



**Arizona Early Childhood Development & Health Board  
Gila River Indian Community Regional Partnership Council**

**Meeting Minutes – September 26, 2013**

**Call to Order**

The Regular Meeting of the First Things First, Gila River Indian Community Regional Partnership Council held Thursday, September 26, 2013 at Gila River Health Care, Hu Hu Kam Memorial Hospital Dietary Conference Room, 483 West Seed Farm Road, Sacaton, Arizona 85147.

**Members PRESENT**

Priscilla Foote, Chair  
Dale Enos, Vice Chair  
Honorable Judge Kami Hart  
Kim Franklin  
Priscilla Antone  
Brooklyn Dee (Teleconference)  
Mary Tatum (Teleconference)  
Sandra Nasewytewa (Teleconference)

**Members ABSENT**

Melissa Madrid  
Emily Warburton

Chair Foote called the meeting to order at approximately 4:54 p.m.

**Consent Agenda**

Chair Foote called for a motion to approve the Regular Meeting Minutes of May 9, 2013. Member Honorable Judge Hart moved to approve the minutes as presented. Vice Chair Enos seconded. Motion carried.

**Call to the Public**

None

**Needs and Assets Update**

Dr. Walsh with University of Arizona, McClelland Institute of Children, Youth, and Families provided the 2014 Needs and Assets Report Project overview. She briefly summarized the scope of work for the assessment, and requested feedback from the Council on the 2012 process, and 2014 priorities. Director Brown will continue to update the Council throughout the process.

**SFY13 Program Implementation**

Director Brown provided the Council with Grantee program highlights, successes, collaborations, and barriers for SFY2013. She also provided year-end financial and targeted service units for each Grantee. Grantee representation from Blackwater Community School, Gila River Healthcare-Baby Smarts, Association for Supportive Child Care – Arizona Kith and Kin Project, and Gila Crossing Community School were also in attendance to further share program updates and to answer any questions the Council had. The Council thanked for attending and their continued commitment to the community.

**Community Awareness Strategy SFY 14**

Director Brown provided a brief background on the unexpended funding in FY13 and planning for FY14 in the Community Awareness Strategy. There is an expended amount of \$2,100 in FY13. Based on year end budget closeout, there will be sufficient carry forward to meet the funding needs of implementing a Community Awareness strategy in FY14. The purpose of the strategy is to build public

awareness of early childhood, as well as public understanding of First Things First's role in helping kids arrive at school healthy and ready to succeed. Director Brown recommended to the Council to fund \$700 to the Community Awareness Strategy for FY14.

Chair Foote called for a motion to approve the recommendation presented by Director Brown.

**MOTION:** Vice Chair Enos moved to approve the recommendation to allot \$700 to the **Community Awareness Strategy for FY14**. Member Honorable Judge Hart seconded. Motion carried.

#### **System Building: Quality and Access Update and Discussion**

Director Brown reviewed the indicators selected by the Gila River Indian Community and specified the indicators #1 and #10 do not have measurable data available to set a benchmark for each. However, the Council will be setting a benchmark for indicator #2. Director Brown further explained the benchmark should be set by the Tribe, and therefore should be vetted through Tribal Council. Director Brown will work with Vice Chair Enos to present to Governor Mendoza, Chairman for Health and Social Committee and Education Committee, for a possible agenda item. Director Brown will continue to update the Council at future meetings.

#### **SFY2014 Chair and Vice Chair Elections**

Director Brown informed the Council the Chair and Vice Chair seat were up for re-election.

##### **Chair Election:**

Chair Foote called for nominations for the Chair seat. Chair Foote nominated Member Melissa Madrid for Chair. No other nominations were presented. Vice Chair Enos motioned to close the nominations. Member Franklin seconded. Motion carried.

**Member Melissa Madrid was voted and appointed Chair for SFY2014.**

##### **Vice-Chair Election:**

Chair Foote called for nominations for the Vice-Chair seat. Member Franklin nominated Member Judge Hart. Member Judge Hart respectfully declined the nomination due to her busy schedule sitting on various other committee and boards. Member Antone nominated to re-elect Vice Chair Enos. Vice Chair Enos accepted the nominations. No other nominations were presented. Member Franklin motioned to close the nominations. Member Judge Hart seconded. Motion carried. **Vice Chair Enos was re-elected Vice Chair for SFY2014.**

#### **Council Member Updates and General Discussion**

Tribal Consultation – Vice Chair Enos reported the Consultation was held on August 8<sup>th</sup> and it was well attended. Governor Mendoza was also in attendance. Gila River Indian Community was well represented.

Chair and Vice Chair's Meeting – Director Cathy Brown reported there is an FTF Chair and Vice Chair meeting on August 26<sup>th</sup>. Vice Chair Enos reported he will not be in attendance. New Chair Madrid will be informed of the meeting.

Community Meeting Children in Crisis – Member Judge Hart reported the initial community informational meeting was held on August 28<sup>th</sup>. The upcoming meeting is slated for October 3<sup>rd</sup>. The meeting was convened to inform the community on the Best for Babies program/model. The target population is children Birth to Five years old in crisis which are involved in tribal court and tribal social services. Vice Chair Enos, Member Nasewytewa, and Member Tatum attended. Meetings will be held monthly. Education Directors have also been invited to attend.

Summit Update and Feedback – Director Brown thanked Members that attended. Council members shared their comments regarding the Summit and venue.

#### **Regional Director's Report**

Quality First Enrollments within the Community – Director Brown informed the Council that Blackwater and Early Childhood Education Center are the two Quality First sites in Gila Indian River Community. She reported South Phoenix Regional Partnership Council agreed to fund an additional two sites for Quality First and scholarships in the 85339 zip code area, but they agreed to allow some flexibility to better utilize the slots where needed within the Gila River Indian Community.

Funding Plan Timeline - Director Brown reviewed the Council's timeline for upcoming funding planning for SFY2015. She informed the Council they will this is the third year of the funding plan cycle, therefore there will be no strategic planning.

**Regional Council Meeting Schedule**

- October 24, 2013, 4:30 p.m. VHM English Room - (Vice Chair Enos and Member Antone will be not in attendance)
- November 14, 2013, 4:30 p.m. TBD – (Member Franklin may not be available to attend)
- December, 2013 – **NO Meeting**

Starting in January, meetings will be held on the **3<sup>rd</sup> Thursday of each month at 4:30 p.m.** Location is to be determined.

- January 17, 2014
- February 20, 2014
- March 20, 2014
- April 17, 2014
- May 15, 2014
- June 19, 2014
- July 17, 2014
- August 21, 2014

**Adjournment**

*Meeting adjourned at 7:09 p.m.*

**Respectfully Submitted,**

**Dated this 21<sup>st</sup> day of October, 2013**

**ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD**

**Gila River Indian Community Regional Partnership Council**



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**Rosemary Galindo**  
**Administrative Assistant**



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**Cathy Thornton Brown, Regional Director**

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**Priscilla Foote, Chair**

## SFY15 Funding Plan Timeline

October 1, 2013	FTF Board - SFY15 Regional Allocations for Approval
September 26, 2013	Gila River Regional Council Meeting- Grantee Presentations, End of Year Financials, Narratives and Data Reports. Reviewed Last Year Funding Plan Timeline.
October 10, 2013	Chairs/Vice Chairs Met with Steve Lynn and Dr. Pam Powel to discuss Board approved regional allocations, Council member survey and Public Private Partnership report.
October 24, 2013	Gila River Regional Council Meeting - Funding Planning (SFY15)
November 14, 2013	Gila River Regional Council Meeting- Funding Plan Vote
December 13, 2013	Final Date for Council Approvals - in order to meet board meeting deadlines

### **January 10, 2014 FTF Board Meeting - Funding Plans for Approval**

as early as January 11	Grant Agreement process can begin for SFY15 new awards
January	Council Member Application and Appointment Process Begins

June 9/10 FTF Board- Appoints Regional Council Members

### **July 1, 2014 SFY15 Begins, New Regions, Councils, Grants**

**FY 2013 - 2015**  
**Gila River Indian**

Allocations and Funding Sources	2013		2014	2015	2016	2017	2018	2019
FY Allocation		\$964,265	\$542,022	\$549,098	\$549,098	\$549,098	\$549,098	\$549,098
Population Based Allocation		\$617,825	\$354,896	\$359,915	\$359,915	\$359,915	\$359,915	\$359,915
Discretionary Allocation		\$232,121	\$124,158	\$126,762	\$126,762	\$126,762	\$126,762	\$126,762
Other (FTF Fund balance addition)		\$114,319	\$62,968	\$62,422	\$62,422	\$62,422	\$62,422	\$62,422
Carry Forward From Previous Year		\$576,232	\$732,420	\$644,710	\$473,089	\$301,468	\$129,847	(\$41,774)
<b>Total Regional Council Funds Available</b>		<b>\$1,540,497</b>	<b>\$1,274,442</b>	<b>\$1,193,808</b>	<b>\$1,022,187</b>	<b>\$850,566</b>	<b>\$678,945</b>	<b>\$507,323</b>
Strategies	Awarded	Expended	Awarded	Proposed Allotment	Proposed Allotment	Proposed Allotment	Proposed Allotment	Proposed Allotment
Home Visitation	\$149,832	\$142,534	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000
Parent Education Community-Based Training	\$100,000	\$100,000	\$100,000	\$100,650	\$100,650	\$100,650	\$100,650	\$100,650
Family, Friends & Neighbors	\$53,211	\$51,438	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
<b>Quality First</b>	<b>\$33,251</b>	<b>\$24,908</b>		<b>\$32,879</b>	<b>\$32,879</b>	<b>\$32,879</b>	<b>\$32,879</b>	<b>\$32,879</b>
Quality First Academy			\$1,791					
Quality First Child Care Health Consultation Warmline			\$95					
Quality First Coaching & Incentives			\$32,219					
Quality First Inclusion Warmline			\$479					
Quality First Mental Health Consultation Warmline			\$493					
Quality First Warmline Triage			\$192					
Quality First Scholarships	\$151,441	\$143,255	\$351,441	\$259,739	\$259,739	\$259,739	\$259,739	\$259,739
Quality First Pre-K Scholarships	\$205,432	\$199,335		Shifted to QF	Shifted to QF	Shifted to QF	Shifted to QF	Shifted to QF
Child Care Health Consultation	\$5,028	\$4,793	\$4,945	\$4,945	\$4,945	\$4,945	\$4,945	\$4,945
Scholarships TEACH	\$13,200	\$4,625	\$12,800	\$12,436	\$12,436	\$12,436	\$12,436	\$12,436
Native Language Preservation	\$62,539	\$62,539	\$62,539	\$62,539	\$62,539	\$62,539	\$62,539	\$62,539
Conference Scholarships	\$16,000	\$8,604	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Summer Transition to Kindergarten	\$61,651	\$53,838		Eliminated	Eliminated	Eliminated	Eliminated	Eliminated
Community Awareness	\$2,100	\$978		Council Voted in September to add				
Media	\$3,900	\$3,979						
Statewide Evaluation	\$30,119	\$5,966	\$32,805	\$37,531	\$37,531	\$37,531	\$37,531	\$37,531
Needs and Assets	\$1,286	\$1,286						
To Be Determined								
<b>Total</b>	<b>\$888,990</b>	<b>\$808,077</b>	<b>\$809,799</b>	<b>\$720,719</b>	<b>\$720,719</b>	<b>\$720,719</b>	<b>\$720,719</b>	<b>\$720,719</b>
<b>Total Unallotted</b>	<b>\$25,524</b>	<b>\$80,913</b>	<b>\$1,015</b>	<b>\$473,089</b>	<b>\$301,468</b>	<b>\$129,847</b>	<b>(\$41,774)</b>	<b>(\$213,396)</b>



# *Early Childhood System Building Priorities, Goals, Outcomes*



**FIRST THINGS FIRST**

*Ready for School. Set for Life.*

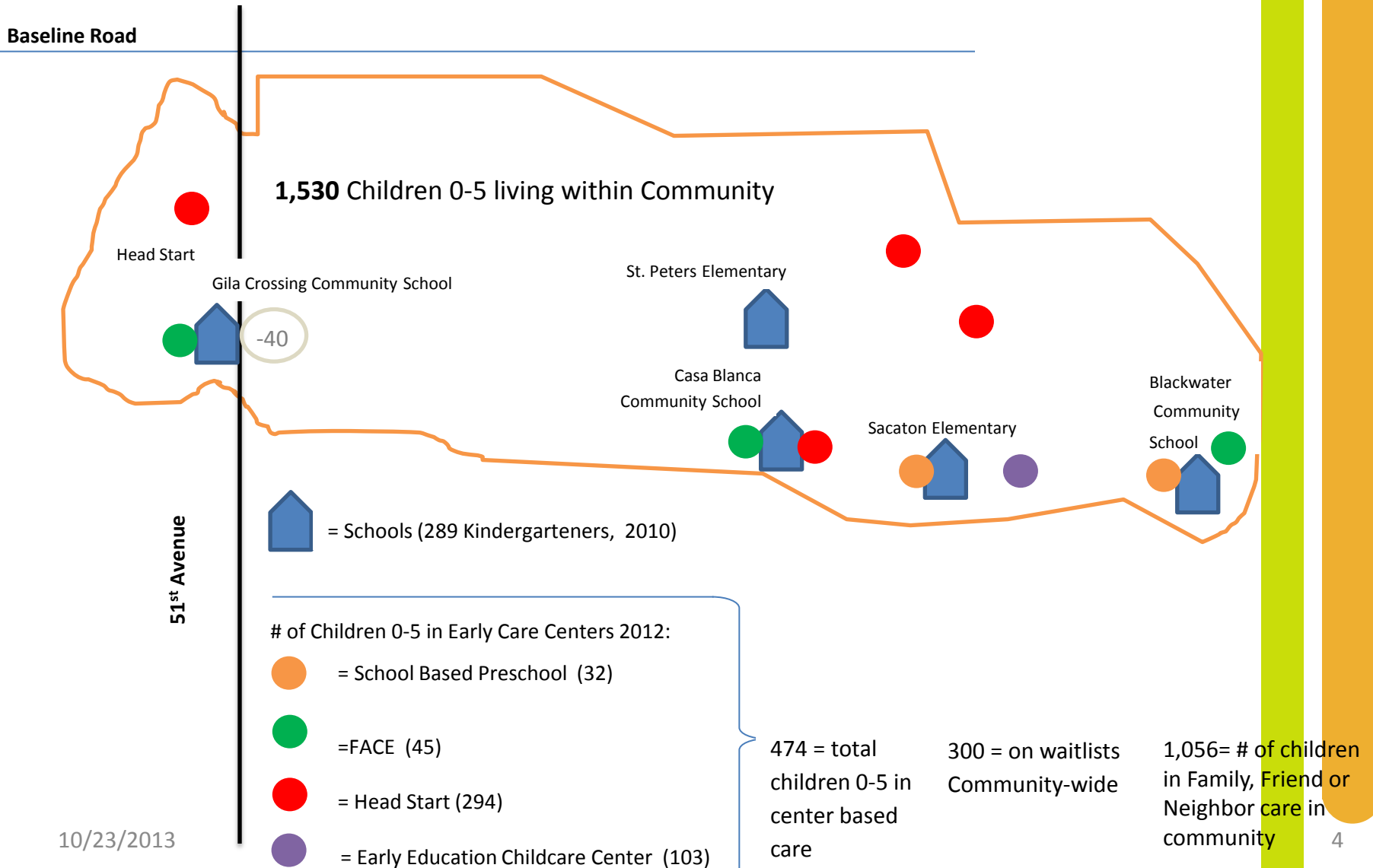
# *Reach & Scope*

- Are we sufficiently impacting children with our service delivery system?
- Does the number of children reached reflect the way we have prioritized our goal areas?
- Is there sufficient linkage between the strategies in the goal areas to show a continuum of care for children in the region? Or do children fall into system gaps within our current framework?
- Is our system (within goal areas i.e. QA, or Health) sufficiently impacting children in our remote areas/blight areas/ contiguous boundary areas?
- How does our current funding plan reflect on the alignment between indicators and priorities?

<b>Allocations and Funding Sources</b>	<b>2013</b>		<b>2014</b>		<b>2015</b>
FY Allocation		\$964,265		\$542,022	\$549,098
Population Based Allocation		\$617,825		\$354,896	\$359,915
Discretionary Allocation		\$232,121		\$124,158	\$126,762
Other (FTF Fund balance addition)		\$114,319		\$62,968	\$62,422
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<b>Total Regional Council Funds Available</b>		<b>\$1,540,497</b>		<b>\$1,274,442</b>	<b>\$1,093,808</b>
<b>Strategies</b>	<b>Awarded</b>	<b>Expended</b>	<b>Awarded</b>	<b>Expended</b>	<b>Proposed Allotment</b>
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Parent Education Community-Based Training	\$100,000	\$100,000	\$100,000		\$100,650
Family, Friends & Neighbors	\$53,211	\$51,438	\$50,000	\$5,239	\$50,000
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Conference Scholarships	\$16,000	\$8,604	\$10,000		\$10,000
Summer Transition to Kindergarten	\$61,651	\$53,838			Eliminated
Community Awareness	\$2,100	\$978			Council Voted in September to add funding to the line in SFY14.
Media	\$3,900	\$3,979			-
Statewide Evaluation	\$30,119	\$5,966	\$32,805	\$32,805	\$37,531
Needs and Assets	\$1,286	\$1,286			
To Be Determined				(\$125)	
<b>Total</b>	<b>\$888,990</b>	<b>\$808,077</b>	<b>\$809,799</b>	<b>\$135,301</b>	<b>\$820,714</b>
<b>Total Unallotted</b>	<b>\$25,524</b>	<b>\$80,913</b>	<b>\$1,015</b>	<b>\$674,498</b>	<b>\$273,094</b>



# What does the early Childhood System look like in Gila River Indian Community 2013?



# Impact: Family Support

## Baseline

**1530** Children 0-5

**918** Children live in Poverty (60%)

**612** Families w/ children 0-5

**306-367** Estimated # of families living in poverty (50%-60%)

High rates of teen pregnancy

**715** # of food boxes p/mo. Supplied by WIC &/or GRIC commodities

## Current Strategies

1. Home Visitation PAT model
2. Teen Parent Education

## Current Reach/Depth

40 families  
30 teen parents  
 = **60** families

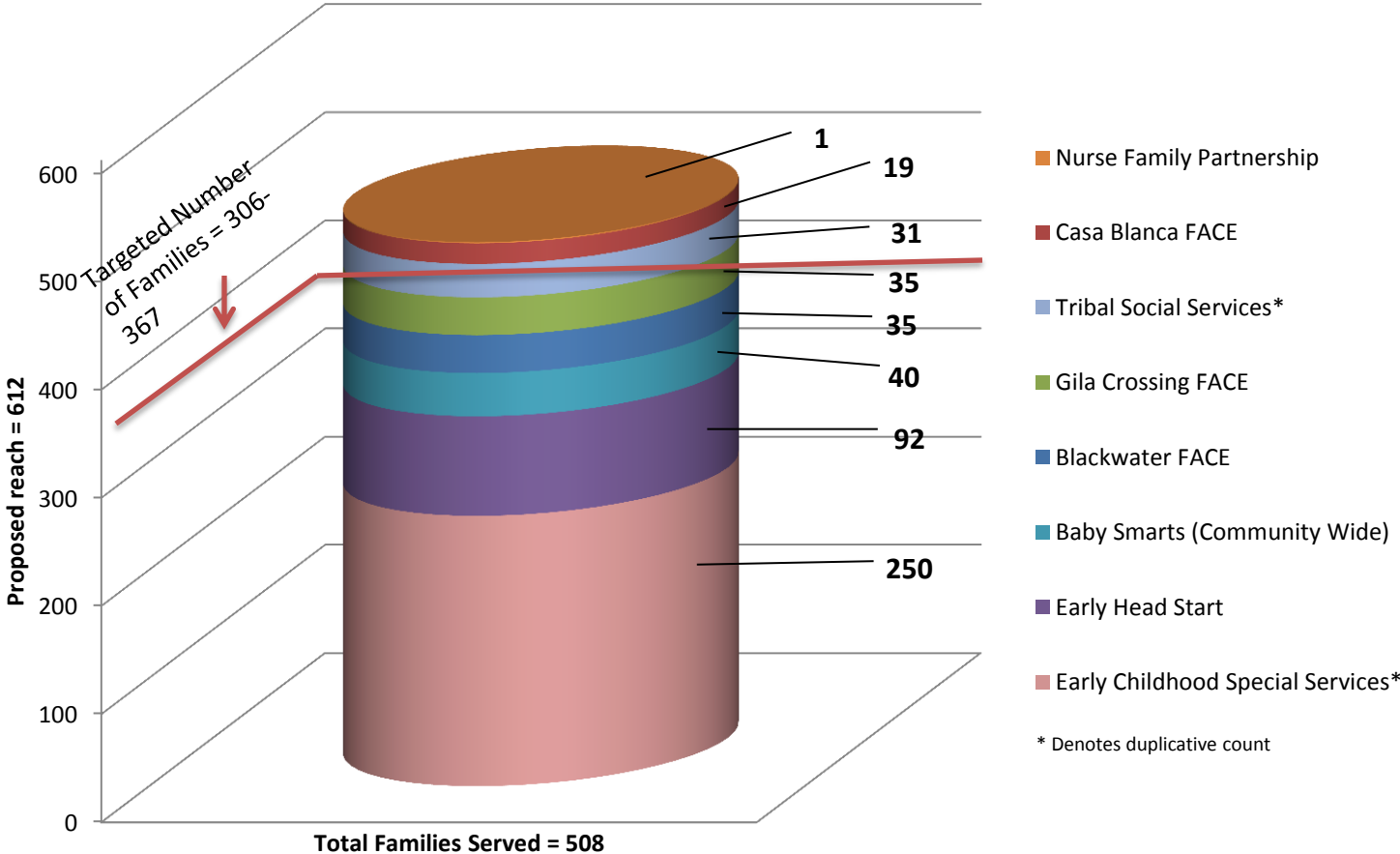
## Proposed Reach/Depth

**306-367**  
 Estimated # of families living in poverty (50%-60%)

Home Visitation Programs	Number of Families Served
Baby FACE Blackwater Community School	22
Baby FACE Casa Blanca Community School	19
Baby FACE Gila Crossing Community School	35
<b>Total FACE</b>	<b>76</b>
Early Head Start D- 2	
Early Head Start D-3	
Early Head Start D- 5	
Early Head Start D- 6	
<b>Total EHS</b>	<b>92</b>
Baby Smarts- Community- Wide	40
Nurse Family Partnership	1
Tribal Social Services	*31
Early Childhood Special Services	*250
<b>Total ALL</b>	<b>209-490</b>

# Impact: Family Support

## Family Support Programs



# Impact: Health

## Baseline

**1530** Children 0-5

**918** Children live in Poverty (60%)

**612** Families w/ children 0-5

**306-367** Estimated # of families living in poverty (50%-60%)

## Health Baseline:

**3,560** Total # of children 0-5 receiving healthcare at GRHC 2011

**79%** Women received prenatal care in 1<sup>st</sup> trimester

## Current Regional Assets

### Gila River Health Care

- ✓ Behavioral Health Services
- ✓ Prevention Services
- ✓ Family Planning Services
- ✓ School Health Nursing
- ✓ Public Health Nursing
- ✓ Women's Clinic
- ✓ (3) Ped Dentists
- ✓ Diabetes Clinic

Early Childhood Special Services

Injury Prevention

Nurse Family Partnership

## Current Reach/Depth

## Proposed Reach/Depth

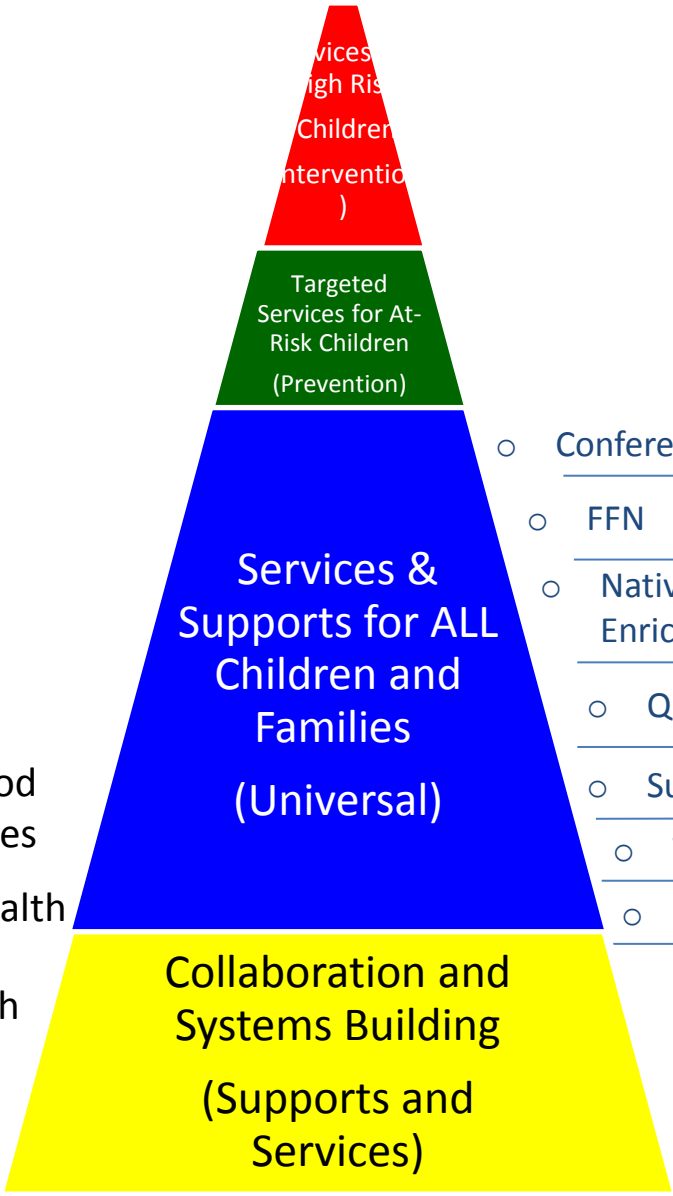
**1530** Children 0-5

**612** Families

**306-367** Families w/ children living poverty

# Impact: Quality & Access

2014 Strategies      Current Reach/Depth      Proposed Reach/Depth



○ Conference Scholarships	65 Professionals	# Health Professionals
○ FFN	50 FFN Providers	<b>1036</b> FFN children
○ Native Language Enrichment	40 children	<b>512</b> children in centers
○ QF Scholarships	65 QF scholarships	<b>300</b> Kids on waitlists
○ Summer Transition	Eliminated	<b>289</b> Kinder ready kids
○ T.E.A.C.H. Scholars	6 TEACH scholars	<b>11</b> Teachers/TA's
○ School Based PreK	Eliminated	<b>289</b> Kindergartners
○ Head Start(4)	○ 294	} <b>477</b> Children on Waitlist <b>300</b>
○ FACE (3)	○ 45	
○ School Based PreK (3)	○ 32	
○ Early Education Center	○ 103	
○ Childcare Homes	○ 3	

Early Childhood Special Services  
Behavioral Health  
School Health Nursing  
Injury Prevention

\*2010



## FIRST THINGS FIRST

### Chair

Steven W. Lynn

### Vice Chair

Dr. Pamela Powell

### Members

Nadine Mathis Basha

Gayle Burns

Janice Decker

Hon. Cecil Patterson

Vivian Saunders

Ruth Solomon

### Ex-Officio Members

Clarence H. Carter

Director DES

Will Humble

Director ADHS

John Huppenthal

Superintendent ADE

### Interim Chief Executive Officer

Sam Leyvas

4000 North Central Avenue, Suite 800

Phoenix, Arizona 85012

Phone: 602-771-5100

Fax: 602-274-7040

[www.azfff.gov](http://www.azfff.gov)

July 16, 2013

The Honorable Gregory Mendoza

Gila River Indian Community

Post Office Box 97

Sacaton, Arizona 85147

Governor Mendoza:

I am writing to follow up on a meeting we had planned previously scheduled but had to postpone due to scheduling. The purpose of this meeting is to share information about First Things First's (FTF) work related to data partnerships with tribes and nations. Specifically, FTF would like to provide you with information related to data collection to help the Gila River Indian Community Regional Partnership Council set benchmarks that will ultimately help us to gauge success in improving school readiness for Arizona's children.

FTF is interested in requesting permission from the Gila River Indian Community to obtain data to measure 10 school readiness indicators. For your information I have enclosed documents that include a description of the indicators that we use to gauge success in improving school readiness; specifics on the data being requested and their data sources that are outlined in the form of a draft resolution for the tribe to consider, and I have also attached a document titled 2020 Gila Regional Benchmark Summary, which provides an example of how the data will be used and presented to the regional partnerships councils for the purposes of setting their regional benchmarks. Please keep in mind, the resolution draft submitted is intended to provide a working foundation of the information we are requesting.

FTF values our government-to-government relationships with Arizona's tribal governments. We recognize that Arizona's tribes are sovereign and have complete authority over all research and data collection conducted on their lands. We understand and respect that tribes own all data collected on their lands and control the use and dissemination of that data.

With that in mind, I am writing to inquire about the possibility of rescheduling a meeting with you and if you wish the members of the Gila River Indian Community Council and FTF Interim Director, Sam Leyvas. If your schedules permit, Director Leyvas would like to brief you on the information presented in this letter.

Thank you for your time and your consideration of this request. I will follow up with your office to further discuss this meeting request.

Respectfully,

Beverly Russell  
Senior Director, Tribal Affairs

Attachments:     Arizona School Readiness Indicators  
                      Draft Resolution  
                      FTF Data Dissemination and Suppression Guidelines  
                      FTF Data Security Guidelines  
                      School Readiness Indicator 7-Gila (Submitted as Example)



**FIRST THINGS FIRST**  
Ready for School. Set for Life.

**School Readiness Indicators  
2020 Gila Regional Benchmark Summary**

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

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

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

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

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

**Benchmark Data Source:**

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

- Arizona Department of Health Services, Women, Infants, and Children (WIC) Nutrition Program data: WIC is a federally funded program providing residents with nutritious foods, nutrition education, and referrals. WIC serves pregnant, breastfeeding, and postpartum women, and infants and children under age five who are at nutritional risk and who are at or below 185 percent of the federal poverty guidelines.<sup>3</sup> Around 62% of newborns in the state are eligible for the WIC program whereas around 25-30% are eligible between the ages of 2-4 years of age. This program measures BMI of all enrolled 2-4 year old participants for all regions of the state. WIC data is available for non-tribal regions and the Navajo Nation Regional Council (with tribal permissions) through the Arizona Department of Health Services (DHS). Data for tribal

<sup>1</sup> Centers for Disease Control and Prevention (CDC):

[http://www.cdc.gov/healthyweight/assessing/bmi/childrens\\_bmi/about\\_childrens\\_bmi.html](http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html)

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

<sup>3</sup> Arizona Women, Infants & Children (WIC) Program: <http://azdhs.gov/azwic/>



regions is available (pending tribal permissions) through the Intertribal Council of Arizona (ITCA) or tribal authorities. WIC serves a very large number of low-income 2-4 year olds and their families in Arizona; however, it does not measure the BMI of all Arizona children, only those enrolled in the WIC program. Some regions may be better represented by WIC data than others. Specifically, those communities with large percentages of the population at or below 185 percent of the federal poverty guidelines will have better measurement with the WIC data.

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

**Data source selected:**

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

**Baseline (Region and State):**

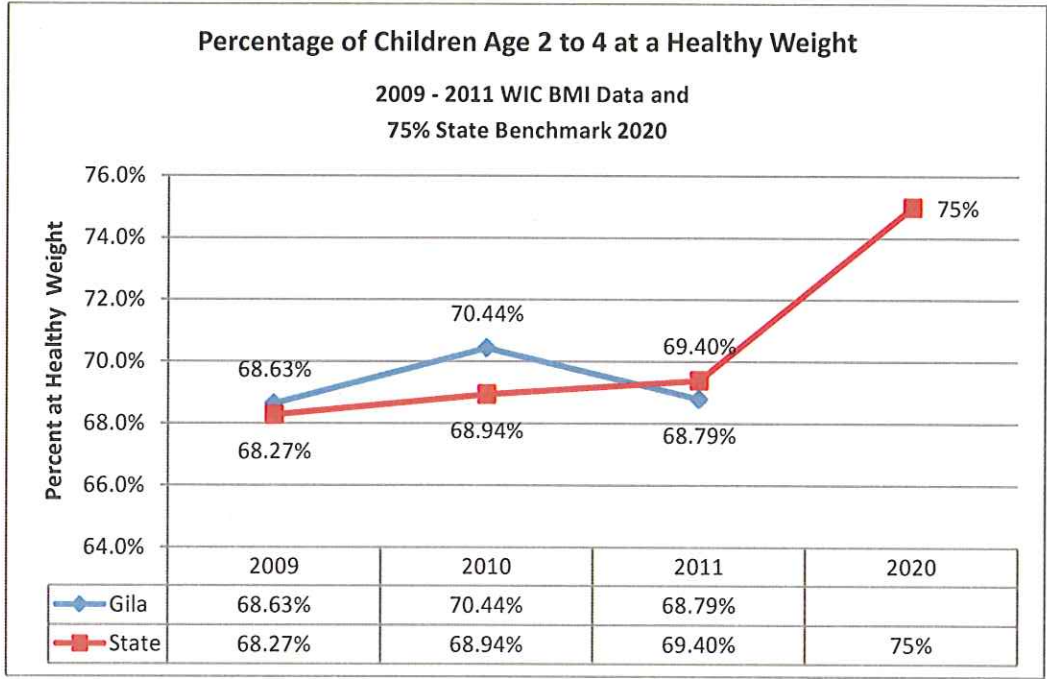
- 2010: In Gila, **70% (498)** of children age 2-4 were at a healthy body weight
- 2010: In Arizona, **69% (72,521)<sup>4</sup>** of children age 2-4 were at a healthy body weight

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

**Trend Line (Region and State):**

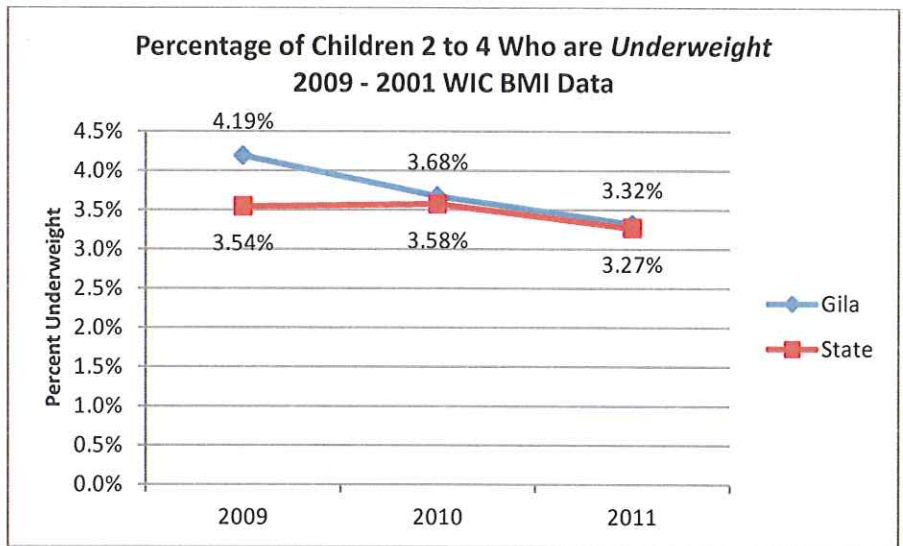
**Graph 1: Percentage of children age 2 to 4 who are at a healthy weight (based on body mass index- BMI).** Data displayed is presented for both the region (identified with diamonds) and state (identified with blocks) for years 2009 through 2011. The state benchmark for 2020 (75%) is also presented in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

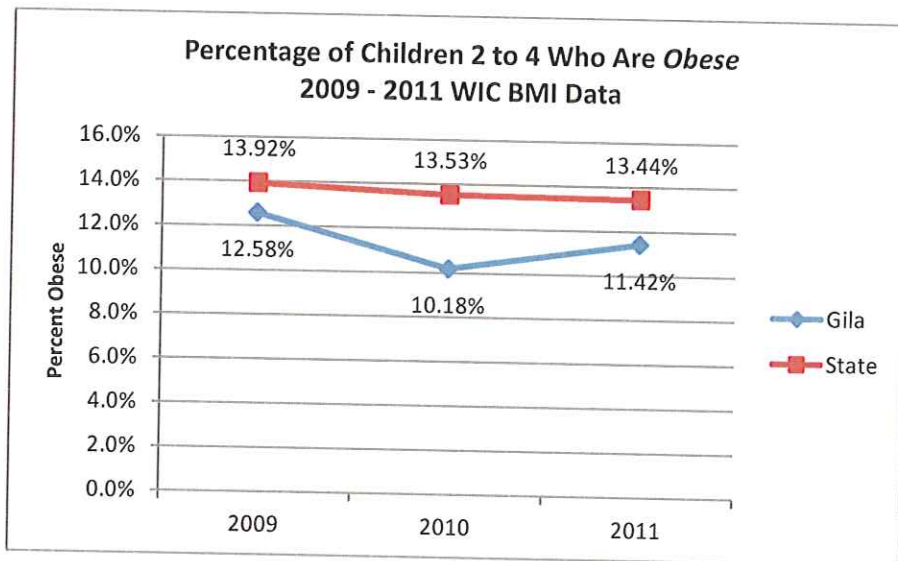
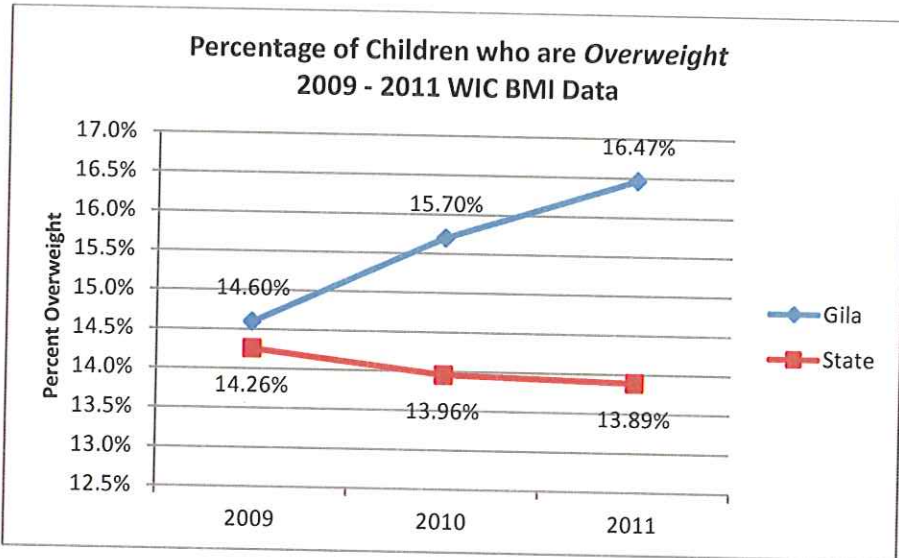


**Benchmark (Region and State):**

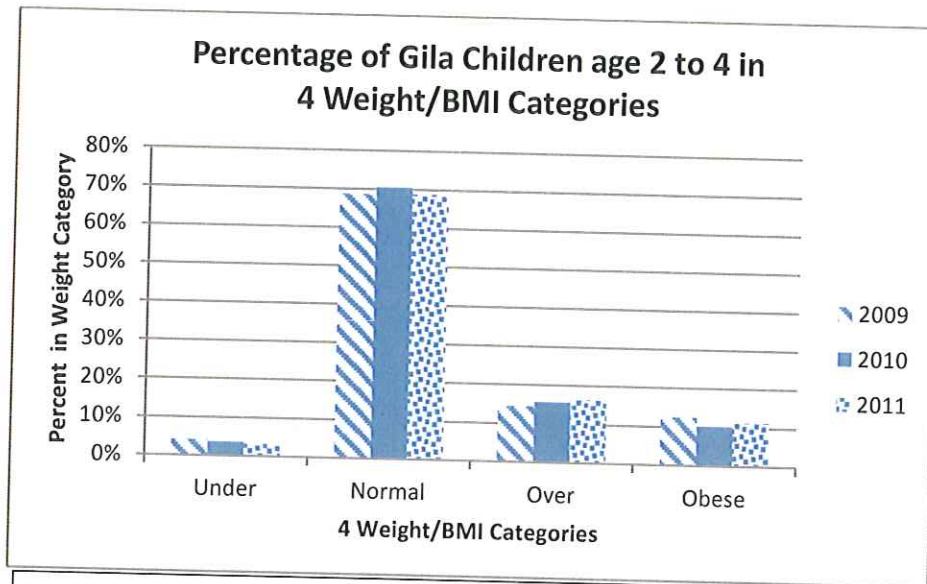
- 2020: In Gila, XX % of children age 2-4 at a healthy weight (BMI)
- 2020: In Arizona, 75% of children age 2-4 at a healthy weight (BMI)

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





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



Gila: Percent and number of children in each weight category for years 2009-2011

Year	Under	Normal	Over	Obese
2009	4.19% (N=27)	68.63% (N=442)	14.60% (N=94)	12.58% (N=81)
2010	3.68% (N=26)	70.44% (N=498)	15.70% (N=111)	10.18% (N=72)
2011	3.32% (N=25)	68.79% (N=518)	16.47% (N=124)	11.42% (N=86)

# Arizona School Readiness Indicators

The following indicators are designed to guide and measure progress in building an effective early childhood system in Arizona. Taken collectively, they provide a comprehensive picture of how our state is preparing its youngest children for success in kindergarten and beyond.



## CHILDREN'S HEALTH

### 1) Well-Child Visits

% of Arizona children receiving at least six well-child visits within the first 15 months of life

2010: 64%      2020 Goal: 80%

### 2) Healthy Weight

% of Arizona children age 2-4 with body mass index (BMI) in healthy weight range

2010: 65%      2020 Goal: 75%

### 3) Dental Health

% of Arizona children age 5 with untreated tooth decay

2007: 35%      2020 Goal: 32% or less



## FAMILY SUPPORT

### 4) Confident Families

% of Arizona families report they are competent and confident about their ability to support their child's safety, health and well being

2012: 63%      2020 Goal: 73%



## CHILD DEVELOPMENT & EARLY LEARNING

### 5) School Readiness

Benchmark related to developmental domains of social-emotional, language and literacy, cognitive, and motor and physical to be recommended in FY15 based on baseline data from Arizona kindergarten developmental inventory

### 6) Quality Early Education

% of Arizona children enrolled in an early care and education program with a Quality First rating of 3-5 stars

Baseline and 2020 Goal to be determined in July 2013.

### 7) Quality Early Education – Special Needs

% of Arizona children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars

Baseline and 2020 Goal to be determined in July 2013.

### 8) Affordability of Quality Early Education

% of Arizona families that spend no more than 10% of the regional median family income on early care and education programs with a Quality First rating of 3-5 stars

Baseline and 2020 Goal to be determined in July 2013.

### 9) Developmental Delays Identified in Kindergarten

Benchmark to be recommended in fall 2013 after completion of the comprehensive opportunity analysis on the Arizona early intervention system for children birth to age 5

### 10) Transition from Preschool Special Education to Kindergarten

% of Arizona children exiting preschool special education enrolled in kindergarten regular education

2010: 22%      2020 Goal: 30%



FIRST THINGS FIRST

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[www.azftf.gov](http://www.azftf.gov)

07/12/13-SRI Resolution Draft—Tribal Approval

- WHEREAS,** First Things First (FTF) is a voter approved initiative that was established to help provide greater opportunities for all children 5 and younger in Arizona to start kindergarten healthy and ready to succeed; and
- WHEREAS,** The Gila River Indian Community has designated the Gila River Indian Community tribal lands as a separate region under the 2006 Arizona Proposition No. 203, known as the “Arizona Early Childhood Development and Health Initiative”; and
- WHEREAS,** The Gila River Indian Community Regional Partnership Council (the “Regional Council”) was appointed by the Arizona Early Childhood Development and Health Board (“Board”) and has the responsibility of working with their communities to determine what children five years old and younger in their area need to arrive at school healthy and ready to succeed; and
- WHEREAS,** FTF, through the regional partnership council, funds programs in the Gila River Indian Community region that: provides information and support to the parents of kids birth to 5 years old; improve the quality of child care; connects families to resources to support their child’s health and early learning; and, improves the health and nutrition of children 5 and younger and their families; and
- WHEREAS,** FTF School Readiness Indicators (SRI) were chosen to assess/measure how the lives of children residing in the state of Arizona are improving, and therefore improving their readiness for entering school and subsequently their life long success; and
- WHEREAS,** The SRIs were developed through a committee process and a tribal consultation session with input from tribal representatives as well as regional council, partner, and community stakeholders; and
- WHEREAS,** First Things First seeks permission from the Gila River Indian Community to collect data on the 10 School Readiness Indicators listed in this document for children and families birth through five that reside in the Gila River Indian Community region; and

School Readiness Indicator	Data Source
<b>1) Well-Child Visits</b> % of Arizona children receiving at least six well-child visits within the first 15 months of life.	Indian Health Service (Phoenix Area) Gila River Indian Community Data
<b>2) Healthy Weight</b> % of Arizona children age 2-4 with body mass index (BMI) in healthy weight range.	Inter-Tribal Council of Arizona Women, Infant and Children’s (WIC) Program
<b>3) Dental Health</b> % of Arizona children age 5 with untreated tooth decay.	Indian Health Service (Phoenix Area) Gila River Indian Community Data
<b>4) Confident Families</b> % of Arizona families report they are competent and confident about their ability to support their child’s safety, health and	First Things First Regional Needs and Assets Report (Parent and Community Survey will be integrated into the formulation of the report

07/12/13-SRI Resolution Draft—Tribal Approval

wellbeing.	beginning in SFY 2014. The Gila River Indian Community approved the formulation of this report on _____.
<b>5) School Readiness</b> Benchmark related to developmental domains of social emotional, language and literacy, cognitive, and motor and physical to be recommended in FY15 based on baseline data from Arizona kindergarten developmental inventory (KDI).	First Things First is working with the Arizona Department of Education to develop a statewide Kindergarten Development Inventory (KDI) tool. It is anticipated that the KDI will be initially piloted in a small number of schools in fall 2014.
<b>6) Quality Early Education</b> % of Arizona children enrolled in an early care and education program with a Quality First rating of 3-5 stars.	<b>First Things First Quality First Data</b>
<b>7) Quality Early Education – Special Needs</b> % of Arizona children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars.	
<b>8) Affordability of Quality Early Education</b> % of Arizona families that spend no more than 10% of the regional median family income on early care and education programs with a Quality First rating of 3-5 stars.	
<b>9) Developmental Delays Identified in Kindergarten</b> Benchmark to be recommended in fall 2013 after completion of the comprehensive opportunity analysis on the Arizona early intervention system for children birth to age 5.	The data source for this indicator will be determined in fall 2013 after completion of a comprehensive opportunity analysis on the Arizona early intervention system for children birth to age 5.  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 as outline in the attached FTF Suppression Policy.
<b>10) Transition from Preschool Special Education to Kindergarten</b> % of Arizona children exiting preschool special education enrolled in kindergarten regular education.	<b>Arizona Department of Education</b>

**WHEREAS,** The data will be specific to the Gila River Indian Community region and collected from the indicated sources to help paint the picture of the impact of First Things First both state wide and regionally; and

**WHEREAS,** Data will be stored in a secured location utilizing FTF’s data security and suppression policies and standards to ensure the integrity and compliancy of storing such data are met; (the policies are attached to this resolution) and

**WHEREAS,** Data for the School Readiness Indicator related to Confident Families will be collected through parent interviews and integrated as part of the data collection process for the SFY 14 and 16 Needs and Assets report. Parents with children under 6 will be contacted and asked to participate in an interview and they will be informed that they do not have to participate and can withdraw their signed permission at any time, and

the information provided will not include any identifiable information other than aggregate identifiers; and

**BE IT FINALLY RESOLVED** that Gila River Indian Community authorizes the First Things First to perform the following functions:

1. Request and obtain data related to the 10 School Readiness Indicators from the sources identified in this document on a regular basis through the end of State Fiscal Year 16.
2. To interview families, and community stakeholders within the boundaries of the Gila River Indian Community tribal lands who voluntarily agree to participate after informed consent in the FTF Parent and Community Survey to obtain data to measure the Confident Families School Readiness Indicator; and
3. To report, describe and/or publish unidentified data in reports and/or publications within the context of setting benchmarks and measuring impact through the school readiness indicators only.

**CERTIFICATION**

**Attachments: FTF Data Security Guidelines and Requirements for Collaborators  
FTF Data Dissemination and Suppression Guidelines for Publications**





# FIRST THINGS FIRST

## Chairs and Vice Chairs Leadership Forum

October 10, 2013

9:30 a.m. to 2:30 p.m.

### AGENDA

9:30-9:45	Welcome	Steve Lynn
9:45-10:45	Financial Report <ul style="list-style-type: none"><li>SFY13 Reconciliation and Regional Carry Forward Balance</li><li>SFY15 Regional Allocations</li><li>Discretionary Ad Hoc Committee</li></ul>	Steve Lynn Michelle Katona  Nancy Mongeau
10:45-11:00	Break	
11:00-12:15	Regional Council Survey (overview and breakout discussions) <ul style="list-style-type: none"><li>Presentation and table discussions</li></ul>	Dr. Pamela Powell Michelle Katona
12:15-1:15	Lunch	
1:15-2:30	Public Private Partnerships Report <ul style="list-style-type: none"><li>Presentation and table discussions</li></ul>	Dr. Pamela Powell Sam Leyvas



**Meeting Agenda**  
**System Building to Support Children in Crisis**  
Jury Assembly Room GRIC Judicial Court  
721 W. Seed Farm Rd 280 South

Agenda

Thursday, October 3, 2013

1:30 p.m. – 3:00p.m

1. Welcome and Introductions Judge Kami Hart  
Group Members
  
2. Overview of August 28, 2013 Meeting Judge Kami Hart
  
3. Timeline of the work of the Children in Crisis Committee. Karen Wolf
  - a) October- January 2014: Assessing and addressing the needs of infant, toddlers and their families who become known to the child welfare system.
  
  - b) February 2014 – June 2014: Creating foster care that promotes attachment and permanency.
  
  - c) July 2014- August 2014: Training and supporting child welfare staff and other professionals involved in the child welfare system.
  
4. Assessing and Addressing the **Health, Mental Health, & Developmental Needs** of Young Children Exposed to Trauma and Separation Judge Kami Hart
  
5. November Meeting Discussion:  
Complying with the Child Abuse Prevention and Treatment Act (CAPTA) Requirement for Referral to Bart C of IDEA.
  
6. November Meeting Date

# Attachment #1

## Assessing and addressing the needs of infant, toddlers and their families who become known to the child welfare system.

- *Half of maltreated infants exhibit some form of cognitive delay. Research shows that connecting babies to high- quality, research based services that begin early can improve the odds of positive outcomes.*

### A. Assessing and Addressing the **Health, Mental Health, & Developmental Needs** of Young Children Exposed to Trauma and Separation

#### Questions for Group

1. Young Children known to the child welfare system receive regular health care visits per the American Academy of Pediatrics' (AAP's) recommended schedule for preventative pediatric health care. **NOTE:** AAP recommends children receive preventive health care visits prenatally, at birth, 5 days, 1 month, 2 months, 6 months, 9 months, 12 months, 15, 18, 24, 30 months and 3 years.
2. Health care visits regularly include screenings for developmental, hearing, vision, behavioral, motor, language, social, cognitive, and emotional skills using reliable tools that are age and culturally appropriate. **NOTE:** Screenings should begin at birth and be repeated regularly (AAP notes when different screenings should occur) so that problems can be identified and addressed early. Connecting infants and toddler to services early can minimize the long-term effects of developmental delays and other health problems. Screening for the possibility of prenatal alcohol, or drug exposure is critical in this population.
3. Young children known to the child welfare system receive oral health care per the AAP Dentistry Recommendations.
4. Young children known to the child welfare system have pediatric medical homes. **NOTE:** Research shows that children with special health care needs in particular receive more timely and thorough care when they are connected to a medical home.
5. When children are placed into foster care, efforts are made to ensure they stay with their pediatric medical home **NOTE:** It is important in all aspects of the lives of infants and toddlers in foster care to provide continuity of relationships. Their health care provider is an important example of this.
6. Young children known to the child welfare system who are eligible for Medicaid receive comprehensive physical and mental health assessments using the Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) framework. **NOTE:** Children in foster care should receive in person assessments within 30 days of entering care.

## Attachment #1

7. Parent of young children known to the child welfare system are involved in evaluation their children's health. **NOTE:** For example, the Ages and Stages Questionnaire (ASQ) can be used with parents to track children's development and to help parents understand what is developmentally normal at various ages. Important to provide guidance to parents about what is developmentally appropriate for the child's behavior and to offer them coping strategies to help them stay ahead of the child's exploration.
8. Temporary caregivers are informed of children's health needs and developmental status.
9. Young children with suspected health or developmental problems receive:
  - a) Referrals to specialists
  - b) Follow-up
10. Services are available to young children known to the child welfare system for the full range of developmental challenges a child might face, including social-emotional issues and fetal alcohol spectrum disorders. **NOTE:** these service include providers of physical and occupational therapy and mental health clinicians capable of providing a range of family, group, play and dyadic therapies.
11. Infants and toddlers are successfully connected to the services needed to address identified developmental challenges.

## QualityFirstAZ.com – An Important Resource for Families and Providers

In August, First Things First launched [QualityFirstAZ.com](http://QualityFirstAZ.com), an important resource in efforts to raise awareness about why quality matters in child care and preschool. The website highlights the key components of quality early care and education that help prepare children for success in kindergarten and beyond, including:

- teachers and caregivers who know how to work with infants, toddlers and preschoolers;
- positive, nurturing relationships that give young kids the individual attention they need;
- learning environments that encourage creativity and imaginative play;
- hands-on activities that stimulate and encourage positive brain connections in children; and,
- caregivers who provide regular feedback to parents on the development of their child.



**The site's primary audiences are families and child care providers.**

For parents and families, topics include: more in-depth information on the key components of quality; how Quality First supports providers in making quality improvements; and tools, to help families make decisions about a child care or preschool program for their child.

Those tools include a quality checklist for parents and families to use when visiting a provider, including questions to ask and specific things to look for in a quality early learning setting. The site also includes a searchable listing of the more than 900 providers throughout Arizona that participate in Quality First. Parents can search for child care and preschool programs in their area who partner with Quality First to make improvements on behalf of the young children they serve.

Another important resource offered to parents is a link to [Child Care Resource and Referral](#), which provides free, one-on-one assistance to Arizona families looking for child care.

**There's also information on ways adult caregivers – parents and relatives as well as friends and neighbors – can encourage learning in the young children they care for.**

For providers, the site includes detailed information about Quality First, how the program works and the supports offered to enrolled participants.

**There's also a section with resources and information about things any provider or caregiver can do to encourage learning among young children.**

Quality matters in child care and preschool, and through QualityFirstAZ.com, First Things First empowers parents and caregivers with information that will help them choose a quality early learning setting that meet their family's needs.

The screenshot shows the homepage of Quality First. At the top, there is a blue navigation bar with links for HOME, ABOUT, FIND PARTICIPANTS, FAQs, and CONTACT. On the right side of this bar, it says "QUALITY FIRST IS A SIGNATURE PROGRAM OF" followed by the "FIRST THINGS FIRST" logo. Below the navigation bar is the main header area with the "QUALITY FIRST" logo and "FIRST THINGS FIRST" text on the left, and "PARENTS & FAMILIES" and "PROVIDERS" links on the right. A large orange banner features a baby's face and the text "90% of a child's brain develops before kindergarten." Below the banner are two columns of content. The left column is titled "What does quality early education look like?" and lists two bullet points: "Teachers who know how to work with infants, toddlers and preschoolers" and "Learning environments that nurture the emotional, social, ...". The right column is titled "What is Quality First?" and describes the program as a partnership with child care and preschool providers to improve early learning across Arizona. Below these columns are two sections: "LEARN MORE" with two image-based buttons for "PARENTS & FAMILIES" and "PROVIDERS", and "SEARCH FOR A PROVIDER" with two buttons: "FIND QUALITY FIRST PARTICIPANTS NEAR YOU" and "WANT MORE HELP FINDING CHILD CARE?". At the bottom, there is a footer with the "FIRST THINGS FIRST" logo and tagline "Ready for School. Set for Life.", a paragraph about the program's mission, social media icons for Facebook and Twitter, and a "Look for the Sign" section with an image of a sign and text explaining that providers displaying the sign are committed to improving care and education. The footer also includes a secondary navigation bar with links for HOME, ABOUT, FIND PARTICIPANTS, FAQs, CONTACT, and DISCLAIMER, and a copyright notice: "© 2013 First Things First. All rights reserved."

HOME ABOUT FIND PARTICIPANTS FAQs CONTACT

QUALITY FIRST IS A SIGNATURE PROGRAM OF  
FIRST THINGS FIRST

QUALITY FIRST  
FIRST THINGS FIRST

PARENTS & FAMILIES PROVIDERS

90% of a child's brain develops before kindergarten.

### What does quality early education look like?

Quality child care and preschool programs build on basic health and safety to include:

- Teachers who know how to work with infants, toddlers and preschoolers
- Learning environments that nurture the emotional, social,

### What is Quality First?

Quality First – a signature program of First Things First – partners with child care and preschool providers to improve the quality of early learning across Arizona.

Quality First funds quality improvements that research proves help children thrive. And through this website, Quality First offers parents

### LEARN MORE

PARENTS & FAMILIES PROVIDERS

### SEARCH FOR A PROVIDER

FIND QUALITY FIRST PARTICIPANTS NEAR YOU

WANT MORE HELP FINDING CHILD CARE?

**FIRST THINGS FIRST**  
*Ready for School. Set for Life.*

First Things First partners with parents and communities to give all Arizona children the opportunity to arrive at kindergarten healthy and ready to succeed.

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### Look for the Sign

Providers that display this sign are committed to improving the quality of care and education for the children they serve.

HOME ABOUT FIND PARTICIPANTS FAQs CONTACT DISCLAIMER

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