

Pima South Regional Partnership Council

Call to Order & Introductions

A Regular Meeting of the First Things First Pima South Regional Partnership Council was held on September 18, 2014 at Child & Family Resources, 6015 S Santa Clara Ave, Tucson, Arizona, 85706.

Chair Connie Espinoza called the meeting to order at approximately 9:39 a.m. welcomed the new members, and invited Sagrario and Linda to introduce themselves

Members Present: Connie Espinoza, Debbie Palmer, Susan Pace, Cyndi Barningham, Sagrario Ramirez, Linda Kubiak, Tony Bruno, and Paul Ohm

Members Present Telephonically: Nyki Harrington

Members Absent: Fran Driver

Call to the Public

Pat Delaney, Tucson Unified School District PACE program- Ms. Delaney introduced herself to the council, briefly described the PACE program and stated she was here to speak in support of the Smart Support program. She highlighted some examples of the program's success within her centers and shared that down the road the 5 programs now in Pima South zip code will not have the access to this great support.

Monica Farmer, Make Way for Books- Ms. Farmer thanked the regional council for their support. She stated it has been a busy season and highlighted upcoming programs and professional development opportunities, inviting members to attend a session. She provided an email and a phone number for R.S.V.P.s.

Shanna Kukla, Pima Community College- Ms. Kukla spoke about the scholarship models and conversations on possible new approaches to professional development, as well as the success of the T.E.A.C.H. program at Pima Community College. She provided a handout with participant feedback that she highlighted. She ended by thanking the Regional Council.

Sarah Kerr, Casa de Los Niños- Ms. Kerr Provided handouts and spoke about the recent transition of one nurse Home Visitor to a lactation specialist, emphasizing the maternal bond created through breastfeeding. She spoke briefly about the preventative, evidence-based model as well as long term benefits that Nurse Family Partnership program provides.

Chair Connie Espinoza thanked Diana Jimenez-Young for allowing the council to use her program's meeting space.

Consent Agenda

A motion was made by member Bruno that the Pima South Regional Partnership Council approve the Consent Agenda, seconded by member Pace. Motion carried.

First Things First Summit Highlights

Chair Espinoza invited regional council members to share a highlight from the Summit, and thanked the group for having full attendance. Members shared highlights and impressions of the Summit. One member shared they were impressed by the turnout of the community at large, and a couple members stated they missed the pre-conference sessions this year. Member Ohm wrapped up by sharing how impressive it was to see the growth in size within such a short span of time, and thanked First Things First for the opportunity to attend.

Community Outreach Update and Discussion

Lisette DeMars, Community Outreach Coordinator, went over her report and shared highlights. She invited members to contact her with any questions, and encouraging them to attend one of the upcoming site visits.

Closeout of Fiscal Year 2014-Year End Report

Chair Espinoza introduced the agenda item and turned the floor over to Regional Director Eleanor Droegemeier. Ms. Droegemeier took members through the year end data and expenditure reports (attachments #4-6), highlighting key

elements of the data and encouraging the members to read the narrative reports at length. A member requested a table showing the expense variance over the last few years for comparisons, which staff will provide at the next meeting.

Strategic Planning for FY 2016-2018: Reflection and Discussion

Chair Espinoza turned the floor over to Ms. Droegemeier, who took the regional council members through the various tools and charts included in attachment # 7. She went over the vision document from the activity done in July, and members provided some further feedback. Ms. Droegemeier highlighted data on the Needs and Assets Snapshot and reminded the council of the School Readiness Indicators. She then asked them break into two groups and look at their current priorities; specifically to examine if they might wish to be refine or target a specific population within any of the priorities in light of the anticipated reduction in funding from the tobacco tax revenues. Members broke into groups and had discussion from approximately 11:20 until 12:08 p.m. Members then shared with the group their proposed revised priorities. Ms. Droegemeier asked the members if she could tweak the language a bit and re-share them with the group for approval, members concurred. Ms. Droegemeier thanked the members for their participation.

Fiscal Year 2015 Meeting Calendar: Discussion and Possible Action

Chair Espinoza turned the floor over to Regional Director Eleanor Droegemeier. Ms. Droegemeier went over the calendars in attachment # 8, informing the members that unfortunately, every day of the month has at least one conflict. Members shared ideas and clarified if they had any more flexibility. There was still not an ideal date, so Ms. Droegemeier stated she would take the new information given and bring it back to the group one more time. Members concurred. For the October meeting date, members suggested meeting on Saturday, October 11th in the early afternoon for one longer meeting rather than attempting to schedule two meetings within the month. Staff will work on a location.

Regional Director’s Report

Ms. Droegemeier stated in the interest of time the members could read her report, attachments # 9 and 10 and let her know if they have any questions.

Recommended Future Agenda Items

Chair Espinoza asked for any future agenda items. Member Pace asked that the council have a presentation from the School Superintendent of Chandler Public Schools and First Things First Regional Director Conrad Lindo regarding the success of the model used in Chandler between the School Superintendent, the Chamber of Commerce, and First Things First .

Council Announcements

Eleanor shared the Community Partner award that the regional council was honored with by the Altar Valley School District at the district’s annual welcome back to school breakfast meeting.

Call to the Public

None at this time.

Next Meeting – October TBD –

Adjourn

Chair Espinoza adjourned the meeting at approximately 12:41 p.m.

Submitted By _____
Siobhan McDonald, Administrative Assistant

Approved By _____
Connie Espinoza, Chair

Dated this ____ day of _____, 20____.

2016 Revised Priorities for Pima South

Proposed wording	Wording from Chart at meeting
<p>Increase access to comprehensive parenting education and information for high-risk families.</p>	<p><i>Increase access to [high risk] parents/families to comprehensive education and information.</i></p>
<p>Additional considerations: Are there specific “high-risk” populations that you wish to target? Resource challenged? Teen parents? Parents with mental health challenges? Are there specific geographic areas?</p> <p>How do you feel about using the term “high need” rather than “at-risk”?</p>	
<p>Increase access to high quality, affordable early care and education for children experiencing factors that place them at risk for educational delays i.e. (poverty, special needs) with special focus on underserved communities and zip codes with the highest population of children birth through 5.</p>	<p><i>Increase access to high quality, affordable early care and education to children and families are (have):</i></p> <ul style="list-style-type: none"> ➤ <i>at-risk</i> ➤ <i>low-income</i> ➤ <i>special needs</i> <p><i>*increase focus in our zip codes with the highest population (85706/85746). Also “underserved”.</i></p>
<p>Additional considerations: When you state “at-risk”, what specifically do you mean outside of low-income? What specifically do you mean when you say “increase access”? When you say “underserved”, is there a specific age band or geographic area? Do you mean enrolling more programs into QF in targeted zip codes?</p>	
<p>Expand knowledge levels of early childhood professionals and professionals in other related fields who are not part of the Quality First system.</p>	<p><i>Expand knowledge levels of early childhood professionals and other related fields with increased focus on professionals who are not part of the QF system.</i></p>
<p>Additional considerations: Is the intent to open up these opportunities to professionals outside of the QF system but not exclude professionals in QF?</p>	
<p>Decrease number of children with untreated tooth decay in underserved areas of the region.</p>	<p><i>Decrease the number of children with untreated tooth decay in underserved areas.</i></p>
<p>Additional considerations: Can you further define what you mean by “underserved” (rural areas, communities without dental clinics, zip codes with high number of children living in poverty)?</p>	
<p>Increase the public and policy makers’ knowledge and understanding about the importance of early childhood development and health by providing relevant information.</p>	<p><i>Increase the knowledge and information to public and policy makers by providing information about the importance of early childhood development and health.</i></p>



Appendix E: High Need Characteristics

2011-2012 High Need Characteristic ⁱ	Citations of Relevant Research ⁱⁱ
<p>Teen Parentⁱⁱⁱ Definition: Parent(s) under the age of 20 years during the program year</p>	<p>Characteristic aligns with the HRSA MIECHV guideline that participants who are <u>pregnant women who have not attained age 21</u> are given priority for receiving services.</p> <p>Ryan-Krause, P., Meadows-Oliver, M., Sadler, L. & Swartz, M.K. (2009). Developmental status of children of teen mothers: Contrasting objective assessments with maternal reports. <i>Journal of Pediatric Health Care</i>, 23(5), 303-309.</p> <p>Carothers, S. S., Borkowski, J. G. & Whitman, T. L. (2006). Children of adolescent mothers: exposure to negative life events and the role of social supports on their socioemotional adjustment. <i>Journal of Youth and Adolescence</i>, Vol 35(5), 827-837.</p> <p>http://www.childwelfare.gov/can/factors/parentcaregiver/teen.cfm</p>
<p>Child with disabilities or chronic health condition Definition: Child being served has a physical, cognitive, emotional or health-related condition or impairment that substantially limits one or more major life activities or qualifies the child for services under IDEA Part C</p>	<p>Definition Source: Americans with Disabilities Act http://www.eeoc.gov/policy/docs/902cm.html#902.1; IDEA Part C http://nichcy.org/laws/idea/partc/</p> <p>Characteristic aligns with the HRSA MIECHV guidance that participants who <u>have children with developmental delays or disabilities</u> are given priority for receiving services.</p> <p>Treyvaud, K., Doyle, L.W., Lee, Katherine J.; Roberts, G.; Cheong, J.L.Y.; Inder, T.E. & Anderson, P. J. (2011). Family functioning, burden and parenting stress 2 years after very preterm birth. <i>Early Human Development</i>, 87(6), 427-431.</p> <p>http://www.childwelfare.gov/can/factors/child/#disabilities</p>
<p>Parent with disabilities or chronic health condition Definition: Parent has a physical, cognitive or other health-related condition or impairment that substantially limits one or more major life activities</p>	<p>Definition Source: Americans with Disabilities Act http://www.eeoc.gov/policy/docs/902cm.html#902.1 http://www.childwelfare.gov/can/factors/parentcaregiver/characteristics.cfm</p> <p>David, D.H., Styron, T. & Davidson, L. (2011). Supported parenting to meet the needs and concerns of mothers with severe mental illness. <i>American Journal of Psychiatric Rehabilitation</i>, 14(2), 137-153.</p> <p>Kelley, S. D. M., Sikka, A., Venkatesan, S. (1997). A review of research on parental disability: Implications for research and counseling practice. <i>Rehabilitation Counseling Bulletin</i>, 41(2), 105-121.</p>
<p>Parent with Mental Illness Definition: Parent has been diagnosed with a thought, mood, or behavior disorder (or some combination) associated with distress and/or impaired functioning.</p>	<p>Definition Source: http://www.surgeongeneral.gov/library/mentalhealth/chapter1/sec1.html</p> <p>Harvey, E., Stoessel, B. & Herbert, S. (2011). Psychopathology and parenting practices of parents of preschool children with behavior problems. <i>Parenting: Science and Practice</i>, 11(4), 239-263.</p> <p>Mason, Z. S., Briggs, R. D. & Silver, E. J. (2011). Maternal attachment feelings mediate between maternal reports of depression, infant social-emotional development, and parenting stress. <i>Journal of Reproductive and Infant Psychology</i>, 29(4), 382-394.</p>
<p>Low educational attainment Definition: Parent did not complete high school or GED and is not currently enrolled</p>	<p>Johnson, W., Mcgue, M. & Iacono, W.G. (2007). How parents influence school grades: Hints from a sample of adoptive and biological families. <i>Learning and Individual Differences</i>, 17(3), 201-219.</p> <p>Carothers, S. S., Borkowski, J. G. & Whitman, T. L. (2006). Children of adolescent mothers: exposure to negative life events and the role of social supports on their socioemotional adjustment. <i>Journal of Youth and Adolescence</i>, Vol 35(5), 827-837.</p> <p>Hoff, E. & Tian, C. (2005). Socioeconomic status and cultural influences on language. <i>Journal of Communication Disorders</i>, 38(4), 271-278.</p>
<p>Low income Definition: Families eligible for Free and Reduced Lunches, Public Housing, Child Care Subsidy, WIC, Food Stamps, TANF, Head Start/Early Head Start, and/or Medicaid</p>	<p>Definition Source: Most public assistance programs use federal poverty guidelines (or a % of the guidelines) to establish low income level http://aspe.hhs.gov/poverty/12poverty.shtml</p> <p>Characteristic aligns with the HRSA MIECHV guidance that participants <u>who have low incomes</u> are given priority for receiving services.</p> <p>http://www.childwelfare.gov/can/factors/family/structure.cfm</p> <p>Najman, J. M., Hayatbakhsh, M. R., Heron, M. A., Bor, W., O'Callaghan, M. J. & Williams, G. M. (2009). The impact of episodic and chronic poverty on child cognitive development. <i>The Journal of Pediatrics</i>, 154(2), 284-289.</p>



2011-2012 High Need Characteristic ⁱ	Citations of Relevant Research ⁱⁱ
<p>Recent immigrant or refugee family Definition: <i>One or both parents are foreign-born and entered the country within the past 5 years.</i></p>	<p>Definition Source: 2010 United States Census http://www.census.gov/prod/2011pubs/acsbr10-16.pdf http://www.uscis.gov/portal/site/uscis http://www.irs.gov/businesses/small/international/article/0,,id=129236,00.html http://www.nccp.org/publications/pub_609.html#note1</p> <p>Segal, U.A. & Mayadas, N.S. (2005). The Assessment of issues facing immigrant and refugee families. <i>Child Welfare: Journal of Policy, Practice, and Program</i>, Vol 84(5), 563-584.</p> <p>McNaughton, D.B., Cowell, J.M., Gross, D., Fogg, L. & Ailey, S.H. (2004). Relationship between maternal and child mental health in Mexican immigrant families. <i>Research and Theory for Nursing Practice: An International Journal</i>, 18(2-3), 229-242.</p>
<p>Substance abuse* Definition: <i>Parent has used or is currently using substances despite negative social, interpersonal, legal, medical or other consequences.</i></p> <p>*Affiliates have discretion in determining how far back in time is relevant in terms of current impact on parenting, family well-being and the parent-child relationship. PATNC recommends including this as a risk factor if substance abuse has occurred at any point during the enrolled child's lifetime (including prenatal).</p>	<p>Characteristic aligns with the HRSA MIECHV guidance that participants who <u>have a history of substance abuse or needs substance abuse treatment</u> are given priority for receiving services.</p> <p>Grant, T., Huggins, J., Graham, J. C., Ernst, C., Whitney, N. & Wilson, D. (2011). Definition Source: DSM-IV-TR; National Institute on Drug Abuse (NIDA)</p> <p>Maternal substance abuse and disrupted parenting: Distinguishing mothers who keep their children from those who do not. <i>Children and Youth Services Review</i>, 33(11), 2176-2185.</p> <p>http://www.childwelfare.gov/can/factors/parentcaregiver/substance.cfm</p>
<p>Court-appointed legal guardians and/or foster care Definition: <i>The child has a court-appointed legal guardians or is in foster care</i></p>	<p>Definition Source: Code of Federal Regulations, 45CFR1355.20</p> <p>Healey, C.V. & Fisher, P.A. (2011). Young children in foster care and the development of favorable outcomes. <i>Children and Youth Services Review</i>, 33(10), 1822-1830.</p> <p>Lloyd, E. C. & Barth, R.P. (2011). Developmental outcomes after five years for foster children returned home, remaining in care, or adopted. <i>Children and Youth Services Review</i>, 33, 1383-1391.</p>
<p>Homeless or unstable housing Definition: <i>Lives in emergency/transitional housing or in a place not intended for regular housing and/or moved more than twice in the past year due to problems with housing</i></p>	<p>Definition Source: Institute for Children, Poverty & Homelessness http://www.icphusa.org/PDF/reports/ICPH_ProfilesOfRisk_No.1.pdf www.familyhomelessness.org</p> <p>Howard, K.S. & Cartwright, S., Barajas, R. G. (2009). Examining the impact of parental risk on family functioning among homeless and housed families. <i>American Journal of Orthopsychiatry</i>, 79(3), 326-335.</p> <p>Gewirtz, A.H., DeGarmo, D.S., Plowman, E.J.; August, G. & Realmuto, G. (2009). Parenting, parental mental health, and child functioning in families residing in supportive housing. <i>American Journal of Orthopsychiatry</i>, 79(3), 336-347.</p>
<p>Incarcerated parent(s) Definition: <i>Parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration with the past year</i></p>	<p>Definition Source: http://bjs.ojp.usdoj.gov/index.cfm?ty=tdtp&tid=1 http://www.fcnetwork.org/reading/what_we_know_now.pdf http://aspe.hhs.gov/hsp/prison2home02/parke&stewart.pdf http://www.ncsl.org/documents/cyf/childrenofincarceratedparents.pdf</p> <p>Murray, J., Farrington, D.P. & Sekol, I. (2012). Children's antisocial behavior, mental health, drug use, and educational performance after parental incarceration: A systematic review and meta-analysis. <i>Psychological Bulletin</i>.</p>



2011-2012 High Need Characteristic ⁱ	Citations of Relevant Research ⁱⁱ
<p>Very low birth weight* Definition: <i>Birth weight is under 1500 grams or 3.3 lbs.</i></p> <p>*This would not need to count as a risk factor if the child is over 2 years and is not experiencing any negative consequences due to being very low birth weight as determined by a reliable and valid screening tool or developmental assessment.</p>	<p>Definition Source: U.S. Department of Health and Human Services, Health Resources Administration http://mchb.hrsa.gov/chusa11/hstat/hsi/pages/202vlbw.html http://www.marchofdimes.com/professionals/medicalresources_lowbirthweight.html http://www.childtrendsdatbank.org/?q=node/67</p> <p>Ni, T.L., Huang, C.C. & Guo, N.W. (2011). Executive function deficit in preschool children born very low birth weight with normal early development. <i>Early Human Development</i>, 87(2), 137-141.</p> <p>Datar, A. & Jackowitz, A. (2009). Birth weight effects on children’s mental, motor, and physical development: Evidence from twins data. <i>Maternal and Child Health Journal</i>, 13, 780-794.</p>
<p>Death in the immediate family* Definition: <i>The death of the child, parent or sibling</i></p> <p>*Affiliates have discretion in determining how far back in time is relevant in terms of current impact on parenting, family well-being and the parent-child relationship. PATNC recommends including this as a risk factor if a death in the immediate family has occurred at any point during the enrolled child’s lifetime (including prenatal)</p>	<p>Graham-Bermann, S.A., Howell, K., Habarth, J., Krishnan, S., Loree, A. & Bermann, E.A. (2008). Toward assessing traumatic events and stress symptoms in preschool children from low income families. <i>American Journal of Orthopsychiatry</i>, Vol 78(2), 220-228.</p> <p>Grover, R.L., Ginsburg, G. S. & Lalongo, N. (2005). Childhood predictors of anxiety symptoms: A longitudinal study. <i>Child Psychiatry and Human Development</i>, Vol 36(2), 133-153.</p>
<p>Domestic violence Definition: <i>Parent is involved in intimate partner violence</i></p>	<p>Definition Source: http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html http://www.childwelfare.gov/can/factors/family/domviolence.cfm</p>
<p>Child Abuse or Neglect Definition: <i>Suspected or substantiated abuse/neglect of child or sibling(s)</i></p>	<p>Definition Source: http://www.childwelfare.gov/can/defining/federal.cfm</p> <p>Characteristic aligns with the HRSA MIECHV guidance that participants who have a history of child abuse or neglect or have had interactions with the child welfare system are given priority for receiving services. http://www.childwelfare.gov/can/factors/risk/</p>
<p>Military family Definition: <i>Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces.</i></p> <p>“Deployment” is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.</p>	<p>Definition Source: http://www.pdhealth.mil/guidelines/annoc.asp</p> <p>Characteristic aligns with the HRSA MIECHV guidance that participants who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States are given priority for receiving services.</p> <p>Riggs, S.A. & Riggs, D.S. (2011). Risk and resilience in military families experiencing deployment: The role of the family attachment network. <i>Journal of Family Psychology</i>, 25(5), 675-687. http://www.childwelfare.gov/can/factors/family/structure.cfm</p>

ⁱ Table created to provide clearer guidance and rationale for the high needs characteristics that sites will use to determine visit frequency.

ⁱⁱ Research regarding the impact of co-occurring risk: http://www.childwelfare.gov/can/factors/risk/co_occuring_risk.cfm

ⁱⁱⁱ Note: “parent” can refer to any parent, step-parent or other adult caregiver who is a member of the same household as the child.

FY 2015 Pima South Contract Detail

	Grantee Name	Contract Period	Total Allotment	Awarded	YTD Expense	Expense Variance	% of Award Expended	Reimbursement Activity		
								Pending	Paid (Last 30 Days)	
Community Awareness	Community Awareness Strategy	Strategy Subtotal:	\$10,000	\$10,000	\$52	\$9,948	0.5%			
	First Things First (FTF-Directed)	07/01/2014-06/30/2015		\$10,000	\$52	\$9,948	0.5%			
	Community Outreach Strategy	Strategy Subtotal:	\$57,960	\$57,960	\$8,939	\$49,021	15.4%			
	First Things First (FTF-Directed)	07/01/2014-06/30/2015		\$57,960	\$8,939	\$49,021	15.4%			
	Media Strategy	Strategy Subtotal:	\$65,000	\$65,000	-	\$65,000	0.0%			
	First Things First (FTF-Directed)	07/01/2014-06/30/2015		\$65,000	-	\$65,000	0.0%			
	Goal Area Subtotal:		\$132,960	\$132,960	\$8,991	\$123,969	6.8%			
Coordination	Service Coordination Strategy	Strategy Subtotal:	\$100,000	\$100,000	\$10,891	\$89,109	10.9%		\$7,479	
	United Way of Tucson and Southern Arizona	07/01/2014-06/30/2015		\$100,000	\$10,891	\$89,109	10.9%		\$7,479	
	Goal Area Subtotal:		\$100,000	\$100,000	\$10,891	\$89,109	10.9%		\$7,479	
Evaluation	Statewide Evaluation Strategy	Strategy Subtotal:	\$429,032	\$429,032	\$429,032	-	100.0%			
	First Things First (FTF-Directed)	07/01/2014-06/30/2015		\$429,032	\$429,032	-	100.0%			
	Goal Area Subtotal:		\$429,032	\$429,032	\$429,075	(\$43)	100.0%			
Family Support	Home Visitation Strategy	Strategy Subtotal:	\$1,804,400	\$1,802,055	\$179,233	\$1,622,822	9.9%	\$17,628	\$131,954	
	Ajo Community Health Center dba Desert Senita	07/01/2014-06/30/2015		\$117,131	\$17,009	\$100,122	14.5%		\$8,583	
	Arizona Department of Economic Security	07/01/2014-06/30/2015		\$18,942	-	\$18,942	0.0%			
	Casa de los Ninos, Inc.	07/01/2014-06/30/2015		\$186,160	\$9,961	\$176,199	5.4%	\$17,628	\$9,961	
	Sunnyside School District	07/01/2014-06/30/2015		\$753,290	\$94,774	\$658,516	12.6%		\$59,581	
	United Way of Tucson and Southern Arizona	07/01/2014-06/30/2015		\$726,532	\$57,489	\$669,043	7.9%		\$53,829	
	Parent Education Community-Based	Strategy Subtotal:	\$463,360	\$489,408	\$32,008	\$457,400	6.5%		\$18,584	
	Teen Outreach Pregnancy Services	07/01/2014-06/30/2015		\$37,312	\$3,015	\$34,297	8.1%			
	United Way of Tucson and Southern Arizona	07/01/2014-06/30/2015		\$26,048	\$1,299	\$24,749	5.0%		\$962	
		07/01/2014-06/30/2015		\$426,048	\$27,694	\$398,354	6.5%		\$17,622	
	Goal Area Subtotal:		\$2,267,760	\$2,291,463	\$211,241	\$2,080,222	9.2%	\$17,628	\$150,538	
Health	Child Care Health Consultation Strategy	Strategy Subtotal:	\$255,420	\$255,419	\$26,582	\$228,837	10.4%			
	First Things First (FTF-Directed)	07/01/2014-06/30/2015		\$13,251	\$13,251	-	100.0%			
	Maricopa County Department of Public Health	07/01/2014-06/30/2015		\$4,543	-	\$4,543	0.0%			
	Pima County Health Department	07/01/2014-06/30/2015		\$229,364	\$12,695	\$216,669	5.5%			
	Mental Health Consultation Strategy	Strategy Subtotal:	\$78,720	\$78,720	-	\$78,720	0.0%			
	Southwest Human Development	07/01/2014-06/30/2015		\$78,720	-	\$78,720	0.0%			
	Oral Health Strategy	Strategy Subtotal:	\$247,500	\$247,500	\$15,295	\$232,205	6.2%		\$15,295	
	Pima County Health Department	07/01/2014-06/30/2015		\$247,500	\$15,295	\$232,205	6.2%		\$15,295	
		Goal Area Subtotal:		\$581,640	\$581,639	\$41,877	\$539,762	7.2%		\$15,295

	Grantee Name	Contract Period	Total Allotment	Awarded	YTD Expense	Expense Variance	% of Award Expended	Reimbursement Activity	
								Pending	Paid (Last 30 Days)
Professional Development	Community Based Professional	Strategy Subtotal:	\$320,000	\$320,000	\$9,752	\$310,248	3.0%		\$9,752
	United Way of Tucson and Southern Arizona	07/01/2014-06/30/2015		\$320,000	\$9,752	\$310,248	3.0%		\$9,752
	FTF Professional REWARD\$ Strategy	Strategy Subtotal:	\$259,200	\$259,200	\$64,768	\$194,432	25.0%		
	Valley of the Sun United Way	07/01/2014-06/30/2015		\$259,200	\$64,768	\$194,432	25.0%		
	Scholarships non-TEACH Strategy	Strategy Subtotal:	\$17,200	\$17,200	-	\$17,200	0.0%		
	Central Arizona College	07/01/2014-06/30/2015		\$17,200	-	\$17,200	0.0%		
	Scholarships TEACH Strategy	Strategy Subtotal:	\$12,500	\$12,500	-	\$12,500	0.0%		
Association for Supportive Child Care	07/01/2014-06/30/2015		\$12,500	-	\$12,500	0.0%			
	Goal Area Subtotal:		\$608,900	\$608,900	\$74,520	\$534,380	12.2%		\$9,752
Quality and Access	Center-based Literacy Strategy	Strategy Subtotal:	\$112,090	\$112,090	\$11,068	\$101,022	9.9%		\$11,068
	Make Way for Books	07/01/2014-06/30/2015		\$112,090	\$11,068	\$101,022	9.9%		\$11,068
	Family, Friends & Neighbors Strategy	Strategy Subtotal:	\$50,000	\$50,000	\$4,743	\$45,257	9.5%		\$2,470
	Association for Supportive Child Care	07/01/2014-06/30/2015		\$50,000	\$4,743	\$45,257	9.5%		\$2,470
	Kindergarten Transition Strategy	Strategy Subtotal:	\$30,888	\$30,888	\$7,718	\$23,170	25.0%		
	Arizona Department of Education	07/01/2014-06/30/2015		\$30,888	\$7,718	\$23,170	25.0%		
	Quality First Academy Strategy	Strategy Subtotal:	\$80,840	\$80,840	\$2,979	\$77,861	3.7%		\$2,979
	Southwest Human Development	07/01/2014-06/30/2015		\$80,840	\$2,979	\$77,861	3.7%		\$2,979
	Quality First Child Care Health	Strategy Subtotal:	\$4,042	\$2,891	-	\$2,891	0.0%		
	University of Arizona Cooperative Extension	07/01/2014-06/30/2015		\$2,891	-	\$2,891	0.0%		
	Quality First Coaching & Incentives	Strategy Subtotal:	\$982,247	\$928,784	\$232,214	\$696,570	25.0%		
	Valley of the Sun United Way	07/01/2014-06/30/2015		\$928,784	\$232,214	\$696,570	25.0%		
	Quality First Inclusion Warmline	Strategy Subtotal:	\$18,060	\$15,932	-	\$15,932	0.0%		
	Southwest Human Development	07/01/2014-06/30/2015		\$15,932	-	\$15,932	0.0%		
	Quality First Mental Health	Strategy Subtotal:	\$18,576	\$18,576	\$1,528	\$17,048	8.2%		\$1,528
Southwest Human Development	07/01/2014-06/30/2015		\$18,576	\$1,528	\$17,048	8.2%		\$1,528	
Quality First Scholarships Strategy	Strategy Subtotal:	\$2,979,372	\$2,979,372	\$764,833	\$2,214,539	25.7%			
First Things First (FTF-Directed)	07/01/2014-06/30/2015		\$26,729	\$26,729	-	100.0%			
Valley of the Sun United Way	07/01/2014-06/30/2015		\$2,952,643	\$738,104	\$2,214,539	25.0%			
Quality First Warmline Triage Strategy	Strategy Subtotal:	\$6,536	\$6,536	\$488	\$6,048	7.5%		\$488	
Southwest Human Development	07/01/2014-06/30/2015		\$6,536	\$488	\$6,048	7.5%		\$488	
	Goal Area Subtotal:		\$4,282,651	\$4,225,909	\$1,025,571	\$3,200,338	24.3%		\$18,533
	Overall Total:		\$8,402,943	\$8,369,903	\$1,802,165	\$6,567,738	21.5%	\$17,628	\$201,597

	2011			2012			2013			2014		
	Grantee Name	Awarded	Expense Variance	Grantee Name	Awarded	Expense Variance	Grantee Name	Awarded	Expense Variance	Grantee Name	Awarded	Expense Variance
Community Awareness	Community Awareness	\$12,259	\$0	Community Awareness	\$18,961	\$2,989	Community Awareness Strategy	\$5,000	\$1,473	Community Awareness Strategy	\$5,000	\$1,472
		\$1,647	-	First Things First (FTF-Directed)	\$18,961	\$2,989	First Things First (FTF-Directed)	\$5,000	\$1,473	First Things First (FTF-Directed)	\$5,000	\$1,472
	Community Outreach Strategy	\$45,679	(\$200)	Community Outreach Strategy	\$46,564	(\$1,579)	Community Outreach Strategy	\$47,000	\$7,553	Community Outreach Strategy	\$47,000	\$36,897
				First Things First (FTF-Directed)	\$46,564	(\$1,579)	First Things First (FTF-Directed)	\$47,000	\$7,553	First Things First (FTF-Directed)	\$47,000	\$36,897
	Media Strategy	\$63,249	\$1,692	Media Strategy	\$74,475	\$461	Media Strategy	\$100,000	\$216	Media Strategy	\$50,000	\$32
			First Things First (FTF-Directed)	\$74,475	\$461	First Things First (FTF-Directed)	\$100,000	\$216	First Things First (FTF-Directed)	\$50,000	\$32	
	Goal Area Subtotal:	\$121,187	\$1,492	Goal Area Subtotal:	\$140,000	\$1,871	Goal Area Subtotal:	\$152,000	\$9,242	Goal Area Subtotal:	\$102,000	\$38,401
Coordination	Service Coordination Strategy	\$100,000	\$634	Service Coordination Strategy	\$150,000	-	Service Coordination Strategy	\$150,000	\$8,150	Service Coordination Strategy	\$100,000	-
	United Way of Tucson and Southern	\$100,000	\$634	United Way of Tucson and Southern	\$150,000	-	United Way of Tucson and Southern	\$150,000	\$8,150	United Way of Tucson and Southern	\$100,000	-
	Goal Area Subtotal:	\$100,000	\$634	Goal Area Subtotal:	\$150,000	-	Goal Area Subtotal:	\$150,000	\$8,150	Goal Area Subtotal:	\$100,000	-
Evaluation	Needs and Assets Strategy	\$12,426	\$65	Needs and Assets Strategy	\$40,000	\$6,000	Needs and Assets Strategy	\$6,000	-	Needs and Assets Strategy	-	-
	Donelson Consulting LLC		-	First Things First (FTF-Directed)	\$40,000	\$6,000	First Things First (FTF-Directed)	\$6,000	-	First Things First (FTF-Directed)	-	-
	Parent Kits - Study Strategy	\$10,984	\$10,247	Parent Kits - Study Strategy	-	-	Statewide Evaluation Strategy	\$148,355	\$118,970	Statewide Evaluation Strategy	\$271,547	\$200,928
	Arizona Board of Regents for and on	\$10,984	\$10,247	Arizona Board of Regents for and on	-	-	First Things First (FTF-Directed)	\$148,355	\$118,970	First Things First (FTF-Directed)	\$271,547	\$200,928
				Statewide Evaluation Strategy	\$148,355	\$54,272						
			First Things First (FTF-Directed)	\$148,355	\$54,272							
	Goal Area Subtotal:	\$317,141	\$43,523	Goal Area Subtotal:	\$188,355	\$60,272	Goal Area Subtotal:	\$154,355	\$118,970	Goal Area Subtotal:	\$271,547	\$200,928
Family Support	Home Visitation Strategy	\$970,790	(\$3)	Home Visitation Strategy	\$957,810	\$1,138	Home Visitation Strategy	\$1,418,357	\$55,342	Home Visitation Strategy	\$1,447,167	\$33,203
	Arizona Department of Economic	\$8,319	(\$4)	Arizona Department of Economic	\$12,165	-	Ajo Community Health Center dba	\$87,958	\$43,301	Ajo Community Health Center dba	\$117,131	\$6
	Sunnyside School District	\$180,166	-	Sunnyside School District	\$180,166	-	Arizona Department of Economic	\$13,054	-	Arizona Department of Economic	\$15,963	-
	United Way of Tucson and Southern	\$782,305	\$1	United Way of Tucson and Southern	\$765,479	\$1,138	Sunnyside School District	\$669,882	\$10,512	Sunnyside School District	\$669,882	\$33,197
							United Way of Tucson and Southern	\$646,326	\$1,529	United Way of Tucson and Southern	\$644,191	-
	Parent Education Community-	\$48,400	\$581	Parent Education Community-	\$48,400	\$0	Parent Education Community-	\$400,000	\$11,965	Parent Education Community-	\$400,000	\$8,891
Teen Outreach Pregnancy Services	\$48,400	\$581	Teen Outreach Pregnancy Services	\$48,400	\$0	United Way of Tucson and Southern	\$400,000	\$11,965	United Way of Tucson and Southern	\$400,000	\$8,891	
	Goal Area Subtotal:	\$1,020,143	\$579	Goal Area Subtotal:	\$1,006,210	\$1,138	Goal Area Subtotal:	\$1,818,357	\$67,307	Goal Area Subtotal:	\$1,847,167	\$42,094
Health	Child Care Health Consultation	\$248,533	\$97,810	Child Care Health Consultation	\$432,000	\$162,505	Child Care Health Consultation	\$216,195	\$2,195	Child Care Health Consultation	\$213,914	\$13,593
	Pima County Health Department	-	\$20	Pima County Health Department	\$432,000	\$162,505	First Things First (FTF-Directed)	\$10,107	\$312	First Things First (FTF-Directed)	\$13,135	\$4,207
		\$248,533	\$97,790		-	-	Pima County Health Department	\$181,890	\$437	Maricopa County Department of Public	\$4,504	\$1,373
	Health Insurance Enrollment	\$188,295	\$65,827	Health Insurance Enrollment	\$188,294	\$29,138		\$20,231	\$1,207	Pima County Health Department	\$188,086	\$7,773
	Pima County Health Department	\$188,295	\$65,827	Pima County Health Department	\$188,294	\$29,138	University of Arizona Cooperative	\$3,967	\$238		\$8,189	\$240
Oral Health Strategy	\$224,998	\$52,377	Oral Health Strategy	\$224,987	\$29,606	Oral Health Strategy	\$225,000	\$48,057	Oral Health Strategy	\$224,981	\$34,120	
Pima County Health Department	\$224,998	\$52,377	Pima County Health Department	\$224,987	\$29,606	Pima County Health Department	\$225,000	\$48,057	Pima County Health Department	\$224,981	\$34,120	
	Goal Area Subtotal:	\$661,826	\$216,014	Goal Area Subtotal:	\$845,281	\$221,249	Goal Area Subtotal:	\$441,195	\$50,252	Goal Area Subtotal:	\$438,895	\$47,713
Professional Development				Community Based Professional	\$200,000	\$1,751	Community Based Professional	\$200,000	\$5,454	Community Based Professional	\$200,000	-
				United Way of Tucson and Southern	\$200,000	\$1,751	United Way of Tucson and Southern	\$200,000	\$5,454	United Way of Tucson and Southern	\$200,000	-
	FTF Professional REWARD\$	\$300,000	\$175,200	FTF Professional REWARD\$	\$211,500	\$7,463	FTF Professional REWARD\$	\$210,600	\$13,432	FTF Professional REWARD\$	\$210,600	\$6,010
	Valley of the Sun United Way	\$300,000	\$175,200	Valley of the Sun United Way	\$211,500	\$7,463	Valley of the Sun United Way	\$210,600	\$13,432	Valley of the Sun United Way	\$210,600	\$6,010
	Scholarships non-TEACH	\$25,000	\$24,340	Scholarships non-TEACH	\$50,000	\$42,960	Scholarships non-TEACH	\$50,000	\$30,076	Scholarships non-TEACH	\$10,000	\$870
Central Arizona College	\$25,000	\$24,340	Central Arizona College	\$50,000	\$42,960	Central Arizona College	\$50,000	\$30,076	Central Arizona College	\$10,000	\$870	
Scholarships TEACH Strategy	\$473,910	\$373,227	Scholarships TEACH Strategy	\$294,800	\$180,938	Scholarships TEACH Strategy	\$39,250	\$26,413	Scholarships TEACH Strategy	\$12,500	\$12,500	
Association for Supportive Child Care	\$473,910	\$373,227	Association for Supportive Child Care	\$294,800	\$180,938	Association for Supportive Child Care	\$39,250	\$26,413	Association for Supportive Child Care	\$12,500	\$12,500	
	Goal Area Subtotal:	\$798,910	\$572,767	Goal Area Subtotal:	\$756,300	\$233,112	Goal Area Subtotal:	\$499,850	\$75,375	Goal Area Subtotal:	\$433,100	\$19,380

Quality and Access	2011			2012			2013			2014		
	Grantee Name	Awarded	Expense Variance	Grantee Name	Awarded	Expense Variance	Grantee Name	Awarded	Expense Variance	Grantee Name	Awarded	Expense Variance
	Center-based Literacy Strategy	\$112,090	\$2,674	Center-based Literacy Strategy	\$112,090	\$170	Center-based Literacy Strategy	\$112,090	\$113	Center-based Literacy Strategy	\$112,090	\$33
	Make Way for Books	\$112,090	\$2,674	Make Way for Books	\$112,090	\$170	Make Way for Books	\$112,090	\$113	Make Way for Books	\$112,090	\$33
	Expansion: Increase slots	\$673,682	\$398,659	Expansion: Increase slots	\$599,282	\$46,481	Expansion: Increase slots	-	-	Expansion: Increase slots	-	-
	Child and Family Resources Inc.	\$396,529	\$121,506	Ajo Unified School District Pre-K	\$50,600	\$654		-	-		-	-
	Pima County Community Development	\$77,153	\$77,153	Altar Valley School District	\$50,000	-	Family, Friends & Neighbors	-	-	Family, Friends & Neighbors	\$50,000	\$13,560
	Vail Unified School District	\$200,000	\$200,000	Child and Family Resources Inc.	\$396,529	\$28,548		-	-	Association for Supportive Child Care	\$50,000	\$13,560
				Pima County Community Development	\$77,153	\$17,009		-	-			
				Sahuarita Unified School District #30	\$25,000	\$270		-	-			
	Quality First Strategy	\$1,639,660	\$671,411	Quality First Strategy	\$1,892,981	\$535,610	Quality First Strategy	\$1,218,401	\$134,694	Quality First Strategy	-	-
	Southwest Human Development	\$311,600	\$36,576	Arizona Department of Health Services	\$48,455	\$12,114	Arizona Department of Health Services	\$41,606	\$21,684		-	-
	United Way of Tucson and Southern	\$1,328,060	\$634,836	Southwest Human Development	\$456,000	\$72,933	Southwest Human Development	\$6,317	-	Quality First Academy Strategy	\$59,845	\$11,291
				United Way of Tucson and Southern	\$1,388,526	\$450,563	United Way of Tucson and Southern	\$12,128	\$3,466	Southwest Human Development	\$59,845	\$11,291
							United Way of Tucson and Southern	\$1,158,351	\$109,543	Quality First Child Care Health	\$4,094	\$1,004
										University of Arizona Cooperative	\$4,094	\$1,004
										Quality First Coaching &	\$1,076,659	\$176,528
										Valley of the Sun United Way	\$1,076,659	\$176,528
										Quality First Inclusion Warmline	\$16,020	\$4,765
										Southwest Human Development	\$16,020	\$4,765
										Quality First Mental Health	\$16,477	\$611
										Southwest Human Development	\$16,477	\$611
										Quality First Pre-K Mentoring	\$30,888	\$1,450
										Arizona Department of Education	\$30,888	\$1,450
	Quality First Pre-K	-	-	Quality First Pre-K Scholarships	\$343,976	\$360	Quality First Pre-K Scholarships	\$472,636	\$12,074	Quality First Pre-K Scholarships	\$489,931	\$244
	Arizona Department of Education	-	-	Arizona Department of Education	\$343,976	\$360	Arizona Department of Education	-	\$8,219	Valley of the Sun United Way	\$489,931	\$244
							Valley of the Sun United Way	\$441,013	\$3,855			
	Quality First Scholarships	\$250,000	\$78,948	Quality First Scholarships	\$500,000	\$24,935	Quality First Scholarships	\$1,700,906	\$388,981	Quality First Scholarships	\$2,223,684	\$366,991
	Valley of the Sun United Way	\$250,000	\$54,962	Valley of the Sun United Way	\$500,000	\$24,935	Valley of the Sun United Way	-	\$116	Valley of the Sun United Way	\$2,223,684	\$366,991
								\$1,700,906	\$388,865	Quality First Warmline Triage	\$6,408	\$23
										Southwest Human Development	\$6,408	\$23
										Goal Area Subtotal:	\$4,086,096	\$576,502
										Overall Total:	\$7,278,804	\$925,017
	Goal Area Subtotal:	\$2,675,432	\$1,151,693	Goal Area Subtotal:	\$3,448,329	\$607,556	Goal Area Subtotal:	\$3,504,034	\$535,862			
	Overall Total:	\$5,694,639	\$1,986,702	Overall Total:	\$6,534,475	\$1,125,197	Overall Total:	\$6,719,791	\$865,157			

Population of Children and Families in Pima South with percentages for consideration of impact and scale

	10%	15%	20%	25%	30%	35%	40%	45%	50%
Children 0-5 in Poverty									
4,558	456	684	912	1,140	1,367	1,595	1,823	2,051	2,279
Children 0-5									
23,474	2,347	3,521	4,695	5,869	7,042	8,216	9,390	10,563	11,737
# Families with children 0-5									
7644	764	1,147	1,529	1,911	2,293	2,675	3,058	3,440	3,822

Total Number of Children, Families, and Quality First sites by zip code

Towns/ Communities within Zip Code	Zip Code	Number of families with children 0-5	Number of Children 0-5	0-5 Below Poverty level 2000	Number of QF Centers or homes
Ajo	85321	91	338	50%	1
Lukeville	85341	1	2	n/a	0
Arivaca	85601	8	23	27%	1
Green Valley, Continental Rd.	85614	239	593	13%	5
Green Valley, Camino del Sol	85622	9	24	n/a	0
Sahuarita, Helmut Peak, Continental, Magee Ranch	85629	931	2,787	14%	4
Sasabe	85633	1	3	44%	0
Vail, Corona de Tucson	85641	616	1,915	6%	5
Amado	85645	27	153	20%	1
Sunnyside	85706	1,767	6,557	37%	31
Tucson Mountain Park	85735	247	835	17%	1
Three Points	85736	88	346	28%	1
Drexel Heights & S. Mission Rd.	85746	1,230	4,429	23%	7
Rita Ranch	85747	808	2,227	1%	5
Summit View, Littletown	85756	1,020	3,242	n/a	4
W. Valencia & S. Camino Verde	85757	561	1,987	n/a	1

2016-2018 Pima South Priorities and Possible Approaches

Priority	Current Approaches	Additional Approaches for Consideration
<p>Increase access to comprehensive parenting education and information for high-risk families.</p>	<p>Home Visitation - The intent of the evidence based Home Visitation strategy is to provide personalized support for families with young children, particularly as part of a comprehensive and coordinated system. Expected results that are common to home visitation programs include: improved child health and development, increase in children’s school readiness, enhancement of parents’ abilities to support their children’s development; decreased incidence of child maltreatment; and improved family economic self-sufficiency and stability.</p> <p><u>Targeted Population options (by program model):</u></p> <ul style="list-style-type: none"> • Healthy Families: at risk families identified by program assessment tools; enrollment before the child reaches 3 months of ages continuing to age 5. • Nurse Family Partnership: first time, low-income mothers, by 28 weeks of gestation through 2 years of age. • Parents as Teachers: universal; pregnancy through age 5. • Home-based Instruction for Parents of Preschool Youngsters (HIPPY): universal; children ages 3 to 5. • Early Head Start: low income families with children birth to age 3. <p>Parenting Education - The intent of the evidence informed Parenting Education strategy is to offer learning activities designed to increase the knowledge and skills of parents and families to promote positive parenting practices that result in enhanced child health and development when utilized by parents and caregivers. The expected results of effective parenting education programs are increased parental knowledge of child development and parenting skills, improved parent and child interactions, and more effective parental monitoring and guidance, decreased rates of child maltreatment, and better physical, cognitive and emotional development in children (Samuelson, 2010).</p> <p>Service Coordination – The intent of the Service Coordination strategy is to foster cross-system collaboration among and between local, state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services and resources for young children and their families. Service agencies that work together and achieve high levels of coordination and collaboration are often easier for families to access and the services provided are more responsive to the needs of the families. Cross-system efforts may also result in increased capacity to deliver services because of the work that organizations do to identify and address gaps in service sectors.</p>	<p>Care Coordination Medical Home (Healthy Steps) - Healthy Steps is an initiative that emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual growth and development of children from birth to age 3. Each Healthy Steps team includes a pediatric or family medicine clinician and a Healthy Steps Specialist, who enhances the information and services available to parents through the medical practice or the community. During home visits, the Healthy Steps Specialists address behavioral and developmental issues, explore possible adult risk factors that affect child behavior and development, and share information with parents about ways they can help foster their children’s development.</p> <p>Family Support Children with Special Needs - The intent of the evidence informed Family Support for Children with Special Needs strategy is to promote healthy physical, social and emotional developmental support to children and their families. The expected result is children and their families will gain knowledge about developmental concerns they may have and that the child’s development will progress as a result of the supportive interactions. The target population for this strategy is children with mild to moderate developmental concerns, and their families, who do not qualify for services through the Arizona Early Intervention Program (AzEIP) for age birth to age 3, or preschool special education services for ages 3 to 5 provided through public school districts. These programs are also known as Individuals with Disabilities Education Act (IDEA) Part C and Part B programs respectively. Utilizes Parents As Teachers model.</p> <p>Family Support Coordination - The intent of the promising practice, Family Support Coordination is to provide a short-term, individual family-level intervention that supports families with young children that are experiencing difficulty accessing and engaging with timely and efficient services to meet their needs. The expected result is to increase utilization of available community support services by families with previously limited engagement or participation in other early childhood and health services.</p> <p>Parenting Outreach and Awareness - 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.</p>

Priority	Current Approaches	Additional Approaches for Consideration
<p>Increase access to high quality, affordable early care and education for children experiencing factors that place them at risk for educational delays i.e. (poverty, special needs) with special focus on underserved communities and zip codes with the highest population of children birth through 5.</p>	<p>Quality First is Arizona’s voluntary quality improvement and rating system designed to improve the quality of early care and education so that young children can begin school safe, healthy and ready to succeed. Quality First does not duplicate or replace, but builds upon state licensing regulations, addressing multiple aspects of early care and education through research-based indicators of quality.</p> <p>Quality First is a multiyear strategy. Programs that provide care for children birth to age five and are regulated and in good standing with Arizona Department of Health Services (DHS), Department of Economic Security (DES), Tribal Authority or Military Government are eligible to participate in Quality First.</p> <p>Quality First addresses the cost of quality by providing <i>continuous enrollment</i> for eligible centers and family child care homes.</p> <p><u>Enrollment Funding Options</u> Regional Councils may fund two types of enrollment options: Full Participation or Rating Only Participation.</p> <ol style="list-style-type: none"> 1. Full Participation includes the following program components of Quality First: <ol style="list-style-type: none"> a. On-Site Coaching b. Financial Incentives c. Licensure Fee Assistance d. Specialized Technical Assistance e. Program Assessment/Calculation of Quality First Rating f. Child Care Health Consultation 2. Rating Only Participation includes the following components of Quality First (Rating Only programs are required to achieve a Quality, Quality Plus or Highest Quality Rating to remain in Rating Only): <ol style="list-style-type: none"> a. Program assessment/calculation of Quality First Rating b. On-Site Coaching c. Financial Incentives <p><i>In FY 16 there is not an option for moving programs from Full Participation to Rating Only . Policy development to address movement from Full Participation to Rating Only is currently being assessed and will be implemented in FY 2017.</i></p>	<p>Inclusion of Children With Special Needs- The intent of the evidence informed strategy, Inclusion of Children with Special Needs, is to provide onsite consultation and coaching to increase the capacity of early education programs to include and serve children with special health and/or developmental needs. The expected results include: early care and education professionals increasing their knowledge of how to effectively serve children with special needs and as a result being more willing to enroll children with health or developmental concerns. To address quality improvements in early childhood programs and further promote effective inclusive practices, First Things First (FTF) supports the provision of a comprehensive, consultative model which provides on-going professional development, on-site technical assistance, and a variety of staff supports based on needs.</p> <p>Mental Health Consultation - The intent of the evidence informed early childhood Mental Health Consultation (MHC) strategy is to build the skills and capacity of early childhood education professionals to interact with children and their families. The expected result is the prevention, early identification, and reduction of challenging classroom behaviors and improved teacher skills. Further expected results are a decrease in negative outcomes for children, such as expulsion from preschool programs. MHCs are mental health professionals with expertise in children’s social and emotional development working with early care and education providers. MHC has primarily been focused on working within licensed child care centers or homes; however, MHC services can also be provided to home visitation programs.</p>

Quality First Scholarships (including targeted pre-k)- Quality First Scholarships are payments to early childhood providers for use by families at or below 200% of Federal Poverty Level to pay the full or partial cost of care for children five and younger. Scholarships benefit children, families, early care and education providers and communities.

Quality First Scholarships are considered an ongoing commitment to help families afford higher levels of quality care and to support the achievement and maintenance of quality improvements.

Quality First Scholarships will be available for programs enrolled in Quality First Full Participation and Rating Only with a rating level of 3-5 stars only if a regional council funds scholarships as a separate strategy beyond Quality First.

Family, Friend and Neighbor - The intent of the evidence informed Family, Friend and Neighbor Care strategy is to provide training, professional development and financial resources to family, friend and neighbor caregivers. The expected result is an improvement in the quality of caregiving, teaching and learning for children in unregulated home based early care and education settings.

First Things First (FTF) defines family, friend and neighbor (FFN) care as: a broad range of child care arrangements provided in the home of the child or caregiver, by extended family members, friends, neighbors and other unrelated adults for a fee, or free, while parents need to be away, go to work or go to school. Family, friend and neighbor care is also often referred to as *kith and kin, informal care, unregulated and license exempt child care, or relative care* (Families and Work Institute, 2006).

Kindergarten Transition - The intent of this promising practice strategy, Kindergarten Transition, is to use a community of practice model that brings together local groups of early care and education program providers with administrators and teachers from public elementary school sites offering kindergarten. The expected result is a collaborative and coordinated kindergarten transition approach and plan that increases the effectiveness of transition into kindergarten for children and families in the local community. Kindergarten Transition Communities of Practice are known as Neighborhood School Communities and will be facilitated by a Kindergarten Transition Specialist to support collaborations between public and private early care and education programs.

Priority	Current Approaches	Additional Approaches for Consideration
<p>Expand knowledge levels of early childhood professionals and professionals in other related fields who are not part of the Quality First system.</p>	<p>TEACH (discontinuing in FY16. Will be replaced with Teacher Scholarships for Early Childhood Professionals)</p> <p>Professional Development for Early Care and Education Professionals - 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.</p> <p>Non TEACH (discontinuing in FY16. Will be replaced with Teacher Scholarships for Early Childhood Professionals)</p> <p>Professional REWARD\$ - The intent of this promising practice strategy, First Things First (FTF) Professional REWARD\$, is to provide financial incentives to early care and education teachers for children birth to age 5, and is dependent on the teacher’s educational attainment, continued educational progress and commitment to continuous employment. The expected result is improved retention rates of highly qualified teachers, an improvement in the educational level of the professional workforce and continuity of care for young children enrolled in early care and education programs.</p> <p>Center Based Literacy (strategy revised for SFY16 to Language, Communication and Literacy in Early Care and Education Settings)</p>	<p>Teacher Scholarships for Early Childhood Professionals – Pending</p> <p>Language, Communication and Literacy in Early Care and Education Settings- The intent of the evidence-informed Language, Communication and Literacy in Early Care and Education Settings strategy is to provide instruction for early care and education providers and teachers on early language and literacy by offering consultation and training to effectively incorporate language and literacy into everyday teaching and care. The expected results are higher quality early childhood education curriculum, practices and programs related to early language and literacy.</p>
<p>Decrease number of children with untreated tooth decay in underserved areas of the region.</p>	<p>Oral Health - The intent of this 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.</p>	

Priority	Current Approaches	Additional Approaches for Consideration
<p>Increase the public and policy makers' knowledge and understanding about the importance of early childhood development and health by providing relevant information.</p>	<p>Community Outreach - Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.</p> <p>Community Awareness - Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.</p> <p>Media - Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.</p>	

2nd week of month, alternating Tuesdays and Thursdays

2014-2015

This is the option we are left with that allows all members to participate at some level.

October						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April						
	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Wk/Month	Monday	Tuesday	Wednesday	Thursday	Friday
1 st week	5 conflicts	3 Conflicts	3 Conflicts	3 Conflicts	4 conflicts
2 nd week	4 conflicts	Possible, 2 conflicts	AFTERNOON Possible, 1 conflict	Possible, 1 conflict	4 conflicts
3 rd week	5 conflicts	Possible, 2 Conflicts	3 Conflicts	3 Conflicts	5 conflicts
4 th week	4 conflicts	Possible, 2 Conflict	3 Conflicts	3 Conflicts	4 conflicts