foundations and funding agencies
Canyonlands Clinic
Cobre Valley Hospital
Freeport McMoran
Businesses

Timeline for Activities

Goal and outcome to be achieved

Measure results/document progress.

Impact anticipated

Evaluation of success, analyzing when we are off track, course corrections

Potential Sponsorship/stakeholders

Additional resources needed:

System Building – Early Literacy - Draft

Gila: As systems approach, the Council wants to increase the number of children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, motor and physical development.

System Building Areas Addressed: Context work is to integrate funding streams and resources across numerous program areas. Components include expanded collaboration and coordination between First Things First, program, grantee and community stakeholders, parents and caregivers regarding the importance of the Early Literacy Program. Connections work will provide joint planning with representation from organizations which include schools, libraries, medical providers, Schools, City Government, Community Stakeholders, County Health Department, Head Start Centers, Child Care Centers/homes, service organizations, churches, First Things First programs and other Early Childhood Providers. Infrastructure building will work to ensure roles are defined and support is provided for increasing early childhood and family literacy.

Approaches Addressed: Broad system building as well as developing public/private partnerships.

Regional Council need: To impact Kindergarten readiness across the Region. To identify children who would benefit from a more intensive early programs.

Actions Taken:

- During funding plan discussions, the Regional Council identified the need to improve kindergarten readiness with an approach that could be utilized across many programs and result in better test results for 3rd graders.
- The target audience is children birth to five.
- The Regional Needs and Assets identified early literacy as a priority need for the area. For the past three years the Regional Council has funded an Early Literacy – Dolly Parton program with Gila County Library.

Successes:

- Currently approximately 80% of the Regions Children are served by the Dolly Parton program and over 35,000 books have been distributed across the Region.
- The Regional Council has given over 1,500 books to children at community events with information on the importance of early reading.
- The Globe Lions Club has identified Early Literacy as a priority project area.
- More civic groups are becoming interested in the topic and have inquired into assisting in getting information out to the community.

Challenges and lessons learned:

- The initial conversations have begun, but more support is needed in order for the work to have a broad impact.
- Local leader, business and school engagement needs to be increased.

Discussion Steps (Summary from April Meeting)

- Need to work with families to enhance adult reading skills as well as early literacy
- English as a second language
- Lions Club and Rotary interested in Early Literacy
- Need to continue to get the word out about the importance of early literacy
- Potential to use the Dolly Parton list of kids and families for targeted approach

- Legalities of merging into a mailing or e-mail list to communicate with families in the region.
- Need to look at ways to combat electronics and encourage continued use of books.
-

Lead Agency – Gila Regional Partnership First Things First

Potential Partners

Gila County Library District (County, Globe, Miami, Payson, Tonto Basin, Hayden, Young, Pine/Strawberry)
First Things First Grantees
Head Start Programs – Globe, Miami, Payson, Hayden/Winkelman
School Districts and Pre-kindergarten Classrooms (Globe, Miami, Payson, Tonto Basin, Young, Pine/Strawberry, Winkelman)
Child Care Centers
Child Care Homes
A Stepping Stone
Other Adult Literacy programs
Physician's offices
Canyonlands Clinic
Payson Christian Clinic

Timeline for Activities

Goal and outcome to be achieved

Measure results/document progress.

Impact anticipated

Evaluation of success, analyzing when we are off track, course corrections

Potential Sponsorship/stakeholders

- Potential to partner with Read On Community Program

Additional resources needed:

System Building – Healthy Weight-Nutrition and Fitness - Draft

Gila: As systems approach, the Council wants to increase the number of children maintaining a healthy weight.

System Building Areas Addressed: Context work is to integrate funding streams and resources across numerous program areas. Components include expanded collaboration and coordination between First Things First grantee, schools, Head Start Centers, cities, community stakeholders, parents and caregivers regarding the importance of good nutrition and physical activity in maintain a healthy weight. Connections work will provide joint planning with representation from organizations which include schools, libraries, medical providers, Schools, City Government, Community Stakeholders, County Health Department, Head Start Centers, Child Care Centers/homes, service organizations, churches, First Things First programs and other Early Childhood Providers. Infrastructure building will work to ensure roles are defined and support is provided for increasing nutrition, physical activities and education regarding maintaining a healthy weight for children birth to five.

Approaches Addressed: Broad system building as well as developing public/private partnerships.

Regional Council need: The Regional Council has chosen School Readiness Indicator #7 regard increasing the number/percent of children at a healthy weight as a priority indicator for the Region.

Actions Taken:

- During funding plan discussions, the Regional Council identified the need to increase the number of children at a healthy rate was important to the region and the Regional Council added this indicator to the funding plan.
- The Regional Council has funded the Healthy Steps strategy which has a component to educate parents on good nutrition and physical exercise as well as to monitor children health status as it relates to weight and growth data.
- Regional data on Healthy Weight has been collected and the Regional Council is in the process of setting benchmarks for this School Readiness Indicator.

Successes:

Challenges and lessons learned:

- The initial conversations have begun, but more support is needed in order for the work to have a broad impact.
- Local leader, business and school engagement needs to be increased.

Discussion Steps (Summary from May 2013 Regional Council Meeting on Regional Benchmarks)

- Benchmark worksheet has been developed and will be further discussed at the June 2013 meeting.
- Potential to partner with the Gila County Health Department and the cities to sponsor health and fitness activities.
- Need to continue to get the word out about the importance of fitness, good nutrition and maintenance of healthy weight for children birth to five.
- The Empower program is now in place in all of the Quality First centers/homes in the region.
- Head Start programs are focusing on healthy weight and a monitoring children's weight throughout the year. The program reports significant success in meeting healthy weight goals.
-

Lead Agency – Gila Regional Partnership First Things First or Gila County Health Department (Healthy Steps)

Potential Partners

First Things First Grantees
Gila County Health Department
Head Start Programs – Globe, Miami, Payson, Hayden/Winkelman
School Districts and Pre-kindergarten Classrooms (Globe, Miami, Payson, Tonto Basin, Young, Pine/Strawberry, Winkelman)
Child Care Centers
Child Care Homes
Physician's offices
Canyonlands Clinic
Payson Christian Clinic
Payson Hospital
Cobre Valley Hospital
Behavioral Health Agencies
WIC Programs
Farmers Markets

Timeline for Activities

Goal and outcome to be achieved

Measure results/document progress.

Impact anticipated

Evaluation of success, analyzing when we are off track, course corrections

Potential Sponsorship/stakeholders

- Potential to partner with nutrition and fitness activities being plan through partnership between Gila County and local cities/towns.
-

Additional resources needed:

Other potential system building opportunities

System Building – Home Visitation/Family Support

Discussion from April 19 meeting

- Gila County Health Department (with funding from Arizona Department of Health) is organizing a Home Visitation Collaborative. This would provide an opportunity to work with an existing effort.
- Important to have a central phone number and web-site to screen calls and facilitate referrals
- Look into Central Referral systems (Oregon's system, Several in New York, South and Central Maricopa programs
- Universal referral
- Universal authorization /Releases
- Common intake form

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AGENDA ITEM: Regional Director's Report

BACKGROUND: The Regional Director will report any updates since the last meeting.

RECOMMENDATION: The Regional Director is presenting this information to you for information purposes only.

FIRST THINGS FIRST

June 2013
Director's Report

Gila Regional Partnership Council

General Updates

- Sam Leyvas has been appointed Interim Executive Director as Rhian Evans Allvin moves on to accept the Executive Director position at the National Association for the Education of Young Children. A nationwide search will be conducted to find the best leader for First Things First. In the interim First Things First will be in great hands with Sam's leadership.
- The 2013 Summit is scheduled for August 26-27 with a pre-summit on August 25. I hope you can attend the entire Summit. The Arizona Summit has grown to one of the largest Early Childhood Events in the Nation. This year it will be held at the Convention Center as a single hotel is unable to accommodate the expected 1,500-2,000 participants. This will be a great event with great keynote speakers (See bio's below.) The various sessions include an amazing lineup of information designed for Regional Council members, community stakeholders and grantees. We are joining Pinal, Southeast Maricopa Regions and Brooks Publishing to present on the On-line Developmental Screening program. Jennika has taken care of the registration and hotel reservations.
- The First Things First State Board has approved our Renewals and Government to Government agreements at their June meeting. Renewal contracts and Government to Government agreement will be effective July 1, 2013.
- Freeport McMoRan Copper & Gold has tentatively approved a grant to the Inspiration project. Currently discussions are under way to move the program to Las Lomas School (Miami School District has moved the K-3 children to another building for the 2013-2014 school year.
- I meeting with Debra Veit, Executive Director of High Country Early Intervention. High Country is the new AzEIP provider for the Northern Gila area. High Country is currently recruiting to provide a full team of therapist for the Payson area. This is the first time that a therapy team has been located in our region. Debra will be scheduled to present to the Regional Council at a meeting in Payson. It is tentatively scheduled for August.

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Next Regular Meeting

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Friday, August16, 2013
10:00 a.m. – 1:00 p.m.

Payson
Payson Police Department
303 N. Beeline Highway,
Payson, Arizona 85541

Many thanks to Debbie, Sharri and Audrey for helping with outreach events.

2013 Summit Keynote Speakers

Dr. Alison Gopnik

Alison Gopnik is an internationally recognized leader in the study of children's learning and development and was the first to argue that children's minds could help us understand deep philosophical questions. She was one of the founders of the study of "theory of mind", illuminating how children come to understand the minds of others, and formulated the "theory", the idea that children learn in the same way that scientists do.

She is the author of over 100 articles and several books including "Words, Thoughts and Theories" (co-authored with Andrew Meltzoff), "The Scientist in the Crib" (co-authored with Andrew Meltzoff and Patricia Kuhl), and "The Philosophical Baby: What Children's Minds Tell Us About Love, Truth and the Meaning of Life." "The Scientist in the Crib" was a San Francisco Chronicle bestseller, was translated into 20 languages and was enthusiastically reviewed in Science, The New Yorker, the Washington Post and The New York Review of Books, among others. She has also written for Science, The Times Literary Supplement, The New York Review of Books, The New York Times, New Scientist and Slate.

Dr. Gopnik is professor of psychology and affiliate professor of philosophy at the University of California at Berkeley. She received her BA from McGill University and her PhD. from Oxford University. Her honors include a Natural Sciences and Engineering Research Council of Canada University Research Fellowship, an Osher Visiting Scientist Fellowship at the Exploratorium, a Center for the Advanced Studies in the Behavioral Sciences Fellowship and a Moore Fellowship at the California Institute of Technology.

David Lawrence Jr.

David Lawrence Jr. retired in 1999 as publisher of The Miami Herald to work in the area of early childhood development and school readiness. He is president of The Early Childhood Initiative Foundation and "Education and Community Leadership Scholar" at the University of Miami's School of Education and Human Development. He leads The Children's Movement of Florida, aimed at making children the state's top priority for investment and decision-making. He is a member of the Governor's Children's Cabinet and twice chaired the Florida Partnership for School Readiness. In 2002 and 2008 he led successful campaigns for The Children's Trust, a dedicated source of early intervention and prevention funding for children in Miami-Dade. He is a board member of the Foundation for Child Development in New York. In 2002-3 he chaired the Governor's Blue Ribbon Panel on Child Protection, and in 2011 he chaired a similar panel for the Secretary of the Department of Children and Families. In 2002, he was a key gure in passing a statewide constitutional amendment to provide pre-K for all four year-olds. He is a board member and former chair of the Early Learning Coalition of Miami-Dade and Monroe. An endowed chair in early childhood studies is established in his name at the University of Florida College of Education.

During his tenure as Miami Herald publisher, the paper won Pulitzer Prize. Before coming to Miami in 1989, he was publisher and executive editor of the Detroit Free Press. Previously he was editor of the Charlotte Observer, and earlier in reporting and editing positions at four newspapers. He is a graduate of the University of Florida and the Advanced Management program at the Harvard Business School and has 12 honorary doctorates.

2013 Summit Featured Speakers

Peter L. Mangione

Peter L. Mangione, Ph.D., is Co-Director of WestEd's Center for Child and Family Studies. For over twenty-five years, he has provided leadership in the development of the Program for Infant/Toddler Care (PITC), a national model for training early childhood practitioners. He serves as faculty for the PITC institutes and Beginning Together: Caring for Infants and Toddlers with Disabilities and Special Needs in Inclusive Care Settings. Dr. Mangione has edited research-based curriculum guides on topics such as early cognitive development and learning, language development and communication, and culturally responsive care. He has also played a major role in creating a series of broadcast quality videos on infant/toddler care and development, and was an executive producer of the video "A World Full of Language: Supporting Preschool English Learners." Recently, he has led the collaboration of developmental research experts in the creation of the California Department of Education's infant/toddler learning and development foundations, preschool learning foundations, infant/toddler and preschool curriculum frameworks, and the Desired Results Developmental Profile.

Dr. Mangione has served on advisory groups for the U.S. Department of Education, U.S. Department of Health and Human Services, the National Academy of Sciences in the United States, and ZERO TO THREE. He received a Ph.D. in Education and Human Development from the University of Rochester in 1980 and completed postdoctoral study at the Max Planck Institute for Psychiatry in Munich, Germany.

Dr. Adele Diamond

Adele Diamond is the Canada Research Chair Professor of Developmental Cognitive Neuroscience at the University of British Columbia, Vancouver, Canada. She received her B.A. from Swarthmore College Phi Beta Kappa (in Sociology-Anthropology & Psychology), her Ph.D. from Harvard (in Developmental Psychology), and was a postdoctoral fellow at Yale Medical School in Neuroanatomy with Patricia Goldman-Rakic. A leader in two fields, psychology and neuroscience, Dr. Diamond is the recipient of numerous awards, including being named a Fellow of the Royal Society of Canada and named one of the "2000 Outstanding Women of the 20th Century." She is one of the people at the forefront of research on the most complex human abilities (collectively called 'executive functions,' which include selective attention, self-control, and reasoning). Her lab examines fundamental questions about how executive functions and prefrontal cortex are influenced by biological factors (such as genes and neurochemistry) and by environmental factors (including negative influences such as poverty and positive influences such as interventions). Dr. Diamond's work has changed the medical treatment for PKU (phenylketonuria) and the inattentive type of ADHD. She has shown that executive functions can be improved even in young children by non-experts without expensive equipment. Recently Dr. Diamond has turned her attention to the possible roles of play, dance, music, and storytelling in improving executive functions, academic outcomes, and mental health.

Tribal Gathering Keynote

Dr. Eduardo Duran

Dr. Eduardo Duran is a clinical psychologist who has worked in Indian country for more than two decades. Much of his clinical and research work has concentrated on the legacy of historical trauma, and his insight on how 'soul wounding' has impacted all cultures applies the lessons learned with native people to bridge cultural differences and discover our common humanness.

Dr. Duran has extensive experience in all aspects of psychotherapy and has worked with indigenous and non-native populations all over the world. He has served as a professor of psychology in several graduate settings and is the author of *Healing the Soul Wound: Counseling with American Indians* and *Other Native Peoples, Native American Postcolonial Psychology* and *Buddha in Redface*.

FIRST THINGS FIRST

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AGENDA ITEM:	Revise Meeting Schedule
BACKGROUND:	During the May 2013 Regular Meeting, the Regional Council requested holding a Regular Meeting in Young, Arizona.
RECOMMENDATION:	The Regional Director is presenting this amended 2013 meeting calendar for approval.

Gila Regional Partnership Council
Amended 2013 Meeting Calendar

Date	Time/Location
January 18	10:00-1:00 p.m./Globe
February 15	10:00-1:00 p.m./Payson
March 15	10:00-1:00 p.m./Globe
April 19	10:00-1:00 p.m./Payson
May 17	10:00-1:00 p.m./Globe
June 21	10:00-1:00 p.m./Payson
August 16	10:00-1:00 p.m./Globe
September 18	10:00-1:00 p.m./Young
October 18	10:00-1:00 p.m./Globe
November 15	10:00-1:00 p.m./Payson
	Gila Regional Partnership Council Hazel Chandler, Regional Director 1600 E. Ash St. Suite 1 Globe, Arizona 85501 928-425-8172 hchandler@azftf.gov