



AMENDED

PUBLIC NOTICE OF MEETING OF THE

Arizona Early Childhood Development & Health Board

CENTRAL MARICOPA REGIONAL PARTNERSHIP COUNCIL

Pursuant to A.R.S. §8-1194(A) and A.R.S. §38-431.02, notice is hereby given to the members of the First Things First - Arizona Early Childhood Development & Health Board, Central Maricopa Regional Partnership Council and to the general public that the Regional Partnership Council will hold a **Regular Meeting open to the public on Wednesday, September 11, 2013 beginning at 3:30 p.m. The meeting will be held at the Tempe Public Library, 3500 South Rural Road, Tempe, Arizona 85282.**

Some members of the Regional Partnership Council may elect to attend telephonically.

Pursuant to A.R.S. § 38-431.03 (A) (1), A.R.S. § 38-431.03(A) (2) and A.R.S. § 38-431.03 (A) (3), the Regional Partnership Council may vote to go into Executive Session, which will not be open to the general public, to discuss personnel items, records exempt from public inspection and/or to obtain legal advice.

The Regional Partnership Council may hear items on the agenda out of order. The Regional Partnership Council may discuss, consider, or take action regarding any item on the agenda. The Regional Partnership Council may elect to solicit public comment on certain agenda items.

The agenda for the meeting is as follows:

- 1. **Call to Order** **Maureen Duane, Chair**
- 2. **Approval of Regular Meeting Minutes of June 13, 2013** **Maureen Duane, Chair**
(Attachment #1)
- 3. **Call to the Public** **Maureen Duane, Chair**
This is the time for the public to comment. Members of the Regional Partnership Council may not discuss or take legal action regarding matters that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. §38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling the matter for further consideration and decision at a later date.
- 4. **Needs and Assets Plan** **John Daws, Research Scientist**
(Attachment #2) **Deanna Kaplan, Research Specialist**
Norton School/University of Arizona
- 5. **Family Resource Collaborative** **Joanne Floth, Regional Director**
(Discussion and Possible Action) (Attachment #3)
- 6. **Quality First Model Changes – Regional Perspective** **Brooke Travis, Quality First Program Coordinator**
(Attachment #'s 4a and 4b) **Leslie Totten, Quality First Program Coordinator**
- 7. **Update of Regional Transition Plans** **Maureen Duane, Chair**
(Attachment #5) **Genoveva Bueno, Vice Chair**
- 8. **System Building Work** **Conrad Lindo, Community Outreach**
(Attachment #6) **Frank Narducci, Council member**

9. Review of Summit and Council Members Presentations
(Attachment #'s 7a, 7b and 7c)

Council Member

10. Funding Plan 2014 Preparation
(Attachment #8)

Joanne Floth, Regional Director

11. Council Updates

Maureen Duane, Chair

12. Adjournment: Next Meeting: October 9, 2013

A person with a disability may request a reasonable accommodation such as a sign language interpreter by contacting Joanne Floth, Central Maricopa Regional Partnership Council, Arizona Early Childhood Development and Health Board, 1839 South Alma School Road, Suite 100, Mesa, Arizona 85210, telephone 602-771-4984. Requests should be made as early as possible to allow time to arrange the accommodation.

Dated this 4th day of September, 2013

ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD
CENTRAL MARICOPA REGIONAL PARTNERSHIP COUNCIL



Joanne Floth, Regional Director

Central Maricopa Regional Partnership Council
Meeting Minutes
June 12, 2013

Call to Order

A regular meeting of the First Things First Central Maricopa Regional Partnership Council was held on June 12, 2013 at the Chandler Police Department Desert Breeze Substation, 251 North Desert Breeze Boulevard, Chandler, Arizona 85226.

Chair Duane welcomed everyone and called the meeting to order at approximately 3:45 p.m.

Members Present:

Chair Maureen Duane, Vice Chair Genoveva Acosta-Bueno, Mara de Luca Funke, Trinity Donovan, Frank Narducci, and Tina Wilson

Members Absent:

Lyra Contreras, Beth Haas, Karen Emery, Kathy Halter, and Zita Johnson

There were 14 members of the public present.

Approval of Regular Meeting Minutes of May 8, 2013

Council Member Donovan moved to approve the regular meeting minutes of May 8, 2013 with the correction that all members were present in person, not telephonically. Council Member Narducci seconded the motion, and it passed unanimously, 6-0.

Approval of Executive Session Meeting Minutes of May 8, 2013

Council Member Funke moved to approve the executive session minutes of May 8, 2013. Council Member Wilson seconded the motion, and it passed unanimously, 5-0, with Council Member Bueno abstaining due to not having been present at the meeting.

Approval of Meeting Minutes of June 3, 2013

Council Member Narducci moved to approve the minutes of June 3, 2013. Council Member Donovan seconded the motion, and it passed unanimously, 6-0.

Call to the Public

Catherine Mayorga with Thrive to Five on behalf of Lynette Stonefeld thanked the Council for the continued funding and presented updates regarding their Just for Dads workshops.

Regional Boundary Discussion

Chair Maureen Duane stated that the First Things Board did not approve the consolidation of Central and Northeast Maricopa and asked for comments from Council members prior to making a decision. Council Member Narducci stated

that the Board wished to have more dialogue between the two regions to discuss impacts upon grantees, the different demographics, etc. Senior Director Wendy Sabatini stated that once Chairman Lynn and the Board decide what the next step will be, the Regional Council members for both Central and Northeast Maricopa will be updated on the process. Chair Duane stated that she was able to read the Council's letter to the Board into the record, and thanked those Council members who were able to attend the Board meeting.

Statewide Communications Plan

Community Outreach Coordinator Conrad Lindo presented an overview to the Regional Council members of the plan which was approved by the First Things First Board on Monday, June 10. He stated that the plan was developed by a combination of meetings with stakeholders, Council members, etc. He also provided an overview of the Community Engagement Calls-to-Action Plan.

Early Childhood Everyday

Community Outreach Coordinator Conrad Lindo presented a short presentation about Early Childhood Everyday, the Community Outreach speaker's series to spread the word about First Thing First as well as The Write Way, for learning how to write impactful early childhood stories. Council Member Wilson asked Mr. Lindo to present the classes to her staff members and to parents in her upcoming Parenting Academy. Mr. Lindo also stated that the training is offered to all grantees. He stated that additional resources are available as www.readykids.com.

Central Maricopa Regional Partnership Plan

Community Outreach Coordinator Conrad Lindo gave a briefing on the Central Maricopa Community Outreach & Awareness Plan and stated that it is a working document and will continue to change as needed. He asked the Council members if they had anything they wished to change or add for the targeted audiences and/or numbers.

Community Outreach Budget

Community Outreach Coordinator Conrad Lindo reviewed the line items on the budget and explained revisions as well as the plan for purchasing specific items in the upcoming year. The budget has already been approved by the Regional Council members.

Digital Storytelling Project

Community Outreach Coordinator Conrad Lindo presented his project from digital storytelling training.

Nominations and Elections of Council Chair/Vice Chair for SFY 2014

Both Chair Duane and Vice Chair Bueno indicated they would be willing to serve again. Council Member Narducci moved to nominate Maureen Duane as Chair and Genoveva Bueno as Vice Chair for the upcoming fiscal year. Council Member Funke seconded the motion and it passed unanimously, 6-0.

Council Updates

Council Member Wilson stated she attended the Aim for Excellence awards dinner which was held at her campus and honored eight graduates of the Director Mentoring program.

Council Member Narducci stated that the first preschool recipient of the Rodel Exemplary Teacher Award was present at the First Things First Board meeting on June 10.

Adjournment

Chair Duane asked for any additional questions, or comments from the Council and receiving none, adjourned the meeting at 4:50 p.m.

Submitted By _____
Caitlyn Hollins, Administrative Assistant III

Approved By _____
Maureen Duane, Chair

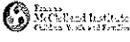
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**2014 First Things First
Needs and Assets Report
Project Overview**

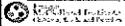
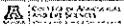
John Daws, PhD
Deanna Kaplan

Central Maricopa Regional Partnership Council
Meeting
September 11th, 2013




Purpose of this Presentation

- To introduce the UA Norton School of Family & Consumer Sciences Project Team
- To briefly summarize the Scope of Work for the FTF 2014 Needs and Assets Assessment
- To discuss 2014 report cycle parameters and priorities

**UA Norton School of Family and
Consumer Sciences Core Team**

- Michele Walsh, PhD
- John Daws, PhD
- DeeDee Avery, MS, MPH
- Violeta Dominguez, MA
- Deanna Kaplan
- Kara Tanoue
- Shanelle Washington








FTF Needs and Assets Base Report Scope of Work

- Reports are to provide a snapshot of
 - the characteristics of the region's children under six and their families
 - the assets available to children and families
 - the unmet needs of these children and families
- Examine six goal areas primarily through the collection and analysis of available data
 - 1) quality and access to early care and education
 - 2) health
 - 3) professional development of early care teachers and workers
 - 4) family support
 - 5) public information on awareness of early childhood issues
 - 6) coordination among early childhood programs and services

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Goals of Base Report

- To understand and convey the particular **character** of the Central Maricopa Region and its families and children
- To identify community **needs** and to recognize and document the considerable **strengths** of the Central Maricopa Region that can be leveraged to meet those needs
- To identify, in partnership with the Central Maricopa Regional Partnership Council, relevant and "actionable" **recommendations** based on the information gained

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Notes from Earlier Conversations

- School readiness indicators are 1, 8, 9, 10
- Possibilities for an "enhanced base report", due to some opportunities created by working with the Central Maricopa RPC two report cycles in a row
- Possibility of "data to action" session with RPC at the end of the report cycle
- The Norton School is aware that Central and Northeast Maricopa RPCs will be combined, effective July 1st, 2014. We are committed to working together with both Regional Partnership Councils and First Things First to develop RNA reports that are useful given this context.

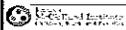
Frances McClelland Institute | 6





Secondary Data Analysis: Publically available data

- The FTF central office obtains some data from other state agencies
 - Arizona Dept of Education (ADE), Arizona Dept of Health Services (ADHS), Arizona Dept of Economic Security (DES), and others
- The Norton School team obtains other data from public sources
 - US Census Bureau, Homeless Information Management System, and others
- Data are available at a variety of levels
 - state, county, cities and towns, zip code areas, school districts, census tracts, and others

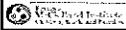


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Secondary Data Analysis: FTF Dissemination and Suppression Guidelines*

- Norton School team contractually required to follow First Things First Data Dissemination and Suppression Guidelines
 - "For data related to social service and early education programming, all counts of fewer than ten, excluding counts of zero (i.e., all counts of one through nine) are suppressed. Examples of social service and early education programming include: number of children served in an early education or social service program (such as Quality First, TANF, family literacy, etc.)"
 - "For data related to health or developmental delay, all counts of fewer than twenty-five, excluding counts of zero (i.e., all counts of one through twenty-four) are suppressed. Examples of health or developmental delay include: number of children receiving vision, hearing, or developmental delay screening; number of children who are overweight, etc."

*First Things First - Data Dissemination and Suppression Guidelines for Publications



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2014 Base Report Parameters and Priorities

- Utilize secondary (existing) data
- 200 hours available for all report work
~ 14 hours/month over the 14 month report period
- Regional Director and RPC members may have access to secondary data collected by other agencies that could be included in the report (e.g., data from Town of Guadalupe?)
- In collaboration with Regional Director and RPC members, may identify possible priority areas



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Project Timeline

| Timeline of Tasks/Deliverables | Jul-Aug 2013 | September 2013 | Nov-Dec 2013 | Jan-Feb 2014 | March 2014 | May-June 2014 | Jul-Aug 2014 |
|----------------------------------------------------------------------------------------|--------------|----------------|--------------|--------------|------------|---------------|--------------|
| Review previous Years & Assets Reports, prepare initial workshop and initial data plan | | | | | | | |
| Prepare list of items to be collected | | | | | | | |
| Attend RPO meeting to review and prioritize data to be collected | | 11-15 Sept | | | | | |
| Collect, clean, and analyze secondary data | | | | | | | |
| Develop final draft of report | | | | | 13 Apr | | |
| FTF Regional Director reviews and comments on initial draft | | | | | | 10 May | |
| RPO reviews and comments on revised draft | | | | | | | |
| Obtain final draft based on comments | | | | | | | |
| Central Maricopa RPO reviews final draft | | | | | | | |
| Produce and deliver final report | | | | | | | 31 Aug |
| Once monthly updates delivered to FTF Regional Director | 10 Aug | 10 Sept | 10 Oct | 10 Nov | 10 Dec | 10 Jan | 10 Feb |
| Monthly updates with FTF center and district leadership | | | | | | | |

Questions and Comments?



First Things First
Maricopa/Phoenix Coordination

Family Resource Collaborative Project
Updates and Recommendations for SFY14 & 15

A Phoenix/Maricopa workgroup, comprised of FTF Directors, has been working together to address cross-regional coordination and collaboration in order to enhance services to families. A product of this work was the development of a Service Coordination strategy, the "Family Resource Center / Family Support Coordination Project".

Background

Family Resource Centers/Family Support Coordination programs are implemented by a diverse group of community organizations including faith based and nonprofit organizations, health clinics, partnerships with cities, and by school districts in communities and neighborhoods throughout the County. Current First Things First investments in Family Resource Centers and/or Family Support Coordination programs in Maricopa County total just over six million dollars awarded to 26 contracts across the regions. With such a substantial organizational investment and commitment, a Family Resource Center/Family Support Coordination Project rose to the top as an appropriate collaboration strategy for Phoenix and Maricopa Regional Partnership Councils to initiate its cross regional collaboration efforts.

The Family Resource Center/Family Support Coordination Project is intended to accomplish multiple outcomes at the family, community and system levels. The primary goals of community collaboration and coordination around the Family Resource Centers and Family Support Coordination include:

- Increasing awareness and availability of services to families and children
- Improving service delivery and address the needs of families
- Building capacity throughout the regions to deliver highly effective and efficient family resource centers and a family support coordination model
- Sharing expertise and training resources, fostering a learning community across community organizations, health clinics, public entities and other groups.

Updates on Work in SFY13 and Requests for Funding Support for SFY14

The Family Resource Collaborative has established a structure, policies, regular meetings and priorities. The group has moved forward through subcommittees including a Professional Development subcommittee and a Leadership Committee, with FTF staff facilitating and staffing the work.

Through the work of an outside consultant, a collaboration and awareness plan was recently completed and approved by the Collaborative. The plan includes several recommendations which will lead to enhanced coordination, increased public awareness of the available services, and resources for quality service delivery.

In order to continue the cross-regional Family Resource Center/Family Support Coordination Project efforts, the Phoenix/Maricopa staff respectfully submits the following outline of the plans for SFY14 and recommendations of funding to the Phoenix and Maricopa Councils for consideration.

Objective 1.

**Raise awareness of family resource centers and family support coordination that provide information about and referrals to supports and services available to families with young children.
Estimated cost \$ 170,000.**

SFY14 Implementation Recommendations:

A. Work with family resource center and family support coordination providers to develop county-wide messaging and print materials to inform the community of the locations of the family resource centers and the family support specialists.

- Implement five strategies identified in Outreach and Awareness plan developed in SFY13.
 - Strategy # 1: Brand the Family Resource Collaboration as a unified entity.
 - Strategy # 2: Create a cohesive method to communicate information about the Family Resource Collaboration (FRC).
 - Strategy # 3: Develop a method for FRC organizations to communicate better with each other.
 - Strategy # 4: Equip parents with information they need to communicate to other parents about the value and services of the FRC.
 - Strategy # 5: Develop strategic partnerships between the First Things First Family Resource Collaboration and organizations/businesses.
- Establish an evaluation plan to measure the success of each strategy.

Estimated costs: \$70,000

For implementation of all five strategies listed above, over a two-year implementation plan, and with support of 6 Phoenix and Maricopa regions.

| | |
|------------------------------------------------------------------------------|-----------|
| • Annual Guide: Print and online design, (design \$4,200; printing \$15,000) | \$ 19,200 |
| • Microsite (year one development and implementation) | \$ 30,000 |
| • Logo development | \$ 3,000 |
| • Parent referral items (design \$2,800; purchase \$15,000) | \$ 17,800 |

Notes: These expenses reflect estimated costs for a two year plan. Funding to be made available in SFY14 but with intention to carry forward unexpended dollars into SFY15. For this part of the work, for SFY14, regional support and participation includes only those regions with Family Resource Centers: Northwest, Central, Southeast, and Southwest Maricopa; North Phoenix and South Phoenix.

B. Provide a gateway for parents and providers to other services that are available in the community through the development of a website and database of resources and services.

Estimated SFY14 costs: \$100,000

In a desire not to duplicate efforts, First Things First staff explored the option of developing a new database for the FTF funded programs and looked at two existing resource databases: AZ211 and FindHelpPhx. First Things First regional and program staff reviewed the two databases, attended presentations on both databases, and met with the two organizations administering the databases. After extensive review and discussion, it was established that FindHelpPhx was a needed and desired resource for providers.

There is strength in FindHelp also as an FTF Public/Private partnership effort, as recently the Maricopa Family Support Alliance and Piper Trust have also committed to financial support for FindHelpPhx for SFY14.

- Support efforts of Maricopa County Department of Public Health's FindHelpPhx.org
- Facilitate awareness, use and further development in partnership with MCDPH and in a Public/Private partnership approach with Maricopa Family Support Alliance and Piper Trust

Note: This request is for SFY14 only. For this part of the work, for SFY14, regional support and participation includes those regions with Family Resource Centers: Northwest, Central, Southeast, and Southwest Maricopa; North Phoenix and South Phoenix; and Central Phoenix with Family Support Coordination.

Objective 2.

Improve the quality of services delivered by family resource centers and family support specialists.

Estimated SFY14 costs: \$67,000

SFY14 Implementation Recommendations:

- A. Continue to convene Family Resource Collaboration members.
 - Provide opportunities to share knowledge, experiences, and innovative practices.
 - Provide opportunities for strategic planning and problem solving.
 - Establish collective philosophies that all Collaboration members can embrace and implement.
- B. Improve quality through best practices.
 - Establish best practice tool kit.
 - Establish speakers' bureau.
 - Establish Family Support Coordination training for all new Collaboration members.
- C. Establish professional development plan and schedule for Collaboration members.
 - Identify existing opportunities in community.
 - Develop annual training schedule.

Note: FTF Staff and FRC grantees are filling this role at this time. Funding requested to support a consultant to serve as staff for the project beginning as early as December 2013, at an estimated \$80,000 annually.

Objective 3.

Support a learning community of family resource center providers and family support specialists.

Estimated SFY14 costs: \$10,000

SFY14 Implementation Recommendations:

- Create a forum for family resource center providers to meet to discuss topics such as: strategic planning, coordination of resources, professional development.
 - Establish a shared extranet for Family Resource Center Directors and Family Support Specialists (Strategy 2, Tactic 2 from ACS Awareness Plan). Use the Extranet as the primary platform for Family Resource Collaboration Members to share information with each other and First Things First staff.
 - Provide training to Family Resource Collaboration Members on how to log in, access, download, and share materials on extranet site.

SFY14 Recommended total cross-regional investment: \$247,510.

SFY14 Recommended Regional Council individual commitments:

\$37,030 Northwest, Central, Southeast, and Southwest Maricopa; North Phoenix and South Phoenix;

\$25,330 Central Phoenix

First Things First
Maricopa/Phoenix Coordination
Family Resource Collaborative Project
Updates and Recommendations for SFY14 & 15

Supplemental Information about Web Resource Recommendation: FindHelpPhx.org

The Strategies of Family Resource Centers and Family Support Coordination are funded in all Phoenix and Maricopa Regions with the exception of Northeast Maricopa. A continuing effort is in place to increase collaboration, streamline and improve service delivery among the First Things First providers.

Web Resource Recommendation

On December 14, 2011 the Phoenix and Maricopa Regional Directors invited representatives from all of the regionally funded Family Resource Centers to participate in a focus group discussion to identify opportunities for collaboration. (Note: With the Central Phoenix Family Support Collaboration providers awarded contracts to begin services in September 2012, the providers from Central Phoenix did not participate in the meeting.)

Among the priorities to increase collaboration, information, and improve service delivery, participants voiced a common desire to establish a joint database of resources and services available to families. This priority was included in the proposal presented to Regional Partnership Councils in January 2012 as an update on the collaborative work, and approved.

Language from plan follows:

Objective 1: Raise awareness of family resource centers and family support coordination that provide information about and referrals to supports and services available to families with young children.

Implementation Recommendations:

- *Work with family resource center and family support coordination providers to develop a county wide universal message and print materials to inform the community of the locations of the family resource centers and the family support specialists.*
- *Provide a gateway to other services that are available in the community through the development of a website, database of services and online calendar of events.*

Once the proposal was approved by the Regional Partnership Councils, First Things First began to look at practical means for establishing or supporting a joint database that would meet the needs of both Family Resource/Family Support staff and the families they serve.

In a desire not to duplicate efforts, First Things First staff explored the option of developing a new database for the FTF funded programs and looked at two existing resource databases: AZ211 and FindHelpPhx. First Things First regional and program staff reviewed the two databases, attended presentations on both databases, and met with the two organizations administering the databases. After extensive review and discussion, it was established that FindHelpPhx was a needed and desired resource for providers. This conclusion was based on: ease of use with the FindHelpPhx database (for both providers and families), appeal of website, the focus on Maricopa County area, the specific focus on services for families and young children.

FindHelpPhx was presented to the full group meeting of the Family Resource Collaboration (FTF grantees) in December 2012 and was received with mixed reactions. A number of the meeting participants were familiar with the website and had used the website in the past with success. Some were newly introduced to the website and were excited that the resource was available. Others found the website limiting as it did not include resources located in the East Valley. This limitation was shared with Maricopa County Department of Public Health. There was also conversation about the comparisons of FindHelpPhx and the AZ211 site. Many felt the two sites were

complimentary, and provided different services for different users, but that FindHelpPhx did offer some features and a “usability” that is needed. Others (primarily those not yet using FindHelpPhx) were not convinced that an additional resource was necessary. It was discussed and consensus that both would be good sources to coexist. On April 4, 2013, information on the expansion of the FindHelpPhx database was shared with the Family Resource Collaboration Subcommittee. Information was well received, and the subcommittee recommended that First Things First provide financial support to Maricopa County to support the growth and evolution of the FindHelpPhx website.

FindHelpPhx was originally developed as a tool for the Maricopa County Safety, Nutrition, Activity and Care for Kids (SNACK) program. SNACK, a First Things First funded program, was tasked with assisting childcare centers and families in identifying local resources to help strengthen families. FindHelpPhx began as a printed resource guide of West Valley services that was initially utilized by just SNACK staff. Once the resource guide became more comprehensive, SNACK began to print and distribute the guide to community partners and childcare centers in the West Valley. As the demand for the annual resource guide grew, SNACK decided that it would be more feasible to establish an online resource directory /database. From this decision, FindHelpPhx.org was established. In the Spring of 2013, Maricopa County Department of Public Health, the administrator of the FindHelpPhx website, was awarded federal dollars to increase the database to include resources located throughout Maricopa County. The database became inclusive of county-wide resources on July 1, 2013. The administrating agency, MCDPH, has established a plan for continued staffing of FindHelpPhx, processes for keeping data current, expressed openness to further development, and has a commitment to continue a focus on services needed by families with children 0-5.

An important accomplishment of this work has been the establishment of a public/private partnership. The Maricopa Family Support Alliance (with 43 members and support of Piper Trust) membership is now partnering to support use and development of this countywide resource. In response to high interest and use among its own membership the Alliance has joined FTF in providing feedback on the site’s use and development. Recently the Maricopa Family Support Alliance and Piper Trust have also committed to financial support of \$50,000 for FindHelpPhx for SFY14.

First Things First Staff has met with Maricopa County Department of Public Health to discuss FindHelpPhx in support of the Maricopa/Phoenix family support collaboration effort. As part of those discussions, several tenants have been communicated:

- Support for FindHelpPhx is in direct response to the recommendations of the Family Resource Collaboration members, and therefore the websites responsiveness and agility in order to meet their needs is important.
- An advisory committee would be an asset to the strength of FindHelpPhx, to advise the staff on outreach, development and planning, while recognizing that Maricopa County Department of Public Health would remain in the management and decision making role.
- First Things First Regional Councils (should they elect to provide funding to support this project) would serve only as a partner in support. Full funding will be costly and require multiple funding sources. Partnership with other local resources may also strengthen the overall use, longevity and strength of the project. The County does provide financial and in-kind support for the project, and would remain in the lead role.

July 2013

Recommendation to Councils

As part of the continued support of Maricopa/Phoenix Family Support Collaboration efforts, First Things First staff recommends that the North, South, and Central Phoenix; and Southeast, Northwest, Southwest and Central Maricopa Councils:

Provide financial support to FindHelpPhx.org, a comprehensive website/database of local resources and services that is both easy to navigate and relevant to both service providers and families. Funding will be used to ensure that the database is current and accurate, and allow for growth and evolution as technology advances.

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| <p>SFY14 Recommended total cross-regional investment: \$100,000. SFY14 Recommended Regional Council individual commitments: \$14,300 Included in the total recommendation, page 3.</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Below is a draft budget provided by the Maricopa County Department of Public Health for FindHelpPhx.

| findhelpphoenix.org – full project budget SFY2014 | | | | |
|----------------------------------------------------------|----------------------------------------------------|----------------------|------------------------|--------------------|
| Budget Category | Line Item | MCDPH Support | Requested funds | Total Costs |
| PERSONNEL SERVICES | | | | |
| Salaries | 0.10 FTE project oversight by OHPE Administrator | \$6,500 | | \$6,500 |
| | 1 FTE - project coordinator, MSW level | | \$48,024 | \$48,024 |
| | 1 FTE - bilingual social worker | | \$39,672 | \$39,672 |
| | MSW level interns | \$11,700 | | \$11,700 |
| | Volunteer support for vetting resources | \$8,550 | | \$8,550 |
| | Personnel Services Sub Total | \$26,750 | \$87,696 | \$114,446 |
| EREs | | | | |
| Fringe & other ERE | \$8,904 per FTE and | | \$17,808 | \$17,808 |
| | 19.26% of total salaries, see budget narrative | \$5,152 | \$16,890 | \$22,042 |
| | Employee Related Expenses Sub Total | \$5,152 | \$34,698 | \$39,850 |
| OUTSIDE SERVICES | | | | |
| | Estimate of ongoing Spanish translation | | \$10,000 | \$10,000 |
| | Temporary staff to add East Valley and South Phx | | \$0 | |
| | Creation of site and site mobile readiness | | \$0 | |
| | Continuous site improvement and development | | \$25,000 | \$25,000 |
| | Professional and Outside Services Sub Total | \$0 | \$35,000 | \$35,000 |
| TRAVEL | | | | |
| In State | 150 miles/month/.445/mile | \$334 | \$1,602 | \$1,936 |
| | Travel Sub Total | \$334 | \$1,602 | \$1,936 |
| OTHER OPERATING EXP | | | | |
| Communications Services | Telephone/Communications Services | | \$1,800 | \$1,800 |
| general office supplies | General Office supplies @ \$50/month | | \$600 | \$600 |
| Printing/Reprographics | printed materials and signs | \$2,500 | \$5,000 | \$7,500 |
| Staff Training | Staff training @ \$250/year | | \$500 | \$500 |
| | Other Operating Expenses Sub Total | | \$7,900 | \$10,400 |
| Subtotal of Direct Costs | | \$34,736 | \$166,896 | \$201,632 |
| INDIRECT COSTS | Indirect Costs | \$9,680 | \$16,690 | \$26,370 |
| TOTAL BUDGET | | \$44,416 | \$183,586 | \$228,002 |

| Maricopa Phoenix Family Support Collab Family Resource Coordination budgets based on plan | | | | | | | |
|-------------------------------------------------------------------------------------------|-------------|-------------------------|---------------------------------|-------------|--|---------|--------------------|
| | objective 1 | objective 1 | objective 2 | objective 3 | | | |
| | a | b | | | | | |
| | messaging | findhelp | staff | microsite | | TOTAL | |
| | 70,000 | 100,000 | 67,000 | 10,000 | | 247,000 | |
| Northwest Maricopa | 11,700 | 14,300 | 9,600 | 1,430 | | 37,030 | Northwest Maricopa |
| Northeast Maricopa | | | | | | | Northeast Maricopa |
| Central Maricopa | 11,700 | 14,300 | 9,600 | 1,430 | | 37,030 | Central Maricopa |
| Southeast Maricopa | 11,700 | 14,300 | 9,600 | 1,430 | | 37,030 | Southeast Maricopa |
| Southwest Maricopa | 11,700 | 14,300 | 9,600 | 1,430 | | 37,030 | Southwest Maricopa |
| North Phoenix | 11,700 | 14,300 | 9,600 | 1,430 | | 37,030 | North Phoenix |
| South Phoenix | 11,700 | 14,300 | 9,600 | 1,430 | | 37,030 | South Phoenix |
| Central Phoenix | | 14,300 | 9,600 | 1,430 | | 25,330 | Central Phoenix |
| | 70,200 | 100,100 | 67,200 | 10,010 | | 247,510 | |
| | SFY14 & 15 | SFY14 only SFY15 TBD | SFY14 67,000 SFY15 80K - TBD | SFY14&15 | | | |



FIRST THINGS FIRST

Ready for School. Set for Life.

Quality First

FY15 Model Updates

Background

Quality First was launched in 2009, as Arizona’s Quality Improvement and Rating System (QIRS). Thirty-one states have implemented QIRS initiatives in an effort to overlay a systems approach to early learning. In recognition that there is no one specific program approach to enhance quality, Quality First leverages multiple approaches—consultation, financial incentives and assessment—to create a continuous loop of quality improvement.

While it is clear that children with risk-factors, particularly children living in poverty, benefit from high quality early childhood experiences, as program quality increases, costs do as well, making it difficult for low income families to access programs. In 2011, the First Things First (FTF) state board approved model updates to Quality First in preparation for bringing the initiative closer to scale. Included in those model updates was a required formula to fund a baseline number of scholarships for low income children. In total, across regions, the FTF investment in access to high quality early education is upwards of \$75 million annually. However, combined with all available federal funding, it is estimated that only 20% of eligible children in Arizona are being served.

Data related to Quality First provider ratings has been analyzed since FY11. Preliminary results indicate that providers participating in Quality First are progressing in their star rating. This improvement in quality ratings reflects the expected model outcomes. Specifically, there are an increasing number of providers moving into the 3-5 star categories each year.

The following table shows the percentage of providers at the 3 to 5 star level from FY11 to May 2013.

Percentage of Quality First Providers at 3 to 5 star levels

| FY 2011 | FY 2012 | FY 2013 (May 2013) |
|----------------|----------------|---------------------------|
| 7% | 9% | 18% |

In January 2013, a cross divisional team at FTF began discussing and evaluating potential updates to the Quality First model. These discussions resulted from quantitative data that had been gathered and qualitative feedback received from staff, regional council members, coaching and assessment staff and providers enrolled in Quality First. The potential updates focused on two areas approved by the board in 2011: access and affordability aligned with quality, and incentivizing high quality. Two additional areas were also discussed: alignment of similar quality and financing strategies, and simplifying strategy implementation.

In April 2013, the proposed changes to the Quality First model were vetted with FTF staff, regional council members, and stakeholders. This report describes the resulting model updates that will take effect beginning July 1, 2014 (FY15), and address the following components:

- Alignment of Quality First and Pre-Kindergarten
- First Things First Scholarships
 - Eligibility
 - Rates
 - Slots
- “Buy-in Option” for Quality First
- T.E.A.C.H.

Alignment between Quality First and Preschool Strategies

HOW DO FAMILIES GAIN ACCESS TO HIGH QUALITY EARLY LEARNING ACROSS A SEAMLESS DELIVERY SYSTEM?

Current Status:

FTF invests more than \$74 million annually to improve the access to and quality of early learning programs in a wide variety of settings. While there are a number of different strategies funded at the regional level, the three primary strategies are Quality First, Quality First Scholarships and Pre-Kindergarten Scholarships. Originally, each of these programs were conceived as stand-alone initiatives with different funding amounts, standards of practice and administrative structures, even though they all had the same desired outcome to provide more children the chance to experience high quality early learning programs. In June 2012, the First Things First state board approved the recommendation to align Quality First, Quality First Scholarships and Pre-K Scholarships.

Concurrently Quality First Rating, using all three assessment tools, began July 1, 2012 and provides a consistent, rigorous measure of quality for all programs, regardless of the setting chosen by parents, and regardless of how they are funded. The Quality First Rating Scale at the 3 to 5 star level reflects the Standard of Practice for the Pre-K Scholarship strategy, and all participating Pre-K programs are assessed on the Quality First Rating Scale. Programs will maintain Pre-K status if they achieve a rating of 3 stars or higher. This system approach to aligning Quality First and Pre-K not only promotes the same level of quality among Quality First and Pre-K programs, but will also provide consistent scholarship reimbursement rates for quality regardless of the strategy or provider setting.

The FTF white paper, *“Alignment of Quality First Rating, Quality First Scholarships and Pre-Kindergarten Scholarships”* provides a more in-depth discussion of these connected strategies (Attachment A).

FY15 Updates:

As part of this alignment, the branding of Quality First and Pre-K will be connected, with FTF’s Pre-K funding formally titled as Quality First Pre-K. It is important for families to easily connect the dots by understanding the importance of quality across their child’s early learning experience—from birth to kindergarten. As FTF’s public launch of Quality First occurs in August 2013, this also simplifies the

branding and signage available to all providers in Arizona’s mixed market delivery system regardless of whether infants, toddlers or preschoolers are being served.

Quality First Pre-K will become a special population funded through Quality First “additional scholarships”. While the preschool age band is targeted, regional councils can further target scholarships in the same manner as they can target Quality First scholarships:

- Star level
- Zip code

Additional proposed updates to the alignment of Quality First to both Quality First and Quality First Pre-K Scholarships include:

- If a regional council wants to specifically target 3-5 year olds, the options are to either do this through Quality First or Quality First Pre-K. If it is through Quality First, this targeting happens by funding additional scholarships (above the base formula for Quality First Scholarships).
- Full Participation Quality First sites are able to be converted to Rating Only if the program is Head Start, IDEA, Title 1, tribal or military and is already rated at 3-5 stars by November 1st each year for conversion in the following fiscal year. Programs converted to Rating Only may still access:
 - T.E.A.C.H. through the pooling process, and
 - Specialized technical assistance through the Birth to Five Helpline in Child Care Health, Mental Health, and Inclusion of Children with Special Needs.
- New Rating Only programs will be rated in the first year and eligible for Quality First Pre-K scholarships in the second year. A program must already have a star rating before scholarships can be awarded. New Rating Only programs will be eligible for any unused Quality First scholarships upon their final star rating for the remainder of the fiscal year. These scholarships would not be guaranteed in future fiscal years.
- Programs that are currently Rating Only and receiving Pre-K scholarships, or are just Rating Only without scholarships, can maintain this status if their program qualifies based on having an alternate financial infrastructure to support quality (i.e. Head Start, IDEA, Title 1, tribal or military), and having a 3-5 star rating as of April 1, 2013, and maintaining a 3 – 5 star rating throughout their participation in Quality First.
- Quality First Pre-K slots are funded at the discretion of each regional council based on how many full-time slots they want to fund. The scholarship grantee distributes the scholarships based on eligible provider applications. FTF’s goal is to serve children across the mixed market system, ensuring that there is overall equity across Quality First Pre-K sites, with at least half of all scholarships going to private providers.
- The selection process for Quality First Pre-K is the same as Quality First additional scholarships and runs through the Quality First Scholarship grantee. The priority process is as follows:
 - 50/50 split of funding between private community-based programs and school districts
 - Programs currently receiving Pre-K
 - Star Rating
 - Priority Zip Code (if the region provides a zip code preference, this will be considered before star rating).

- The number of Quality First Pre-K scholarships awarded to a provider is capped following the same formula logic applied for Quality First scholarships, but is calculated separately from QF scholarships based on funding made available by the council and the number of provider applicants to Quality First Pre-K scholarships. Ultimately, for any provider receiving both Quality First and Quality First Pre-K Scholarships, the total number of scholarships awarded will be counted toward the scholarship cap.
- A waiver is necessary for both Quality First and Quality First Pre-K Scholarships if a region funds over double the cap.
- Quality First Pre-K sites are also eligible for targeted scholarships (i.e., teen parents, and any unused Quality First Scholarships that are redistributed after 60 days of nonuse by a program)
- In place of the current mentoring component to the Pre-K strategy, a multi-regional Pre-K transition strategy will be developed. The strategy will provide targeted consultation with providers in the areas of pre-k transitions to kindergarten, early learning and common core standards, and alignment of standards, curriculum and child assessment. This strategy would be an added consultant much like Mental Health Consultation and Inclusion Consultation. Regions will invest in this strategy at their discretion; it is not required to be funded with Pre-K Scholarships. The unit cost of this strategy is to be determined.

Scholarship Eligibility

HOW LONG WILL FTF CONTINUE TO SUPPORT 1 AND 2 STAR PROVIDERS WITH SCHOLARSHIPS?

Current Status:

Quality First Full Participation providers at all five star levels receive scholarships on a tiered reimbursement scale. These scholarships are an additional incentive for programs to increase their star rating as well as provide access to families who might not be able to afford child care.

FY15 Updates:

Over time, FTF will provide scholarships to providers only at the 3, 4 and 5 star level of quality:

- Beginning July 1, 2013 programs on the waiting list will not be eligible for scholarships.
- Beginning July 1, 2014 only programs at the 2, 3, 4 and 5 star levels will be eligible for scholarships.
- Beginning July 1, 2015 only programs at the 3, 4 and 5 star levels will be eligible for scholarships.

In order to ensure consistency for families and no abrupt cut off dates, new Quality First enrollees in FY14 that assess at one star will not be eligible for scholarships (including providers that enroll in Quality First after April 1, 2013). Similarly, new enrollees in FY15 that assess at the one and two star levels after April 1, 2014 will not be eligible for scholarships.

When a program enrolls in Quality First, they are not able to receive scholarships until their assessment is completed. In order to most efficiently distribute scholarships in a timely manner, FTF will prioritize assessments for new Quality First enrollees to optimize their opportunity to obtain a star rating that makes them eligible to receive scholarships. Programs that are awaiting their second and beyond

assessments will receive their assessment within the timelines required by Quality First, but will receive assessments after any newly enrolled program.

In areas of the state where there are not enough Quality First providers eligible to receive scholarships to meet the demand, waivers may be used to award scholarships to 2 or 1 star providers.

In an effort to provide access for children/families at or below 200% of the poverty level to high quality programs, FTF will develop a policy to ensure that all Quality First programs demonstrate efforts to recruit and retain children whose families meet the income eligibility for First Things First Scholarships.

Scholarship Rates

HOW DOES FTF ALIGN RATES TO REFLECT THE ACTUAL COST OF QUALITY?

Current Status:

QF Scholarships are currently based on a percentage of the 2010 DES Market Rate Survey (MRS) and are tiered based on star rating. Taking all variables into account, FTF currently reimburses Quality First scholarships at 216 different rates. These variations include:

- 6 DES Districts (depending on the provider location within Arizona)
- 3 separate provider types
 - Center
 - Group Home
 - Family Home
- 3 age-bands for scholarship-eligible children
 - Infants
 - Toddlers
 - Pre-Schoolers
- 4 reimbursement tiers based on QF star level
 - 75% of DES MRS (1 & 2 star providers)
 - 85% of DES MRS (3 star providers)
 - 100% of DES MRS (4 star providers)
 - 110% of DES MRS (5 star providers)

Pre-Kindergarten Scholarships are paid uniformly at one flat rate across the state. Regardless of program location, size or star level, all preschool children receiving a PreK Scholarship are reimbursed at \$600 per month.

FY15 Updates:

Updates to the Quality First Scholarship rates are designed to accomplish two primary objectives:

1. Ensure that rates are aligned with the cost of quality
2. Simplify the rate structure

The Arizona Cost of Quality in Early Childhood Education Study was undertaken to provide critical information about the actual costs of delivering early care and education and how these costs rise with increasing levels of quality. Data from the cost survey were then analyzed with initial assessment (ERS and CLASS) results for Quality First to determine how costs relate to quality. The final product of the Study is a model, based on actual Arizona program costs and Quality First assessment results, for the cost to deliver early care and education at each Quality First star level.

Insight gained from the Cost of Quality Study informs FTF’s overall planning for the Quality, Access and Affordability goal area, and specifically related to FY15 model updates, these study findings were utilized to determine the scholarship rates for providers beginning July 1, 2014. Results indicate the trend and costs as related to quality and are shown in the graphics below:



COST OF QUALITY STUDY: ANNUAL RATE FINDINGS

| | 1-Star | 2-Star | 3-Star | 4-Star | 5-Star |
|----------------------|-------------------|-------------------|-------------------|--------------------|--------------------|
| 0 - 12 Months | \$8,467.58 | \$8,467.58 | \$11,603.89 | \$14,282.49 | \$18,860.88 |
| 13 - 24 Months | \$7,696.93 | \$7,696.93 | \$10,263.85 | \$14,282.49 | \$18,860.88 |
| 25 - 36 Months | \$6,641.92 | \$6,641.92 | \$8,328.51 | \$10,709.54 | \$13,796.89 |
| 37 - 48 Months | \$5,317.37 | \$5,317.37 | \$6,395.76 | \$8,327.57 | \$10,420.89 |
| *49 - 60 Months | \$5,034.80 | \$5,034.80 | \$5,983.43 | \$7,851.18 | \$9,745.69 |
| Weighted Avg. | \$6,142.45 | \$6,142.45 | \$7,711.36 | \$10,087.95 | \$12,915.90 |

**Note that the Cost of Quality Study preschool age band was only studied to 60 months. First Things First provides scholarships to children up to 72 months of age and used the 49 – 60 Month age band from this study in considering the preschool age band rate.*

FY15 Updates:

Based on the study information, the following rate structure will be used for FY15 Quality First and Quality First Pre-K Scholarships:

SUMMARY TABLE FOR FY15 PROPOSED ANNUAL RATES

| | | 1 Star | 2 Star | 3-5 Stars |
|---------|----------|--------|----------|-----------|
| Centers | 0-36 mo | \$ - | \$ 7,969 | \$ 11,300 |
| | 37-72 mo | \$ - | \$ 6,000 | \$ 7,300 |
| Homes | 0-36 mo | \$ - | \$ 5,625 | \$ 7,600 |
| | 37-72 mo | \$ - | \$ 4,875 | \$ 6,200 |

This rate structure reflects several updates:

- A shift from three to two age bands: 1) children birth to 36 months; and, 2) children 37 to 60 months. As children move from one age band to the next, the reimbursement for the provider will be adjusted to reflect the correct age band based on the child’s birthdate.
- The reimbursement rate will be the same across the state. This acknowledges that the cost of quality is the same regardless of the geography of a program.
- Family and group child care home rates will be equivalent and set at an average of 67% of center rate for the 0 – 36 month age band and 85% of the center rate for the 37 – 72 month age band. First Things First based the percentage on a similar percentage difference in center and home rates from the 2012 DES Market Rate Survey.
- There will be one rate for 3, 4 and 5 star level providers. The rate will be set at approximately 90% of the cost of quality for a four star level of quality, with the intent that other provider revenues are used in conjunction with the FTF scholarship amount to cover the cost of quality.

These changes would result in scholarship reimbursements being paid at four different rates described above instead of the 216 variations currently in place.

FY15 is the last year in which 2 star providers are eligible to receive scholarships. As a transition year for these providers, both the rate and the number of scholarship slots they are eligible to receive will be adjusted. New rates for 2 star providers will still be based on the 2010 DES MRS and be calculated at 75% of those values.

Proposed rates are on par or exceed the 2012 DES MRS for over 85% of districts and age bands.

For comparison purposes, the following table represents current DES payment amounts based on the 2000 Market Rate Survey and the payment amounts if DES used the 2012 Market Rate Survey:

DES RATE COMPARISON BASED ON 2000 AND 2012 MARKET RATE SURVEY

| | Current DES Payment 75th percentile from 2000 DES MRS | | | 2012 DES Market Rate Study 75th percentile from 2012 DES MRS | | | |
|----------|----------------------------------------------------------|----------|------------|-----------------------------------------------------------------|-----------|------------|----------|
| | Annual | | | Annual | | | |
| | Center | Family | Group Home | Center | Family | Group Home | |
| Dist1 | | | | Dist1 | | | |
| 0 and <1 | 7,550.00 | 5,000.00 | 6,000.00 | 0 and <1 | 12,250.00 | 6,250.00 | 8,750.00 |
| 1 and <3 | 6,650.00 | 5,000.00 | 5,500.00 | 1 and <3 | 12,500.00 | 6,250.00 | 7,750.00 |
| 3 and <6 | 5,950.00 | 4,500.00 | 5,000.00 | 3 and <6 | 10,250.00 | 6,250.00 | 7,750.00 |
| Dist2 | | | | Dist2 | | | |
| 0 and <1 | 6,750.00 | 4,750.00 | 5,500.00 | 0 and <1 | 12,500.00 | 7,000.00 | 6,750.00 |
| 1 and <3 | 6,250.00 | 4,500.00 | 5,500.00 | 1 and <3 | 11,250.00 | 6,250.00 | 6,750.00 |
| 3 and <6 | 5,522.50 | 4,500.00 | 5,000.00 | 3 and <6 | 9,875.00 | 6,250.00 | 6,500.00 |
| Dist3 | | | | Dist3 | | | |
| 0 and <1 | 5,600.00 | 4,500.00 | 5,750.00 | 0 and <1 | 8,050.00 | 6,250.00 | 7,500.00 |
| 1 and <3 | 5,200.00 | 4,250.00 | 5,500.00 | 1 and <3 | 7,650.00 | 6,250.00 | 7,500.00 |
| 3 and <6 | 5,000.00 | 4,000.00 | 5,500.00 | 3 and <6 | 7,977.50 | 6,250.00 | 7,500.00 |
| Dist4 | | | | Dist4 | | | |
| 0 and <1 | 5,250.00 | 4,500.00 | 5,000.00 | 0 and <1 | 7,000.00 | 5,000.00 | 6,250.00 |
| 1 and <3 | 4,750.00 | 4,250.00 | 4,500.00 | 1 and <3 | 6,950.00 | 5,000.00 | 6,250.00 |
| 3 and <6 | 4,500.00 | 4,250.00 | 4,500.00 | 3 and <6 | 6,250.00 | 5,000.00 | 6,250.00 |
| Dist5 | | | | Dist5 | | | |
| 0 and <1 | 7,500.00 | 5,000.00 | 4,750.00 | 0 and <1 | 14,165.00 | 7,000.00 | 7,500.00 |
| 1 and <3 | 7,000.00 | 5,000.00 | 4,750.00 | 1 and <3 | 13,750.00 | 6,250.00 | 7,487.50 |
| 3 and <6 | 5,000.00 | 4,500.00 | 4,750.00 | 3 and <6 | 10,000.00 | 6,250.00 | 7,487.50 |
| Dist6 | | | | Dist6 | | | |
| 0 and <1 | 8,000.00 | 4,500.00 | 5,300.00 | 0 and <1 | 8,000.00 | 6,080.00 | 7,500.00 |
| 1 and <3 | 5,200.00 | 4,250.00 | 5,312.50 | 1 and <3 | 7,725.00 | 6,022.50 | 6,375.00 |
| 3 and <6 | 4,750.00 | 4,000.00 | 4,625.00 | 3 and <6 | 7,725.00 | 6,022.50 | 6,250.00 |

HOW DOES FTF INCENTIVIZE QUALITY AND PROVIDE ACCESS WITH SCHOLARSHIP SUPPORT?

Current Status:

Quality First Scholarship slots are awarded across all providers based on size, program type and star rating, and every star level is eligible to receive scholarships. Pre-K slots are awarded based on application request and intention for equal distribution among public and private programs. FTF's FY13 investment of is \$54 million (\$39M for Quality First base number of scholarships; \$6M for QF "additional scholarships" added by regions; \$9M for Pre-K scholarships). Pre-K scholarship slots have no caps and can be awarded up to the amount requested by a provider. Quality First scholarship slots are capped at determined amounts.

FY15 Updates:

In order to keep the Quality First model financially consistent and to accommodate the variation in provider type, size and movement along the rating scale, **estimates** of the number of scholarships have been calculated through FY18. The higher on the rating scale, the more scholarships will be available to individual providers.

The chart on page 10 represents those **estimates** and includes a decrease in the total number of scholarships over the future fiscal years, accounting for more programs progressing into the 3 – 5 star range. As more programs achieve the quality levels, the scholarships, if maintained at the FY14 funding levels, would be divided among more programs. Assumptions are based on current data, but must be updated each year as these are five year projections.

The formula modeling that was developed assumes a base amount consistent with FY14 regional funding levels for scholarships (approximately \$40 million). The goal was to maintain fiscal stability for regions while maintaining continuity of scholarships for families to the extent possible.

**ESTIMATED NUMBER OF QUALITY FIRST SCHOLARSHIP SLOTS AWARDED
FY15 – FY18**

| Current* | # of slots/provider | | | | | Change from Year to Year | | | | | Total estimated available QF Scholarships across the state | Total estimated cost of QF Scholarships across the state | |
|--------------|---------------------|--------|--------|--------|--------|--------------------------|--------|--------|--------|--------|------------------------------------------------------------|----------------------------------------------------------|--|
| | 1 Star | 2 Star | 3 Star | 4 Star | 5 Star | 1 Star | 2 Star | 3 Star | 4 Star | 5 Star | | | |
| FY 14 | | | | | | | | | | | | | |
| Homes | 1 | 2 | 2 | 3 | 4 | | | | | | | | |
| Small | 4 | 5 | 6 | 8 | 9 | | | | | | | | |
| Med | 6 | 7 | 9 | 11 | 12 | | | | | | | | |
| Lg | 9 | 10 | 12 | 15 | 17 | | | | | | 6,132 | \$ 38,745,899 | |
| FY 15 | | | | | | | | | | | | | |
| Homes | 0 | 1 | 2 | 3 | 4 | -1 | -1 | 0 | 0 | 0 | | | |
| Small | 0 | 4 | 6 | 8 | 9 | -4 | -1 | 0 | 0 | 0 | | | |
| Med | 0 | 6 | 9 | 11 | 12 | -6 | -1 | 0 | 0 | 0 | | | |
| Lg | 0 | 9 | 12 | 15 | 17 | -9 | -1 | 0 | 0 | 0 | 5,148 | \$ 39,290,702 | |
| FY 16 | | | | | | | | | | | | | |
| Homes | 0 | 0 | 3 | 4 | 5 | 0 | -1 | 1 | 1 | 1 | | | |
| Small | 0 | 0 | 7 | 9 | 11 | 0 | -4 | 1 | 1 | 2 | | | |
| Med | 0 | 0 | 16 | 18 | 20 | 0 | -6 | 7 | 7 | 8 | | | |
| Lg | 0 | 0 | 21 | 23 | 25 | 0 | -9 | 9 | 8 | 8 | 4,284 | \$ 38,519,850 | |
| FY 17 | | | | | | | | | | | | | |
| Homes | 0 | 0 | 2 | 3 | 4 | 0 | 0 | -1 | -1 | -1 | | | |
| Small | 0 | 0 | 4 | 6 | 8 | 0 | 0 | -3 | -3 | -3 | | | |
| Med | 0 | 0 | 13 | 15 | 17 | 0 | 0 | -3 | -3 | -3 | | | |
| Lg | 0 | 0 | 18 | 20 | 22 | 0 | 0 | -3 | -3 | -3 | 4,446 | \$ 40,067,902 | |
| FY 18 | | | | | | | | | | | | | |
| Homes | 0 | 0 | 1 | 2 | 3 | 0 | 0 | -1 | -1 | -1 | | | |
| Small | 0 | 0 | 2 | 4 | 6 | 0 | 0 | -2 | -2 | -2 | | | |
| Med | 0 | 0 | 11 | 13 | 15 | 0 | 0 | -2 | -2 | -2 | | | |
| Lg | 0 | 0 | 15 | 18 | 20 | 0 | 0 | -3 | -2 | -2 | 4,425 | \$ 40,028,686 | |

The table above includes the following assumptions:

- Consistent number of Quality First enrolled providers year over year.
- Progression in quality rating of sites year over year is based on historical data trends. FY15 eliminates scholarships for 1 star providers and begins the “phase out” of 2 star providers by offering one less scholarship to each provider. This phase out is necessary in order to maintain a total investment for scholarships of roughly \$40M across the state while simultaneously increasing the reimbursement rate for each scholarship and the number of providers anticipated rating at the 3-5 star level by FY15.
- FY16 eliminates scholarships for 2 star providers and increases the number of scholarships awarded to all providers at the 3-5 star level. This more closely ties the number of awarded scholarship slots to the capacity of each site, while simultaneously maintaining a constant investment across the regions.

- FY17 requires a reduction of one scholarship per home site and three scholarships per center site if providers across the state progress in their quality as precisely as the model predicts.
- In FY18 the number of slots awarded to 3 star sites in FY17 is now awarded to 4 star sites, and the number previously awarded to 4 star sites are now awarded to 5 stars. This serves a dual purpose of:
 - incenting sites to increase quality year over year
 - keeping within the \$40M range (5 star providers all receive fewer scholarship slots in FY18 than in FY17 with this approach)

A program's star rating as of April 1st each year will be used to determine the number of scholarships for the coming fiscal year. A program's star rating will be based on the completed ERS and CLASS assessments. If a program is has not yet completed their Quality First Points Scale process as of April 1st, the estimated star rating based on the ERS and CLASS will be used.

If a new program is assessed after April 1st, their scholarship award will be based on their actual star rating (as opposed to an estimated star rating). New programs will begin receiving scholarships once their star rating is determined.

Financial incentives for programs in Quality First full participation will be eliminated at the 3, 4 and 5 star levels. This decrease in financial incentives will be offset through increased scholarship dollars to serve low income children. Programs funded for Quality First full participation without scholarships at a star rating of 3, 4, or 5 will not have access to financial incentives.

Financial incentives to improve quality per the Quality Improvement Plan for programs in Quality First full participation will continue at the 1 and 2 star levels and will remain at the current rates.

A region can fund a provider in full Quality First participation with NO scholarships if the site has declined scholarships and shows they are using other funds and resources to serve low-income children (FTF will develop this policy, including criteria and process).

First Things First rates above will be paid no matter what the program charges for their services. The family co-pay guidelines will remain the same. If a program charges more tuition than the First Things First scholarship reimbursement rate and the parent is responsible for the difference, it is the intent that families, whenever possible, contribute toward that gap in the cost of child care. Although, this is not a requirement, First Things First recommends this contribution, and it should not exceed 10% of the gross household income.

Quality First Buy-In Option

CAN PROGRAMS BUY INTO QUALITY FIRST OR CAN PROGRAMS RECEIVE SPONSORSHIP TO QUALITY FIRST?

Current Status:

There is currently no option for providers to enroll in Quality First other than through funding allotted by regional councils.

FY15 Update:

Beginning in FY15, providers will have the option of purchasing the Quality First Rating Only package. This will include assessment and a limited amount of coaching in preparation for the assessment. The cost will be revenue neutral to FTF and its vendors and will cover the expenses related to services provided.

Although a buy-in option for Rating Only will be available for any site, FTF regional councils are able to continue to fund Rating Only slots in Head Start, IDEA (special education), Title 1, military and tribal funded programs.

Private businesses, philanthropists, tribes or other entities who are interested in sponsoring additional Quality First sites, scholarships or Quality First Pre-K scholarships can do so by making a grant to FTF and designating the purpose of the investment. These grants can be targeted to a specific site, zip code, or region.

Additional details about the specific process for making donation(s), any tax deductions that apply, the preparation FTF must do for accepting these donations, and the timeline for selections will be determined by FTF in time for a FY15 launch.

Additionally, programs that wish to have a second assessment within the 12 month assessment cycle may submit a request to the assessment grantee. Requests will not be accepted earlier than six months prior to the next assessment cycle date, and programs must pay the cost for an assessment directly to the assessment grantee. The ability to conduct an additional assessment will be determined by the capacity of the assessment grantee and communicated to the program and to First Things First.

T.E.A.C.H.

HOW CAN THE UTILIZATION OF T.E.A.C.H. SCHOLARSHIPS BE INCREASED?**Current Status**

In FY13, a pool of T.E.A.C.H. scholarships was created to enhance and facilitate uptake of scholarships within Quality First and to allow for more efficient awarding of scholarships in the instances that they are not being utilized within Quality First. The pool is created by those scholarships that are deferred by Quality First programs during the first 90 days following Quality First enrollment. All Quality First T.E.A.C.H. scholarships are funded through FTF statewide program funds.

FY15 Updates:

In order to further the accessibility to T.E.A.C.H., the pooling method of awarding scholarships will be continued, with one exception. Quality First sites will not be guaranteed a specific number of slots. Quality First sites WILL be guaranteed first priority status. This pooling is related to statewide dollars, not regional dollars. The document that outlines the T.E.A.C.H. priorities for enrollment is found in Attachment B. Current T.E.A.C.H. scholars are prioritized to ensure continuity of their college attendance.

The T.E.A.C.H. funding model will also be updated to more accurately align with current program demand and costs. For the Quality First Full Participation model, the net result will be a reduction in average number of T.E.A.C.H. scholars served per provider as well as a reduction in cost per scholar. As a result of these updates, it is estimated that the total cost to fund the T.E.A.C.H. strategy will decrease by over 50% (to align with current actual costs). As part of this adjustment, there is also a reduction in the number of scholars that are projected to be served annually. It is FTF's intent to continue to work with the T.E.A.C.H. grantee to find areas of demand currently not being served. Success in these efforts will result in future year increases to the number of scholars served per provider funded, resulting in marginal increases in costs.

Summary

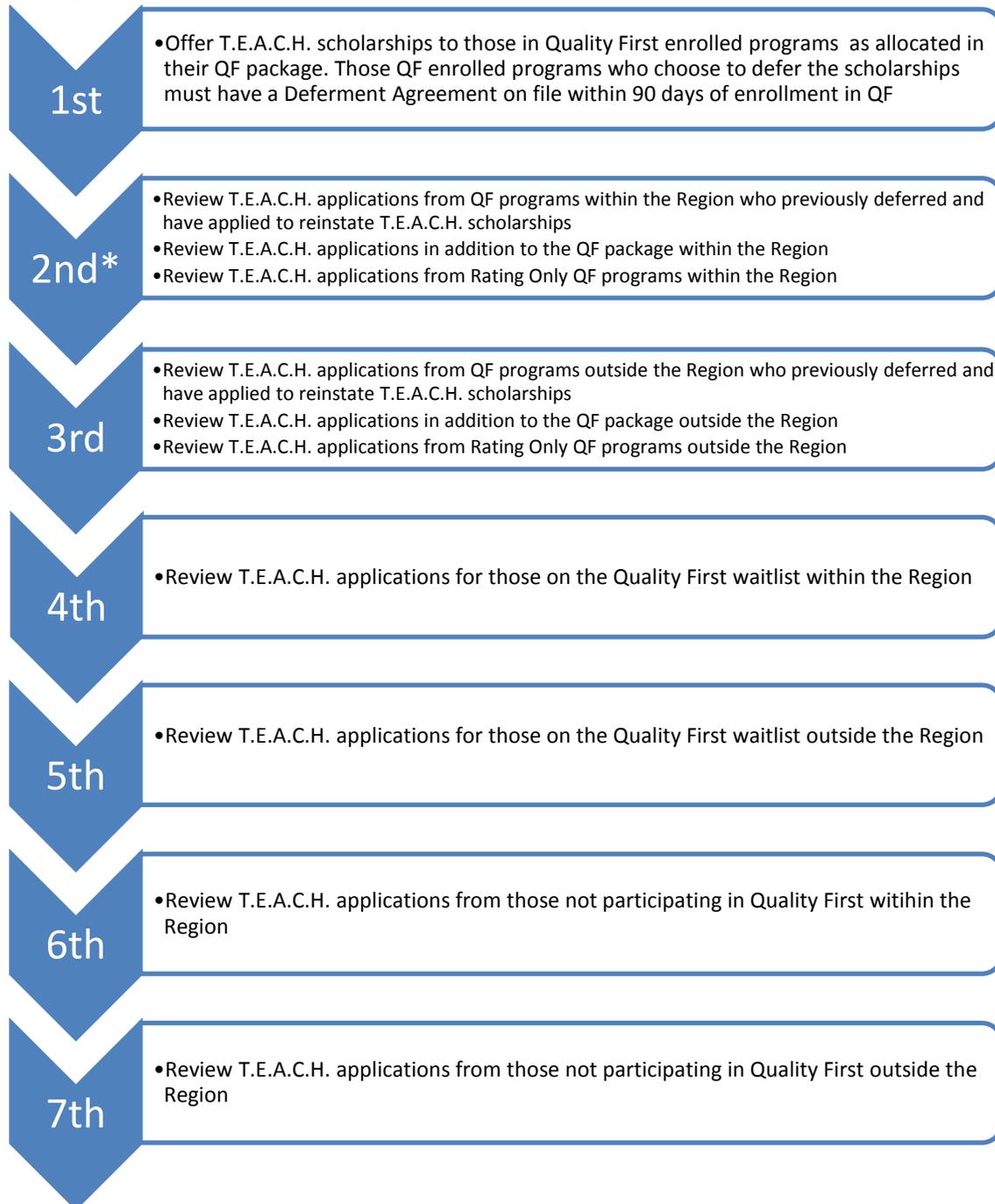
As more data and information on the quality and financing of early care and education programs becomes available, FTF must use those opportunities to continually improve and incentivize access, affordability and quality, and simplify and align FTF programs and work with partners to do the same. At the same time, FTF must continue the drive to innovate and create a national program and system model. Families benefit, and we get closer to the ultimate vision of children happy, healthy and ready to succeed in school.

(insert final Alignment white paper)

T.E.A.C.H. PRIORITY:

**Ongoing outreach and recruitment of
T.E.A.C.H. scholarship applicants in
Quality First enrolled programs**

*Only after step one is complete, remaining scholarships may go into a pool and are awarded based on the following priorities. Outreach and recruitment efforts must be documented to justify the awarded scholarships at each level.



QUALITY FIRST
Central Maricopa
Regional Partnership Council



WHAT IS QUALITY FIRST ?

Quality First (QF) is Arizona's quality improvement and rating system.

- Identify quality standards
- Assess early care and education programs
- Support programs in increasing quality standards



STATEWIDE PARTICIPATION

930 early care and education providers

- 737 center-based
- 193 family child care

An estimated 27% of Licensed and Certified programs are enrolled statewide.

QUALITY FIRST STAR
 How to Earn a Star



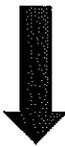
CENTRAL MARICOPA PARTICIPATION

- center-based
 - 46 centers participating in QF
 - 4 open Rating Only slots
 - 3 homes participating in QF
 - 2 home slots to be filled

QUALITY FIRST STAR
 How to Earn a Star



Quality First Star Rating



| ★ Rating Star | ★★ Progressing Star | ★★★ Quality | ★★★★ Quality Plus | ★★★★★ Highest Quality |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description: A program is demonstrating a commitment to quality by meeting the minimum requirements of the Quality First Star Rating process. | Description: A program is demonstrating a commitment to quality by meeting the minimum requirements of the Quality First Star Rating process and is working to improve its performance. | Description: A program is demonstrating a commitment to quality by meeting the minimum requirements of the Quality First Star Rating process and is consistently performing well. | Description: A program is demonstrating a commitment to quality by meeting the minimum requirements of the Quality First Star Rating process and is consistently performing well, with a focus on continuous improvement. | Description: A program is demonstrating a commitment to quality by meeting the minimum requirements of the Quality First Star Rating process and is consistently performing well, with a focus on continuous improvement and a strong commitment to quality. |
| All programs that are currently in the process of being assessed. | All programs that are currently in the process of being assessed and are working to improve their performance. | All programs that are currently in the process of being assessed and are consistently performing well. | All programs that are currently in the process of being assessed and are consistently performing well, with a focus on continuous improvement. | All programs that are currently in the process of being assessed and are consistently performing well, with a focus on continuous improvement and a strong commitment to quality. |
| All programs that are currently in the process of being assessed. | All programs that are currently in the process of being assessed and are working to improve their performance. | All programs that are currently in the process of being assessed and are consistently performing well. | All programs that are currently in the process of being assessed and are consistently performing well, with a focus on continuous improvement. | All programs that are currently in the process of being assessed and are consistently performing well, with a focus on continuous improvement and a strong commitment to quality. |
| All programs that are currently in the process of being assessed. | All programs that are currently in the process of being assessed and are working to improve their performance. | All programs that are currently in the process of being assessed and are consistently performing well. | All programs that are currently in the process of being assessed and are consistently performing well, with a focus on continuous improvement. | All programs that are currently in the process of being assessed and are consistently performing well, with a focus on continuous improvement and a strong commitment to quality. |

QUALITY FIRST STAR
 How to Earn a Star



Quality First Star Ratings

| | |
|----------------------------------------------------|----------------------------------------------------------|
| Statewide 875 programs with star ratings | Central Maricopa 48 programs with star ratings |
|----------------------------------------------------|----------------------------------------------------------|

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • 1 Star – 29 (3%) • 2 Star – 591 (68%) • 3 Star – 172 (20%) • 4 Star – 65 (7%) • 5 Star – 18 (2%) | <ul style="list-style-type: none"> • 1 Star – 0 (0%) • 2 Star – 30 (63%) • 3 Star – 10 (21%) • 4 Star – 7 (15%) • 5 Star – 1 (2%) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*Some of these star ratings are estimated as the program is moving through the Point Scale Assessment process.


FIRST THINGS FIRST
Quality First

PROPOSED FY15 MODEL UPDATES

- Merging Quality First and Pre-Kindergarten
- First Things First Scholarships
 - Eligibility
 - Rates
 - Slots
- "Buy-in Option" for Quality First
- T.E.A.C.H.


FIRST THINGS FIRST
Quality First

QUALITY FIRST AND PRE-K SCHOLARSHIPS

- Current
 - QF Pre-K is regional strategy funded in addition to QF base model
 - Stand alone strategies
 - Pre-K programs receive scholarships during rating process; QF programs must be rated before receiving scholarships
 - Mentoring/Technical Assistance is required component of Pre-K scholarship strategy


FIRST THINGS FIRST
Quality First

QUALITY FIRST AND PRE-K SCHOLARSHIPS

- FY15 Update
 - Common branding
 - All new programs rated prior to receiving scholarships
 - Pre-K Mentoring/Technical Assistance is funded at discretion of Council


QUALITY FIRST
FOR EVERY CHILD

SCHOLARSHIP ELIGIBILITY

- Current
 - All enrolled Quality First providers and providers on the wait list are eligible to receive scholarships
 - All programs that apply for Pre-K-Kindergarten scholarships are eligible to receive them
- FY15 Update
 - July 1, 2013
 - NO WAITLIST SCHOLARSHIPS – PREK ELIGIBILITY 3-5
 - July 1, 2014
 - NO 1 STAR SCHOLARSHIPS – PREK ELIGIBILITY 3-5
 - July 1, 2015
 - ONLY 3-5 STAR PROGRAMS ELIGIBLE


QUALITY FIRST
FOR EVERY CHILD

SCHOLARSHIP RATES

- Current
 - QF has 216 different rates based on:
 - 2010 DES Market Rate Survey (MRS)
 - DES Districts
 - Provider Type
 - Age Bands
 - Star Rating
 - Pre-K rate is different from QF rate
 - Rates don't exceed program's usual tuition cost for QF
 - Pre-K rate paid regardless of program tuition cost


QUALITY FIRST
FOR EVERY CHILD

SCHOLARSHIP RATES

- FY15 Update
 - Simplified rates (moving from 216 to 4 variations)
 - 2 age bands
 - Same statewide rates for all Pre-K and QF scholarships
 - Family and group homes at 67% center rate for children 0-36 months and 85% center rate for children 37-72 months (percentages align with trends in the MRS)
 - One rate at 3, 4 and 5 set at 90% of the 4 star cost of quality level
 - Rates paid regardless of what program charges







PROPOSED ANNUAL RATES

| | | 1 Star | 2 Star | 3-5 Stars |
|---------|----------|--------|----------|-----------|
| Centers | 0-36 mo | \$ - | \$ 7,969 | \$ 11,300 |
| | 37-72 mo | \$ - | \$ 6,000 | \$ 7,300 |
| Homes | 0-36 mo | \$ - | \$ 5,625 | \$ 7,600 |
| | 37-72 mo | \$ - | \$ 4,875 | \$ 6,200 |







SCHOLARSHIP SLOTS

- Current
 - FY 13 Investment of \$54 million (\$39M for QF base; \$6M for QF additional; \$9M for Pre-K)
 - QF slots awarded across all providers based on size, program type and star rating – all star levels eligible
 - Pre-K slots awarded based on application request and intention for equal distribution among public and private programs
 - Pre-K scholarship slots have no caps; QF scholarship slots are capped







SCHOLARSHIP SLOTS

- FY15 Update
 - FY14 investment (\$40 million) as base for Quality First scholarships component
 - April 1st – date for rating “snapshot” to determine scholarship slots for upcoming FY
 - Slots for new programs determined on actual star rating
 - Council has discretion to fund slots above and beyond the QF base model (S)
 - Caps for both QF and Pre-K scholarship slots
 - Scholarships are the financial incentives at 3, 4, and 5 stars (replaces and provides more funds than current quality bonus)
 - Table of estimated slots found in Board book

FI
FIRST INCOME FIRST
Buy in 2013-14

QUALITY FIRST BUY-IN

- **FY15 Update**
 - Buy QF Rating Only participation (assessment package)
 - Buy additional assessment for QF Full Participation or Rating Only participants
 - Cost neutral to FTF and grantees
 - Can be funded by providers, business, philanthropy or other sponsors
- **Rationale**
 - Increase access to QF for providers
 - Increase access to high quality for families

FI
FIRST INCOME FIRST
Buy in 2013-14

T.E.A.C.H.

- **Current**
 - Every QF site guaranteed teacher scholarships
 - Scholarships going unused for 90 days before redistribution to other scholars
- **FY15 Update**
 - QF prioritized, not guaranteed
- **Rationale**
 - Efficient and effective distribution of teacher scholarships

Quality First Talking Points

Fiscal Year 2015 Model Changes (July 1, 2014 – June 30, 2015)

1. Merging Quality First and Pre-K Scholarships

- Common branding: both Quality First and Pre-K scholarships will be called “Quality First Child Care Scholarships”.
- As of July 1, 2013 all programs newly selected for Quality First must be rated and enrolled prior to receiving scholarships.
- Pre-K mentoring will be funded separately from Pre-K scholarships and funded at the discretion of the regional council (similar to Mental Health Consultation, as an example).

2. Quality First Child Care Scholarships

- Scholarship eligibility:
 - July 1, 2013 – only programs enrolled in Quality First will receive scholarships, no programs on the waitlist will receive scholarships.
 - July 1, 2014 – only programs rated at 2, 3, 4 or 5 stars will receive scholarships, no programs rated at star level one will receive scholarships.
 - July 1, 2015 – only 3-5 star level programs will be eligible for scholarships.
- Scholarship rates:
 - Two age bands: (0-36 months) and (37 – 72 months). There are 2 statewide rates for scholarships one for infants and toddlers, and one for preschoolers.
 - Same statewide rates for all Quality First Child Care Scholarships (including Pre-K).
 - The statewide rates are the same 3, 4, and 5 star level.
 - Rates are paid regardless of what a program charges. All programs at a 3-5 star level will receive the same rates no matter what region they reside in.

3. Incentives

- Beginning July 1, 2014 – 1 and 2 star level providers will continue to receive incentive funding based on program size. There will be no changes to incentive fund rates.
- Beginning July 1, 2014 – 3, 4, and 5 star level providers will receive Quality First Child Care Scholarships as their incentive package in lieu of the Quality Bonus.
 - Programs may have leftover scholarship dollars that may be used to support program operations. Providers will be responsible for budgeting leftover scholarship dollars and using them to support program operations. All scholarship payment will come directly from the scholarship grantee.

4. Quality First Buy-In Option

- Providers may buy in to Full Participation or Rating Only Participation.
- It is being discussed that providers may buy additional assessments as part of their rating.
- Policies around this option are in development at First Things First.

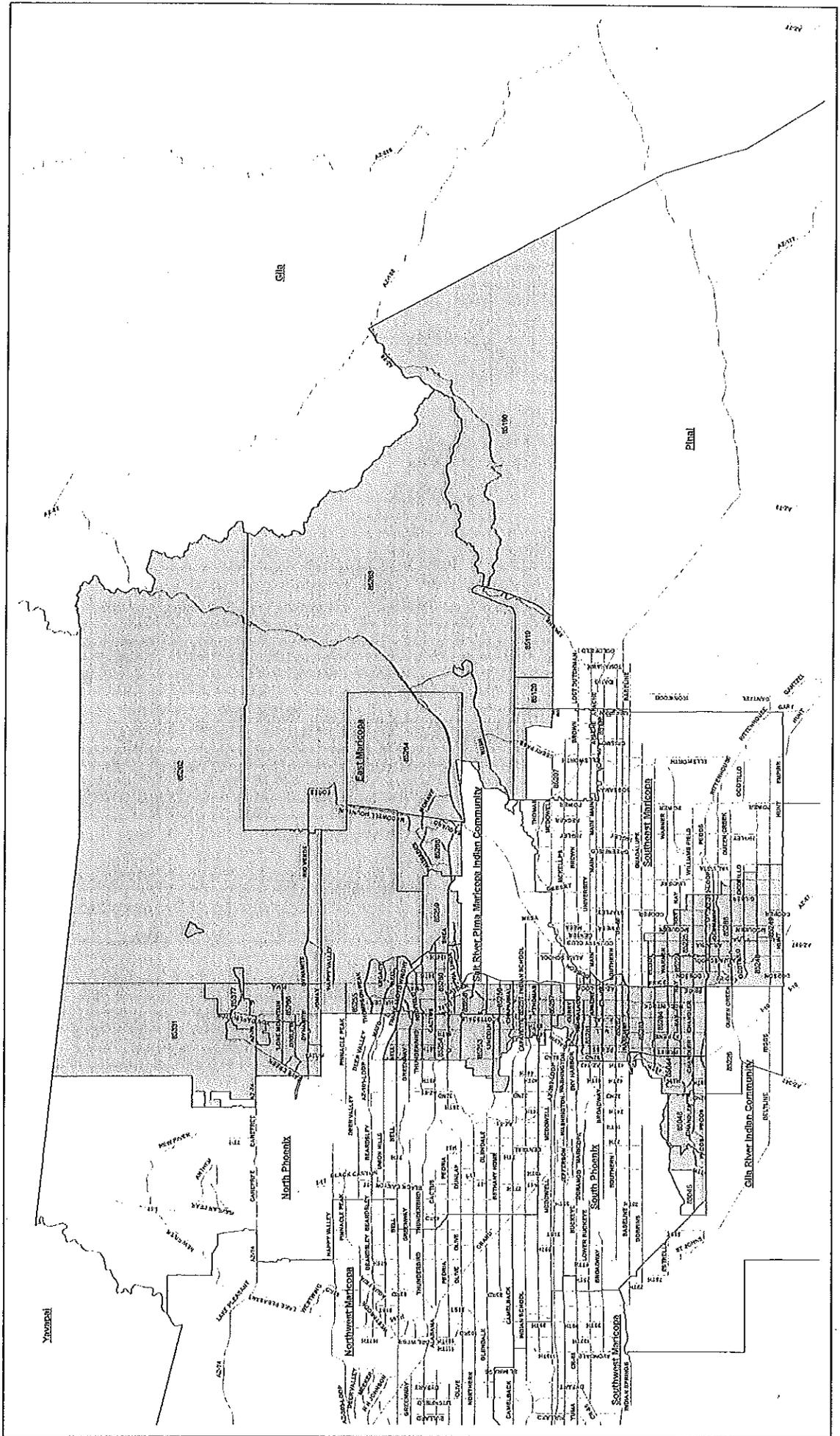
5. T.E.A.C.H.

- Quality First providers will be prioritized for receiving T.E.A.C.H. scholarships.
- There is no longer a cap on the amount of scholarships per provider/site/program.
- Scholarships will be awarded based on availability.

Timeline—Key Dates and Decision Points

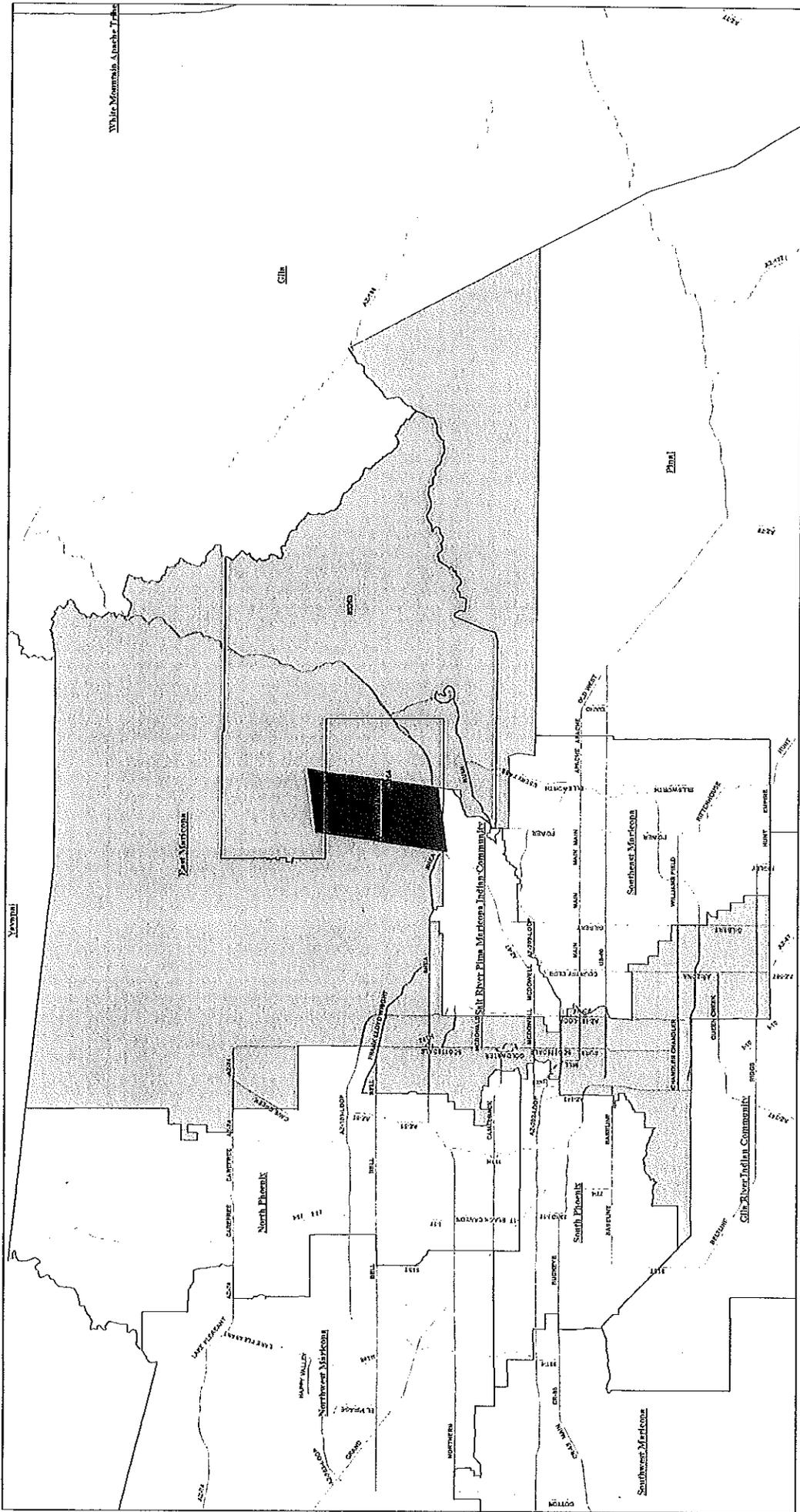
| | |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fall 2013 | Regional Councils finalize SFY15 funding plans to be presented to the Board at the January 2014 meeting. Board approves regional allocations for SFY15 at the October 1 st meeting |
| Fall 2013 | Regional Needs and Assets Report data be collected and analyzed as planned. |
| January 2014 | Regional councils present funding plans to the State Board (Regional Councils approve funding plans during November/December 2013 meetings) |
| January 2014 | Statewide regional council nomination process commences with Board making appointments at their June 2014 meeting |
| Early Spring 2014 | RFGA process is conducted. Minimal RFGA's are released as all regional councils will be in the final year of their three year implementation plan |
| April 2014 | Regional Benchmarks are presented to the Board for approval (Regional Councils determine benchmarks in fall 2013 with public vetting in January/February 2014. Maricopa and Phoenix are working together on setting benchmarks. The three Pima regions are working together on setting benchmarks) |
| June 2014 | RFGA award and grant renewal recommendations for SFY15 are presented to the Board |
| July 2014 | New regional boundaries are in effect (Start of SFY15) |
| July 2014 | New regional council members participate in new council orientation |
| Fall 2014 | Three year funding cycle planning commences statewide for regional councils (SFY16-18). |

East Maricopa - FY15



Streets
ZIP Code

Fort McDowell in East Maricopa - FY15



| FY15 | Children Poverty 0 thru 5 | Total Population | Total Poverty |
|---------------------------------------|---------------------------------|---------------------|------------------|
| East Maricopa including Fort McDowell | 54,702 | 836,570 | 76,733 |
| Fort McDowell | 117 | 971 | 203 |
| East Maricopa w/o Fort McDowell | 54,585 | 835,599 | 76,530 |

Shaded Area
ZIP Code

CENTRAL AND NORTHEAST MARICOPA FY14 STRATEGIES AND CONTRACTS

| STRATEGY | CENTRAL MARICOPA | NORTHEAST MARICOPA | GRANT PARTNERS | RENEWAL | NEW RFGA/ AGREEMENT | EXPIRE 6/14? | CROSS-REGIONAL |
|--------------------------------------------------------------------------------------------------------------------|------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------|--------------|----------------------------------------------------|
| Pre-Kindergarten Scholarships | X | X | Valley of the Sun United Way | | | | Statewide |
| Quality First | X | X | Valley of the Sun United Way | | | | Statewide |
| Quality First Child Care Scholarships | X | X | Valley of the Sun United Way | | | | Statewide |
| Community-Based Professional Development Early Care and Education Professionals ** | X | | MCCCD--Paradise Valley Community College | | Central: Agreement | X | |
| Director Mentoring/Training | X | | Southwest Human Development (SWHD) | X | | | Statewide |
| FTF Professional REWARDS | X | | Valley of the Sun United Way | | | | Multi-regional |
| Scholarships non-TEACH | X | | Central Arizona College | X | | | Statewide/Multiple regions |
| Scholarships TEACH | X | X | Association for Supportive Child Care | | | | Statewide |
| Care Coordination/Medical Home | X | | American Academy of Pediatrics | X | | | Statewide |
| Child Care Health Consultation | X | X | Maricopa County Health | | | | Statewide-Quality First Package |
| Mental Health Consultation | X | X | Southwest Human Development | | | | Statewide |
| Oral Health | X | X | Central - Dignity Health Foundation Northeast - Maricopa County Department of Health | Central - X | NE: New agreement in collaboration with other regions or one-year agreement extension | NE: X | NE: NW/SW Maricopa Central : Southeast Maricopa |
| Family Support - Children with Special Needs | | X | Southwest Human Development | X | | | |
| Family Resource Centers | X | | Central: Chandler Christian Community Council, Chandler Unified School District, Chicanos Por La Causa, Tempe Community Council | X | | | |
| Home Visitation | X | X | Central: DES, Arizona Partnership For Children, Child Crisis Center, SWHD Northeast: Ft. McDowell | Both - X | | | Central: Southeast Maricopa |
| Parent Education Community-Based Training | X | X | Central: AZ Children's Association Northeast: City of Scottsdale | Central: X | NE: RFGA or government-to-government agreement with City of Scottsdale | NE: X | |
| Service Coordination (funding to support the Family Resource Center Collaboration Project in Maricopa and Phoenix) | X | Unfunded | FTF Directed | X | | | All Maricopa and Phoenix regions |
| Community Awareness, Community Outreach & Media | X | X | Central: FTF Directed for all strategies and Chandler Police Department (Community Awareness) Northeast -- FTF Directed for all strategies | Central: X (Chandler Police Dept.) | | | |

| School Readiness Indicators | 1 - #/% children demonstrating school readiness at kindergarten entry... | 2 - #/% children enrolled in 3-5 star early care | 8 - #/% children receiving at least six well child visits within the first 15 months of life | 9 - #/% children age 5 with untreated tooth decay | 10 - #/% families who report they are competent and confident |
|-----------------------------|--------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------|
| Northeast Maricopa | X | X | | X | X |
| Central Maricopa | X | | X | X | X |

** Paradise Valley Community College manages the implementation of a pilot project to improve infant and toddler program quality in the Central Maricopa Region of First Things First. The pilot tests an intervention that supports two widely held strategies viewed as pivotal to successful outcomes for children in center-based child care - primary caregiving and continuity of care. These two practices are considered essential components of quality programs and are institutionalized in the Program for Infants and Toddler Caregiving that is already a part of Arizona's quality improvement structure through the Arizona Institute for Infant/Toddler Training.

ATTACHMENT 6

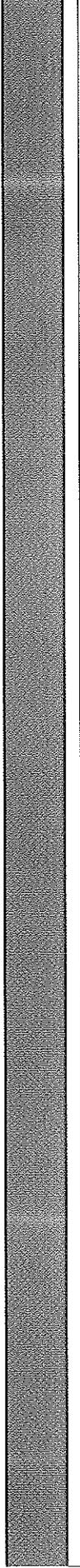


We Are All In It Together:

Comprehensive Change Requires Collaboration

Frank Narducci, Chandler Unified School District

Conrad Lindo, First Things First



Purpose of Mapping

- Map out and track outreach activities
- Provide a visual on outreach being conducted in the region and cross regionally
- Ability to break down outreach activities



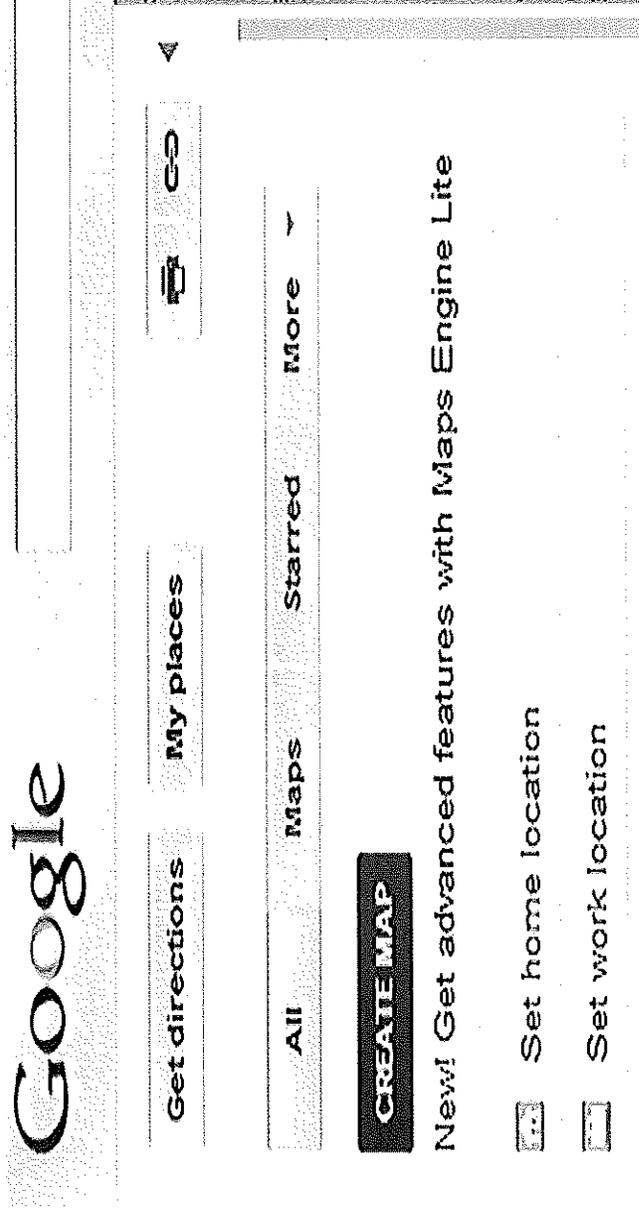
Purpose of Mapping

- Ability to email the outreach map to regional council members on the work being conducted
- Targeted Outreach of Specific Areas
- Tracking Collaborative Partnerships/System Building
- Documentation for Strategic Outreach Plan

Open Google maps by typing www.googlemaps.com into the web browser.

You will need to sign into your Google account using your user name and password for Gmail. Click the “my places” button.

Then, click “create a map” and a box will appear asking for a Title and a Description.



Collaborate Import Done Save

New! Get advanced features with Maps Engine Lite

Title

Untitled

Description

Privacy and sharing settings Learn more

Public - Shared with everyone. This map will be published in search results and user profiles.

Unlisted - Shared only with selected people who have this map's URL.

Collaborate

EDIT

New! Get advanced features with Maps Engine Lite

Central Maricopa Outreach for June 2013

Red = Presentations

Blue = Outreach

Green = Meetings

Purple = Events

Yellow = Training Conducted or Attended

Pink = Site Tour

Unlisted - 2 views

Created on Jun 13 - By Conrad - Updated 2 minutes ago

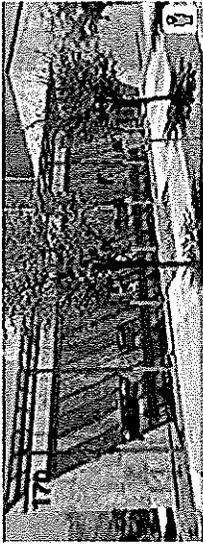
Rate this map - Write a comment - KML - 

Google

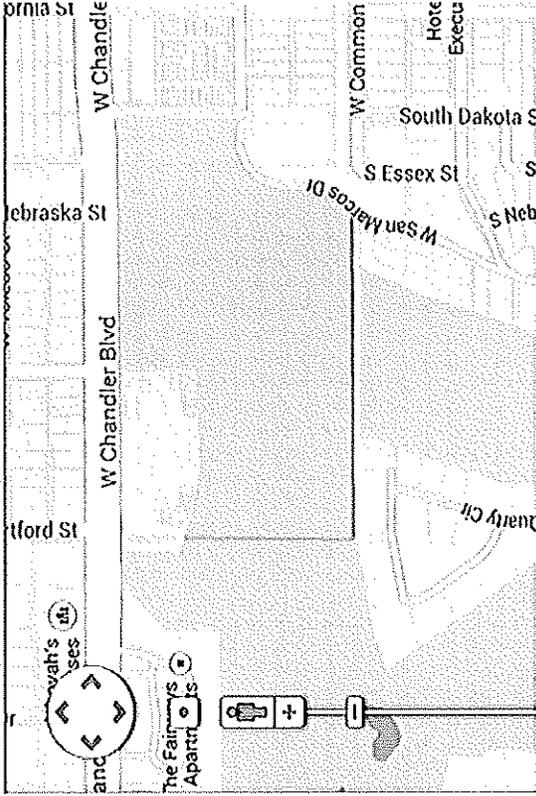
175 S Arizona Ave, Chandler, AZ

Get directions My places

175 S Arizona Ave
Chandler, AZ 85225



Directions Search nearby Save to map more



175 S Arizona Ave

Chandler, AZ 85225



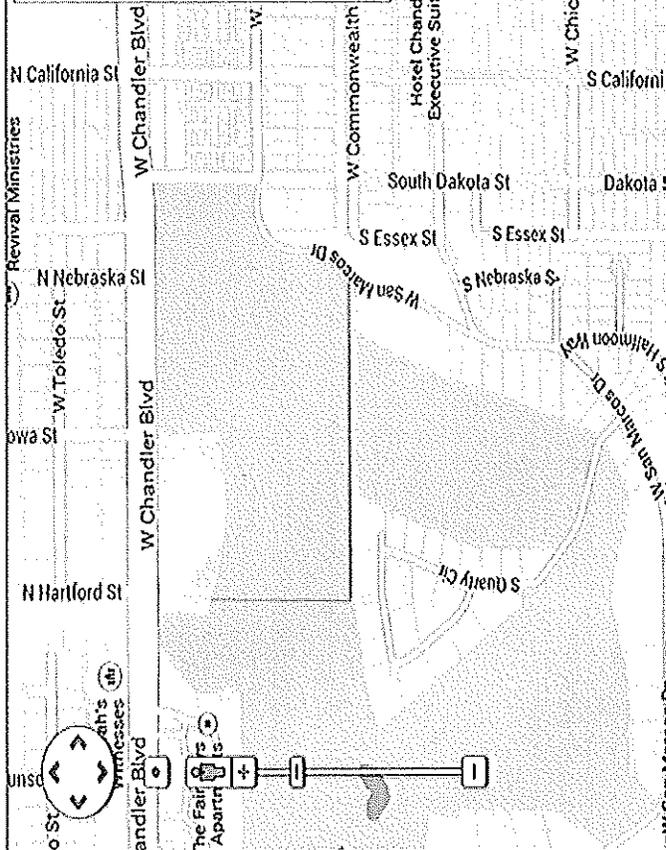
Street view

Directions Search nearby Save to map more

Save to My Maps

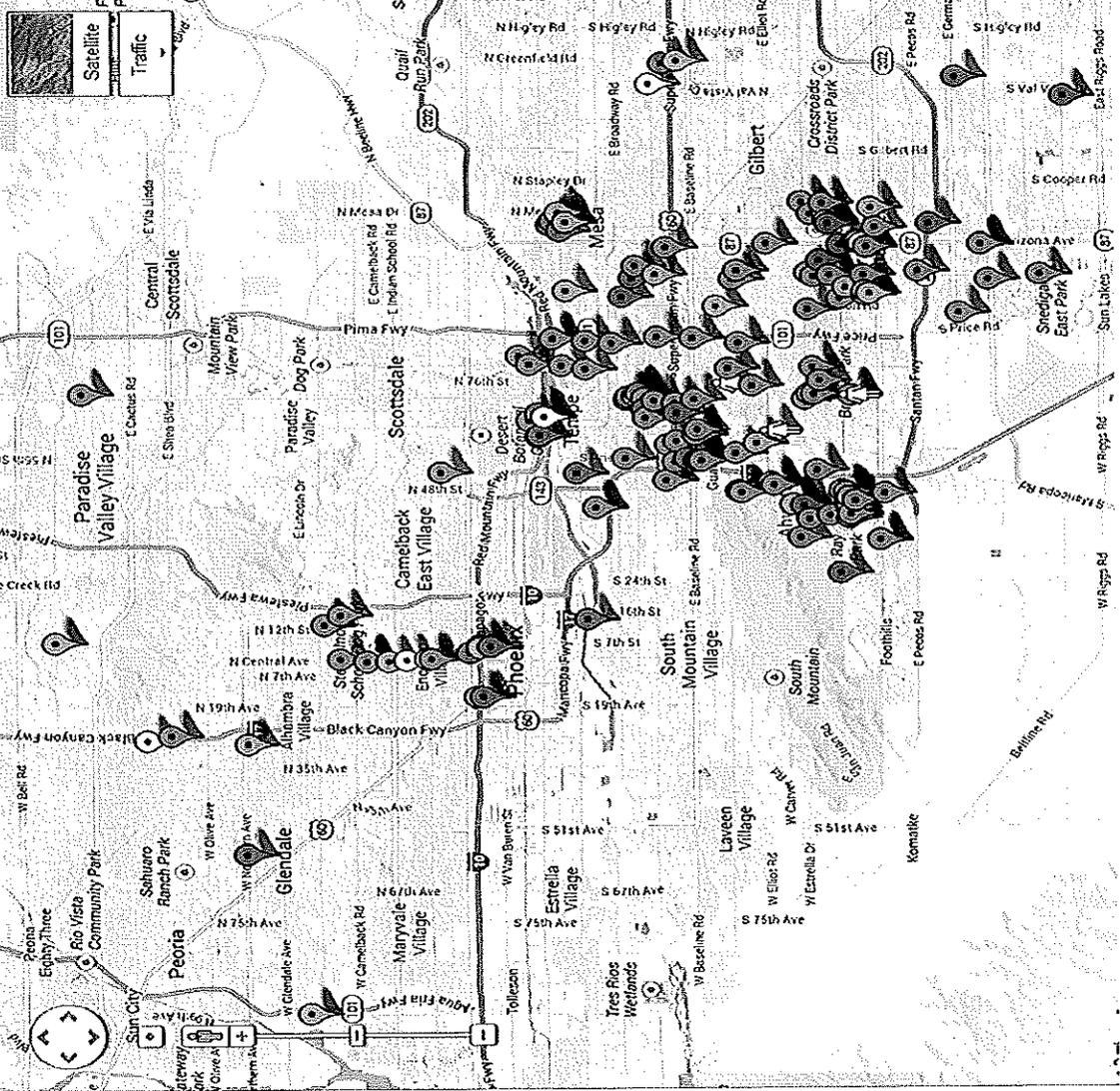
Central Maricopa Outreach for Aug... Save

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Google

Conrad Lindo + Share



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CREATE MAP

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- Set home location
- Set work location

LAST VIEWED TODAY

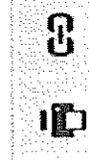
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- Drop Inn Outreach Sites Unlisted 1:18pm
- Libraries In Central Maricopa Unlisted 1:18pm
- Central Maricopa Outreach April 2013 Unlisted 1:17pm
- Central Maricopa Outreach for May 2013 Unlisted 1:17pm
- Central Maricopa Outreach for June 2013 Unlisted 1:17pm
- Central Maricopa Presentations Sept. 2012 - June 2013 Unlisted 1:17pm
- Central Maricopa Events Sept. 2012 - June 2013 Unlisted 1:17pm

EARLIER THIS MONTH

- Central Maricopa Outreach for July 2013 Unlisted Aug 15
- Central Maricopa Outreach for August 2013 Unlisted Aug 14

Get directions

My places



All

Maps

Starred

More

CREATE MAP

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Set home location

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Paste link in email or IM

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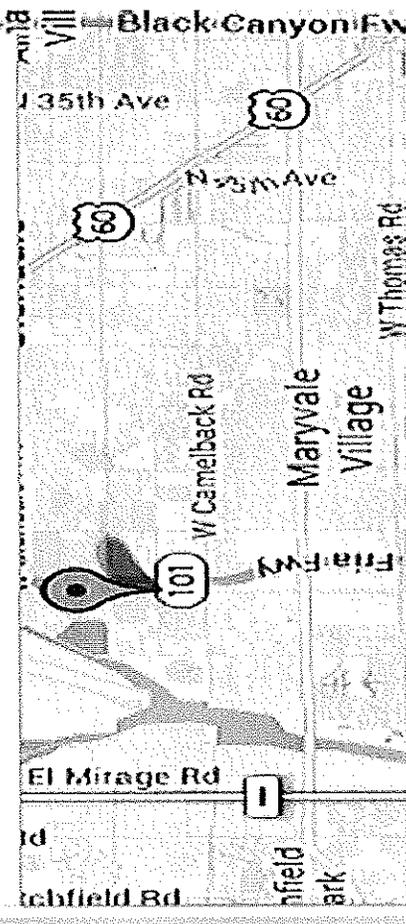
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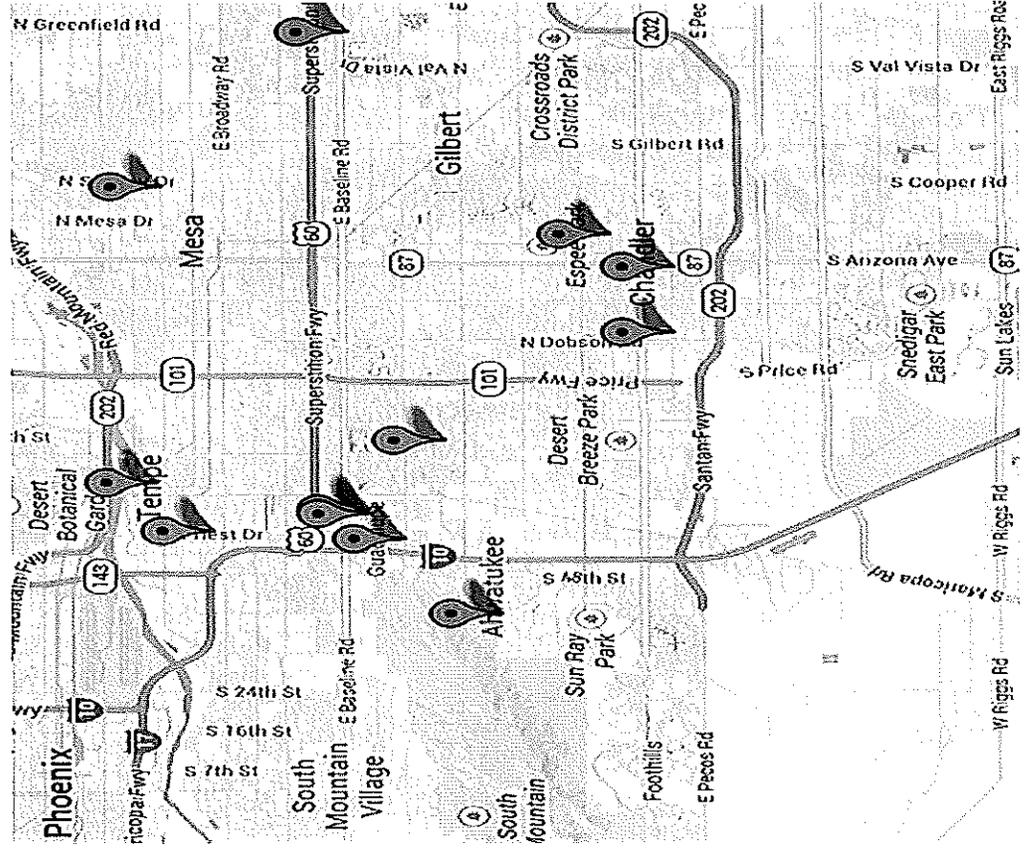
Paste HTML to embed in website

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<iframe width="425" height="350" frameborder="0" <
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This map cannot be embedded. Help



Central Maricopa Grantees



Central Maricopa Grantees

Public · 0 views
 Created on Aug 20 · By Conrad · Updated < 1 minute ago
 Rate this map · Write a comment · KMIL ·

-  **Tempe Community Council**
34 E 7th St, Tempe, AZ 85281
-  **Getz School Family Resource Center**
625 W Cornell Dr, Tempe, AZ 85283
-  **Holdeman Family Resource Center**
1326 W 18th St, Tempe, AZ 85281
-  **Kyrene Family Resource Center**
1330 E Dava Dr, Tempe, AZ 85283
-  **Wood Family Resource Center**
727 W Cornell Dr, Tempe, AZ 85283
-  **Kyrene De Las Lomas Family Resource Center**
11820 S Warner Elliot Loop, Phoenix, AZ 85044
-  **Chandler CARE Center**
777 E Galveston St, Chandler, AZ 85225
-  **Chandler Christian Community Center**
345 S California St, Chandler, AZ 85225
-  **Chandler Regional Medical Center Dignity Health**
1875 W Frye Rd, Chandler, AZ 85224
-  **Chicanos Por La Causa Family Resource Center**
9201 S Avenida Del Yacui #21, Guadalupe, AZ 85283
-  **New Directions Institute (NDI)**
1420 N Greenfield Rd, Gilbert, AZ 85234
-  **My Child's Ready**
1045 E University Dr, Mesa, AZ 85203



6/4/13 - Outreach - The Empowerment Group, LLC

7776 South Pointe Pkwy W #160, Phoenix, AZ 85044 - Delivered F literature, birth to five helpline and books to Melissa Cox who is a child therapist.



6/5/13 - 1:1 Presentation

4605 E Chandler Blvd, Phoenix, AZ 85048 - I met with a single dad named Alex and conducted an FTF presentation. I provided Alex w a packet of FTF literature and the Central Maricopa Parent Guide.



6/6/13 - Event - Center Director Graduation

3929 S Rural Rd, Tempe, AZ 85282 - Attended the Aim4Excellence Director Credential Central Maricopa Cohort graduation ceremony. Eight Center Directors completed the cohort and there were 30 people i...



6/6/13 - Presentation - Story Time Chandler Christian Community Center

345 S California St, Chandler, AZ 85225 - Informed 2 parents about FTF and provided them with FTF literature, the Central Maricopa Parent Guide and books for their children.



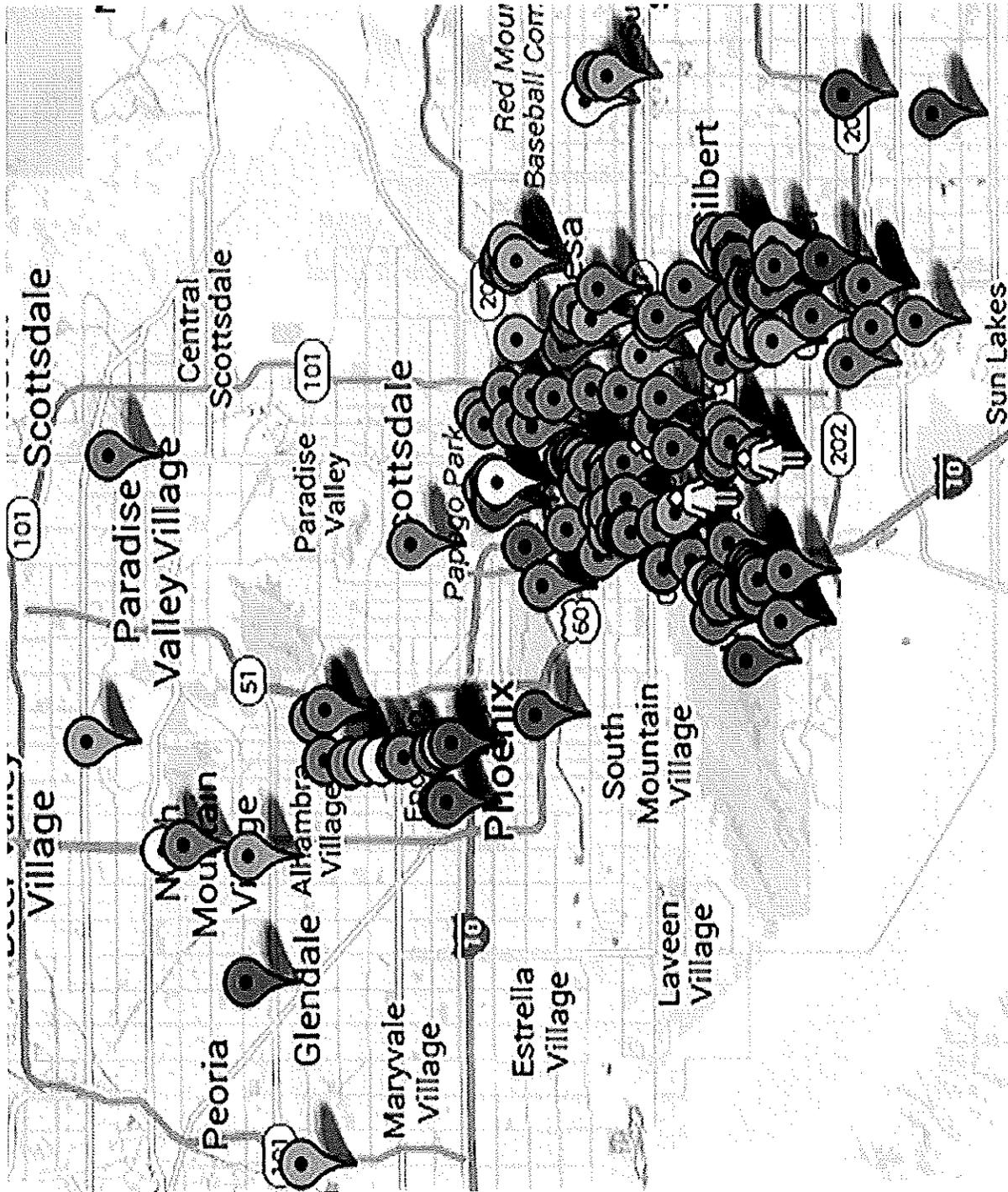
6/11/13 - Presentation - Guadalupe Public Library

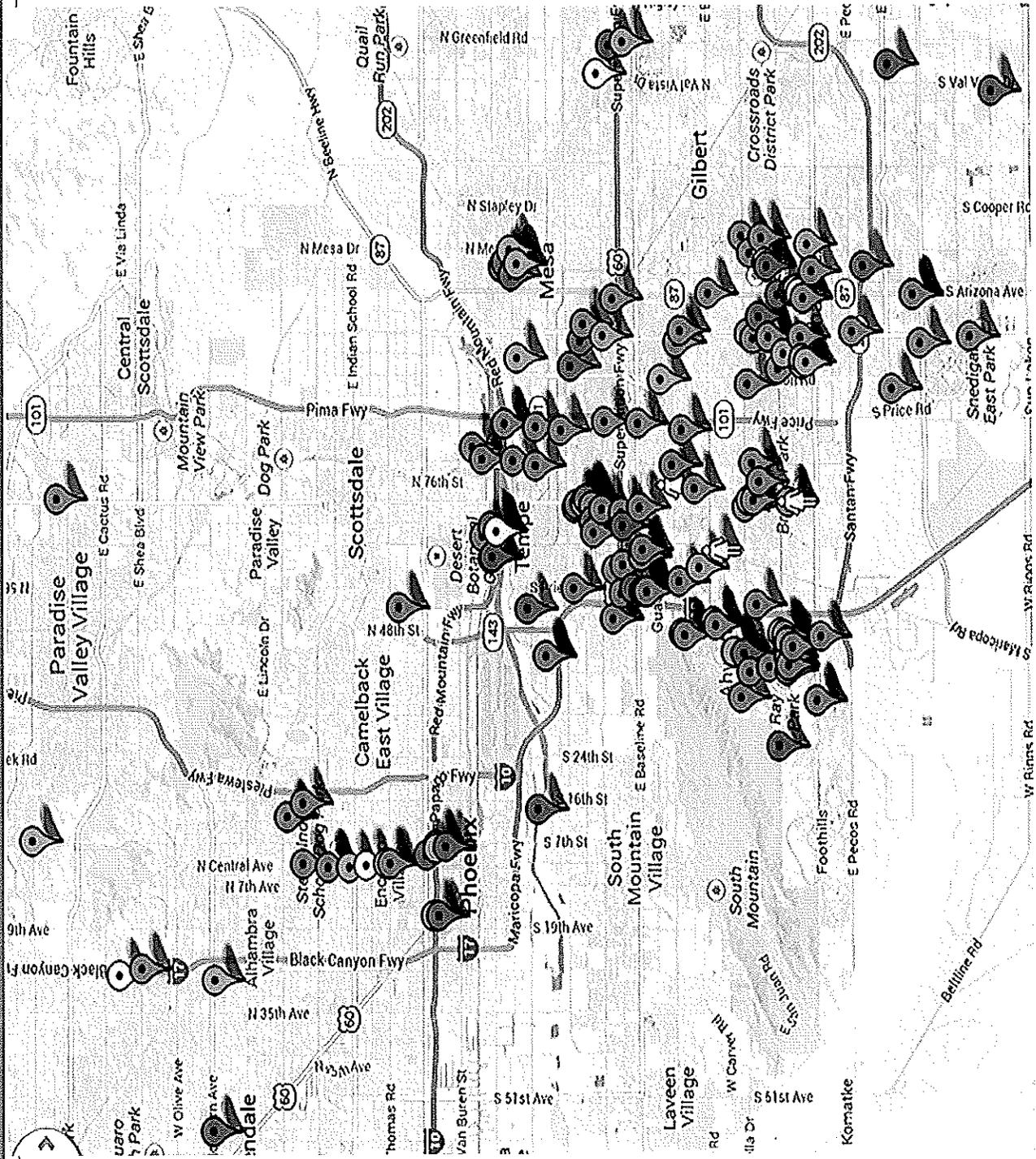
9241 S Avenida Del Yaqui, Guadalupe, AZ 85283 - Conducted an FTF presentation with Maria Mucino, Branch Manager for the Guadalupe Public Library. I provided Maria with a packet of FTF literature inclu...



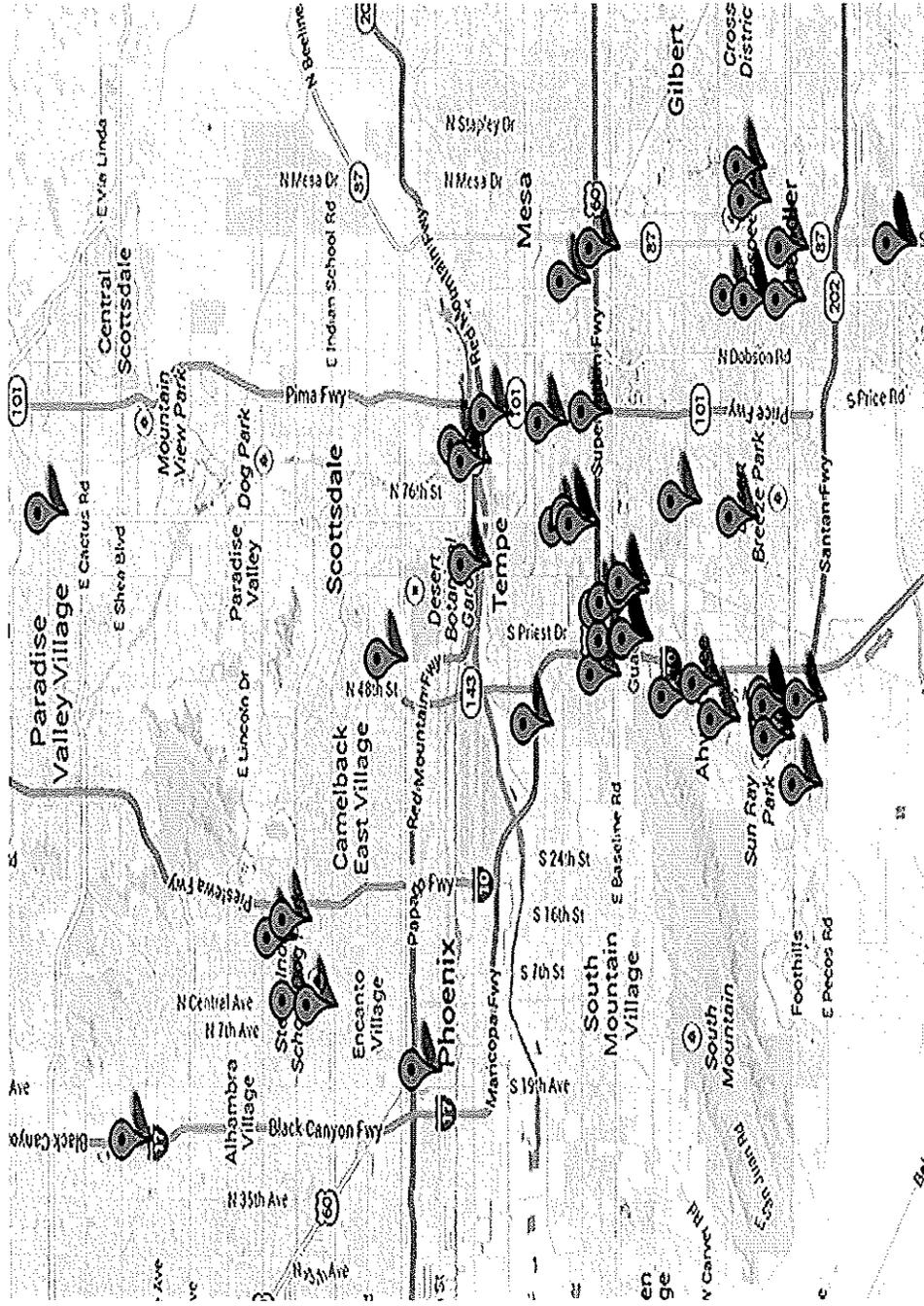
6/11/13 - Meeting - Chandler Education Coalition

175 S. Arizona Ave, Chandler, AZ 85225 - Attended monthly meeting the focus of the coalition is on promoting early literacy in Chandler. There were 20 community people in attendance.

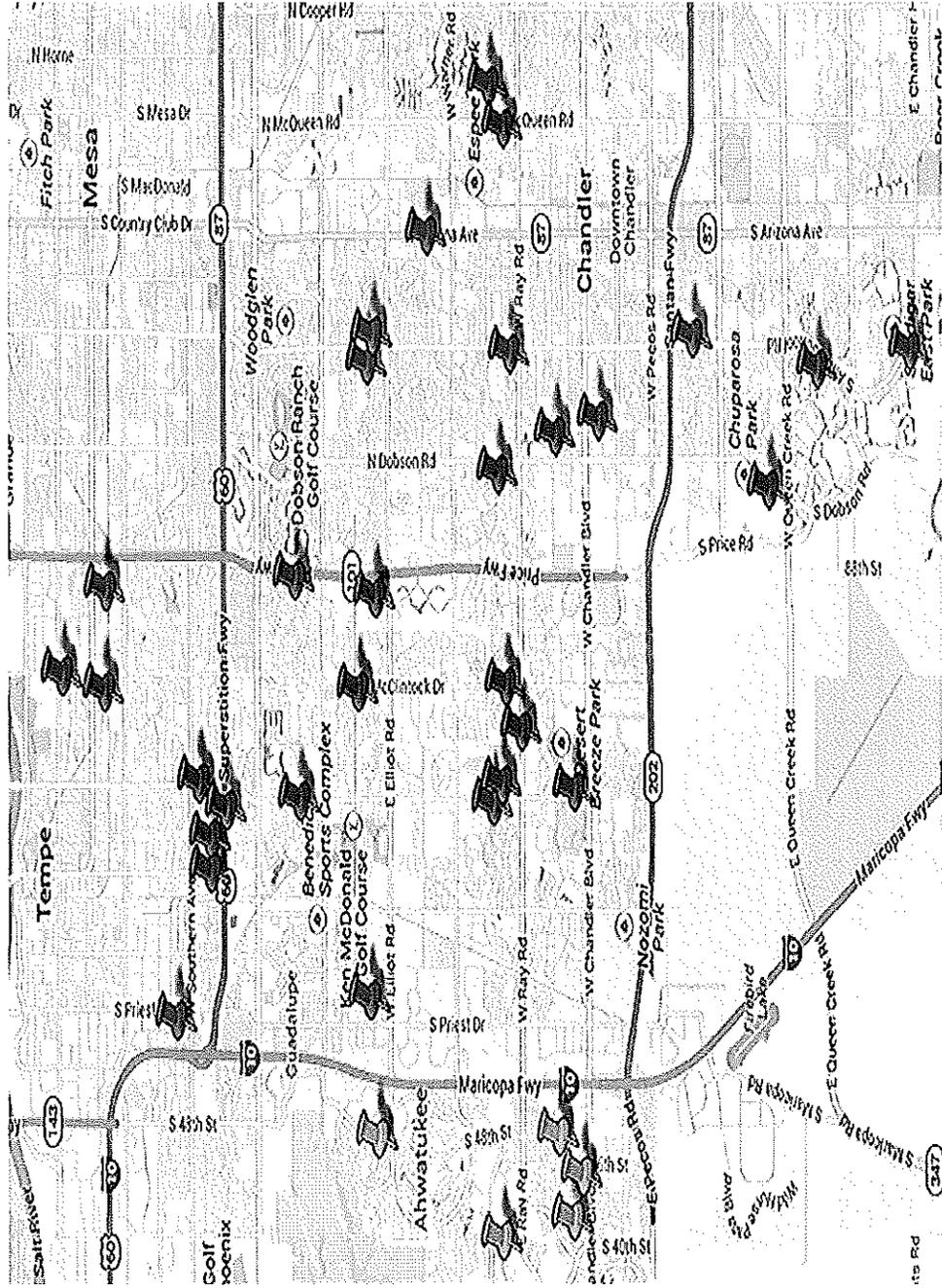




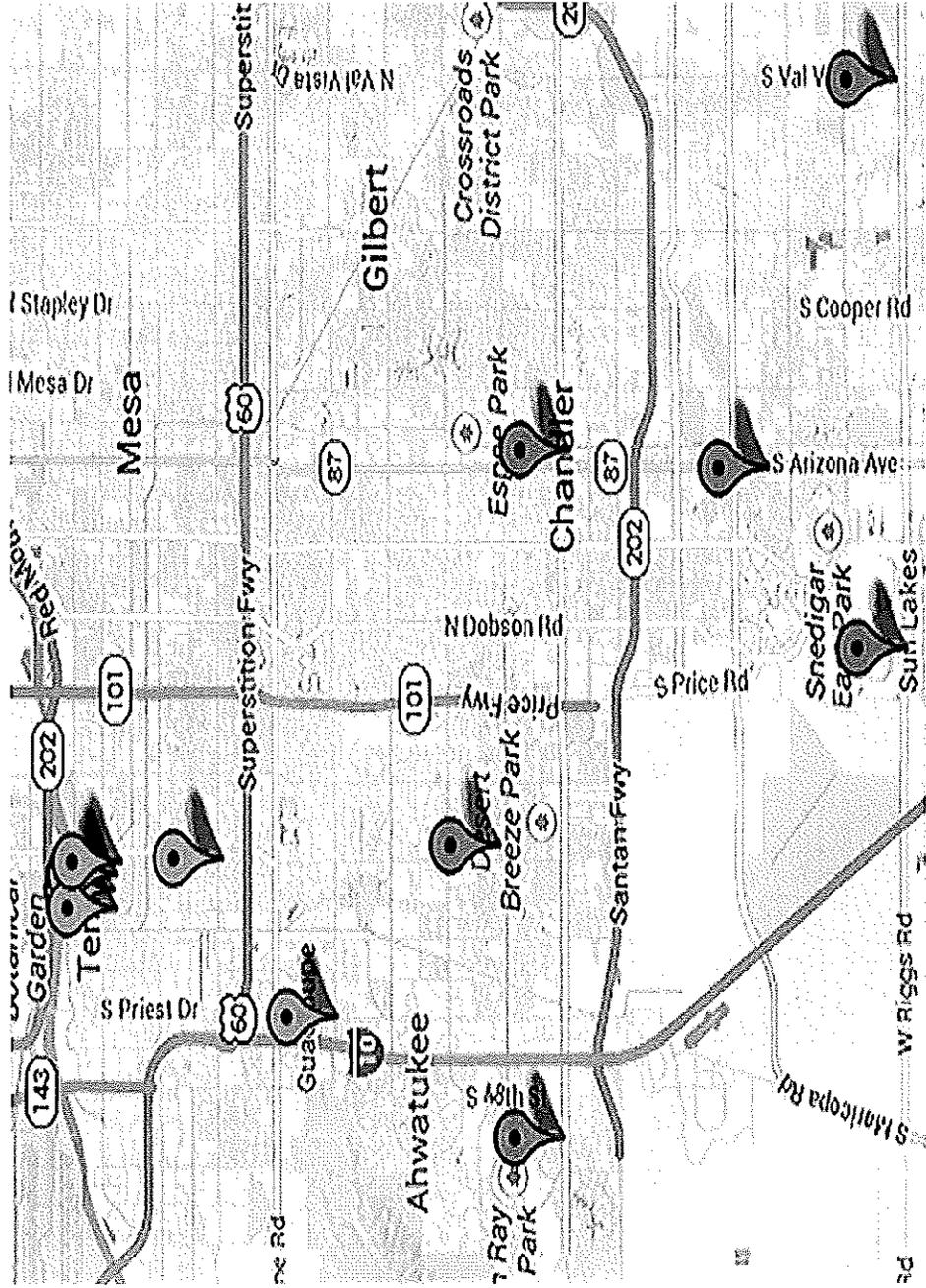
Central Maricopa Presentations

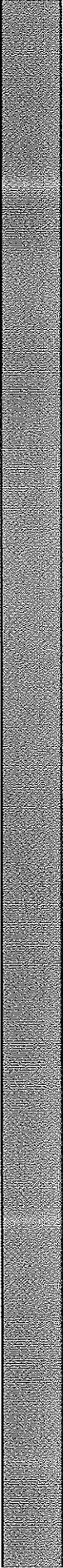


Central Maricopa Quality First Centers



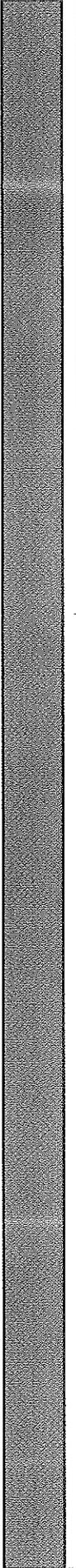
Public Libraries in Central Maricopa





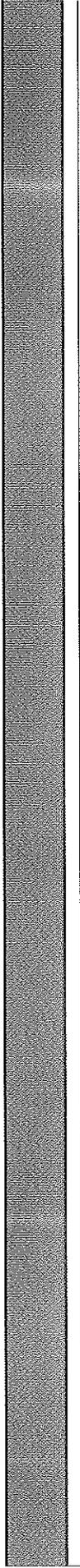
SYSTEMS BUILDING TO SUPPORT EARLY CHILDHOOD LITERACY – ONE CITY'S BEGINNING

First Things First
Early Childhood Summit
2013



City of Chandler Initiates the first Education Coalition

- Formed by Councilman Rick Heumann, the council was formed as a collaborative, “systems building,” effort to support the quality of educational opportunity and school readiness in the City of Chandler.
- This committee, made up of over 30 organizations, is committed to improving school readiness from cradle to kindergarten across the city of Chandler.



Education Coalition – Structured to build capacity

- City Of Chandler Council and Staff
 - Council Members
 - Chief of Police
 - Fire Chief
 - Economic Development Director
 - Research Analyst
 - Management Assistant
 - Support of the City's Mayor

Education Coalition – Outreach and Systems Building

- Individuals who maintained strong leadership capacity within their organizations and were the “decision-makers” for their organization were invited to a roundtable discussion. Members included:
 - Public and Private Schools and Districts
 - Non-Profits serving Children
 - Colleges and Universities
 - Non-Profit Partnerships impacted by Economic Development.
 - Health and Wellness Organizations
 - Organizations focused on Early Childhood Initiatives



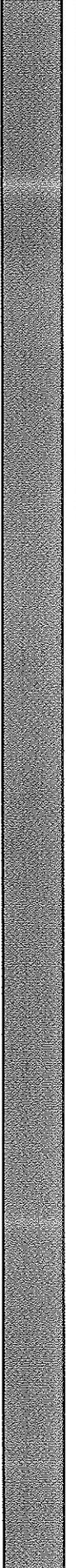
What Happened Next?

- Held the Round Table to discuss what we wanted to accomplish as a group....
- What do you think happened?
 - Was the conversation based on Kindergarten readiness?
 - Low Hanging Fruit is of benefit.... When you are hungry!
 - Efforts became project focused and discussions were “safe.”



Our Oprah – Ah-haa Moment

- The work on Chandler’s Science and Technology Festival was evidence of the power of banding together, linking organizations for a common cause. What if....
1. We used this advocacy toward initiatives and programs that impact student learning.
 2. Focus integrated services and resources to targeted areas.
 3. Collaborate around a “thin slice” of data



So what is the URGENCY?

- MOWR - Early Literacy development is a strong predictor as to reading readiness and success
- Brain Development is based on the environments and nurturing received by caring adults.
- Strong Foundational Skills improve the odds for positive outcomes for all children.
- Quality Early Education reduces expenses for costly interventions. Innovation vs. Intervention



Need more convincing...

- ✓ Need for high cost Interventions reduced as much as 40%
- ✓ Increases College and Career Readiness
- ✓ More Successful - Add to the economic base of the community.
- ✓ Quality Early Childhood experiences can:
 - Reduce teen pregnancy
 - Reduce unemployment
 - Reduce crime and dependence on social services



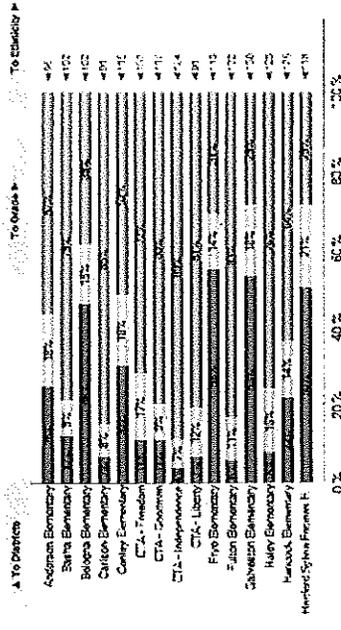
Data is Central to Collaborative Work

- Step one is to demonstrate an understanding of the challenges associated with achieving third grade reading proficiency for children in the targeted demographics.
- View multiple data points including Summative and Formative indicators.
- Indicators must be a valid measure of concepts
- Indicators must be easily understood
- Indicators must be similar across school systems
- Consistent collections of data
- Indicators must be affordable to gather and report

**Comparing Populations on mCLASS: DIBELS
By School For Chandler Unified School District**

Chandler Unified School District, AZ

District: Chandler Unified School District
 School: 10 School
 Grade: K
 Subject: Overall Class
 mCLASS: DIBELS
 Composite Score
 Total Students Assessed
 Total Score Difference
 Percentage
 Benchmark



Information with no data are not included.

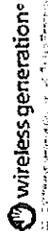
Comparing Populations on mCLASS:IBELS
 By School For Chandler Unified School District

Chandler Unified School District, AZ

Director: Cheryl Underwood
 School: 4 Schools
 District: 4 Schools
 mCLASS:IBELS
 Composite Score
 10/10/2012
 10/10/2012
 10/10/2012

Grade: K
 Report: Individual

| School | Score | Percentile |
|-----------------------------------------|------------|------------|
| Hull Elementary | 457 | 12% |
| Humphrey Elementary | 478 | 27% |
| Jacobson Elementary | 497 | 53% |
| Knox Elementary | 433 | 10% |
| Marshall Elementary | 471 | 25% |
| Parkview Elementary | 473 | 26% |
| Scott Elementary | 473 | 26% |
| Shoreway Elementary | 473 | 26% |
| Thompson Elementary | 473 | 26% |
| Van-Brig Elementary | 482 | 31% |
| Chandler Unified School District | 486 | 33% |



CHANDLER UNIFIED SCHOOL DISTRICT #80

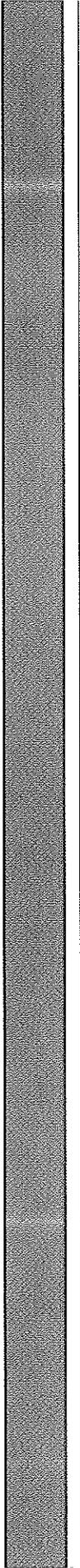
Percent of kindergarten students whose composite score fall below Benchmark using universal screening for reading fluency.

| | Price | Dobson | Alma School | Arizona Ave | McQueen | Cooper | Gilbert | Lindsay | Val Vista Dr | Greenfield | Higley | Recker | Power | Sossaman |
|------------------|-------|--------|-------------|-------------|---------|--------|---------|---------|--------------|------------|--------|--------|-------|----------|
| Warner | Aa | Ac | Ad | Be | Bf | Bg | Bh | Bi | Bl | Bm | Bn | Bo | Bp | Bq |
| Ray | Ba | 43% | 71% | 52% | 19% | 34% | 44% | 30% | 33% | 27% | 24% | 24% | 15% | 26% |
| Chandler Blvd | Ca | 48% | 71% | 61% | 34% | 46% | 30% | 33% | 27% | 24% | 24% | 15% | 26% | |
| Pecos | Da | Db | Dc | Dd | De | Df | Dg | Dh | Di | Dj | Dk | Dl | Dm | Dn |
| Germann | Ea | 23% | 38% | 21% | 12% | 12% | 17% | 12% | 12% | 12% | 12% | 12% | 12% | 12% |
| Queen Creek | Fa | Fb | Fc | Fd | Fe | Ff | Fg | Fh | Fi | Fj | Fk | Fl | Fm | Fn |
| Ocotillo | Ga | 35% | 21% | 21% | 12% | 12% | 17% | 12% | 12% | 12% | 12% | 12% | 12% | 12% |
| Chandler Heights | Ha | 12% | 17% | 12% | 12% | 12% | 17% | 12% | 12% | 12% | 12% | 12% | 12% | 12% |
| Riggs | Ia | Ib | Ic | Id | Ie | If | Ig | Ih | Ii | Ij | Ik | Il | Im | In |
| Hunt | Ja | Jb | Jc | Jd | Je | Jf | Jg | Jh | Ji | Jj | Jk | Jl | Jm | Jn |



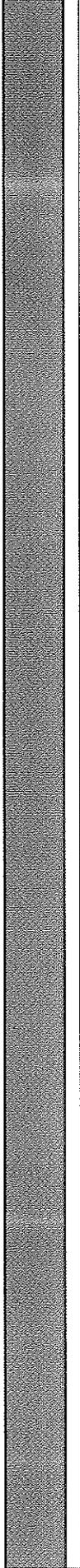
Literacy MISSION Statement:

- Chandler is a literate community.



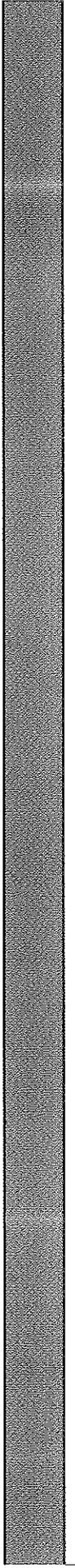
PURPOSE

- The purpose of the Chandler Education Coalition is to create a collaborative support system of community stakeholders to ensure all Chandler children birth through five obtain the necessary literacy skills for school-readiness.



SCOPE

- Identify areas in the Chandler community where the greatest numbers of children entering kindergarten are unprepared to learn.
- Advocate and raise community awareness on the importance of early childhood literacy
- Identify community resources that can be allocated to support early childhood literacy.



BACKGROUND

- Many of our Children Birth through 5 face significant barriers to school readiness.
- High Percentage of children from target demographic areas fall below basic reading levels.
- Children entering kindergarten without the skills they need to succeed in school rarely meet the milestones of reading proficiently by third grade.
- Less than 30 % of children in the targeted demographic have access to quality preschool.



LITERACY SUBCOMMITTEE

- **T1** – Organizations with a primary focus and interest on Birth through 5
- **T2** – Organizations with programs that serve Youth but not focused on Birth -5 initiatives.



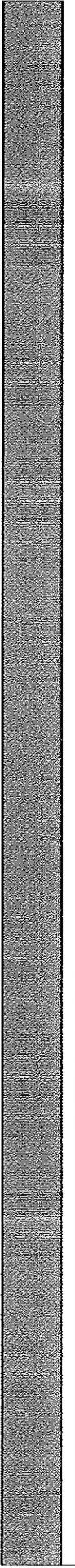
TEAM EMPOWERMENT

- The team is inclusive of stakeholders who have a vested interest in school-readiness and who are empowered to allocate resources including for profit, nonprofit, and faith-based; school districts, family resource centers, libraries, health care providers, and state/federal initiatives.



TEAM OPERATIONS

- The meetings are typically held the second Tuesday of the month at 3:00 p.m. at the Chandler City Hall, 175 S. Arizona Avenue.
- Each committee is expected to present a short status report for the aspect of the project they are working on. If a committee representative is unable to attend, a notification will be sent to the Coalition leader who will designate duties of reporting. A summary of each meeting will be prepared by Susan Moore and emailed to all members following the meeting.



A WORK IN PROGRESS

- **Goal Performance Monitoring**
- **Acquisition milestones and schedules (To be determined)**



Tips to Help your Outreach Efforts:

- Successful Collaboratives make multi-year commitments because long-term change takes time. Meeting a goal is good, but sustaining a goal is hard work.
- All relevant partners play a role, including decision-makers from government, philanthropy, business and non-profits. *Funders need to be at the table at the beginning stages of developing goals, vision and strategies.
- Data is central to collaborative work
- Community Members help shape services and sustain identified services in the community.



QUESTIONS

If you need further information please contact:

Narducci.frank@cusd80.com

One Stop Shopping for Stronger Family Support Systems



*Lori Tapia, FRC Director
Trinity Donovan, CEO*

*First Things First Summit
August 27, 2013.*

Creating a Web

Round 1

Name and Organization

Round 2

1-2 words to identify the main focus of your organization

Round 3

1-2 words to describe what you get out of your job

Round 4

Name an organization you would like to partner with

CCCC History

In the beginning.....

1966

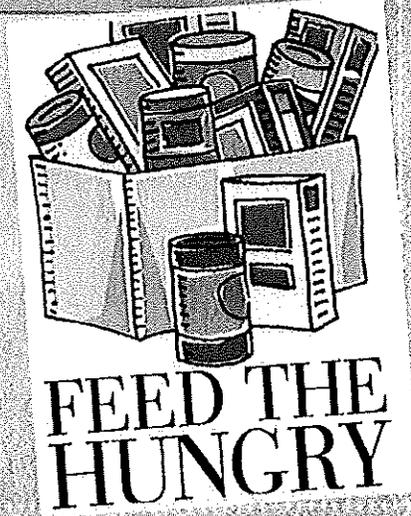
*Chandler Food Bank
Clothing Bank*

MISSION

At Chandler Christian
Community Center, we
change lives by nourishing
minds and bodies to create a
connected, thriving
community.

Service Focus

What's the motivator?



First-Aid Affect

*Good Programs, Good Intentions,
Lots of Love*



*With service focus we tend to patch up the
problem by placing a bandaid over it , but
never really seek out the root to eliminate it.*

Focus on Family.....
Leads to Transformation

What's the Motivator?



• System Building! Family Support Systems

From Providing.....

Emergency & Supplemental Food Bank

Back to School & Christmas Assistance Programs serving 300-500 kids

A few random opportunities:
English Classes, NA Groups

To Meeting Needs While Creating Change

Supplemental items that enhance health and nutrition such as steamers and recipes with food boxes *

Emergency & Supplemental Nutritional services * Diapers & wipes * Formula & milk coupons *

Free books for children * Early literacy programs * Community health program *

Benefits connection * Parenting programs * I-HELP * Interfaith Homeless Emergency Lodging Program *

Back to School assistance for over 3000 children, Operation Santa for over 2000 children *

Oral health services and education * Bilingual NA Group * English Classes *

CAP (Community Action Program) Services- emergency eviction and utility assistance *

Senior Center- Congregate and home delivered meals, activities * Over 1000 volunteers a year

CASE

Gina enters to seek services with her two year old daughter, Lupe, and her 4 year old daughter, Maria. During the visit, Gina mentioned that her husband has been laid off from work and they have lost their health insurance. Maria has been diagnosed with autism and has not been in any school environment. Gina has no formal education and reads at a 3rd grade level. They are unsure of where their next meals will come from and Lupe who will be 3 next month has not said more than 3 words. There are three other children, Juan & Jaime in High School who have been in some trouble for truancy and Sol who is 8 and loves music. What else is under the next layer?

Tips, Tips & More Tips

- No organization can do it all
- Know what your strengths are
- Partner with those who bring what you can't or don't offer (find the experts)
- Developing relevant programs around family needs strengthens families and creates change
- Create a web of connectedness....don't give phone #'s

Using Evidence-Based Practices to Address Local Needs

Mara de Luca Funke



WeArePublicHealth.org twitter.com/Maricopahealth facebook.com/MCDPH

Why evidence based?



- Think back to the scientific method...
- Limited funding
- Consistency and quality control
- Takes assumption out of the picture
- Supports reproducibility
- Promotes evaluation based on outcomes



What's the difference?



- Evidence based
- Best practices
- Promising practices
- Innovation



EB Policies & Programs



- Peer reviewed publication, large sample size
- Gold standard- multiple publication reaching the same conclusion
- Meta-analysis
- Replication in diverse settings

Example: Nurse Family Partnerships



- 30+ years
- 170,000+ families have participated
- 75+ peer reviewed publications
- Comparative literature
- Longitudinal evaluation- 600 families followed for 12 years

Best Practices



- **Protocol based on scientific evidence and health literature**
- **Used to design a new intervention, adapt an existing intervention, or integrated into an ongoing approach**
- **Increases the likelihood of designing effective activities and producing favorable results**

Example: Social/Ecological Model



- **Guiding principles**
- **Sufficient research and publication**
- **Fits multiple concerns**
- **Enhances interventions or inspires new ones**

Promising Practice



- **Preliminary research, evaluation, or pilot tests indicate the policy/program appears to be effective, however...**
 - More research is needed
 - May not be generalizable to multiple populations
 - Study repetition and peer-reviewed publication is needed

Example: SafeCare



- A home visiting program that aims to reduce child maltreatment
 - Program data (the number of Child Protective Services referrals post-program) reveal participant improvements
 - Several program evaluations, but only one met robust criteria (rigorous study design, statistically significant effect, and number or participants)

Innovation



- **Necessary to create NEW evidence-based options!**
- **Usually starts with best practice models, or adapting evidence-based or promising practices**

Resources: The Community Guide



The Guide to Community Preventive Services
THE COMMUNITY GUIDE
 What Works to Promote Health

Community Preventive Services Task Force

Search



early
childhood

Home Task Force Findings Topics Use The Community Guide Methods Resources News About Us

Text Size: S M L XL

Report to Congress Features Cardiovascular Disease Prevention

The Community Preventive Services Task Force released its 2013 annual report to Congress, the first to focus on evidence-based recommendations on specific health topic.

1 2 3 4

Task Force

2013 Meetings
October 23-24

2014-2016 Meetings

Annual Reports to Congress

Get Email Updates

Submit your email address to get updates on The Community Guide topics of interest.

Your email address **Submit**

[What's this?](#)

Topics

| | | | |
|-------------------------------------------------|-------------------------------------------|--------------------------------------|------------------------------------|
| Adolescent Health | Diabetes | Motor Vehicle Injury | Social Environment |
| Alcohol - Excessive Consumption | Emergency Preparedness | Nutrition | Tobacco |
| Asthma | Health Communication | Obesity | Vaccination |
| Birth Defects | Health Equity | Oral Health | Violence |
| Cancer | HIV/AIDS, STIs, Pregnancy | Physical Activity | Worksite |
| Cardiovascular Disease | Mental Health | | |

What is The Community Guide?

The Guide to Community Preventive Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

Learn more [about The Community Guide](#), [collaborators](#) involved in its development and dissemination, and [methods](#) used to conduct the systematic reviews.

The Guide to Community Preventive Services
THE COMMUNITY GUIDE
 What Works to Promote Health

WHAT WORKS
FACT SHEETS

The Guide to Community Preventive Services
THE COMMUNITY GUIDE
 What Works to Promote Health

LEARN HOW COMMUNITIES ARE WORKING TO PROTECT AND IMPROVE HEALTH

In Action

The Community Guide



Search Results

[Return to The Community Guide](#)

You searched for: **early childhood**

Search again:

SEARCH

Need help?... [Search Tips](#)

The_Community_Guide only All CDC documents

Note: The results below are only those items found within The_Community_Guide. For a wider search of the CDC website, select 'All CDC documents' and search again.

Results **1 - 10** of about **157**

[The Community Guide - Social Environment -Promoting ...](#)

The Community Preventive Services Task Force recommends interventions for **early childhood** development programs. ...

www.thecommunityguide.org/social/childhooddev.html

[The Community Guide - Early Childhood Development ...](#)

Community Preventive Services Task Force recommends publicly-funded, center-based, comprehensive **early childhood** development programs ...

www.thecommunityguide.org/social/centerbasedprograms.html

[In early childhood home visitation programs, par-](#) 

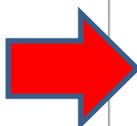
In **early childhood** home visitation programs, par- ents and children are visited at home during the child's first 2 years of life by trained personnel ...

www.thecommunityguide.org/violence/viol-AJPM-evrev-home-visit.pdf

[Reducing violence-related morbidity and mortal-](#) 

three approaches to the prevention of violence by means of community interventions—specif- ically firearms laws, **early childhood** home visitation ...

www.thecommunityguide.org/violence/viol-AJPM-recs.pdf





Promoting Health Equity, Early Childhood Development: Comprehensive, Center-Based Programs for Children of Low-Income Families

Health Equity

– [Education Programs and Policies](#)

[Summary of Findings](#)

[Full-Day Kindergarten](#)

Center-Based Programs for Children of Low-Income Families

[Supporting Materials](#)

+ [Culturally Competent Health Care](#)

+ [Housing Programs and Policies](#)

Comprehensive, center-based early childhood development programs are defined as publicly funded comprehensive preschool programs designed to improve the cognitive and social development of children, aged 3 to 5 years, at risk because of family poverty. Programs reviewed included Head Start as well as other early childhood programs serving disadvantaged families.

Summary of Task Force Recommendations & Findings

The [Community Preventive Services Task Force recommends](#) publicly-funded, center-based, comprehensive early childhood development programs for low income children aged 3 to 5 years based on strong evidence of their effectiveness on preventing delay of cognitive development and increasing readiness to learn, as assessed by reductions in grade retention and placement in special education classes.

The Task Force finds [insufficient evidence](#) to determine the effectiveness of early childhood development programs on social cognition and social risk behaviors because findings were limited to the longitudinal results of a single program.

Evidence is also insufficient to determine the effectiveness of early childhood programs on child health screening outcomes and family outcomes because of a lack of sufficient comparative studies examining these outcomes.

[Task Force Finding](#)

About the Intervention

The early childhood development programs reviewed are “center-based” (i.e., in a public school or child development center), providing an alternative physical and social environment to the home.



Results from the Systematic Review

Seventeen studies qualified for the review.

- The review assessed four different categories of outcomes: cognitive, social, health, and family.
- ➔ • Nine studies measured academic achievement through use of standardized academic achievement assessments, such as the Woodcock-Johnson or California Achievement Test.
 - Six studies demonstrated increases in academic achievement for students enrolled in early childhood development programs.
 - One study reported a negative effect.
 - Two studies provided no data to calculate effect sizes.
 - Academic achievement scores increased by a median of 0.35 standard deviations.
- ➔ • School readiness: median effect size of 0.38 standard deviations (3 studies)
- IQ: median effect size of 0.43 standard deviations (6 studies)
 - Although these results are positive, the influence of this gain in IQ on longer-term health and social outcomes is not known.
- Student retention: program participants were 13% less likely to be retained (“held back”) in grade level (5 studies)
- Placement in special education programs: program participants were 14% less likely to be placed in special education programs (5 studies)
- Some reviewed programs included a home visitation component.
- Reviewed Programs operated full or half days, 9 to 12 months a year.

These findings were based on a systematic review of all available studies, conducted on behalf of the Task Force by a team of specialists in systematic review methods, and in research, practice and policy related to promoting health equity.



Supporting Materials

- [Analytic Framework](#)  [PDF - 2.30MB] - See Figure 1 on page 36
- [Evidence Gaps](#)
- [Summary Evidence Tables](#)  [PDF - 84KB] 
- [Included Studies](#)
- [Search Strategy](#)

Publications

Anderson LM, Shinn C, Fullilove MT, et al. [The effectiveness of early childhood development programs: A systematic review.](#)  [PDF - 2.30MB] *Am J Prev Med* 2003;24(3S):S32-46.

Task Force on Community Preventive Services. [Recommendations to promote healthy social environments.](#)  [PDF - 72KB] *Am J Prev Med* 2003;2003;24(3S):S21-4.

Task Force on Community Preventive Services. [The social environment.](#)  [PDF - 386KB] In : Zaza S, Briss PA, Harris KW, eds. *The Guide to Community Preventive Services: What Works to Promote Health?* Atlanta (GA): Oxford University Press;2005:329-84.

[More](#) Community Guide publications about Promoting Health Through the Social Environment

Disclaimer

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC.

Sample Citation

The content of publications of the Guide to Community Preventive Services is in the public domain. Citation as to source, however, is appreciated. Sample citation: Guide to Community Preventive Services. Promoting health equity, education programs and policies: comprehensive, center-based programs for children of low-income families www.thecommunityguide.org/healthequity/education/centerbasedprograms.html. Last updated: MM/DD/YYYY.

Review completed: June 2000

Local resources



- Local data is a common problem
- MCDPH and FTF are both working to improve the situation
- Choose an approach that is likely to work that will fit your local population, OR
- Adapt an approach that is likely to work to the needs of your local population
- We will review 3 common sources

Maricopa County Community Health Assessment



- wearepublichealth.org
- Annual Health Status Report
- First-ever community health assessment which includes community-based data as well as qualitative (non-numerical) data



Search Public Health

Programs & Services

- Birth & Death Certificates
- Breastfeeding Peer Counseling
- Child Care Health Consultation
- Dietetic Internships
- Disease Prevention/Epidemiology
- Disease Reporting
- Hansen's Disease (Leprosy)
- Health Care for the Homeless
- Healthy Start
- Hepatitis
- Immunizations
- Lead Poisoning Prevention
- Newborn Intensive Care
- Nurse-Family Partnership
- Nutrition & Physical Activity
- Oral Health
- Performance Improvement
- Preparedness and Response
- Refugee Health
- Ryan White Planning Council
- Safe Kids Coalition
- Safe Routes to School (SRTS)
- Safety, Nutrition, Activity and Care for Kids (SNACK)
- Statistics and Reports
- STD/HIV Testing
- Streets of Success (SOS)

PULL ASIDE · STAY ALIVE

HOW TO STAY SAFE WHEN DRIVING IN A DUST STORM

pullasidestayalive.org

Will you know what to do?

August is Natl.
Immunization Month

Pull Aside - Stay Alive
in dust storms!

Extreme Heat: Tips
to stay cool

Fight the Bite during
Monsoon season



Frequently Requested Information

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="margin-bottom: 10px;">  <p>File a Complaint Green pools, mosquitoes, roof rats, restaurants...</p> </div> <div style="margin-bottom: 10px;">  <p>Food Service Food handler cards, restaurant ratings, permit fees...</p> </div> <div style="margin-bottom: 10px;">  <p>Immunizations Child, adult, travel...</p> </div> <div>  <p>Public Assistance Health insurance, nutrition (food stamps) financial support</p> </div> | <div style="margin-bottom: 10px;">  <p>County Hospital Maricopa Integrated Health System</p> </div> <div style="margin-bottom: 10px;">  <p>Testing Services HIV/AIDS, STD, TB...</p> </div> <div style="margin-bottom: 10px;">  <p>Vital Registration Birth and death certificates...</p> </div> <div>  <p>Air Quality Advisories Alerts, current conditions...</p> </div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Programs & Services

- Birth & Death Certificates
- Breastfeeding Peer Counseling
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- Safety, Nutrition, Activity and Care for Kids (SNACK)
- Statistics and Reports
- STD/HIV Testing

PERFORMANCE IMPROVEMENT



[Home](#) | [Services](#) | [CHA/CHIP](#) | [FAQs](#) | [Reports & Data](#) | [HIPMC](#) | [Media Resources](#) | [Accreditation](#)

Office of Performance Improvement

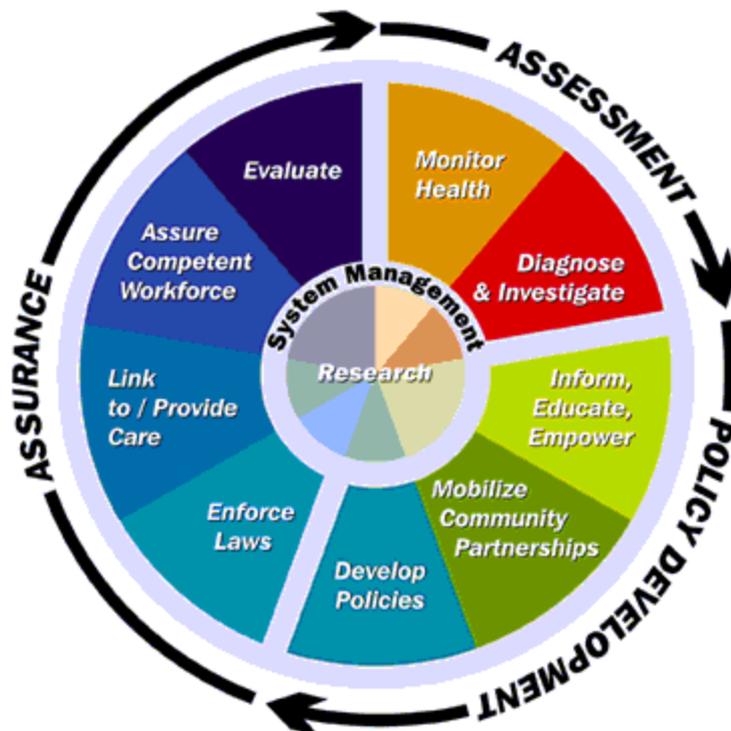
The Office of Performance Improvement (OPI) strives to ensure effective execution and delivery of the **10 Essential Public Health Services** within and across the Maricopa County Department of Public Health.

Contact
Office of Performance Improvement

Street Address:
4041 N. Central Ave.
Phoenix, AZ 85012

Telephone:
602.372.8424

 [Email us](#)



Adopted: Fall 1994, Source: Public Health Functions Steering Committee, Members (July 1995)

Vision

- Birth & Death Certificates
- Breastfeeding Peer Counseling
- Child Care Health Consultation
- Dietetic Internships
- Disease Prevention/Epidemiology
- Disease Reporting
- Hansen's Disease (Leprosy)
- Health Care for the Homeless
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- Statistics and Reports
- STD/HIV Testing
- Streets of Success (SOS)
- TB Control and Prevention
- Tobacco Free Arizona
- Well Woman HealthCheck
- Women, Infants & Children (WIC)

PERFORMANCE IMPROVEMENT

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Reports & Data

Materials for Download:

To download, right click on the item and select "Save Target As..."

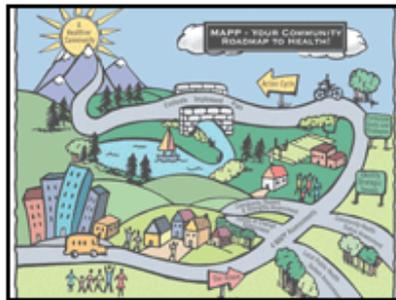
- [2012-2017 Community Health Improvement Plan Objectives](#) [PDF]
- [Forces of Change: Qualitative Data Assessment Findings, 2011](#) [PDF]
- [Recommendations for Maricopa County Health Assessment](#) [PDF]



Maricopa County Public Health Community Action Plan, Preliminary Report



Maricopa County Health Status Report, Aug. 2012 Slideshow



Understanding the Community Health Assessment Process: Mobilizing for Action through Planning and Partnership (MAPP) framework



Community Health Assessment Public Health Strategic Priorities 2012



FTF Needs and Assets Reports

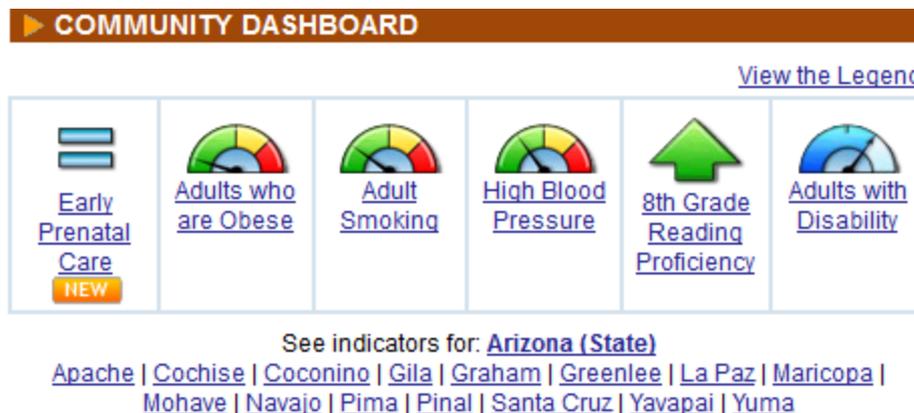


- azftf.gov
- Your Regional Council
- Select Region
- Reports and publications in the lower right
- Local, relevant data to the younger populations- provides a good general overview

Arizona Health Matters



- arizonahealthmatters.org
- Click on your County
- Provides county-level data with a dashboard format
- MCDPH will be augmenting this site with local contributions in the next two months



Indicators for County: Maricopa

[View the Legend](#)

Health

Access to Health Services

| | | |
|----------------------------------|---------------------------|--|
| ▫ Adults with Health Insurance | Comparison: U.S. Counties | |
| ▫ Children with Health Insurance | Comparison: U.S. Counties | |

Cancer

| | | |
|------------------------------------------------------------|---------------------------|--|
| ▫ All Cancer Incidence Rate NEW | Comparison: U.S. Counties | |
| ▫ Bladder Cancer Incidence Rate NEW | Comparison: U.S. Counties | |
| ▫ Breast Cancer Incidence Rate NEW | Comparison: U.S. Counties | |
| ▫ Cervical Cancer Incidence Rate NEW | Comparison: U.S. Counties | |
| ▫ Colorectal Cancer Incidence Rate NEW | Comparison: U.S. Counties | |
| ▫ Liver and Bile Duct Cancer Incidence Rate NEW | Comparison: U.S. Counties | |
| ▫ Lung and Bronchus Cancer Incidence Rate NEW | Comparison: U.S. Counties | |
| ▫ Melanoma Incidence Rate NEW | Comparison: U.S. Counties | |
| ▫ Non-Hodgkin Lymphoma Incidence Rate NEW | Comparison: U.S. Counties | |
| ▫ Oral Cavity and Pharynx Cancer Incidence Rate NEW | Comparison: U.S. Counties | |
| ▫ Ovarian Cancer Incidence Rate NEW | Comparison: U.S. Counties | |
| ▫ Prostate Cancer Incidence Rate NEW | Comparison: U.S. Counties | |

Diabetes

| | | |
|------------------------------------------------------|----------------------------|--|
| ▫ Age-Adjusted Death Rate due to Diabetes NEW | Comparison: AZ State Value | |
|------------------------------------------------------|----------------------------|--|

Family Planning

| | | |
|---------------------------------------------------------------|----------------------------|--|
| ▫ Infants Born to Mothers with <12 Years Education NEW | Comparison: AZ State Value | |
|---------------------------------------------------------------|----------------------------|--|





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FIRST THINGS FIRST

Summit August 20 - 22, 2013

FAMILY RESOURCE COLLABORATION



FIRST THINGS FIRST

Cross-Regional Collaboration

With Patience & Perseverance

It Can Happen!!!

Presenters: Regional Directors

Joanne Floth, Central Maricopa

Christina Lyons, Northwest Maricopa

Karen Yearwood, North Phoenix



FIRST THINGS FIRST

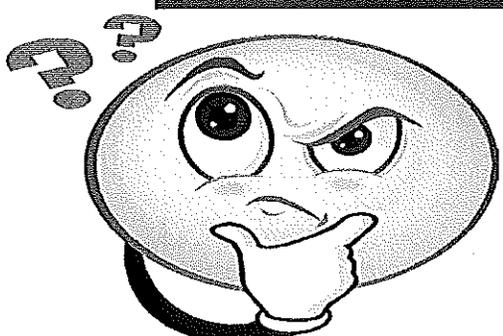
Cross-Regional Collaboration

- What Resources can you bring to this "scenario"?
- How can your group work together to provide help?
- What other resources or where else would you go to get resources?



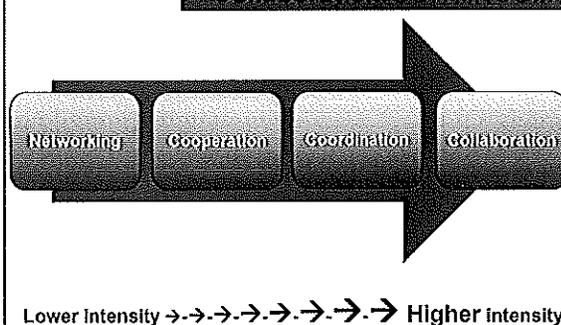
FIRST THINGS FIRST

Collaboration: What is it?



FIRST THINGS FIRST

Coordination and Collaboration CONTINUUM



Lower Intensity → → → → → → → → Higher intensity

FIRST THINGS FIRST

Networking

Activities that result in bringing individuals or organizations together for relationship building, and information sharing

- Increased understanding
- No efforts directed at change
- No Risk

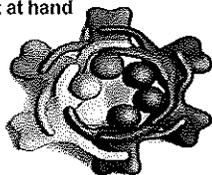


FIRST THINGS FIRST

Cooperation

Characterized by short-term, informal relationships that exist without clearly defined mission, structure, or planning effort

- Share information on subject at hand
- Retains authority
- Resources separate
- Minimal Risk



FIRST THINGS FIRST

Coordination

More formal relationships in response to an established mission

- Involves planning and division of roles
- Open communication
- Individual organizational authority
- Shared resources
- Shared rewards
- Increased risk

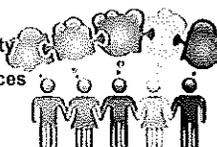


FIRST THINGS FIRST

Collaboration

A more durable and pervasive relationship. Participants bring separate organizations into a new structure with often a formal commitment to a common mission

- Structure determines authority
- Pool or jointly secure resources
- Share results and rewards
- Risk is greater



FIRST THINGS FIRST

Why Collaborate?

- ONE Common Mission and Vision
- 238,955 Families with young children
- 339,217 Children ages 0-5 years
- 10 Regional Partnership Councils
- 10 Regional Funding Plans
 - Each working as a single "entity"
 - Common priorities identified
 - Funding similar strategies
- Councils see value in collaboration



FIRST THINGS FIRST

Why Collaborate?

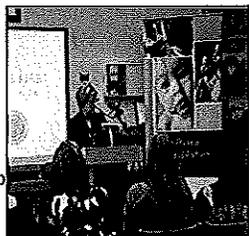
- More cohesive system
- Increase local capacity
- Relaxes boundaries
- Improve quality
- Leverage resources
- Improve services and outcomes for families and children.



FIRST THINGS FIRST

Where to begin?

- Remove barriers
- Review of Funding Plans
- Facilitated discussions
- Chair/Vice Chair Leadership
- Identify priorities
- Solicit support from Regional Partnership Councils



FIRST THINGS FIRST **Priority Area for Collaboration**

**Family Resource Centers
Family Support Coordination**

- \$6.8 million
- 7 Regional Councils
- 25 contracts
- 70,000 families reached

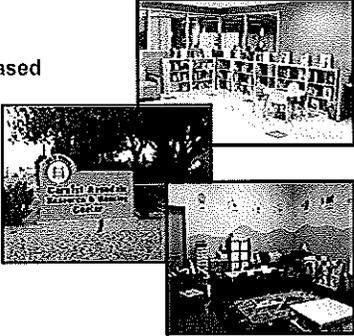


FIRST THINGS FIRST **Family Resource Centers**

Strengthens families of young children by providing locally-based information and instruction on child development and health issues

FIRST THINGS FIRST **Family Resource Center Models**

- Community Based
- School Based
- Clinic Based
- Mobile



FIRST THINGS FIRST Family Resource Collaboration

- 26 Family Resource Centers
- 42 Committed Members
- Regular meetings
 - Adopted a shared Vision, Mission, and Values
 - Established structure
 - Developed policies
 - Defined priorities & goals
 - Established implementation plan
 - Clear expectation



FIRST THINGS FIRST Family Resource Collaboration



MISSION

To increase knowledge, build capacity and develop resources that strengthen families and communities

FIRST THINGS FIRST Family Resource Collaboration

VISION

All families in Maricopa County have access to the resources and information they need to support their child's health, development and education to ensure they are ready to succeed in school and life



FIRST THINGS FIRST **Family Resource Collaboration**

Guiding Principles

1. Staff and families work together in relationships based on equality and respect
2. Staff enhance families' capacity to support the growth and development of all family members -- adults, youth, and children.
3. Families are resources to their own members, to other families, to programs, and to communities.
4. Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
5. Programs are embedded in their communities and contribute to the community-building process.



FIRST THINGS FIRST **Family Resource Collaboration**

Guiding Principles (cont.)

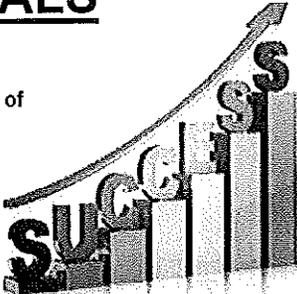
6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served
7. Practitioners work with families to mobilize formal/informal resources to support family development.
8. Programs are flexible and continually responsive to emerging family and community issues.
9. Principles of family support are modeled in all program activities, including planning, governance, and administration.



FIRST THINGS FIRST **Family Resource Collaboration**

GOALS

1. Raise Awareness
2. Improve the Quality of Services
3. Support a Learning Community



FIRST THINGS FIRST

Outreach and Awareness Plan

1. Raise Awareness

- Develop a county-wide universal message
- Provide a gateway to other services



FIRST THINGS FIRST

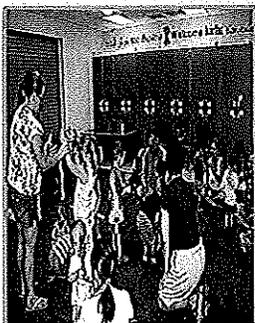
Outreach and Awareness Plan

- Equip parents with information they need to communicate with other parents about the value of FRC services
- Brand FRCs in Maricopa County as a unified entity
- Develop strategic partnerships between the FTF FRC Network and organizations & businesses
- Develop a method to communicate information about the Network



FIRST THINGS FIRST

Improve the Quality of Services



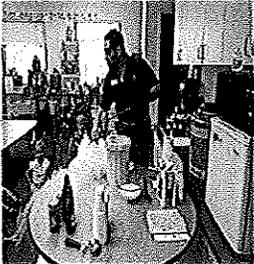
2. Quality of Services

- Best Practices
- Technical Assistance
- Provide opportunities for networking and the sharing of ideas and knowledge

FIRST THINGS FIRST **HRG Professional Development**

Professional Development

- Provide ongoing staff development/training:
 - First Things First Family Resource Center Standards of Practice principles
 - Other required Standards of Practice as appropriate.
- Staff includes:
 - Supervisors
 - Direct Service Staff
 - Volunteers
 - Sub-grantee
 - Partner personnel



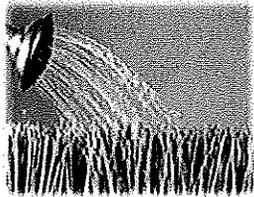
FIRST THINGS FIRST **HRG Professional Development**

Who has access to training

- Supervisors
- Referral Staff
- Direct Services Staff
- Volunteers
- Grantees
- Sub-Grantees

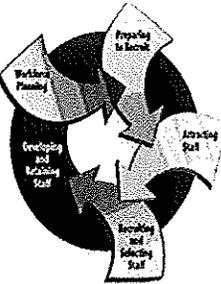
Resources

- Arizona Infant and Toddler Developmental Guidelines (January 2012)
- Early Learning Standards
- Program Guidelines for High Quality Early Education: 0 to 5



FIRST THINGS FIRST **HRG Professional Development**

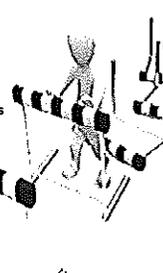
- What type of staff development or training do you need to better achieve your goals?
- What are the barriers to obtaining professional development?
- What topics/content areas would interest you for future staff development?
- How would you like professional development training delivered? (FTF, online, webinars, etc.)
- Would you be willing to lead some staff development activities? If so, what topics?
- Do you have professional development scheduled that others could attend?



FIRST THINGS FIRST **FRC Professional Development**

What are the barriers/challenges to achieving your professional development goals?

- Lack of time
- Money
- Down time for staff – scheduling around center hours
- Coverage for staff
- Limited opportunity to rotate staff to attend trainings
- Overtime or flex-time issues for evening trainings
- Limited offerings – especially with experienced staff
- Little new information
- Geographic Location – getting staff to facility



FIRST THINGS FIRST **FRC Professional Development**

What type of learning approaches do you need to better achieve your goals?

- Online/webinars (e.g. Go To Meeting)
- Visual and interactive
- Depends on topic
- Face to face

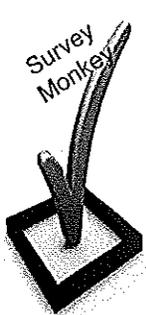
What topics/content areas would interest you for future staff development?

- Microsoft Office skills (Word, Excel, Publisher, Outlook, PowerPoint)
- Current research on health and development of children
- Social media (including protocol)
- Language Immersion (Spanish)
- Public Speaking
- Grant Writing



FIRST THINGS FIRST **FRC Professional Development**

Survey Monkey



- ? What are the barriers and challenges to participating in professional development activities?
- ? What type of learning approaches do you need to better achieve your goals?
- ? What topics/content areas would interest you for future staff development?
- ? What staff development/training have you completed in the past?
- ? What needs do FRCs have regarding Resource and Referral information?
- ? Where do you go for information?
- ? What assistance do you need to expand your knowledge of resources in the community?

FIRST THINGS FIRST Family Resource Collaboration

3. Support a Learning Community

- Create a forum for FRCs providers to meet to discuss topics such as;
 - Planning
 - Coordination
 - Professional Development
 - Technical Assistance
 - Opportunities for networking/sharing ideas/knowledge



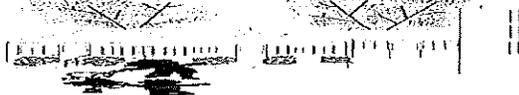
FIRST THINGS FIRST Expected Outcomes

- **Quality Improvement**
- **Increased Organizational Capacity**
- **Better outcomes for children and families!!!!**



FIRST THINGS FIRST Lessons Learned

- Establish clear mission and vision
- Manage expectations
- Building trust takes time
- Partners must committed to the process



FIRST THINGS FIRST

Family Resource Coordination

Questions

Karen Yearwood ~ kyearwood@azff.gov

Christina Lyons ~ clyons@azff.gov

Joanne Floth ~ jfloth@azff.gov





FIRST THINGS FIRST

Ready for School. Set for Life.

aztf.gov

Family Resource Collaboration

Who We Are:

The Family Resource Collaboration is a group of diverse Family Resource Centers working together to link families throughout Maricopa County to the resources and knowledge they need to take action to improve the well-being of their children, their family, and their community.

Our Mission:

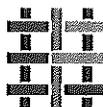
The Mission of the Family Resource Collaboration is to increase knowledge, build capacity and develop resources that strengthen families and communities.

Our Vision:

All families in Maricopa County have access to the resources and information they need to support their child's health, development and education to ensure they are ready to succeed in school and life.

Our Guiding Principles:

1. Staff and families work together in relationships based on equality and respect.
2. Staff enhances families' capacity to support the growth and development of all family members – adults, youth, and children.
3. Families are resources to their own members, to other families, to programs, and to communities.
4. Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
5. Programs are embedded in their communities and contribute to the community-building process.
6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
7. Practitioners work with families to mobilize formal and informal resources to support family development.
8. Programs are flexible and continually responsive to emerging family and community issues.
9. Principles of family support are modeled in all program activities, including planning, governance, and administration.



FIRST THINGS FIRST

Ready for School. Set for Life.

azftf.gov

FIRST THINGS FIRST: FAMILY RESOURCE CENTERS IN MARICOPA COUNTY

Central Maricopa

Chandler CARE Center
777 E Galveston Street
Chandler, AZ 85225
480-812-7900
<http://ww2.chandler.k12.az.us/page/999>

Thrive to Five Family Resource Center - Getz School
625 W Cornell Drive
Tempe, AZ 85283
480-897-6233 ext.5735
www.thrivetofive.org

Thrive to Five Family Resource Center -Kyrene de las Lomas
77820 S Warner-Elliot Loop
Ahwatukee, AZ 85045
480-541-3315
www.thrivetofive.org

Chandler Christian Community Center
345 S California Street
Chandler, AZ 85225
480-963-1423
<http://chandlerfoodbank.org/family-resource-center/>

Thrive to Five Family Resource Center -Holdeman School
1326 W 18th Street
Tempe, AZ 85281
480-966-9934 ext.6090
www.thrivetofive.org

Thrive to Five Family Resource Center -Wood School
727 W Cornell Drive
Tempe, AZ 85283
480-838-0711 ext. 7540
www.thrivetofive.org

CPLC – Parenting Arizona Family Resource Center
9201 S Avenida del Yaqui, Suite 21
Guadalupe, AZ 85283
480-580-3284

Thrive to Five Family Resource Center – Kyrene
1330 E Dava Drive
Tempe, AZ 85282
480-541-1522
www.thrivetofive.org

North Phoenix

Deer Valley Family Resource Center
19825 N 15th Avenue
Phoenix, AZ 85027
623-445-3941
www.dvusd.org

Family SPOT Resource Center
Trinity Lutheran Church
9424 N. 7th Avenue
Phoenix, AZ 85021
602.501.8652
www.lss-sw.org

Washington Resource Information Center
8033 N 27th Avenue
Phoenix, AZ 85051
602-347-3471 / 602-347-3496
www.wesdschools.org

Family SPOT Resource Center
St. Mark Lutheran Church
3030 E. Thunderbird Road
Phoenix, AZ 85032
602.501.8840
www.lss-sw.org

Paradise Valley Family Resource Center
3633 E Thunderbird Road, Room 7
Phoenix, AZ 85032
(602) 449-3215
www.pvschools.net

Northwest Maricopa

Benevilla Family Resource Center
16752 N Greasewood Street
Surprise, AZ 85378
623-207-6016
www.benevilla.org

Marshall Ranch Elementary School
Family Resource Center
12995 N Marshall Ranch Drive
Glendale, AZ 85304
623-486-6465

Pendergast Information Center:
Desert Mirage
8605 W Maryland Avenue
Glendale, AZ 85305
623-772-2550 ext.3813

Bicentennial South Elementary
School Family Resource Center
7240 W Colter
Glendale, AZ 85303
623-237-5200

South Phoenix

Maryvale Family Learning Center
4011 N 51st Avenue
Phoenix, AZ 85031
623-344-6900
<http://www.mihs.org/services-and-programs/family-learning-center>

Roosevelt Early Childhood
Family Resource Center
4615 S 22nd Street
Phoenix, AZ 85040
602-980-3692

South Central Family Learning
Center
33 W Tamarisk Road
Phoenix, AZ 85041
602-344-6460
<http://www.mihs.org/services-and-programs/family-learning-center>

Pendergast Information Center:
Pendergast Early Education
Campus
3802 N 91st Avenue
Phoenix, AZ 85037
623-772-2550 ext.3813

Southeast Maricopa

Family SPOT Resource Center
First Lutheran Evangelical Church
142 N Date Street
Mesa, AZ 85201
480-489-5772
www.lss-sw.org

Family SPOT Resource Center
Saving Grace Church
24414 S Ellsworth Road
Queen Creek, AZ 85142
480-489-5773
www.lss-sw.org

Family SPOT Resource Center
Spirit of Joy Church
1159 N Greenfield Road
Gilbert, AZ 85234
480-489-5771
www.lss-sw.org

Southwest Maricopa

Care1st Avondale Resource and
Housing Center
328 W Western Avenue
Avondale, AZ 85323
623-333-2703
www.ci.avondale.az.us

Care1st /First Things First Gila Bend
Resource Center
303 E Pima Street
Gila Bend, AZ 85337
928-683-6502
www.gilabendaz.org



FIRST THINGS FIRST

CENTRAL MARICOPA REGIONAL PARTNERSHIP COUNCIL

SFY2013 Q4 YEAR END GRANTEE

DATA and NARRATIVE REPORT SUMMARIES

City of Chandler
Community Awareness Strategy

| | | |
|------------------------------|--------------------------------------|-----------------|
| TOTAL AWARD: \$20,000 | SFY13 FUNDS EXPENDED: (98.8%) | \$19,754 |
| TARGET SERVICE NUMBER | | N/A |
| TOTAL NUMBER | | N/A |

Narratives Reports Summary

Program Implementation:

This has been another amazing year for the coalition. We have adopted new bylaws and are extending the board from 5 to 7 members. The speakers' bureau has grown this past quarter and we are doing many more presentations. The coalition has reached out to schools and HOA's for more speaking and event opportunities. We are growing and gaining momentum after a rather slow go earlier this year.

Collaboration and Communication:

We are excited as we move forward with our newly established organizational plan. We have also partnered with Young One United a 501(C)(3) to help us with donation funding. By setting up bylaws, being a nonprofit Arizona Corp and membership requirements, we have overcome most of our earlier issues. We are excited as we move forward with our newly established organizational plan. We have also partnered with Young One United a 501(C)(3) to help us with donation funding.

We completed the annual April event for Child Abuse Prevention month in both Arizona and the City of Tempe. The 2014 event is being planned for Mesa at Superstition Springs Mall. Our website has been updated and maintained and we now have a better, more stable group of speakers established. We are actively conducting speaker's events and attending events to pass along our message. We have also presented to our general meeting, the requirements of FTF as per the grant.

Our greatest success this period is measured by the response we have gotten from people attending the speaker's events. In one case, a woman took the information she received from the speaker and reported abuse, saving her friend from further torment. She sent a thank you card to the coalition for giving her the information and knowledge she needed to understand and report abuse! We now have a much stronger outreach for speaker's events and event participation; we have a projector, screen and computers to aid in getting the presentation out to the public. The April 2014 event is already in the planning stages for Mesa, at the Superstition Springs Mall. We have also implemented a pin map tracking system to follow our events, speakers and track the number of participants.

Chandler Christian Community Center
Family Support Strategy- Family Resource Center

| | | |
|----------------------------------------|--------------------------------------|-------------------|
| TOTAL AWARD: \$175,865 | SFY13 FUNDS EXPENDED: (99.1%) | \$174,287 |
| TARGET SERVICE UNIT: | | 1,250 |
| TOTAL NUMBER OF FAMILIES SERVED | Q4: 3,114 | YTD: 8,993 |

Narratives Reports Summary

Program Implementation:

The month of September brought us into our new building and the start of programs in our new FRC. Giggles, Squiggles and Squirms began with 9 initial families, with 10 being our maximum due to space. We are excited to have two parents who recently graduated their children from GSS and have started Kinder, return to be mentors with new families. This is a true statement to how much they believe in the program.

Collaboration and Communication:

Continued partnership with United Food Bank allowed us to continue to provide milk coupons and extra tuna, peanut butter and cereal for families with children 0-5.

A successful partnership with ASCC, Association for Supportive Child Care, offered a Kith n Kin program through our FRC where we served a total of 12 adults and 14 children in the program.

Working collaboratively within our center, we are providing families who are receiving an emergency food box with a book, born learning materials, nutritional resources and other educational information in regards to learning and nutrition for children 0-5. We continue to brand FTF with placing stickers on all books and the infant bags are all packaged in FTF/CCCC grocery totes, helping us to identify families as well.

Partnerships are a key component in providing programs that are meeting the needs of our diverse families. We continue to collaborate in providing support in the prevention and intervention of substance abuse by family and community members through the provision of space in our center for Narcotics Anonymous to hold 3 weekly meetings in a core location within the neighborhood.

The partnership with Chandler Regional Hospital (Dignity Health), Oral Health, has expanded this quarter, not only providing families with the opportunity to bring their children in for free fluoride treatments and oral health checks, but additional programs are provided in English and Spanish to teach parents and children to take charge of oral health. This fluoride treatments are offered once a month and families can come in for services once every 3 month, while the classes are available monthly the third Wednesday of the month.

Adult literacy classes are provided for non-English speakers on a beginning and intermediate level through collaboration with volunteers through CCCC. These courses are weekly every Thursday, with a break in the summer.

Partnership with New Directions Institute, we continue to utilize the Baby Brain Box curriculum in other programs.

A partnership with the Maricopa County Health Department allows us to be the East Valley Satellite Site for HIV/STD testing which is available for our families free of charge, monthly.

Through partnership with United Food Bank, we are able to provide milk coupons and additional food products to every child between 1-5 when the family is receiving an emergency food box. This helps us to enhance the nutritional value of the food box for the family, while sending the message that milk is an important component of the child’s dietary needs.

We partner with Best Care for Kids and serve as a site hosting the monthly Parent Advisory Committee meetings, allowing for an effective meeting space with the use of the Family Resource Center to engage the children during the meeting.

Partnership with several churches is allowing us to provide weekend programming for families in the community. This included three community outreach events this quarter serving over 300 people.

Child watch monitoring has been increased to include this service during all food bank distribution hours. This service provides an enriching and engaging environment for young children while families are receiving food or are attending an appointment for emergency services. This reduces the stress for the parents and others in the environment and provides an opportunity for reading and other literacy activities.

Additional Information:

A completed Strengthening Multi Ethnic Families parenting course was held this quarter with 100% of the registered students completing the minimum requirements. Twelve parents and grandparents, along with 19 children attending this two times a week class for six weeks increasing parenting awareness and strategies, reducing stress factors in the family, and increasing the unity between parents and children.

We continue to consistently work to build relationships with other agencies to best maximize the services available to our families. Our volunteer base is crucial to the success of our programs and the outreach has provided us with a connection for recruitment.

Chandler Unified School District
Family Support Strategy – Family Resource Center

| | | |
|----------------------------------------|--------------------------------------|-------------------|
| TOTAL AWARD: \$376,757 | SFY13 FUNDS EXPENDED: (89.1%) | \$335,860 |
| TARGET SERVICE UNIT: | | 6,236 |
| TOTAL NUMBER OF FAMILIES SERVED | Q4: 1,894 | YTD: 8,040 |

Narratives Reports Summary

Program Implementation:

The CARE Center expanded our scope this quarter by bringing in both Musicology and Kinder Prep classes for the first time at our center. Both classes were well attended, with Musicology in particular being very popular among our families and children. Additionally, our Parent Programs Coordinator attended training for Raising a Reader, a program focusing on fostering a love of reading in young kids and helping support families in encouraging emerging language and early literacy activities in the home. This program will be offered in the 2013-2014 fiscal year.

Collaboration and Communication:

We have been working more closely than ever with other departments within CUSD, in particular the Parent Liaisons working in the Title I schools and the Federal Programs staff, to bring knowledge of our programming to them so that they can provide information to families served by them. We also have shared information about our programs with the CUSD counseling and special services staff. In addition, we’ve begun the process of developing more complete and collaborative partnerships with other agencies in the area, focusing on intentional and innovative partnerships with Chandler Christian Community Center, ICAN, Hope Community Health Center, Southwest Behavioral Health and others.

Additional Information:

In particular this quarter, our partnership with Musicology proved to be a huge success. The parents and kids loved the class and the Musicology teachers sent us the following email:

Hi,

There were so many parents wanting to speak with you after our class yesterday, I didn’t have a proper chance to thank you and express our appreciation. We are so pleased to have been able to be part of your parents’ group. Both of my teachers loved being at your center and leading the families through our program – they raved about your families, as do I! The parents are wonderfully nice and their little ones are so darling and we loved and enjoyed our time with them! Watching the more shy little guys warm up and participate is the best reward, along with seeing the learning that happens in such a short space of time! Music truly is universal and brings such happiness!

You run a wonderful center and we are fortunate to have had the opportunity to participate. We look forward to continuing our partnership. Have a great summer!

*Warmest regards,
Missy and Mary*

Tempe Community Council
Family Support Strategy - Family Resource Center

| | | |
|----------------------------------------|--------------------------------------|-------------------|
| TOTAL AWARD: \$582,539 | SFY13 FUNDS EXPENDED: (95.2%) | \$554,287 |
| TARGET SERVICE UNIT: | | 15,000 |
| TOTAL NUMBER OF FAMILIES SERVED | Q4: 2,832 | YTD:14,458 |

Narratives Reports Summary

Program Implementation:

Each year, we continue to add partner organizations and help them increase their capacity to serve our families. With additional opportunities for families, the average number of classes each family attends each year continues to grow. The first year of the three years with FTF funding, families attended an average of 3.4 classes. In this third year, our average family is attending almost 9 classes. This tells us that once a family steps through our door, they come back for more!

We needed to discontinue two sites (Frank and Aguilar) at the end of the school year due to FTF funding reductions for the new year. Funding reductions also forced us to let our family resource specialist go. She worked with the most challenging families to sort through complex issues. She has been hired by CPLC to begin the new FRC in Guadalupe. Also, our enrollment specialist is leaving to take a job at the school district. However, we have hired one of the school

district's community liaisons to be our new enrollment specialist. Her knowledge of the school district and her connections to all the social service staff will be a great asset.

Collaboration and Communication:

Thrive to Five has wonderful news regarding capacity building in the area of Fatherhood. Working with Conrad Lindo from FTF, we were able to provide a train-the-trainer event for organizations and individuals wanting to increase the support for fathers. We held the training on two Saturdays in April. Nine individuals completed the training so that they could provide fatherhood workshops in both our community and the communities they live or work in. In June, our new trainers held two *Just for Dads* workshops for the public at the Tempe Library.

In addition, our director is working with the Capacity Building Subcommittee of the Maricopa Family Support Alliance to host training for community agencies in October on Fatherhood. A panel discussion with five of the county's experts in fatherhood engagement will continue to educate those working to engage and support fathers' involvement with their children.

Thrive to Five staff provided three workshops in the fourth quarter for families with young children who were having difficulty helping support their children's developing literacy. Many of these families were not US natives and the challenges were around helping their children learn to read in a language they were not very comfortable with. With funding from other sources, each family attending received a FREE *Hooked on Phonics* kit with a complete series of activities they could support their children with. Families were so grateful to have this resource, which normally cost over \$100.

After completing the *Just for Dads* train-the-trainer event in April; participants were asked if they would be interested in providing classes for fathers in the Tempe area. Four of the participants agreed and two workshops were held in June. What really impressed everyone was the diversity of the attendees. Fathers from all walks of life, with various religious and ethnic background attended which provided for a very rich discussion.

Additional Information:

One of our staff, with a master's in education, is developing a new early language & literacy class for parents with children 0-2. The current program we are using, which was developed by Scottsdale Library, is more appropriate for children 3-5 years old. This new course will complement and support the development of younger children in a similar format. Parents will receive an age appropriate book at each of the six weeks. This new program will be rolled out in the fall of 2013.

Thrive to Five is included in the Commitment to Schools MOUs with the Tempe Elementary District, Kyrene Elementary District, the Tempe Union High School District, Musicology, Scottsdale Public Library, New Directions Institute, and the Child Crisis Center. We have contracts for service with KAET, the U of A Extension, Kids Zone and Kids Club childcare providers and Positive Discipline and we are paying for services provided on a monthly basis using the budget provided in the grant. Chandler Regional Hospital is providing services at no cost to Thrive to Five or the families being served. The University of Arizona Extension is also providing their nutrition series at no cost. Both elementary districts provide developmental evaluations for children who may need services to address physical or developmental needs. We also rely on the social workers from both districts to work on some of the longer term issues and support that families need such as for homelessness. Having this strong connection to the resources of both the school districts and the city of Tempe has proved to be invaluable.

Thrive to Five also contracts with individuals that have expertise in areas which are valuable to families with young children on an as-needed basis.

Chandler Christian Community Center
Food Security Strategy

| | | |
|-----------------------------------|-------------------------------------|-------------------|
| TOTAL AWARD: \$27,500 | SFY13 FUNDS EXPENDED: (100%) | \$27,500 |
| TARGET SERVICE UNIT: | | 5,000 |
| TOTAL NUMBER OF FOOD BOXES | Q4: 1,804 | YTD: 4,697 |

Narratives Reports Summary

Program Implementation:

We prepack bags with identified items created for specific age groups within 0-5 using FTF logo printed bags for branding.

We continue to serve clientele ages 0-5 milk vouchers from Bashas, placing the power in the parents control with the ability to purchase the milk when most needed.

We have continued to train our volunteers on our new database to be able to have electronic count of how many 0-5 clientele we serve. We continue to train our volunteers on what nutritional information and kid's activity books to put in our 0-5 bags. We have continued to serve our clients in a more efficient and effective manner, reducing their wait time. The consistency of volunteers serving in this role is key to successful program implementation. Concerning the milk vouchers, we train volunteers the rules and regulations needed to follow per our partnership and program and how to log the amounts per day.

Collaboration and Communication:

We have a relationship with United Food Bank who has been distributing, though additional First Things First funding, diapers, milk coupons and baby formula to our center for distribution to our families with children 0 - 5. Costco continues to donate diapers and baby wipes on a continued basis.

Barriers:

We have not had any barriers with any of the new programs due to the volunteers demonstrating the willingness to do whatever necessary to serve the clients.

Additional Information:

Hi is my name is Micaela M. I am a mother of four, which are two sets of twins between the ages of 0-5. I am a single mother due to immigration picking up my husband. I really appreciate the food bank, because they give me food and snacks, also milk coupons for my children. They supply diapers and formula, books and wipes. I really like the books, because they help me educate my children. I would not know what to do without the food bank, due to me not being able to work. I am looking forward to giving my kids an education, I am grateful for all the help and all the funders.

I am thankful for the food bank, because they give me healthy food. I am a single mother with one disabled child. I am grateful for the diapers and books that I receive. I want to appreciate all the funders that collaborate with this food bank. I don't know what I would do without this help. Thank you.

Tempe Community Action Agency
Food Security Strategy

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|-----------------------------------|-------------------------------------|-------------------|
| TOTAL AWARD: \$27,500 | SFY13 FUNDS EXPENDED: (100%) | \$27,500 |
| TARGET SERVICE UNIT: | | 3,000 |
| TOTAL NUMBER OF FOOD BOXES | Q4: 757 | YTD: 3,931 |

Narratives Reports Summary

Program Implementation:

TCAA coordinated a food distribution event on May 21st, where we distributed formula, milk vouchers, and diapers. TCAA also distributed FTF food times through the TCAA Food Pantry throughout the quarter.

Staff have focused their efforts in the fourth quarter on meeting with partners to obtain needed food items, distributing marketing materials for the food distribution event throughout the community, recruit volunteers for the May distribution event, and distributed formula, milk vouchers, and diapers through the TCAA Food Pantry. TCAA has now concluded the contract with FTF to provide food resources.

Collaboration and Communication:

The United Food Bank has been a great partner agreeing to help store some of the bulk purchases of diapers and formula until distribution events occur.

Additional Information:

TCAA is a part of the FTF Guadalupe Community Partnership. TCAA also maintains a strong collaboration with the United Food Bank and Costco to obtain needed food items and works closely with Chandler CARE and Chandler Christian Community Center. TCAA has also built collaborative relationships with the local faith community to distribute marketing materials for the events.

Basic needs continue to be the most needed items and services families with children are seeking at TCAA. The partnership between the United Food Bank, TCAA, Chandler CARE, and Chandler Christian Community Center is a great example of sharing resources and maximizing our efforts to purchase in bulk milk vouchers and other needed food items to distribute efficiently to families in need.

United Food Bank
Food Security Strategy

| | | |
|-----------------------------------|--------------------------------------|--------------------|
| TOTAL AWARD: \$95,000 | SFY13 FUNDS EXPENDED : (100%) | \$95,000 |
| TARGET SERVICE UNIT: | | 1,500 |
| TOTAL NUMBER OF FOOD BOXES | Q4: 3,956 | YTD: 14,263 |

Narratives Reports Summary

Program Implementation:

The food that has been provided through this most recent grant was specifically geared toward healthy additions to children’s diets. Along with what the Food Bank provides over and above the grant acquired product, recipient children are benefiting tremendously.

Collaboration and Communication:

United Food Bank has been fortunate to have a wealth of fresh produce during the season. In keeping with our pledge to provide healthy food, UFB has provided our partner agencies fresh produce, above and beyond what the original grant allowed, but we feel it is important for residents/clients to have the benefit of fresh produce. Recipients of the food boxes have had a great selection of high quality produce providing additional healthy advantages.

Barriers:

Partner Agencies have been truly appreciative of the additional product that this grant has provided for their clients. Protein, grain, fresh milk and meat are items very often missing from many young diets. These grant dollars will be missed.

Additional Information:

The three agencies participating in the 1st things 1st program continue to grow and expand their own programs, but will certainly miss the additional product that has been provided through this grant. The Tuna/Peanut Butter/cereal and milk vouchers provide the protein element that might otherwise not be available due to the cost of that type of product.

The partnership with agencies receiving food through United Food Bank, 1st things 1st funds was a well-oiled machine. It was an relatively efficient and effective program to initiate to help community agencies provide food for young children.

I realize that food insecurity often can’t be seen or touched, but it exists in our community and is prevelant within the minority community that is served by our partner agencies. Often times the product that is received at the food banks is the primary source of food which can supplement SNAP and anything they may be able to receive from other sources. I know that we have many appreciative recipients of the food and other product that has been provide through this grant. Thank you.

Thank you for the years of support for this program. We have impacted many lives and we appreciate what these funds allowed UFB to do in Tempe and Chandler.

Arizona Partnership for Children (AzPaC) – Home Visitation Strategy (PAT) -

| | | |
|-------------------------------|------------------------------------------|------------------|
| TOTAL AWARD: \$308,444 | SFY13 FUNDS EXPENDED YTD: (95.2%) | \$293,486 |
|-------------------------------|------------------------------------------|------------------|

| | | |
|----------------------------------------|----------------|-----------------|
| TARGET SERVICE NUMBER | | 125 |
| TOTAL NUMBER OF FAMILIES SERVED | Q4: 132 | YTD: 132 |

Narratives Reports Summary

Program Implementation:

AzPaC Parents as Teachers staff are continuing to make marketing calls/contacts under the My Child’s Ready Alliance to increase the number of referrals, as incoming referrals under the alliance had been low for the first three quarters. An intensive outreach plan was implemented in the 3rd quarter and continued into this quarter with the desired outcome of drastically increasing incoming referrals, specifically for the Southeast Region.

Attendance at monthly Group Connection Meetings was a little higher this quarter compared to the 3rd quarter. Staff members continue to look into collaborative partnerships for group connections, as well as locations that might be suitable for group connections in the Central and Southeast Regions. Our program has decided to implement incentives for families who attend Group Connections for the first time; families will receive an AZPaC tumbler. This incentive program became effective in March, and we did see an increase in the number of first-time attendees at Group Connection meetings. Also, in April we made Play Groups available to families which met at various times and locations throughout the service region. The Play Group meetings for families in the program were scheduled based on their location and age of child. We have had low attendance but positive feedback from those groups that were attended. We will continue promoting these meetings to encourage families to make connections and form support networks. Staff also continue to brainstorm topics of interest to ensure a good turnout for future Group Connections. For the 4th quarter, there were 44 families from the Central Region. There were 24 more families that attended Group Connection meetings this quarter as compared to the 3rd quarter.

Collaboration and Communication:

AzPaC maintains its collaborative efforts with Parenting Arizona and Tanner Community Development Corporation. Referrals are made between programs when one of the agencies receives a referral in a region they do not serve. These four agencies also work with other Parents as Teachers programs around the state to coordinate these trainings. AzPaC, Tanner, and Child Crisis have also shared the responsibility of being the lead on organizing and hosting the trainings.

When granted permission by the family, Parent Educators collaborate with any other services/agencies working with the family. Coordination of services is essential for optimal success. The more support and coordination of services a family has, the higher the results will be for success. Communication among providers will also avoid any duplication of services.

Barriers:

Over this past quarter some of the PEs reported challenges in scheduling visits with families as many families’ schedules changed due to the summer and vacations that were planned for the summer.

Additional Information:

During the 4th Quarter, in the CM Region, 3 families reached their 3rd year anniversary with the program. There were 8 families who reached their 2 year anniversary with the program. There were no CM families who reached a one year anniversary with the program during this quarter. At the end of the quarter, there were a total of 6 active families who had been in the program 3 or more years, 20 active families who had been involved with the program for 2 – 3 years, and 18 families who had been with the program for 1-2 years.

We continue to have a wait list for the Central Region. We have currently exceeded our Central Region contract numbers, serving 132 families, seven more than our contracted number of 125. We would love to be able to serve the families in the Central Region if possible, as there is always a demand for our services there.

AzPaC continues their collaboration with the My Child’s Ready Alliance (MCR) in the Southeast Region and Central Region. The Alliance has been beneficial in many ways to all the Regions AzPaC serves. The Alliance is currently involved in an intensive marketing outreach plan to increase the number of referrals coming in from the Southeast Region. Alliance members are making calls to providers and businesses in the region to increase the awareness of the Parents as Teachers program and the My Child’s Ready Alliance.

- A. One family wrote that the program has helped her to: “Explain more and be patient. Listen to my son to understand his needs. Always prepare him with days when having an event. Behavior charts, projects, puzzles, pattern activity sheets.”
- B. Central Region: “I have learned some great ways to incorporate everyday things we have around the house to enhance my son’s learning. I have already seen my son be more aware and excited about things. He blows me away with how he picks everything up. He has also made drastic improvements on his separation anxiety with the help of this program. I love everything about this program. It makes it so nice that they come to my house. I love the activities that they come up with, my son is very active so to do some ‘hands on’ fun really helps him. The progress the kids make is amazing and as a parent it is nice to have some extra help to make sure you are doing the best for your child.”

At this time, the PAT program does not require any specific assistance and/or guidance from FTF. However, program staff continue to express concern that families have a lot of difficulty accessing quality preschool programs for their children due to the long waiting lists of preschools and Head Start programs. One idea that continues to be offered by staff is for FTF to sponsor a program primarily available for children who have completed a FTF home visitation program first. It is believed that program staff would be able to easily transition families and children to classroom settings thereby improving school readiness.

**Southwest Human Development
Home Visitation Strategy (Healthy Families)**

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|----------------------------------------|-------------------------------------|------------------|
| TOTAL AWARD: \$253,533 | SFY13 FUNDS EXPENDED: (100%) | \$253,533 |
| TARGET SERVICE NUMBER | | 75 |
| TOTAL NUMBER OF FAMILIES SERVED | Q4: 85 | YTD: 85 |

Narratives Reports Summary

Program Implementation:

- o Healthy Families staff and managers make significant contact with community agencies and providers as part of program efforts to recruit families.
- o Healthy Family staff works with group homes, child care facilities, preschools, libraries, churches, human services agencies, and medical providers to educate them about the Healthy Families Program.

Developmental Screenings:

- a. Healthy Families utilizes the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire – Social emotional (ASQ-SE) with each child in the family who is under 5 years old.
- b. Home visitors utilize the information to set child development goals with the family. If a child is suspected to have a developmental delay based on the screen, a referral for further testing is given to the family.
- c. This past quarter Healthy Families has identified 5 children as having a possible developmental delay and referred the children to the Arizona Early Intervention Program (AzEIP) or the appropriate school district.

Collaboration and Communication:

The Healthy Families Maricopa County program strives to develop and maintain robust community collaborations with other agencies in each FTF region. It is vital that families have the opportunity to receive a wide variety of services based on their individual need. The more effective agencies are at creating a seamless network of services for families the more prosperous our communities will be.

The Central Maricopa team manager continues to attend regional council meetings. He continues to gather information presented at meetings or gathered by networking with other CM FTF providers.

The Central Maricopa team has been working closely with AzEIP teams this quarter as they work through their new service delivery model. We continue to foster relationships with our current partners as well as developing rapport with new AzEIP providers that have joined the system.

We continue to collaborate with community partners such as:

- RISE Inc (AzEIP service provider)
- SWHD (AzEIP service provider)
- Melmed Center
- Foundation for Blind Children
- Az Pediatric Eye Specialists
- Keogh Health
- Chandler Christian Community Center
- Chandler and Tempe libraries

Additional Information:

Healthy Families Maricopa serves a wide range of families. Here are a few examples of the work that is currently being conducted.

- The home visitor had been concerned about an 18 month olds language skill since his Ages and Stages Questionnaire (developmental tracking tool) when he scored a 10/60 in communication. This was well into the area for delays for his age. The home visitor and mother discussed referral to Arizona Early Intervention Program (AzEIP) but mom was not yet comfortable doing that. His mom stated she wanted to wait until her son was two years old to see where his language skills were at that point. In the meantime the home visitor continued to bring language activities and model for mom how she could encourage her son to communicate appropriately. His latest ASQ in May 2013 showed a significant increase in age appropriate

communication skills with a 55/60 on his 24 month ASQ. In mid June the home visitor observed the two year old is now counting to 5, sings the ABC's independently and uses three word phrases to communicate to family members.

What specific assistance or guidance do you need from FTF staff to ensure the success of your program?

- The Central Maricopa team continues to benefit from information gathered at council meetings.

Arizona Children's Association
Parent Education Community Based Training Strategy

| | | |
|--------------------------------------|---------------------------------------|-------------------|
| TOTAL AWARD: \$389,411 | SFY13 FUNDS EXPENDED: (90.3 %) | \$351,523 |
| TARGET SERVICE NUMBER | | 1,400 |
| TOTAL NUMBER OF ADULTS SERVED | Q4: 663 | YTD: ,2548 |

Narratives Reports Summary

Program Implementation:

Describe any particular successes with these activities:

We think that we have discovered a model of Community Education that really works. As we had hoped, parents are 'running into the same information' in multiple places (which has been delivered in a variety of ways), yet that are still emphasizing the identical concepts. From a learning perspective, research shows that when people realize that what they are learning is true not only for one purpose, but that it is important in many contexts, they use the information differently and better. Deep learning has the important quality of better transfer (Craik & Lockhart, 1972; Otten, Hensen & Rugg, 2000; Craik and Tulving, 1975). The parents we have been working with are excited that they 'know' and 'understand' so much more about their role as a parent. This new sense of confidence we believe is why our "word of mouth" is so great. Parents are sharing their excitement with their friends and neighbors...and our numbers of participants grows and grows. We believe that it is also helpful that the locations where we host classes have a high 'trust factor' (hospitals, churches, libraries, community centers and local public schools) in the minds of families.

One of the lessons we have learned during this first year of the grant is that "dosage matters". It is typical for many of the parents to be so excited about their classes that they don't want the experience to end. What looks like a big commitment of time (10 weeks for 2 hours each) at the threshold, ends up being too short! This eagerness to keep learning and discussing about children and parenting opens up the opportunity for us to guide participants to additional *Bright Choices* programs. If a parent starts out in our *Nurturing Parenting* 10 week session, they are guided to begin our *S.T.E.P.S. Plus* 10 week session. Or perhaps they are encouraged to attend our Hospital-based *Wired for Success*® program, or one of the Library-based *Brain Time* 3 session programs, or the Community and/or Faith-Based *Kinder Prep* 6 session offerings. Parents who attend more than 1 choice, score higher on the AAPI-2 inventory, have more explicit statements about what they have learned, and report more consistent behaviors that have been recommended to them in their classes.

Our attendance grew rapidly as did our requests from agencies/programs to host workshops. We had built a solid foundation in Central Maricopa because we had been providing classes in similar venues (hospital, libraries, community centers and faith-based venues) in a prior 3-year First Things First grant. The popularity with families and the high quality of programs that were provided led to an easy transition into our *Bright Choices* where families have even more comprehensive offerings. The locations we chose were convenient, safe and family-friendly. Word-of-mouth, collaboration with other First Things First grantees, and experience in the region contributed to the ease with which classes filled. In Southeast Maricopa, we started by gaining the trust of

regional Cornerstone Institutions. Early on, we were able to gain access to the Mesa Public Schools where we have now earned the opportunity to have a variety of our *Bright Choices* sessions offered. The same is now true of Higley and Gilbert Schools. Once the Mesa libraries and Desert Banner Hospital programs began, again the word-of-mouth has led to ever-increasing numbers as depicted later in this report. We know that every venue wants to continue working with us, and we are busy setting schedules for year two of programming.

Another aspect of the work that is worth noting is that the collaboration with staff members from Child and Family Resources has been successful and has resulted in enhanced community outreach efforts as well as continued excellence in teaching by Parent Educators from both NDI and CFR. Our productivity is enhanced by the collaborative efforts of both organizations. We are proud of this accomplishment.

We believe that the foresight of First Things First to invest in this Cornerstone Institute model which provides families with so many *Bright Choices* is important, and we thank each person responsible for providing us with the opportunity to help families in these ways.

As a result of continued use of Facebook Ads we can now report that we had 4,267 clicks on our ad and a total of 1,834 people who liked us from the ad. We can also boast that 12,448 people liked our Facebook page. This is an increase of 1,753 likes from the third quarter.

Collaboration and Communication:

In addition to the new contacts listed above we continue to have established long-term relationships with people and agencies we have been working with during the past three years for our previous Central Maricopa FTF grant. Nick Escalante at the Tempe Public Library, Escalante Center and the Multi-Generational Escalante Center helps us by providing workshop venues, marketing our classes, handling registration, providing staff for child care and maintaining contact with participating families to ensure their continued participation.

- Mary Sagar at the Chandler Library is also a long-term partner on behalf of the Chandler Downtown, Basha, Hamilton and Sunset Libraries. Mary and her colleagues advertise workshops and handle registration to ensure full participation, wait lists are frequent.
- Lindsey Robertson, Chandler Regional/Mercy Gilbert) has continued to help us schedule classrooms at the two locations and distributes flyers for us. Lindsey provides for NDI faculty to do a modified *Brain Time* class during her teen parent support groups, too. We value Lindsey's ongoing support.
- Jill Bish, Tempe St. Luke's, continues to support presenting the *Wired for Success*® workshops monthly at the hospital. The hospital also provides marketing for the workshops and handles registration.
- Suzanne Clinton, Banner Desert Medical Center, has been a huge support to us in scheduling our monthly *Wired for Success*® workshops at the hospital and at identifying nurses to participate in our train-the-trainer workshop held in June at the Medical Center. Tempe St. Luke's also sent new trainers to the train-the-train to ensure the continuation of the *Wired for Success*® at the hospital in the years ahead.
- Lynette Stonefeld and Isela Blanc, Thrive to Five, continue to be amazing partners to provide families quality programs at their family resource centers. NDI is fortunate to be able to provide workshops at the centers for our own Central Maricopa FTF grant as well as workshops sub-contracted under Thrive to Five's FTF grant.
- *Bright Choices* partnership with Barb Milner has opened venues for us at childcare centers and provided outlets for marketing our workshops to families as well.
- Carol Lopinski, EV CCC/Mesa Family Resource Center and Heather Alfrey have provided a workshop venue, child care options, marketing and overall support. Erin Cowan, My Child's Ready, has worked with *Bright Choices* staff to share information about each of our programs and to provide referrals to both.

Barriers:

- It has been a long process to start conversations with the leaders of a church in Chandler.
Possible Solution: Parent Educator will attend group meetings and offer a presentation of the *Bright Choices Parenting Education Programs* available. Doing this will give parents the opportunity to ask questions and get buy-in from a few that can lead others to follow.
- Finalizing paperwork and lessons in session 10 *for Nurturing Parenting* is hard to get through on top of having a parent-child activity day and proper closure with the participants.

Possible Solution: This can be solved with edits to the length of the PowerPoint presentation and changing the Discipline lesson to an earlier session. Staff will meet in July over a period of a couple of weeks, to review the PowerPoint presentations for all 10 sessions, handouts, activities, videoclips, etc. to shorten the presentations to the absolute necessary information shaving time for discussion and parent-child activity days.

Additional Information:

The following are some participant testimonials for all the *Bright Choices Parenting Education Programs* for the fourth quarter.

“I thought about the personality types all week and it changed how I responded to kids at my daycare job. I call my friend every night after class to tell her everything I learned! I look forward to coming every class. Great class! Loved every minute!” ...Shayla (mom)

Excerpt from a recent email written by a parent who took the class, “Thanks again for such a valuable class! We are still using the red plates on Sundays, and the girls have their paper praise plates hanging in their rooms.”...A mom

“I didn’t think I needed to learn any more about parenting because I have a ten year old, but I was wrong!” ...Lisa (mom)

Bea (mom) wrote, “I learned ways to effectively be consistent in parenting.”

Dignity Health (Catholic Healthcare West)
Oral Health Strategy

| | | |
|----------------------------------------|------------------------------------------|-------------------|
| TOTAL AWARD: \$336,752 | SFY13 FUNDS EXPENDED YTD: (85.1%) | \$286,506 |
| TARGET SERVICE NUMBER | | 1,500 |
| TOTAL NUMBER OF CHILDREN SERVED | Q4: 349 | YTD: 1,782 |

Narratives Reports Summary

Program Implementation:

- **Immunization Clinics:** Staff continues to provide education, screening and fluoride varnish at monthly immunization clinics at Chaparral Elementary school in the Southeast Maricopa Region and at Chandler Regional Medical Center, Kyrene Family Resource Center and Chandler Fashion Square in the Central Maricopa region in partnership with the Dignity Health Immunization Clinics. Weekly clinics are held at the Chandler CARE Center immunization clinic.
- **WIC Clinics.** Clinics are held twice a month at the Mesa, Greenfield, Broadway, Chandler and Guadalupe WIC offices and additional days when scheduling permits.
- **Pregnant women and new moms** were educated at WIC offices, immunization clinics, Gestational Diabetes classes, Family Resource Centers, childbirth preparation classes, Child Crisis Center, Parents as Teachers, Pregnancy Care Center of Chandler, and Parenting AZ.
- **Child Care Centers:** Oral health education, screening and fluoride varnish were provided to children at 21 childcare centers and preschools.
- **Community Events:** St. Mark's Food Bank in Southeast Maricopa and Chandler Health Connect Expo, Dia del Nino, Cinco de Mayo and Chandler Library health fair in Central Maricopa.

An emphasis was placed on scheduling repeat clinics and preschools and childcare centers. This increases the likelihood that children will receive fluoride varnish every three to six months as recommended by the CDC and American Academy of Pediatric Dentistry. 79 of our childcare/preschool site partners have received a second visit, 36 have received three visits, 36 have had four visits and 4 have had five visits.

The professional education component of the program has been revised and fully implemented this quarter. The Oral Health Initiative Presentation encourages pediatricians to provide oral health screenings at well-child checkups and refer children to the dentist after the first tooth erupts or by age one. The Baby Oral Health Presentation increases awareness and educates General Dentists on the importance of infant and toddler oral health. The program provides dental staff with strategies for working with babies and young children and to establish dental homes. Continuing education credits were obtained for both presentations in collaboration with AZ School of Dentistry & Oral Health and Dignity Health.

We are pleased to report that we met our contracted goals for FY13. The one area we fell short in was screening for expectant women in Central Maricopa. As reported in the past, this population has proved difficult; however, through the use of partner development and incentives, we made improvements through the second half of the year and feel confident that we will continue our improvement in this area.

Collaboration and Communication:

Partnering with locations throughout the Central and Southeast Maricopa Regions who serve children ages 0 to 5 and their families is key to the success of the ECOHP. Over the last four years, we have developed partnerships with hundreds of community agencies, school districts, childcare centers and preschools. We continue to seek additional opportunities to reach families in the community. St. Mark's Food Pantry in Mesa is a new partner with our program. Once a month, two staff members provide oral screening and fluoride varnish to the children in attendance and provide oral health education, toothbrushes and toothpaste to their family members. These clinics have proven to be a great addition to the other services provided by St. Mark's.

Another new partner is our own Dignity Health Childbirth Preparation education classes. Attendees are made aware that a dental hygienist will be attending the second week of classes and that the pregnant women will have an opportunity to receive an oral health screening. Participation rates have been higher than anticipated with over half of attendees choosing to have the screening. The hygienist provides a short educational session covering

maternal and infant oral health and all participants receive a goody bag with toothbrush, toothpaste and information.

We continue to develop partnership with dentists who are willing to provide free care to those children most urgently in need. We now are partnering with eleven dental partners who will see children referred from our program. We are extremely grateful to the following providers for their generous donation of time and talent.

| | |
|------------------------------------------|---------------------------------------------------------|
| Sunrise Smile Center, Chandler | Kid's First Pediatric Dentistry, Chandler & Queen Creek |
| Magic Smiles, Mesa | Growing Grins Pediatric Dentistry, Gilbert |
| East Valley Pediatric Dentistry, Gilbert | Amazing Kidz Pediatric Dentistry, Mesa |
| Kidiatric Pediatric Dentistry, Gilbert | Children's Dental Village, Tempe |
| Family Dentistry, Chandler | A Tooth Doctor for Kids, Mesa |
| Kid's Dental Center, Chandler | |

During the fourth quarter of FY13, five children were identified as having urgent referral needs. Although staff worked with participating dentists to arrange free care, none of the families followed through with obtaining care. Reasons included getting care elsewhere or not showing up for scheduled appointments.

Additional Information:

Patient satisfaction surveys are provided at a sampling of clinics. The responses from these surveys will be used to improve program services. Responses from clinics throughout the fourth quarter revealed that 100% of participants strongly agreed that staff were courteous and respectful, that they explained things clearly, and that all questions were answered. 62% of respondents chose our services because of the convenient location, 31% because the services were free, and 15% because they have no insurance coverage for the service. 100% strongly agreed that they would refer friends or family for the service. Many participants added comments thanking us for the provided services. Staff work hard to ensure that patients seen at community sites receive the same quality of care and support that they would receive at the hospital. Some of the comments left by patients include:

Great Service

Excellent Care

Staff was great, very helpful and kind

Another way we measure our performance is through surveys for teachers and childcare center staff. Teachers consistently rank us strongly in the areas of scheduling and planning clinics, quality of the presentation to children, program staff, and overall experience. A few of their comments are included here:

The children loved the presentation and I would love to have them back out.

Great presentation, the children learned a lot and enjoyed it.

She explained everything very well to the children and they all enjoyed learning how to brush and floss properly. Presenter was very good with children and explained very well all the steps. The children were very attentive and learned all about brushing teeth.

One mother was so grateful for our visit to her child's preschool that she called and left a voice mail stating that she appreciated the visit to her daughter's school. She stated that she really appreciates that we go to the school to provide the service and send the children home with the toothbrush, toothpaste, and timer. She cannot afford dental care for her child and it really meant a lot to her that we provided that service.

Southwest Human Development
Director Mentoring Strategy

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|---------------------------------------------|--------------------------------------|-----------------|
| TOTAL AWARD: \$75,000 | SFY13 FUNDS EXPENDED: (89.4%) | \$67,015 |
| TARGET SERVICE NUMBER | | 10 |
| TOTAL NUMBER OF PROFESSIONALS SERVED | Q4: 13 | YTD: 73 |

Narratives Reports Summary

Program Implementation:

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

The post-assessment tool, the *Program Administration Scale (PAS)* was administered the last week of April and on various dates throughout May at seven of the 8 graduating directors' centers. The eighth participant did not participate in the post-assessment because she had changed employers during the contract year. The PAS measures the administrative practices of early childhood programs by looking at 25 items grouped under 10 subscales that look at leadership and management functions of center-based early childhood programs. The PAS was designed to complement the Environment Rating Scales. Both tools measure quality on a 7-point scale with 1 being inadequate and 7 excellent. Scoring results are presented as a profile and can be used to determine program improvement plans. Program quality can be viewed through an organizational lens as a result of using this tool.

The post scores for the graduates of this cohort ranged from a 2.6 – 4.54. The mean score for the group was 3.4. A score of 3 falls under the Minimal category for this assessment. As a review, pre-assessment scores ranged from 1.76-3.80 with a mean score of 2.8. Directors overall viewed this assessment as an opportunity to confirm their areas of strength and provide focus on target areas for improvement. Many of the lower scores in the pre-PAS assessment for each of the directors were a result of not documenting the many tasks they do and accomplish on a day to day basis at their centers. During the post assessments, it was evident that the directors focused on documenting their many tasks and scores rose in accordance with their documentation.

It was also evident during the interview process of the post PAS assessment that the Directors had a better understanding of the 25 items measured in the 10 subscales that looked at both leadership and management functions. The 10 subscales consisted of:

- Human Resources Development
- Personnel Cost and Allocation
- Center Operations
- Child Assessment
- Fiscal Management
- Program Planning and Evaluation
- Family Partnerships

- Marketing and Public Relations
- Technology
- Staff Qualifications

During the post interview the Directors could now speak to their practices in these areas along with their program improvement efforts in these areas. Unfortunately, full credit could not be given due to the documentation requirements. For example, in order to comply with documentation requirements to support that written orientation procedures are reviewed annually, there must be proof of review for the past three years. The directors from the cohort as a result of their participation in this program now actually have a written orientation procedure. There was not enough time to allow for a full credit score which would have demonstrated a bigger increase in their overall scores.

Collaboration and Communication:

The McCormick Center for Early Childhood Leadership, located in Wheeling, IL along with their Aim4Excellence team led by Kathryn Graver, Project Supervisor, continued to provide the necessary participant technical support along with overseeing of the scoring faculty in a timely and efficient manner. Cohort members felt connected to the support team which really helped to build their confidence as they came up to their deadline for completion of all of their module work in anticipation of their graduation. The support provided to Mary Jamsa, Program Manager was extremely helpful as post PAS assessments needed to be scheduled and the Work Environment Survey packets returned. Timely and detailed communication between the Aim4Excellence team and Mary Jamsa allowed for smooth completion of the final steps towards program completion. The monthly progress reports for the cohort provided the necessary information needed so that the mentor team could monitor the progress of their assigned Director as it got closer to module completion deadline. The mentors were better able to support their individual Director's progress in the program. (Grades were kept confidential as required by law.)

Barriers:

The various roles each Director must juggle will continue to play a major factor in the design of professional development opportunities for this group of professionals. Despite the fact the Director Credential program is designed to be completed on the Directors' off- hours there will still be barriers.

Additional Information:

Each program graduate was asked to write a reflection on their participation in the Aim4Excellence™ program. Here are thoughts from one of the Directors:

“Aim4Excellence has helped me to grow as a leader by helping me understand what a true leader is. I try hard every day to lead by example and encourage the staff to do this as well. One of my favorite quotes is from Zig Ziglar-written in Module 2, ‘The only thing worse than training people and losing them, is not training them and keeping them.’ This has really helped me every day. I often look for those ‘teachable moments’. I believe I have gained more confidence as a center director. Often times being a center director can be discouraging but listening to others in the cohort and even those videos in the modules helps me to realize that things are not perfect and may take a while to get where we want, but as long as we are improving that is what is important.

I am very grateful that I had the opportunity to participate in Aim4Excellence. It is very well laid out, at times challenging but definitely a benefit to me and my center. I enjoyed many of the assignments that were specific to my center and have used them. Some of these assignments were; marketing ideas, center activities and

getting involved in the community. I also enjoyed meeting once a month with Mary and the other center directors to discuss the modules. There were a few times I felt the modules were very challenging, but as we had discussions I realized I was not the only one and the support was tremendous! It has been a wonderful experience working with these ladies, Mary and Lee Anne my mentor.”

Maricopa Community College District
Infant and Toddler Strategy

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|------------------------------------------------------|------------------------------------------|------------------|
| TOTAL AWARD: \$400,000 | SFY13 FUNDS EXPENDED YTD: (96.1%) | \$384,570 |
| TARGET SERVICE NUMBER | | 50 |
| TOTAL NUMBER OF CENTER-BASED PROVIDERS SERVED | Q4: 189 | YTD: 766 |

Narratives Reports Summary

Program Implementation:

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

During this quarter, researcher Dr. Diana Schaack conducted focus interviews with the directors and the participating care teachers. She also conducted the orientation for new and continuing participants in second phase of the research project. Her report on the results of the focused interview provides valuable insights from the participants and their perceptions about this unique professional development.

Barriers:

The major challenge facing the continuation of this project is the timing of the notice of possible refunding for fiscal year 2013-2014 and the time needed to contract with vendors for the identified professional services. Have been notified of refunding on June 17 and receiving approval from the MCCC D Governing Board on June 25¹ we are in the process of creating contracts and requisitions for the contracted services and products.

Collaboration and Communication:

Our new collaboration with Indigo Cultural Center for the addition of the Emotional Availability Scale (EAS) to the research portion of the project continued. Assessment on the EAS was conducted by valid and reliable researchers from the Indigo Cultural Center. Dr. Shivers, director of the center, is a nationally recognized researcher on issues related to culture, community, family, and child development.

West Ed confirmed the reliability of two Southwest Human Development assessors on the Program for Infant/Toddler Care Program Assessment Reliability Scale. Training and reliability determination was conducted by Gabriela Lopez of West Ed. Both assessors reached reliability. The second piece of the collaboration with West Ed was held on June 25, 26, and 27, 2013, three-day training on the use of the PITC PARS as a technical assistance tool. This professional

development expanded the capacity of the early childhood education community to understand the implementation and administration of the Program for Infant Toddler Care. Forty eight participants representing twenty one different programs participated.

Margaret Taylor of the Association for Supportive Child Care to conducted the post Program Administration Scale data collection.

Additional Information:

PVCC enrolled 14 First Relationships participants into ITD201 Attachment and Relationships, a two credit class starting on March 28, at the March COP and concluding in May. Paradise Valley CC adjunct faculty provided instruction for the class and visited each student at the work site. Images of the staff engaging in establishing relationships with children were captured and shared with each student.

Statewide or Multi-Regional Strategies

Arizona Academy of Pediatrics
Care Coordination/Medical Home Strategy

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|----------------------------------------|--------------------------------------|------------------|
| TOTAL AWARD: \$197,000 | SFY13 FUNDS EXPENDED: (98.0%) | \$193,027 |
| TARGET SERVICE NUMBER | | 600 |
| TOTAL NUMBER OF CHILDREN SERVED | Q4: | YTD: 382 |

Narratives Reports Summary

Program Implementation:

Care Coordinators Amanda Sumner, Jesse Sandvik, Jessica Armendariz, Imelda Ojeda and Emily Hughes completed the IHI Open School courses Quality Improvement and Patient-and Family-Centered Care. Each course takes roughly an hour to two hours to complete and consists of several lessons, which take 15-30 minutes each. The Care Coordinators learned about how quality improvement activities can be achieved using the Plan-Do-Study-Act cycles to test small changes within a practice setting. They were also able to explore tutorials and videos to examine what exactly is meant by patient- and family-centered care and why it's an essential component of a medical home.

Program Coordinator, Cindy Nash, has been working with a Microsoft database developer to create a centralized care coordination database that will track care coordination activities electronically. The database will help ensure consistency in how data is collected and allow information to be stored in a centralized location. This will allow accurate reports to be generated and trends to be recognized. The first trial version of the database was launched June 28, 2013.

Central Maricopa Currently there are 382 children 0-5 receiving care coordination services within (2) pediatric practices in the Central Maricopa FTF Region. Healing Hearts Pediatrics has been implementing care coordination for 2 years as of 7/19/13 and Pendleton Pediatrics reached their 1 year mark on 1/17/13.

Care coordinators in the Central Maricopa region often refer families to child care services and provide employment resources.

Collaboration and Communication:

All Regions:

- The Arizona Chapter of the American Academy of Pediatrics (AZAAP) Best Care for Kids team conducted a provider survey that consisted of 10 Pediatric sites. The purpose of this survey was to receive feedback on the care coordination program, gain ideas for sustainability, and use it as a catalyst for providers to come together and discuss care coordination and its future. The goals and or next steps are to create a learning community of practices in conjunction with AZAAP to share ideas on Care Coordination and to work on sustainability. One of our long-term goals is to have practices get reimbursed for care coordination services. On June 27, 2013 the Best Care for Kids team hosted a provider's dinner. This dinner was hosted to inform the practices where they stood in regards to other practices utilizing Care Coordination, prompt conversation amongst practices as to what is going well and to identify areas of opportunities, as well as verbally explain the changes that are coming with the new grant cycle i.e. tracking developmental screenings.
- The Medical Director and Director for Program Development of the Division of Developmental Disabilities (DDD) met with our care coordination team on April 2nd 2013. This meeting gave our care coordinators the opportunity to ask questions and give feedback about the DDD eligibility process. Care Coordinators were able to provide DDD with specific examples of situations where eligibility and provision of services were delayed or denied. DDD provided guidance to the care coordinators on how to improve the enrollment process through educating parents and physicians on enrollment requirements.

Barriers:

All Regions:

- An ongoing challenge within care coordination consists of working with the multiple State systems and advocating on behalf of the patients we work with to ensure that each child receives all of the necessary medical and non-medical related services in a timely manner. Physicians, families and care coordinators often report that working with AzEIP, DDD, ALTCS and school districts can be confusing, time-consuming and report that the process is often difficult for families as well as the professionals involved. Our team continues to act as strong advocates for the family, documenting all care coordination related activities and assisting families with filing appeals and grievances when warranted.
- Another barrier is the absenteeism of a reimbursement structure for care coordination services within the primary care practice. Physicians and staff have seen the benefits of a team-based approach needed to accomplish the numerous care coordination tasks with the care coordinator playing an integral part in that dynamic. The expenditures of care coordination activities are the financial responsibility of the practice. The face to face visits are billable time whereas referrals or communicating with patients outside the office visit is not. Providers continue to look at a cost model that will allow them to hire and retain their care coordinators who work diligently within their practices and assist with medical home transformation. Best Care for Kids staff continues to have dialogue with AHCCCS health plans and private health plans around the reimbursement issues for care coordination.

- Families and the care coordination team are finding it difficult to access needed behavioral health services in the private insurance sector. The families have reported wait for services to exceed 6 months or more. To help address this issue, we have developed a partnership with the Arizona Children’s Association to provide intakes and short term behavioral health assistance. Our goal is to implement the same concept in other practices that are interested.

Central Maricopa:

The Central Maricopa FTF Region continues to lack home visitation and nutrition/exercise programs for families and children.

Additional Information:

- In January 2013, a family was connected to the Care Coordinator at Pendleton Pediatrics. Parents reported that their son was evaluated by DDD. The family indicated that the Care Coordinator was able to answer many important questions about DDD services. The Care Coordinator was able to synchronize additional Autism screenings for the patient. The family reaffirmed that having the Care Coordinator’s assistance helped the parents make informed decisions that in turn provided the best care for their child. The parents stated the biggest take away was that they identified a service (Care Coordination) that has saved them many headaches of trying to coordinate additional services for their child. Furthermore they have gained a vast amount of knowledge in regards to their child’s diagnosis and the resources that are available to not only their child but their entire family.
- In February of 2012, the Care Coordinator at Pendleton Pediatrics assisted a family with getting their child evaluated for Autism. Once the diagnosis was given in April of 2012 the Care Coordinator assisted the family with the application process for DDD and ALTCS services. Mom reported that the process was long but in December of 2012, her child was granted services. The Care Coordinator then connected mom to a developmental preschool in Gilbert. Mom stated that the child is now receiving OT, PT, HAB, and Respite. Mom conveyed that this was a long process and if it wasn’t for the Care Coordinators knowledge and support she doesn’t know if her child would have ever received these services. The greatest take away for mom was being connected to the developmental preschool, she stated that she had no idea something like this existed.

Care coordination facilitates timely access to services, promotes continuity of care, and has the potential to greatly increase the overall value of primary health care. The Arizona Chapter of the American Academy of Pediatrics, Best Care for Kids, is grateful for the continued opportunity to build and implement care coordination within the primary care setting.

Physician Education and Outreach Strategy

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|-------------------------------|--------------------------------------|------------------|
| TOTAL AWARD: \$164,895 | SFY13 Funds Expended: (97.1%) | \$160,065 |
| TARGET SERVICE NUMBER | | 10 |
| TOTAL NUMBER OF SERVED | Q4: 12 | YTD: 12 |

Mental Health Consultation Strategy

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|------------------------|-------------------------------|-----------|
| TOTAL AWARD: \$246,000 | SFY13 Funds Expended: (91.1%) | \$224,129 |
| TARGET SERVICE NUMBER | | 10 |
| TOTAL NUMBER OF SERVED | Q4: 26 | YTD: 26 |

Scholarships non-TEACH Strategy

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|------------------------|-------------------------------|----------|
| TOTAL AWARD: \$70,000 | SFY12 FUNDS EXPENDED: (85.5%) | \$59,826 |
| TARGET SERVICE NUMBER | | 50 |
| TOTAL NUMBER OF SERVED | Q4: 12 | YTD: 12 |

**Grantee reports adjustments to their database and will report when database is up and running.

FTF PROFESSIONAL REWARD\$ Strategy

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|--------------------------------------|-------------------------------|-----------|
| TOTAL AWARD: \$199,800 | SFY13 FUNDS EXPENDED: (87.4%) | \$174,753 |
| TARGET SERVICE NUMBER | | 112 |
| TOTAL NUMBER OF PROFESSIONALS SERVED | Q4: 100 | YTD: 237 |

**Arizona Department of Education
Pre-Kindergarten Strategy**

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|------------------------|-----------------------|--------------|
| TOTAL AWARD: \$916,000 | SFY13 FUNDS EXPENDED: | \$324,618 |
| TARGET SERVICE NUMBER | | 255 |
| TOTAL NUMBER OF SLOTS | Q4: Pending | YTD: Pending |

Scholarships TEACH Strategy

| | | |
|------------------------|-------------------------------|----------|
| TOTAL AWARD: \$181,500 | SFY13 FUNDS EXPENDED: (43.1%) | \$78,202 |
| TARGET SERVICE NUMBER | | 55 |
| TOTAL NUMBER OF SERVED | Q4: 33 | YTD: 33 |

Quality First! Strategy

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|------------------------|-------------------------------|--------------------|
| TOTAL AWARD: \$735,721 | SFY13 FUNDS EXPENDED: (91.3%) | \$671,899 |
| TARGET SERVICE NUMBER | | 36 Centers 5 Homes |
| TOTAL NUMBER OF SERVED | Q4: 35/3 | YTD: 35/5 |

Quality First Child Care Scholarships Strategy

| | | |
|--------------------------|------------------------------|-------------|
| TOTAL AWARD: \$2,047,950 | SFY13 FUNDS EXPENDED: (100%) | \$2,047,950 |
|--------------------------|------------------------------|-------------|

| | | |
|-------------------------------|----------------|-----------------|
| TARGET SERVICE NUMBER | | 272 |
| TOTAL NUMBER OF SERVED | Q4: 277 | YTD: 277 |