



FIRST THINGS FIRST

Ready for School. Set for Life.

Arizona Early Childhood Development & Health Board Navajo/Apache Regional Partnership Council Meeting DRAFT Meeting Minutes

A Regular Meeting open to the public was held on Wednesday, September 10, 2014 beginning at 3:00 p.m. The meeting was held at Apache County Health Department Annex Building, Conference Room, 309 South Mountain Avenue, Springerville, Arizona, 85938.

Welcome and Roll Call of Regional Council Members/Call to Order

Vice Chair Meyer called the meeting to order at 3:10 pm. Vice Chair asked for roll call. Members present were Kristalei Baskins, Claude Endfield, Doug Harris, Leslie Meyer, Kim Roberts and telephonically Vicki Schmitt. Member Mannis arrived late, and Members Loomis, Montoya, and Taylor were absent.

Vice Chair Meyer asked that Members attending by phone state their name when speaking and voting.

Member Report and Updates

Vice Chair Meyer asked for member updates. Member Endfield reported that REWARD\$ is now closed for applications. She also mentioned that Northland Pioneer College will be sponsoring several upcoming workshops and classes for Early Childcare Providers beginning in October.

Call to the Public

No calls to the public were received at this time.

Disclosure of Conflicts

No conflicts of interest were received at this time.

Approval of August 13, 2014 Regular Meeting Minutes

Vice Chair Meyer asked for a motion to approve the minutes. Member Endfield moved to approve the August 12, 2014 Regular Meeting Minutes as presented. Member Baskins seconded. Motion passed.

Community Partner Presentations

Regional Director Dobler-Allen noted that in order to provide information about who our community partners are, what's going on in the Region, how we can coordinate and not duplicate work and how we can provide support, she will be asking some of the Community Partners to introduce themselves and present a short summary of their organization and the work that they are doing in support of young children around the Region.

Living Hope Women's Center

Regional Director Dobler-Allen introduced Lynette Carter, CEO of the Living Hope Women's Center. Ms. Carter told the Regional Council there are three Living Hope Centers, in Springerville, Show Low and also in Whiteriver. She said that the LHWC provides a free pregnancy resource center. They also provide parenting classes, money management classes, job resources and skills classes for resumes and interviewing for their clients. They have a full time child care center in Springerville and hire some of their clients to provide them with job skills and experience.

Springerville Lions' Club

Regional Director Dobler-Allen introduced Sharon Ashby-Robinson, President of the Springerville Lions' Club. Ms. Robinson gave a brief summary of the work of the Lion's Clubs locally. She said their primary focus is providing funding to help provide eye exams and glasses for those who cannot afford them, sending people to attend Camp Tayitee for mentally and physically disabled, hair cuts for Arizona homeless in cooperation with 20 other Lion's Clubs, and in cooperation with HOPI they are applying for funding to begin a tooth fairy program in Apache County.

Navajo/Apache Regional Grantee Program Updates

Summit Healthcare Healthy Steps

Sarah Nolan from Summit Healthcare Healthy Steps gave the program update. She reported that Nick Kasovack has left and Leslie Meyer has been hired to replace him as a full time Healthy Steps Specialist. She said that there have been some staff changes at Summit Pediatrics, and perhaps there may be a slight dip in number of children served this quarter, although she expects this to be temporary. She said that some of the Specialists will be attending Brazelton Institute Touchpoints Training in Boston in November.

North Country Healthy Steps Deborah Lewis

Deborah Lewis, Program Manager with North Country Healthy Steps, provided a power point presentation that highlighted the clinic based program. She said that they have been providing Healthy Steps at North Country since 2009. The program has been involved with the Home Visiting Coalition to coordinate services and ensure a good fit for the families involved. There have been some changes in personnel in their program and they are currently recruiting for new staff. Ms. Lewis said that their program has been benefitted by weekly phone conferences and they have now extended to include Healthy Steps in Flagstaff, and hopefully further in the future.

Recruitment into the Field Kate Dobler-Allen

Regional Director Dobler-Allen read a brief summary of the Recruitment into the Field program and a presented a video that highlighted some of the current students and their experience with the program.

Quality First ASCC Staff

Regional Director Dobler-Allen presented a brief update of the Quality First Assessment Program.

Presentation and Discussion of SFY 2014 Quarter 4 Programmatic Data and SFY 2014 Year-end Financial Reports

Regional Director Dobler-Allen presented the Data report for the last quarter of SFY2014. She said that all of the programs have met, exceeded or performed as expected for SFY2014. The financial reports provide a reasonable expectation of the year end and estimated carry forward.

SFY 2015-16 Community Outreach Strategic Plan Presentation and Discussion

Regional Director Dobler-Allen said that Michelle Pansulla, Community Outreach Coordinator was tasked with developing a Regional Community Outreach Strategic Implementation Plan that would align with the FTF State Communications Plan. In order to do this Chair Mannis formed an ad hoc committee to discuss and gather community based information. Ms. Pansulla provided a review of the committee discussion and requested that the Regional Council members as Champions help by identifying contacts in three target areas, Faith, Business and Parents.

Discussion of SFY 2015 Regional Funding Plan Progress, Timeline of Potential SFY 2016 Continuing Contracts

Regional Director Dobler-Allen provided information about the strategies that are currently proposed for SFY2016, currently funded contracts with available renewals in SFY2016, the planned funding mechanisms needed for all included strategies and the impacts of the July 2014 FTF State Board decision related fiscal policy and Quality First.

Presentation and Discussion of Early Childhood System Partners and Funding Streams

Regional Director Dobler-Allen provided visual maps that were previously provided, with requested changes incorporated. These maps depict the partners across the Navajo/Apache Region who are providing services and supports for young children and their families. The maps show that many of the partners are not funded by FTF, and shows how these partners and their services relate to or coordinate with other partners.

Presentation and Discussion of Current Unfunded Regional Approaches

Regional Director Dobler-Allen said that beginning with SFY2016-18, work to build relationships with community partners and others that she is doing throughout the Region will be reflected as Unfunded Regional Approaches on her monthly Director's Report.

Regional Director's Report

Arizona BUILD Initiative Professional Development Subcommittee Update

Regional Director Dobler-Allen provided a report on the Arizona BUILD Initiative Professional Development Subcommittee progress for the Regional Council member's information. Regional Director Dobler-Allen is a member of this Subcommittee.

Monthly Report

Regional Director Dobler-Allen provided the report of her activities for the month of August and upcoming events in September and October.

SFY 2015 Financial Reports

Regional Director Dobler-Allen presented the Financial Reports for SFY2015 which began July 1, 2014. She said that the strategies are expending as expected and no unusual expenditures.

SFY 2015 Fall and Spring Media Flights

Regional Director Dobler-Allen gave the Regional Council the plan and rationale for media coverage for Fall and Spring SFY2015. The media plan includes radio, Theater, Online and Social Media advertising.

Future Agenda Items and Announcements

Regional Director Dobler-Allen reminded the Regional Council Members that the October and November meetings will be very important for all to attend, in person if possible, as the main topic will be the SFY2016 Funding Plan process.

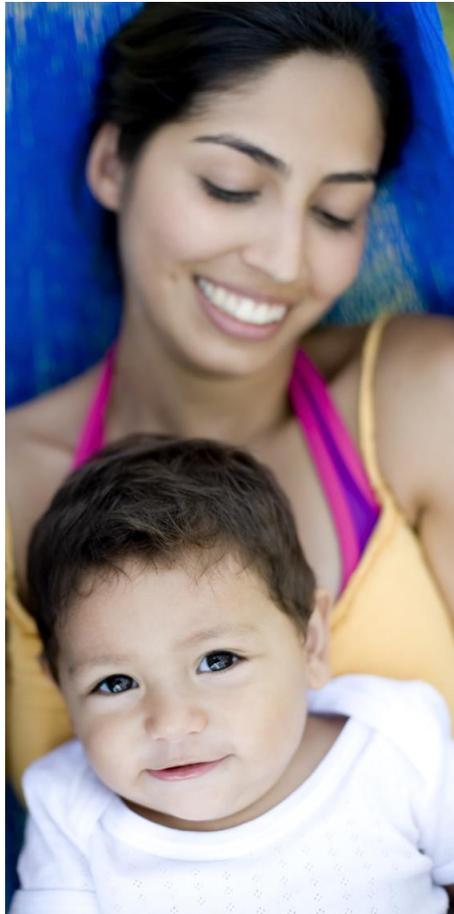
Adjourn – next meeting scheduled for October 8, 2014 in Snowflake

Chair Mannis asked for a motion to adjourn. Member Meyer moved to adjourn, Member Endfield seconded, motion passed.

ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD NAVAJO/APACHE REGIONAL PARTNERSHIP COUNCIL

Kalman Mannis, Chair

Kate Dobler-Allen, Regional Director



Navajo/Apache FY 15-16 COMMUNITY OUTREACH REGIONAL IMPLEMENTATION PLAN

Michelle Pansulla

First Things First – Navajo/Apache
Community Outreach Coordinator



STATEWIDE OUTREACH GOALS

1. Raise awareness of, and build public support for, the importance of early childhood.
2. Position First Things First as a recognized and trusted voice in early childhood.
3. Build awareness of early childhood programs and services, particularly First Things First statewide initiatives and locally supported programs among priority audiences.



TACTICS

- Presentations
- Outreach Events
- Success Stories
- Site Tours
- Earned Media
- Speaker's Trainings
- Informal Networking Event



FY14 OUTREACH SUCCESSES

Regionally

- Media Relationships
- Earned Media Placement
- Early Childhood Every Day and Write Way Trainings

Statewide

- 74% increase in media stories
- 52% increase in community outreach activities
- 257% increase in the number individuals trained to speak about early childhood



REGIONAL IMPLEMENTATION PLAN

Focus on Engagement

Priority Audiences

- *Parent Groups*
- *Business Community*
- *Faith Based Community*



OUTREACH OPPORTUNITIES

Council Role in Community Outreach

1. Provides input for the community outreach plan.
2. Work with staff to attend and/or present at local events, media opportunities, etc.
3. Provides ongoing feedback and guidance to staff for leads, next steps, and recommendations for further outreach.
4. Community Outreach Coordinator will provide Early Childhood Every Day and ERI education in 10 min. chunks at monthly RPC meetings for the purpose of providing RPC members with Comm-O tools.



FY15 GOALS

1. Increase the prevalence of opportunities to showcase FTF programs
2. Maintain presence at signature Navajo/Apache events
3. Broaden the scope of media engagement surpassing hits from last fiscal year
4. Continue to build capacity for referrals to speaking engagements and outreach opportunities
5. Increase the number of success stories for the region
6. Work to conduct a site tour by November 2014



QUESTIONS/COMMENTS



THANK YOU

Michelle Pansulla

First Things First – Navajo/Apache
Community Outreach Coordinator

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Navajo/Apache Regional Partnership Council

Agenda Item: Community Outreach Quarterly Report

Background: The attached document, submitted by the Parent Awareness and Community Outreach Coordinator, is the Quarterly Report for outreach activity. Areas addressed include:

Goals of Community Outreach

Outreach Goals/Measurements and Quarterly Results

Recruitment Results

Featured Story

Recommendation: For informational and discussion purposes to provide recommendations and feedback to the Community Outreach Coordinator.

1. Raise awareness of, and build public support for, the importance of early childhood in the region.
2. Engage people and organizations that can effectively spread the word and create action.

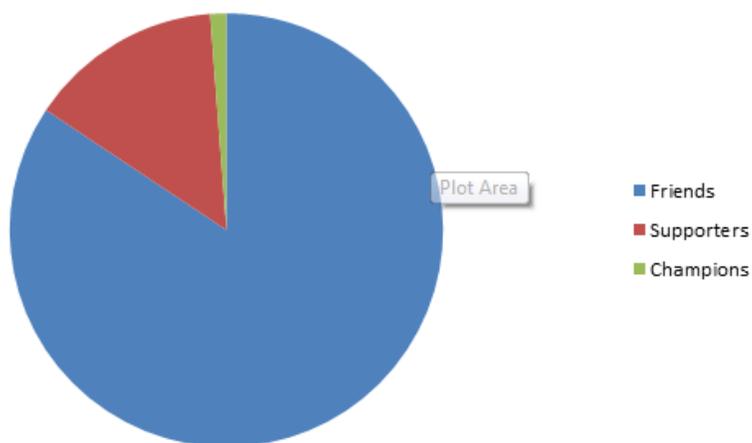
AWARENESS:

OUTREACH GOALS & MEASURES		
TACTIC	GOAL	QUARTERLY RESULTS
Presentations/1:1s/Events	4 per month (12)	19
Stories	1 per month (3)	2
Site Tour	1 per quarter	0
Media	1 per month (3)	4
Speakers Training	1 per quarter	2

RECRUITMENT:

Commitments

42 Friends
9 Supporters
6 Champions



STORIES: Professional Development Increases Quality of Childcare

Meet Lindsay DiCamillo, an Early Childhood Development student since 1998. Lindsay began her journey in High School when she took child development classes and then continued when she volunteered during her son's enrolment at Head Start and then was hired as a substitute teacher. She was so enamored with the children that she decided she loved the job and wanted to pursue Early Childhood Development as a career! She was hired as a teacher's assistant and with more schooling and education was moved up to a home based visitor and is currently the family advocate.



Lindsay has obtained her CDA and had obtained most of the CDA modules with Head Start funding. This full-time working mother of three can only take a few classes at a time. She would not have been able to finish the necessary classes to continue her education had it not been for the First Things First funding of scholarship grants because she had not qualified for the Pell Grant. Through the funding she received from FTF, she has been able to achieve her Associate's Degree, "Which I'm SUPER excited about", says DiCamillo, and can now provide increased quality care to the families she serves. "Betsy [Peck] (Early Childhood Development faculty member at Northland Pioneer College) has helped me a lot and pushed me to pursue my dreams and goals". "I just want to thank First Things First", exclaimed the glowing Lindsay DiCamillo.

Ms. Peck said, "It's so wonderful to see this fine student achieve her goals and know that young children in our community will receive high level care and education because she was able to continue her education." Critical skills, like motivation, self-discipline, focus and self-esteem, begin to take root from birth to 5 years old. Successful people share these traits and we must give children the tools to develop these essential skills. Their exposure to teachers with higher levels of education who not only exemplify these traits but instill them in the children they serve is crucial to the success of future generations of Arizonans.

The job of helping kids succeed in school starts the day they're born. Programs funded by First Things First, like Recruitment into the field, give children the tools they need to make that happen. To learn more about what First Things First does for children birth to five in Arizona, please visit azftf.gov.

Across all strategies for SFY 2016

- Early Literacy embedded in all strategies as necessary component
- Increased focus on intentional coordination and collaboration embedded in all strategies

Community Based Professional Development for Early Care and Education Professionals

- No significant changes

Teacher College Scholarships

- Umbrella strategy for TEACH and Professional Career Pathways
- Will replace Recruitment into the Field strategies as well, if their programmatic implementation mirrors components of this strategy
- Will be a state-wide RFGA for SFY 2016 implementation
- Will support existing TEACH and PCPP students to complete their course of study

Parenting Outreach and Awareness

- SFY 16, Includes Reach Out and Read as a specific model under this strategy with a focus on early literacy

Care Coordination/Medical Home

- Healthy Steps for Young Children is one of 3 approved model approaches under this strategy
- *A written and printed* care plan must be developed for all children
- Secondary strategy is Developmental and Sensory Screening – monitor, record, and conduct
- Tertiary strategy is Health Insurance Outreach and Enrollment Assistance

Oral Health

- Obtaining reimbursement for fluoride varnish is an optional component, if successful, program must tell us how they are re-investing those funds back into the program to serve more children (once the costs of obtaining payment are taken into consideration)
- Teledentistry is an optional component to this strategy

Community Awareness, Community Outreach, Media

- No significant changes

Quality First

- Coaching and Incentives are now available to all enrolled participants
- Scholarships are no longer part of the package

Quality First Child Care Scholarships

- Available to all 3-5 Star rated programs beginning in SFY 2016
- Can be given to 2-Star Programs once base model is funded for all 3-Star programs
- Both number, and dollar value, of scholarships increase once programs become 3-5 Star rated, causing the cost of the strategy to increase over time



Professional Development for Early Care and Education Professionals

I. INTENT OF STRATEGY

The intent of the evidence informed Professional Development for Early Care and Education Professionals strategy is to provide high quality professional development for those that teach and care for young children. Services must include at least two of the following components: providing professionals with a series of learning seminars; the establishment of communities of practice; and/or, individual coaching for leaders and/or practitioners. The expected results of the implementation of this strategy include: participants increasing their knowledge base of early childhood and changing their practice in supporting young children's development and learning; and, participants receiving higher education credit for these learning opportunities that will articulate into a degree or certificate program.

II. DESCRIPTION OF SIGNIFICANCE

Because young children, including infants and toddlers, spend so much time in early care and education settings outside their own homes, it is especially important to ensure that the professionals responsible for their early care and education have the tools and skills to promote learning and healthy social and emotional development, and know how to help when development is not progressing as expected.

In addition to skills and knowledge about child development for all early care and education professionals, is also important that administrators have opportunities to enhance their leadership and management skills. The education and professional development of teachers and administrators is strongly related to early childhood program quality, and program quality predicts developmental outcomes for children.

Early care and education professionals are often nontraditional learners who benefit from a range of professional development options and supports. Experience without formal professional development has not been found to be related to quality care, so the value of applying theory to practice is a key element of community based professional development. In addition to college coursework, other formats of professional development can provide individuals with updated research and knowledge, teach specialized skills for working with young children, and encourage individuals who have been away from formal schooling to return to the classroom.

Results of a recent independent evaluation study conducted by Mid-continent Research for Education and Learning (McREL, 2013) and funded by the First Things First (FTF) Central Pima Regional Partnership Council, showed the importance of community based professional

development in providing a level of support and sense of community that early care and education professionals had not experienced in other forms of professional development. Early care and education professionals cited the cohort learning communities and the coaching received as key factors in supporting their ongoing professional development and retention in the early childhood field while also affording them the opportunity to successfully apply their learning more effectively in classroom settings. Early care and education professionals also stressed their access to subject matter experts, hands-on learning experiences, opportunities to network with their peers, and professional development that was tied to college credit as other important aspects of their community based professional development experiences.

In addition to cohort and community of practice models that promote innovation and facilitate the spread of knowledge within a group, grantees may pursue other approaches to professional development, such as single day learning seminars, a planned series or sequence of multi-day professional development sessions that are held over the course of several months; and individual coaching to practitioners and/or administrators. While these models come in different forms, they have a common goal of increasing the level of preparation and knowledge of early care and education providers, and encouraging them to pursue certification and college degrees in the field. At least two of the four models must be implemented together to ensure that professional development is not conducted in a single meeting, but rather supports deeper understanding through continued discussions in a group setting or individualized coaching.

Research demonstrates that one of the most effective types of professional development approaches includes one-on-one mentoring or coaching, also referred to as “consultation.” Consultation has been described in the early childhood literature as a way of achieving changes through collaborative problem solving between a consultant and a consultee who willingly enter a relationship for the purpose of ultimately benefiting the children and families served by programs or organizations (Buysse, 2006).

Goffin and Washington in their book, *Ready or Not: Leadership Choices in Early Care and Education* (2007), argue that in order to resolve the field’s ever-shifting challenges, especially in the context of new realities – such as increasing public scrutiny and cut backs in state funding – it is necessary to move beyond reliance on a handful of individual leaders and key stakeholders and toward the creation of a community of diverse leaders. The successful implementation of community based professional development will contribute to an early care and education workforce that is skilled and knowledgeable to support the growth and development of young children.

III. IMPLEMENTATION STANDARDS

A. Program Standards

FTF is committed to funding programs that are evidence based or evidence informed. The emphasis on evidence-based programs is grounded in the idea that the maximum benefit for children and families is delivered by programs that base their practice in the most current, relevant, and reliable evidence about the effectiveness of the program. For some programs, an evidence-informed or best practice, or a promising practice model is appropriate. The following criteria are considered by FTF when determining to fund programs:

- **Evidence based programs** are programs that have been validated by documented and scientific research and the evidence has gone through a peer review process. Evidence is established through scientific research that has had a comparison between an intervention group and a control group where the intervention group has had a significant impact. Peer review means that someone external to the program or research team has reviewed the methodology and the findings to determine if standards were met.
- **Evidence informed** is a program or service that has a clearly articulated theory of change (logic model) and has had some evaluation of the outcomes. This can be based on one program or service model that has been evaluated in multiple settings. An evidence informed program cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.
- **Promising practice** is a program or service that has a clearly articulated theory of change (logic model) with specified implementation and operational processes (activities) and program outcomes. A promising practice program is *informed* by at least one of the following:
 - Evidence based practices of a similar program or service delivery system, but does not have complete fidelity to that model because of justifiable need to change factors such as staffing or written materials in order to adapt to geographic or cultural variation.
 - A similar program or service delivery model that is generally accepted as appropriate for use with the target population to achieve the program outcomes but has yet to be established as evidence based.
 - Culturally responsive practices that are known to contribute positively to program outcomes.

A promising practice must have no evidence that the program or service will cause any harm to recipients. Additionally, a promising practice program is committed to building evidence of program or service effectiveness through ongoing continuous quality improvement activities.

1. Implement an evidence-based or evidence informed model that meets First Things First accepted definition those program models and includes the following standards:
 - a. Services must include at least two of the following components:
 - Single topic seminar
 - learning seminar series for professionals
 - the establishment of communities of practice
 - individual coaching for leaders and/or practitioners
 - b. Ensure alignment and scaffolding of knowledge between all the components utilized for this strategy.
 - c. For professional development opportunities that include a series of learning seminars, the professional development provider must:
 - Maintain individualized learning seminar attendance records for participants including the hours each participant attended;

- Provide written resource and referral information to participants on the healthy development of young children and resources available in the community such as early literacy programs, family support agencies, and physical and oral health resources. These resources must be updated at a minimum annually and gathered from trustworthy, reliable sources;
- Provide written resource and referral information to participants relative to degree and certification programs in early care and education (and related fields), and higher education scholarships including information about FTF funded higher education scholarships;
- Conduct professional development based on best practices and research, ensuring that subject matter experts (visiting faculty, published authors, researchers, etc.) are registered as trainers in the Arizona Early Childhood Workforce Registry (Registry) and are used to enhance professional development content and delivery;
- Materials and sessions should be based on current research, core areas of skills, knowledge and competency, as identified by the Arizona Early Childhood Workforce Registry (Registry), and should be responsive to emerging issues in the community and the early childhood field;
- Topics should address the core competency areas identified by the National Council for Professional Recognition and the NAEYC Standards for Early Childhood Professional Preparation.
- Topics must be based on regional needs and interests and clearly linked to:
 - understanding the five domains of early childhood development, and inclusive of early childhood special education
 - observing, documenting, and assessing children’s behaviors
 - ensuring safe and healthy learning environments
 - upholding ethical and professional standards
 - utilizing developmentally appropriate practices
 - advancing physical and intellectual competence including early literacy
 - supporting social/emotional development and using positive guidance techniques
 - establishing respectful, positive, and productive relationships with families; and,
 - ensuring a well-run, purposeful program responsive to child and family needs.
- Additional professional development topics may include, but are not limited to:
 - sensory integration, behavioral health, and special needs
 - role of creativity in learning
 - role of materials in the classroom
 - role of the arts in cognitive and social emotional growth and development
 - role of the environment and environmental design in children’s learning
 - role of the teacher/educator as researcher
 - significance of play
 - written and oral communication skills of providers; and
 - administrative staff or family provider management.

- Ensure that professional development is offered for college credit. Learning seminars should meet the standard requirements for transfer of credit to a certificate or degree in early childhood development or education (or a related field) at Arizona community colleges. Alignment must be clearly documented.
 - Maintain flexibility and responsiveness to emerging issues in the community and the early childhood field:
 - Develop a collaborative, coordinated response to community professional development needs;
 - Implement continuous quality improvement by reviewing written feedback from program participants collected after every learning seminar; and
 - Ensure appropriate staffing in order to effectively respond to participant questions or thoughts during the seminar series.
 - Programs must clearly define, document, and share program objectives with participants to ensure comprehension, engagement, and retention.
 - Encourage honest, open communication between participants and instructors;
 - Maintain confidentiality, being respectful of program participants;
 - Take into consideration emerging needs or topics of research as identified by the participating early childhood professionals and be responsive to professional development needs of the participants;
 - Ensure that the curriculum is aligned with Arizona’s Infant and Toddler Developmental Guidelines, the Arizona Early Learning Standards and Program Guidelines for High Quality Early Education: Birth through Kindergarten;
 - Participants are afforded opportunities for practical application of the theoretical foundation to real-life classroom activities and situations such as providing experiences that are relevant to the participant’s background and current role through case studies;
 - Sessions involve adult active learning techniques such as physically manipulating materials, think-pair-share, or role playing;
 - Professional development includes opportunities for follow up on-site technical assistance, consultation, and/or coaching;
 - A formal assessment is implemented to determine the outcomes (the identified outcomes for this strategy are a change in knowledge or a change in practice) for each participant before a certificate of completion or higher education credit is awarded.
- d. In addition to the guidelines above, for professional development opportunities that include Communities of Practice, the professional development provider must:
- Utilize a Community of Practice model which includes ongoing seminars, lectures and college level classes to enhance skills and knowledge in working with children birth through age 5;
 - Gather peers together, multiple times, to study and research an agreed upon identified topic;

- Ensure participants have the opportunity to discuss issues and challenges that emerge from their professional practice;
 - Engage participants in a reflective process of sharing perceptions and observations related to specific work practices and then questioning their assumptions about the practices;
 - Provide opportunities for participants to apply newly learned theories and knowledge to hands-on practice in early care and education settings (such as case studies).
 - Ensure that a maximum number of early childhood professionals have the opportunity to participate by providing more than one Community of Practice on multiple topics of study that are occurring simultaneously;
 - Ensure Communities of Practice meeting times and locations are responsive and flexible to the varying educational needs and geographical locations of the participating early childhood professionals;
 - Maintain a group size and appropriate staffing, which ensure individualized attention and active learning for the participants with a maximum group size of 20; and
 - Develop written individualized professional development plans for each participant including an opportunity for the participant to gain information, guidance, and advice about professional growth, career options, and pathways to obtain or meet required qualifications.
- e. In addition to the guidelines above, professional development that includes individual coaching for leaders and/or practitioners, the professional development provider must:
- Establish a coaching program that includes effective/proven components of coaching and that views coaching as a relationship-based process led by an expert with specialized and adult learning knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal-setting and achievement for an individual or group. Coaching can be offered to practitioners who are working directly with children or to administrators who are supervising staff and running a center or home based program.
 - Identify and document selection criteria for coaches and participating recipients (administrators or practitioners);
 - Document the expected roles, responsibilities, and expectations of coaches and recipients;
 - Develop cohorts of recipients;
 - The focus of coaching strategies is face-to-face onsite interaction, but programs must create a clear and multi-direction communication system that includes multiple methods of acceptable communication that flows freely between the coach and recipient;
 - Develop written individualized professional development plans that include specific outcomes for the recipient and include opportunities for gaining information,

guidance, and advice about professional growth, career options, and pathways to obtain or meet required qualifications;

- Establish and/or identify opportunities for on-going professional development and additional support for coaches;
 - Ensure alignment and scaffolding of knowledge between the larger professional development learning seminars, communities of practice, and the coaching focus;
 - Additional standards for coaching administrative leaders:
 - Provide coaching to administrators that supports leadership development and administrative competency;
 - Provide coaching to recipients that supports development of self-confidence and self-efficacy in teaching (a belief in one's ability to be effective with children and families);
 - Develop on-site or near-site professional development sessions for center administrators that address fiscal administration, systems management, human resource development, and related administrative skills/tasks;
 - Establish mechanisms that support on-going professional development and support for coaches and recipients.
2. Literacy learning in early childhood provides the foundation for future literacy success and is rooted in exposure to rich language experiences and engaging activities that build knowledge, understanding and speaking, expands vocabulary, and supports a child's ability to become a successful independent reader.
- a. Promote and support the professional development of early childhood professionals in understanding and incorporating meaningful early literacy experiences and opportunities for young children in the appropriate context of program implementation.
 - b. Support caregivers in understanding and communicating parenting and child-rearing skills that help increase understanding of early language and emergent literacy development.
 - c. Ensure that early language and literacy development is infused through all parts of the Professional Development for Early Care and Education Professionals strategy and provide specific professional development on that topic.
 - d. Promote and support meaningful early literacy experiences and opportunities for young children in the appropriate context of program implementation.
 - e. Support early childhood professionals in understanding and communicating parenting and child-rearing skills that help increase understanding of early language and emergent literacy development.
 - f. Engage early childhood professionals in meaningful, day to day two-way communication about how a child develops language and early literacy skills.
 - g. Encourage early childhood professionals to support families in the use the language in which they are most confident and competent.

- h. Encourage early childhood professionals to learn how to observe, guide, promote, and participate in everyday language and literacy development of their children in early care and education settings and in their communities.
 - i. Encourage early childhood professionals to advance their own learning interests in language and literacy development through education, training, and other experiences that support their parenting, careers, and life goals.
 - j. Encourage early childhood professionals to support and advocate for their children's learning and development as they transition to new learning environments.
- 3. FTF recognizes the importance of collaborative partnerships among community partners that utilize a variety of formal and informal mechanisms to facilitate coordination of services in the community. The Coordination and Collaboration standard requires a grantee to:
 - a. Develop and implement a plan to understand and make connections with other initiatives, strategies and efforts in the region or state that support the early childhood system.
 - b. Develop processes that ensure staff implementing FTF funded strategies understand the connections between this strategy and the early childhood system to avoid duplication of services and promote collaboration between other services and supports offered to children and families in the regions.
 - c. Coordinate with all other regional and statewide professional development providers including institutes of higher education.
 - d. Providers of professional development are expected to partner with FTF during all stages of planning and implementation, and with local early care and education professionals and other early care and education stakeholders, including higher education institutions, in developing and marketing the program.
 - e. Work in partnership with scholarship programs to link participants to financial assistance in achieving college credit to ensure participants access all available financial assistance prior to utilizing funds from this grant;
 - f. Demonstrate pre-existing relationships and develop new partnerships with local organizations, agencies and community networks that offer professional development opportunities and professional memberships.
- 4. Continuous Quality Improvement
 - a. Adopt a process of continuous self-monitoring and reflection to improve program practices that is articulated in a written policy.
 - b. In the written policy, the following should be addressed:
 - How data is used to assess the progress and outcomes of program implementation; and
 - How data collection is used to improve staff performance.
 - c. Design and implement a participant evaluation process to assess changes in behavior and/or increase in knowledge as an outcome of the professional development. The

participant evaluation process should include but is not limited to the following evaluation components:

- Pre and post-test using measurement scales/questions that have been proven valid; and/or,
 - Pre and post-qualitative interview with specific questions that show causal relationships, to assist in the assessment of the quality of the services and/or programming.
5. FTF embraces cultural responsiveness as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.
- a. Offer programs and services congruent with the needs of diverse children, families and professionals.
 - b. Offer programs and services that are responsive to the impact of cultural factors such as histories, traditions, values, family systems and structures, social class, and religion and spiritual beliefs.
 - c. Create a learning environment conducive to and includes all children, families and professionals no matter their ethnic, cultural, or linguistic backgrounds.
 - d. Use the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse children, families and professionals to make learning more appropriate and effective for them.

B. Staffing Standards

1. Direct Service Staff
 - a. Hire staff who reflect the cultural and ethnic experiences and language of the targeted population with whom they work with and integrate their expertise into the entire program.
 - b. Ensure that staff at all levels receives initial and ongoing professional development in culturally and linguistically responsive service delivery.
 - c. Employ well-trained and competent staff and provide continual relevant professional development opportunities.
 - d. Be knowledgeable about and possess experience in conducting professional development activities, working with both adult learners and young children birth to age 5, including learners from diverse cultures.
 - e. Have an educational degree and experience in either early childhood education, elementary education with a concentration in early childhood, child and family studies, or a closely related field and meet the qualifications of adjunct faculty at the local community college.
 - f. Demonstrate knowledge and skills that reflect current early childhood education best practices, research and standards, such as Arizona's Program Guidelines for High Quality Early Childhood Education, Early Learning Standards for 3-5 Year Olds and Infant/Toddler Developmental Guidelines.
 - g. Have a minimum of five years' experience working with young children 0 – 5 years of age (combination of classroom and supervisory experience).

- h. Demonstrate proficiency in the language(s) of the participants or have an alternate and effective procedure for communication.
 - i. Have extensive knowledge of community resources for early childhood educators to
 - access professional development opportunities;
 - understand career pathways, and;
 - be aware of additional services that children and families they work with might want/need to access.
 - j. Reflect the cultural and ethnic experiences and language of the participants and integrate their expertise into the program.
 - k. Demonstrated knowledge of the core values spelled out in the NAEYC Code of Ethical Conduct for early childhood adult educators and commit themselves to the following two core values:
 - To respect the critical role of a knowledgeable, competent, and diverse early childhood care and education workforce in supporting the development and learning of young children.
 - To base practice on current and accurate knowledge of the fields of early childhood education, child development, adult development and learning, as well as other relevant disciplines.
 - l. If programs experience hardship in recruiting personnel with these qualifications, notify and consult with FTF.
2. Supervisory Staff
- a. Supervisors must meet or exceed the requirements below with the addition of at least two years of program management experience in early care and education.
3. The Arizona Early Childhood Workforce Registry (Registry)
- The Registry is a component of the newly developed Arizona Early Childhood Career and Professional Network (Network). The Network is a comprehensive system designed to meet the professional development needs of Arizona’s early childhood professionals working with or on behalf of children birth-8 years of age.
- a. Staff employed at the administrative home and any sub-grantee who are working directly with or on behalf of children birth – age 8 as a part of the implementation of this strategy must enroll in the Registry by June 30, 2016.
 - b. All participants of this strategy are expected to enroll in the Registry by June 30, 2016.
 - c. Provide written information to participants about the Arizona Early Childhood Workforce Registry (Registry) enrollment and profile maintenance process.
 - d. Incorporate the Arizona Early Childhood Workforce Registry (Registry) use and how participants in professional development can use the Registry to track their professional development and map their career pathway.
 - e. Provide high quality professional development learning seminars that are registered with Arizona’s Early Childhood Professional Development Registry through innovative and creative approaches as well as experienced and responsive staff.

C. Additional Standards

1. If on-site child care is offered for participants as part of this strategy, grant partners must abide by the FTF Requirements for On-site Child Care Policy.
2. Arizona law (ARS §13-3620.A) requires early care and education staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to the Arizona Department of Child Safety or local law enforcement. All staff, grant partners, consultants and participants of this strategy must receive training and adhere to these requirements (see Suspected Child Maltreatment Mandated Reporting Policy in Section IV. References and Resources).

IV. REFERENCES AND RESOURCES

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- D. Developing a Thriving Reader from the Early Years: A Continuum of Effective Literacy Practices (available in Fall 2014)
- E. FTF Child Welfare Policy (url TBD)
- F. Arizona Early Childhood Career and Professional Development Network Website: azearlychildhood.org (available Fall 2014)
- G. FTF Requirements for On-Site Child Care Policy
- H. Arizona Infant Toddler Developmental Guidelines http://www.azed.gov/early-childhood/files/2012/10/az_infant_toddler_guidelines_complete-2.pdf
- I. Arizona Early Learning Standards, 3rd Edition
- J. <http://www.azed.gov/early-childhood/files/2011/11/arizona-early-learning-standards-3rd-edition.pdf>
- K. Program Guidelines for High Quality Early Education: Birth through Kindergarten
- L. <http://www.azed.gov/early-childhood/files/2011/10/program-guidelines-complete.pdf>
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Care Coordination/Medical Home

I. INTENT OF STRATEGY

The intent of the evidence-based Care Coordination/Medical Home strategy is to embed a care coordinator into a clinical practice to assist at-risk families with young children to navigate the complex health care and social service systems. The expected result of effective care coordination is that children receive well child visits, the services that they need, and that they use services efficiently to avoid duplication and unnecessary stress on their families.

An important component of care coordination is its association with a medical clinic that is designated as a “medical home” for the child and their family. First Things First (FTF) expects that all grantees will be certified as a medical home or be moving towards certification.

II. DESCRIPTION OF SIGNIFICANCE

The definition of pediatric care coordination is a patient centered, family centered, assessment driven, team based activity designed to meet the needs of children, while enhancing the care giving capabilities of families. Care coordination addresses inter-related medical, social, developmental, behavioral, educational and financial needs to achieve optimal health and wellness outcomes. (Pediatrics 2014)

The medical home is the standard of care for all children and adults. The patient/family-centered medical home (PFCMH) is well positioned to provide coordinated, compassionate, family-centered care by forming strong links among the primary care provider team, specialist team, nurses, social workers, educators, hospitals, and other providers where children access services with their family/caregivers and community providers.

Data shows that many primary care physicians struggle to fulfill the care-coordination needs of children, youth, and families. The medical home model represents a standard of primary care where children and their families receive the care they need from a family physician, pediatrician or healthcare professional that they trust in a medical home. A medical home addresses well-child care, acute care, and chronic care for all children from birth through their transition to adulthood. A care coordinator within a medical home is a building block needed to ensure accessible, patient-centered, and coordinated primary care for children. An embedded care coordinator provides a ‘warm handoff’ from a health provider to a specialist who can help the family navigate through complex health and social services. Championed by the American Academy of Pediatrics (AAP), the medical home is broadly defined as primary care that is “accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.”

III. IMPLEMENTATION STANDARDS

A. Program Standards:

First Things First (FTF) is committed to funding programs that are evidence based or evidence informed. The emphasis on evidence-based programs is grounded in the idea that the maximum benefit for children and families is delivered by programs that base their practice in the most current, relevant, and reliable evidence about the effectiveness of the program. For some programs, an evidence-informed or best practice, or a promising practice model is appropriate. The following criteria are considered by FTF when determining to fund programs:

- **Evidence based programs** are programs that have been validated by documented and scientific research and the evidence has gone through a peer review process. Evidence is established through scientific research that has had a comparison between an intervention group and a control group where the intervention group has had a significant impact. Peer review means that someone external to the program or research team has reviewed the methodology and the findings to determine if standards were met.
- **Evidence informed** is a program or service that has a clearly articulated theory of change (logic model) and has had some evaluation of the outcomes. This can be based on one program or service model that has been evaluated in multiple settings. An evidence informed program cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.
- **Promising practice** is a program or service that has a clearly articulated theory of change (logic model) with specified implementation and operational processes (activities) and program outcomes. A promising practice program is *informed* by at least one of the following:
 - Evidence based practices of a similar program or service delivery system, but does not have complete fidelity to that model because of justifiable need to change factors such as staffing or written materials in order to adapt to geographic or cultural variation.
 - A similar program or service delivery model that is generally accepted as appropriate for use with the target population to achieve the program outcomes but has yet to be established as evidence based.
 - Culturally responsive practices that are known to contribute positively to program outcomes.

A promising practice must have no evidence that the program or service will cause any harm to recipients. Additionally, a promising practice program is committed to building evidence of program or service effectiveness through ongoing continuous quality improvement activities.

1. Implement an evidence based model that meets First Things First accepted definition of evidence-based program model. There are two (2) evidence based models which have demonstrated impressive health outcomes for children birth to age 5 by offering high-risk families additional supports to access care.

- a. One of the following models must be used to provide care coordination services:
- **Healthy Steps:** The concept of the integrated Healthy Steps Program is to position early childhood development specialists in primary care clinics. The team approach provides the resources medical providers need to coordinate quality care, and provide parents what they want and need. The Healthy Steps specialist's office will be located next to clinic rooms for "warm handoffs", as well as provider and patient consultation. The Healthy Steps specialist will support the primary medical provider by bringing more specialized knowledge to bear on issues that the medical provider thinks require additional support. The Healthy Steps specialist is the link between a family and their child's health provider. <http://healthysteps.org/for-medical-practices-and-other-organizations/how-to-become-a-healthy-steps-site/>
 - **Pediatric Alliance for Coordinated Care (PACC):** This model includes clinics that serve children in a medical home model, as well as a designated pediatric nurse practitioner acting as case manager, a local parent consultant for each practice, the development of an individualized health plan for each patient, and continuing medical education for health care professionals. The model standards include service coordination by a trained staff member of the team within the clinic with families who require coordination of multiple providers, tests and those who have medically at-risk children. <http://www.ncbi.nlm.nih.gov/pubmed/15121919> and <http://archive.ahrq.gov/downloads/pub/evidence/pdf/cshcn/cshcn.pdf>
 - **Use of non-evidence based models:** If there is a need to use a model that is not evidence based in order to first build community capacity to deliver an evidence based program, a detailed description of the proposed model, as well as justification for not proposing full implementation of one of the evidence based models must be submitted to FTF. Use of such a model allows community capacity building, improves access to needed services, and accommodates regional differences.
- b. The following common elements must be included in any program model:
- A designated care coordinator (also called navigator in some settings) works with a specific medical practice (can be a group practice).
 - A care coordinator works with medical providers on a team to assist families with children with complex health or social concerns.
 - Routine and ongoing developmental and sensory screening based on of the AAP guidelines for screening and the use of reliable and valid screening tools listed in the FTF Developmental and Sensory Screening (see Section C. Additional Standards) is required. There is an option to bill health insurers for developmental screening as prescribed.
 - Use standardized developmental and sensory (hearing and vision) screening tools and equipment;
 - Assess children for social, emotional and behavioral risks factors.
 - Parental education support is provided after the identification of a risk factor that makes a child eligible for care coordination services.
 - Support for parents in attending well-child visits and age-appropriate immunizations is provided.

- A **written/printed** care plan will be developed for each child/family receiving care coordination services that includes family goals and a timeline for meeting goals.
 - An assessment should include family strengths; medical status; developmental stage of the child; and, a variety of family protective factors such as parental resilience, social connections, knowledge of parenting and child development, concrete support available in times of need and children’s healthy social emotional development.
 - Ongoing communication between families and health providers is necessary to assure the details required and goals of the written plan of care. The intensity and dose of care coordination should vary based upon identified needs and desires of the family.
 - Management and tracking of tests, referrals and outcomes is achieved by periodically reviewing the care plan with the family and identifying completion of goals and additional needs that might be addressed.
 - Assistance for the family in following up with referrals is provided as needed.
 - Methods will be established for referral and coordination of medical and social services for children as needed.
- c. A child or family is eligible for care coordination services based on the program model chosen and council intention and may include:
- Regional council based criteria to be defined in the Scope of Work;
 - At-risk for developmental delays
 - Social risks (living in homeless or domestic violence shelters, low income, low family literacy)
 - Medically complex; chronic disease diagnosis (asthma, diabetes, genetic/ metabolic disorders; or, surgical procedures.
2. Literacy learning in early childhood provides the foundation for future literacy success and is rooted in exposure to rich language experiences and engaging activities that build knowledge, understanding and speaking, expands vocabulary, and supports a child’s ability to become a successful independent reader.
- a. Promote and support meaningful early literacy experiences and opportunities for young children in the appropriate context of program implementation.
 - b. Support families and caregivers with parenting and child-rearing skills that help increase understanding of early language and emergent literacy development.
 - c. Engage families in meaningful, day to day two-way communication about how a child develops language and early literacy skills.
 - d. Encourage families to use the language in which they are most confident and competent.
 - e. Encourage parents and families to learn how to observe, guide, promote, and participate in everyday language and literacy development of their children at home, early care, and in their communities.

- f. Encourage parents and families to advance their own learning interests in language and literacy development through education, training, and other experiences that support their parenting, careers, and life goals.
 - g. Encourage parents and families to support and advocate for their child’s learning and development as they transition to new learning environments.
 - h. Strategy specific items: Engage with parents during the clinic visit to encourage them to read with their child. The integration of Raising a Reader or Reach out and Read programs are examples of how these activities can be integrated into the strategy.
3. Follow the FTF Child Welfare Policy when working with children and families enrolled in services provided by the Arizona Department of Child Safety to promote non-duplication and coordination of child welfare services.
 4. FTF recognizes the importance of collaborative partnerships among community partners that utilize a variety of formal and informal mechanisms to facilitate coordination of services in the community. The Coordination and Collaboration standard requires a grantee to:
 - a. Develop and implement a plan to understand and make connections with other initiatives, strategies and efforts in the region or state that support the early childhood system.
 - b. Develop processes that ensure staff implementing FTF funded strategies understand the connections between this strategy and the early childhood system to avoid duplication of services and promote collaboration between other services and supports offered to children and families in the regions.
 - c. Ensure staff provide participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a cultural responsive manner.
 - d. This strategy relies heavily on building relationships with other resources for families. This includes medical service providers, social service programs and community resources for families. Building these relationships and maintaining updated lists of resources is required. In addition, working with other agency care coordinators [Early Periodic Screening Diagnosis and Treatment (EPSDT), Arizona Early Intervention Program (AzEIP), Individuals with Disabilities Act Part B/619 (preschool special education) etc.] is expected and required.
3. Continuous Quality Improvement
 - a. Adopt a process of continuous self-monitoring and reflection to improve program practices that is articulated in a written policy.
 - b. In the written policy, the following should be addressed:
 - How data is used to assess the progress and outcomes of program implementation; and
 - How data collection is used to improve staff performance.

4. FTF embraces cultural responsiveness as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.
 - a. Offer programs and services congruent with the needs of diverse children and families.
 - b. Offer programs and services that are responsive to the impact of cultural factors such as histories, traditions, values, family systems and structures, social class, and religion and spiritual beliefs.
 - c. Create a learning environment conducive to and includes all children and families no matter their ethnic, cultural, or linguistic backgrounds.
 - d. Use the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse children and families to make learning more appropriate and effective for them.

B. Staffing Standards

1. Direct Service Staff
 - a. Hire staff who reflect the cultural and ethnic experiences and language of the targeted population with whom they work with and integrate their expertise into the entire program.
 - b. Ensure that staff at all levels receives initial and ongoing professional development in culturally and linguistically responsive service delivery.
 - c. Employ well-trained and competent staff and provides continual relevant professional development opportunities.
 - d. The Care Coordinator must have:
 - A minimum of a bachelor's degree in health care, social work, and nursing or related field and have experience working with children birth to age 5 and their families.
 - Excellent communication and organizational skills that promote efficiency in care coordination.
 - Comprehensive understanding of community, social and governmental resources available to support families.
 - Training in using valid developmental and sensory screening assessment tools.
2. Supervisory Staff
 - a. Supervisory staff should be a licensed health professional with experience in managing staff and working within medical teams.
3. The Arizona Early Childhood Workforce Registry (Registry)

The Registry is a component of the newly developed Arizona Early Childhood Career and Professional Network (Network). The Network is a comprehensive system designed to meet the professional development needs of Arizona's early childhood professionals working with or on behalf of children birth-8 years of age.

 - a. Staff employed at the administrative home and any sub-grantee who are working directly with or on behalf of children birth – age 8 as a part of the implementation of this strategy must enroll in the Registry by June 30, 2016.

C. Additional Standards

1. Arizona law (ARS §13-3620.A) requires early childhood program staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to the Arizona Department of Child Safety or local law enforcement. All staff, grant partners, consultants and participants of this strategy must receive training and adhere to these requirements (see attached FTF Suspected Child Maltreatment Mandated Reporting Policy).
2. Developmental and Sensory Screening is a required secondary strategy associated with the Care Coordination/Medical Home strategy and requires that developmental and sensory screenings are monitored, or conducted, and recorded for children receiving care coordination. Monitored developmental screenings should be recorded on a timeline that, at a minimum, follows the AAP guidelines (9-18-30 months and a social emotional screening) and annually thereafter. Additional screenings may be done based on concerns and clinical judgment. Refer to the FTF Standards of Practice for Developmental and Sensory Screening.
3. Health Insurance Outreach and Enrollment Assistance is a required tertiary strategy associated with Care Coordination/Medical Home. It is expected that the care coordinator or medical home ask families about their health insurance status and refer them to community resources for assistance. See the FTF Standards of Practice for Health Insurance Outreach and Enrollment Assistance.

D. Administrative Home Standards

1. Provide reflective supervision of all Care Coordination/Medical Home sub-grantees and document the regularity of supervision activities.
2. Ensure compliance with expected standards.
3. Adhere to a professional Code of Ethics as applicable.
4. Identify and resolve conflicts of interest and grievances between care coordinators and clinical practices if applicable.
5. Develop professional development opportunities for staff to discuss their concerns and to examine how stress affects their work.
6. Provide a forum to explore cultural differences and workplace conflicts.

IV. REFERENCES AND RESOURCES

- A. Patient- and Family-Centered Care Coordination: A Framework for Integrating. *Pediatrics* 2014;133:e1451; originally published online April 28, 2014; found at: <http://pediatrics.aappublications.org/content/133/5/e1451.full.html>
- B. Healthy Steps guidelines: <http://healthysteps.org/for-medical-practices-and-other-organizations/how-to-become-a-healthy-steps-site/>
- C. Pediatric Alliance for Coordinated Care: <http://archive.ahrq.gov/downloads/pub/evidence/pdf/cshcn/cshcn.pdf>
- D. Developing a Thriving Reader from the Early Years: A Continuum of Effective Literacy Practices (available in Fall 2014)
- E. FTF Child Welfare Policy (attached)
- F. FTF Suspected Child Maltreatment Mandated Reporting Policy (attached)

- G. Arizona Early Childhood Career and Professional Development Network Website: azearlychildhood.org (available Fall 2014)
- H. Early developmental screening in early childhood systems: American Academy of Pediatrics and Healthy Child Care America and Child Care and Health Partnership (www.healthychildcare.org): <http://www.healthychildcare.org/pdf/DSECSreport.pdf>
- I. Ages and Stages resources: <http://agesandstages.com/>
- J. Parents Evaluation of Developmental Status Assessment Tool: <http://www.pedstest.com/learnaboutPEDS/IntroductiontoPEDS.aspx>
- K. Centers for Disease Control and Prevention (CDC) developmental screening guidelines and tools: <http://www.cdc.gov/ncbddd/child/devtool.htm> and <http://www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html>
- L. Modified Checklist for Autism in Toddlers (MCHAT): <https://www.m-chat.org/mchat.php>
- M. First Signs: Autism spectrum disorder resource: <http://www.firstsigns.org/>
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- Q. Turchi RM, Gatto M, Antonelli R. Children and youth with special healthcare needs: there is no place like (a medical) home. Curr Opin Pediatr. 2007; 19(4):503–508.
- R. Watch Me Thrive: A Compendium of Developmental Screening Tools, US Department of Health and Human Services: March 2014. Download at: https://www.acf.hhs.gov/sites/default/files/ece/screening_compendium_march2014.pdf



DEVELOPMENTAL AND SENSORY SCREENING

I. INTENT OF STRATEGY

The intent of the evidence based Developmental and Sensory Screening strategy is to support routine and appropriate screening of all young children. The expected result is early identification of a developmental, hearing or vision concern, and referral for further evaluation if necessary. This can be a stand-alone strategy or it is a secondary strategy associated with other First Things First (FTF) strategies.

II. DESCRIPTION OF SIGNIFICANCE

Recent statistics indicate that as many as 25% of children, birth to age 5, are at moderate or high risk for developmental, behavioral, or social delay (National Survey of Children's Health, 2011-2012). Many children with developmental and sensory concerns miss important opportunities for early detection and intervention due to gaps in screening and availability of services. Delays in language development or other developmental areas and in sensory deficits impact a child's ability to be ready for school.

Screening for developmental delays or sensory deficits is not diagnostic and should not be represented as definitive. Screening leads to parent education and support and if appropriate, a referral for a diagnostic evaluation by a child's health care provider, the Arizona Early Intervention Program (AzEIP) for children birth up to age 3, or the local public school district for children age 3 – 5 years, to determine if the child is eligible and to develop a plan for intervention services.

Although developmental and sensory screenings are both included in this strategy, grantees may be selected separately to conduct one or more screening types (developmental, hearing, and/or vision). However, the intent is that screening is a more routine and comprehensive effort.

As a primary strategy, it is expected that the grantee conduct developmental and sensory screenings included in their contract. For developmental screening, FTF expects the grantee to follow at minimum the American Academy of Pediatrics (AAP) guidelines for screening at a minimum at 9-18-30 months (or 24 months as a substitute for 30 months), and annually thereafter. Additional screening can be conducted and reported as needed based on program requirements and clinical concerns.

For hearing and vision screening, children will receive screening by trained screeners at least once between the ages of 2 and 3 routinely or as needed based on concerns. It is expected that

approximately 10% of children will require a second screening for hearing or vision. Secondary screenings with positive results will also be referred to a primary care physician or audiologist.

As a secondary strategy, it is expected that the grantee monitor, record or conduct the screenings.

Developmental and sensory screenings should be monitored and recorded on a timeline that is consistent with program guidelines and at a minimum of the American Academy of Pediatrics (AAP) guidelines (9-18-30 months (or 24 months as a substitute for 30 months), and annually thereafter. If the medical home conducts screenings, it is expected that the grantee will monitor and record those screenings. If screenings are not conducted at the medical home, the grantee will conduct the developmental and sensory screening based on program requirements. FTF strategies that may have developmental and sensory screening as a secondary strategy include: Home Visitation, Family Support for Children with Special Needs, Quality First, Care Coordination/Medical Home, and Family Resource Centers. Refer to the Standard of Practice for each strategy for specifics.

III. IMPLEMENTATION STANDARDS

A. Primary Program Standards

First Things First (FTF) is committed to funding programs that are evidence based or evidence informed. The emphasis on evidence-based programs is grounded in the idea that the maximum benefit for children and families is delivered by programs that base their practice in the most current, relevant, and reliable evidence about the effectiveness of the program. For some programs, an evidence-informed or best practice, or a promising practice model is appropriate. The following criteria are considered by FTF when determining to fund programs:

- **Evidence based programs** are programs that have been validated by documented and scientific research and the evidence has gone through a peer review process. Evidence is established through scientific research that has had a comparison between an intervention group and a control group where the intervention group has had a significant impact. Peer review means that someone external to the program or research team has reviewed the methodology and the findings to determine if standards were met.
- **Evidence informed** is a program or service that has a clearly articulated theory of change (logic model) and has had some evaluation of the outcomes. This can be based on one program or service model that has been evaluated in multiple settings. A promising practice cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.
- **Promising practice** is a program or service that has a clearly articulated theory of change (logic model) with specified implementation and operational processes (activities) and program outcomes. A promising practice program is *informed* by at least one of the following:
 - Evidence based practices of a similar program or service delivery system, but does not have complete fidelity to that model because of justifiable need to change factors such as staffing or written materials in order to adapt to geographic or cultural variation.
 - A similar program or service delivery model that is generally accepted as appropriate for use with the target population to achieve the program outcomes but has yet to be established as evidence based.

- Culturally responsive practices that are known to contribute positively to program outcomes.

A promising practice must have no evidence that the program or service will cause any harm to recipients. Additionally, a promising practice program is committed to building evidence of program or service effectiveness through ongoing continuous quality improvement activities.

1. Implement an evidence-based model that meets First Things First accepted definition of evidence-based program model:
 - a. All screening services should include the following:
 - Parental/caregiver consent for screening that includes consent to share information with referral sources (medical home, early intervention programs) and to receive information back from referral source. The consent form should reflect HIPAA (Health Insurance Portability and Accountability Act) and FERPA (Family Educational Rights and Privacy Act) compliance to share information and results from the screening.
 - Appropriate standard training for anyone who is using the screening tools and equipment.
 - Discussion of the screening results with families, conducted by skilled staff.
 - Plans for sequential screening if the child's response indicates follow up rather than a referral (could have been an off day, sick child with marginal results, etc.).
 - Appropriate referrals for a diagnostic evaluation to the medical home/primary care physician, AzEIP (birth up to age 3), local public school districts (ages 3 – 5 years), other health care providers, behavioral health professionals, or other community resources.
 - Follow up with families about the result of the referral process and findings. Determine if they obtained an additional screening for their child and what the next steps are for their child. A verbal confirmation by a parent is acceptable.
 - b. Use the following guidance when conducting screenings:
 - Screenings are designed to be brief (30 minutes or less).
 - Screenings cannot capture the full range of development, skill, or capacity among children. It is not diagnostic or conclusive.
 - Screening only indicates the *possible* presence of developmental delay or concern and cannot definitively identify or describe the nature or extent of a disability.
 - Screening must be followed by a more comprehensive and formal evaluation process in order to confirm concerns raised by the screening results.
 - c. Use the following guidance on screening locations and environments:
 - Screening can occur in wide variety of settings including but not limited to: a medical home; child's home (for example: through Home Visitation programs); the Supplemental Nutrition Assistance Program (SNAP) office; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics; or, early care and education program settings. Screening can also occur at FTF Family Resource Centers if staff is trained in conducting screening and discussing results with the

family.

- Community based screening may occur in mobile screening vans; at a community based health fair or other screening/health event; or through organizations that provide sensory screening services in their offices or at programs sites.
 - Staff who conduct the screening are responsible to facilitate follow up screenings as needed, if possible. Loss of contact or parent refusal are acceptable reasons for not following up.
 - Screenings should occur in a quiet, well-lighted, non-distracting environment.
 - Screenings optimally should occur in settings that are closely aligned to a child's natural environment (for example: where children typically are such as a home or child care center or other location with which the child has familiarity and is comfortable).
- d. When conducting developmental screening, use valid and reliable screening tools that meet the specific requirements of the contract. The following list identifies some tools that meet this requirement, and other tools and more information can be found at: https://www.acf.hhs.gov/sites/default/files/ecd/screening_compendium_march2014.pdf
- Parent's Evaluation of Developmental Status (PEDS)
 - Ages and Stages Questionnaires-3 (ASQ-3): age appropriate screening tools with reliability and validity that can be used in all populations with minor considerations for cultural relevance.
 - Ages and Stages Questionnaire: Social Emotional Scale (ASQ-SE): age appropriate screening tools with reliability and validity that can be used in all populations with minor considerations for cultural relevance.
 - Modified Checklist for Autism in Toddlers (MCHAT) 18 and 24 months: optional based on program requirements
- e. When conducting sensory screening, use the following guidance:
- Screening instruments should be sensitive enough to identify problems, and specific enough to prevent unacceptable over referrals.
 - Screening tools should be designed to capture and hold a child's interest at an age appropriate level while minimizing distraction from other stimuli.
 - Screening tools used must be age appropriate, meeting the cognitive and motor skills required for child participation.
 - Screening tools should be designed to actively engage a young child, giving the tester the opportunity to observe and interact with the child during the screening process.
 - Specific standards for hearing screening include:
 - Hearing screening should have been done at birth and subsequent hearing screening done for children who did not pass the newborn screening.
 - Routine hearing screening should be performed between 24-30 months using objective, standardized screening tools and equipment. More information is found at: <http://earfoundationaz.webs.com/> and

<http://www.improveehdi.org/az/library/files/AZ-Infant-Hearing-Guide-for-Healthcare-Providers.pdf>

- Hearing screenings require a quiet environment with ambient noise levels on average of less than 50 dBSPL. Although the space requirement is minimal, it is important that the hearing screenings be conducted in a room separate from other screening activities if quiet conditions can't be met.
 - Audiometers, if used, should be equipped with a full headset (two earphones), while audiometers equipped with only one earphone utilizing a hand-held method should be avoided.
 - Hearing screeners should have additional, child friendly manipulatives available to help elicit results using a conditioned play audiometry task.
 - All devices to test hearing shall have certificates documenting annual checks of calibration. Those they have met current standards should be checked daily and each time that they are moved for proper function.
 - Specific standards for vision screening include:
 - Vision screening would be performed at age 3 using age appropriate, standardized screening tools or device based screening tools.
 - Vision screenings should be conducted in areas that have minimal distraction, ability to control lighting, and have space appropriate for the test being used.
 - Hearing and vision screeners should have additional, child friendly manipulatives available to help elicit results beyond the use of hardware and charts.
 - See Section IV, References and Resources for information on equipment options.
2. Early Language and Literacy Development
- a. Promote and support meaningful early literacy experiences and opportunities for children in the appropriate context of program implementation.
 - b. Screening activities that reflect developmental milestones related to language acquisition and early literacy behaviors should be used when available.
3. Non-Duplication and Coordination of Child Welfare Services
- Follow the FTF Child Welfare Policy (attached) when working with children and families enrolled in services provided by the Arizona Department of Child Safety to promote non-duplication and coordination of child welfare services.
4. FTF recognizes the importance of collaborative partnerships among community partners that utilize a variety of formal and informal mechanisms to facilitate coordination of services in the community. The Coordination and Collaboration standard requires a grantee to:
- a. Develop and implement a plan to understand and make connections with other initiatives, strategies and efforts in the region or state that support the early childhood system.

- b. Develop processes that ensure staff implementing FTF funded strategies understand the connections between this strategy and the early childhood system to avoid duplication of services and promote collaboration between other services and supports offered to children and families in the regions.
 - c. Ensure staff provide participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a cultural responsive manner.
 - d. Develop a relationship with organizations implementing other FTF funded strategies such as Home Visitation, Care Coordination/Medical Home and Family Support for Children with Special Needs; AzEIP and public school special education programs; and, other community programs that provide developmental support to children and their families.
 - e. Ensure ongoing coordination related to community Child Find events and agency specific referral processes.
5. Continuous Quality Improvement
- a. Adopt a process of continuous self-monitoring and reflection to improve program practices that is articulated in a written policy.
 - b. In the written policy, the following should be addressed:
 - How data is used to assess the progress and outcomes of program implementation; and
 - How data collection is used to improve staff performance.
6. First Things First embraces cultural responsiveness as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.
- a. Offer programs and services congruent with the needs of diverse children and families.
 - b. Offer programs and services that are responsive to the impact of cultural factors such as histories, traditions, values, family systems and structures, social class, and religion and spiritual beliefs.
 - c. Create a learning environment conducive to and includes all children and families no matter their ethnic, cultural, or linguistic backgrounds.
 - d. Use the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse children and families to make learning more appropriate and effective for them.

B. Staffing Standards

1. Direct Service Staff:
 - a. Hire staff who reflect the cultural and ethnic experiences and language of the targeted population with whom they work with and integrate their expertise into the entire program.
 - b. Ensure that staff at all levels receives initial and ongoing professional development in culturally and linguistically responsive service delivery.

- c. Employ well-trained and competent staff and provides continual relevant professional development opportunities.
 - d. Have a minimum of a bachelor's degree in health care, social work, nursing or related field and have training in how to do developmental and sensory screening, interpret the results and communicate results with families.
 - e. Have excellent communication and organizational skills that promote efficiency in care coordination.
 - f. Have a comprehensive understanding of community, social and governmental resources available to support families.
 - g. Have training in using valid developmental and sensory screening assessment tools.
 - h. Maintain certification and current training on the methods and tools used in screening activities throughout the contract, attending re-certification training courses at the state-approved intervals.
 - i. Personnel who do not meet the required education level or are newly trained in developmental screening activities, may administer developmental screening under the direct supervision of an individual who does meet the training and qualifications standards until it can be documented that the person conducting screening can do so in a reliable manner.
2. Supervisory Staff:
- a. Ensure staff training on tools and equipment meets the requirements of the tool developer/publisher or instrument developer/manufacture and receives on-going updates as appropriate. Grantees may incorporate use of videos, screening training kits, or interactive web training as a method of training screeners.
 - b. Ensure that staff at all levels receives initial and ongoing professional development in culturally and linguistically responsive service delivery.
 - c. Employ well-trained and competent staff and provide continual relevant professional development opportunities.
3. The Arizona Early Childhood Workforce Registry (Registry)
- The Registry is a component of the newly developed Arizona Early Childhood Career and Professional Network (Network). The Network is a comprehensive system designed to meet the professional development needs of Arizona's early childhood professionals working with or on behalf of children birth-8 years of age.
- a. Staff employed at the administrative home and any sub-grantee who are working directly with or on behalf of children birth – age 8 as a part of the implementation of this strategy must enroll in the Registry by June 30, 2016.

C. Additional Standards

Arizona law (ARS §13-3620.A) requires early childhood program staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to the Arizona Department of Child Safety or local law enforcement. All staff, grant partners,

consultants and participants of this strategy must receive training and adhere to these requirements (see attached FTF Suspected Child Maltreatment Mandated Reporting Policy).

IV. REFERENCES AND RESOURCES

- A. National Survey of Children's Health, 2011-12. Centers for Disease Control and Prevention's National Center for Health Statistics. Retrieved from:
<http://www.cdc.gov/nchs/slait/nsch.htm#2011nsch>
- B. AzEIP Referral Process: <https://extranet.azdes.gov/azeip/azeipref/Forms/Categories.aspx>
- C. Arizona Department of Education, Special Education website: <http://www.azed.gov/special-education/>
- D. Ages and Stages resources can be found at: <http://agesandstages.com/>
- E. Arizona Infant and Toddler Guidelines:
http://www.azftf.gov/WhoWeAre/Board/Documents/az_infant_toddler_guidelines.pdf
- F. Centers for Disease Control and Prevention (CDC) developmental screening guidelines and tools can be found at: <http://www.cdc.gov/ncbddd/child/devtool.htm> and
<http://www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html>
- G. Early developmental screening in early childhood systems: American Academy of Pediatrics and Healthy Child Care America and Child Care and Health Partnership (www.healthychildcare.org) can be found at: <http://www.healthychildcare.org/pdf/DSECSreport.pdf>
- H. Modified Checklist for Autism in Toddlers can be found at <https://www.m-chat.org/mchat.php>
- I. Meisels, S.J., & Atkins-Burnett, S. (2005) 5th edition. Developmental Screening in Early Childhood: A Guide. Can be downloaded at:
<http://www.naeyc.org/store/files/store/TOC/121.pdf>
- J. Parents Evaluation of Developmental Status Assessment Tool:
<http://www.pedstest.com/learnaboutPEDS/IntroductiontoPEDS.aspx>
- K. Watch Me Thrive: A Compendium of Developmental Screening Tools, US Department of Health and Human Services: March 2014. Downloaded at:
https://www.acf.hhs.gov/sites/default/files/ecd/screening_compendium_march2014.pdf
- L. National Centers for Hearing Assessment and Management
(<http://www.infanthearing.org/index.html>) Infant hearing screening guidelines:
<http://www.infanthearing.org/earlychildhood/>
- M. The Ear Foundation of Arizona: <http://earfoundationaz.webs.com/>
- N. Vision screening equipment options include: www.iscreenvision.com ; www.plusoptix.com ;
<http://www.visionquest2020.org/>



Health Insurance Outreach and Enrollment Assistance

I. INTENT OF THE STRATEGY

The intent of the promising practice strategy, Health Insurance Outreach and Enrollment Assistance, is to expand the awareness of families about publicly funded health insurance options, as well as potentially affordable health plans that can be purchased through the federal marketplace, and to assist families with enrollment, retention and renewal of children birth through age 5 in these plans. The expected result is an increased proportion of young children with health insurance, which in turn reduces financial barriers to a) preventive health services such as well-child visits, immunizations, and developmental and sensory screening in the medical setting, and b) sick care.

II. DESCRIPTION OF SIGNIFICANCE

Although recent federal and state legislation generally improved access to public and private health insurance, the information and action needed to enroll and maintain coverage can be daunting and challenging for families. As such, outreach to and identification of families without health insurance—and providing information, application assistance and renewal assistance—is an important component of access to health care. This section summarizes recent legislative changes and the impact on families, specifically those with children birth through age 5.

The Affordable Care Act

The Affordable Care Act (ACA) was signed into law on March 23, 2010, and was subsequently upheld by the U.S. Supreme Court in June 2012 with one exception: states that do not expand Medicaid eligibility to 133% are not to be penalized. A permanent reauthorization of the Indian Health Care Improvement Act (IHCA)—the cornerstone legal authority for provision of health care to American Indians and Alaska Natives—was included in the ACA, supporting modernization and quality improvements for health services for the Native American population.

The ACA provides significant change in the area of patient rights and protection across public and private health insurance plans. For example, the ACA:

- Requires insurance companies to cover people with pre-existing health conditions, which is particularly important for children with chronic conditions such as asthma
- Makes it illegal to arbitrarily cancel health insurance because a person becomes sick, which is particularly important for children who develop serious chronic conditions
- Ends lifetime and yearly dollar limits on coverage of essential health benefits, which is particularly important for children born with special health care needs and those who develop serious chronic conditions
- Covers young adults under age 26 through their parents' health insurance

- Provides certain free preventive health care, such as immunizations and well child visits for children and screening for gestational diabetes and breast feeding counseling and support for women.
- Holds insurance companies accountable for rate increases and enhances rights to appeal insurance company decisions
- Creates the Health Insurance Marketplace, with tax credits for eligible individuals/families that can be advanced to offset the costs of premiums for qualified coverage purchased through the Marketplace.
- Ensures that health plans offered both inside and outside of the Health Insurance Marketplace offer a comprehensive package of items and services, known as essential health benefits.

The Health Insurance Marketplace

The Health Insurance Marketplace is a way for individuals, families, and eventually small businesses to purchase health coverage that incorporates information on coverage options and pricing. Health insurance policies must cover essential health benefits in order to be certified and offered in the Health Insurance Marketplace. States may either operate their own marketplace or defer to the federal government's Health Insurance Marketplace; Arizona elected the federal option through which Arizonians have a choice of over 100 plans at competitive prices. Open enrollment runs from October 1 to March 30 every year. . Eligibility to purchase coverage through the marketplace includes:

- Age birth to 64 years
- A United States citizen or national or non-citizen who is lawfully present for the entire period of enrollment
- Not incarcerated

The website for enrollment is: www.healthcare.gov

Medicaid

Under the ACA, most states—including Arizona—increased Medicaid eligibility effective January 1, 2014 to all Americans in households with earnings up to 133% of the federal poverty level. In Arizona, Medicaid is known as the Arizona Health Care Cost Containment System (AHCCCS), and of note, AHCCCS has higher income eligibility levels for children ages birth to 5 and pregnant women:

- Ages birth to 1 year: 147% of the federal poverty level
- Ages 1 to 5 years: 141% of the federal poverty level
- Pregnant women: 156% of the federal poverty level

The website for enrollment is: www.healtharizonaplus.gov and provides for a single application for public health insurance as well as other public benefits such as Temporary Assistance for Needy Families (TANF) cash assistance, and nutrition assistance.

Impact on Children and Families

Although the Affordable Care Act provides for significant enhancements in access to health insurance, both public and private plans, the information and action needed to enroll and maintain

coverage can be daunting and challenging for families (Children's Action Alliance, 2014). For example:

- The Arizona children's health insurance program, Kids Care II, ended December 31, 2013. Nearly 2/3 of the 37,101 children enrolled in Kids Care II prior to program closure were moved to AHCCCS (Medicaid) because of the ACA income eligibility increase. Nevertheless, more than 1/3 were dropped from coverage and notified to seek coverage through the federal Health Insurance Marketplace.
- There are over 100 health insurance plans to choose from in the Health Insurance Marketplace, with varying premiums, copays, deductibles and plan benefits.
- There is not crossover between the Health Insurance Marketplace and AHCCCS; if a family is rejected for coverage in the Marketplace because they are eligible for Medicaid their application is not automatically entered into the AHCCCS system, and vice versa.
- The type of documentation needed to substantiate eligibility and how/where to submit the documentation can be overwhelming.
- Members of the same family may qualify for different health plans; e.g., some private businesses may drop family coverage.
- Gaining health insurance coverage is a major step, but how and when to engage in health care – especially preventive care – is another layer.
- Public and private health plans require an annual renewal, with resubmission of certain documentation to support eligibility.
- Some families are not eligible for AHCCCS or plans in the Marketplace because of immigration status; their only option for care is at a Federally Qualified Health Center (FQHC) or free clinic. Unfortunately, many ineligible for health insurance delay care and seek care at hospital emergency rooms.
- Some families do not have internet access and hence cannot utilize the self-enrollment websites; or they have access but need assistance on how to navigate the site and understand the information.

As such, outreach to and identification of families without health insurance, and providing information, application assistance and renewal assistance, is an important component of access to health care, including access to preventive care such as well-child visits. Outreach and enrollment/renewal assistance is a promising practice that occurs nationally and in Arizona in a wide variety of settings, such as health clinics, child care settings, social service agencies, recreation centers, and homeless shelters. Reports based on national, as well as Arizona experiences, indicate that such assistance can make a difference in obtaining coverage for children, particularly when the assistance is provided by trusted, culturally responsive staff in community-based settings.

III. IMPLEMENTATION STANDARDS

A. Program Standards

First Things First (FTF) is committed to funding programs that are evidence based or evidence informed. The emphasis on evidence-based programs is grounded in the idea that the maximum benefit for children and families is delivered by programs that base their practice in the most current, relevant, and reliable evidence about the effectiveness of the program. For some programs, an evidence-informed or best practice, or a promising practice model is appropriate. The following criteria are considered by FTF when determining to fund programs:

- **Evidence based programs** are programs that have been validated by documented and scientific research and the evidence has gone through a peer review process. Evidence is established through scientific research that has had a comparison between an intervention group and a control group where the intervention group has had a significant impact. Peer review means that someone external to the program or research team has reviewed the methodology and the findings to determine if standards were met.
- **Evidence informed** is a program or service that has a clearly articulated theory of change (logic model) and has had some evaluation of the outcomes. This can be based on one program or service model that has been evaluated in multiple settings. An evidence informed program cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.
- **Promising practice** is a program or service that has a clearly articulated theory of change (logic model) with specified implementation and operational processes (activities) and program outcomes. A promising practice program is *informed* by at least one of the following:
 - Evidence based practices of a similar program or service delivery system, but does not have complete fidelity to that model because of justifiable need to change factors such as staffing or written materials in order to adapt to geographic or cultural variation.
 - A similar program or service delivery model that is generally accepted as appropriate for use with the target population to achieve the program outcomes but has yet to be established as evidence based.
 - Culturally responsive practices that are known to contribute positively to program outcomes.

A promising practice must have no evidence that the program or service will cause any harm to recipients. Additionally, a promising practice program is committed to building evidence of program or service effectiveness through ongoing continuous quality improvement activities.

1. Implement a promising practice model that meets FTF's accepted definition of a promising practice model. The Health Insurance Outreach and Enrollment Assistance strategy may occur as a primary, stand-alone strategy or as a supporting strategy to other FTF strategies such as Care Coordination/Medical Home, Home Visitation, and Family Resource Centers. The following table describes which standards are required, optional, or not applicable according to Primary or Supporting Strategy designation.

Domains of Health Insurance Outreach and Enrollment Assistance	Primary Strategy	Supporting Strategy
<i>Outreach</i>		
Promote availability of the Outreach and Enrollment Program using mechanisms such as print and electronic media, distribution of information to community based organizations, and community presentations.	Required	Suggested but not required
Introduce families to options for health insurance coverage including AHCCCS and the Health Insurance Marketplace, and services offered by Federally Qualified Health Centers and free clinics.	Required	Required
Provide informational materials regarding health insurance options, including web links to apply for health insurance through the Health Insurance Marketplace and AHCCCS.	Required	Required
Provide information to families about the importance of taking their children to well child and preventive health check-ups on a regular basis to receive timely, preventative health care for their children.	Required	Required
<i>Enrollment and Renewal Assistance</i>		
Offer all families technical assistance for applying for health insurance that includes their child or children birth through age 5.	Required	Optional
<i>For families requiring application assistance:</i>		
Connect the family with a local entity that can provide application assistance; this entity may be within the grantee organization – such as financial counseling within a FQHC – or external.	Not Applicable	Required
Provide assistance with the application and guidance on documents needed to substantiate eligibility. (The degree of application assistance needed may vary.)	Required	Optional
Follow up with families to help monitor the application process, including their submission of required documents.	Required	Optional
Follow up with families to establish whether the child or children in the age birth to 5 have obtained health insurance following application.	Required	Optional
<i>Post enrollment</i>		
Provide information to families regarding steps to take if factors such as income eligibility change during the enrollment period.	Required	Required
Provide information to families regarding the importance of re-enrollment/renewal to maintain their health insurance coverage.	Required	Required
Seek out families that are currently enrolled in public health insurance and provide assistance for those families to re-enroll in a timely way as appropriate.	Required	Optional
<i>Families not eligible for health insurance through AHCCCS or the Health Insurance Marketplace</i>		
Provide information to families on obtaining low cost or free care at FQHCS and free clinics.	Required	Required
<i>Other</i>		

Maintain confidentiality of all information obtained as part of the outreach and enrollment process.	Required	Required
Remain current on eligibility and enrollment requirements for AHCCCS or other emerging publicly funded health insurance options for children birth through age 5 to maximize enrollment in and renewal of public health insurance.	Required	Required
Remain current on the content and functionality of the Health Insurance Marketplace.	Required	Optional
Include opportunities for feedback from families regarding outreach and enrollment activities.	Required	Required
Be accessible for families: offer extended service hours including weekend/evening hours or operating in locations where public transportation is accessible or where families with young children already congregate.	Required	Not Applicable
Establish a system to ensure that families are informed of all of their health insurance enrollment options and support families in choosing the appropriate plan to meet their individual family and child's needs.	Required	Not Applicable

2. Literacy learning in early childhood provides the foundation for future literacy success and is rooted in exposure to rich language experiences and engaging activities that build knowledge, understanding and speaking, expands vocabulary, and supports a child's ability to become a successful independent reader.
 - a. Promote and support meaningful early literacy experiences and opportunities for young children in the appropriate context of program implementation.
 - b. Support families and caregivers with parenting and child-rearing skills that help increase understanding of early language and emergent literacy development.
 - c. Encourage families to use the language in which they are most confident and competent.

For Health Insurance Outreach and Enrollment Assistance, this might include providing age appropriate print materials about health and wellness to families and other caregivers to read to their children, or to engage them in other language development opportunities.
3. Follow the FTF Child Welfare Policy when working with children and families enrolled in services provided by the Arizona Department of Child Safety to promote non-duplication and coordination of child welfare services.
4. FTF recognizes the importance of collaborative partnerships among community partners that utilize a variety of formal and informal mechanisms to facilitate coordination of services in the community. The Coordination and Collaboration standard requires a grantee to:
 - a. Develop and implement a plan to understand and make connections with other initiatives, strategies and efforts in the region or state that support the early childhood system.

- b. Develop processes that ensure staff implementing FTF funded strategies understand the connections between this strategy and the early childhood system to avoid duplication of services and promote collaboration between other services and supports offered to children and families in the regions.
 - c. Establish and maintain connections to community-based organizations in the region that serve families and/or community-based organizations that may be sources of referral.
 - d. Establish and maintain connections to other health insurance outreach and enrollment assistance programs occurring within a region.
 - e. Maintain a current and comprehensive understanding of the AHCCCS application and renewal process and to maximize enrollment of eligible children.
5. Continuous Quality Improvement
- a. Adopt a process of continuous self-monitoring and reflection to improve program practices that is articulated in a written policy.
 - b. In the written policy, the following should be addressed:
 - How data is used to assess the progress and outcomes of program implementation; and
 - How data collection is used to improve staff performance.
 - c. For the Health Insurance Enrollment Assistance strategy, continuous quality improvement should also include qualitative and quantitative documentation of change that evidence-based, evidence-informed, or promising practices are bringing about. This should include documentation of positive change, no change, and unexpected outcomes to assist the program and Regional Council in redirecting the program as needed to meet local conditions.
6. First Things First embraces cultural responsiveness as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.
- a. Offer programs and services congruent with the needs of diverse children and families.
 - b. Offer programs and services that are responsive to the impact of cultural factors such as histories, traditions, values, family systems and structures, social class, and religion and spiritual beliefs.
 - c. Create a learning environment conducive to and includes all children and families no matter their ethnic, cultural, or linguistic backgrounds.
 - d. Use the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse children and families to make learning more appropriate and effective for them.

B. Staffing Standards

1. Direct Service Staff
 - a. Hire staff who reflect the cultural and ethnic experiences and language of the targeted population with whom they work with and integrate their expertise into the entire program.

- b. Ensure that staff at all levels receives initial and ongoing professional development in culturally and linguistically responsive service delivery.
 - c. Employ well-trained and competent staff and provides continual relevant professional development opportunities.
 - d. Requirements for direct service staff for Health Insurance Outreach and Enrollment Assistance also include:
 - Primary Strategy
 - Required: Staff working with families on health insurance outreach, enrollment assistance, and renewal assistance will be trained consumer assisters who meet the federal Department of Health and Human Services requirements to perform work as a Health Insurance Navigator or Certified Application Counselor. Staff will also maintain current information on obtaining low cost or free care at FQHCS and free clinics.
 - Supporting Strategy
 - Required: Staff who outreach to and refer families with young children for assistance with health insurance enrollment and renewal assistance will maintain current information on public and federal marketplace health insurance options for families, as well as on obtaining low cost or free care at FQHCS and free clinics.
 - Optional: Staff working with families on health insurance outreach, enrollment assistance, and renewal assistance will be trained consumer assisters who meet the federal Department of Health and Human Services requirements to perform work as a Health Insurance Navigator or Certified Application Counselor.
2. Supervisory Staff
- a. Supervisory staff for Health Insurance Outreach and Enrollment Assistance will include:
 - A Program Manager/Coordinator responsible for setting program objectives, developing and implementing an action plan that aligns with strategy standards and program objectives, training and supervising direct service staff, and monitoring program implementation and operation with a commitment to ongoing quality improvement.
3. The Arizona Early Childhood Workforce Registry (Registry)
- The Registry is a component of the newly developed Arizona Early Childhood Career and Professional Network (Network). The Network is a comprehensive system designed to meet the professional development needs of Arizona’s early childhood professionals working with or on behalf of children birth-8 years of age.
- a. Staff who are working directly with or on behalf of children birth – age 8 as a part of the implementation of this strategy must enroll in the Registry by June 30, 2016.

IV. REFERENCES AND RESOURCES

A. References

1. Medicaid Eligibility published September 2013 and effective January 1, 2014:
www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/Medicaid-and-CHIP-Eligibility-Levels-Table.pdf
2. Health Plan Essential Benefits:
Definitions: www.healthcare.gov/glossary/essential-health-benefits/
Arizona's Benchmark Plan for Essential Benefits: www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/arizona-ehb-benchmark-plan.pdf
3. Center for Medicare and Medicaid Services (CMS), resources for professionals on the federal Health Insurance Marketplace: marketplace.cms.gov/
4. Health Insurance Marketplace, the federal marketplace to be used by Arizona providers and consumers for information and health insurance enrollment: www.healthcare.gov
For families: www.healthcare.gov/families/
Health Insurance Marketplace Call Center (Consumers) – 24/7 English and Spanish and 150 Languages **1-800-318-2596, 1-855-889-4325 (TTY)**
5. Health-e Arizona PLUS – Arizona Medicaid Information and Enrollment:
www.healtharizonaplus.gov
6. Children's Action Alliance (Arizona): *Without KidsCare, Low Income Arizona Families Face High Costs for Children's Health Coverage (May 2014)* <http://azchildren.org/wp-content/uploads/2014/05/AZ-summary-5-1-14.pdf>
7. Developing a Thriving Reader from the Early Years: A Continuum of Effective Literacy Practices (available in Fall 2014)
8. FTF Child Welfare Policy (attached)
9. Arizona Early Childhood Career and Professional Development Network Website: azearlychildhood.org (available Fall 2014)

B. Resources

1. Cover Arizona, an initiative to maximize health insurance information and outreach to individuals and families: www.coveraz.org
2. Henry J. Kaiser Family Foundation: Health Reform <http://kff.org/health-reform/>



Oral Health

I. INTENT OF THE STRATEGY

The intent of the evidence-based Oral Health Strategy is to provide best practice approaches that enhance the oral health status of children birth through age 5. The expected results are prevention of tooth decay and reduction in the prevalence of early childhood tooth decay and the associated risks for pain and infections that can lead to lifelong complications to health and wellbeing. The approaches for this strategy include: oral health screening for children and expectant mothers with referrals to oral health providers for follow up care as needed; fluoride varnishes for children; oral health education for families and other caregivers; and, outreach to families, other caregivers including early learning and care providers, and oral health and medical professionals.

II. DESCRIPTION OF SIGNIFICANCE

Oral health is an important part of overall health and means more than healthy teeth. Oral health includes the oral, dental, and craniofacial tissues needed for essential human functions, including to:

- Speak, chew, smile
- Smell, taste, swallow
- Convey a world of feelings and emotions through facial expressions
- Protect from microbial infections and are a barrier to other environmental exposures

Young Children

Good oral health and the absence of tooth decay is an essential component of child well-being. Nevertheless, untreated tooth decay is the most common infectious chronic disease among children in the United States; it is five times more common than asthma and seven times more common than hay fever. In the United States, approximately 28 percent of children ages 2 to 4 years have tooth decay experience and 16 percent have untreated tooth decay. Arizona's young children fair worse: an estimated 37 percent of children ages 2 to 4 years have tooth decay experience and nearly one in three in this age group (30%) have untreated decay. Of note, by age 4, more than half (52%) of Arizona's young children have experienced dental decay. National and state studies indicate that the prevalence of tooth decay is higher among children from low income households and some racial and ethnic groups, suggesting particular vulnerability for certain populations of young children.

Untreated tooth decay causes pain and infections that may lead to other serious problems for young children with eating, speaking, playing and learning. More than 51 million school hours are lost each year to dental-related illness. To prevent tooth decay, the American Academy of Pediatric Dentists (AAPD) recommends several strategies for enhancing the oral health of young children including but not limited to: parent/other caregiver education on oral health care (particularly on preventing

transmission of the decay causing bacteria from one person to another, eating healthy nutritious foods and limiting sugars, and caring for gums and teeth); first preventative visit to a dentist within six months of the first tooth erupting and no later than age one, with preventative check-up thereafter; a series of topical fluoride applications to children's teeth; and, fluoridated public water supplies. The First Things First (FTF) Oral Health Strategy helps support these recommendations through oral health education of parents and other caregivers, as well as age appropriate education of children; oral health screening, and fluoride varnish application.

Expectant mothers

Oral health is an important focus during the prenatal period. During pregnancy, hormonal changes increase an expectant mother's susceptibility to inflammation of the gums (gingivitis) and gum disease (periodontitis) and morning sickness can cause dental erosion because of increased acid in the mouth.

Poor oral health in pregnancy is associated with premature birth *and* low birth weight. In addition, treating any tooth decay before baby is born is important because decay causing bacteria can be transmitted from mother to child by any mechanism that results in an exchange of saliva. According to the Academy of General Dentistry, pregnant women should maintain their regular, semi-annual checkups and consult a dentist if they notice any changes in their oral health. Nevertheless, it is estimated that just 22 to 34 percent of women in the U.S. visit a dentist during pregnancy. The Oral Health strategy supports outreach and messaging regarding the importance of oral health care during pregnancy, as well as oral health screening and referral for pregnant women.

III. IMPLEMENTATION STANDARDS

A. Program Standards

First Things First (FTF) is committed to funding programs that are evidence based or evidence informed. The emphasis on evidence-based programs is grounded in the idea that the maximum benefit for children and families is delivered by programs that base their practice in the most current, relevant, and reliable evidence about the effectiveness of the program. For some programs, an evidence-informed or best practice, or a promising practice model is appropriate. The following criteria are considered by FTF when determining to fund programs:

- **Evidence based programs** are programs that have been validated by documented and scientific research and the evidence has gone through a peer review process. Evidence is established through scientific research that has had a comparison between an intervention group and a control group where the intervention group has had a significant impact. Peer review means that someone external to the program or research team has reviewed the methodology and the findings to determine if standards were met.
- **Evidence informed** is a program or service that has a clearly articulated theory of change (logic model) and has had some evaluation of the outcomes. This can be based on one program or service model that has been evaluated in multiple settings. An evidence informed program cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.

- **Promising practice** is a program or service that has a clearly articulated theory of change (logic model) with specified implementation and operational processes (activities) and program outcomes. A promising practice program is *informed* by at least one of the following:
 - Evidence based practices of a similar program or service delivery system, but does not have complete fidelity to that model because of justifiable need to change factors such as staffing or written materials in order to adapt to geographic or cultural variation.
 - A similar program or service delivery model that is generally accepted as appropriate for use with the target population to achieve the program outcomes but has yet to be established as evidence based.
 - Culturally responsive practices that are known to contribute positively to program outcomes.

A promising practice must have no evidence that the program or service will cause any harm to recipients. Additionally, a promising practice program is committed to building evidence of program or service effectiveness through ongoing continuous quality improvement activities.

1. Implement an Oral Health Program that meets the First Things First accepted definition of evidence based, evidence informed and promising practice models and is designed to address the needs of families with children ages birth to 5 and expectant mothers that a) utilizes evidence based practices for oral health screening and application of fluoride varnish; and b) evidence informed or promising practices for providing oral health education and referral for oral health treatment.
 - a. The program will comply with rules issued by the Arizona State Board of Dental Examiners and all rules and practice guidelines for applicable professional bodies.
 - b. Oral Health Screening and Fluoride Varnish

An Oral Health Program will complete oral health screening and applying fluoride varnish as follows:

 - Obtain appropriate consent from the parent or guardian.
 - Maintain client confidentiality.
 - Use fluoride varnishes contain a concentrated dose of sodium fluoride (5% NaF) which, when placed on the teeth topically, facilitates re-mineralization of the enamel.
 - Apply fluoride varnish two-four times per year on each participating child according to a child's risk.
 - Develop an electronic system to track children receiving screenings and fluoride varnishes.
 - Provide services within a variety of settings, such as, but not limited to: immunization clinics, physician offices, WIC offices, early care and education centers (Head Start, Early Head Start, pre-schools, and child care facilities) and in private homes for medically compromised patients.
 - During the contact:

- Complete an oral health screening of the child and complete a dental caries risk assessment using best practice tools (See Section IV.B, Resources).
 - Provide anticipatory guidance/oral health education according to findings from the screening and assessment; this may be provided to the child as is age appropriate, or the parent/primary caregiver, or both.
- Complete an oral health screening of the expectant mother and complete a dental caries risk assessment using best practice tools (See Section IV.B, Resources).
 - Provide anticipatory guidance/oral health education according to findings from the screening and assessment.
- Apply fluoride varnish if indicated. (Note: some parents may consent to the screening but not fluoride varnish.)
- Provide written and oral instructions on follow up care, including but not limited to:
 - Care of the oral cavity following fluoride application.
 - Treatment needs; e.g. for tooth decay, and options for dental providers for that care.
 - The importance of establishing a dental home for expectant mothers and children ages birth through 5, and options for dental providers.
- Provide a list of local dental providers, as well as information on the Arizona Children’s Dental Network, to encourage connection to a dental home (KidsAZ Dental.org).
- Provide an age appropriate oral health kit (optional).

c. Oral Health Education for Children, Families and Other Caregivers

An Oral Health Program will provide oral health education to children, parents, and other adults that may include providers of early care and education. It is expected that the Oral Health Program will stay current on best practice recommendations for providing oral health education and promoting behaviors that prevent dental decay and other oral health problems.

- The oral health education may be delivered in a group session *or* through an individualized educational session.
 - A group educational session is defined as an instructional opportunity lasting 30 minutes or more and delivered to the group of three or more individuals.
 - An individualized education session is defined as an interactive instructional opportunity with a child, pregnant woman, parent, or other caregiver.
- Programs will use best practice/evidence informed oral health educational materials comprising a curriculum and supporting collateral materials (e.g., brochures, flyers). The curriculum will include information on topics such as:
 - Minimizing saliva-sharing activities (e.g., sharing utensils/silverware) between an infant or toddler and family members or other children in an early care and education setting.
 - Cleaning a young child’s teeth if the infant/child falls asleep while feeding.
 - Wiping an infant’s gums with a soft wash cloth.
 - Tooth brushing with a soft and age-appropriate sized tooth brush once teeth

emerge using fluoridated toothpaste according to current recommended oral health practice.

- Flossing between teeth when adjacent tooth surfaces cannot be cleansed by a toothbrush.
 - Providing age appropriate assistance to a child with tooth brushing and flossing.
 - Establishing a dental home and visiting the dentist within six months of emergence of the first tooth and no later than one year.
 - Avoiding caries-promoting feeding behaviors. In particular, parents should be advised that:
 - Infants should not be put to sleep with a bottle containing fermentable carbohydrates (such as milk).
 - Parents should be encouraged to have infants drink from a cup as they approach their first birthday. Infants should be weaned from the bottle at 12 to 14 months of age.
 - Repetitive consumption of any liquid containing fermentable carbohydrates from a bottle or no-spill training cup should be avoided.
 - Between-meal snacks and prolonged exposures to foods and juice or other beverages containing fermentable carbohydrates should be avoided.
 - Education for expectant mothers will include:
 - Increased risk of gum disease and tooth erosion during pregnancy.
 - Basics of proper dental hygiene for adults including brushing, flossing and healthy snacking and meals.
 - Basic oral health preventative care during pregnancy including regular visits to a dental home.
 - Proper care of newborn and infant mouth and teeth to prevent tooth decay.
- d. Outreach to Oral Health Program Participants

An Oral Health Program will conduct outreach that engages families of children through age 5 and expectant mothers in opportunities for oral health education, screening and fluoride varnish application (for children).

- To reach the target population, FTF encourages coordination with a) other FTF grantees, such as Family Resource Centers and Quality First early education and care centers, and b) non-First FTF grantees, including WIC offices, immunization clinics, non-Quality First early education and care centers, and other settings where families of young children congregate.
- FTF expects an Oral Health Program to plan service delivery so as not to duplicate or supplant other oral health care that is available in the community.

e. Outreach to Oral Health and Medical Professionals

An Oral Health Program will outreach to medical professionals whose practice includes expectant mothers and young children, as well as to oral health professionals, to emphasize the importance of oral health care for pregnant women and young children. The Oral Health Program may provide professionals with supporting print educational materials as appropriate. When educating Oral Health and Medical Professionals, the educator will:

- Document the purpose, goals and objectives of the Oral Health Program.
- Communicate the purpose and objectives of the activity.
- Identify educational needs/gaps of the learner or target audience.

- Select a format and setting for the activity that are appropriate for the target audience and type of program being implemented.
- Incorporate principles of adult learning into instruction.
- Disclose to learners any relevant financial relationship(s) prior to the beginning of the educational activity.
- Encourage learners to provide regular feedback that will include: whether identified educational needs were met, the overall effectiveness of the program and improvement suggestions.
- Assure that the content/format of activities and materials will promote improvements in quality health care and not specific proprietary business interests or commercial interests.
- Develop a post training evaluation for participant feedback.

Outreach to Oral Health Professionals will also include engaging them as a referral resource for establishing a dental home, and for when expectant mothers and children require follow up care.

2. Literacy learning in early childhood provides the foundation for future literacy success and is rooted in exposure to rich language experiences and engaging activities that build knowledge, understanding and speaking, expands vocabulary, and supports a child's ability to become a successful independent reader. The literacy learning standard requires grantees to:
 - a. Promote and support meaningful early literacy experiences and opportunities for young children in the appropriate context of program implementation.
 - b. Support families and caregivers with parenting and child-rearing skills that help increase understanding of early language and emergent literacy development.
 - c. Encourage families to use the language in which they are most confident and competent.

For the Oral Health strategy, this might include providing age appropriate print materials about oral health to families and other caregivers to read to their children, or ways to engage children in other language development opportunities through activities such as tooth brushing.

3. Follow the FTF Child Welfare Policy when working with children and families enrolled in services provided by the Arizona Department of Child Safety to promote non-duplication and coordination of child welfare services.
4. FTF recognizes the importance of collaborative partnerships among community partners that utilize a variety of formal and informal mechanisms to facilitate coordination of services in the community. The Coordination and Collaboration standard requires a grantee to:
 - a. Develop and implement a plan to understand and make connections with other initiatives, strategies and efforts in the region or state that support the early childhood system.

- b. Develop processes that ensure staff implementing FTF funded strategies understand the connections between this strategy and the early childhood system to avoid duplication of services and promote collaboration between other services and supports offered to children and families in the regions.
 - c. Coordinate and collaborate with other community partners to communicate aligned oral health messages and approaches.
5. Continuous Quality Improvement
- a. Adopt a process of continuous self-monitoring and reflection to improve program practices that is articulated in a written policy.
 - b. In the written policy, the following should be addressed:
 - How data is used to assess the progress and outcomes of program implementation; and
 - How data collection is used to improve staff performance.
 - c. For the Oral Health strategy, continuous quality improvement may include qualitative and quantitative documentation of change that activities are bringing about. This may include documentation of positive change, no change, and unexpected outcomes to assist the program and Regional Council in redirecting the Oral Health Program as needed to meet local conditions.
6. FTF embraces cultural responsiveness as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.
- a. Offer programs and services congruent with the needs of diverse children and families.
 - b. Offer programs and services that are responsive to the impact of cultural factors such as histories, traditions, values, family systems and structures, social class, and religion and spiritual beliefs.
 - c. Create a learning environment conducive to and includes all children and families no matter their ethnic, cultural, or linguistic backgrounds.
 - d. Use the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse children and families to make learning more appropriate and effective for them.

B. Staffing Standards

1. Direct Service Staff
- a. Hire staff who reflect the cultural and ethnic experiences and language of the targeted population with whom they work with and integrate their expertise into the entire program.
 - b. Ensure that staff at all levels receives initial and ongoing professional development in culturally and linguistically responsive service delivery.
 - c. Employ well-trained and competent staff and provides continual relevant professional development opportunities.
 - d. Direct service staff for the Oral Health strategy will include:
 - Oral Health Screening and Fluoride Varnish – Health professionals provide oral health screenings and apply fluoride varnishes may include:
 - Dentists

- Dental Hygienists
- Physicians, physician assistants, registered nurses or licensed practical nurses.
- Health professionals who provide oral health screenings and apply fluoride varnishes must:
 - Have experience in working with young children.
 - Complete training on:
 - The appropriate process to apply fluoride varnish.
 - Approaches to mitigating a child’s apprehension about oral health screening and fluoride varnish.
 - Approaches to providing oral health care in a public health setting.
 - Have appropriate training and supervision as required by individual licensing bodies and boards.
 - Comply with all rules and regulations as required by individual licensing bodies and boards.
- Oral Health Education and Outreach – For staff providing oral health education and outreach:
 - A bachelor’s degree in health education or a public health field is preferred but other allied health professionals may qualify, such as promotoras.
 - Staff are expected to:
 - Reflect the cultural and ethnic experiences and language of the families with whom they work.
 - Complete training in the specific oral health education curriculum and materials being used by the program.
 - Have excellent communications skills and the ability to adjust to the individual learners’ needs, both children and adults.
 - Have skills necessary to outreach to and interact with oral health and medical professionals.

2. Supervisory staff

The Oral Health Program will fall under the purview and supervision of a unit/office/division within an organization such as a county health department, community health center, university or college with experience providing oral health training and/or services.

3. The Arizona Early Childhood Workforce Registry (Registry)

The Registry is a component of the newly developed Arizona Early Childhood Career and Professional Network (Network). The Network is a comprehensive system designed to meet the professional development needs of Arizona’s early childhood professionals working with or on behalf of children birth-8 years of age.

- a. Staff who are working directly with or on behalf of children birth – age 8 as a part of the implementation of this strategy must enroll in the Registry by June 30, 2016.

C. Additional Standards

The following are **optional** for an Oral Health Programs:

1. Obtaining Fluoride Varnish Reimbursement

The Arizona Health Care Cost Containment System (AHCCCS), the state's Medicaid agency, allows participating health plans to reimburse for fluoride varnish application to children enrolled in AHCCCS. Rules and regulations apply regarding who may place standing orders for the fluoride varnish and how frequently the varnish can be applied. Oral Health Programs may consider opportunities to obtain reimbursement for fluoride varnish applied to children enrolled in AHCCCS if they are an AHCCCS provider or they contract with the Arizona Department of Health Services, Office of Oral Health to participate in the fluoride varnish reimbursement program if applicable. FTF can work with the program to determine the feasibility of and appropriate mechanisms for obtaining reimbursement. It is expected that reimbursement collected will be reinvested in the program to provide services to additional children after operational cost for billing are taken into consideration.

2. Teledentistry

Teledentistry is a developing area of dentistry that integrates electronic health records, telecommunications technology, digital imaging, and the Internet to link dental providers and their patients. Teledentistry offers innovative prospects in the delivery of dental care and has the potential to enhance the current practice of dentistry. Through the exchange of clinical information over distances, teledentistry can facilitate the delivery of dental care in areas underserved by dental practitioners, and therefore overcome social and geographic barriers. Teledentistry may be a helpful approach for rural regions to accelerate transmission of oral health screening data to a dental provider to help accelerate follow up care when treatment is needed. FTF can work with the program to determine the applicability and feasibility of, and appropriate mechanisms for, teledentistry.

3. Community of Practice

FTF encourages an Oral Health Program to participate in a local, regional or statewide community of practice to exchange ideas and best practices for the delivery of oral health education, outreach, and screening and varnishes for expectant mothers and children.

IV. REFERENCES AND RESOURCES

A. References

1. Developing a Thriving Reader from the Early Years: A Continuum of Effective Literacy Practices (available in Fall 2014)
2. FTF Child Welfare Policy (attached)
3. FTF Suspected Child Maltreatment Mandated Reporting Policy (attached)
4. Arizona Early Childhood Career and Professional Development Network Website: azearlychildhood.org (available Fall 2014)
5. U.S. Department of Health and Human Services, National Institute of Dental and Cranofacial Research. *Oral Health in America: A Report of the Surgeon General (2000)*
www.nider.nih.gov/DataStatistics/SurgeonGeneral

6. U.S. Department of Health and Human Services, Washington, DC. *Healthy People 2020 (Oral Health)*
www.healthypeople.gov/2020
7. American Academy of Pediatrics. *National Summit on Children's Oral Health: A New Era of Collaboration, November 2008*
www2.aap.org/commpeds/doch/oralhealth/SummitOralHealth.html
8. Guarnizo-Herreno CC, Wehby GL. 2012. Children's dental health, school performance, and psychosocial well-being. *Journal of Pediatrics* 161(6):1153-1159.
9. "Policy on Early Childhood Caries (ECC): Classifications, Consequences, and Preventive Strategies." American Academy of Pediatric Dentistry and the American Academy of Pediatrics. Revised 2008.
10. "AAPHD Resolution on Fluoride Varnish for Caries Prevention." January 2008. American Academy of Public Health Dentistry (AAPHD).

B. Resources

General

1. National Association of State and Territorial Dental Directors (ASTDD) www.astdd.org
2. National Institute of Dental and Craniofacial Research
www.nidcr.nih.gov
3. Arizona State Board of Dental Examiners <http://azdentalboard.us>
4. Arizona Department of Health Services, Office of Oral Health
www.azdhs.gov/phs/owch/oral-health/
5. Arizona Department of Health Services, Office of Oral Health: Teledentistry in Arizona
www.youtube.com/watch?v=FimWxhGXkqo
6. Arizona Children's Dental Network KidsAZDental.org
7. Collaborative dental practice models in Minnesota
www.mchoralhealth.org/mn/collaborative-practice/cdhp/

Screening and Risk Assessment

1. Oral Health Risk Assessment Tool developed by the American Academy of Pediatrics:
<http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf>
2. Caries-Risk Assessment Tool (CAT) developed by the American Academy of Pediatric Dentists, based on a set of clinical, environmental and general health factors:
http://www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessment.pdf
3. Caries Management By Risk Assessment (CAMBRA) developed to assess the child's risk for tooth decay and determine appropriate preventive and therapeutic interventions:
<https://www.coursera.org/#course/cariesmanagement>
4. Caries Risk Assessment Form (Ages 0-6) developed by the American Dental Association as a practice tool for dentists and a communication tool with the parent/guardian:
http://www.ada.org/~media/ADA/Science%20and%20Research/Files/topic_caries_over6.ashx

Oral Health Education

1. American Dental Association: *Smile Smarts!* An oral health curriculum for preschool through grade eight, for students offering flexible, modular lesson plans, support materials, hands-on classroom demonstrations, student activity sheets, and suggestions for further oral

health activities

www.mouthhealthykids.org/en/educators/smile-smarts-dental-health-curriculum/

2. The California Childcare Health Program is a community-based program of the University of California, San Francisco (UCSF) School of Nursing, and Department of Family Health Care Nursing. PDF includes a comprehensive listing of web sites containing educational oral health curriculum.

www.ucsfchildcarehealth.org/pdfs/Curricula/oral_health_11_v6b.pdf

3. *First Smiles* is a statewide initiative in California to address Early Childhood Caries affecting children ages 0-5.

www.first5oralhealth.org

4. Oregon State Early Childhood Cavities Prevention Program

<http://public.health.oregon.gov/PreventionWellness/oralhealth/Pages/eccp.aspx>

5. Partners in Prevention: Getting a Head Start on Oral Health is an infant and toddler oral health continuing education course specifically for Head Start employees and non-dental health professionals.

www.nypartnersinoralhealth.com

6. The National Head Start Oral Health Resource Center assists the national Office of Head Start/Maternal and Child Health Bureau oral health initiative in enhancing the quality of oral health services for pregnant women, infants, and children enrolled in Head Start.

<http://www.mchoralhealth.org/HeadStart/index.html>

Anticipatory guidance to share with parents on infants milestones of development

www.mchoralhealth.org/PediatricOH/mod2_6_2.htm

7. National Maternal and Child Oral Health Resource Center

www.mchoralhealth.org/toolbox/professionals.html

8. *Open Wide and Trek Inside!* National Institute of Health with the National Institute of Dental and Craniofacial Research, a creative, inquiry-based, active learning instruction program.

www.science.education.nih.gov/supplements/nih2/oral-health/default.htm

Oral Health Activities for Children

1. Colgate-Palmolive Company:

www.colgate.com/app/BrightSmilesBrightFutures/US/EN/HomePage.cvsp

2. Oral Health Coloring Books for Children

<http://dentalresource.org/resource.html>

Oral Health Websites for Families

1. American Dental Association: Mouth Healthy www.mouthhealthy.org/en/

2. Academy of General Dentistry: Know Your Teeth – Your Family’s Oral Health

www.knowyourteeth.com/family/

3. Academy of General Dentistry: Know Your Teeth – Oral Health During Pregnancy

www.knowyourteeth.com/infobites/abc/article/?abc=P&iid=325&aid=7586

4. American Academy of Pediatrics: [Healthy Children – Oral Health](http://www.healthychildren.org/English/healthy-living/oral-health/Pages/default.aspx)

www.healthychildren.org/English/healthy-living/oral-health/Pages/default.aspx

Intersect of Breastfeeding and Children’s Oral Health

1. American Academy of Pediatricians:

<http://www2.aap.org/breastfeeding/familiesResourceGuide.html>

2. Academy of Breastfeeding Medicine: <http://www.bfmed.org/>



Parenting Outreach and Awareness

I. INTENT OF STRATEGY

The intent of the promising practice strategy, Parenting Outreach and Awareness, is to increase families' awareness of positive parenting; child development including health, nutrition, early learning and language acquisition; and, knowledge of available services and supports to support their child's overall development. The expected result is an increase in knowledge and a change in specific behaviors addressed through the information and activities provided.

II. DESCRIPTION OF SIGNIFICANCE

Given the important role that parents and families have as their child's first and most important teacher, providing information, services and programs that support families must be part of the continuum of strategies within the family support system to meet the universal needs of all families.

Children are active participants in their world from the day they are born. Understanding the importance of early interactions in healthy brain development will assist families in making important choices that will support and optimize their child's development. Child development and neuroscience research emphasizes the importance of infants to engage in discovery through everyday explorations shared by a sensitive, attentive caregiver (National Scientific Council on the Developing Child, 2007; Stamm, 2007). Yet, according to the preliminary results in the FTF 2012 Family and Community Survey, just under half of Arizona parents (46%) acknowledged that babies sense and react to their surroundings in the first month of life. Just over half of Arizona parents surveyed (54%) still believe that children do not take in and react to their environment until two months of age or later. These results suggests that about half of Arizona parents do not yet fully understand their child's very early interactive experiences with the environment are essential to optimal health and development. Research based knowledge about developmental milestones at each age helps parents interact positively with their child and set appropriate expectations and boundaries throughout daily routines. Although 80% of Arizona parents acknowledge that they can significantly impact a child's brain development at or before birth, not all are sure what they can do to best support their child's optimal development.

Parenting Outreach and Awareness provides families of young children with information, materials or connections to resources and activities that increase awareness of early childhood development and health. In most cases, outreach and awareness alone are not sufficient to make or sustain a behavior change. While awareness may increase, families may not have the resources or tools to effectively implement the change. For example, families may have heightened awareness of the benefits of reading to their child, but do not understand which books are developmentally

appropriate or know how to read to a child at different developmental stages. They may not have access to books (e.g., may not be able to afford books; may not live close to a library or have transportation). While the Parent Outreach and Awareness strategy is considered to be a promising practice, some programs that increase awareness and knowledge may indeed be evidence based or evidence informed and result in behavior change. One such example is Reach Out and Read, which uses medical providers to promote early literacy in pediatric exam rooms during well-child visits by distributing books to children and advice to families about the importance of reading aloud. Reach Out and Read has been found to increase the frequency of families reading aloud to their children and increase children's receptive and expressive vocabulary scores (Mendelsohn, et.al, 2001; High, et.al., 2000). It is important to consider that Parenting Outreach and Awareness is likely one approach in the continuum of family support efforts that can provide assistance to families and is likely most effective when coupled or bundled with other supports and services.

Parenting Outreach and Awareness components can include: earned media, paid advertisements, resource distribution and parenting workshops. Earned media is defined as recognition from a major broadcast print or emerging media as well as information placed in smaller community newspapers, newsletters, and public service announcements. Paid advertising is defined as advertising through billboards, print ads, multimedia campaigns (TV), radio and online ads. Paid advertising requires a substantial financial investment and must be accompanied by other strategies in order to be effective in changing behavior.

III. IMPLEMENTATION STANDARDS

A. Program Standards

First Things First (FTF) is committed to funding programs that are evidence based or evidence informed. The emphasis on evidence-based programs is grounded in the idea that the maximum benefit for children and families is delivered by programs that base their practice in the most current, relevant, and reliable evidence about the effectiveness of the program. For some programs, an evidence-informed or best practice, or a promising practice model is appropriate. The following criteria are considered by FTF when determining to fund programs:

- **Evidence based programs** are programs that have been validated by documented and scientific research and the evidence has gone through a peer review process. Evidence is established through scientific research that has had a comparison between an intervention group and a control group where the intervention group has had a significant impact. Peer review means that someone external to the program or research team has reviewed the methodology and the findings to determine if standards were met.
- **Evidence informed** is a program or service that has a clearly articulated theory of change (logic model) and has had some evaluation of the outcomes. This can be based on one program or service model that has been evaluated in multiple settings. An evidence informed program cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.
- **Promising practice** is a program or service that has a clearly articulated theory of change (logic model) with specified implementation and operational processes (activities) and

program outcomes. A promising practice program is *informed* by at least one of the following:

- Evidence based practices of a similar program or service delivery system, but does not have complete fidelity to that model because of justifiable need to change factors such as staffing or written materials in order to adapt to geographic or cultural variation.
- A similar program or service delivery model that is generally accepted as appropriate for use with the target population to achieve the program outcomes but has yet to be established as evidence based.
- Culturally responsive practices that are known to contribute positively to program outcomes.

A promising practice must have no evidence that the program or service will cause any harm to recipients. Additionally, a promising practice program is committed to building evidence of program or service effectiveness through ongoing continuous quality improvement activities.

1. Implement an evidence based, evidence informed or promising practice model that meets FTF's accepted definition of these models:
 - a. All information provided through media, advertisement, resource distribution and/or workshops must be research-based, developmentally appropriate, culturally responsive, family-centered, and strengths-based.
 - All activities implemented must take into account local families' and children's needs, desires, histories, lifestyles, concerns, strengths, resources, culture, ethnicity, and priorities. Print materials must be written at no higher than a 5th grade reading level.
 - Resources and information provided must be accurate and regularly updated to ensure information is current. Permission for the use of copyright materials must be documented and cited.
 - All Parenting Outreach and Awareness activities will adhere to the FTF Communications guidelines including branding protocols which can be found in the First Things First Communications Toolkit.
 - b. Provide parents and families participating in Parenting Outreach and Awareness activities with current, research based information covering one or more of the following core areas of family support for child development and health:
 - **Expand the family's knowledge of child development and behavior** – Provide learning opportunities for families on all domains of child development (i.e., social, emotional, language, and physical and motor development); understanding typical and atypical child development; recognizing age appropriate child expectations; and identifying developmental milestones and developmental red flags.
 - **Support positive parenting practices** – Provide learning opportunities for families on appropriate parent and child interactions, development of parenting skills, positive guidance practices, and warm, sensitive and responsive caregiving.

- **Improve child safety** – Provide learning opportunities for families to increase their awareness of prevention of unintentional injuries in the child’s environment (e.g., safe sleep, choking hazards, and use of car seats). Unintentional injuries are predictable and preventable when proper safety precautions are taken. These injuries can be prevented, reduced and eliminated with early interventions and parent education.
 - **Improve child health** – Provide learning opportunities for families on nutrition, obesity prevention, breastfeeding, physical activity, immunizations, oral health, insurance enrollment, participation in consistent medical/dental homes, participation in prenatal care, and preventative services such as well child visits, and developmental, vision and hearing screening.
 - **Contribute to family stability** – Provide learning opportunities for families to improve their stability (e.g. meet basic needs), functioning, and mental health (e.g., warmth, emotional availability, and stimulation), and promote stable relationships among caregivers, positive parenting, and family cohesion.
 - **Promote strong family relationships** – Provide learning opportunities for families to increase their support network and community involvement. Provide community specific resources at all class sessions that are relevant to the session topic. For example, during a session covering oral health topics, parents should be provided with a list of dental providers in the community that serve children age 5 and under.
- c. Implement one or more of the following Parenting Outreach and Awareness components:
- **Earned Media** campaigns must center around various topics that raise families’ awareness such as: identification of an awareness gap as a community issue to be addressed; announcement of a new program or service to support behavior change; new or updated research about the behavior identified for change; milestones achieved in changing behaviors; and/or a success story about a specific child or family benefitting from a service.
 - **Paid advertising** must provide research-based, outcome focused, and professionally developed advertising that seeks to increase knowledge and change behavior. Provide the needed repetition in order to achieve market saturation (i.e., to ensure people see or hear the message enough times to change behavior)
 - Before a paid advertising campaign is utilized as an approach, the following information is necessary:
 - Information about the root cause of the issue to be addressed;
 - Evidence that the source of the information credible;
 - Evidence that the paid advertising will change this behavior;
 - Sufficient resources are available to achieve the saturation required to effect change; and
 - Strategies/tactics that will be implemented in addition to the paid advertising that will support behavior change (i.e., moving from awareness to action). For example, the advertisement includes a link to a website or a telephone number to call for more information about the subject.

- When an existing paid advertising effort is being utilized, information on the following is required:
 - Length of time the current creative content has been used;
 - The financial investment in the current campaign and specific markets used to determine effectiveness for the target population and geographic region proposed under this strategy;
 - Evidence that the campaign positively impacted behavior and specifically in the markets where the campaign was used (for example, a campaign seeking to increase immunization rates must have experienced success in increasing immunization rates where previously used);
 - Identification of other activities (e.g., a community event held after the broadcast of the paid advertisement) that were in place to support the paid advertising campaign and their effect on the impact achieved; and
 - Knowledge and understanding of the ability for co-branding or adding additional calls to action; restrictions on paid media time versus gratis media time; and, restrictions on copyright use. Permission for the use of copyright materials must be documented and cited.
- **Resource Distribution** must distribute children’s books, audio discs, community resource guides, child development and child health fact sheets, parenting tip sheets, brochures, pamphlets, and/or newsletters. Resources can be offered and distributed during community festivals, fairs, or exhibitions in community settings and through partner organizations.
- **Parenting Workshops** must offer one-time workshops for parents and families that increase awareness about child development or child health topics. These may include such activities as parent-child interactive, parent support groups, library story times, informational sessions about programs or services available in the community, or a session on brain development, early literacy, child development or child health. For example, child health parenting workshops may be offered to increase parent’s knowledge about topics such as injury prevention, oral health, preventative health care, or nutrition. One or more of these activities can be implemented in conjunction with other FTF early learning, health and/or family support strategies as part of regional funding plan implementation.
 - Structured workshop activities must be accessible for families by being provided at times and locations that are convenient for families including weekend and evening hours.
 - Workshops should be manageable in size and have appropriate staffing patterns.
 - Adult-only sessions shall be a maximum of 50 participants with a ratio of one staff per 25 adult participants. Conference keynote or plenary sessions may exceed the staff/participant ratio requirement.
 - Room size and space must be adequate to comfortably support the number of adults participating.

- Parent workshops that offer on-site child care must adhere to the FTF Requirements for On-Site Child Care (attached).
 - Incorporate family-centered practice into parenting workshops. Components of family-centered practice must include:
 - Involve families in the planning, development and implementation of the workshop. Topics and activities are developed in response to the needs and interest of the family.
 - Structure activities compatible with the family’s availability and accessibility. Create both formal and informal opportunities for families to offer feedback about workshops. Take action based on family’s feedback and ensure that feedback is considered in future decision making.
 - Make reasonable efforts to include all family members – including fathers, grandparents, and children.
 - Incorporate strength-based approach to parenting workshops, which focuses on the family’s abilities, assets, needs and interests. Components of strength-based practice that must be included:
 - Staff members work with family members in relationships based on equality and respect to identify their strengths, resilience and resources.
 - Encourage family members to build upon their strengths by enhancing their capacity to understand and promote their own optimal cognitive, social, emotional, and physical development.
 - Help families identify and acknowledge informal networks of support and community resources. Include information for families on how they can utilize the information or access resources identified in the workshop, media or advertisement in order to support the parent or families’ desire to make a behavior change.
2. Literacy learning in early childhood provides the foundation for future literacy success and is rooted in exposure to rich language experiences and engaging activities that build knowledge, understanding and speaking, expands vocabulary, and supports a child’s ability to become a successful independent reader.
- a. Promote and support meaningful early literacy experiences and opportunities for young children in the appropriate context of program implementation.
 - Provide learning opportunities for families to learn about early language and emergent literacy development.
 - Provide information to increase families’ awareness of the use of language to communicate, and respond to and elaborate on child’s vocalizations (e.g., daily storytelling, talking, singing to infant and child).
 - Inform families about pre-literacy skills: concepts of print, phonological awareness, vocabulary development, comprehension, analysis of the content and structure of text, and making meaning through drawing and writing.
 - b. Support families and caregivers with parenting and child-rearing skills that help increase understanding of early language and emergent literacy development.

- c. Engage families in meaningful, day to day two-way communication about how a child develops language and early literacy skills.
 - d. Encourage families to use the language in which they are most confident and competent.
 - e. Encourage parents and families to learn how to observe, guide, promote, and participate in everyday language and literacy development of their children at home, early care, and in their communities.
 - f. Encourage parents and families to advance their own learning interests in language and literacy development through education, training, and other experiences that support their parenting, careers, and life goals.
 - g. Encourage parents and families to support and advocate for their child's learning and development as they transition to new learning environments.
3. Follow the FTF Child Welfare Policy when working with children and families enrolled in services provided by the Arizona Department of Child Safety to promote non-duplication and coordination of child welfare services.
4. FTF recognizes the importance of collaborative partnerships among community partners that utilize a variety of formal and informal mechanisms to facilitate coordination of services in the community. The Coordination and Collaboration standard requires a grantee to:
 - a. Develop and implement a plan to understand and make connections with other initiatives, strategies and efforts in the region or state that support the early childhood system.
 - b. Develop processes that ensure staff implementing FTF funded strategies understand the connections between this strategy and the early childhood system to avoid duplication of services and promote collaboration between other services and supports offered to children and families in the regions.
5. Continuous Quality Improvement
 - a. Adopt a process of continuous self-monitoring and reflection to improve program practices that is articulated in a written policy.
 - b. In the written policy, the following should be addressed:
 - How data is used to assess the progress and outcomes of program implementation; and
 - How data collection is used to improve staff performance.
6. FTF embraces cultural responsiveness as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.
 - a. Offer programs and services congruent with the needs of diverse children and families.
 - b. Offer programs and services that are responsive to the impact of cultural factors such as histories, traditions, values, family systems and structures, social class, and religion and spiritual beliefs.

- c. Create a learning environment conducive to and includes all children and families no matter their ethnic, cultural, or linguistic backgrounds.
- d. Use the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse children and families to make learning more appropriate and effective for them.

B. Staffing Standards

1. Parenting Workshop Direct Service Staff

- a. Hire staff who reflect the cultural and ethnic experiences and language of the targeted population with whom they work with and integrate their expertise into the entire program.
- b. Ensure that staff at all levels receive initial and ongoing professional development in culturally and linguistically responsive service delivery.
- c. Employ well-trained and competent staff and provide continual relevant professional development opportunities.
- d. Staff developing materials or providing workshops demonstrate extensive knowledge of the community, the culture, and the community's resources.
- e. The length of employment and experience/education are reflective of high quality staff. Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community.
- f. All staff work as a team, modeling respectful relationships consistent with program goals and whose top priority is the well-being of families and children.
- g. Staff skills and abilities are regularly assessed to ensure they are able to engage families while maintaining a professional rapport.
- h. Annual staff training on the FTF Parenting Outreach and Awareness Standards of Practice principles is provided.
- i. Supervisors and staff (including direct service staff, volunteers and sub-grantee or partner personnel implementing the strategy) must receive training through the Arizona Department of Education on the utilization of the Arizona Infant and Toddler Developmental Guidelines, the Early Learning Standards and the Program Guidelines for High Quality Early Education: Birth through Kindergarten as a regular part of practice. All staff will have ongoing access to guideline materials.
- j. Provide ongoing staff development to ensure program quality and give staff an opportunity to develop professionally.

2. Supervisory Staff

- a. Supervisors work with staff to prepare and implement professional development plans.
- b. Supervisory staff is required to have a minimum of a bachelor's degree in early childhood development, education, family studies, social work, nursing or a closely related field.

3. The Arizona Early Childhood Workforce Registry (Registry)

The Registry is a component of the newly developed Arizona Early Childhood Career and Professional Network (Network). The Network is a comprehensive system designed to meet the professional development needs of Arizona's early childhood professionals working with or on behalf of children birth-8 years of age.

- a. Staff employed at the administrative home and any sub-grantee who are working directly with or on behalf of children birth – age 8 as a part of the implementation of this strategy must enroll in the Registry by June 30, 2016.
- b. All participants of this strategy are expected to enroll in the Registry by June 30, 2016.

C. Additional Standards

1. For implementation of parenting workshops, Arizona law (ARS §13-3620.A) requires early childhood program staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to the Arizona Department of Child Safety or local law enforcement. All staff, grant partners, consultants and participants of this component must receive training and adhere to these requirements (see attached FTF Suspected Child Maltreatment Mandated Reporting Policy).

IV. REFERENCES AND RESOURCES

- A. National Scientific Council on the Developing Child (2007). The Timing and Quality of Early Experiences Combine to Shape Brain Architecture: Working Paper #5.
<http://www.developingchild.net>
- B. Stamm, J. (2007). *Bright from the Start: The Simple, Science-backed Way to Nurture Your Child's Developing Mind from Birth to Age Three*. New York, NY: Penguin Press.
- C. Mendelsohn A., Mogiler L., Dreyer B., Forman J., Weinstein S., Broderick M., Cheng K., Magloire T., Moore T. and Napier C. 2001. "The Impact of a Clinic-Based Literacy Intervention on Language Development in Inner-city Preschool Children" *Pediatrics* 107(1): 130-134.
- D. High P., LaGasse L., Becker S., Ahlgren I., and Gardner A. 2000. "Literacy Promotion in Primary Care Pediatrics: Can We Make a Difference?" *Pediatrics*. 104: 927-934.
- E. First Things First Communications Tool Kit:
http://ftf/extranet/apps/pgms/FTF%20Brand%20Materials%20for%20Grantee%20Marketing%20%20Communi/Communications_Toolkit.pdf
- F. Arizona Department of Education Trainings:
<http://www.ade.az.gov/onlineregistration/SelectEvent.asp?viewall=%22yes%22&GroupID=31>
- G. Arizona Department of Health Services Injury Prevention Plan for infants, toddlers and young children found at: <http://www.azdhs.gov/phs/owch/pdf/injuryprevention/az-injury-surveillance-prevention-plan-2012-2016.pdf>
- H. Centers for Disease Control, *Protect the Ones You Love*, website for injury prevention at: www.cdc.gov/safechild
- I. Reach out and Read Arizona: <http://www.roraz.org/>
- J. Developing a Thriving Reader from the Early Years: A Continuum of Effective Literacy Practices (available in Fall 2014)
- K. FTF Child Welfare Policy (attached)
- L. FTF Suspected Child Maltreatment Mandated Reporting Policy (attached)

- M. FTF Requirements for On-Site Child Care (attached)
- N. Arizona Early Childhood Career and Professional Development Network Website:
azearlychildhood.org (available Fall 2014)



FIRST THINGS FIRST

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Standard of Practice

COURT TEAMS

I. Description of Strategy

The principal goals of Court Teams are to improve outcomes and reduce the recurrence of abuse and neglect for infants and toddlers. These goals are achieved by developing court-community teams led by superior court judges to:

- Raise awareness of the developmental needs of maltreated infants and toddlers.
- Assure case plans that support the developmental needs of these children
- Assure a permanency plan resulting in stable placements for children with foster families, relatives, or other caretakers.
- Assure continuing focus on child well-being when children are returned to parents, relatives, or other caretakers.

Court teams promote policies and procedures that will foster a system of care that focuses on meeting the developmental needs of children and supports their healthy development. Research has shown a number of positive outcomes as a result of the court teams processes.

It is the intent of Court teams to strengthen the support and care for infants and young children in the Juvenile Dependency system. This is accomplished through training, shared planning and regular consultation of those agencies working with the child and family. The Court team may recommend and refer the child and family for services, but does not directly provide these services.

Research on the outcomes for young children under the jurisdiction of juvenile courts that utilize Court Teams has shown:

- A significant increase in the services provided to eligible children and their parents, particularly in access to health care and early intervention services.
- Decrease in the number of foster home moves for infants and toddlers.
- An increase in parent-child visits.
- An increase in relative/kinship placements.¹

II. Implementation Standards of Practice

Court Teams provide the mechanism to implement policies that are informed by the science of early childhood to assure the best decisions for the health, development, and well-being of each child under the jurisdiction of the juvenile court system. Model Court Teams accomplish this through the application of eight identified key components. The components are:

Judicial Leadership: Local judges in Court Team communities are the catalysts for the programs that meet the needs of vulnerable children and their families. When beginning a Court Team, a local judge convenes the initial meeting with representatives of the community, service providers and other stakeholders to build commitment and cooperation.

¹ Zero to Three, *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*, Fact Sheets. [Zero to Three Funded Projects - Court Team](#).

Local Community Coordinator: In each Court Team community, a local Community Coordinator serves as a resource for child development expertise for the court. The Community Coordinator coordinates services and resources in support of infants and toddlers in the court systems.

Court Team: The Court Team is made up of key community stakeholders who commit to working to restructure the way the community responds to the needs of maltreated infants and toddlers. The makeup of Court Teams varies from community to community, but typically the team includes pediatricians; child welfare workers; attorneys representing children, parents, and the child welfare system; Court Appointed Special Advocates (CASAs); Guardians Ad Litem (GALs); mental health professionals; substance abuse treatment providers; representatives of foster parent organizations and children's advocacy groups; Early Head Start and child care providers; and Court Improvement Project staff.

Monthly Case Reviews: Each month, all individuals and organizations delivering court-mandated services to infants and toddlers meet together with the judge to review progress on each case. This monitoring process in and of itself can help prevent very young children from falling through the cracks in the child welfare system and ensure that the services they are receiving are effective and age appropriate.

New Court Order Forms: Court-ordered service referrals have been expanded in Court Team sites to include a variety of services for children. By focusing attention on the children themselves, it is hoped that children's needs for medical and mental health interventions will be incorporated into resolving the family's child welfare system involvement.

Training and Technical Assistance: Training and technical assistance to court personnel and community service providers on topics such as being more responsive to, and responsible for, the children's social and emotional development needs; general infant and toddler development; parenting interventions; services available to foster children in the community; and the impact of trauma on children.

Mental Health Treatment: Ideally each Court Team will have the capacity to refer parents to mental health services which are designed to improve the parent-child relationship by focusing on reading and responding to cues in ways that support child development and to address unmet emotional needs that the parent may have which impacts her/his ability to meet the needs of the young child.

Resource Materials: Access to resource materials including bench books and training videos developed by Zero to Three and other organizations involved with the development of Court Teams.

It has been found that a partnership between judges and individuals involved in the child welfare system results in enhanced and more coordinated services for infants and toddlers in the court system.

Considerations to support the successful coordination of the Court Team process include:

- Ensuring that team members understand and respect the role, responsibilities, and perspective of each member.
- Establishing protocols and/or guidelines for reaching consensus on the optimal plan for each child and his or her family.
- Assigning responsibility for taking case conference notes and timely dissemination of information decisions and action steps.
- Providing for access to confidential information for members of the team that need such access.
- Establishing a process for timely dissemination of information to team members regarding critical incidents or change in status that may impact the well-being of a child.
- Establishing procedures for including non-team members in team meetings when appropriate and relevant to planning for a particular child.

III. Staff Qualifications Standards of Practice:

Knowledge of human services systems and community development; experience in facilitating coordination and collaboration. Knowledge of and experience in the juvenile (dependency) court system is highly desired. Typically individuals with advanced academic degrees (Masters or higher) possess these attributes.

IV. Cultural Competency

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

- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members and program participants' effective, understandable, and respectful care that is provided in a culturally competent manner. Early childhood practitioners /early childhood service providers should ensure that staff and participants at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children.”
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>
<http://www.naeyc.org/positionstatements/linguistic>
- Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe's/Nation's cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe's/Nation's laws, policies and procedures. The effectiveness of services is directly related to the provider's consideration of the beliefs, customs and laws of the Tribe/Nation.
- Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Director, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments.
- It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- The ideal applicant will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff are culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:
 - In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.
 - Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities.



FIRST THINGS FIRST

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STANDARDS OF PRACTICE

August 2014

COMMUNITY OUTREACH

I. INTENT OF STRATEGY

In creating a strong, comprehensive, and sustainable early childhood system, First Things First has a responsibility to help raise awareness and elevate the public discourse about our shared commitment to children birth to age 5. Because the success of any communications effort depends on consistency of messaging and approach, the Board established FTF's Communications work as an FTF-directed strategy.

To that end, the FTF Board approved the FY2014-FY2016 Strategic Communications Plan, an extension of the FY2011-FY2013 Strategic Communications Plan, *Fulfilling Our Commitment to Arizona's Youngest Kids*. The multi-year plans guide the public awareness efforts of FTF, while maintaining the flexibility to respond to the always-changing social, political and communications landscape. For this reason, the goals, objectives, strategies and tactics of the plan will be reviewed at least annually and updated as needed.

The FY2014-FY2016 Strategic Communications Plan is a comprehensive effort to build awareness and knowledge of early childhood, and then motivate people to act on behalf of our youngest children. The plan is specifically designed to:

- Proactively focus communications efforts where there is the greatest potential for success;
- Ensure that limited resources are most effectively applied;
- Encourage discipline and deliberate thinking about why and how we pursue certain communications initiatives;
- Integrate all aspects of our communications efforts: strategic messaging, earned media, paid media, social media, brand advancement, community awareness and community outreach and engagement;
- Ensure that internal (Board, regional councils, staff) and external (grantees, partners, supporters) stakeholders are communicating key messages in a clear and consistent way;
- Measure progress and achieve results that move us towards our organizational goals; and,
- Encourage creative thinking about new ways to address old challenges.

Strategic communications research indicates that in order for someone to take action on a message, they must hear it at least seven times. The depth and breadth of all elements of the plan are designed to ensure multiple touch points and reach this level of consistent message saturation. To that end, the implementation of the plan includes statewide strategic message development, brand management, media relations and advertising, social media and web development, community outreach and community awareness.

All of the strategies identified as part of the Strategic Communications Plan are designed to work together to result in greater public awareness of the importance of early childhood. The community outreach and community awareness strategies represent the grassroots aspects of the communications plan and the tactics involved in “taking the message to the people.”

This Standard of Practice is designed to delineate more specifically Community Outreach, recognizing this strategy and its corresponding tactics are part of a comprehensive statewide communications effort.

II. DESCRIPTION OF SIGNIFICANCE

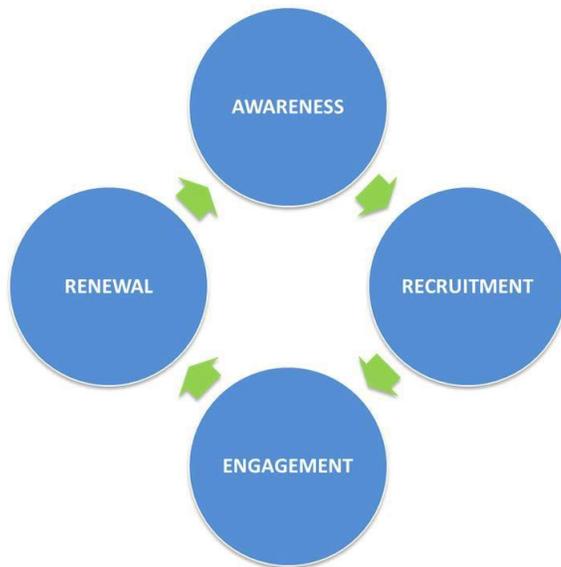
Community outreach seeks to influence how community members think about, value and engage in supporting early childhood development and health. Community outreach provides the most direct form of communication as it reaches community members where they are at. Community outreach provides depth to other broader communications strategies such as media and brand advancement which serve to build general awareness of early childhood. As the boots-on-the-ground aspect of communications efforts, community outreach reinforces the awareness of the importance of early childhood and transforms that awareness to action on behalf of young kids. This engagement component of community outreach work is vital to spreading the word more efficiently and effectively throughout the state.

Building grassroots awareness and engagement is a crucial foundational piece that helps support system-building work. If people are aware of and value early childhood, they will more likely support efforts to ensure children age birth to 5 have the tools they need to be healthy and ready to succeed when they arrive at kindergarten.

III. IMPLEMENTATION STANDARDS

The specific model used in community outreach includes not only building awareness, but also building support of early childhood through community engagement efforts. A focus on community engagement aligns with the basic belief that all Arizonans have a shared responsibility to ensure young children grow up healthy and ready to succeed.

As the four-part model below diagrams, community outreach first aims to inform and build awareness using consistent messaging as outlined in the current statewide plan. Second is the recruitment phase, which seeks to motivate a stakeholder to actively engage with First Things First at their desired level - either Friend, Supporter or Champion level. The engagement phase requires that staff provide Supporters and Champions with the training, tools and reinforcement needed to move beyond passive interest into taking direct action on behalf of young children. Finally, the renewal phase is an opportunity for community outreach staff to regularly check-in with stakeholders to ensure their continued engagement and encourage their efforts.



COMMUNITY OUTREACH TACTICS

The tactics used in implementing community outreach each serve a specific purpose and intent. When combined, these tactics offer a broad range of ways to achieve benchmarks that are developed to measure progress toward the goals outlined in the current Strategic Communications plan. A brief description of outreach tactics follow:

Presentations/community events/networking and one-on-one meetings – These all serve to share information about early childhood and First Things First in order to raise overall general awareness and identify and recruit the first-tier engagement level, Friends and those who may later become Supporters and Champions.

Included in this tactic are informal networking opportunities that outreach staff help to organize or support Champions to organize. These networking opportunities connect Supporters and Champions and encourage their efforts by showing that they are part of a larger effort.

Success stories – Demonstrate the impact of FTF-funded early childhood programs and services and help to inspire action. These success stories are shared in a variety of ways, for example, during presentations, in communications vehicles including digital media, earned media, publications and for distribution by members of the community such as Supporters and Champions.

Site tours – Site tours of FTF-funded early childhood programs demonstrate the impact of early education, health and family support programs on young children. Invitees may include Friends, Supporters and Champions to further their commitment and other community members and community leaders to raise their awareness. The goal of this tactic is that attendees leave with a greater understanding of the importance of the early years. This is one of the top tactics to motivate people to action.

Speaker's Trainings – Trainings empower Supporters and Champions to share consistent, research-based messages about early childhood and FTF and to take action. This is fundamental

to increasing awareness and engagement across the state of Arizona. These core messages can be found in Appendix 3.

The trainings offered include:

Early Childhood, Every Day- *Simple ways to spread the word about early childhood and First Things First in your community*

The Write Way- *Writing and Sharing Effective Impact Stories*

Earned media – Community outreach staff are key to the successful implementation of this tactic regionally as their work in media relations with local outlets increases the likelihood of earned media hits. Opportunities are pursued through multiple outlets including traditional media (radio, television and print media) and emerging media (blogs, podcasts, user-generated sites). The purpose is to spread the word of the importance of early childhood; share FTF updates; and share success stories highlighting the impact of FTF-funded services in the lives of children and families with a broad audience.

Although earned media typically refers to newspaper, television or radio coverage that is not paid for, most efforts to get information about FTF into printed or broadcast materials at no cost could generally be classified as earned media. Those efforts can include press releases and story pitches to specific print or broadcast reporters, writing articles and placing them in community publications, leveraging local Public Service Announcements and writing guest columns, letters to the editor, or articles for community newsletters. Earned media also includes guest appearances on radio or television shows, local bloggers blogging on early childhood development, and use of other media. All messaging used in these efforts should be consistent with the most compelling and impactful messages identified in the current Strategic Communications Plan and appropriate for intended audiences.

Outreach to major media outlets – including press releases and story pitches – should be discussed with and approved by the Public Information Officer, who can advise on statewide information that could strengthen the story, offer advice on potential pitfalls, etc. Major media include all print and broadcast media outlets in a geographic area (television, newspapers, and magazines (including their electronic versions).

A library of “evergreen” content – which is content that is not time-specific, is continually relevant and remains fresh for readers - is maintained for easy submission to publications. These are particularly useful with smaller, publications, such as school or community newsletters, public access channels, etc.

When considering earned media efforts around early childhood in general or specific regionally funded strategies, regional councils should consider:

- Is there something new or newsworthy to report? (a local angle to new research, a new service opening up, a milestone reached in an existing service or strategy, etc.)
- If there is an early childhood challenge, is FTF doing something locally to address that challenge?
- If highlighting a new strategy, are services available now?
- Does FTF have a local expert on the early childhood issue in question and is the expert available?

- Because story pitches with families are more likely to be covered, does FTF have families positively impacted by the strategy or service, and is the family willing to be interviewed and photographed?
- Which staff are responsible for conducting earned media outreach?
- What reporting mechanism will be put in place to evaluate earned media efforts?

Community outreach tactics should be undertaken with consideration of FTF standards regarding early literacy. This includes the understanding that literacy learning in early childhood provides the foundation for future literacy success and is rooted in exposure to rich language experiences and engaging activities that build knowledge, understanding and speaking, expands vocabulary, and supports a child’s ability to become a successful independent reader. In the area of community outreach, this may include the following:

- a. Encourage parents and families to learn how to observe, guide, promote, and participate in everyday language and literacy development of their children at home, early care, and in their communities.
- b. Encourage parents and families to support and advocate for their child’s learning and development as they transition to new learning environments.

ENGAGEMENT MODEL

After reviewing state and national research of successful engagement models, as well as information collected from stakeholder surveys and focus groups, a three-tier engagement program was selected as the basis of a community engagement model. This model takes into account that stakeholders choose to engage in varying degrees depending on personal interest, comfort level, time, resources and a host of other factors. The more involved the participant, the more advanced the activities in which they participate. The three tiers are “Friend”, “Supporter” and “Champion” and a profile of each level can be found in Appendix 1. Specific “calls-to-action” for each tier are listed in Appendix 2.

REGIONAL IMPLEMENTATION PLAN

While FTF’s communications work are statewide FTF-directed strategies, annual Regional Implementation Plans offer an opportunity to address agreed upon regional priorities. The Regional Implementation Plan gives a broad view of how community outreach and awareness will be implemented locally in alignment with the Statewide Plan to support efforts to reach goals and objectives. These plans are developed collaboratively with the community outreach coordinator, the regional director and the regional councils.

The elements of a regional implementation plan include tactics that are regional priorities; roles of the regional council, regional director, and community outreach staff; plus any training or tools that will be used or that are needed.

MEASURING SUCCESS

In FY2013, as part of the research that informed the creation of the F20Y14-FY2016 plan, a telephone poll was conducted to gauge whether Arizonans understood the importance of early childhood, what priority they placed on early childhood versus other key issues, and their awareness and perception of FTF.

Based upon the research, detailed outcome measures were established for the statewide plan (the total impact of all communications strategies combined). The measures that can be directly impacted through community outreach include:

- Increasing those who “very actively support” the work of FTF.
- Increasing total awareness of FTF.
- Increasing the intensity of support among those who support the work of FTF.
- Increasing statewide earned media hits.

In addition, benchmarks specific to community outreach strategy have been established, these include measurements related to the numbers of Friends, Supporters and Champions recruited and engaged and efforts to support and encourage their active participation.

Roles and Responsibilities

A. Role of the Parent Awareness and Community Outreach Coordinator or Consultant

While community outreach is a shared responsibility of all stakeholders, including the regional partnership council, the Parent Awareness and Community Outreach Coordinator holds primary responsibility for implementing community outreach in regions that fund the community outreach strategy. Regional partnership councils select various models for conducting community outreach in their areas: some have funded full-time positions; others have contracted with non-staff consultants to do this work; and, a few have added community outreach to the responsibilities of the regional director.

Duties and responsibilities of the Parent Awareness and Community Outreach Coordinator or Consultant include:

- a. Work in partnership with FTF Communications and Public Affairs unit and regional staff to engage Arizona citizens and organizations in active work to increase awareness of early childhood development and health.
- b. In coordination with the regional partnership council and regional director, write and regularly update the annual regional implementation plan for community outreach and awareness.
- c. Act as an expert resource and spokesperson for First Things First.
- d. Provide outreach and information to diverse audiences through presentations, trainings, one-on-one and networking meetings, site tours, events, e-activity and other outreach tactics.
- e. Collect and write success stories.

- f. Build and maintain local media relations, promote statewide earned media releases as well as develop local media releases.
- g. Provide regular follow-up with outreach audiences to ensure they are equipped and trained for engagement activities.
- h. Track and record outreach activities with database and other tracking tools.
- i. For those coordinators working within tribal regions, coordinators must understand that individual Tribes/Nations are distinct and separate communities and their governmental systems and structures and cultural beliefs and practices are not necessarily reflective of each other. Services to Tribal communities and on reservations must be provided in a manner considerate of the beliefs, customs and laws of the Tribe/Nation.

The Parent Awareness and Community Outreach staff is supervised by managers within the Communications and Public Affairs Unit. In addition, the success of their work depends on a close, collaborative relationship with their regional director, which includes a clear definition of roles and responsibilities, an expectation of continuous proactive communication and mutually agreed upon goals for the region.

B. Role of the Regional Council

The role of every regional council is to determine strategic direction for regional strategies, including community outreach. Regional councils are involved from the beginning because they know their communities best. In fact, just as the regional council provides leadership in the areas of early education and health, they provide guidance about what and how community outreach activities are carried out. When the Regional Implementation Plans are being developed, regional councils brainstorm targeted audiences, which activities will yield the most significant outcomes in terms of raising public awareness in their communities and identify which relationships exist that can be leveraged to achieve maximum success.

C. Role of the Regional Director

The regional director works closely with the regional council and the community outreach coordinator, if applicable, to develop a Regional Implementation Plan for community outreach awareness. The regional director may also make presentations to target audiences and participate in local events or other civic engagements that bring about awareness in the communities where they serve. In regions without dedicated community outreach staff, it is expected that the regional director will take the lead to coordinate all aspects of a community outreach awareness plan or the specific activities associated with building regional awareness. S/he will communicate with his or her senior regional director, regional council, and communications staff in order to carry out the local plan for raising awareness. The communications office supports the regional director in this circumstance to help them successfully lead community outreach in their region.

If the region has a community outreach coordinator, the regional director provides local expertise and a regional perspective to the coordinator. Even though the coordinator is supervised and supported, from a personnel standpoint, by the community outreach director and senior director of community outreach, it is necessary for the regional director and community coordinator to work collaboratively and meet regularly to plan, discuss, problem-solve and implement components of the regional awareness plan.

D. Role of Communications Staff

Community Outreach Directors – The community outreach directors are responsible for the direct supervision of assigned community outreach staff. In collaboration with the senior director for community outreach, the directors contribute to the planning and implementation of statewide coordinated community outreach efforts. They also provide technical support to regional councils, assigned community outreach coordinators and respective regional directors to assist in the creation and implementation of annual Regional Implementation Plans and Community Awareness budgets.

Senior Director for Community Outreach -- This position is responsible for hiring all community outreach staff and consultants in collaboration with community outreach directors and regional directors. The senior director ensures the consistent and effective implementation of the statewide Community Outreach and Awareness strategies by providing professional development, support, tools and data tracking across all regions. The senior director acts as a liaison between the regions and the Communications and Public Affairs team, addressing challenges that arise in the implementation of these strategies and, in partnership with regional staff (including outreach coordinators), proactively identifies opportunities for improvement. The senior director oversees community outreach consultants and provides technical support to regional councils and respective regional directors in regions which do not have outreach coordinator staff to assist with annual Regional Implementation Plans and Community Awareness budgets.

Public Information Officer – This position is responsible for creating and implementing FTF’s earned media plan (including pitching of stories and spokespersons for Tier 2 stories). They also collaborate with External Affairs, Program, and Regional staff on report releases and other media products/events. They provide technical assistance to regional and outreach staff in creating and implementing regional earned media plans to support and supplement the statewide earned media plan.

Community outreach and awareness efforts should be performed in consideration of the following information about cultural responsiveness:

FTF embraces cultural responsiveness as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.

- a. Offer programs and services congruent with the needs of diverse children and families.
- b. Offer programs and services that are responsive to the impact of cultural factors such as histories, traditions, values, family systems and structures, social class, and religion and spiritual beliefs.
- c. Create a learning environment conducive to and includes all children and families no matter their ethnic, cultural, or linguistic backgrounds.
- d. Use the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse children and families to make learning more appropriate and effective for them.

IV. IMPLEMENTATION STANDARDS

Sources and Citations

Fulfilling Our Commitment to Arizona's Youngest Kids: Strategic Communications Plan, FY2014-FY2016, First Things First, June 2013.

Appendix 1

Tiered-engagement Profiles

Level 1 – “FRIENDS”

Stakeholder Profile

- Has a general awareness of early childhood and First Things First (likely as a result of an FTF presentation/event/1:1 conversation).
- Generally agrees with the mission and/or participates in an FTF program/service. Has a general interest in learning more.
- Could be a parent/caregiver, early childhood or K-12 professional, grantee, community leader or general public.
- Comfortable with passive engagement, for instance receiving FTF newsletter.

Level 2 – “SUPPORTERS”

Stakeholder Profile (Most of Level 1, Plus:)

- Beyond general awareness, sees First Things First as a recognized and trusted organization.
- Willing to spread the word and integrate core early childhood messaging into existing networks.
- Open to doing more – with proper training, resources and support.
- Open to invitation (ie. site tours, events) if and when asked.
- Willing to act as third-party validators.
- Appreciative and responsive to recognition of their time and efforts.
- Interested in moving beyond passive engagement.

Level 3 – “CHAMPIONS”

Stakeholder Profile (Most of Levels 1 and 2, Plus:)

- Active supporters of early childhood development and health.
- Willing to propose and organize activities with adequate resource and guidance.
- Comfortable being recruiters, endorsers and trainers.
- Expect to be asked, included and kept informed.
- Expect to be recognized and thanked.
- Looking to be active participants in raising awareness about the importance of early childhood.

Appendix 2

Community Engagement Calls-to-Action

Level 1 -Friends

- Subscribe to FTF E-Newsletter
- Friend FTF on Facebook and/or follow on Twitter
- Refer us to another group or organization

Level 2 -Supporters

(Most of Level 1, plus:)

- Attend basic training (Early Childhood Every Day)
- Share FTF collateral with personal/professional networks after training
- Invite FTF to present at a meeting or event
- Where applicable, allow FTF to share their story – earned media, digital story, etc.
- Attend an FTF early childhood activity or event (i.e. networking meeting, Summit).
- Engage in social media – repost, share, comment, etc.
- Attend a site tour of a FTF-funded program

Level 3 - Champions

(Most of Levels 1 and 2, plus:)

- Help host an FTF-information table at a community event
- Organize or host an EC-awareness building activity (ECDH guest speaker, EC event)
- Attend FTF advanced training (The Write Way)
- Write a letter to the editor on their own or upon request
- Share their FTF success story through their own testimony (ie. social media, personal blogs)
- Apply to serve on Regional Partnership Council

Core and Elevator Messages

CORE MESSAGES ABOUT EARLY CHILDHOOD

90% of a child's critical brain development happens by the time they are 5 years old. The job of helping kids get ready for school starts the day they're born.

Strong families are the building blocks of a strong society. It's crucial that parents have the tools they need to support children with stable, nurturing environments in their earliest years.

Critical social and behavioral skills, such as motivation, self-discipline, focus, and self-esteem, begin to take root from birth to 5 years old. Successful people share these traits and we must give children the tools to develop these essential skills.

Kids who start behind usually stay behind when they get to school. We need to invest in all kids in the early years, so they are prepared and ready to succeed on their first day of kindergarten.

CORE MESSAGES ABOUT FTF

90% of a child's brain development happens before kindergarten, and a child's early experiences lay the foundation for a lifetime of success.

Arizonans created First Things First to give all kids the opportunity to start kindergarten prepared to succeed.

FTF partners with parents to give them the information and support they need to make the best choices for their families and feel confident in their role as their child's first teachers.

To date, FTF has dedicated more than \$630 million to support strong families, improve early learning opportunities for kids birth to 5 years old and promote better health for young kids.

Everyone benefits when more kids arrive at school prepared to be successful.

ELEVATOR SPEECHES

30 seconds

Did you know that 90% of a child's critical brain development happens before they are 5 years old? Research shows that what happens to kids in the early years sets the foundation for a lifetime of success. It's crucial that parents have the tools they need to support children with stable, nurturing environments in their earliest years. Strong families are the building blocks of a strong society. That's why First Things First partners with communities to strengthen families and help more kids arrive at kindergarten prepared to succeed.

60 seconds

Getting kids ready for school means more than packing their lunches, filling their backpacks, and getting them to the bus on time. Since 90% of a child's brain develops before kindergarten, the job of getting kids ready for school starts the day they're born. Critical social and behavioral skills, such as motivation, self-discipline, focus, and self-esteem, also begin to take root from birth to age 5. It's crucial that families have the tools they need to support children with stable, nurturing environments in their earliest years.

First Things First partners with communities to support parents in their role as their child's first teacher. By giving parents the information they need to make the best choices for their families, improving early learning opportunities for young kids, and ensuring that more children arrive at school healthy, we increase their chances of doing well in school. And, when kids are successful, we all benefit.



FIRST THINGS FIRST

Ready for School. Set for Life.

STANDARDS OF PRACTICE

Revised August 2014

COMMUNITY AWARENESS

I. INTENT OF STRATEGY

In creating a strong, comprehensive, and sustainable early childhood system, First Things First has a responsibility to help raise awareness and elevate the public discourse about our shared commitment to children birth to age 5. Because the success of any communications effort depends on consistency of messaging and approach, the Board established FTF's Communications work as an FTF-directed strategy.

To that end, the FTF Board approved the FY2014-FY2016 Strategic Communications Plan, an extension of the FY2011-FY2013 Strategic Communications Plan, *Fulfilling Our Commitment to Arizona's Youngest Kids*. The multi-year plans guide the public awareness efforts of FTF, while maintaining the flexibility to respond to the always-changing social, political and communications landscape. For this reason, the goals, objectives, strategies and tactics of the plan will be reviewed at least annually and updated as needed.

The FY2014-FY2016 Strategic Communications Plan is a comprehensive effort to build awareness and knowledge of early childhood, and then motivate people to act on behalf of our youngest children. The plan is specifically designed to:

- Proactively focus communications efforts where there is the greatest potential for success;
- Ensure that limited resources are most effectively applied;
- Encourage discipline and deliberate thinking about why and how we pursue certain communications initiatives;
- Integrate all aspects of our communications efforts: strategic messaging, earned media, paid media, social media, brand advancement, community awareness and community outreach and engagement;
- Ensure that internal (Board, regional councils, staff) and external (grantees, partners, supporters) stakeholders are communicating key messages in a clear and consistent way;
- Measure progress and achieve results that move us towards our organizational goals; and,
- Encourage creative thinking about new ways to address old challenges.

Strategic communications research indicates that in order for someone to take action on a message, they must hear it at least seven times. The depth and breadth of all elements of the plan are designed to ensure multiple touch points and reach this level of consistent message saturation. To that end, the implementation of the plan includes statewide strategic message development, brand management, media relations and advertising, social media and web development, community outreach and community awareness.

All of the strategies identified as part of the Strategic Communications Plan are designed to work together to result in greater public awareness of the importance of early childhood. The community outreach and community awareness strategies represent the grassroots aspects of the communications plan and the tactics involved in "taking the message to the people."

This Standard of Practice is designed to delineate more specifically Community Awareness. This document provides a framework for regional decision-making regarding community awareness activities that: a.) contribute to the attainment of the statewide outcomes delineated in the Strategic Communications Plan; b.) are consistent with FTF program considerations; c.) account for local needs and; d.) are an efficient and effective use of public funds.

II. DESCRIPTION OF SIGNIFICANCE

Community Awareness, Defined

Community awareness tactics reinforce and complement the work of FTF generally and community outreach specifically by spreading the word about the importance of early childhood development and health through sponsorship of, or participation in, community events. It also includes the purchase and distribution of printed collateral material, branded educational reinforcement items, children's books and general parent education materials which bolster messaging about the critical role that early experiences play in a child's development.

Community awareness tactics are intended to help achieve the three main goals of the Strategic Communications Plan:

- Goal 1: Raise awareness of, and build public support for, the importance of early childhood.
- Goal 2: Position First Things First as a recognized and trusted voice in early childhood.
- Goal 3: Build awareness of early childhood programs and services, particularly First Things First statewide initiatives.

Just as positive early childhood experiences are foundational to later success in school and life, strategic communications efforts to increase awareness and build support of early childhood helps to build a strong foundation from which systems-building work can more successfully be constructed. Raising awareness and building support can help us achieve our broader objectives.

Unlike marketing or advocacy campaigns, which focus on getting a narrowly-defined audience to take short-term action, our communications efforts are focused on changing what *diverse* people *value* and giving them multiple opportunities over time to act on that commitment

Primary responsibility for marketing of FTF programs and services rests with grantee partners, and community awareness can support those efforts by increasing families' understanding of the importance of early childhood development and health. Staff conducting community outreach and awareness activities should direct families with young children to locally-funded programs whenever possible.

While promoting sustained, healthy parenting practices is something that takes work with families over a specified period of time, such as the work done through family education or family support strategies, community awareness helps to make families and other caregivers aware of these programs available in a region.

Community awareness can also support the work of a service coordination strategy. Service coordination is the intentional work between and among FTF, its grantees and other early childhood providers to streamline processes, maximize resources, and ensure the seamless delivery of a continuum of early childhood services to families in their area. Service coordination is typically carried out by the Regional Director or a grantee under contract for that strategy.

III. INTENT OF STRATEGY

Funding for Community Awareness – (See Appendix 2 and 3: Community Awareness Budget Template & Budget Clarifications)

Under the terms of the statute that created First Things First, 90 cents of every dollar of revenue collected goes into a program account to fund services that benefit children ages birth to 5. The vast majority of funds for community awareness come from those program funds. Combined with FTF’s other communications strategies, community awareness help FTF fulfill its statutory obligation to increase public information on the importance of early childhood development and health (see A.R.S. § 8-1171 and 8-1161 (G) 1).

Like all FTF funding, we hold ourselves to the highest degree of accountability to ensure these funds are spent efficiently and effectively. Community awareness expenditures at the regional level must be considered as a whole in the context of all community awareness expenditures throughout the state with sensitivity to public perception. In addition, FTF must ensure that its community awareness activities and expenditures are linked to measureable outcomes, as is the case with program expenditures in all other areas.

Measuring Success

In FY2013, as part of the research that informed the creation of the F20Y14-FY2016 plan, a telephone poll was conducted to gauge whether Arizonans understood the importance of early childhood, what priority they placed on early childhood versus other key issues, and their awareness and perception of First Things First.

Based upon the research, detailed outcome measures were established for the statewide plan (the total impact of all communications strategies combined). The measures that can be directly impacted through community awareness include:

- Arizonans must support funding for early childhood programs. In FY 2013, Arizonans surveyed identified themselves as “very actively supportive” along a continuum of support for funding – including “very actively opposed”. Increase support with key audiences:

Women

FY2013 (33%)

Very Actively Supportive

- 36% in FY2014
- 40% in FY2015
- 44% in FY2016

Parents

FY2013 (22%)

Very Actively Supportive

- 26% in FY2014
- 30% in FY2015
- 34% in FY2016

Age 18-49

FY2013 (29%)

Very Actively Supportive

- 33% in FY2014
- 37% in FY2015
- 41% in FY2016

Age 65+

FY2013 (28%)

Very Actively Supportive

- 32% in FY2014
- 36% in FY2015
- 40% in FY2016

- In building consistent and effective messaging, all audiences should first be knowledgeable that First Things First exists. Increase total awareness of First Things First from 20% (1 in 5) in FY2013 to:
 - 23% in FY2014
 - 27% in FY2015
 - 31% in FY2016
- To be a trusted voice in early childhood, First Things First must be able to drive support of its mission and work. In FY2013, 79% of Arizonans surveyed who were aware of FTF either strongly or somewhat support FTF. Maintain at least a 79% support rating while increasing intensity of support from FY 2013 43% strongly support to
 - 47% in FY2014
 - 51% in FY2015
 - 55% in FY2016

Brand and Messaging Standards

Communicating about early childhood and FTF in a consistent way is critical to building a successful awareness effort. Research shows that an individual typically needs to hear a message multiple times in order to act on it. Consistent messaging begins with a well-defined brand and tested messaging. An evaluation of available national and, in addition, Arizona messaging research was conducted in FY2010 and again in FY2013 and has supplied the foundation for the recommendations found in the Strategic Communications Plans. The First Things First Communications Toolkit, located on the FTF intranet, provides all of the tools, tips and templates staff, regional council members and

grantees will need in order to communicate effectively and consistently about early childhood and FTF. The toolkit is a “living document” and is not meant to be downloaded.

The compelling and impactful messages that research shows will most likely get people’s attention and motivate them to act can be found in the current Strategic Communications Plan. These messages should be used in all communications strategies, including community awareness. The messaging materials that are used in the implementation of Community Awareness activities are all consistent with the brand and messaging standards of FTF.

Community Awareness Plan & Tactics

The list below includes tactics that regional councils may decide to include in a comprehensive regional community awareness implementation plan that aligns with the statewide strategic communications plan. A description of each tactic and guiding questions to help regional councils determine whether the tactic is appropriate to their community are included. This list does not represent every possible option for building awareness in communities. However – when combined with the tactics used in Community Outreach – it is a compilation of successful, time-tested tactics for building grassroots support for an issue or cause.

A. Collateral Materials

A robust array of printed collateral materials has been developed to support statewide and regional awareness efforts. These materials provide multiple audiences with basic and specific information regarding early childhood development and health. All collateral materials have two common factors: the content is driven by core messages; and, they have a consistent brand identity. Whenever possible, cultural accommodations or geographic preferences are included in the messaging and collateral materials can be developed and tailored to meet those needs.

Collateral materials are integrated throughout every aspect of awareness efforts. When something new occurs (programs, framework, and new data) materials are revised or new ones are created that target various audiences and are consistent with the FTF brand. While much of the collateral is created in-house, FTF also makes use of the Born Learning™ (bornlearning.org) line of products for use in activities where there is significant interaction with families.

When considering including the dissemination of Born Learning materials as part of their community awareness efforts, regional councils should consider:

- What community outreach and awareness activities are planned that target families?
- Do those events provide an opportunity to use the Born Learning materials effectively? For example, if most events offer only a moment or two with families, some of the flyers or the playbook may be a good item to have. However, events that allow for more significant interaction – several minutes or more – may be opportunities to distribute the more comprehensive materials.
- What are the existing strategies in place where grantees have significant interaction with families?
- How can the content of the Born Learning materials enhance those efforts?
- What other relationships exist with providers of services to families that also could benefit from Born Learning materials?
- If the regional council purchased the materials, would they be able to leverage relationships with grantees and other community partners to effectively distribute the materials?

- Who would be in charge of distributing the materials to grantees and other providers?
- What reporting mechanism will be used to ensure these materials are used judiciously and effectively?

B. Educational reinforcement items

These items are a visual reminder of information previously provided (perhaps from an interaction at a community outreach presentation or community awareness event). Even though many of the items are purchased with administrative funds, the public's perception may be that they are purchased from program funds. Therefore, every effort must be made to ensure that educational reinforcement items are used thoughtfully and judiciously. All educational reinforcement items are vetted through FTF's Program Division for developmental appropriateness.

These items are best used when incorporated into existing programmatic strategies of the regional council. For example, let's say that the regional council has implemented an oral health strategy aimed at ensuring that children receive regular dental screenings. Dental kits bearing the FTF logo can remind families of the importance of good oral health practices and regular screenings.

When considering the purchase of educational reinforcement items as part of their community awareness efforts, regional councils should consider:

- What community outreach and awareness activities are planned in the region?
- Who is the audience for those events, and what is the message to participants?
- How could that message be reinforced with these items?
- What program strategies are in place that may benefit from the use of educational reinforcement items?
- If purchased, how would the educational reinforcement items be used, and can relationships with grantees or Supporters and Champions be leveraged to ensure effective distribution?
- What reporting mechanism will be put in place to ensure these items are being used judiciously and effectively?

C. Children's Books as an Educational Reinforcement Item

The distribution of low-cost (between \$1 and \$4 each) children's books is often an effective educational reinforcement item when used in conjunction with a message about the importance of early literacy. But the distribution of books as part of the Community Awareness strategy should not be considered a replacement of an early literacy strategy. In the same way that distribution of FTF-branded dental kits are not considered a replacement of an oral health strategy. Instead, educational reinforcement items can reinforce information received through other strategies. Effective literacy strategies are available in strategies such as Parenting Education, Center-based Literacy and Parenting Outreach and Awareness.

To maximize effectiveness, an early literacy message should be paired with book distribution to families and caregivers, such as: *Research shows that the number of words that children know at ages 3 and 4 is strongly correlated with their reading comprehension abilities at ages 9 and 10.*

Reading, singing and talking with young kids makes a difference for early and lifelong reading success.

As with all community awareness tactics, book purchases and distribution should be approached strategically by beginning with all of the questions listed above under educational reinforcement items and, in addition, the following:

1. Are there other programs/services within the region that focus on book distribution (either FTF-funded or non-FTF-funded, such as Reach Out and Read) so that this effort might be duplicative?
2. How many children ages birth to 5 can be realistically expected to be reached, taking into account expected children's attendance at events where FTF will likely have a presence? Simply handing a book to a family is not effective; an actual interaction needs to occur. Consider that best practice is to distribute a book while also sharing an early literacy message with the family/caregiver.
3. Are there specific events/opportunities at which book distribution is most appropriate? Consider that books usually cost between \$1-\$4 each plus the cost of the required FTF-branded book stickers (both actual cost of \$.12/\$.15 each and the cost of staff time to place stickers in each book).
4. What information is available about the effectiveness of books distributed in previous years?

D. Event participation – Proposal form can be located on the FTF intranet.

When FTF staff members or Supporter or Champion volunteers participate in events, they are present and providing information to attendees regarding the importance of early childhood development and health or some aspect of FTF programs and services. This may include activities such as having a table at a child care/family event, a booth at a health fair or conference, passing out flyers at a community event, etc. Typically, these opportunities are free or low-cost. Materials distributed are decided upon based upon the audience for the event. All materials, especially educational reinforcement items should be used judiciously.

An FTF banner is displayed and FTF tablecloth with logo is used to cover the table. Displays or materials displayed are expected to look professional, organized (not cluttered) and as visually appealing as possible. Interactions with participants at most events will be brief, however the FTF core messages must still be used by anyone staffing the table, including volunteers. Supporters and Champion volunteers are expected to have received training in the core messages and regarding key program information. Comprehensive guidance to inform regional council decision-making in this area is provided in the Event Participation and Sponsorship Guidelines document which is available on the FTF Intranet.

E. Event sponsorship – Proposal form can be located on the FTF intranet

Sponsorships may involve many of the same activities as event participation, but include other benefits to FTF, such as having advertisements and/or being listed as a sponsor in event materials, being mentioned in event programming, free or reduced registration for staff attending the event, etc. Event sponsorship is typically much more costly than participation.

Comprehensive guidance to inform regional council decision-making in this area is provided in the Event Participation and Sponsorship Guidelines document located on the FTF intranet.

F. Hosting events (For example, Family Fun Days) - Appendix 4 and 5: Children's Activities and Event Checklist

An important first step when considering hosting a parent-caregiver awareness building event is to determine the best approach for the region. One of the first questions to ask is: Are there existing events we can “build on” or is it necessary for FTF to take the lead in planning the event at this point in time? While there are certainly similarities in the types of events available across regions, such as health and safety fairs, Fall Festivals, and Week of the Young Child events; there are also significant differences between regions in terms of the quality and frequency of family events. In some regions, there are numerous events that are fully-developed and well-attended, and FTF is able to join-in as one of many partners to add early childhood content to existing events. In other regions, there is a need for FTF staff to take the lead to plan, convene others to assist and actually host a new family-friendly event with activities appropriate for young children.

FTF staff may participate in the planning of an existing event or take the lead to plan and host a new event with financial support from an approved Community Awareness budget. A variety of models for hosting events may be appropriate based on the both the needs of the region and desired outcomes of the event. Accessing ideas and resources from other regions that have hosted events is encouraged, as well as exploring creative approaches for these types of events. Four models are noted below. The intent in providing examples is not to encourage “cookie cutter” events, but rather for them to be a starting place to think about possibilities that fit your region.

1. FTF could sponsor a resident artist or musician for a “Sing-along Story time” or other interactive instruction for children and families that would draw the audience’s attention to early childhood content and build awareness of the importance of the early years.
2. FTF could approach the lead agency of an existing event, such as a “Back to School Night”, to propose “building-on” to it with an early childhood component, such as an early literacy expert.
3. FTF could partner with grantees to provide a “Children’s Corner” or area at an already existing event, such as a community health fair, where care-givers and children could participate in age-appropriate activities and games for children. (see Family Fun Day Activities Chart—Appendix 4)
4. FTF could take the lead to host an event, such as a Family Fun Day or Early Childhood Fair, by engaging a wide variety of constituencies (grantees, stakeholders, partners, etc...) in the planning process. This could include leveraging community relationships, establishing a planning committee, sharing expenses, collaboratively soliciting donations, and leading community partners through a thoughtful and intentional planning process.

Although hosting events, as opposed to participation or sponsorships, is typically more expensive in the both staff time and funding, there are times when an FTF-hosted event is the only or best option. It’s important to note that when FTF hosts an event, FTF (and, by extension, the state) assumes complete liability for the event. In addition, the same \$1 million liability insurance requirements apply to all vendors and service providers involved in the hosted event.

Besides ensuring that funds for the hosted event are written into the approved Community Awareness budget, the Regional Director is also responsible for preparing and submitting an

additional line-item budget to the Regional Senior Director who will consult with the Senior Director of Community Outreach. This budget should contain a high level of detail for the hosted event, including the specific costs to be paid with FTF funds, estimates for donated items and in-kind services. It is absolutely necessary that the same rigor used to determine participation in an event or sponsorship, also be applied when considering hosting an event such as a Family Fun Day. It's important to ask: Will hosting the event reach a target audience; can all of the event proposal guiding questions be adequately answered; and can all items on the budget be justified as community awareness program expenditures?

When considering hosting events as part of community awareness efforts, regional councils should consider these guiding questions:

- Will the event reach a target audience or regional priority audience?
- Will the event connect the region with key influencers and supporters?
- Will there be an opportunity to garner earned media coverage?
- What is the programmatic message that will be conveyed at the event?
- Is there another event in the community that will allow FTF to reach the same audience with this message (non-duplication)?
- Are there others – either grantees or other partners – whose support and participation can both enhance the event and reduce the costs associated with it?
- How will the success of the event be measured? (In addition to attendance, other outcome measures should be considered.)
- How do the events' anticipated outcomes compare to the amount of staff time and regional council resources that will be expended on the event?

Community awareness tactics should be undertaken with consideration of FTF standards regarding early literacy. This includes the understanding that literacy learning in early childhood provides the foundation for future literacy success and is rooted in exposure to rich language experiences and engaging activities that build knowledge, understanding and speaking, expands vocabulary, and supports a child's ability to become a successful independent reader. In the area of community awareness, this may include the following:

- a. Encourage parents and families to learn how to observe, guide, promote, and participate in everyday language and literacy development of their children at home, early care, and in their communities.
- b. Encourage parents and families to support and advocate for their child's learning and development as they transition to new learning environments.

Regional Implementation Plans

While FTF's communications work are statewide FTF-directed strategies, annual Regional Implementation Plans offer an opportunity to address agreed upon regional priorities. The Regional Implementation Plan gives a broad view of how Community Outreach and Awareness will be implemented regionally in alignment with the Statewide Plan to support efforts to reach goals and objectives.

The elements of a Regional Implementation Plan include details about specific tactics to be implemented regionally; roles of the regional council, regional director, and community outreach staff; plus any training or tools needed or to be used.

Roles and Responsibilities

A. Role of the Regional Council

The role of every regional council is to determine strategic direction for regional strategies, including community awareness. Regional councils are involved from the beginning because they know their communities best. In fact, just as the regional council provides leadership in the areas of early education and health, they provide guidance about what and how community awareness activities are carried out. When the Regional Implementation Plans are being developed, regional councils brainstorm targeted audiences, which activities will yield the most significant outcomes in terms of raising public awareness in their communities and identify which relationships exist that can be leveraged to achieve maximum success.

The regional council also provides ongoing feedback and guidance to regional staff about steps to evaluate the effectiveness of community awareness activities. The regional council may also use FTF regional or communications staff to consult with regarding best practices in the area of community awareness, especially if guidance is not sufficient within this standard or clarifications are needed about alignment with statewide goals and measures.

B. Role of the Regional Director

The regional director works closely with the regional council and the community outreach coordinator, if applicable, to develop a Regional Implementation Plan for community awareness. The regional director may also make presentations to target audiences and participate in local events or other civic engagements that bring about awareness in the communities where they serve. In regions without dedicated community outreach staff, it is expected that the regional director will take the lead to coordinate all aspects of a community awareness plan or the specific activities associated with building regional awareness. S/he will communicate with his or her senior regional director, regional council, and communications staff in order to carry out the local plan for raising awareness. A community awareness strategy, with all of its components, is meant to be implemented by a team of individuals responsible to the regional council and aligned to the statewide strategic communications plan.

If the region has a community outreach coordinator, the regional director provides local expertise and a regional perspective to the coordinator. Even though the coordinator is supervised and supported from a personnel standpoint, by the community outreach director and senior director of community outreach, it is necessary for the regional director and community coordinator to work collaboratively and meet regularly to plan, discuss, problem-solve and implement components of the regional awareness plan.

C. Role of Communications Staff

Parent Awareness and Community Outreach Coordinator – Works with the regional director and regional council to prepare and implement a community outreach and awareness plan that achieves

the local outcomes necessary to contribute to the successful attainment of FTF's statewide public awareness goals. The plan also must address regional preferences or needs identified by the regional council. Outreach coordinators often are the "boots on the ground" implementers of community awareness activities – they do the "heavy lifting," such as planning presentations and meetings, speaking at presentations or preparing speakers, preparing materials for awareness events, and providing detailed data and reporting on community outreach activities. They also train, support and follow up with Supporters and Champions to ensure actions are taken on behalf of children. Outreach coordinators also help plan and execute on community awareness activities that complement community outreach efforts. .

Community Outreach Directors – The community outreach directors are responsible for the direct supervision of assigned community outreach staff. In collaboration with the senior director for community outreach, the directors contribute to the planning and implementation of statewide coordinated community outreach efforts. They also provide technical support to regional councils, assigned community outreach coordinators and respective regional directors to assist in the creation and implementation of annual Regional Implementation Plans and Community Awareness budgets.

Senior Director for Community Outreach -- This position is responsible for hiring all community outreach staff and consultants in collaboration with community outreach directors and regional directors. The senior director ensures the consistent and effective implementation of the statewide Community Outreach and Awareness strategies by providing professional development, support, tools and data tracking across all regions. The senior director acts as a liaison between the regions and the Communications and Public Affairs team, addressing challenges that arise in the implementation of these strategies and, in partnership with regional staff (including outreach coordinators), proactively identifies opportunities for improvement. The senior director oversees community outreach consultants and provides technical support to regional councils and respective regional directors in regions which do not have outreach coordinator staff to assist with annual Regional Implementation Plans and Community Awareness budgets.

Senior Director of Marketing & Brand Advancement – This position serves as chief advisor to FTF in the areas of marketing, social media and digital content and oversees the development and implementation of the FTF brand, including training, tools and templates to help FTF staff and grantees apply the FTF brand in their work.

Community outreach and awareness efforts should be performed in consideration of the following information about cultural responsiveness:

FTF embraces cultural responsiveness as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.

- a. Offer programs and services congruent with the needs of diverse children and families.
- b. Offer programs and services that are responsive to the impact of cultural factors such as histories, traditions, values, family systems and structures, social class, and religion and spiritual beliefs.
- c. Create a learning environment conducive to and includes all children and families no matter their ethnic, cultural, or linguistic backgrounds.

IV. RESOURCES AND REFERENCES

Appendix 1

Commonly Used Terms

Term/Acronym	Definition/Description
Audience	Individuals or organizations who will see/hear a message.
Target Audience	The specific groups or individuals that you want to see/hear a message and act on it.
Administrative educational reinforcement item	Educational reinforcement items that are paid for with administrative funds. These items typically do not carry programmatic or parenting messages.
Program educational reinforcement item	Educational reinforcement items that are paid for with program funds. These items carry programmatic or parenting messages.
Benchmark	Interim measurements that demonstrate progress toward expected outcomes or measures.
Branding	Process involved in creating a unique name and image for an organization in the public's mind, through communications campaigns with a consistent theme. Branding aims to establish a significant and differentiated presence in the market that attracts and retains loyal champions.
Friend, Supporter, Champion	An individual who commits to taking a specific action that will help build awareness of the importance of early childhood.
Collateral materials	Printed materials that provide information and reinforce FTF's early childhood messages.
Core messages	The primary points that staff and volunteers want to make about early childhood and FTF in every interaction with the public.
Educational reinforcement items	These items are a visual reminder of information provided
Event participation	See Appendix Three.
Event sponsorship	See Appendix Three.
Grassroots	Engagement of the community by focusing on individuals.
Grasstops	Engagement of the community by focusing on the community organizations most likely to influence public opinion in that community.
Impression	The number of times an individual sees, reads or hears an advertising message.
Media	Generally refers to all print and broadcast news outlets. Under Community Awareness, media is limited to minor media exposure that supports a specific FTF-hosted or sponsored event.
Messenger	The person delivering information to an individual or group. The messenger must have rapport and credibility with that individual or group to be effective.
Messaging	The words and phrases used by an organization to effectively communicate its function, goals, etc.

Sources and Citations

Fulfilling Our Commitment to Arizona's Youngest Kids: Strategic Communications Plan, FY2014-FY2016, First Things First, June 2013.

Communications Toolkit, First Things First, 2010.

Appendix 2

Community Awareness Budget Clarifications

PROGRAM FUNDS

Equipment that needs to be purchased in order to do the strategy of community awareness. This includes projectors, cameras, tarps, etc.

\$1,000 maximum for equipment from the Community Awareness Line

ALL expenditures for equipment must be justified to and approved by Senior Director of Community Outreach to ensure consistency in decision-making. Note: Regional councils that have included community outreach as a strategy will also have \$1,000 maximum for equipment and approval by Senior Director of Community Outreach also is required.

Disallowed Expenditures

Expenditures that absolutely will not be allowed from either FTF admin or program funds include: food, party supplies, construction supplies (lumber, etc.), entertainment (bouncy houses, etc.), equipment rental (vehicles, stages, portable toilets, etc.), and raffle prizes.*

Disallowed items may be accepted as donations (see clarifications below).

* Items can be provided for a raffle, IF the items are of nominal monetary value that FTF would normally give away anyway – such as any of our educational reinforcement items – and as long as those who participate in the raffle are not required to purchase the raffle tickets.

CLARIFICATIONS

Solicitation:

Staff may solicit items for community outreach and awareness activities under the following guidelines:

FTF may solicit funds, however, once FTF receives the funds, all the same rules/regulations regarding expenditure of state funds apply. For example, you still would not be able to buy food with it. It is preferred that staff solicit the specific items, service, etc. that is desired (in this example, ask that the food itself be donated).

All solicitations must be written on FTF letterhead and reviewed and signed by the Regional Director.

FTF **may not** solicit items/services, etc. from a grantee or another community organization likely to respond to an RFGA without first speaking with their corresponding member of Executive Team (e.g., regional staff=Chief Regional Officer; community outreach staff=Vice President for Communications & Government Affairs; program staff=Chief Program Officer, etc.)

FTF should not solicit items that can easily be converted to cash, such as gift card or gift certificates.

Items cannot be solicited and then be sold for profit by FTF.

Items can be solicited to be raffled off, as long as those who participate in the raffle don't have to purchase tickets.

Services, such as entertainment (music, bouncy houses, etc.) may be solicited, as long as the individual or group providing the service meets the state's insurance requirements.

When FTF receives an item, a receipt is provided to the donor that describes the item or service donated. No dollar amount may be placed on the receipt.

FTF cannot say that a donation is tax deductible. If asked whether donations are tax-deductible the response is: FTF cannot provide tax advice. We can provide you with a receipt for your donation that you can share with your tax preparer.

Food:

- The food to be provided or sold must be store-bought and pre-packaged (for example, buying a package of cupcakes, then opening it up at the event).
- If the food is being sold at an FTF event, there must be signs that clearly indicate the group that provided the food and is selling it. FTF can receive no monetary benefit from the sale of the food.
- If the food is being sold at an FTF event, the group selling the food must meet the state's insurance requirements (the document that outlines those requirements is in every grant, but if you don't have it, you can get it from Finance).

Event Planning Process from Proposal to Payment

STEP 1: Submit event participation or sponsorship proposal on intranet (even if only minimal details are available, those should be entered; information can be edited and new documents, like registration forms or facilities contracts can be attached at any time). An FTF hosted event is submitted as a sponsorship.

STEP 2: Community Outreach administrative staff assesses what is submitted and what is still needed based on what is asked for in the proposal. Staff makes first contact with submitter to confirm or request items. Staff maintains contact for outstanding items throughout the process.

STEP 3: Community Outreach administrative staff moves time sensitive documents attached to the proposal (facility, contractual, etc.) to Operations staff who works with legal staff, if needed, to review and revise. Operations staff obtains necessary signatures and uploads final signed document to the proposal while moving it to Procurement for payment.

STEP 4: If no time sensitive documents related to facilities or a contract are needed, Community Outreach administrative staff alerts Community Outreach Senior Director (\$5000 or less) or Vice President for Communications and Public Affairs (more than \$5000) that a proposal is ready for content review. Event proposals are vetted weekly, with those with most recent pending dates reviewed first. Final approval should occur within 20 business days of beginning the approval and payment process. However, FTF hosted events are reviewed as soon as they are submitted, regardless of date to allow for the large amount of planning time needed, locally and from the central office standpoint.

STEP 5: The Vice President for Communications and Public Affairs or Community Outreach Senior Director may request a consultation meeting with submitter and his/her supervisor to clarify questions before making the final approval.

STEP 6: The Community Outreach Senior Director or Vice President for Communications and Public Affairs signs the proposal for final approval. Submitter will receive alerts throughout when proposal reaches the next level of approval and processing.

STEP 7: Procurement issues a purchase order for general accounting and program coding in order to send to General Accounting Office to pay for event fee or sponsorship amount (checks take 30-45 days, credit card payments are faster).

Appendix 3

**Community Awareness Budget
FTF Directed Strategy**



FIRST THINGS FIRST

**Regional Partnership Council
SFY 2015**

Total Community Awareness Budget: \$

Budget Category		Total Cost	<i>Finance use below</i>
CONTRACTED SERVICES	AFIS REPORT CATEGORY	\$ -	
FTF Hosted Event	Other Professional & Outside Services		6299
OTHER OPERATING EXPENSES	AFIS REPORT CATEGORY	\$ -	
FTF-branded folders, Born Learning, printing by External Vendor	External Printing		7472
Community Awareness Equipment (cart, table, chair, etc.)	Office Supplies		7321
Community Awareness Supplies (educational, craft project, etc.)	Other Office Supplies		7381
ERI, Branded Items, Engagement Wheel	Entertainment & Promotional Items		7521
Event Sponsorships (\$), Media	Advertising		7461
FTF Hosted Event (event participation)	Conference Registration/Attendance Fees		7455
Rent conference/meeting room	Rent of Facilities		7229
Children's Books	Books, Subscriptions, Publications		7541
Specify here if not listed above:			7599
Total Award:		\$ -	

Approval Signature

Date (after signed, give to Finance)

Budget Narrative: for each line item above, provide description below of the activities and rationale for funding level

CONTRACTED SERVICES	
FTF Hosted Event	
OTHER OPERATING EXPENSES	
FTF-branded folders, Born Learning, printing by External Vendor	
Community Awareness Equipment	
Community Awareness Supplies	
ERI, Branded Items, Engagement Wheel	
Event Sponsorships (\$), Media	
FTF Hosted Event	
Rent conference/meeting room	
Children's Books	
Specify if not listed above:	

Appendix 4

EXAMPLES OF FTF-HOSTED EVENT ACTIVITIES:

Family Fun Day Activities -Children’s Development Domains

In preparing for Family Fun Day Activities, the chart below represents opportunities to support children’s hands-on learning activities with family involvement. The learned skills show areas of development that can be accomplished through the activities listed below for the specific ages. Items can be borrowed from local providers in the community or recycled/donated materials could be collected. The focus should be more on the interactive activity and less on the materials; family participation is strongly encouraged!

Developmental Domain	Social Development	Emotional Development	Cognitive Development	Physical Development
Learned Skills	Self Awareness; Separation; Cooperation; Respect; Confidence; Persistence; Initiative; Rights, Responsibilities and Roles of Citizenship; Family Identity	Recognition of Feelings; Expression of Feelings; Self Control	Language; Literacy; Mathematics; Curiosity; Creativity; Problem Solving; Print Awareness; Book Handling; Sound and Rhythms; Vocabulary; Comprehension; Collection and Organization; Data Analysis; Patterns; Spatial Relationships; Logic and Reasoning; Investigation	Personal Health and Hygiene; Safety/Injury Prevention; Creative Movement
Infant Activities (0-12 months)	Example <u>Dress Ups:</u> Borrow a large mirror or small hand held mirrors, allow babies to put on various hats and glasses so they can see themselves. This supports	Example <u>Simple hand puppets:</u> Made from socks, use markers to draw on eyes and a mouth. Use to talk with baby to capture attention and	Example <u>Picture File Book:</u> Use resealable gallon freezer bags or sheet protectors. Have families choose pictures from magazines familiar to babies. Cut out pictures and place them	Example <u>Shaker Bottles:</u> Put small, colored pieces of dry cereal or other objects inside any clear plastic bottle. Glue and tape the lids on tight. This allows

	awareness of self. (Self Awareness)	talk about feelings. (Expression of Feelings)	back to back and seal inside the bags. Join the bags together with hole punches and short strings of yarn. Use the book to explore vocabulary. (Vocabulary)	babies to practice grasping and shaking. (Creative Movement)
Toddler Activities (1 -2 years)	Example <u>Hand Mural:</u> Families will help children press their hands onto paint-soaked sponges or paper towels and then press their painted hands onto butcher paper. Families are invited to put their hands on the mural as well and label their family name. (Family Identity)	Example <u>Freeze Dance:</u> Using a CD player, have the children and families dance to the music when playing and then freeze in place when the music stops. Continue at different intervals to create the need for good listening. (Self Control)	Example <u>Matching Game:</u> Use an empty egg carton or a muffin tin with a different color in the bottom of each cup. Give the children different colored circles (or jelly beans) to place in the same colored cups. This encourages math skills in matching and memory. (Patterns)	Example <u>Baby Care:</u> Borrow a variety of baby dolls with a tub of water, washcloths, combs and toothbrushes. Allow the children to care for and bath the babies. An alternative option would be to collect scrub brushes, sponges, etc. in a water table with plastic containers for washing. (Personal Health and Hygiene)
Preschool Activities (3-5 years)	Example <u>Where does the trash go:</u> Using small trash cans placed at different distances have children wad up scrap paper and toss the paper into the basket. Families can talk	Example <u>Silly Faces:</u> Using a hand held mirror, have the child make silly faces that represent different emotions – sad, happy, scared, excited, etc. Give the child blank paper and crayons to draw their own	Example <u>Pipe Construction:</u> Using a tub full of empty paper towel tubes or empty toilet tissue rolls, have children design and create structures and form connections to make new	Example <u>My Phone Number:</u> Provide various colored markers and transparency sheets/page protectors for children to trace their phone number and 9-1-1. Parents can write the numbers on a

	<p>about where trash goes and how we all have a responsibility to keep our communities clean. Each child can be given a small trash bag to be a Community Helper. (Responsibilities of Citizenship)</p>	<p>faces and have the family guess which emotion the child has drawn, then label the picture. Families can talk with their child about what makes them feel that way. Families can make faces too 😊 (Recognition of Feelings)</p>	<p>creations. Add crayons, markers and stickers to add art! (Spatial Relationships & Problem Solving)</p>	<p>piece of paper first, then children will trace the numbers and discuss the importance of how to call for help. (Safety Prevention)</p>
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Each area should be supplied with multiple books for different ages and interests and comfortable places for families to be able to just sit down and look at books with their children. This activity spans all developmental domains!

Appendix 5

INSERT COUNCIL/REGION NAME Regional Partnership Council
First Things First Family Fun Day: Ready for school. Set for life.

INSERT DATE AND PLACE

Event Planning Assignments	Timeline	Person/s Responsible	Task Completed
Pre Event Planning			
Confirm Event Date and Time			
Reserve Event Location			
Community Partner Recruitment			
Contact Regional Donors (Food, sponsors, etc.)			
Print and mail Donation Letter			
Contact and Confirm Grantees			
Contact and Confirm Early Childhood Programs Exhibitors			
Finalize Donors and Confirm			
<i>Final Confirmations</i>			
Facility Arrangements			
Review AV Needs and Confirm Reservations			
Draft Location Layout			
Determine the needed banners/arrows to guide participants			
Create Event Map			
Print Final Event Map			
<i>Final Confirmations</i>			
Regional Logistics			
Arrange for Regional FTF Booth (Powerpoint Presentation, Information, Resources,etc.)			
Create and Print RPC handouts			
Schedule Information Session Before the Event			
Print Vendor Badges			
Print Evaluations			
<i>Final Confirmations</i>			
Staffing			
Identify Staff Tasks & Staffing Needs			
Recruit Volunteers (RPC members & FTF Staff) to Assist with Event			
Arrange for hotel lodging for Event Volunteers			
Finalize Volunteer Schedule & Tasks for Event			
<i>Final Confirmations</i>			

Supplies			
General Supply - Packing			
Giveaways - Packing			
*Intellectual Development Activities Supplies			
*Physical Development Activities Supplies			
*Social Development Activities Supplies			
<i>Final Confirmations</i>			
Publicity			
Develop Publicity Plan			
Print Flyer/Poster			
Post Event in Print Media, Radio PSAs, Etc			
Distribute Event Flyers/Posters/Mailing			
Send out Press Release			
Arrange Media Coverage with Local Newspaper, Radio and/or TV			
<i>Final Confirmations</i>			
Day of Event:			
Set Up Event Location, Registration Area, Etc.			
Welcome/Open Event			
After Event:			
Summarize Participant Feedback Forms			
Summarize Media Coverage			
Input Event Evaluation Feedback			
Send Thank You Letters			



FIRST THINGS FIRST

Ready for School. Set for Life.

Navajo/Apache Regional Director's Report October 8, 2014

Schedule of Events

- Kate Dobler-Allen, Regional Director, has conducted/attended/facilitated the following in September and October, 2014:

Division of Developmental Disabilities Presentation – Show Low	September 11, 2014
DES/Health Start/DV Community Prevention Meeting – St Johns	September 11, 2014
Professional Career Pathways Project Collaborators' Meeting - Casa Grande	September 12, 2014
Certified Public Manager Class – PHX	September 16, 2014
High Quality ECE System Partner Meeting – Lakeside	September 18, 2014
Care Coordination Quarterly Meeting & AzEIP Presentation - Lakeside	September 18, 2014
Show Low Rotary Meeting –AZ Town Hall Presentation	September 22, 2014
Certified Public Manager Class – PHX	September 23, 2014
NPC Early Childhood Advisory Council Meeting – Krista	September 23, 2014
Certified Public Manager Class – PHX	September 30, 2014
Regional In-Service and Strategy Implementation Team Meetings – PHX	October 2-3, 2014
FTF State Board Meeting – telephonic	October 3, 2014
Certified Public Manager Class - PHX	October 7, 2014
Navajo/Apache Regional Partnership Council Meeting – Snowflake	October 8, 2014

- The following are scheduled for October and November, 2014:

Columbus Day – Office Closed

Apache County Youth Council – Round Valley	October 13, 2014 October 15, 2014
Division of Child Safety All Provider Meeting - Show Low	October 16, 2014
Navajo-Apache-Gila Oral Health Coalition Meeting - Show Low	October 17, 2014
FTF All Staff Retreat – Phoenix	October 24, 2014
Certified Public Manager Class – Phoenix	October 28, 2014
BUILD Professional Developmental Workgroup - telephonic	October 30, 2014
Certified Public Manager Class – Phoenix	November 4, 2014
Regional In-service – Phoenix	November 7, 2014

Veteran's Day – Office Closed

Navajo/Apache Regional Partnership Council Meeting – Show Low	November 11, 2014 November 12, 2014
Communications Implementation Team Meeting- telephonic	November 13, 2014
Navajo-Apache-Gila Oral Health Coalition Meeting Show Low	November 14, 2014
Certified Public Manager Class – Phoenix	November 18, 2014
Navajo/Apache Grantee Meeting – Holbrook	November 19, 2014
Annual Leave – Wisconsin!!	November 26 & 28, 2014
Thanksgiving Day – Office Closed	November 27, 2014

Unfunded Coordination Work:

- **Care Coordination Quarterly Meetings** – Convener and facilitator
- **High Quality ECE Partners** – Convener and facilitator
- **Early Literacy System Partners** – Convener and facilitator
- **Navajo-Apache-Gila Oral Health Coalition** - Partner

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FY 2015 Navajo/Apache Funding Plan Summary

	Population	Discretionary	Other	Carry Forward	Total
Total Allocation:	\$862,404	\$495,178	\$149,570	\$1,159,958	\$2,667,109

Strategy	Original Allotment	Current Allotment Distribution				Total	Awarded	Unawarded	Expended	Unexpended
Quality First	-	-	-	-	-	-	-	-	-	-
Quality First Academy	\$3,760	\$3,760	-	-	-	\$3,760	\$3,760	-	\$140	\$3,620
Quality First Child Care Health Consultation Warmline	\$188	\$188	-	-	-	\$188	\$133	\$55	-	\$133
Quality First Coaching & Incentives	\$40,779	\$40,779	-	-	-	\$40,779	\$38,435	\$2,344	\$9,484	\$28,951
Quality First Inclusion Warmline	\$840	\$840	-	-	-	\$840	\$741	\$99	-	\$741
Quality First Mental Health Consultation Warmline	\$864	\$864	-	-	-	\$864	\$864	-	\$71	\$793
Quality First Scholarships	\$268,940	\$268,940	-	-	-	\$268,940	\$268,940	(\$0)	\$68,237	\$200,703
Quality First Warmline Triage	\$304	\$304	-	-	-	\$304	\$304	-	\$22	\$282
Community Based Professional Development Early	\$250,000	\$250,000	-	-	-	\$250,000	\$250,000	-	-	\$250,000
FTF Professional REWARD\$	\$40,000	-	-	-	\$40,000	\$40,000	\$39,150	\$850	\$9,800	\$29,350
Learning Labs	-	-	-	-	-	-	-	-	-	-
Recruitment into Field	\$90,000	-	-	-	\$90,000	\$90,000	\$90,000	-	-	\$90,000
Scholarships non-TEACH	\$15,000	-	-	-	\$15,000	\$15,000	\$15,000	-	-	\$15,000
Scholarships TEACH	-	-	-	-	-	-	-	-	-	-
Care Coordination/Medical Home	\$600,000	-	-	-	\$600,000	\$600,000	\$600,000	-	\$6,558	\$593,442
Child Care Health Consultation	\$11,880	\$11,880	-	-	-	\$11,880	\$11,817	\$63	\$646	\$11,172
Nutrition/Obesity/Physical Activity	-	-	-	-	-	-	-	-	(\$146)	\$146
Oral Health	\$136,000	-	-	-	\$136,000	\$136,000	\$136,000	-	-	\$136,000
Newborn Follow-up	\$100,000	-	-	-	\$100,000	\$100,000	-	\$100,000	-	-
Parent Outreach and Awareness	\$185,000	-	-	-	\$185,000	\$185,000	\$160,000	\$25,000	-	\$160,000
Statewide Evaluation	\$103,014	-	-	\$103,014	-	\$103,014	\$103,014	-	\$103,014	-
Community Awareness	\$30,000	-	-	-	\$30,000	\$30,000	\$30,000	-	-	\$30,000
Community Outreach	\$93,000	-	-	-	\$93,000	\$93,000	\$93,000	-	\$17,740	\$75,260
Media	\$10,000	-	-	-	\$10,000	\$10,000	\$10,000	-	-	\$10,000
Total Allotment:	\$1,979,568	\$577,555	-	\$103,014	\$1,299,000	\$1,979,568	\$1,851,158	\$128,410	\$215,566	\$1,635,592
Total Unallotted:	\$284,849	\$495,178	\$46,557	(\$139,042)	\$687,541					

FY 2015 Navajo/Apache Contract Detail

	Grantee Name	Contract Period	Allotment		YTD Expense	Expense Variance	Reimbursement Activity	
			Total Allotment	Awarded			Pending	Paid (Last 30 Days)
Community Awareness	Community Awareness Strategy	Strategy Subtotal:	\$30,000	\$30,000	-	\$30,000		
	First Things First (FTF-Directed)	07/01/2014-06/30/2015		\$30,000	-	\$30,000		
	Community Outreach Strategy	Strategy Subtotal:	\$93,000	\$93,000	\$17,740	\$75,260		
	First Things First (FTF-Directed)	07/01/2014-06/30/2015		\$93,000	\$17,740	\$75,260		
	Media Strategy	Strategy Subtotal:	\$10,000	\$10,000	-	\$10,000		
First Things First (FTF-Directed)	07/01/2014-06/30/2015		\$10,000	-	\$10,000			
		Goal Area Subtotal:	\$133,000	\$133,000	\$17,740	\$115,260		
Evaluation	Statewide Evaluation Strategy	Strategy Subtotal:	\$103,014	\$103,014	\$103,014	-		
	First Things First (FTF-Directed)	07/01/2014-06/30/2015		\$103,014	\$103,014	-		
		Goal Area Subtotal:	\$103,014	\$103,014	\$103,014	-		
Family Support	Newborn Follow-up Strategy	Strategy Subtotal:	\$100,000	-	-	-		
	Parent Outreach and Awareness Strategy	Strategy Subtotal:	\$185,000	\$160,000	-	\$160,000		
	Arizona Board of Regents for and on behalf of University of Arizona	07/01/2014-06/30/2015		\$100,000	-	\$100,000		
	Navajo County Library District	07/01/2014-06/30/2015		\$60,000	-	\$60,000		
		Goal Area Subtotal:	\$285,000	\$160,000	-	\$160,000		
Health	Care Coordination/Medical Home Strategy	Strategy Subtotal:	\$600,000	\$600,000	\$6,558	\$593,442		
	North Country HealthCare	07/01/2014-06/30/2015		\$200,000	\$6,558	\$193,442		
	Summit Healthcare Association	07/01/2014-06/30/2015		\$400,000	-	\$400,000		
	Child Care Health Consultation Strategy	Strategy Subtotal:	\$11,880	\$11,817	\$646	\$11,172		
	First Things First (FTF-Directed)	07/01/2014-06/30/2015		\$616	\$616	-		
	Maricopa County Department of Public Health	07/01/2014-06/30/2015		\$211	-	\$211		
	Navajo County Public Health Services District	07/01/2014-06/30/2015		\$10,606	-	\$10,606		
	Pima County Health Department	07/01/2014-06/30/2015		\$384	\$29	\$355		
	Nutrition/Obesity/Physical Activity	Strategy Subtotal:	\$0	-	(\$146)	\$146		
	Arizona Board of Regents for and on behalf of	To Be Determined		-	(\$146)	\$146		
	Oral Health Strategy	Strategy Subtotal:	\$136,000	\$136,000	-	\$136,000		
	Navajo County Public Health Services District	07/01/2014-06/30/2015		\$136,000	-	\$136,000		
		Goal Area Subtotal:	\$747,880	\$747,817	\$7,058	\$740,760		

Professional Development	Grantee Name	Contract Period	Allotment		YTD Expense	Expense Variance	Reimbursement Activity	
			Total Allotment	Awarded			Pending	Paid (Last 30 Days)
	Community Based Professional Development Early Care and Education Professionals Strategy		Strategy Subtotal:	\$250,000	\$250,000	-	\$250,000	
	Summit Healthcare Association	07/01/2014-06/30/2015		\$250,000	-	\$250,000		
	FTF Professional REWARD\$ Strategy		Strategy Subtotal:	\$40,000	\$39,150	\$9,800	\$29,350	
	Valley of the Sun United Way	07/01/2014-06/30/2015		\$39,150	\$9,800	\$29,350		
	Learning Labs Strategy		Strategy Subtotal:	\$0	-	-	-	
				-	-	-		
	Recruitment into Field Strategy		Strategy Subtotal:	\$90,000	\$90,000	-	\$90,000	
	Northland Pioneer College	07/01/2014-06/30/2015		\$90,000	-	\$90,000		
	Scholarships non-TEACH Strategy		Strategy Subtotal:	\$15,000	\$15,000	-	\$15,000	
	Central Arizona College	07/01/2014-06/30/2015		\$15,000	-	\$15,000		
	Scholarships TEACH Strategy		Strategy Subtotal:	\$0	-	-	-	
				-	-	-		
			Goal Area Subtotal:	\$395,000	\$394,150	\$9,800	\$384,350	
Quality and Access	Quality First Strategy		Strategy Subtotal:	\$0	-	-	-	
				-	-	-		
	Quality First Academy Strategy		Strategy Subtotal:	\$3,760	\$3,760	\$140	\$3,620	\$140
	Southwest Human Development	07/01/2014-06/30/2015		\$3,760	\$140	\$3,620	\$140	
	Quality First Child Care Health Consultation Warmline Strategy		Strategy Subtotal:	\$188	\$133	-	\$133	
	University of Arizona Cooperative Extension	07/01/2014-06/30/2015		\$133	-	\$133		
	Quality First Coaching & Incentives		Strategy Subtotal:	\$40,779	\$38,435	\$9,484	\$28,951	
	Valley of the Sun United Way	07/01/2014-06/30/2015		\$38,435	\$9,484	\$28,951		
	Quality First Inclusion Warmline Strategy		Strategy Subtotal:	\$840	\$741	-	\$741	
	Southwest Human Development	07/01/2014-06/30/2015		\$741	-	\$741		
	Quality First Mental Health Consultation Warmline Strategy		Strategy Subtotal:	\$864	\$864	\$71	\$793	\$71
	Southwest Human Development	07/01/2014-06/30/2015		\$864	\$71	\$793	\$71	
	Quality First Scholarships Strategy		Strategy Subtotal:	\$268,940	\$268,940	\$68,237	\$200,703	
	First Things First (FTF-Directed)	07/01/2014-06/30/2015		\$2,413	\$2,413	-		
	Valley of the Sun United Way	07/01/2014-06/30/2015		\$266,527	\$65,824	\$200,703		
	Quality First Warmline Triage Strategy		Strategy Subtotal:	\$304	\$304	\$22	\$282	\$22
	Southwest Human Development	07/01/2014-06/30/2015		\$304	\$22	\$282	\$22	
			Goal Area Subtotal:	\$315,675	\$313,177	\$77,955	\$235,223	\$233
			Overall Total:	\$1,979,568	\$1,851,158	\$215,566	\$1,635,592	\$233