

Coconino Regional Partnership Council Strategy Descriptions (SFY13 – SFY15)

Strategy Name: Quality First (*statewide*)

Description: Expands the number of children who have access to high quality care and education, including learning materials that are developmentally appropriate, a curriculum focused on early literacy and teachers trained to work with infants, toddlers and preschoolers.

Purpose: **Quality First** is Arizona’s voluntary quality improvement and rating system designed to improve the quality of early care and education so that young children can begin school safe, healthy and ready to succeed. Quality First does not duplicate or replace, but builds upon state licensing regulations, addressing multiple aspects of early care and education through research-based indicators of quality.

Program Enrollment

Quality First is a multiyear strategy. Programs that provide care from birth to age five and are regulated and in good standing with Arizona Department of Health Services (DHS), Department of Economic Security (DES), Tribal Authority or Military Government are eligible to participate in Quality First and are enrolled in Quality First throughout the fiscal year as funding is available. Programs are considered to be in good standing when their license/certificate is not in open enforcement action (legal action status), suspended or revoked.

Quality First addresses the cost of quality by providing **continuous enrollment** for eligible centers and family child care homes. This means that Quality First participating child care centers and family child care homes may remain enrolled in Quality First until:

- Program determines they will no longer participate
- Program is longer eligible due to regulatory status
- Program is terminated due to corrective action or non compliance with Quality First enrollment agreement
- Funding is no longer available to support participation

Programs are enrolled throughout the fiscal year on a five week selection cycle based on expansion funding or current vacancies. The selection schedule is created at the beginning of each fiscal year and is determined by looking at each region with slots available and the number of applications on the waiting list to fill the slot. Regions that have waiting lists that meet the number of slots available are scheduled early in the fiscal year, while programs that do not have enough programs on the waiting list are scheduled later in the fiscal year to provide time for recruitment. Vacant slots are refilled in the current fiscal year only if the initial program that filled the slot did not have a program assessment completed and no incentive funds have been expended.

Enrollment Funding Options

Regional Councils may fund two types of enrollment options for FY13: **Full Participation** or **Rating Only Participation**.

1. **Full Participation** includes all eight program components of Quality First: coaching, financial incentives, licensure fee assistance, Child Care Scholarships, T.E.A.C.H. Arizona scholarships, program assessment, assignment of Star Rating and specialized technical assistance. All components are described in more detail below. Full Participation is an enrollment option available for **all** eligible early learning programs that serve children birth through age five.
2. **Rating Only Participation** includes two components of Quality First: program assessment/assignment of Star Rating and 6 months of coaching. Rating Only as an enrollment option was introduced through an initial launch and is limited to programs that typically receive funding to support program operations. (i.e. Head Start, Title 1 and IDEA programs) and programs receiving Pre-Kindergarten Scholarships.

Rating Only Participation for Pre-Kindergarten Scholarships

Programs receiving Pre-Kindergarten Scholarships are required to have a 3 - 5 Star Rating. This means that Regional Councils funding Pre-K Scholarships must also fund the Quality First Rating Only Participation for all Pre-K programs that **are not** currently enrolled in Quality First.

For more information about pre-kindergarten scholarships, please review the strategy summary <http://www.azftf.gov/pages/WebMain.aspx?PageId=9E8669C97C0C408B9F3567C855744398&StrategyId=10>

Benefits of Rating Only Option:

- Provides opportunity for more programs to participate in Quality First system
- Provides lower cost model for programs that do not need quality improvement supports
- Provides Star Rating to programs receiving Pre-K Scholarships

Program Components

On-site coaching provides individualized technical assistance and quality improvement support for Full Participation programs. Coaching caseloads (ratio 1:9) provide a differentiated coaching model determined by the Star Rating, with higher intensity supports at the 1 and 2-Star levels to move the Quality Improvement Plan forward, and less coaching intensity at the 3, 4 and 5 Star levels to prepare for Star Rating or quality maintenance. Programs in Rating Only will receive 6 months of coaching (implemented as determined by the coach and program to meet the needs of the program).

Financial incentives assist programs in achieving quality improvement goals and meeting quality benchmarks. Financial incentives are available for all programs* in Full Participation and are determined by the provider type (center or home) and size of program as identified through Quality First for licensed capacity of children birth through age five. Programs will access financial incentives according to Star levels through the form of enhancement grants (used to purchase materials, improve facility equipment and supplement professional development opportunities as prioritized by quality improvement planning) or a Quality Bonus (monetary incentive that offers flexibility for providers to decide which areas of improvement financial incentives will be used).

*Under the approved QF model changes, effective in FY2015, the Financial incentives component is changing and will only be available to 1 And 2 star rated programs. Since the reimbursement rate for child care scholarships will be increasing under the new model in FY15 for the higher rated sites (3-5 star), those sites will no longer receive the incentive funds.

Licensure Fee assistance is a financial component available for Full Participation programs regulated by the Department of Health Services. Quality First builds on the health and safety standards regulated by the Arizona Department of Health Services. Fifty percent of each Quality First provider's child care licensing fee will be paid through an agreement between FTF and DHS.

Child Care Scholarships will be available for all programs in Full Participation enrollment. The number of scholarships and payment rate of scholarships are determined by the program size and Star Rating. Child care scholarships are a significant component of the financing model, providing access to quality early care settings for low-income children. Higher quality programs receive more scholarships and a higher reimbursement for each scholarship.

T.E.A.C.H. Arizona Scholarships help to provide higher education professional development opportunities for teachers and administrators in Quality First programs. Every program in Full Participation has access to T.E.A.C.H. Arizona scholarships as determined by the provider type (center or home). Two T.E.A.C.H. scholarships are available for enrolled center-based programs and one scholarship is available for every two enrolled family child care programs. T.E.A.C.H specialists are assigned in each regional area to provide assistance with application submission for T.E.A.C.H. scholarships.

Program Assessments are used to determine the quality of programs in both Full Participation and Rating Only. The Environment Rating Scales (ERS) and the Classroom Assessment Scoring System (CLASS) are utilized to measure the

quality of the environment and the interactions between adults and children. The Quality First Points Scale Assessment assesses three additional evidenced-based areas including staff qualifications, administrative practices and curriculum / child assessment. The scores of these three assessment tools are used to calculate a Star Rating.

Quality First assessors are trained to reliability on assessment tools through a rigorous 12 week training process. Assessors reach and maintain a reliability level of .85 on all Environmental Rating Scales and a .80 on the Classroom Assessment Scoring System. To assure reliability is maintained, assessor supervisors conduct reliability checks on every tenth assessment. Assessors who are unable to demonstrate reliability at the required levels are removed from assessment activities, provided additional training and do not conduct assessments until reliability has been re-attained.

Star Ratings are calculated for all enrolled programs in both Full Participation and Rating Only Participation as determined by the program assessment. (*See attached rating scale for information.*) Publication of Star Rating is determined by the enrollment agreement signed by the program:

- Grandfathered programs (programs enrolled before July 1, 2012) signed an enrollment agreement that stated that the 3rd assessment would be the public rating assessment.
- New programs entering QF will sign an enrollment agreement that states the 2nd assessment will be the public rating assessment. *Programs will have the option to publicize ratings at any assessment cycle if they choose.

In Fiscal Year 2013, public ratings will be posted on the FTF website as programs are rated publicly. Quality First is a multi-year program in which programs are enrolled throughout the fiscal year. First Things First will launch a Star Rating Public Marketing Campaign when there is a critical mass of rated programs throughout the state. Although programs will receive a public star rating according to their enrollment agreement, a targeted marketing campaign will be scheduled at a later date once there are a substantial number of rated programs.

Specialized Technical Assistance is a new component of Quality First that will be available to assist Quality First coaches and providers based on their own prioritized needs. This component will help to build content awareness for coaches through professional development in three specialty areas: child health, early childhood mental health and inclusion special needs. The Specialized Technical Assistance also includes:

- **Warm-line** for coaches and providers to contact expert consultants for assistance in addressing more challenging issues and identifying community resources in the areas of *child care health, inclusion special needs and mental health*.
- **Access to a Child Care Health Consultant** is available to all enrolled programs in Quality First. Child Care Health Consultants may provide onsite technical assistance and training as requested by coach and provider. There are three levels of service a Quality First Provider might receive based on the availability of the CCHC within the region:
 - Tier One: Programs receive technical assistance via phone consultation with a trained CCHC
 - Tier Two: Programs receive short term, on-site expert health advice to address a specific need. At this level, there is an opportunity for staff to participate in Health Champion training.
 - Tier Three: Programs receive individualized, intensive, ongoing consultation services, including a health and safety assessment.

Quality First Outreach/Marketing:

- Quality First applications are accepted at any time and are available on the FTF Website <http://www.azftf.gov/WhatWeDo/Programs/QualityFirst/Pages/QFInstructions.aspx>
- Designated contact information for all Quality First external users:
- **Email:** qualityfirst@azftf.gov **Helpline:** (602) 771-5000 **Toll Free:** 1-877-803-7234

Key Measures:

- **Number of home based providers served/proposed service number**
- **Number of center based providers served/proposed service number**
- Number of children enrolled in early care and education programs participating in Quality First

Target Population: Children birth through age 5 living in the Coconino region.

	SFY2013	SFY2014	SFY2015
Service Numbers	14 center based providers 6 home based providers	18 center based providers 8 home based providers	18 center based providers 8 home based providers

Strategy Name: Family, Friend & Neighbors

Description: Supports provided to family, friend and neighbor caregivers include training and financial resources.

Purpose: To increase and improve skills and support for early care and education home providers, with an emphasis on family, friend, and neighbor caregivers.

There were approximately 10,800 children birth to age 5 living in the Coconino Region in 2009. The number of children being cared for in homes is unknown. However, national estimates suggest that as many as 60 percent of children (6480 children in the Coconino Region) need child care due to parent's employment, and of these, as many as 50 percent of children ages 5 and under are cared for in home-based settings. In the Coconino Region, this would suggest that approximately 3,240 children are cared for in home-based settings. While there are licensed home providers, we know that there are many family, friend, and neighbor care providers who are not licensed. This strategy will support and train those unlicensed providers in order to improve the quality of child care they provide.

Child care provided by family, friend, and neighbor caregivers – home-based child care that is for the most part legally exempt from regulation - is of growing concern to parents and policymakers for several reasons. One of the top reasons is that nationally it is the most common type of child care for children under age 5 whose parents work (Maher & Joesch, 2005; Snyder, Dore, & Adelman, 2005). Nearly half of all children spend their days – and sometimes their nights – in these types of settings (Boushey & Wright, 2004). Additionally, in recent years, the question of what kinds of child care programs best prepare children for kindergarten has emerged as a dominant issue in the early care and education public policy agenda. This has been propelled to the forefront due to two main factors – the national focus on children's school achievement and the widespread creation of state-funded prekindergarten programs for 3 and 4 year old children. Growing awareness that so many children are in these unregulated settings and concerns about school readiness have generated increased interest in efforts to support these care givers to improve the quality of care they provide, thus increasing the school readiness of the children under their care (Research to Policy Connections No. 5, Assessing Initiatives for Family, Friend, and Neighbor Child Care, March 2007). In the Coconino Region, the DIBELS (Dynamic Indicators of Basic Early Literacy Skills) data shows that many children in the region were not ready to enter kindergarten.

Evidence suggests that training provided to home-based family, friend and neighbor care givers can result in positive outcomes for children. For example, recent findings from the Association for Supportive Child Care and VSUW partnership "Kith and Kin" program that provides training and support to family, friend, and neighbor care givers in Arizona, shows that 81 percent of providers made specific changes in the care they provided to children as a result of their involvement in the program. Impact was noted in the following areas: 1) Safety in the home environment, particularly fire safety; 2) establishing a daily schedule for the children; 3) encouraging providers to join their local library; 4) setting up a written agreement with parents regarding child care arrangements; and 5) increased knowledge regarding the Child and Adult Food Program. Participants in this program have also identified that their motivation to provide care is not monetary, and consequently, while identifying an interest in becoming a better provider, most are not interested in becoming "regulated" and providing services to other children in the community.

Specific approaches to implement this strategy will include, but are not limited to:

- Utilizing early language and literacy programs
- Utilizing innovative approaches to address the specific training/skill enhancement needs of the family, friend and neighbor care giver population in the Coconino Region
- Developing partnerships that expand access to services in non-traditional settings, including

homes, public schools, and other “education” settings

- Raising public awareness about the importance of improving skills for this provider population.

Lead Goal: FTF will improve access to quality early care and education programs and settings.
Goal: FTF will coordinate and integrate with existing education and information systems to expand family, friend and neighbor child care providers’ access to high quality, diverse and relevant information and resources to support optimal development in the children for whom they provide child care.
Goal: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

Key Measures: Total number of children enrolled and vacancies in early care and education programs as a proportion of total population birth to age five.

Target Population: The number of unregulated in-home providers in the region is unknown. A rough estimate assumes that 60% of children ages birth to 5 in the region (approximately 6,480 children) are in need of out-of-home care and 50% of those children are being cared for in home-based care, or 3,240 children. While there are licensed home providers, we know that there are many family, friend, and neighbor care providers that are not licensed. This strategy will potentially reach up to 80 of those family, friend and neighbor child care providers, serving between 160 and 300 children across the region.

	SFY2013	SFY2014	SFY2015
Service Numbers	40 Home Based Providers	60 Home Based Providers	60 Home Based Providers

Strategy Name: Summer Transition to Kindergarten

Description: Provides first time classroom experiences for children who are about to begin kindergarten, and information to their parents

Purpose: To prepare high risk pre-kindergarteners for success in school.

The Coconino Region Partnership Council has defined a need to improve young children's readiness for kindergarten. The 2010 Needs and Assets report indicates that most children in the region were not ready for kindergarten. In Parks and the Grand Canyon school districts, only 6% to 9% of children were at kindergarten grade level and more than half (54% to 57%) of the children entering Kindergarten needed substantial interventions. In Flagstaff and Winslow School Districts, 41% were at grade level and between 23% and 26% needed substantial interventions. In addition, the Needs and Assets informal survey results indicate that 71% of respondents use informal child care throughout the region. Since we now know there are many families in the region using family, friend and neighbor care, we know that most of those children do not have any classroom experience prior to entering kindergarten.

Research results show that short-term summer kindergarten transition programs that follow a formal curriculum can help prepare 4 and 5 year olds for success in school. The majority of children participating in the First Five Sonoma County Kindergarten Transition Program (KTP) in 2007 showed significant improvements on all six school readiness dimensions after participating in the KTP program. Children entering the KTP program with low baseline scores exhibited particularly high developmental strides at the end of the program. Another summer kindergarten transition program in Coconino county, KinderCamp, shows that 90% of participating students made gains in literacy and social-emotional skills. Those students also performed above the average district scores for all kindergarteners who took the September kindergarten AIMSweb.

This Kindergarten Transition strategy will fund high quality, targeted school readiness pre-kindergarten summer programs designed to help at risk children to develop the social-emotional, academic and literacy skills needed to succeed in Kindergarten and beyond. Children who benefit the most from these programs are those who have limited or no preschool experience and other risk factors.

In a classroom-based kindergarten transition model program, children attend area elementary schools during the summer before they start Kindergarten for approximately 20 days. Kindergarten transition program activities support the following:

- Introducing children to the classroom experience including routines and activities
- Building social and emotional skills that support learning
- Increasing pre-literacy and math skills
- Fostering independent thinking
- Engaging families and involving them in their child's education

Home visits by the program teachers are one component of quality kindergarten transition programs. They provide parents and teachers opportunities to meet and discuss school readiness issues. Teachers address the specific progress of each child, and provide early childhood development information and materials to family members. During those visits, parents:

- Develop a greater knowledge of what their children are learning
- Learn to reinforce what their child is learning in the program
- Gain a better understanding of specific learning and developmental needs of their children as perceived by the teacher
- Share suggestions with teachers based on their own observations and knowledge of their child.

Lead Goal: FTF will improve access to quality early care and education programs and settings.
Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.
Goal: FTF will increase availability and affordability of early care and education settings.

Key Measures:

- Percentage of families with children birth through five who report they are satisfied with the accessibility of information and resources on child development and health.
- Current cost of early care and education for families as a proportion of the median income for a family of four.
- Percentage of families with children birth through five who report they are competent and confident about their ability to support their child's safety, health and well being.

Target Population (Description of the population to reach):

Families with children who are planning to attend Kindergarten in the fall throughout the Coconino region. Children should meet at least one of the following indicators:

- Language barriers
- are living in families earning at or below 200% of the federal Poverty Level
- have parents with limited or no post-secondary education
- have developmental health factors that put them at risk
- have limited or no preschool experience

	SFY2013	SFY2014	SFY2015
Service Numbers	200 Children Served 200 Participating Adults	260 Children Served 260 Participating Adults	

Strategy Name: Home Visitation

Description: Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connect families to resources to support their child's health and early learning.

Purpose: To implement a family support home visiting program for the Havasupai Tribal community of Supai. The Havasupai Child Enhancement Model Program will utilize the Early Steps to School Success Early Literacy Program administered by the Havasupai Tribe in partnership with Save the Children (STC) and the Havasupai tribal program Community Health Resources (CHR), on a no-cost, voluntary basis to participating prenatal families and families with young children. The program will be delivered primarily through home visitation and will provide participating families with information and education on parenting, child development, literacy and health topics while assisting with connections to other resources or programs as needed.

The Havasupai children walk in beauty, rich with tradition and culture. Families are often multigenerational and multilingual. Tribal communities as a whole have few evidence-based models serving their young children. This strategy will support Supai families of young children through an in-home visitation program that accommodates cultural beliefs and is based on recommendations from the Havasupai Home Visiting Model Feasibility Assessment. The assessment, completed in March, 2010, concluded that a home visiting program would benefit Havasupai families with young children, many of whom face challenges with parenting and early literacy and education of their children. The majority of the parents who were interviewed were receptive to the idea of a home visiting program.

The Havasupai Tribe lies in a very remote, rural area of Coconino County. Supai Village is located at the southwestern edge of the Grand Canyon National Park, 8 miles from the Hualapai hilltop. All Supai residents live at the bottom of a 3,000 foot deep canyon, in one of the most beautiful and remote locations in Arizona, accessible only by hiking 8 miles on narrow, rough, often steep terrain, by horseback or by helicopter. There are no roads directly leading to the Supai Village.

There are approximately 650 enrolled Tribal members, 450 of whom live in the village of Supai. According to the Havasupai Home Visiting Model Feasibility Project Report (March, 2010), there were 61 children, ages birth to 5 living in Supai. Eighty percent of the population speaks a language other than English (Havasupai) and 29% of the families living in Supai live below the federal poverty level. The US Department of the Interior BIA Labor Market Information indicates only 23.7% of the 479 Havasupai Tribal members ages 16 to 64 were employed, suggesting an unemployment rate of 76.3%. According to the Havasupai Housing Department, the only substantial source of income comes from tourism, which is seasonal—throughout the summer.

Currently there are no licensed child care centers, group homes or family child care homes. There is one Head Start Center, but no Early Head Start center. The total capacity of the Head Start center is 20. All child care and early education, other than Head Start, is family-based.

Home visiting is a long-standing, well known prevention strategy used by agencies to improve the health and well-being of families, particularly those who are at risk. Early investments in home visiting programs can reduce health costs, demand less from the public welfare system and can also aid in children's optimal development. Research indicates that home visiting program models help parents learn parenting skills, increase confidence in their parenting skills, promote appropriate parent-child interactions and increase linkages with community services including health and social services. Home visiting has been shown to be highly effective with regard to promoting effective parenting in the area of preventing abuse and neglect. The Havasupai Child Enhancement Model home visiting program will

provide family support to prenatal families and families with children birth to 3 in Supai and will increase early language and literacy among those children.

This home visitation program will:

- Provide services to families that are based on upon a culture of trust and respect.
- Support the growth and development of all family members; encourage families to be resources for themselves and others.
- Affirm, strengthen and promote families’ cultural, racial and linguistic identities and enhance their ability to function in a multicultural society.
- Ensure maintenance of model fidelity with a program that is flexible and continually responsive to emerging family and community needs.
- Provide home visitors with ongoing staff development/training to ensure program quality and to give staff an opportunity to develop professionally.
- Follow all First Things First Home Visitation Standards of Practice in all activities including planning, governance and administration.

This home visitation program will use a Save the Children model that has been successful on tribal nations and in rural communities. Connected community members will be hired as home visitors. The home visitors will receive intensive professional development training to gain the necessary skills for this family support program, including training in early childhood development, early literacy, assessment and screening, infant/toddler and parenting curriculums, home visiting practices, mental health issues, behavioral management, community resources as well as strategies to retain tribal languages in the children. This program will shown the following outcomes:

- Children develop the language and pre-literacy skills that are essential for school success
- Parents learn how to support their child’s language development and pre-literacy education
- Positive home/school connections are made early in a child’s life through support-based parent/child group activities
- Parents and children connect to pre-school through school transition activities
- The community increases knowledge about early childhood

Lead Goal: Family Support

Goal: #11-FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development

Goal: #12 -FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

Target Population:

Service Numbers	SFY2013	SFY2014	SFY2015
	97 families	97 families	97 families

Strategy Name: Parent Education Community-Based Training

Description: Provides classes on parenting, child development and problem-solving skills.

Purpose: First Things First will expand families' access to the information, services and supports they need to help their young children achieve their fullest potential. To make the best choices, families need access to information that educates them about what their child is learning and doing, how to optimally support early childhood development and child health, and what resources or programs are available in their community. Families also need opportunities to connect with other families in their community to share their experiences in raising young children and reduce isolation for themselves and their children. The continuum of high-quality services and support will be planned, developed, funded, and delivered in a family-centered, comprehensive, collaborative, culturally and linguistically responsive manner that best meets the needs and preferences of families, leverages available resources, and involves families in the program development and implementation. As a result of First Things First's efforts, families who need or want assistance will have the support they need to use language and play throughout their daily routines and interactions, read with their children daily and increase their competence and confidence about their ability to support their child's safety, health and well-being. Parents and families across the Coconino Region can benefit from expanded education opportunities to enhance their understanding of child development, early literacy, health, and to have access to new resources in the local community in order to be the best parents possible.

The stakes have never been higher for Arizona's children to be ready to read and ready for kindergarten. In two years, 3rd graders will be held back if they don't know how to read at their grade level. In 2009/2010 school year, at Maine Consolidated and Grand Canyon School Districts, only 6% to 9% of kindergarten children were at grade level and 53% to 57% of the entering children needed substantial intervention. In Flagstaff and Winslow School Districts, 41% were at grade level and between 23% and 26% needed substantial interventions. Furthermore, the 2010 Needs and Assets assessment shows that 20% of parents in the Coconino region reported having 10 or fewer children's books in their home. Only 9% reported having more than 100 books in their home. Across the region, 44% of parents reported having 20 or less children's books in their home. In the Hopi tribal area, nearly 72% of all parent survey respondents reported having 20 children's books or less in their home. Research in 40 countries showed that children in homes with more than 100 children's books performed much better in reading achievement at 4th grade than did children with 10 or fewer books. In the Northern part of the Coconino Region (Page, Fredonia and Kaibab Band of Paiute Indian Tribal lands), parents need more support with positive parenting practices. Those parents engage in the least amount of key activities with their child every week, with only 50% of parents reading to their children five or more times a week. The Coconino Region has a lack of quality family support and education services to assist parents in developing the necessary skills to support their children's optimal development and health, as well as a lack of capacity among available programs to meet the needs of parents in the Coconino Region.

To meet the needs of young children and families in the region, the Coconino Regional Partnership Council will implement a Community Based Parent Education strategy. Successful family education programs facilitate the acquisition of parenting and problem-solving skills necessary to build a healthy family. Effective parenting education develops parent-child nurturing and attachment to support children's social-emotional development, knowledge of parenting and of child development including social emotional, language and literacy, cognitive, physical and motor development, parental resilience, and social connections and awareness of support mechanisms available for parents.

Additionally, families will be supported to understand that daily exposure to verbal and written language provides young children with the opportunities to begin acquiring a basic understanding of the concepts of **literacy** and its functions. Through play, children learn to create meaning from language and

communicate with others using verbal and non-verbal language, pictures, symbols and print. Environments rich with print, language, storytelling, books, technology, and writing materials allow children to experience the joy and power associated with reading and writing, while mastering basic concepts about print. Programs are respectful and supportive of children’s cultural heritages and home languages while encouraging English language acquisition. The abilities to listen, speak, read, and write emerge interdependently in environments designed to meet each child’s unique skills, abilities, interests, and needs.

Research indicates that community based education programs who involve both parents and their young children in a series of classes demonstrate a positive impact upon outcomes. Parent Education programs have the most impact with families of older toddlers and young preschoolers (2.5 years through 3 years of age) as families may naturally begin to seek out opportunities outside of their home environments to reduce isolation. Infants and toddlers, themselves, benefit from the new experiences and environments that community based programming can offer. The critical element in any parent education program is that parents and families have opportunities to practice newly learned skills with support from parent educators. Using a family-centered and strengths-based approach, programs will offer families **a series of classes** that provide information and support in each of the core areas: child development, parenting skills, and resource and referral. A parent education program that has an evidence based model and a proven track record with the target population will be utilized and implemented.

Lead Goal: FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development.

Key Measures:

- Total number of families attending trainings/proposed service number
- Total number of children ages zero through five attending trainings/proposed service number
- Number of referrals/proposed service number
- Total number of families showing increases in parenting knowledge and skills after receiving trainings/strategic target number (minimum questions provided by FTF)
- Number of families reporting an increase in reading to their child (minimum questions provided by FTF)

Target Population: Parents of young children who need or want this type of program, targeting primarily families in the northern part of the Coconino region (Page, Fredonia and Kaibab Band of Paiute Indian tribal area) and the Hopi tribal area in the first year and then reconsider the areas to serve in the following two years to possibly include other communities in the region.

	SFY2013	SFY2014	SFY2015
Service Numbers	50 adults attending education sessions	50 adults attending education sessions	50 adults attending education sessions

Strategy Name: Reach Out and Read (*multi-regional*)

Strategy Description: Trains pediatric practices to engage parents and young children in early literacy activities; provides books to pediatricians or their staff to distribute to families with young children.

Strategy Narrative: The Coconino Regional Partnership Council has identified the need to improve children's early language and literacy to help prepare them for success in kindergarten. We know that many children across the Coconino region are arriving at kindergarten unprepared for school in the areas of early literacy and reading. The Reach Out and Read strategy expands children's access to reading by promoting child literacy as part of pediatric primary care. This strategy trains pediatric practices to engage parents and young children in early literacy activities and provides books to pediatricians or their staff to distribute to families with young children.

Research indicates that community-based family literacy programs which provide learning opportunities for both the young child and his or her parents, positively impact young children and their families. Studies have also shown that shared reading interventions can have a significant, substantial and positive impact both on young children's oral language skills and on young children's print knowledge, both reading readiness indicators needed for learning to read.

Reach Out and Read is a program whose mission is... "To make literacy promotion a standard part of pediatric primary care, so that children grow up with books and a love of reading" (Reach Out and Read Arizona, 2008). This program promotes early literacy and school readiness in pediatric exam rooms by working with medical professionals across the state to give new books to children along with guidance to their parents and caregivers about the importance of reading aloud. Reach Out and Read Arizona is a program of the Arizona Chapter of the American Academy of Pediatrics and is affiliated with the Reach Out and Read National Organization.

The Reach Out and Read program provides Pediatric healthcare providers (including pediatricians, family physicians, and pediatric nurse practitioners) with training in the three-part Reach Out and Read model to promote early literacy and school readiness by implementing the following components:

- In the exam room, doctors and nurses speak with parents about the importance of reading aloud to their young children every day, and offer age-appropriate tips and encouragement.
- The pediatric primary care provider gives every child 6 months through 5 years old a new, developmentally-appropriate children's book to take home and keep.
- In the waiting room, displays, information, and books create a literacy-rich environment. Where possible, volunteer readers engage the children, modeling for parents the pleasures - and techniques - of reading aloud.

The Coconino Regional Partnership Council understands that many children across the region are arriving at kindergarten unprepared for school in the areas of early literacy and reading. Research shows that children who have early learning skills and are ready to enter kindergarten tend to perform much better on standardized tests in third, fourth, and fifth grades as compared to their peers who are not ready for kindergarten. Children's literacy and reading skills are assessed by one of two assessments in the Coconino region, the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) and AIMSweb.

In the 2012 Needs and Assets report, the Kindergarten DIBELS scores at the beginning of the 2010/11 school year show that 76% of children were not at grade level in the Williams school district and 67% of children were not at grade level in the Winslow School District.

For the 2009/2010 school year, DIBELS data shows that between 92% and 93% of children in the Grand Canyon Unified School District and Maine Consolidated Schools were not at grade level at the beginning of the school year.

Forty eight percent of Flagstaff Unified School District kindergarteners needed additional or substantial intervention to get to grade level according to the AIMSweb scores for the 2010/2011 school year. Twenty five percent of Fredonia-Moccasin Unified School District kindergarteners were not at grade level in at the beginning of the 2010/2011 school year.

While kindergarten readiness is a good predictor of later school success, third-grade reading scores are another excellent predictor of high school graduation rates and career success. The Arizona Instrument to Measure Standards (AIMS) is the tool used to measure third-grade academic proficiency in Arizona. Many children in the Coconino region are behind in their reading skills in many of the school districts. The percentage of students meeting or exceeding the aims standards for reading was lower than the state average of 76% in 2011. The lowest percentages were in the Grand Canyon Unified School District (44%) and Page Unified School District (57%). Maine Consolidated School District was a notable exception, with a full 88% of students meeting or exceeding the AIMS reading standards in 2011.

The Reach Out and Read program has been operating in the Coconino region with FTF statewide funding, that funding is no longer available in SFY14. By providing regional funding for the Reach Out and Read program beginning in fiscal year 2014, current Reach Out and Read participating clinics in the Coconino region will be sustained through the purchase of books and materials. In addition, service delivery of the Reach Out and Read program model of participating clinics will be enhanced by providing retraining of providers and regular on-site visits by Reach Out and Read staff. At least one new Reach Out and Read site will be added to expand capacity to serve more children and families in the region.

The Healthy Steps model suggests that the Reach Out and Read program should serve children participating in care coordination services to enhance the services and support offered to parents, creating a partnership between Health Steps and Reach Out and Read. In addition to this partnership, it is expected that Health Steps Specialists will work closely with all early childhood service providers in the Coconino region to make appropriate referrals for participating families to those services.

Target Population Description: The Reach Out and Read strategy targets young children ages 6 months through five years of age and their families participating in well child visits at medical practices, Indian Health Services' clinics, or community health centers enrolled as Reach Out and Read providers across the Coconino region. Existing Reach Out and Read sites include Flagstaff, Grand Canyon, Williams, Winslow, Supai and Page, reaching most of the communities with children not meeting school standards for reading.

This strategy will support the thirteen existing sites and one new site, potentially supporting services to 5,800 children. 11,600 books will be distributed (two books per child) across the region. The Regional Council is funding the cost of 8,976 books, 75% of the total books distributed at 14 Reach Out and Read sites. Funding for the other 2,624 books will come from other sources including participating medical practices and donations.

	FY13	FY14	FY15
Service Numbers	N/A	14 Participating Practices	14 Participating Practices
	N/A	8,976 Books Distributed	8,976 Books Distributed

Strategy: Oral Health

Strategy Description: Provides oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one.

Strategy Narrative: This strategy utilizes evidence-based approaches to deliver oral health outreach and education, dental screenings, fluoride varnishes and referrals to dentists in order to improve access to quality oral health care and reduce the number of children with untreated tooth decay in all six of the community hubs in the Coconino region.

According to the 2010 Needs and Assets Report, there is a shortage of dentists in the Coconino region and many children experienced untreated tooth decay. We also know that many children ages six through eight in the First Things First Coconino Region experienced tooth decay in 2001 and a large portion had untreated decay. The Page community had the greatest percentage of children with untreated tooth decay (68%), followed by the Winslow community (66%), and the Williams community (48%). These high levels of untreated decay may be related to the distance parents must travel to receive care for their children, as 27% of the parent survey respondents reported having to travel more than 20 miles in order for their child to receive dental care. All (100%) of Grand Canyon hub respondents reported having to travel more than 20 miles for their child's dental care, compared to less than half of respondents in other community hubs.

The Oral Health Outreach strategy has been successful in reaching many of the more rural, remote communities, overcoming significant challenges in delivering oral health services across this large and diverse region.

Target Population Description: All children birth to age five and their parents in the six community hubs in the Coconino region may be served by this strategy. Since this strategy began in FY2010, many children and families in Williams, Flagstaff, Winslow, Grand Canyon, Page, and Fredonia and in the tribal lands of Havasupai and Kaibab Band of Paiute Indians have been served by the oral health outreach program. Children in the Hopi hub have not been served by this oral health program as there have been other dental programs available for those families, however this may change in FY2013 as new information is obtained regarding Hopi families access to oral health programs. We know that in order for fluoride varnishes to protect the teeth of young children, the varnishes must be applied repeatedly. This strategy will provide services for both families previously served by the program and new families in the region who have never had access to both oral health services and oral health education. This strategy will also provide oral health screenings to prenatal women. In addition, the Council has added participating professionals as a new target population to reach, hoping that by educating health professionals (primarily) about the importance of oral health, the families they work with will have an increased understanding about good oral health and will obtain the oral health services their children need.

In the Coconino region, we estimate that there is a region-wide average of 50% (5,442) children who have untreated tooth decay. By serving 500 children and their families, this strategy will support 9% of those families in the region.

The Regional Council is committed to continuing this strategy, but at a reduced funding allotment (from \$150,000 to \$100,000) for the next three years. Since this strategy has impacted so many families in the region with the exception of the Hopi hub, this reduced allotment will allow oral health outreach services for children and families to continue and will likely include the Hopi hub in the target service area.

	SFY 13	SFY 14	SFY 15
Service Units	1000 children receiving oral health screenings	1000 children receiving oral health screenings	1000 children receiving oral health screenings
	950 fluoride varnishes applied	950 fluoride varnishes applied	950 fluoride varnishes applied
	1,000 participating adults	650 participating adults	650 participating adults
	20 participating professionals	20 participating professionals	20 participating professionals
	50 prenatal women receiving oral health screenings	50 prenatal women receiving oral health screenings	50 prenatal women receiving oral health screenings

Strategy Name: Care Coordination – Medical Home

Strategy Description: Provides children and their families with effective case management, and connect them to appropriate, coordinated health care.

Statement of Need: Numerous studies suggest that many primary care providers struggle to fulfill the care-coordination needs of children, youth, and families. The medical home model represents a standard of primary care where children and their families receive the care they need from a family physician, pediatrician or healthcare professional that they trust. A medical home addresses well-child care, acute care, and chronic care for all children from birth through their transition to adulthood.

An important component of a medical home is *care coordination* to provide linkages for children and their families with appropriate medical services and community resources in a coordinated effort to achieve optimal health. Effective care coordination begins with recognizing the relationship between the family, the health care provider and the care coordinator. It enhances access to needed services and resources, promotes optimal health and functioning of children, and supports improved quality of life.

Care is coordinated and integrated across all elements of the complex health care and social services systems (e.g., subspecialty care, hospitals, home health agencies, home visitation services) and the patient’s community (e.g., family, schools, childcare, public and private community-based services). Care coordinators will enhance the abilities of the medical practice to assure that children receive appropriate medical care and developmental screening in a culturally and linguistically appropriate manner.

The Coconino Regional Partnership Council has identified the need to improve children’s health and development across the Coconino region by ensuring that they have improved access to coordinated health care and related resources. Care Coordination strategies improve children’s access to health care and meeting future developmental support by providing children and their families with effective care coordination in the health care system. Parents accessing care coordination services benefit from improved access to relevant and useful information about their child, as well as having someone available to answer their questions about child development, medical concerns, possible developmental delays, coordinate medical services, obtain well-child visits, family support and other services.

According to the Coconino Regional Partnership Council 2012 Needs and Assets report, there was a noticeably high percentage (12%) of births to teen mothers in the Coconino region in 2010. In the Hopi hub area, they had the highest rate of teen births at 19% in 2010. We know that teen parents and their children are often at greater risk of experiencing short and long-term health, economic, social, and academic challenges than parents who delay childbirth. Teen mothers, many of whom are single, can often have more difficulty in providing the support and nurturing that their child needs.

In the 2010 Parent Survey, 12.4% of respondents reported that they were unemployed and one in four

parents reported that they went without being able to provide for basic needs. The most common basic needs not being met were medical care (53%), child care (28%), food (25%) and paying for utilities (23%). Most parents (90.6 %) reported that their child had health insurance, including 52.9% enrolled in the Arizona Health Care Cost Containment System (AHCCCS), 39.2% in job-based private pay insurance and 5.1 % enrolled in KidsCare. Most families reported accessing health care services through a private doctor/medical clinic (63%), followed by 16% accessing health care at a Native American health facility, 12.2% using a community health clinic, 8% using urgent care clinics and 5.7% using the emergency room or a hospital to access health care services.

Looking at early vaccination patterns helps us begin to understand how regularly young children are being seen for well-child checkups. We know that almost 32% of children ages 19 to 35 months did not complete their vaccination schedule in the Coconino region in 2010, while 93% of kindergarteners in Coconino County did receive their required vaccinations for the 2010/2011 school year. This pattern shows that it is likely that babies may not be visiting their primary doctors regularly for their well-child visits from birth to age 36 months and that their children are not being vaccinated routinely. Well child visits are important in ensuring that young children are developing normally, that their health needs are being met, and that if there are health or development issues, they are detected early and can be appropriately addressed.

Due to these health and early development concerns for families with young children, the Coconino Regional Partnership Council believes that the Care Coordination - Medical Home strategy will help improve health outcomes by supporting the health and development of young children through improved coordination of health services. This strategy, along with the other family support and health strategies will work to improve the overall health and development of young children across the Coconino region.

The Coconino Regional Partnership Council has chosen to accept applications that propose using the **Healthy Steps model** (<http://www.healthysteps.org/>) for care coordination and to focus primarily on serving first time families with children birth through age three residing in the Coconino region that are not currently enrolled in a Care Coordination program. However, Care Coordination services will not be limited to only first time families and families with children birth to age three. Services could be provided to families with children birth through age five and families with more than one child. **This strategy is considered a universal strategy.**

It is not expected that Care Coordination services will be available in all communities within the Coconino region during the first year of service. The Regional Council *recommends that at least two Hub communities be served by this strategy in the first year with possible expansion to additional hubs in the second and third years.*

First Things First School Readiness Indicators Related to This Strategy:

First Things First is seeking successful applicants to implement this strategy and work collectively with First Things First to impact the school readiness indicators below:

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
- % of children with newly identified developmental delays during the kindergarten year

First Things First Goal Area to be addressed: Health

Description of Strategy: Effective care coordination begins with recognizing the needs of families and the coordination between health providers and health systems. Care coordination is based on the relationship between the family, their health care providers and the care coordinator. This strategy enhances access to needed services and resources, promotes optimal health and functioning of children, and supports improved quality of life. The Standard of Practice can be found in Exhibit A.

Primary and pediatric care practices often struggle to fulfill all of the care coordination needs of the

young children and the families they serve. Care coordination works to integrate services across all elements of the complex health care and social services systems, including subspecialty care, hospitals, home health services, and home visitation services, along with the patient's community including family, schools, childcare, and community-based services. Care coordinators enable medical practices to assure that their patients get the necessary services when and where they need it in a culturally and linguistically appropriate manner.

The **Healthy Steps Model**, one of two evidence based models expected in an application. The Coconino Regional Partnership Council recommends the Healthy Steps model for this strategy in order to position early childhood development specialists in primary care clinics to coordinate quality care and provide information and linkages that parents' want and need. The Healthy Steps model emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual growth and development of children primarily from birth through three. The Healthy Steps specialist supports the primary medical provider by bringing more specialized knowledge to assist the medical provider in providing developmentally appropriate care. The Healthy Steps Model has been implemented nationwide and has been proven to have positive outcomes for children and families. The Healthy Steps model can be an integral part of meeting the medical home model criteria. It has been shown to lead to higher rates of immunizations, higher rates of timely and appropriate developmental screenings and identification of developmental delays, as well as providing a medical environment that is supportive of parents.

It is expected that the proposal defines how developmental screening will occur and it is expected that data related to screening will be reported to FTF via a data template.

Target Population Description: The Coconino Regional Partnership Council has chosen to accept applications that propose using the **Healthy Steps Model** for care coordination and to focus primarily on serving first time families with children birth through age three residing in the Coconino region that are not currently enrolled in a Care Coordination program. However, Care Coordination services will not be limited to only first time families and families with children birth to age three. Services could be provided to families with children birth through age five and families with more than one child.

The council has determined that the TSU of 433 children should be served as part of this strategy during first year. In the second year, it is expected that approximately 960 children should be enrolled.

A successful applicant will address the implementation of a Healthy Steps model of care coordination in at least two regional hubs described in the geographic boundary description below.

It is possible that more than one grantee will be awarded. One or both Healthy Steps approaches could be considered –Clinical Practice based and/or Community based.

Geographic Area: The Coconino Regional Partnership Council provides services throughout Coconino County and the Tribal lands, which include the portion of the Hopi Tribe in Navajo County, the San Juan Southern Paiute Tribe, the Kaibab Band of Paiute Indians Tribe and the Havasupai Tribe, and the zip codes that comprise the City of Winslow. The Coconino Region does not include the portion of the City of Sedona in Coconino County; the portion of the Hualapai Tribal lands in Coconino County; the portion of the Navajo Nation in Coconino County; nor the Forest Lakes Community located in Coconino County.

The six smaller regional Hub communities determined by the regional council are:

1. The northern part of the region makes up the **Northern Hub**, which includes the towns of Page and Fredonia, and the Kaibab Paiute Indian Reservation.
2. In the west part of the region, the Havasupai Reservation, located remotely at the bottom of the Grand Canyon and surrounding plateaus, makes up the **Havasupai Hub**.
3. The **Grand Canyon Hub** consists of the Grand Canyon Village, Tusayan, and Valle, and is located on the rim of the Grand Canyon.

4. The **Hopi Hub** consists of 12 villages and is located in the eastern part of this region.
5. The **Southern Hub**, the largest hub in the region, encompasses Flagstaff, Williams, and surrounding communities.
6. The **Winslow Hub** consists of Winslow, which is located in Navajo County, but is included in this region because residents primarily access resources in Flagstaff, approximately 60 miles west.

The Care Coordination strategy, utilizing the Healthy Steps model, will primarily serve first time families with children birth through age three residing in the Coconino region that are not currently enrolled in a Care Coordination program. However, services are not limited to only first time families and families with children birth to age three. Services could be provided to families with children birth through age five and families with more than one child.

Out of the 10,454 total children birth to age 5 in the region in 2010, there are approximately 1,600 births per year, however not all of those births are to first time parents. Since this is a new strategy for the region, setting a reduced target service number for the first year in order to develop and implement the program in SFY14 and then increasing the target service numbers in the second and third year is a reasonable expectation for the grantee. If 433 children are served in the first year enrolling right after birth, potentially 27% of families with a newborn will be served. In the second year, 960 children could be served; potentially increasing the percentage of regional families served to 33%.

This strategy is considered to be a universal strategy. While it does not target all families with children birth through age five, it does target all first time families with children birth to age three and possibly additional families wherever the Healthy Steps Care Coordination services are available.

It is unlikely that care coordination services will be available in all communities within the Coconino region during the first year of service. The Regional Council recommends that at least two Hub communities are served by this strategy in the first year with possible expansion to additional hubs in the second and third years. It is possible that more than one grantee will be awarded. One or both Healthy Steps approaches could be considered, Practice based and/or Community based.

	SFY13	SFY14	SFY15
Service Units	N/A	433 children served	960 children served

Strategy: FTF Professional REWARD\$ (statewide)

Strategy Description: Improves retention of early care and education teachers through financial incentives.

Strategy Narrative: FTF Professional REWARD\$ is a compensation and retention strategy for the early care and education workforce that acknowledges and rewards progressive education, educational attainment and commitment to continuous employment at qualified early care and education centers and homes that provides services to children birth through age five. The incentives are offered twice each fiscal year, with each enrollment period open to applicants who may have received the incentive previously as well as new applicants. Applicants must meet specific criteria and receive an incentive based upon a tiered reimbursement scale containing nine levels.

The Regional Council is committed to continuing this strategy, but at a reduced funding allotment. The funding allotment is reduced by almost half (from \$70,000 to \$39,150). Due to the revised and updated average stipend award per teacher, this strategy is targeted to reach the same number of teachers as in FY2012, but at half the cost.

Target Population Description: Early care and education teachers across the Coconino region that qualify for the program.

Service Units	SFY13	SFY14	SFY15
	29 Incentive Awards Distributed	39 Incentive Awards Distributed	39 Incentive Awards Distributed

Strategy: Service Coordination (*FTF Directed*)

Strategy Description: Through coordination and collaboration efforts, improves and streamlines processes including applications, service qualifications, service delivery and follow-up for families with young children. Reduces confusion and duplication for service providers and families.

Strategy Narrative: This strategy will develop or expand local coordination and collaboration efforts to improve service delivery for children's health, development, and child care services across the Coconino region by convening partners and providing leadership with early childhood agencies and families, public officials, policy makers, and the public.

According to the 2010 Coconino Needs and Assets Report summary, "We know from our current and previous research that children and their families in the Coconino region have the need for more quality, affordable child care services, supports to increase school readiness and school performance, additional services for children with disabilities, more health care providers, especially dental care providers, and services and community resources that are linguistically and culturally appropriate and available at times and locations that are convenient for families".

Additionally, the Needs and Assets Report data shows that there are noticeable differences between all six of the community hubs. The Southern hub, which incorporates the city of Flagstaff, has the majority of services for children and families within the region, and children in this community hub are generally doing better than children living in the other hubs. On the contrary, the Hopi and Grand Canyon hubs do not have easy access to services, thus children in these areas are struggling more. Although data from the Havasupai Tribe was not included in the 2010 Needs and Assets Report, we know that families living in the remote village of Supai have difficulty accessing services for children as well. Due to these varied challenges in the Coconino region, targeted service coordination and expanded regional collaboration efforts are needed to help improve service delivery for all young children and their families throughout the Coconino region.

With the hiring of the FTF-directed Program Collaboration Specialist (PCS) in May, 2011, to carry out this work in all of the six community hubs, we are increasing our knowledge of the unique needs of young children.

Much of the PCS work over the last seven months has focused in the Hub areas that the Regional Council perceived as having the greatest needs for coordination. That work includes, but is not limited to:

- Engaging key stakeholders and community partners to establish a convening group in each of the six community hubs. This work is progressing in 5 of the 6 hubs (except for the Grand Canyon hub). Work in the Grand Canyon hub will begin in January, 2012. Families living in the Grand Canyon hub often access services in the Southern hub (Flagstaff/Williams) and benefit from those coordination efforts.
- Convening and facilitating collaborative networks to develop strategic responses to local early childhood concerns in each community hub. This work is beginning in 5 of the 6 hubs (except the Grand Canyon hub).
- Assessing services and supports to determine their responsiveness to families' strengths, needs, culture, race and ethnic groups, and to determine if they are provided in the least restrictive environment in each community hub. This work is progressing in all the hubs.
- Developing and implementing a process that evaluates and prioritizes services, fills service gaps where possible and invents new approaches to achieve better results for families and children. This work has been initiated in the Flagstaff hub, and is scheduled to begin in the other hubs in spring, 2012
- Developing a resource guide/calendar for parents and service providers. This guide/calendar is scheduled to be printed in December and distributed early next year. Development of a referral

guide for service providers will begin in spring, 2012.

- Developing a community asset map of the existing early childhood network of available services, programs and supports. This work has not yet begun. This work has been progressing in the Northern, Havasupai and Winslow hubs, and is scheduled to begin in the other hubs in spring, 2012.

The annual budget for this strategy includes funding for a full time FTF directed Program Collaboration Specialist, extensive travel throughout the large, rural and remote Coconino region, and planning, development and printing of a resource guide/calendar as well as development of a referral guide for service providers.

Target Population Description: Primarily service providers in the areas of health, development and education for children birth to age five in the six Community Hubs – Northern, Grand Canyon, Hopi, Havasupai, Southern and Winslow.

Service Units	SFY13	SFY14	SFY15
	N/A	TBD	TBD

Strategy: Community Outreach (*FTF Directed*)

Strategy Description: Provides grassroots support and engagement to increase parent and community awareness about the importance of early childhood development and health.

Strategy Narrative: This strategy focuses on building awareness, knowledge and action across the Coconino region by recruiting early childhood champions who are willing to take specific action to spread the word about the importance of early childhood development and health through targeted education outreach efforts such as:

- Presentations to local organizations
- Setting up outreach booths at community events that focus on young children
- Media outreach including social media
- Organizing and conducting early childhood focused community meetings
- Gathering and sharing stories related to the impact of FTF strategies/programs

These strategies are generally targeted toward parents, caregivers, civic-minded individuals, business and community leaders and elected officials.

The Regional Council chose to continue funding this strategy for one more year, after committing to funding this strategy for a full time outreach position for FY2012. The Council will review this work at the end of FY2013 to determine the effectiveness of this strategy.

Target Population Description

The target population varies according to the implementation plan, but includes:

- K-12 Teachers/Administrators
- Parents
- Community/Business Leaders
- Government Officials
- Seniors/Elders
- Women

	SFY13	SFY14	SFY15
Service Units	N/A	N/A	N/A

Strategy: Community Awareness (FTF Directed)

Strategy Description: Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young children in their communities.

Strategy Narrative: This strategy focuses on building awareness, knowledge and action across the Coconino region regarding early childhood by participating in community events and distributing educational materials such as BornLearning materials and children’s books to families with young children. Examples of community event participation include the Lights On event in Flagstaff and the Child Find event in Havasupai.

Target Population Description: The target population varies according to the implementation plan, but includes:

- K-12 Teachers/Administrators
- Parents/children
- Community/Business Leaders
- Government Officials
- Seniors/Elders
- Women

Service Units	SFY13	SFY14	SFY15
	N/A	N/A	N/A

Strategy: Media (FTF Directed)

Strategy Description: Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com website.

Strategy Narrative: This strategy focuses on building awareness, knowledge and action across the Coconino region regarding early childhood through bi-yearly FTF approved media buys including the following:

- Newspaper display ads
- Online ads
- Radio spots
- Television spots
- Billboards
- Grocery store ads
- Online Emerging Media Activities

The Regional Council chose to continue funding this strategy for two more years, although at a reduced funding level compared to FY2012. The Council will review this work at the end of FY2014 to determine the effectiveness of this strategy. The Council did not specify that 10% of the funding should be designated for Social media; however no opposition was raised to that level of funding.

Target Population Description: The target population varies according to the implementation plan, but includes:

- K-12 Teachers/Administrators
- Parents
- Community/Business Leaders
- Government Officials
- Seniors/Elders
- Women

Service Units	SFY13	SFY14	SFY15
	N/A	N/A	N/A

Strategy: Needs and Assets (*FTF Directed*)

Strategy Description: Biennial, overall assessment of data on opportunities and challenges for children zero through five and their families in order to inform regional strategic planning. This is additional funding for specific enhancements to the baseline regional report.

Strategy Narrative: The Coconino Regional Partnership Council identified a need for additional information at the community hub level, defined as; the Northern hub (Fredonia and Page), the Grand Canyon hub (Grand Canyon and Tusayan), the Hopi hub, the Havasupai hub, the Southern hub (Flagstaff, Williams, Parks, Munds Park, Doney Park) and the Winslow hub, and to be able to view that information in a hub summary. The Regional Council supports an effort to obtain more specific hub level information by allotting additional funds to this strategy in fiscal year 2014.

Target Population Description: Coconino region community hubs (Northern, Hopi, Grand Canyon, Havasupai, Southern, Winslow).

Service Units	SFY13	SFY14	SFY15
	N/A	N/A	N/A