Attachment 02

South Phoenix Regional Partnership Council – Strategic Planning for SFY 2012

Goal Areas	Current Strategies – 2011	N & A Data to Support	Review against Summit Priority	Scope? Breadth? Capacity? Coordination? *	Additional Notes/Comments
Quality, Access & Affordability All Children have access to high quality, culturally responsive early care and education that promotes their optimal development.	• Quality First • Family, Friend & Neighbor • Child Care Scholarships • Pre-K expansion	Closing of many centers in our region 93 centers in 2008, 69 centers in 2010 Where are the children in our region? Only 6 accredited centers in our Region Needed Data - #s of children in unregulated care - # of centers impacted by cuts by DES and fee increases by DHS - Utilization of scholarships - Data regarding recruitment and retention for QF programs - What are the barriers to recruitment and retention	Yes Quality First: Yes FFN: Yes Pre-K Expansion: Yes	How do we know Quality First works? Enhance Quality First Mini Grants Quality First Capacity issues. What's going on n our region? Who so hard to recruit? Who so hard to retain? For example – is it an issue with the assessment taking so long? Is there too much turnover among coaches, and programs don't feel invested? Cultural mis-match? Pre-K Expansion Scope issues…Which Head Start sites are struggline with enrollment? Don't want additional Pre-K slots to comete with Head Start. We need to be systematic about where we expand Pre-K slots	Closing Centers decrease in the number of children. Implications of shifts in the larger ECE system: – Less children in centers – More children in unregulated (FFN) settings – Families less involved with formal early education system – Children at home with parents during the day Implications for funding: – Quality First: possibly less funding because lower numbers of centers – Quality First: expand RFGA to authentically address recruitment and retention issues. Could QF conduct a focus group or some other way of gathering systematic information about the barriers to participation

South Phoenix Regional Partnership Council – Strategic Planning for SFY 2012

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					in our region? Could also consider reworking the RFGA to call for more support from the coaches (e.g., more frequent visits; lower case loads for coaches in our region). Also possibly include some additional incentives for programs' participation in QF. – FFN: possibly more funding to address increased numbers of children in these settings? – Scholarships: Jasmine recommended a different approach to scholarships – maybe we could provide partial scholarships thereby allowing more families to benefit from the assistance. – Pre-K: definitely expand! – Adjust all RFGA's to include a communication aspect that addresses parents' awareness of the importance of quality early education. For

South Phoenix Regional Partnership Council – Strategic Planning for SFY 2012

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					example, Kith & Kin program could include this type of awareness in their on-going trainings. Provide information about the quality programs in their neighborhoods. Another example, the FRC's can provide information about the importance of quality in the early years; also provide a list of quality programs in their neighborhood; also provide literature about what to look for in a center or home when you're shopping for child care.
Preventive Health All Children have access to high quality preventive and continuous health care, including physical, mental, oral and nutritional health.	• Child Care Health Consultants • Mental Health Consultants • Health Prevention Coalition • Community Early Intervention Coalition	Chapter 3 Maricopa County Assessment $450K ADE Parent Information Network	Access to Quality Health Care	TBD – In Development - Oral Health Care lacking - Community Early Intervention Coalition	Prevention Coalition Oral Health Screenings Consortium/Collaboration Still have not addressed nutrition, chronic disease awareness and injury prevention Health prevention coalition

South Phoenix Regional Partnership Council – Strategic Planning for SFY 2012

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Family Support All families have the information, services, and support they need to help their children achieve their fullest potential.	• Home Visitation • FRC •	– Low literacy levels – Families don't know how to navigate the system – Increase in child abuse – Not enough foster homes	– Home Visitation: YES – FRC: YES – Strategy #17: YES aligns with Family Support for high-risk population	Scope issues: "Beef-up" the FRC's. For example, encourage more coordination and collaboration with other "natural" partners like mental health clinics – could rent space out. Another example, systematic coordination amoung the FRC's could lead to sharing best practices like "Parents as Mentors," etc. Another example is to address barriers like access to transporation. FRC's could offer bus passes along with the referrals they give out.	
Professional Development All early childhood education and health professionals are well prepared, highly skilled, and compensated commensurate with their	• Director Mentoring • TEACH Sustainability Better job flushing out bridge gap	Sustainability Not enough	Variety of programs #4	Need some sustainability to keep teachers, offer variety of programs.	

South Phoenix Regional Partnership Council – Strategic Planning for SFY 2012

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education and experience.					
Coordination/Collaboration The early childhood system is high quality, child and family centered, coordinated, integrated and comprehensive.				Letting parents know about the programs out there	Access to Quality: promote a child care specialist coordination model similar to the one used in the state of Connecticut. The idea is that all specialists (QF, HCC, MHC, TEACH, Emergent Leader mentors, etc.) who come into a specific child care center or home would work as a team with the children program as their "client." This approach is being piloted by SWHD. They are following the model used by Connecticut. I think Sandy Foreman is being kept apprised of their efforts. Family Support Coordination: FRC's could systematically come together to learn from one another and possible share resources – for example a common administrative staff person who is

South Phoenix Regional Partnership Council – Strategic Planning for SFY 2012

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					responsible for entering data and managing data. Family Support Coordination: More coordination and promotion of awareness of other mental health and home visitation services Health Prevention: collaborate and coordinate with Maricopa County Dept of Public Health – they recently received a multi-million dollar grant to address prevention of teen pregnancy. We could leverage their dollars here in So. Phx. Region.
Communication All Arizonans understand the importance of the early years and the impact of early	• Communications Campaign • Community Outreach Liaison			Not enough data More awareness Collaborating all programs Make locations that offer	Promote more cross-grantee awareness of each others' programs

South Phoenix Regional Partnership Council – Strategic Planning for SFY 2012

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childhood development, health and education on Arizona's economy and quality of life and, as a result, substantially support early childhood development, health and education both politically and financially.				support safe.	Convey explicit messages about FTF services being "safe" and sensitive services. Create brochures for FRC's that contain specific information about the services offered at each of the FRC's in So. Phx. Region. Will need to decide whether to include information about non-FTF funded FRC's that are also in So. Phx. Region.

*For each of the goal areas, ask yourself the following questions:

- Does this strategy/combination of strategies have sufficient scope? Are we reaching the NUMBER of recipients needed to make a change?
- Does this strategy/combination of strategies have sufficient breadth? Do we have all of the components within the strategy to make an impact?
- Is there sufficient capacity in the Region to successfully implement this strategy? If not, what steps are needed?
- Are there coordination/collaboration efforts needed – across strategy areas and/or across Regional Partnership Council areas?

Blue Comments: Mary Thomson, James Washington, Jasmine Sanchez, Rose Howe
Red Comments: Eva Marie Shivers, Robert Donofrio, Kristi Langley-Wells, Rana Hermosillo,